

HEALTH & HUMAN SERVICES COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on August 18, 2005.

Members Present:

Legislator Paul Tonna • Chairman
Legislator Allan Binder • Vice•Chair
Legislator Daniel Losquadro
Legislator John Kennedy
Legislator Ricardo Montano
Legislator Peter O'Leary
Legislator Brian Foley

Also in Attendance:

Mea Knapp • Counsel to the Legislature
Ian Barry • Assistant Counsel to the Legislature
Ron Cohen • Aide to Legislator Tonna
Ilona Julius • Deputy Clerk/Suffolk County Legislature
John Ortiz • Budget Analyst/Budget Review Office
Linda Bay • Aide to Presiding Officer Caracappa
Dan Hickey • Aide to Presiding Officer Caracappa
Frank Tassone • Aide to Majority Caucus
Paul Perillie • Aide to Minority Caucus
James Teese • Aide to Legislator Kennedy
Kevin LaValle • Aide to Legislator Losquadro
Maria Ammirati • Aide to Legislator O'Leary
Ben Zwirn • Assistant County Executive
Jacqueline Caputi • County Attorney's Office
Janet DeMarzo • Commissioner/Department of Social Services

Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services
Dr. Brian Harper • Commissioner/Department of Health Services
Dr. David Graham • Chief Deputy Commissioner/Dept of Health Services
Elizabeth Harrington • Deputy Commissioner/Dept of Health Services
Saba Mchunguzi • Assistant to the Commissioner/Dept of Health Services
Vito Minei • Director/Division of Environmental Services/DHS
Tom MacGilvray • Director/Division of Mental Health/DHS
Patricia Hodge • Division of Mental Hygiene/DHS
Fred Weimann • Chief Operating Officer/Suffolk Health Plan
Mike Stoltz • SC Coalition of Mental Health Service Providers
Lydia Sabosto • 1st Vice•President/AME
Sondra Palmer•Randall • Secretary/AME
Collette Coyne • Collette Coyne Melanoma Awareness Campaign
Tom Cappetta • Detective/SPCA
Mary Weiler • Director/St. Sylvester's Outreach
Chau Lam • Newsday
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 11:47 A.M. *)

CHAIRMAN TONNA:

Okay, let's all rise for the Pledge of Allegiance led by Legislator Foley.

Salutation

Thank you very much. We have some cards. We have a public hearing also?

MS. JULIUS:

Yes, we do.

CHAIRMAN TONNA:

Okay. Just with regard to the public hearing, let's take care of that first.

MS. JULIUS:

Okay. Mr. Chairman, the affidavits are duly filed and in proper order, but we do have to recess it because of title change.

CHAIRMAN TONNA:

Okay. So I'm going to make a motion to recess the public hearing, No. 1789. Seconded by Legislator Losquadro. All in favor? Opposed?

MS. KNAPP:

Recess it to the General Meeting on Tuesday.

CHAIRMAN TONNA:

We'll recess it to the General Meeting on Tuesday, okay? That way we'll take care of that.

MS. JULIUS:

Right, I'm sorry.

CHAIRMAN TONNA:

We're a very efficient committee here.

It's nice to see everybody. I'm glad to be back at these committee meetings, I missed you; not a lot but a little. Okay, let's go to the cards. Patricia Hodge? Hi, Patricia. How are you?

MS. HODGE:

Good morning.

CHAIRMAN TONNA:

Welcome.

MS. HODGE:

Thank you. I'm a nurse practitioner in psychiatry and I work for the Suffolk County Division of Mental Hygiene. I'm here this morning •• and I will do this as briefly and succinctly as possible.

CHAIRMAN TONNA:

Great.

MS. HODGE:

There are nine full-time nurse practitioners in the division at present, there are five full-time psychiatrists and two part-time psychiatrists. And the nurse practitioners have concerns about four issues in particular; the first is the inequities in our salaries, the second is the lack of a career ladder, the third is a lack of representation in our administration, and the last is a lack of provision for our ongoing educational needs and recognition of advanced practice certifications. So I've passed out this paper outlining all of these concerns.

CHAIRMAN TONNA:

Right.

MS. HODGE:

Presently we'd like to make it known that we bear the same level of legal, moral and ethical accountability as the psychiatrists do, that we are delivering it in comprehensive and highly effective care with knowledge and skill and our population is diverse and difficult at times. We perform the same services as the psychiatrists do, and currently we begin at 65% of their salaries. They have a career ladder whereas they can move forward to Physician II and III positions which further •• puts a further gap between our salary levels; that means between 50, I believe it's 59 and 65%.

I'm limiting these comments to the Division of Mental Hygiene because that's where I work. There are other nurse practitioners in other areas, particularly in the women's care issues, or department I should say. So just very briefly, the salary is number one, we feel it's unfair. We do know that Medicare reimburses nurse practitioners at 80% and we feel that to start there would be the place at least to start there for us.

As far as not having a career ladder, all clinic administrators are social workers at this point. There's no NPP in the upper administrative ranks, although the other mental •• we have no director of nursing to address the immediate concerns of the nurses and to ensure that our input is incorporated into the direction and provision of mental health services. And our social worker colleagues also have the opportunity to advance; not much, but they can go from a

Social Worker I to II position.

We would like to say that while it's right and good that the County rewards longevity, which is a very good thing for people that can stay a long time in the County, it would be beneficial if it also rewarded excellence, and we pursue advanced board certifications. I myself have held three, I now hold two because I couldn't afford to maintain the third one. These board certifications require us to pay fees to sit for the exams and fees to recertify, we have to meet specific educational criteria, sometimes up to 150 continuing education credit hours in a five year period, and a lot of these specialized topics aren't available locally so that adds to the expense of having to travel and to pay for those seminars and things. Many institutions reimburse nurses for time and expenses, we've had some difficulty getting permission to go to some of these educational opportunities. And other institutions also have an in-service coordinator to ensure that these issues or these proper and relevant ongoing educational needs are met. Often these certifications lead to a thousand dollars or more per certification per year in the nurses salaries, so we're lacking in that recognition as well.

The only •• I would like to give you the attempt •• oh, my goodness.

I'd like to ask you to look very briefly at these appendices here which are the job descriptions and just to let you know that the Clinical Nurse Practitioner job description here is woefully inadequate; I will not go into the details about it, but you could look and see ••

CHAIRMAN TONNA:

We'll look at that.

MS. HODGE:

•• when we look at physicians how we are doing their job and that even physicians assistants, the second, Physician Assistant II starts at a salary two grades higher than we do.

CHAIRMAN TONNA:

Because of time, and you're only allotted a certain amount of time, I'm going to ask you a question just to summarize if you want. There are going to be a number of questions, but I want you to •• so I'll ask you, in summary of your presentation, what would you like to drive home to this committee? And then I will ask a couple of specific questions.

MS. HODGE:

Well, that's really it.

CHAIRMAN TONNA:

You got it. Okay, so let me ask you ••

MS. HODGE:

Okay, those are the issues.

CHAIRMAN TONNA:

•• some specific questions. Just as I'm listening to you, in the Mental Health Division, basically, there are five psychiatrists or psychologists?

MS. HODGE:

Psychiatrists.

CHAIRMAN TONNA:

Psychiatrists, physicians.

MS. HODGE:

Yes, physicians.

CHAIRMAN TONNA:

Okay. And that's five full•time, two part•time?

MS. HODGE:

Yes.

CHAIRMAN TONNA:

Okay. You made the statement that you do the exact same work.

MS. HODGE:

We provide the same services, yes.

CHAIRMAN TONNA:

Okay. We agree that the degrees are different.

MS. HODGE:

We agree that ••

CHAIRMAN TONNA:

The training, the degrees.

MS. HODGE:

•• they are different. We hold a Master's Degree, all nurse practitioners have masters degrees.

CHAIRMAN TONNA:

Right, I understand that. I mean, and you prescribe meds ••

MS. HODGE:

We prescribe medication.

CHAIRMAN TONNA:

•• under the direction of a psychiatrist, though, right.

MS. HODGE:

No, under our own direction.

CHAIRMAN TONNA:

License.

MS. HODGE:

Under our license. Okay, the difference between a nurse practitioner and a physician's assistant is ••

CHAIRMAN TONNA:

No, the difference between a psychiatrist and a nurse practitioner.

MS. HODGE:

A psychiatrist and a nurse practitioner. We ••

CHAIRMAN TONNA:

That's the difference that I want to get an idea of.

MS. HODGE:

Okay. We practice autonomously. The difference •• according to New York State Law, we have to have a collaborative agreement with a psychiatrist.

CHAIRMAN TONNA:

Right.

MS. HODGE:

Okay, the collaborative agreement just means that a doctor agrees to review one or more of our cases every three months. He does not direct what we do ••

CHAIRMAN TONNA:

Right.

MS. HODGE:

•• he does not have to supervise what we do. If we have difficulties, the collaborative piece is that we can contact that person and ask for advice, and if we have a disagreement that his advice, his or her advice would be the thing that flies.

CHAIRMAN TONNA:

All right. But admissions to a hospital, all the other things you have the same exact de facto.

MS. HODGE:

Exactly.

CHAIRMAN TONNA:

Is it your contention that you should be on parity with them?

MS. HODGE:

I don't think so.

CHAIRMAN TONNA:

Okay. But it should be more representative than the 65%.

MS. HODGE:

It should be more representative than 65%. And as they can •• they can increase in rank to Physician II and III, we can't do that.

CHAIRMAN TONNA:

Right.

MS. HODGE:

So then, again, those grade levels become 38.

CHAIRMAN TONNA:

Now, have you spoken to Civil Service about this? Because it's Civil Service who does the job titles, it's not the Legislature who comes up with job titles.

MS. HODGE:

Absolutely. We have ••

CHAIRMAN TONNA:

Have you spoken to Civil Service?

MS. HODGE:

Yes. We've gone to •• there is another nurse practitioner in the other half of the mental •• not in Mental Hygiene, who has gone to Civil Service about this, we have gone to our union about this.

CHAIRMAN TONNA:

Right; well, that was my next question.

MS. HODGE:

Yes. And so we •• I'm two years on this job, there are nurses that are on seven years.

CHAIRMAN TONNA:

Right.

MS. HODGE:

And in all of that time, they haven't been able to move this forward.

CHAIRMAN TONNA:

Well, let me ask you, is there any •• is there anything analogous in any other counties within the state or whatever else? You know, in other words, is there a precedent?

MS. HODGE:

For?

CHAIRMAN TONNA:

Nurse practitioners, different levels of nurse practitioners in mental health that you're advocating for; has there been any study done or anything else like that?

MS. HODGE:

I'm sure there has been; this morning I didn't come prepared to address that particular issue.

CHAIRMAN TONNA:

That's okay, I'm just asking. I mean, I'm not expecting •• I know that you're busy at the job that you're doing and you're coming and telling us how you feel, so.

MS. HODGE:

Right. Of course, there are nursing studies going on all the time, and I just completed a survey about salaries and job descriptions and all that; I don't have the results of that, they should be on•line actually soon.

May I just go back one more •• you were talking about the differences in degrees. And on page three on the bottom, I just made •• I made a note that at present there has been a degree developed in the nursing profession called a DNP or a hybrid, a DRNP, and that degree is the nursing profession's equivalent to the medical profession's medical degree and the JD of the

legal profession. So that is the degree that they hope within ten years will be the entry-level for nurse practitioners and that should substantially close the gap as far as salaries and recognition.

CHAIRMAN TONNA:

Yeah, but that's if the nurses go through that program.

MS. HODGE:

Yes, and I fully intend to pursue that, that's why I'm raising this issue. And I hope that the County will be ready for me, I'm still young enough to find that degree and continue to work in the County.

CHAIRMAN TONNA:

You mentioned questions; do you have requirements right now as a mental health nurse practitioner for CME, you know, continuing medical education credits?

MS. HODGE:

I do, because ••

CHAIRMAN TONNA:

To stay certified?

MS. HODGE:

•• as a nurse practitioner, the State does not say you have to do this. When I took this job with the County, I was told the County required 25 ••

CHAIRMAN TONNA:

Do they pay for that and give you time for that?

MS. HODGE:

When I first came in they said there would be four educational days; I did not pursue that piece because I have to have more than that and it has to be specialized. So what I have, my needs at this point is for the advanced certifications, to have 30 contact hours a year, and no, the County has not reimbursed me.

CHAIRMAN TONNA:

Who is your direct superior in the department? You say there is no director of nursing. I mean ••

MS. HODGE:

No. David Bloomberg is the Division of Mental Hygiene, Director of Personnel.

CHAIRMAN TONNA:

Right, okay.

MS. HODGE:

And then above him would be ••

CHAIRMAN TONNA:

And what does he say?

MS. HODGE:

I spoke with Dave and I told him that I was coming today to discuss these issues and Dave said, "You have to advocate for yourself" and basically go for it.

CHAIRMAN TONNA:

Yeah. But what does he say •• I mean, he is your ombudsman with regard to ••

MS. HODGE:

Yes.

CHAIRMAN TONNA:

•• you know, advocating for continuing medical education, for work shops that you would need for your certifications, you know. I mean, has he approached Civil Service or anybody?

MS. HODGE:

I will speak with him after this meeting today to tell him that this is where we're going with

this.

LEG. KENNEDY:

Mr. Chair?

CHAIRMAN TONNA:

Yeah; I'm not done yet.

LEG. KENNEDY:

Okay.

CHAIRMAN TONNA:

But if you want to stay with the line of questioning, go right ahead. Go ahead, John.

LEG. KENNEDY:

Actually, I have some concerns that go into a little bit different direction and those come from our delivery of service as an entity, as the Department of Health and particularly in Division of Mental Health which I've got some experience in and the roles you play, so I don't want to divert from the direction you're going in.

CHAIRMAN TONNA:

Okay, I just have one other question. You raised about a Director of Nursing, you're saying that you want a director for the five, how many nurses?

MS. HODGE:

There are nine.

CHAIRMAN TONNA:

For the nine nurses, you want a director for ••

MS. HODGE:

We have medical directors in each clinic.

CHAIRMAN TONNA:

Right.

MS. HODGE:

But the upper administrations have no nurse represented, and typically ••

CHAIRMAN TONNA:

So you're talking about a Director of Nursing that handles all the nurses, including the Mental Health or just for your department?

MS. HODGE:

No, I'm talking about in Mental Hygiene because it's a specialized division.

CHAIRMAN TONNA:

So what would that director do?

MS. HODGE:

Well ••

CHAIRMAN TONNA:

Why would we need one, except for maybe that there would be a position to pay somebody a higher salary. What would that person do that you're not •• you know, that you, de facto, are not getting now in the leadership that is, you know, the table of organization that you currently have?

MS. HODGE:

There are a number of issues that I can't even begin to address today that go on day by day in our work.

CHAIRMAN TONNA:

But don't you think that that •• I mean, is that a non•response of, you know, chain of command now or is it •• this is my concern, okay.

MS. HODGE:

Yeah.

CHAIRMAN TONNA:

And I'm very sympathetic. First of all, I want to commend you in coming here today and to speaking, I think that's great.

MS. HODGE:

Thank you. I'm very nervous.

CHAIRMAN TONNA:

Well, you shouldn't be. I mean, you know, if you look at the cumulative skills of the people sitting back here, believe me, you're head and shoulders ahead, okay? But given that, you know, we should be the ones nervous, especially in dealing with somebody with mental hygiene which, to tell you quite honestly, some of us could be really some really well-paying clients. But outside of that, what I would suggest or what's going through my mind is •• you have •• what you're arguing for is a ladder.

MS. HODGE:

Absolutely.

CHAIRMAN TONNA:

A succession ladder, and I could understand that you feel like you're •• it sounds like you feel like you're in a dead-end spot.

MS. HODGE:

We are.

CHAIRMAN TONNA:

Okay. My concern, though, is that why would I, as a Legislator, want to use taxpayer dollars to create another level of bureaucracy when it might be, in your opinion •• and I'm not saying this is your opinion, but maybe in somebody's opinion •• that the level that is already created of jurisdiction is just not meeting your needs. And so what I would say is before I would ever use taxpayer dollars to create, you know, a whole nother (sic) level of positions or whatever else, I would want to find out why it's not functioning and how that translates directly into patient care. So if you can't make the argument for me, you know, and I'm not saying talk about patients and stuff like that, that somehow our patients aren't going to benefit and meet the mandated things that are required and everything else, I'm going to say, you know, we'll use

taxpayer dollars somewhere else, maybe in child protection or somewhere else. You know, that's my concern.

When you took the job, you took it with your eyes probably wide open, you understood the levels, how it would grow, how •• you know, if not, I mean, I would direct you to •• you know, I'm sure there's a very clear understanding of what the positions are, the level of advancement, if there is any, or whatever else. And I would say before I put in any extra tears, I would want to make sure that, one, it translate to better patient care, and it has to be egregiously problematic. I mean, if the level of care says we can give somebody a steak rather than a hamburger every day but the hamburger is what's required, you know, I don't want to give them a steak. So I just want to find out how it translates practically.

And I would also say I would love to hear from your supervisors or the people who are, you know, responsible for the program or whatever else, up to the Commissioner himself to say, "Yeah, this is something that we advocate for because it does translate into better care, more equitable." I haven't heard from the union; I mean, the union should be the rallying cry for equitable pay for its union members.

MS. HODGE:

I don't know why you haven't heard from the union because we've been after the union. I ••

CHAIRMAN TONNA:

Right. So I'm just saying, I hear you but I don't hear •• I don't hear the advocates, you know, that should be also chiming in and saying the same thing.

MS. HODGE:

I definitely heard everything you said and I certainly will remember all of it and take all of this back to where we're coming from. The next time you hear from me I will have what you're asking for.

CHAIRMAN TONNA:

Okay. I might not be in office at the time but, you know, that ••

MS. HODGE:

Well, you know, I work pretty fast.

CHAIRMAN TONNA:

Yeah, okay. Thank you.

MS. HODGE:

Thank you very much for hearing us.

LEG. KENNEDY:

Mr. Chair?

CHAIRMAN TONNA:

Legislator Kennedy.

LEG. KENNEDY:

Okay, thank you. And thank you very much. As a matter of fact, I think you bring several points that are very illustrative and important for us to hear, as a matter of fact, especially in the provision of mental health care. With nine nurse practitioners, you are spread amongst how many mental health clinics? How many do we have, four or five?

MS. HODGE:

There are three clinics and the jail.

LEG. KENNEDY:

Three clinics and the jail.

MS. HODGE:

Yes.

LEG. KENNEDY:

So you have nine NP's that are providing mental health services for those four locations.

MS. HODGE:

Actually, two of the nurse practitioners of the nine have specialized programs within the division, so they're not actually working in the clinic as a clinician the way the rest of us are.

LEG. KENNEDY:

And that's one of the things I guess that I would ask you. As a clinician and as carrying a patient load, what is your average day like, how many clients are you actually seeing and are you just doing med monitoring or are you actually doing interactive therapy?

MS. HODGE:

Currently I'm between two clinics, not all the nurses have to travel to two different places. And in one clinic I'm doing the whole ball of wax, I do the therapy and the medication management for the clients that I see. The day is •• each individual therapy patient is seen for 50 minutes.

LEG. KENNEDY:

Fifty minutes?

MS. HODGE:

Fifty minutes.

LEG. KENNEDY:

Okay.

MS. HODGE:

So in a seven hour day, that ••

LEG. KENNEDY:

You're booked end to end throughout the day.

MS. HODGE:

Generally speaking, in that clinic, yes, I am.

LEG. KENNEDY:

Okay.

MS. HODGE:

Other clinics have different needs and approach things differently. In the Brentwood clinic we

have a very different population and so those needs are different, I do do a lot of medication management there. We do •• I do the initial diagnostic examination and ongoing mental status exams each time I see a patient. We do prescribe for people, we do all the work that a social worker does, so if the referral has to be made or coordination of services have ••

LEG. KENNEDY:

You're doing out•placement, case management, discharge planning, after care, contact, as a matter of fact, for housing advocacy and other types of things.

MS. HODGE:

I do all of those things. I write out spot applications and I write out, you know, IFRT applications and disability applications, so everything that we do the psychiatrists do not do those pieces.

LEG. KENNEDY:

Well, and that's the next place that I'd like to go to, specifically as far as your prescriptive powers.

MS. HODGE:

Sure.

LEG. KENNEDY:

You are •• you mentioned before the collaborative agreement; are our Suffolk County psychiatrists the psychiatrists that you NP's are collaborating under?

MS. HODGE:

Yes.

LEG. KENNEDY:

Okay, so then we do at least provide that for you.

MS. HODGE:

Yes, exactly that.

LEG. KENNEDY:

All right. But in order to go ahead and maintain your ability to prescribe, the State Education Department I guess requires that you have continuing education credits and that you have to periodically undergo various in-services and training, correct?

MS. HODGE:

No, the State doesn't insist on that, our credentialing boards do, other advanced practice nursing credentialing boards.

LEG. KENNEDY:

Some entity, some governing body requires that you periodically go through this training education in order to continue to have the ability legally to write scripts; is that true?

MS. HODGE:

No, not exactly. It's our license through the State of New York that gives us the authorization to do the prescriptive privilege.

LEG. KENNEDY:

Okay.

MS. HODGE:

Okay. And that •• the State is not saying to us at this point that we must have a certain number of continuing education credits.

LEG. KENNEDY:

But in order to be a prudent health care professional ••

MS. HODGE:

Absolutely.

LEG. KENNEDY:

•• you have to go ahead and keep abreast of the new medications that are being introduced ••

MS. HODGE:

No question.

LEG. KENNEDY:

•• and various protocol and techniques and things that are going on. Logic says that in order for us to have you be ••

MS. HODGE:

In order to feel safe to come to me, I better know what I'm doing.

LEG. KENNEDY:

Exactly.

MS. HODGE:

Yeah. And so ••

LEG. KENNEDY:

And do we as an entity, does the Department of Health give you time in your work week, your seven hour day or your five day work week, the ability to go ahead and periodically attend those trainings necessary to keep that level of professionalism?

MS. HODGE:

Those four days, that 28 hours was offered in the beginning, there are some nurses that used days and more than that to do that. In a day's time, there have been County offerings as far as ongoing education, but they don't meet the nurse practitioners need, they meet the social worker's need.

LEG. KENNEDY:

So you have nobody, as a matter of fact, within the Division, I guess, that necessarily addresses the discipline per se ••

MS. HODGE:

Exactly.

LEG. KENNEDY:

•• of nurse practitioners. How about supervision, who provides you supervision?

MS. HODGE:

That's another bone of contention, we feel that nurses should be supervised by nurses. We technically see our medical collaborator, and it can be different, anywhere from once a week to once a month, it depends on ••

LEG. KENNEDY:

If you have a case or a matter or a patient where you ••

MS. HODGE:

That should be at the moment.

LEG. KENNEDY:

Where you need some kind of guidance, direction or just want to discuss a course of treatment or a treatment plan, there is somebody for you to go to at this point?

MS. HODGE:

Absolutely, I walk right down the hall and knock on his door.

LEG. KENNEDY:

And he is available.

MS. HODGE:

Yes; and if he's not, I know where the other doctors are in the County to contact them.

LEG. KENNEDY:

But it's incumbent on you to go ahead and track him down.

MS. HODGE:

Absolutely that. And there is a concern, I personally have a concern now for the drug and alcohol issue in the County and I recently went to our administrator and said, "I need an

addictionologist that I can have contact with on a regular basis so that I can make sure that I'm treating these people safely." And Dave Bloomberg was very responsive and automatically gave me a number of the methadone clinic and who to be in touch with there, so there is •• there is a responsiveness to when the need is expressed to provide what we need.

LEG. KENNEDY:

I guess the last question, and I don't want to take up the committee's time, is the psychiatrist that you mentioned that are in the division, do they operate •• do they carry a caseload similar to the caseload you carry?

MS. HODGE:

Yes, they do.

LEG. KENNEDY:

Okay. So in essence then ••

MS. HODGE:

No •• well, yes, yes they do.

LEG. KENNEDY:

So we have 13 professional staff, I guess, that are assigned to do direct patient care at this point, 9 NP ••

MS. HODGE:

Correct, and the social workers are doing therapy.

LEG. KENNEDY:

Verbal therapies but not med monitoring.

MS. HODGE:

Right, correct.

LEG. KENNEDY:

Okay. All right, thank you very much. Thank you, Mr. Chair.

CHAIRMAN TONNA:

Legislator Foley. Thank you, Legislator Kennedy.

LEG. FOLEY:

First, Ms. Hodge, I want to thank you for your service to the County, particularly in the field of mental health. Certainly not at this meeting, but I think it would be helpful and instructive to the newer members of the Legislature, something that we had received some years ago, we had Mr. MacGilvray give the committee a full presentation about the mental health, particularly the mental health services that are provided by the County and the ever increasing workload that the County has had to shoulder because of cutbacks at the State and Federal level and the whole issue of receiving a fair amount of monies from the State and Feds to match the increased activity of our Mental Health Division in trying to provide services to either those who are in a jail setting or those who are out in the community.

So at some point in the future, Mr. Kennedy, I think that kind of presentation would be very helpful to the newer members because it •• and to have, you know, an update if you will of that particular area of the Health Department. Because it's not as appreciated as it should be, but yourself, coming from that particular part of the County, you have a special, if you will, interest in these things and it's •• I think it would be well worth the dialogue of a future Health Committee meeting to speak more specifically about the whole area of mental health services that's provided by our Health Department.

LEG. KENNEDY:

Through the chair, Mr. Chair?

CHAIRMAN TONNA:

Thank you. Yes?

LEG. KENNEDY:

I appreciate the comments, Legislator Foley. And as a matter of fact, I think that our speaker has hit on yet another issue that's important for us as a committee and as a County and that's the ever expanding issue associated with the drug and alcohol component associated with our mental health population that just seems to continue to expand at this point and is taking up resources within the County. We have also witnessed just recently several facility•based

institutions, not the least of which is Lake Grove school which has recently just been decertified by the State, and so several of their population is now moving in other directions and in need of service. Thank you.

CHAIRMAN TONNA:

Thank you. Thank you for the work you do. Thank you for taking the time out of your own personal time to come here to speak today, and I look forward to you getting back to us.

MS. HODGE:

Thank you so much. I really appreciate.

CHAIRMAN TONNA:

Thank you. And don't be nervous.

MS. HODGE:

Well, now I'm not.

CHAIRMAN TONNA:

Do you do any private consulting? We can get your number later.

MS. HODGE:

I can leave a card.

CHAIRMAN TONNA:

Okay, thank you. Have a good day.

MS. HODGE:

Thank you so much.

CHAIRMAN TONNA:

Thank you, Ma'am. Michael Stoltz? Did I pronounce that correctly, Michael?

LEG. FOLEY:

After 12 years, you got it right.

MR. STOLTZ:

Good afternoon.

CHAIRMAN TONNA:

Hi. How are you?

MR. STOLTZ:

Thank you. My name is Mike Stoltz, I'm the Executive Director of Clubhouse of Suffolk, a psychiatric rehabilitation agency in Ronkonkoma and Riverhead. And as I have been before you before many times, I'm here as current Chair of the Suffolk Coalition of Mental Health Service Providers.

As I've commented in the past, we have a new initiative starting in Suffolk County that has been pressed for by advocates for a number of years and that is the advent of a mental health part of our County District Court System; we are hoping that that is going to be starting in January. This is part and parcel to the work that many of you have been privy to with our Criminal Justice Coordinating Council which has a collaborative •• been a collaborative effort and has produced three studies about the incidents of mental illness into our judicial system and into our prisons. Out of that work, inspired by that work, our coalition, which includes about 25 contract agencies including hospitals, community hospitals, residential providers, housing providers, clinical providers, case management providers, act teams and pretty much every mental health service that is delivered in this County are members of our coalition.

One of our work groups of the coalition was a Mental Health Court work group and we took the liberty of working ahead, as we are approaching budget season, to put together an array of critical services that would be needed to support an effective Mental Health Court. This work was done by representatives from each of our agencies, we received technical assistance from the Division of Community Mental Hygiene Services as well as the Department of Parole and Probation. And at a future time, I did not bring a lot of my colleagues, my colleagues here today, but at a future time we would certainly entertain an opportunity to talk about this court, including perhaps an invitation to the judge who would be responsible for that mental health park, her name is Madeline Fitzgibbon. She has already met with our providers and understands clearly that our Mental Health Court cannot work, cannot do its work, whether it's diversion or prevention or any kind of intervention, without a sound mental health community,

mental health system ready to receive those kinds of diversions.

So that's basically our •• my word for today to you. We have similarly made this request to the County Executive and we're meeting with our State Assembly and Senate contingent as well.

CHAIRMAN TONNA:

Thank you very much.

MR. STOLTZ:

Thank you.

CHAIRMAN TONNA:

Any questions?

LEG. FOLEY:

I do.

CHAIRMAN TONNA:

Okay, Legislator Foley.

LEG. FOLEY:

Mike, we certainly look forward to having that kind of presentation because it gets to one of the roots of the problems that we've seen, particularly with the jail census and the need at the time of •• if there's an arrest made or some other determinations made, to have that particular population go to a Mental Health Court. You mentioned in your narrative about the "Mental health system is critically over burdened, under resourced, in large part due to the State's continual reduction of services for the population."

With this new Mental Health Court, how does it relate with the State Office of Court Administration, with OCA? Are there monies that they have allocated for this new County court or are they just giving us a pat on the back and saying, "Good job," the locals have to pay for the whole cost of the administration of the court?

MR. STOLTZ:

Well, that's probably a question that's probably better for our court system rather than me. But

my understanding from our meetings is that they have received start•up dollars for training and consultation and to be able to bring all the parties together around designing how our specific court would work, because all mental health courts work a little bit differently. So there has been some dollars that came from the State, there's been efforts to bring in Federal dollars to be able to do that, too, but that is, again, for the start•up, not for the operation and certainly not for the diversion services.

LEG. FOLEY:

Just as one follow up, are these •• is this kind of initiative, local initiative eligible for a number of Federal grants or State grants and are you aware of whether the departments have attempted to capture those grants or at least apply for them?

MR. STOLTZ:

Absolutely. Certainly, you know, anybody who watches Prime Time and all those news magazine shows, the incidents of people with mental illness in our correctional system as a primary venue of mental health care has been well documented and the travesty of our mental health system is, you know, national issues. We have probably more than our fair share of our own travesty in Suffolk County.

LEG. FOLEY:

Right. Yeah, we know that and reflect the fact that with the three State psychiatric hospitals that were placed in our County and to this day the closures have caused an inordinate burden on our particular County.

MR. STOLTZ:

Absolutely. And again, we have also met with Warden Murphy on this and he's completely supportive of these kinds of services as well.

LEG. FOLEY:

Thank you.

CHAIRMAN TONNA:

Thank you very much.

MR. STOLTZ:

Thank you.

CHAIRMAN TONNA:

Okay, Colette Coyne; did I pronounce that right?

MS. COYNE:

You did.

CHAIRMAN TONNA:

Thank you. Colette, I would just say, I see that you've filled out two cards.

MS. COYNE:

Yeah.

CHAIRMAN TONNA:

You can just ••

MS. COYNE:

Just blather on?

CHAIRMAN TONNA:

You know, instead of calling you up and then calling you up again.

MS. COYNE:

Okay, fine.

CHAIRMAN TONNA:

Plus, there's really no ••

MS. COYNE:

They're tied in.

CHAIRMAN TONNA:

Yeah, but you can't double your time.

MS. COYNE:

Oh, okay.

CHAIRMAN TONNA:

I'm sorry to say, because, to tell you quite honestly, it's speaker generated, not issue generated.

MS. COYNE:

Okay.

CHAIRMAN TONNA:

Public hearings, you know, or else we would have people filling out 15 cards so they can get, you know, 50 minutes or whatever.

MS. COYNE:

Okay, fine. Thank you. Of course I'm here, naturally, to support Legislator Fisher's bill for tanning regulations.

CHAIRMAN TONNA:

Okay.

MS. COYNE:

And really I'm here today to express my regret that this Legislative body has, for the pass six months, failed to pass any tanning regulation that would protect our teens from the dangerous UV rays.

In spite of the proven statistics indicating that UV rays are a carcinogen and research that shows the increase of skin cancer, particularly deadly Melanoma, the ages of 15 to 29, an increase of 70% since the 70's when tanning parlors had become popular, there has been no action taken here.

Basil and squamous cell, which in the past used to be a disease of older folks because of an accumulation of skin damage over the years, these two cancers also have increased and it is

young people who are getting them. The only answer is, of course, tanning parlors.

Suffolk County has passed protective laws regarding alcohol, cigarettes, drunk driving, and more recently expressed concern re: Swimming pool safety in the backyards of private homes, and certainly all of this is commendable, yet I could not understand why the threat of Melanoma skin cancer has been ignored. It is a \$5 billion industry, that I do understand and has a lot of power.

Nassau County passed a law months ago, I believe February or March, bipartisan, unanimously. Many lives would have been saved in the past if folks listened to proven statistics regarding the link between lung cancer and smoking. However, the tobacco lobby and money interests blocked legislation for years, hopefully the tanning industry will not continue to have that kind of power.

When the County is faced with continuing costs of health care, how can you ignore the cost of treatment for the disease of skin cancer? Figures from '97, 1997, indicate \$563 million are spent treating this disease. And the anticipated cost to Medicare by the year of 2010 is \$5 billion, that should be also a real concern for this body. This is a disease which, for the most part, can be prevented through education which is why the supervisors other bill is very important. I would hope that this body ••

CHAIRMAN TONNA:

Well, I'm going to ask you a question because I have to cut you off on your time. I would ask that •• I really appreciate your thoughts, so maybe you could summarize those thoughts.

MS. COYNE:

Well, simply to say that I believe politics or special interest has no place when it comes to the health of the community. I think we have a bill today worrying about pets, I think our children should get equal concern. In spite of what tanning regulations tell us, the industry tells us lives are being caused by this practice. Save the County money and save the County lives by doing the right thing. Thank you.

CHAIRMAN TONNA:

Thank you. I'm going to go on a limb here and just give you my unauthorized opinion of how this has worked, and then we'll get screams from some of my colleagues.

Legislator Fisher put in an excellent bill, okay. And actually, when asked by committee members to make some minor revisions about •• you know, it seemed like her willingness to do that and everything worked out fine. Then we had another Legislator who's missing today ••

MS. COYNE:

Yes, I'm aware of that.

CHAIRMAN TONNA:

•• Legislator Binder who said, "Boy, that's a good idea, let me put in my bill." This was a motus operendi that he was famous for years ago which, you know, they had some suspended activities of him stealing other people's bills; again, this is my own editorial, you know. And then, you know, when you have a caucus that says look, we want to be responsive to caucus members and their wishes and stuff, I would probably say that if you gave a sodium penathol or a lie detector test or something to Republican caucus members, they would probably say they were embarrassed that they've had to suspend the passage of Legislator Fisher's bill. Again, this is my own opinion, I don't have any crystal ball to know their minds, and clearly they wouldn't share that with me. But I would say that that's unfortunate.

I think that Legislator Fisher's bill is a good idea, I think that generally the Legislature works best when colleagues are able to make suggestions and then either support or not support. I was saddened to see that Legislator Binder, who all of a sudden miraculously came up with the idea of limiting tanning, you know, whatever else, once Legislator Fisher already put the bill in, so that's what we're caught in. There's no power industry here, I don't think that any Legislator has been •• you know, where massive donations from the tanning industry have come. I don't think that there has been any •• you know, I don't know how powerful an industry it is, to tell you quite honestly.

MS. COYNE:

Very powerful.

CHAIRMAN TONNA:

Well, I don't think it's been that powerful on the local level. I think it's more of •• I think it's

more of the nature of two competing bills, you know. And I don't even understand the dynamics of that, to tell you quite honestly, except to say that I thought Legislator Fisher had a good bill, I thought her openness to some minor changes in the bill, some practical things to make things work seemed to work out pretty well. And I think that it's the efforts of Legislator Binder who says he wants his bill passed that really slowed us down, not some tremendous lobby, institutional lobby group. So that would be my opinion.

MS. COYNE:

It was interesting for me to read on the Internet the tanning industry's website regarding Suffolk County that two bills had been introduced and they felt it was unlikely that they would be enforceable and that really ••

CHAIRMAN TONNA:

Right. But I can tell you, when we put the smoking laws in, the restriction of smoking laws, I can tell you the difference between a large, multi, million, billion dollar industry lobbying Legislators versus this tanning bill; there's no comparison whatsoever. I think this has a lot more to do with internal workings or dysfunctional workings of the Legislature rather than some outside group.

MS. COYNE:

It is a \$5 billion industry, the tanning industry, by the way.

CHAIRMAN TONNA:

Yeah, but I don't think any of us have seen that money, so don't worry about it.

MS. COYNE:

Well, perhaps not. But, you know, for someone that is so close to this disease and hears from young people, I had an e•mail from a young woman saying how frightened she was, that she had just been diagnosed, 30 years old, I wrote back and forth to try to support her. And then in one of her e•mails she said, "Colette, has anyone ever done any studies on tanning parlors," she said, "Because I've always used them."

CHAIRMAN TONNA:

Right.

MS. COYNE:

So, I mean, there's no question.

CHAIRMAN TONNA:

Right.

MS. COYNE:

To save the lives of young people and to save money for the County, do something positive.

CHAIRMAN TONNA:

And you've seen the latest article where they say they think it's addictive now?

MS. COYNE:

That is nothing new. Months ago there was a study done in the tanning parlor setting where some of the machines had stronger UV rays than others; definitely it's an addition.

CHAIRMAN TONNA:

Okay, thank you.

MS. COYNE:

Thank you.

CHAIRMAN TONNA:

I think Legislator O'Leary ••

MS. COYNE:

Hopefully I won't see you again on this bill, hopefully something will happen.

CHAIRMAN TONNA:

Well, you might not see me again anyway, but Legislator O'Leary.

LEG. O'LEARY:

Well, we know we're not going to see Legislator Tonna anyway.

CHAIRMAN TONNA:

Yeah, right.

LEG. O'LEARY:

But I feel compelled to comment in reaction to Legislator Tonna, as the Chairman, his comments. I just wanted to point out that contrary to popular belief, there was subtle differences in both bills, as you are well aware of. And not that that was the stumbling block, if you will, moving forward on this legislation, but it certainly had a lot to do with the reason why it was stalled in committee and reintroduced by the initial sponsor, Legislator Fisher.

But I point out that Legislator Binder is a cosponsor of the resolution that's before us today. And I want to point out further, just to reemphasize, that it wasn't an exact mirroring, if you will, of the initial resolution that was put forward on Legislator Binder's part. There was a difference in his mind that he thought was major, some of us thought it was a subtle difference but he took the position it was a major difference, and that was involving the 14 year olds, which I'm sure you're aware of. So there were reasons why there was competing resolutions, absolutely correct, but as a result of the process, both Legislators have come to some sort of agreement. And, I point out again that the resolution before us today is cosponsored by both Legislator Fisher and Legislator Binder.

MS. COYNE:

Fine, it's better to start at least somewhere.

LEG. O'LEARY:

Well, yeah. But I want to point out to the Chair, I hope this isn't going to delay this particular process of moving forward with this, but the resolution number on the agenda, the title of 1789 on the agenda is different than the title that's before the full text of the ••

CHAIRMAN TONNA:

I think we've already •• I think we've addressed that, right, Ilona?

MS. JULIUS:

Yes.

CHAIRMAN TONNA:

Yeah, we addressed that at the beginning and we're going to have the hearing at the •• since we cannot have the public hearing here today, we're going to have the hearing at the late •• we've recessed it to the General Meeting on Tuesday.

LEG. O'LEARY:

And what will be the title, what's the correct title of 1789 res?

MS. KNAPP:

The new title is the one that's before you.

LEG. O'LEARY:

The one that's on the agenda?

MS. KNAPP:

Yes.

LEG. O'LEARY:

Okay.

MS. KNAPP:

And unfortunately, it had been advertised with the old title. The Clerk, when he saw the title change, readvertised it immediately for Tuesday which is why this one was recessed until Tuesday.

LEG. O'LEARY:

Okay. I just wanted to point that out and I hope that that's not going to delay this process.

CHAIRMAN TONNA:

Okay. The ••

MS. COYNE:

As long as something gets passed.

CHAIRMAN TONNA:

Thank you very much, Colette.

MS. COYNE:

Thank you.

CHAIRMAN TONNA:

Okay. Before we go to the agenda ••

MS. COYNE:

And by all means, the pesticide law I think is important. Education is important, cancer is cancer.

CHAIRMAN TONNA:

Thank you, ma'am.

I just have a number of questions, unfortunately •• or fortunately we have the Commissioner of Social Services with us. I just wanted to get a follow•up before we go to the agenda. Hi, Janet. How are you? Are you enjoying your summer?

COMMISSIONER DEMARZO:

Yes.

CHAIRMAN TONNA:

Good. I just wanted to ask you a number of •• I guess a couple of weeks ago and over the veto of County Executive Levy, we were able to push forward and ask for 44, I think it was, positions; Mr. Ortiz, I don't know, I think it was 44, but whatever it was. I just want to get an idea of today, at this moment, how many SCIN forms have been filled out lets say in the last month, do you have any idea?

COMMISSIONER DEMARZO:

I can't give you in the last month specifically. We submitted our •• we submit quarterly hiring plans, we submitted our quarterly hiring plan in the first week of July being the •• I think it's July, the third quarter of the year •• yeah, July •• and we haven't had SCINS released for many of the positions. We did get seven caseworker SCINS released at special request to ensure that

we can start filling positions in that area.

CHAIRMAN TONNA:

Wait, let me just ask; I'm sorry that I •• you know, I can see this is painful, but let me put it this way. Do you have any idea, just give or take 20, how many vacancies we have; what we budgeted and basically vacancies in the department that are budgeted to be filled?

COMMISSIONER DEMARZO:

Actually, with the addition of the ••

CHAIRMAN TONNA:

Forty•four, which is part of law now.

COMMISSIONER DEMARZO:

•• 44 positions, there are 1,533 positions authorized for the Department of Social Services. We have on board 1,341, we are in the process of filling a number of them. The SCIN •• the filling of positions has been very slow in securing lists, once we get the approved SCIN the process itself has been very slow.

CHAIRMAN TONNA:

So you have about 200 positions that legally you're supposed to have in the •• well, you know, supposed to be filled or whatever else. I mean, we have a lot of mandated programs that have not been •• SCIN forms have not been signed.

COMMISSIONER DEMARZO:

We have 1,533 authorized positions, at this present time there are 1,341 filled positions.

CHAIRMAN TONNA:

A little less than 200.

COMMISSIONER DEMARZO:

And there are 25 approved SCIN 167 forms that I have that I've had for probably 12 weeks in an effort to hire.

CHAIRMAN TONNA:

So the 44 hasn't made a dent. As a matter of fact, we didn't even fill the ones that were prior to the 44.

COMMISSIONER DEMARZO:

There are a number of position ••

CHAIRMAN TONNA:

Now, I notice there's no eye contact here, so I just ••

COMMISSIONER DEMARZO:

I'm looking at my notes.

CHAIRMAN TONNA:

You know, thank you for your non•verbal communication also. But please, tell me how this works.

COMMISSIONER DEMARZO:

There are a number of vacancies in the Department of Social Services. I have been in contact where the County Executive's Office, they are reviewing the positions ••

CHAIRMAN TONNA:

I'm sure you have.

COMMISSIONER DEMARZO:

•• as part of the budget process. There are some areas where we need ••

CHAIRMAN TONNA:

Okay. Well, let me ask you this, how about I ask you in a different way, all right? And I really appreciate it. I'm so glad •• I would really like to know in the areas of Child Protection, Child Support and Client Benefits, those are three critical areas, wouldn't we agree? I mean, Child Protection, when somebody is beating the heck out of a child or the potential of beating the heck out of a child, it's child protection workers, right, who come to the scene and try to remediate that as best as possible; am I correct?

COMMISSIONER DEMARZO:

Child Protective Services and Adult Protective Services are the services that really effect life and death. A lot of our other services, on a day to day basis, they're the most vulnerable of our population. A lot of our other functions, you know, while they provide food and shelter, the CPS and the APS I think are our most critical for every day life and death situations.

CHAIRMAN TONNA:

Right. Well, I'm not sure, are you aware of a situation in Westchester, the news item in Westchester? Well, before I ask that, what do you think right now is the average caseload per child protection worker in Suffolk County?

COMMISSIONER DEMARZO:

I actually have a report on my desk with the details.

CHAIRMAN TONNA:

Just give me a roundabout.

COMMISSIONER DEMARZO:

About 20.

CHAIRMAN TONNA:

Twenty. Now, in Westchester, I think there is a huge, huge problem there, right, where a child was •• right? Do you want to tell a little about this story?

COMMISSIONER DEMARZO:

No. I mean, it was in the paper, there were two little boys that were found drowned and burnt in a bath tub in Westchester.

CHAIRMAN TONNA:

Now, what was the caseworker load in Westchester about? Because I think the article mentioned that.

COMMISSIONER DEMARZO:

Westchester had a Grand Jury investigation like a year and a half ago, so they had hired a

number of caseworkers, they're down to six cases per worker.

CHAIRMAN TONNA:

Per worker, six cases. Now, let me just figure this out.

COMMISSIONER DEMARZO:

It's one of the lowest in the state, New York City is about that.

CHAIRMAN TONNA:

Right. Six cases per worker; County of Suffolk, 20 children per worker.

COMMISSIONER DEMARZO:

In that range.

CHAIRMAN TONNA:

Okay. And we have •• do we have any vacancies? I mean, are there vacancies in Child Protective Services right now, are we fully staffed?

COMMISSIONER DEMARZO:

We have a number of vacancies. There were a number of Caseworker Trainee positions that were filled, but there are a number of vacancies, there's like 36 vacancies.

CHAIRMAN TONNA:

Thirty•six, 36 •• 35, make it 30, I mean, you know, let's not quibble over numbers, I mean, at least those numbers. And we do have, right •• I mean, it's part of law and part of our budget, if I'm not mistaken, that those positions are budgeted for, correct? I mean, I'm putting you in the hot seat.

COMMISSIONER DEMARZO:

There is sufficient monies in our 110 appropriation at Family and Children Services administration to fill these positions.

CHAIRMAN TONNA:

Right. The State sets standards, they don't require but they set standards, am I correct?

COMMISSIONER DEMARZO:

There are recommended caseload numbers, I think it's the Child Welfare League of America, I do not know them off the top of my head.

CHAIRMAN TONNA:

Okay. But it's not 20, is it?

COMMISSIONER DEMARZO:

No, I think that they're lower, and they do it different, I mean, there's different units. We have an Abuse Unit that deals with the most horrific ••

CHAIRMAN TONNA:

Serious, yeah. So we know ••

COMMISSIONER DEMARZO:

•• reports we have. So it really depends upon whether it's investigative, whether it's preventive.

CHAIRMAN TONNA:

Have you made requests for additional Child Protection workers to the County Executive?

COMMISSIONER DEMARZO:

The County Executive •• yes. And they have released ••

CHAIRMAN TONNA:

Okay. Hold it, hold it, just so •• you know, just answer my questions. You know, I'm not trying to set up complex questions where, you know, you're damned if you do and you're damned if you don't, I usually save those for better times. The concern that I have is this. The way that I look at it is, first of all, we know that people do beat the heck out of children, right? We know that in our society, in Westchester, in Suffolk County, in Nassau County, people are hurting children, right?

COMMISSIONER DEMARZO:

Yes.

CHAIRMAN TONNA:

We would all agree that children are vulnerable, powerless, often times victimized by adults who put cigarettes, you know, the worst type of stories that we can hear. And there is no •• there is no like Camelot section where once you cross the Suffolk boarder people just don't beat the heck out of their children, right? Suffolk is just as similar as anywhere else.

COMMISSIONER DEMARZO:

Right.

CHAIRMAN TONNA:

Great. Okay, so we have that. We have •• this Legislature has funded positions to make sure that our children have the best possible County services, and part of that is to make sure that every single position in Child Protection Services, not a guarantee that somebody is not going to beat them, you could even get kids beat up when there's only six per Child Protection worker, but we're playing with the odds, right? It's like driving without a safety belt, without a car checked with, you know, the safety features and stuff, just the higher the number it gets the tougher it gets, right, I would think, to do your due diligence in the job.

COMMISSIONER DEMARZO:

It's harder.

CHAIRMAN TONNA:

So it would seem to me that we have the money, we budgeted it, the taxpayers expect to pay the money, all right. This Legislature has said that it's a priority. We have a Social Services Commissioner who has requested those positions. I know I'm putting you in the hot seat, but you have requested those positions, am I right?

COMMISSIONER DEMARZO:

If not all of them, I haven't submitted any since my hiring plan.

CHAIRMAN TONNA:

The vast majority, you know.

COMMISSIONER DEMARZO:

I haven't submitted the ones that have become vacant since July 1st.

CHAIRMAN TONNA:

Okay. But, you know, there are other positions that haven't been filled. So what I would say is that it seems to me now, and I hope to my colleagues on this committee, that we have a problem; the problem is we've said this is a priority. As a matter of fact, we've said it so much so •• by the way, we're not saying •• this isn't political appointed jobs, right? Not one of these Child Protection workers, you know, can just know a party leader or a Legislator and get a job, right?

COMMISSIONER DEMARZO:

They're all Civil Service appointments.

CHAIRMAN TONNA:

Civil Service jobs, people can take the test, they have to meet the qualifications. I mean, as the Commissioner of Social Services, I mean, I know I've never called you and said, "Look, there's somebody on the list, get the least qualified person to take ••" it doesn't really happen in this area, does it?

COMMISSIONER DEMARZO,

No, and we often exhaust the list.

CHAIRMAN TONNA:

Right, okay.

LEG. BINDER:

Right, they're not breaking down the doors for this.

CHAIRMAN TONNA:

So, okay. We realize these aren't no•show jobs. I mean, this is •• you know, these aren't people who are basically just going to push paper, these are real jobs, there's no privatization

of this, there's no private entities that do this, there's no •• you know, there's no other contract agency who provides this, right? We're pretty much •• this isn't •• we're on our own here.

COMMISSIONER DEMARZO:

Uh•huh.

CHAIRMAN TONNA:

Okay. And somehow we have State standards, we have a history of places where people are getting the crap kicked out of them, okay, and we have the budget and we have the money, and we don't have the positions signed.

So I don't know about you as committee members, but I would ask this. I honestly believe that, first of all, although the State sets a standard, okay •• and Janet, I'm not taking this out on you. And I thank you, I know this is difficult information to provide for us and I know it's under duress, okay, because I'm sure privately you're doing everything you can to make sure that your positions are funded, and I believe that; you haven't said it to me, but I believe it. I know you, okay, and I believe it. My concern, then, is this; how can this take place? How can this take place?

And so what I would ask the Legislature to consider, first of all •• and I would ask •• you know, I'm not the smartest Legislator in the world and I know that's why we have a legal Counsel. I would ask that, first of all, we might consider the idea, Legal Counsel, of putting in a bill, and I would like the committee members to cosponsor this with me, that sets standards for Child Protection workers. Let's just start with them, okay. There are other things like Child Support and Client Benefits, you know, the poor need their benefits and other things, but can't we just agree at least in Child Protection that there should be standards set? Even if we just say that the standard is what New York State sets, that in Suffolk County we can say you know what, minimum standard, that we need to have at least a Child Protection worker for every 20 kids who are getting the heck beat out of them. Can we do that? Or 15 or 10, whatever the experts say, and I'm sure there are some real expert agencies that could say this. That's the first bill that I would like to put in place. And I would ask ••

LEG. BINDER:

I would be cosponsor.

CHAIRMAN TONNA:

I would ask that the members of this committee who have an opportunity to hear this to be our cosponsors, and I'll have, you know, Junior Legislator Ron Cohen basically work that out.

The second piece is that I would say once we get this, all right, I will tell you that if we do set a standard, then I would really like to consider •• and I've never done this before and I don't believe in lawsuits, but I really believe •• and Legislator Levy set the precedent years ago as a Legislator to sue the County Executive on a number of things, so he knows how the dynamic works, okay.

LEG. FOLEY:

You can go out in a ball of fire.

CHAIRMAN TONNA:

Well, I think the ball of fire would probably hold things up for four years, okay. But I would really like to think about the Legislature who's funded these positions, all right, to do something about suing the County Executive to make sure that these positions are filled. All right? And I honestly believe, I think this is a last resort, but we have •• I mean, the bill for 44 positions, if it's nothing it's at least a message to fill the positions that you already had budgeted. Legislator Levy was •• Legislator Lindsay was very clear, that he felt that the 25 positions that they put in were a good start in the Omnibus last year, right?

LEG. LINDSAY:

(Shook head yes).

LEG. FOLEY:

Right.

CHAIRMAN TONNA:

They're not being filled, all right? So who's playing the games? And I'm not talking about political patronage positions, I'm not even talking about tobacco surveys, I'm not talking about mammography units, you know, and vans, I'm talking about kids who are getting the crap beat out of them, all right? And all you have to do is have an interview with one of these Child Protection workers to find out really what does happen, and it doesn't take a lot of imagination,

if you've had children, grandchildren or anything else, to just envision what that would be like if it's your child. And I'm asking, please, you know, I don't want to make this a partisan issue, okay, I just want to ask, can we please protect children?

I would ask the Commissioner of Social Services also, I would like for our next meeting, I would like numbers on Child Protection workers, Child Support and Client Benefits and what are the caseloads, what are the positions needed, all right, so that we have some hard data, all right? And I have, what, I don't really know, I mean, in dog years it's probably about one more week, but in months, I think as a Legislator I have, what, three or four more months left, I would really like to finish this process and make sure that by the end of December 31st, when I leave the Legislature, that the Social Services Department is fully funded to protect children, that's my goal. And I'm sure that is, you know, Legislator Binder ••

LEG. BINDER:

Absolutely.

CHAIRMAN TONNA:

•• who has been a huge advocate of that for many, many years, and Legislator Foley who •• you know, I mean, the record, there's probably a stack, you know, mile high of him on the record talking about the protection of children. That would be a really nice parting gift for the three of us who are leaving the Legislature and it would be a worth while bottle for the other Legislators here to get involved in. So, Legislator Binder.

LEG. FOLEY:

Mr. Zwirn wants to ••

CHAIRMAN TONNA:

I'm sure he does, you'll have your opportunity.

MR. ZWIRN:

I'm in no hurry.

LEG. BINDER:

As painful as it may be, I want to applaud the Chair for talking about this issue. We have been talking about this for so long and I can tell you, the previous County Executive, as the

Commissioner remembers, endured a 15 •• an overwhelming vote, that was actually my resolution, we needed 14, we got 15 members, in a sense, gave the Republican County Executive a black eye on the same issue. This is not a new issue, it's not partisan, it's just about the children. And you know, there are priorities and I understand we want to take cars away from people and we want to take phones away from people and want to say we're saving millions of dollars by taking cars away and phones away and we're saving the known world and the known world's budget by doing these changes and we're great tax cutters and all kinds of things. But when we're not •• when we're not taking care of these children, after 16 years, the fight has been ongoing, I have literally fought the fight for 16 years and it's just tiring. Because I don't understand it, when people are on this side of the horseshoe it's a big priority, when they're on the other side and they're looking at the budget it becomes a budget issue; it's not a budget issue. The ratio is absolutely tied to our success in protecting these children, it's just the way it is, and that was discussed by the Chair.

Maybe there's an interesting approach, I don't know if the Chair came up with this just as he was speaking and he says, "Well, I've got a bill in my head, we should have minimum standards in the Charter that requires the County Executive to sign•off on SCIN forms and fill up to the certain minimum standard," if that was just an epiphany that the chair had, then a wonderful thing and I want to cosponsor that and I want to be a part of that resolution. I hadn't thought of that and it's a great way maybe to •• because I don't think we've done anything like that, in other words, basically directing under the Charter that the County Executive doesn't have a choice but to fill positions up to a certain minimum standard, I don't even know if we have the legal ability to do it.

CHAIRMAN TONNA:

We'll work that out.

LEG. BINDER:

Right, this is legal. Well, it is on the Executive side, so it should be on our side, too, so we should be looking at that, we should look at all our options. But the big push started years ago. I'm here 16 years now and after 16 •• a long time ago, the Katie Bears case, as people would remember, and at the time we had just started, just a few months before we started a major investigation into Child Protective Services. The Katie Bears thing happened in the middle, I don't know how that coincidentally happened but it happened, and we had something

fall through the cracks since then. I don't know if it's luck, providence or whatever, but we haven't had another Katie Bears case. We were very careful, we reconfigured, we restructured, we looked at how we were doing it, but always the ratio has been a problem and anything we can do to increase that ratio and get us on to a better track so the coverage by our staff, as the Chair also says, we're it, we're the last line of defense for these kids, they have nowhere else to turn, nowhere else. There are a lot of agencies for a lot of people, but there really aren't •• there isn't a place for these kids to turn but the County, we are their last protector and we need more people to do that.

So I'm completely with them and it's a very serious thing. And this is not partisan, I don't want it to be seen at all as partisan, this is •• it's just been the same song for 16 years. Maybe we have to do it together and maybe the County Executive wants to come up with a way to make this a priority before all the other budget cuts, first we do this, then we can cut other places, but this is not where we cut, this is not where we have turnover savings, this is not where we do it. And it's not an accusation, it's just maybe we had to lock arms, do this together going forward and protect the kids going forward.

LEG. KENNEDY:

Mr. Chair?

CHAIRMAN TONNA:

Thank you. Legislator Kennedy?

LEG. KENNEDY:

Thank you. I want to commend you for raising the issue and I want to commend the Commissioner for going ahead and bringing the information forward. I think I would just like to extend the soliloquy just a little bit further if we can. Because while we can have no greater, I guess, mission or concern than children, I know equally we also spoke about Adult Protective Services. And having had the experience many years ago of working in Family Court and dealing with orders of protection, I know that a full 50% of the OP's when I was there were for adults who were being victimized by adult children or relatives that resided in their homes. So while unfortunately there are children being beaten here in Suffolk County, there are adults as well who are being victimized, particularly the elderly, who are at the hands of relatives and family and just who knows who that are coming in and working their hearts and physical harm. So I would like to also get out on the record if we can not only what the deficit is on the Child

Protective Service side, but let's go through that same process now with Adult Protective Services.

LEG. BINDER:

Put it in the bill.

CHAIRMAN TONNA:

Well, we can do that. I'm sure we could do that, we'll just put that in the bill.

LEG. KENNEDY:

Do we have similar numbers?

CHAIRMAN TONNA:

People should be beaten up, absolutely. We'll •• whatever those numbers are is immaterial to the bill, we're just going to set whatever the standards are, you know, that we'll look at those standards.

COMMISSIONER DEMARZO:

Adult Protective Services I do not think has a lot of vacancies, it's one of the few areas that I requested positions •• well, one of the few areas I requested positions in the budget for next year because our Adult Protective Services caseloads are growing. So I believe that I'm at full staff but the staff level isn't significant enough to keep it at a manageable level. We have a lot of seniors and we have a lot of difficult APS cases and we have a lot of people presenting at the centers that are really in need of services, being discharged from hospitals and so forth that are needing APS services.

LEG. KENNEDY:

What's the average caseload?

COMMISSIONER DEMARZO:

It's in the 30's, I believe, I can't remember exact.

LEG. KENNEDY:

Thirty plus?

COMMISSIONER DEMARZO:

Yeah.

CHAIRMAN TONNA:

That's a lot. That's a lot.

COMMISSIONER DEMARZO:

So it is something I requested as part of the 2006 budget submission and the cases are difficult. I see the guardianship ones I sign, I know the ones that we turn to the District Attorney for support.

CHAIRMAN TONNA:

Yeah, I would be glad to include that in, and that's an excellent suggestion, Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chairman.

CHAIRMAN TONNA:

The last thing, is there a way •• do we have to FOIL this from you or something if we were to ask basically the request that you have made for positions? In other words, I don't know if you really want •• but when you make requests for positions.

LEG. BINDER:

That's public.

CHAIRMAN TONNA:

Yeah, that's public •• that's under the public domaine. I mean, I just would like to know •• I mean, let me put it this way; I know I'm putting you in the hot seat, okay, but you know, you're a big girl, okay, you've been around the block a couple of times here, you know what to expect. All right? Well, I mean, I didn't say ••

COMMISSIONER DEMARZO:

Well, thank you.

CHAIRMAN TONNA:

I meant that •• I don't know what that really means, you know, I guess there's obviously a double entendre associated with that. What I meant is that you've been in government for a long time, you've seen a lot of different things, you know, you have a thick enough skin. So I would say forget the block analogy, obviously I don't know what that means.

So I would ask that •• what I'm concerned about is this, I want information. Obviously, I have no problem embarrassing the County Executive into •• if I have to, into in any way that we can do this, hook or crook, to be able to get him to fill those positions. Obviously the message of 44 positions over his veto, you know, I think it would go •• hit me like that, but I guess it didn't. You know, I know he's busy with the housing and vacancies and stuff like that. But all I'm concerned about is making sure that this stays on his radar screen, okay, and that those positions get signed. So I'm looking for information and, you know, I'm •• if this was another Commissioner I would have probably, you know, beat him up, but I know your heart, I know who you are, I know what you think is important and we want to help you to manage your department correctly.

COMMISSIONER DEMARZO:

Thank you. Well, I appreciate the support of the committee. And yes, it is difficult sometimes being between the two ••

LEG. FOLEY:

Between a rock and a hard place.

COMMISSIONER DEMARZO:

Thank you. You know, I have to be an advocate for my department, for the people I serve, I have to be part of a County government that operates and has to meet certain mandates, I have to be •• serve the Legislature and the County Executive; so yes, this is a difficult place to be.

I am concerned, you know, about some of the vacancies, I have communicated that with the County Executive, I know he is reviewing them as we speak. And I will share with you what's going on in the department, I will do summaries of some staffing patterns and some caseload information.

CHAIRMAN TONNA:

Great. Thank you.

COMMISSIONER DEMARZO:

And I will ••luckily your next meeting is not until the middle of September, so I have plenty of time to get that done.

CHAIRMAN TONNA:

We will have a bill in place way before then, or at least suggested. Legislator Foley, and then I know Ben wants to say something.

LEG. FOLEY:

Just to follow up on the Chair's comments, and it's great to see the Chair here. Given his ••

CHAIRMAN TONNA:

I didn't have a golf date today.

LEG. FOLEY:

Given his passionate, in more than one way, passionate viewpoints on issues that he's held near and dear for many, many years. One of the less appreciated facts of both the Commissioner of Social Services and the Commissioner of Health is that you are the local agent for the State departments as well. And I think what would be helpful, as much as many of us want to see the County move forward with the filling of these budgeted positions, it cannot be lost on anyone, similar to Mental Health Services, that the County is endeavoring to do these things with smaller and smaller resources from the State of New York. And part of the problem here for both the Health Department and Social Services, and what's very interesting is that the two Commissioners, the first hat they wear is not so much the County's but is the states. But I would hope, too, that the remarks made today can also be sent to our State counterparts and to the Commissioner to who she answers to at the State level to make them more aware of the sensitivities that we local Legislators have, particularly for the most vulnerable of populations.

So I take the Chair's comments to heart, but I think it would also be helpful for the Commissioner, in her dual role as both the local agent for the State as well as for the County, to also speak with her counterparts in the State to remind them of something they already know,

but to remind them of the fact that additional State resources •• we can't do it all locally, we need to have those State resources as well.

CHAIRMAN TONNA:

But Legislator Foley, as I'm sure you are quite aware, we know that many of these positions already •• there's a State funding component.

LEG. FOLEY:

There is, but they've reduced •• over time, they've reduced the reimbursement rates to the localities, that's the point.

CHAIRMAN TONNA:

Yeah, but it's amazing that this Legislature would still find the money to make sure that those positions are in the budget and should be funded.

LEG. FOLEY:

I agree.

CHAIRMAN TONNA:

So this is not a funding issue.

LEG. FOLEY:

No.

CHAIRMAN TONNA:

All right. Ben, this would be very interesting, I'd love to hear what you're thinking.

MR. ZWIRN:

Well, I've been around the block, about an hour ago I was. Your comments are well taken and on behalf of the County Executive, we don't take them in a partisan way. I mean, you're talking about Child Protective Services, it crosses all lines, nobody wants to see an incident that's happened in Westchester happen here in Suffolk County. And I don't think it's just luck. I mean, I've had the fortune of meeting some of the people who work in Child Protective Services in this County and they're nothing short of remarkable.

CHAIRMAN TONNA:

Right.

MR. ZWIRN:

I mean, the stories they could tell you and the dedication they have, they don't do it for money, they don't do it for the benefits, I mean, they do it for the love of kids and God bless them.

The good news is that the County Executive has listened to the Commissioner and this week a number of positions have been released. When I heard the Commissioner come up here, I came up •• I mean, I don't even know if the Commissioner knows.

CHAIRMAN TONNA:

Oh, oh, that's good.

MR. ZWIRN:

No, no. But ••

CHAIRMAN TONNA:

Great.

MR. ZWIRN:

No, but she was in to see the County Executive's staff on the 12th floor this week and made an impassioned plea and it didn't fall on deaf ears. And I called over just to •• there's a stack on the desk that had been signed and I asked somebody while I was outside, I said, "Grab them and read me some ••"

CHAIRMAN TONNA:

I'll bring them over, if you want I'll be the courier.

MR. ZWIRN:

I said, "Read me some of the titles," and they are Child Protective Service titles. So there are •• they are being filled, it has gone heard and I think that's the good work of the committee, good work of the Commissioner. I mean, it's getting through and the positions are being filled.

CHAIRMAN TONNA:

Well, I'd be glad, Ben, if you want, after this committee, I'd be glad to go over with you over to the Dennison Building, I'll actually pick them up myself personally, put them in a manilla envelope and bring them to the Commissioner of Social Services, I would have absolutely no problem with that. I may be counting them and seeing how many of the 198 positions are still being filled that we budgeted in the budget. And much of it's State and Federally reimbursed, but I'm glad to hear it.

MR. ZWIRN:

I'm guessing there are about 50 here and I know that among them are the Child Protective Service workers, many that the Commissioner was looking for.

CHAIRMAN TONNA:

Great, that is great news.

MR. ZWIRN:

And it is good news and it is •• you know, it's getting through. Sometimes the wheels of government work slowly, sometimes too slowly, but the word is getting through.

LEG. LOSQUADRO:

How many are CPS?

CHAIRMAN TONNA:

We don't know. I'll find that out, though, we'll find that out, Janet will give us the numbers. But I think we should still go forward with a bill that is going to mandate •• maybe we'll just use whatever the State recommends, I mean, we're not experts, the State probably has a lot of geniuses there.

LEG. FOLEY:

It's an unfunded •• it's a lower funded mandate from the State, they want us to do these things and ••

CHAIRMAN TONNA:

No, they're just setting standards. They don't •• they can't encumber us to encumber us, we're

setting our own standards. And then you think, I mean, we should set some standards here. You know, we're a cutting edge County, we should set some standards. If we could set standards on anything, shouldn't it be about children? All right, thank you very much. And Ben, it's such great news. Thank you.

MR. ZWIRN:

It is good news. And if I find anything additional before the end of the meeting, I'll pass it on.

CHAIRMAN TONNA:

All right. Well, thank you so much, sir. Thank you very much.

Okay, let's go to the agenda. I just took care of my hidden agenda, now I just want to go right to the •• oh, we have Commissioner Harper here?

LEG. FOLEY:

Yes.

CHAIRMAN TONNA:

Do you have a question to ask him?

LEG. FOLEY:

No.

CHAIRMAN TONNA:

Commissioner Harper, by the way, it's so great to see you. Come on up, say hello. How are you?

COMMISSIONER HARPER:

Good morning. Good afternoon, sir.

CHAIRMAN TONNA:

Good to see you. Anyway, I don't know if anybody has any questions, they haven't expressed any interest. But it's great to see you and I thank you very much for coming.

COMMISSIONER HARPER:

My pleasure.

CHAIRMAN TONNA:

You know, I know Dr. Harper and I had some very nice conversations and it's nice to see you here and I know when there's a conflict in your schedule, obviously everybody has conflicts in schedules, but I'm looking forward to seeing you more often.

COMMISSIONER HARPER:

Absolutely.

CHAIRMAN TONNA:

So, thank you. Legislator Binder, you have a question?

LEG. BINDER:

Yeah, I'm just first looking at the report on food service performance. I'm trying to go through it, this is the first time I'm getting a chance to look at it.

CHAIRMAN TONNA:

Do you want to wait until next committee? He'll be here.

LEG. BINDER:

Well, I probably need more time to look at it. From what you have looked at and what you see, do you think that you need •• I really haven't had time to look, but do you think we need more people? Do we need more sanitarians out there, are we doing enough inspections? Does the New York State DOH think that we're getting to enough, not only first, you know, on the regular schedule but of the high risk incidents and all these other? I mean, where are we according to the DOH in terms of our staffing and our ability to do what we need to do?

CHAIRMAN TONNA:

Dr. Graham is here, too, right, who wrote the report?

LEG. BINDER:

No, he didn't write the report.

CHAIRMAN TONNA:

It was sent from him?

LEG. BINDER:

DOH sent it to.

CHAIRMAN TONNA:

Oh, to Dr. Graham. I don't know if you want him up also, I don't know.

COMMISSIONER HARPER:

I can respond and he can ••

CHAIRMAN TONNA:

Dr. Graham, you want to come up also?

LEG. FOLEY:

You need to put the mike on, Commissioner.

COMMISSIONER HARPER:

Oh, I'm sorry. Yes, certainly let me share with you the fact that I have become aware of the fact that we do need •• in summary, we do need more sanitarians.

One of the reasons why I'm very pleased to, I guess, reintroduce Dr. Graham is because he was formerly the Director of Public Health and upon my arrival to Suffolk County Health Department, I met closely and we met and we had a discussion regarding the needs of public health. One of my goals is really to strengthen core public health of which the sanitarians is certainly a group that needs to be strengthened. It was shared with me at the time that we did, in fact, need more sanitarians and, in fact, we have sort of an aging staff of people who may be ultimately retiring. So certainly, in this year's budget we have already included in our budget to the County Executive's Office the need for I believe it was four additional sanitarians specifically to address this issue. So we are currently working to improve this program.

We have a very stringent program here in Suffolk County whereby we're really inspecting our restaurants to a greater degree than many Counties throughout the State. So this is a program

that we're proud of and if you notice in the letter from the State Health Department, they do commend us for the work that we are doing. So this is an area that we would like to strengthen.

LEG. BINDER:

Is four going to be enough? My understanding is we might have a lot more than the four retirement •• we might have more than four retirements, I mean, that's possible. So four would maybe cover •• keep us even. My concern is that I want to get ahead of the curve on this. Should we be maybe doing something now even before the budget so that we can get some people on and trained earlier; in other words, as a budget amendment in this current year's fiscal budget? And then adding at least four, but I think •• I'm surprised you're only asking for four, it seems to me that we might need a few more. I mean, we just had a whole discussion about children, and no doubt we have to protect children or adults who are being abused. Now, with the type or the amount of restaurant usage that the people of Suffolk County have and the number of children who are in these restaurants, and if we're not able to keep up with these inspections and keep up with •• we can end up with real problems.

So I'm just really trying to see if you •• it is your recommendation that we put in •• because in September we're allowed to put in a budget amendment or maybe the County Executive would want to actually amend the budget? Do we want to put more people in now, get them up and running, get them trained and then in the next budget also handle even more on top of that for next year, the next fiscal year?

COMMISSIONER HARPER:

I guess we can review this. I wouldn't have a problem •• so you're suggesting that we try to move a little quicker on this and bring in more sanitarians right now. If there are no budgetary implications to that, I certainly wouldn't have a problem with pursuing that.

LEG. BINDER:

Well, there are going to be budgetary implications. The question is ••

COMMISSIONER HARPER:

But, I mean, if we can get past whatever the hurdles are, that would be, again, in line with what we're trying to do in terms of strengthening core public health.

LEG. BINDER:

So you think maybe more like eight. Let's say if we did four now and then you do four more, and that hopefully will be in the recommended budget by the County Executive, your extra four, maybe we can do four up front now, get them trained and then do four more so we'd have four more to follow. The reason •• also, my concern is that if we have retirements that are coming, you want to train people now to cover before the retirements happen.

COMMISSIONER HARPER:

That's correct. Now, let me just be clear, no one has indicated that they're going to be retiring soon, but we know that it's just really simply a matter of time before that will take place.

LEG. BINDER:

Just check the ages and the scuttlebutt, because I •• you know, even scuttlebutt reaches the Legislature as to how many people might leave.

COMMISSIONER HARPER:

I don't know if you would like to comment on the need for potentially eight sanitarians?

CHIEF DEPUTY COMMISSIONER GRAHAM:

There's no question that in order to ensure that the food establishments are inspected on a regular basis, there's no question that certainly the high risk establishments be visited and inspected more frequently. And I'm sure that the administration and the Health Committee would support any of our requests to that effect, to improve that public health initiative.

LEG. BINDER:

All right. So I would ask the Counsel to maybe put together a resolution so it can be ready for September, for a budget amendment and work with Budget Review to find an offset for maybe four sanitarians that we can get going now and then we'll deal with maybe some more that we need for next year and next year's budget.

CHAIRMAN TONNA:

They can't come from Social Services, right?

LEG. BINDER:

This is Department of Health.

CHAIRMAN TONNA:

Yeah, right. Okay, I just want to make sure.

LEG. BINDER:

No, we're not mixing apples and oranges.

CHAIRMAN TONNA:

Okay, thank you. Legislator Kennedy.

LEG. KENNEDY:

Thank you. Just a couple of quick questions. Hello, Commissioner. How are you?

COMMISSIONER HARPER:

Good morning.

LEG. KENNEDY:

It's nice to see you again.

COMMISSIONER HARPER:

Good afternoon, excuse me.

LEG. KENNEDY:

I just have two things, I guess, that I would like to throw out. Also, I look forward to working with you on the paperless PCR resolution, I know we've had some dialogue and hopefully we'll be able to work together with something that meets the needs of the department.

But also, two things. One, there was a nurse practitioner here earlier this morning who gave us a variety of comments about what she sees from questions regarding career ladder and things like that. That's not necessarily I guess something that would completely fall within your bailiwick, but I am somewhat concerned about some of the things that she talked about the conditions with our mental health clinics, jail mental health and the other clinics. I'm just curious if you've got any kind of thoughts or what's your assessment here?

COMMISSIONER HARPER:

Yeah, let me take a step back. And just so that you're aware, I am supportive. I understand the issue that was being brought forward regarding the need for a career ladder. Certainly, in a hospital setting that's even more important in our previous position and we did support that, in fact, we did put that in place whereby you have a Nurse Practitioner I reporting to a II because you have a large number of nurse practitioners. I would really have to review our current department to see if that's necessarily appropriate with the staff that we currently have, because as it was suggested, each nurse practitioner does have a collaborating physician that they should report to in case there are any real issues that they need to have addressed.

One of the concerns that I had when with the previous speaker was the fact that there was a concern about training, appropriate training of the staff, and I think that's something that we certainly need to investigate. I'm obviously very supportive of making sure that our staff is adequately trained and we have been looking at that as well as far as our medical staff in Patient Care Services is concerned. I've already shared with them that we need to go forth and make sure that our staff is trained appropriately.

LEG. KENNEDY:

In particular •• and again, in a medical model there's a variety of ways to go ahead and achieve, I guess, the supervision of hierarchy going up. But one of the comments was that there was a lack of a directress or a Director of Nursing or some party in a position of responsibility addressing, I guess, those needs and the discipline going forward. And also, as you pointed out, the importance of maintaining the certification, continuing education credits and obviously the need in order to go ahead and have good oversight on the licensure. I assume that our nurse practitioners must write a tremendous amount of scripts.

COMMISSIONER HARPER:

Right, that's correct. But I think the difference from a nursing perspective, as was suggested, is that nurses feels that they should be supervised by nurses, whereas a nurse practitioner sort of plays that fine line and they're in gray area where they're really performing as physicians to a large extent. So the question is whether or not they need to have a nurse supervise them or if a physician could supervise them. In our model, it's currently a psychiatrist that is supervising the nurse practitioners, and I'd like to take a closer look at that before we really make a strong recommendation that we need to have a Nurse Practitioner II to supervise those individuals.

LEG. KENNEDY:

Again, I'm not advocating necessarily one way or the other. I mean, it's one of the concerns that she articulated from her profession, I guess the key here or my concern would be just administratively there is some discipline charged with providing the oversight and supervision.

COMMISSIONER HARPER:

That's correct, that's correct. And if need be, we can bring Tom MacGilvray who is in charge of that division, but it's clear that they are supervised by •• but it would be physicians who are supervising them as opposed to a high level nurse practitioner.

LEG. KENNEDY:

Again, I leave those issues to the professionals, you are the professional physician.

The only other area I guess that I would just ask you to go ahead and touch upon briefly is I know that in my Legislative District there is currently spraying that's going on regarding West Nile.

COMMISSIONER HARPER:

Uh•huh.

LEG. LINDSAY:

I believe over at Blydenburgh at this point?

COMMISSIONER HARPER:

That's correct.

LEG. KENNEDY:

Over the last couple of evenings there has been spraying going on?

COMMISSIONER HARPER:

That's correct.

LEG. KENNEDY:

Is there anything you can tell us at this point as far as what the current status is regarding the West Nile or plans that we should expect?

COMMISSIONER HARPER:

Certainly. Well, at this point, and I'll probably let Dr. Graham address this, but just so that you are aware, there have been seven pools of mosquitoes that have been found to be positive for West Nile viruses, this is throughout Suffolk County, as well as we recently found three birds that are infected with the West Nile Virus as well. Remember, from our perspective, these are sort of sentinel cases in the animal population that make us aware of the fact that the virus is being replicated out in the community. Therefore, now once we have those cases within the mosquitoes or the birds, we then discuss this at the State level, the State Health Department. And based on our history in Suffolk County, it becomes clear that we're in a state of what would be called a public health emergency regarding West Nile Virus. They then give us permission to be somewhat more aggressive in terms of addressing this issue because we're looking to prevent any human cases. Many people may feel as if we're being somewhat aggressive with larvicides and adulticides, but the reason why we're doing that is because we're trying to prevent cases, we don't want to have a series of human cases and then become somewhat more aggressive. I don't know if you'd like to add to that, Dr. Graham.

CHIEF DEPUTY COMMISSIONER GRAHAM:

There's not a great deal to add, that was very well put, Dr. Harper. And the emphasis here, of course, is to prevent human cases, not to react after a human case of a mosquito-borne disease like West Nile or Malaria or Eastern Equine Encephalitis. So we use substances in order to reduce or minimize the impact of mosquitoes on our populations. We've had confirmed presence already of West Nile Virus and that's an early indication this summer that it may be a long summer and there are other more serious diseases out there that are transmitted by mosquitoes and we take that very seriously.

COMMISSIONER HARPER:

If I might just briefly add, and I shared this with Legislator Tonna earlier, that we should always be aware that the reason why we have a Vector Control Program is because in Suffolk County there was an endemic of Malaria, this was back I guess the 19 •• was it 1940's or 30's? That's when the program was actually started, we did some research on this. And I share that with you because if, in fact, we don't have an aggressive Vector Control Program, there's no reason that it will not become, again, an area that's endemic for Malaria. We associate Malaria with

tropical areas in the Caribbean or in Africa, but certainly we have that problem here in the United States as well, but it's because we have a valid Vector Control Program and Water Management Program that we don't have these current problems.

LEG. KENNEDY:

Thank you, Doctor. I appreciate that answer, but I'm just going to ask you one follow-up question if I can. The numbers of infected mosquitoes and the spraying that's going on at this point you would characterize then as I guess then protective? We have not risen to this level that you referenced that would go to the State that would take us to public health emergency; we're not there yet, are we?

COMMISSIONER HARPER:

No, no, we already are there.

LEG. KENNEDY:

We are there. Okay.

COMMISSIONER HARPER:

Yeah, once we have these pools of mosquitoes that are positive, we share that information with the New York State Health Department and they look at our history of having West Nile virus cases, actual human cases in this County, and then they make the determination that we are in that current state.

LEG. KENNEDY:

But there's been no incidence of human ••

COMMISSIONER HARPER:

No human cases yet. So we're trying to avoid human cases and we were successful last year in that we didn't have any human cases.

LEG. KENNEDY:

So can we anticipate •• obviously, I guess from what you're saying to us is we can anticipate there's going to be more spraying going on then.

COMMISSIONER HARPER:

As we monitor mosquitoes as well as any of the birds, the corporate birds that may be found, there's a possibility that yes, we would continue, but we're going to follow the lead of the actual mosquito activity and West Nile activity that we find.

LEG. KENNEDY:

Okay.

COMMISSIONER HARPER:

Like I said, that would be reasonable to assume that we may continue to spray.

CHAIRMAN TONNA:

Okay.

LEG. KENNEDY:

Thank you, Doctor. Thank you, Mr. Chair.

CHAIRMAN TONNA:

Okay. Lets go •• I don't think there are any questions. It's really great seeing you, Doctor. And I hope you have a nice summer, the rest of the time, and I'm sure there will be a whole bunch of issues in the future to discuss. Thank you.

COMMISSIONER HARPER:

Thank you.

CHAIRMAN TONNA:

Okay. We'll go to the tabled resolutions.

Tabled Resolutions

1421•05 • Adopting Local Law No. 2005, Local Law to prohibit the sale of all cold medicine containing dextromethorphan (DXM) to minors within the County of Suffolk (Nowick). Is there a motion?

LEG. O'LEARY:

Motion to table at the request of the sponsor.

CHAIRMAN TONNA:

Motion to table, seconded by myself. All in favor? Opposed?

Tabled (Vote: 7•0•0•0).

No. 1497•05 • Adopting Local Law No. 2005, a Local Law to regulate boarding kennels, businesses and establishments (County Executive).

Is there a motion.

LEG. O'LEARY:

Motion to table.

CHAIRMAN TONNA:

Motion to table, seconded by myself. Just on the motion, why are we tabling?

LEG. BINDER:

Is she ready •• I think it's the sponsor.

LEG. LOSQUADRO:

No, no, this is the County Exec.

LEG. BINDER:

Which one?

LEG. LOSQUADRO:

Kennels.

LEG. FOLEY:

Lets hear from the sponsor.

CHAIRMAN TONNA:

How about •• yeah, let's hear from the sponsor. I love pet safe bills.

MR. ZWIRN:

And that's what this is. This bill has been reviewed with the Suffolk County Prevention of Cruelty to Animals, a representative is here today. The bill was •• a corrected copy was submitted and it is a ••

LEG. FOLEY:

It's ready to go.

MR. ZWIRN:

It's a non•controversial bill, it's a bill that I think if you have a pet and you're going to put them in a kennel or a place to board ••

CHAIRMAN TONNA:

I'm just surprised Legislator Cooper is not a cosponsor.

LEG. BINDER:

Not the sponsor. Does he approve of it?

CHAIRMAN TONNA:

Yeah, right; I'd have to go to the source, Legislator Cooper.

LEG. FOLEY:

Motion to approve.

CHAIRMAN TONNA:

All right, the corrected copy is put in; Mea, can you corroborate that?

MS. KNAPP:

Yeah, there is a corrected copy.

LEG. O'LEARY:

We don't have it.

LEG. BINDER:

Where is it? I haven't seen it.

CHAIRMAN TONNA:

It's in the system.

LEG. LOSQUADRO:

It's in the system?

CHAIRMAN TONNA:

At least according to our Counsel; right?

MS. KNAPP:

The corrected copy is dated August 12th.

LEG. LINDSAY:

I have not seen it.

LEG. BINDER:

I haven't seen it yet.

LEG. MONTANO:

Motion to approve.

LEG. BINDER:

Not without seeing a corrected copy.

CHAIRMAN TONNA:

Well, why don't we make a motion to just send it right to the Legislature, that will give you enough time.

LEG. BINDER:

No, because I might not ••

LEG. O'LEARY:

Motion to table.

LEG. BINDER:

Second.

CHAIRMAN TONNA:

You're going to need a second, I'm not going to send that.

LEG. BINDER:

You got it.

CHAIRMAN TONNA:

Okay, second by Legislator Binder. I'll make a motion to approve, second by Legislator Foley.

Okay, the tabling motion takes precedence.

All in favor? Opposed? Myself.

LEG. FOLEY:

Opposed.

CHAIRMAN TONNA:

Legislator Tonna, Foley and Montano.

LEG. O'LEARY:

Okay, it's tabled.

CHAIRMAN TONNA:

Okay, so *it's tabled (VOTE: 4•3•0•0 Opposed: Legislators Tonna, Foley & Montano).*

1739•05 • Amending the 2005 Capital Budget and Program and appropriating funds in connection with the purchase of digital mammography equipment for the Coram Health Center (CP 4055) (Foley).

LEG. FOLEY:

Mr. Chairman, we took care of this at the last General Meeting.

CHAIRMAN TONNA:

Great.

LEG. FOLEY:

I intend to withdraw the resolution.

CHAIRMAN TONNA:

Okay, withdraw the resolution.

All right, **1752•05 • Requesting Legislative approval of a contract award for Quality Improvement Services for the Department of Health Services, Suffolk Health Plan (County Executive)**. Is there a motion?

LEG. FOLEY:

Explanation.

CHAIRMAN TONNA:

First, this has to do with the Suffolk County Health Plan, so I'm going to have to ••

LEG. FOLEY:

We have some backup. If we could we hear from the •• through the chair, if we could hear from the Commissioner on this? There was one response to the RFP, that's why it's coming before us, is that right?

COMMISSIONER HARPER:

I'm going to let Mr. Fred Weimann who is Executive Director of the Suffolk Health Plan.

CHAIRMAN TONNA:

This is the Suffolk County •• this is not the EMHP plan, this is the Suffolk County Health Plan that deals with •• oh, that's another •• I can't get involved in this. Okay, 1752; sir?

LEG. FOLEY:

There's a motion to •• I'll make the motion to approve.

CHAIRMAN TONNA:

I'll second that. On the motion?

LEG. O'LEARY:

On the motion.

CHAIRMAN TONNA:

Yeah.

LEG. O'LEARY:

On the motion to approve, I'm still under the impression that our Counsel still hasn't received the exact contract award, the number. It just says ••

MR. WEIMANN:

I did send a response to Mea Knapp on Monday, but it's not a finite number, it's an estimate as to expenditures based on workload we get in.

LEG. O'LEARY:

Yeah, we have that before us. Is that •• then my question is to Legislative Counsel, is that sufficient, does that answer the concerns that you had, Counsel?

MS. KNAPP:

It certainly answers a good many of them. The only question I would have left is that based on this answer, I'm not entirely clear whether Mr. Weimann thinks that we need this service in that there is a line in here, "Although we must be prepared to have this service, we will not need it. If a case does arise, my estimate is about" •• I'm not sure I'm clear on what that means.

MR. WEIMANN:

Because it's a two part RFP. The first part of the RFP for DRG review is something we will definitely need, the question of peer review would only arise if we had a problem with an individual practitioner within the plan and wanted to remove them from the plan prior to the expiration of their contract. That has not arisen in the nine years the plan has been in existence, but should it happen, we would need to respond immediately and provide that peer review panel.

LEG. FOLEY:

Just as a follow-up, Mr. Chairman. It's an obvious question but it has to be put on the record; you consider this resolution and this contract a prudent way to manage the program?

MR. WEIMANN:

It would be expected of any prudent HMO to have this service in its arsenal.

LEG. O'LEARY:

Through the Chair? Through the Chair?

CHAIRMAN TONNA:

Yes, sorry. Legislator O'Leary.

LEG. O'LEARY:

I'm looking at this memo that's in front of us and the way I read this, there's currently RFP's out there and seven firms were sent this RFP?

MR. WEIMANN:

That is correct.

LEG. O'LEARY:

And are we in the process of evaluating those bids submitted or what is the status?

MR. WEIMANN:

There was only response and that is •• that's the one in front of us now.

CHAIRMAN TONNA:

From I•Pro, that's the one from I•Pro?

MR. WEIMANN:

No, I•Pro did not respond to this. We had used I•Pro •• we're allowed to have contracts under

\$10,000 and that we had to use I•Pro for in 2004. They were sent this new RFP that we're going over the respondent today, but they did not respond to it.

CHAIRMAN TONNA:

Did they say they didn't want to respond or ••

MR. WEIMANN:

They were silent.

CHAIRMAN TONNA:

So in other words, they didn't send any response.

MR. WEIMANN:

That is correct.

CHAIRMAN TONNA:

You didn't call them and say, "Why aren't you guys responding," or anything else, or any other people.

MR. WEIMANN:

No, all I do is confirm that they received it.

MS. KNAPP:

It says total claims, review and management it looks like.

LEG. BINDER:

What's the company that got it?

CHAIRMAN TONNA:

Yeah, what ••

MS. KNAPP:

Total Claims, Review & Management it looks like.

LEG. O'LEARY:

All right, let me just •• if I may, through the Chair?

CHAIRMAN TONNA:

Yeah.

LEG. O'LEARY:

All right, so Total Claims, Review & Management would be providing the service.

MR. WEIMANN:

That is correct.

LEG. O'LEARY:

And there'll be a contract that will be executed with respect to the service provided.

MR. WEIMANN:

That is correct.

LEG. O'LEARY:

What are they going to be paid for this service?

MR. WEIMANN:

They submitted a fee schedule per hour and they will be paid on an hourly basis on the basis of work performed, up to contract maximums.

LEG. O'LEARY:

And the contract maximum is what?

MR. WEIMANN:

Would be the \$50,000 appropriated for this service, and not that •• as I said, I don't estimate that we'll use the full 50,000, but that would be our legal limit in any calendar year.

LEG. O'LEARY:

All right. So then we do have a limit, the limit is \$50,000.

MR. WEIMANN:

That is correct.

CHAIRMAN TONNA:

Can I just make a suggestion? Is this a time thing, do we have to get this done right away?

LEG. FOLEY:

We have tabled it at least once, if not more.

CHAIRMAN TONNA:

I understand that. But I think there are •• I mean, for some of us, this is kind of new and I just •• I mean, if it's •• I'd like to table this for one more meeting to give some people some time to look at this. I think some Legislators have some questions. I don't know if •• from our Legal Counsel, do you think everything is in order? I really get nervous when there's one respondent to an RFP. You know, and then you're kind of dependent on the services of that one respondent. And I just think that a little time so that •• I haven't done any research. As a matter of fact, even in this interoffice, interagency communication, I don't know the other company, I don't even see it here, I don't think.

LEG. O'LEARY:

No, they're not listed.

CHAIRMAN TONNA:

I'd just like a little time to investigate that.

MR. WEIMANN:

Certainly. I mean, I have the list of the other seven firms.

I think one ••

CHAIRMAN TONNA:

Well, I'd like to find out why they didn't respond. Like, for example, I•Pro, that's a perfect example, and I noticed that you said that they've done an unsatisfactory review and I don't know, based on what indices and stuff like that.

MR. WEIMANN:

What had happened with I•Pro was we had sent over I believe three cases for review, they did a medical review of the cases where they did disallow some expenses as medically unnecessary or not supported by the medical record, but we also asked them to give us a decision as to what were reasonable and customary charges in the New York metro area for those services.

CHAIRMAN TONNA:

And what did they say?

MR. WEIMANN:

They were unable to comply with that, even though it had been a term in the contract.

CHAIRMAN TONNA:

Okay.

MR. WEIMANN:

And at that point, we stopped using I•Pro.

CHAIRMAN TONNA:

Why were they unable to comply, do you know?

MR. WEIMANN:

I cannot speak for them, no.

CHAIRMAN TONNA:

Nobody asked? Nobody said, "Look, you have a contract that you signed, we asked you for these two things and you're saying you're not able to comply; why?" We didn't ask them?

MR. WEIMANN:

I mean, my question to I•Pro was, "Can you do this," and they said, "Yes, we think we can," and then they came back and they just essentially faded away on us. I mean, this is not a subject where I'm going to prod a contract agency in to doing something where I lose comfort that they're going to do an acceptable job.

CHAIRMAN TONNA:

I understand that, but the only question I have is that •• forget if it's I•Pro, it could be anybody. You asked them to do something, they sign a contract that said they can do it, they give you half a loaf.

MR. WEIMANN:

Right.

CHAIRMAN TONNA:

And then you ask them, "Well, what about the other half," and they officiously just kind of say, "Oh, we don't do that" and then that was it? It's not, "Why don't you do that," or, "Why did you sign the terms of agreement that you did?" You know, now does a contract •• how does a contract fade away?

MR. WEIMANN:

When they're not paid for the service they did provide.

CHAIRMAN TONNA:

Well, I can see why you don't want to pay them.

MR. WEIMANN:

The County of Suffolk, I mean, we made no payment for the half of the work that they did do.

CHAIRMAN TONNA:

You paid them for half the work?

MR. WEIMANN:

No, we did not, we made no payment.

CHAIRMAN TONNA:

No, I agree with you; you shouldn't pay them if you had it in the contract. But the question I ask is why didn't they do it? In other words, did they give you a satisfactory •• did they say, "Look, we have an ethical •• when we took the hypocritical oath or something like that where, you know, we say we can't do reimbursements? I mean, why did they all of a sudden say they couldn't do it; I mean, the question was asked, right?"

MR. WEIMANN:

It was asked twice.

CHAIRMAN TONNA:

Okay. And they both times said, "I'm sorry, no comment"?

MR. WEIMANN:

The first time they said, "We'll try to do it," and the second time they faded. I mean, this is something ••

CHAIRMAN TONNA:

The word faded is just the concern that I had.

MR. WEIMANN:

Yes, right.

CHAIRMAN TONNA:

That's the operative word you used. How do you fade in a conversation?

MR. WEIMANN:

I had other more important things to deal with at that point and I severed the relationship with that contractor.

CHAIRMAN TONNA:

Okay.

LEG. O'LEARY:

If I may, through the Chair? I would support a tabling motion up to the point in time where our Legislative Counsel is fully satisfied with moving forward with this particular resolution; and until such time as that occurs, I would support tabling.

MS. KNAPP:

Perhaps the only other information would be a list of the seven specifically that you sent it to and if you have a copy of the proposed contract showing the hourly, that might be the ••

LEG. KENNEDY:

Mr. Chair?

MR. WEIMANN:

I have both those documents with me.

CHAIRMAN TONNA:

Can I just ask you something? Just one other question. And I'm particular about I•Pro because I know I•Pro well, okay, I know some of the players. I know that our •• we've had two previous Health Commissioners, both serve at I•Pro, Dr. Mary Hibberd was there and now, if I'm not mistaken, still Dr. Clare Bradley is there.

MR. WEIMANN:

That is correct.

CHAIRMAN TONNA:

So I would say that it's not like they don't know Suffolk County, right? And it's not like we don't know somebody who has left both on excellent terms with the County, and specifically Dr. Clare Bradley who's, you know, currently working at I•Pro. How does a conversation fade when we know somebody and just •• I mean, don't •• this is what I would think I would do. I'm working for the County, I call up Clare, "Hey, Clare. How you doing? How's it going? Are you enjoying the kids," blah, blah, blah, blah, then you get through all of the police stuff and say, "What the hell is going on?"

MR. WEIMANN:

My under ••

CHAIRMAN TONNA:

I mean, "You know, Clare, you ••"

MR. WEIMANN:

My understanding with Dr. Bradley was that she was under a three year no contact clause with Suffolk County.

CHAIRMAN TONNA:

Okay, so you couldn't call her up.

MR. WEIMANN:

I would not take that risk.

CHAIRMAN TONNA:

Okay. I'm not under any non-contact clause with Clare, so I'm going to call and I'm going to find out this and get back to you. I would ask just to •• because this speaks to the very heart of RFP's. If we have one of the major players, first of all, not doing their job, because I•Pro, from everything I've heard in the industry, they do an excellent job with New York State, with a lot of different places. If they're basically giving you a bum wrap, okay, and then kind of not responding to your questions and stuff like that, that's totally inappropriate and it should reflect on the organization; it's not been my experience. But it concerns me because now we have a situation where we have one respondent to an RFP when we sent it out to seven places, out of the seven maybe three really can do the job; why aren't they responding? I don't like to be, you know, beholden to one group.

LEG. FOLEY:

Yeah, but is the burden of proof on the Health Department or ••

CHAIRMAN TONNA:

I'm not putting a burden of proof on the Health Department.

LEG. FOLEY:

But isn't the burden on the respondent to respond? And if ••

CHAIRMAN TONNA:

First of all, I'm not casting •• Legislator Foley, there is •• in no way •• the Health Department is doing their job, okay. What I just want to find out before I vote on a bill to empower that one, I would like to first find out about that company, all right, because when you have one, when you have one, I think it's incumbent upon Legislators maybe to do a little due diligence and find out, you know, what's going on there. Because now there's no other, all right. I'll give you an example.

LEG. FOLEY:

This has happened before, by the way, in other RFP's.

CHAIRMAN TONNA:

When the HOV lane is being built, okay, in Nassau County, and there was a respondent that won that bid; luckily there was another one because when they weren't doing the job, the Department of Public Works for the State ••

LEG. FOLEY:

DOT.

CHAIRMAN TONNA:

Yeah, DOT, could say, "Okay. Well, we'll go to the second bidder and we'll have him finish the job," or whatever else. It gets me a little nervous when there's an RFP and there's only one respondent, and the reason I say that is twofold. One is prices, there are no comparisons. So we don't know if somebody is gouging us, not gouging us, we don't know if they're low, high, whatever else, because there's nobody to look at. And I like contrast, and I just think if there's not contrast before I vote on it, I would like to just know why. I'm not saying that it's wrong, and clearly I am not casting any aspersions upon the Health Department at all. I just ask if it's not an emergency, that we take a step, table it for one more time, I'd like to, you know, talk a little with some of the people that I know and find out what's going on.

LEG. FOLEY:

Mr. Chairman, if I may follow up?

CHAIRMAN TONNA:

Yes.

LEG. FOLEY:

We heard earlier from the manager of this plan that it's a prudent management practice. If we wait until the end of September, because that effectively is when we wait another month, is there any harm in continuing in this tabling area or do we need to move on with the contract to get moving on some issues that ••

MR. WEIMANN:

We would still be in a time period where we would be able to do retrospective reviews and collect over payments. So there is no urgency, no.

LEG. FOLEY:

Okay. Now, given the questions that were raised today, prior to the next meeting you'll be able to contact both Counsel and some of the other Legislators who've raised these questions?

MR. WEIMANN:

Yes, I will.

LEG. FOLEY:

All right. And I would suggest giving them a call for •• actually, we should work it through the Commissioner's office, obviously, or directly •• however you want to work this out. But let the record reflect that in the past we've had one ••

CHAIRMAN TONNA:

Oh, absolutely.

LEG. FOLEY:

One response as well and we've done our due diligence and then moved forward.

CHAIRMAN TONNA:

Absolutely. Well, all I want to do is my due diligence.

LEG. KENNEDY:

Mr. Chairman?

CHAIRMAN TONNA:

One last thing. Could I get a copy of the RFP, a copy of the vendors that you sent this out to and •• what else do I need •• and a copy of the bill.

MS. KNAPP:

You should have that.

CHAIRMAN TONNA:

I know I should have it.

MS. KNAPP:

And a copy of the proposed contract.

CHAIRMAN TONNA:

Yeah, the proposed contract, those three things, proposed contract, the vendors.

LEG. FOLEY:

It's not micromanaging, though.

CHAIRMAN TONNA:

Listen, I'm asking •• by the way, Legislator Foley, let's please not use the word micromanagement.

LEG. FOLEY:

It's one thing to ask questions, now you're getting into the minutia of a contract.

CHAIRMAN TONNA:

I want to •• no, no, all I want to do is be able to look so I have some contacts to ask educated questions.

LEG. FOLEY:

I salute the Chair for his ••

MR. WEIMANN:

I could give you everything but the proposed contract.

LEG. FOLEY:

•• wanting to do his homework.

MR. WEIMANN:

That would be developed when the award was made.

CHAIRMAN TONNA:

Okay, great.

LEG. FOLEY:

Good.

CHAIRMAN TONNA:

If you can get that stuff to me, you know, through my Legislative office, and 50/50, I might actually get it from my Legislative office, and then we'll go from you there.

LEG. FOLEY:

Mr. Chairman, this renewed interest is very refreshing.

CHAIRMAN TONNA:

Well, thank you.

LEG. KENNEDY:

Mr. Chair?

CHAIRMAN TONNA:

Okay, Legislator Kennedy.

LEG. KENNEDY:

Thank you. Just one last thing to add to the request of information. It's not up to the committee to endure me understanding this, but now I'm trying to comprehend what monetary level triggers this external review? If we have clients, Suffolk Health Plan client, I mean, is it a difference between a spraying or an appendectomy or •• what triggers it?

MR. WEIMANN:

Generally, you're talking about a hospital claim over \$50,000.

LEG. KENNEDY:

Fifty grand is the threshold.

MR. WEIMANN:

I mean, technically we're talking about an outlier, but practically speaking it would be ••

LEG. KENNEDY:

Well, I don't know what an outlier is; what is an outlier?

MR. WEIMANN:

An outlier is a particular type of claim where say you go into the hospital, New York State Medicaid pays a set rate based on the diagnosis and treatment. In certain cases the patient has unusual problems and the hospital uses what's called the charge master where they send a claim to Medicaid or the Medicaid Managed Care/HMO based on actual charges, not the preset New York State rate.

LEG. KENNEDY:

There's complications, it costs more.

MR. WEIMANN:

Exactly. And then it is our due diligence requirement to make sure that those complications did indeed occur and the charge master charges a reasonable and customary.

LEG. KENNEDY:

But this is not a matter of like Southside charges 45 for an appendectomy and maybe NCMC gets 30 or something; we're not shopping hospitals here, are we?

MR. WEIMANN:

Certain hospitals have higher charge masters than other hospitals. So yes, there are certain hospitals ••

LEG. KENNEDY:

Okay, I got some information, I'm getting more information.

CHAIRMAN TONNA:

All right. You'll get the information and stuff and, you know, you can make a call. Thank you so much for your time, I appreciate it. Dr. Harper, thank you.

COMMISSIONER HARPER:

Thank you.

CHAIRMAN TONNA:

All right, let's go on. I'm going to make a motion to table.

LEG. O'LEARY:

Second.

CHAIRMAN TONNA:

Okay, second. All in favor? Opposed? And by the next meeting, I'll have my stuff and communicate it to the committee.

LEG. O'LEARY:

Good.

CHAIRMAN TONNA:

Okay. We are now on •• am I right? ***Home Rule Message No. 6•2005 • Requesting New York State Legislature to authorize the County of Suffolk to conduct inspections of pet dealers and to provide penalties for violations of Article 26•A of the Agriculture and Markets Law (Assembly Bill A.8194 and Senate Bill S.) (Presiding Officer at the Request of the County Executive).***

LEG. FOLEY:

We have to table it. There is no Senate companion bill so it has to be tabled.

CHAIRMAN TONNA:

Great. So we're going to make a motion to table by Legislator Foley, second by myself. All in favor? Opposed? ***Tabled (Vote: 7•0•0•0).***

Okay. ***Sense 51 • 2005 • Memorializing Sense Resolution in support of the Darfur Accountability Act of 2005 (S.495) and the Darfur genocide Accountability Act of 2005 (HR 1424) (Bishop).***

LEG. FOLEY:

Motion to approve.

CHAIRMAN TONNA:

Okay. I mean, I'm with Legislator Bishop 99.9% of the time, so I'm willing to vote for this. But are we dictating African policy or ••

LEG. BINDER:

It's about time.

CHAIRMAN TONNA:

I just wanted to know. Because I remember the good ole days when were telling how to do things in Bosnia, but I just •• what is this?

LEG. BINDER:

And Jane Fonda, too; we took care of Jane Fonda.

CHAIRMAN TONNA:

That was before my time; she's taking care of herself.

MS. KNAPP:

There is actually a Senate bill that •• is it •• I thought it was Darfor?

LEG. FOLEY:

Darfur, it's called Darfur.

MS. KNAPP:

Accountability Act of 2005 and there is a House of Representatives companion bill.

CHAIRMAN TONNA:

All right, put me down as a cosponsor just on the ••

LEG. FOLEY:

Why do you have it in the Health Committee?

CHAIRMAN TONNA:

I'm not sure.

MS. KNAPP:

I think it's on genocide.

CHAIRMAN TONNA:

I guess it's on genocide, I guess that's in a certain way affecting the public health of the world. I'm glad that Suffolk County has weighed in on this issue, I'm sure that's going to •• where is this going to be sent anyway? I'm sure it's to the United Nations.

MS. KNAPP:

To the President, to our Senators, to the Majority and Minority Leaders.

CHAIRMAN TONNA:

There we go.

MS. KNAPP:

Congress.

CHAIRMAN TONNA:

How about I give you \$10 for every one of them who reads it. Okay, let's go •• that's a motion to approve, seconded by myself and put me down as a cosponsor so, Legislator Bishop, I'm with him.

All right, Introductory Resolutions ••

LEG. LOSQUADRO:

No, call the vote.

CHAIRMAN TONNA:

All in favor? I'm sorry. Opposed?

LEG. BINDER:

I'm going to abstain. I haven't read the Senate or the House bill yet, so before I read it •• it's obviously important to protect against genocide, but I don't know that this does that, so I'm going to abstain.

CHAIRMAN TONNA:

All right.

LEG. LOSQUADRO:

Abstain.

CHAIRMAN TONNA:

All right, so who's abstaining?

LEG. O'LEARY:

Abstain.

CHAIRMAN TONNA:

Abstain; you're going to abstain, really?

LEG. FOLEY:

Come on.

CHAIRMAN TONNA:

Legislator Kennedy, are you with us?

LEG. O'LEARY:

I'm on board, I'm not abstaining.

CHAIRMAN TONNA:

All right, there we go. I'm so glad to see. Oh, there's a break in that coalition there. I'll tell you right now, I'm glad it was about African genocide that was the thing that broke it. Okay, here

we go.

Okay, here we go. No. 1789. Is there a motion?

MR. COHEN:

Wait. Paul, hold on a second. It goes 4•0•3, so it's ••

MS. JULIUS:

Binder and Losquadro abstain?

MR. COHEN:

All three abstained.

LEG. O'LEARY:

Abstain.

CHAIRMAN TONNA:

Three; see no evil, hear no evil, speak no evil, abstained, and then we had Legislator Kennedy.

LEG. LOSQUADRO:

He's holding out.

CHAIRMAN TONNA:

Right. ***Approved (VOTE: 4•0•3•0 Abstentions: Legislators O'Leary, Losquadro & Binder).***

Introductory Resolutions

Okay, let's go on. ***1789•05 • Adopting Local Law No. 2005, a Local Law to protect the health of minors by enacting the Colette Coyne Melanoma Awareness Act in Suffolk County (Viloria•Fisher).***

LEG. BINDER:

Mr. Chairman?

CHAIRMAN TONNA:

Yeah; are we withdrawing this? This is tabled, right?

MR. COHEN:

No, no, no, no.

CHAIRMAN TONNA:

Okay. Oh, we have to table it because of whatever. I make a motion to table, second by Legislator Binder. All in favor? Opposed?

LEG. BINDER:

Just on 1789, there are ••

LEG. FOLEY:

The reason for the tabling?

CHAIRMAN TONNA:

Because it's subject to a public hearing.

LEG. FOLEY:

Fine, okay.

LEG. BINDER:

I just •• Mr. Chairman, on 1789, I'm in contact with Legislator Viloría•Fisher on this, there are a couple of wording questions that I just want to get cleared up as to holding licenses and things like that.

CHAIRMAN TONNA:

Okay.

LEG. BINDER:

But other than that, I think we should go forward with it.

CHAIRMAN TONNA:

Great.

LEG. BINDER:

And I'll withdraw my bill on that.

CHAIRMAN TONNA:

Okay. ***Tabled (Vote: 7•0•0•0).***

1828•05 • To establish an information program to protect Suffolk County residents from the dangers of over exposure to the sun (Viloria•Fisher). Is there a motion? We're going to table it subject to call because this is ••

LEG. FOLEY:

No.

CHAIRMAN TONNA:

No?

LEG. FOLEY:

No, it's a new bill. Motion to approve.

CHAIRMAN TONNA:

1828.

LEG. FOLEY:

Right.

LEG. O'LEARY:

Motion to table.

CHAIRMAN TONNA:

Okay, hold it a second. On the motion, just so I can understand ••

LEG. FOLEY:

Motion to approve.

CHAIRMAN TONNA:

•• the dynamics. Motion to approve by Legislator Foley, second by Legislator Montano.

LEG. FOLEY:

If we could hear from the Commissioner on it.

CHAIRMAN TONNA:

Motion to table by Legislator O'Leary, seconded by Legislator Binder.

LEG. O'LEARY:

On the question of the motion to table?

CHAIRMAN TONNA:

Okay.

LEG. O'LEARY:

After review, it's my opinion that this would be more appropriately handled by the Health Department, not the Parks Department.

CHAIRMAN TONNA:

You mean the Parks Department, not the Health Department.

LEG. O'LEARY:

No. Oh, this would be more appropriately handled as the agency to take care of this with respect to the directions of the resolution by the Health Department ••

CHAIRMAN TONNA:

Oh, oh, oh.

LEG. O'LEARY:

•• not the Parks Department.

CHAIRMAN TONNA:

Oh, this is a separate bill. Okay.

LEG. O'LEARY:

This is a health related issue ••

CHAIRMAN TONNA:

Great.

LEG. O'LEARY:

•• and as such, I think the Health Department should be the prime agency, not the Parks Department.

CHAIRMAN TONNA:

So let's table it and ask her to change it, right? That's our motus operendi?

LEG. FOLEY:

Well, just on the motion. I believe that the way the bill is constructed and the intent of the sponsor is that the two departments would be working together. The reason why it's in Parks is to have the information distributed through the Parks system, particularly at the County beaches.

CHAIRMAN TONNA:

Yeah, but to tell you quite honestly, I think Legislator O'Leary has •• I mean, when you're dealing with a health risk ••

LEG. O'LEARY:

It's a health risk, yeah.

CHAIRMAN TONNA:

•• let's start with Health. If the Parks Department can distribute it, that's great.

LEG. BINDER:

These are the guys who write it.

CHAIRMAN TONNA:

I think we're in the Hakuna Matata range. I think all we need to do is just have Legislator O'Leary speak with Legislator Fisher and work this out.

LEG. BINDER:

Viloria•Fisher.

CHAIRMAN TONNA:

Viloria•Fisher, I'm sorry.

LEG. O'LEARY:

Fisher to me.

CHAIRMAN TONNA:

Okay. All right, I'm going to •• there's a motion to table, seconded. All in favor? Opposed? Great. ***Tabled (Vote: 7•0•0•0).***

Okay, ***1890•05 • Amending the 2005 Adopted Budget to accept and appropriate additional 100% State aid from the New York State Office of Mental Hygiene to the Department of Health Services, Division of Community Mental Hygiene, for Federation of Organizations, Fiscal Agent Contract for the State Act Team (County Executive).*** I'll make a motion to approve, seconded by Legislator O'Leary. All in favor? Opposed?

LEG. FOLEY:

Consent calendar.

CHAIRMAN TONNA:

And then I make a motion, same motion, same second, same vote to put it on the consent calendar, and that was unanimous. ***Approved and placed on the consent calendar (Vote: 7•0•0•0).***

1891•05 • Accepting and appropriating 88.4% State grant funds and 6.4% Federal grant funds from the New York State Department of Health to the Department of Health Services for the Public Health Campaign and TB Cooperative Agreement

Programs (County Executive).

LEG. O'LEARY:

Same motion.

LEG. FOLEY:

Motion to approve.

CHAIRMAN TONNA:

Motion to approve by Legislator •• let's same motion, same second, same vote; can we do that?

LEG. LOSQUADRO:

You can't put it on the consent calendar.

LEG. FOLEY:

You can't put it on the consent calendar.

LEG. BINDER:

Why?

LEG. LOSQUADRO:

It's not a hundred percent.

LEG. BINDER:

It doesn't matter.

LEG. FOLEY:

It's 95%.

CHAIRMAN TONNA:

I don't think ••

LEG. BINDER:

That's nothing in the rules. If we have a unanimous vote, we could put the most controversial

thing on the consent calendar.

LEG. FOLEY:

Yeah, I know, but it's really not worthy of ••

LEG. BINDER:

It's just a question of whether you want to do it; if you don't want to, then we won't.

CHAIRMAN TONNA:

I would say ••

LEG. FOLEY:

It's not worthy of debate. What we've always done in the past, Mr. Chairman, 100% is what we've placed on the consent, nothing less.

CHAIRMAN TONNA:

All right. Well, I would say ••

LEG. BINDER:

(Inaudible).

CHAIRMAN TONNA:

I would just say that maybe that needs to be changed. Because as long as this committee is •• everybody agrees with this, right?

LEG. LOSQUADRO:

Yeah.

LEG. FOLEY:

Yeah, of course.

CHAIRMAN TONNA:

Okay. You know, so let's just do it. It's a motion •• let's approve it first. Motion and a second to approve. All in favor? Opposed? Great. **Approved (Vote: 7•0•0•0).**

Now to place it on the consent calendar; motion by myself, second by Legislator Binder. All in favor? Opposed?

LEG. FOLEY:

Opposed, Legislator ••

LEG. O'LEARY:

So it's not on the consent calendar.

CHAIRMAN TONNA:

Right, there we go. Very good, Legislator Foley. Don't you love veto power? Some day you might have that in the town. Okay, here we go.

1892•05 • Amending the 2005 Adopted Budget to accept and appropriate additional 100% State aid from the New York State Office of Alcoholism and Substance Abuse Services to the Department of Health Services, Division of Community Mental Hygiene Services, for Compulsive Gambling Programs (County Executive).

LEG. FOLEY:

We won't need the veto thing, it will be approved.

CHAIRMAN TONNA:

Oh, yeah, I'm sure. Okay, 1892; that was very good year, by the way. There's a motion by myself, seconded by Legislator Foley. All in favor? Opposed?

LEG. FOLEY:

Consent calendar.

CHAIRMAN TONNA:

And we'll put that on the consent calendar. Same motion, same second, same vote. ***Approved and placed on the consent calendar***

(Vote: 7•0•0•0).

1914•05 • Accepting and appropriating 100% State grant funds from the New York

State Department of Health to the Suffolk County Department of Health Services, Division of Patient Care Services, for the Telemedicine Demonstration Program (County Executive). Motion by myself, second by Legislator Foley. All in favor? Opposed? Approved. Same motion, same second, same vote, consent calendar. Thank you. ***Approved and placed on the consent calendar (Vote: 7•0•0•0).***

1922•05 • Adopting Local Law No. 2005, A Local Law establishing Suffolk County Citizens Public Health Protection Policy by requiring retail display of public warning notices regarding pesticides (County Executive).

LEG. BINDER:

It needs a hearing probably.

CHAIRMAN TONNA:

Is there a public hearing required?

MS. JULIUS:

Yes.

CHAIRMAN TONNA:

Table for a public hearing.

LEG. FOLEY:

Table.

CHAIRMAN TONNA:

Table by myself, second by Legislator Foley. All in favor? Opposed? ***Tabled (Vote: 7•0•0•0).***

And now we go to the Sense Resolutions.

Sense Resolutions

Sense 54 • 2005 • Sense of the Legislature Resolution in support of providing safe immunizations for all children (Lindsay).

LEG. FOLEY:

Motion to approve and the Minority Leader would like to speak on it, Mr. Chairman.

CHAIRMAN TONNA:

Okay. Well, I'm going to second that with Legislator Lindsay. I just think the word Minority Leader, that's a kind of diminutive word. Legislator Lindsay, please.

LEG. FOLEY:

Caucus leader.

LEG. LINDSAY:

Yeah, I hung around to talk about this Sense Resolution, it has to do with a drug called Thimerosal which is a mercury-based preservative in vaccinations.

The sole purpose of the drug is really to preserve the vaccination so that the drug companies can keep them on the shelves longer. I guess it was probably around 2000, there was a very disturbing study about this drug and I guess voluntarily the drug companies started not using it in the manufacture of most of the vaccinations, but they left the supply on the shelves and a lot more kids and infants were vaccinated with this.

Autism in our current population is at an epidemic level. In 1991, one in twenty-five hundred kids had autism; today it's one in a hundred and sixty-one. There's 500,000 diagnosed cases of autism in the United States and 40,000 more being added every year. The U.S. Congress did a couple of very disturbing things, they've attached to, on two different occasions, resolutions that would preempt any lawsuits against the drug companies over this drug and they attached it to Homeland Security bills, which is really obscure. Ohio, California and now 32 other states are trying to ban it altogether. The stuff is still being used in adolescent vaccinations, eleven year olds still get it in their vaccinations. The supply that was still on the shelves, the Federal government bought up most of it and is shipping it to third world countries, which is even more disturbing.

So what we're simply asking out of this resolution is really two things; urging our State to join the ever increasing number of states that are banning it on a state by state basis in all the vaccinations, and asking the Federal government to implement some kind of investigation on how this could possibly happen. You know, besides the human pain that this causes parents and kids and whatever, the impact on our County is huge because these kids all need special training for going on and on and on and it has a tremendous effect on the County. So I would urge my colleagues to pass this.

CHAIRMAN TONNA:

Put me down as a cosponsor.

LEG. LOSQUADRO:

Cosponsor.

LEG. FOLEY:

Cosponsor. Why don't we hear from the Commissioner.

LEG. LOSQUADRO:

Put the committee down.

CHAIRMAN TONNA:

Yeah, put the committee down as a cosponsor. And it might be •• I mean, you might want to talk to Legislator Cooper, he's good at banning things. But, you know, maybe there's something that we can do in saying that it can't be used in Suffolk County, not just a Sense Resolution.

LEG. BINDER:

The FDA probably has ••

CHAIRMAN TONNA:

Well, I don't know, we did Ephedra, so I think that there might be something to that.

LEG. FOLEY:

The Commissioner wants to speak on this.

CHAIRMAN TONNA:

Commissioner Harper?

COMMISSIONER HARPER:

If I might comment, just briefly. Just so that you're clear that the Suffolk County Health Department, we sort of follow the recommendations of the State Health Department as well as the Centers for Disease Control. And in essence, there was a study done by the Institute of Medicine that was really commissioned by the Centers for Disease Control, and they didn't really document this connection between Thimerosal and autism. So from our perspective, we would have some concerns if, in fact, this were banned certainly in Suffolk County, because our current adult vaccination for influenzae does use •• does currently have Thimerosal. So there would be a concern that if we couldn't use that then, in essence, we wouldn't be able to vaccinate anyone for the flu. So on one hand we're dealing with this sort of theoretical risk, it hasn't really been proven yet that Thimerosal is certainly causing autism, and then we have a known risk of the flu itself.

CHAIRMAN TONNA:

But we can do it for thirteen, surely, right?

COMMISSIONER HARPER:

Well, children •• in children •• we don't currently use Thimerosal in children, that has been removed. So the concern I would have is really for adults.

CHAIRMAN TONNA:

In Suffolk County, is it used by physicians in Suffolk County though?

COMMISSIONER HARPER:

No, I don't believe that that vaccine is available.

LEG. LINDSAY:

Just if I might jump in. After the initial study in 2000, the drug companies started voluntarily not using it in the manufacture, but they were reluctant to pull the supplies off the shelf. There was subsequent studies after that, some allege that the studies were done to kind of knock down the initial study. The point of the matter is whether Thimerosal is the cause or not the

cause, we're faced with an epidemic of this horrible, horrible illness. And rather than our arguing of whether it causes it or it doesn't cause it, the only practical use this drug has is to preserve the vaccination so that the drug companies don't lose money on them, all right. And it's just an outrageous situation. I'm not suggesting that it be banned in Suffolk County, I'm simply asking the State to join with 32 other states ••

LEG. FOLEY:

Right.

LEG. LINDSAY:

•• and banning this on a statewide basis.

CHAIRMAN TONNA:

Okay.

LEG. BINDER:

Mr. Chairman?

CHAIRMAN TONNA:

Yes.

LEG. BINDER:

Just so I understand, is the ban that's suggested for all vaccinations including adults?

LEG. FOLEY:

No, it's just for children.

LEG. BINDER:

I just •• I don't have it in front of me, that's why I'm asking the sponsor.

LEG. LINDSAY:

The ban is to ask that Thimerosal not be used in vaccinations. It's still •• it is still in the vaccination that's used for eleven year olds, if I'm not mistaken. It isn't in the adolescent •• you know, one of the other things in this whole thing that they were looking at, why is this sudden explosion? Between 1991 and 2000, the number of vaccinations for infants under six

months old doubled and, you know, the amount of mercury we're pumping into our kids is really unbelievable. You know, whether there's a scientific study to approve that or not I think is not what we want to debate, we don't have that knowledge.

LEG. BINDER:

But the question is •• and I think Dr. Harper posits here, if we're calling for a statewide ban, even a call for a statewide ban of Thimerosal ••

LEG. LINDSAY:

Statewide ban on any childhood vaccinations.

LEG. BINDER:

It says childhood, only childhood.

LEG. FOLEY:

Yes, it's right in the title of the bill.

LEG. LINDSAY:

Yeah.

LEG. BINDER:

Okay. No, but I want to make sure it's also inside the bill, that we're not calling for an overall ban.

CHAIRMAN TONNA:

Well, if it's just •• but if it's just a preservative for a vaccination, why aren't we banning it for adults too?

LEG. FOLEY:

It doesn't have the same impact of it.

LEG. BINDER:

Wait, wait.

CHAIRMAN TONNA:

I'm just saying, it would seem to me logically, right?

LEG. BINDER:

But one of the questions, let's say for adults, if I remember right, we had a severe shortage of the amount of ••

CHAIRMAN TONNA:

Vaccine preservative.

LEG. BINDER:

So now if we don't have preservatives and we have even a more severe shortage because we've got stuff going off the shelves because it's not lasting long enough, we could have more of a problem.

COMMISSIONER HARPER:

Right, right. That's a concern from the public health perspective is the known risk of the flu versus the potential of a problem with Thimerosal.

CHAIRMAN TONNA:

Okay. This is very interesting, I love to hear this.

LEG. BINDER:

I don't hear that there's a problem with DPT and all these other vaccines. So that's probably not going to effect it, they just have to make sure that there's the right kind of supply and maybe for children •• so how would you feel if it were just for children, if it's just limited to them?

COMMISSIONER HARPER:

That's fine, that's reasonable. Right, we're already going in that direction.

LEG. BINDER:

Okay.

CHAIRMAN TONNA:

All right, great. Okay, so there's a motion and a second. All in favor? Opposed? Great. Thank you, Billy. Thanks for the information. **Approved (Vote: 7•0•0•0).**

Sense 57•2005 • Sense of the Legislature Resolution requesting New York State to enact legislation advising park patrons about the dangers of overexposure to the sun (Viloria • Fisher).

LEG. FOLEY:

Motion.

CHAIRMAN TONNA:

Motion by Legislator Foley, seconded by myself. All in favor? Opposed? Great. **Approved (Vote: 7•0•0•0).**

That concludes this meeting. We're adjourned.

(*The meeting was adjourned at 1:53 P.M.*)

***Legislator Paul Tonna, Chairman
Health & Human Services Committee***

_ _ • Denotes Spelled Phonetically