

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

A special joint meeting of the Health & Human Services Committee and the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on October 23, 2006, to discuss the matter of the 2007 Operating Budget.

Members Present:

Legislator Steve Stern • Chair/Veterans & Seniors
Vice•Chair/Health & Human Services
Legislator Jack Eddington • Vice Chair/Veterans & Seniors
Member/Health & Human Services
Legislator Edward Romaine • Member/Health & Human Services
Legislator John Kennedy • Member/Health & Human Services
Member/Veterans & Seniors

Members Not Present:

Legislator Eli Mystal • Chairman/Health & Human Services
Member/Veterans & Seniors

Also in Attendance:

George Nolan • Counsel to the Legislature
Robert Lipp • Deputy Director/Budget Review Office
John Ortiz • Senior Budget Analyst/Budget Review Office
Diane Dono • Senior Budget Analyst/Budget Review Office
Kara Hahn • Aide to Presiding Officer Lindsay
Paul Perillie • Aide to Majority Caucus
Linda Bay • Aide to Minority Caucus
Alicia Howard • Aide to Legislator Montano
Deborah Harris • Aide to Legislator Stern
Fred Pollert • Deputy County Executive for Finance

Brendan Chamberlain • County Executive Assistant
 Dennis Brown • Bureau Chief/Municipal Law • County Attorney's Office
 Janet DeMarzo • Commissioner/Department of Social Services
 Ed Hernandez • Deputy Commissioner/Department of Social Services
 Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services
 Patricia Clark • Director of Finance/Department of Social Services
 Dr. David Graham • Acting Commissioner/Department of Health Services
 Matt Miner • Deputy Commissioner/Department of Health Services.
 Len Marchese • Director of Management/Department of Health Services
 Margaret Bermel • Director of Health Administration/Dept of Health Svcs
 Diane Weyer • Budget Analyst/Department of Health Services
 Bruce Blower • Director/Handicapped Services
 Holly Rhodes•Teague • Director/Office for the Aging
 Leonore Hunter • Office for the Aging
 Maureen Porta • Office for the Aging
 Thomas Ronayne • Director/Veterans Services
 Vincent DeMarco • Sheriff of Suffolk County
 Mike Stoltz • Chair/SC Coalition of Mental Health Service Providers
 Steven Moll • Island Public Affairs.
 Peggy Orsino • RSVP
 William Butler • New York State Funeral Directors Association
 Denis Yuen • Peconic Community Council
 Tim Jahn • Cornell Cooperative Extension
 Sondra Irvine • Suffolk County League of Women Voters
 Dr. Joseph Harder • Health Center Liaison Committee
 Jack Romeril • Chairman/Citizens Advisory Council
 Reverend Ronald Radford • Martin Luther King Health Center
 Steve Lasko • Director/Colonial Youth & Family Services
 Rosemarie Dearing • Maxine Postal Tri•Community Health Center
 Terrence Smith • Dolan Family Health Center
 Dee Thompson • Dolan Family Health Center
 Jennifer Truscott • Executive Director/ Peconic Community Council
 All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 1:45 PM*)

CHAIRMAN STERN:

I'm going to ask everybody to please rise for the Pledge of Allegiance led today by Legislator Jack Eddington

Salutation

I ask everybody to remain standing for just a moment, please join us in observing just a moment of silence, keeping our very brave men and women fighting for us overseas in our thoughts and prayers.

Moment of Silence Observed

Thank you. Okay, I would start with Budget Review, but because I think we're going to need the computer and the screen, I'm going to go out of order just a bit and ask Janet DeMarzo, Department of Social Services, to begin our day today. Good afternoon.

COMMISSIONER DEMARZO:

Good afternoon. Thank you. And I'm glad to go first, I'm sorry to kind of change the order in which you had planned on running the meeting. I appreciate the opportunity to meet with you today to discuss the 2007 recommended budget for the Department of Social Services.

The decisions made during the budget process are critical for setting the policies of government. It is through the budget process that the Executive and the Legislative branches of government decide what level of services the County will provide and how these services will be provided. I am keenly aware of the importance of the budgetary decisions that you'll be making and appreciate this opportunity to provide you with my perspective on the budget.

I'd like to just start with giving you an overview of the Department of Social Services' budget. The comparison that I have here is between the 2006 and 2000 •• 2006 adopted and the 2007 recommended Budget.

As you can see, the 2007 budget is anticipated to be \$18.6 million less than the net cost of the adopted budget, a reduction of 7.2%. This chart here shows you what's going on in some of the major areas within the budget. We have highlighted those areas where costs are going down from '06 adopted to '07 recommended. To just pause for a minute, I'd say that the '06 estimated, which we didn't put in here because it really makes it much more difficult, did show some of these reductions during this year. So it is like a

two •• '06 estimated is lower than '06 adopted as well. But this chart shows you basically what's going on within the department. Our Medicaid cap was finally set by the State and there's been some adjustments, so there's \$18.9 million less in '07 than in '06. Our institutional care for children in Foster Care is also going down. Our general Family Assistance, which is like the mainstay of our welfare program for families, the estimates are going down, as well as the JD and PINS, children in care and day•care is also not growing at the rate that we had anticipated it would grow. And even the areas that are going up, we don't see really large spikes, we have a lot of stability in the area of Social Services.

I just chose to put this chart in because it shows you that even though •• it breaks the department into the variety of services we provide. And although we have a Medicaid cap, it's important to recognize that it's still 40% of the total department budget.

While I realize this is the budget process, what I thought would be helpful, because the budget process does set the policies, is to kind of give you a little sense of what's going on within the department. Because I think in a lot of ways, within with the support of the Legislature, we've made some major accomplishments over the last year.

One of the things that we're extremely proud of is that we for the first time in the history of many people that have been there 30 years •• their personal history because our records don't go back that far •• is we're really meeting the timeframes for making determinations on welfare programs, Temporary Assistance, Family Assistance and Safety Net Programs. It's •• when you come to the center, we're supposed to see you within seven days; we see you within seven days, your appointments are made. We're supposed to make eligibility determinations for Family Assistance in 30 days and for Safety Nets in 45 days; we are meeting those timeframes.

Another area where we have seen significant changes is in Temporary Housing. Our family numbers have gone down significantly over the years. Our single population started to spike and we responded to that with a lot of support from the County Executive and the County Legislature and we've been able to stabilize that growth and we've been able to do it in a way where we're really providing good services to individuals and we're helping to transition them to permanent housing.

To just give you a little quick list, our Homeless Intervention Program helped over 300 families retain their housing. We've started the Shelter Supplement Program two years ago, it's helped 197 families find or retain permanent housing because it let's us pay at a market rate, what approximates a market rate. We've developed good collaborative relation with Suffolk County Mental Health to try to transition homeless individuals into supportive housing. We had all the people, CDC opened up their Section 8 Housing, we had all the individuals in our homeless shelters apply for the Section 8 Program. So we have really been working very hard with our not•for•profits as well as our clients to try to get them the resources and supports they need to transition out.

But the reality is that our toughest, most challenging area has been in Family & Children Services. As you all know, the tragic death of a child in New York City this year really brought in a change in CPS; the numbers of calls that we received truly spiked in the beginning of the year. But with hard work, a task force to really look at the way we're providing services and the cooperation with very dedicated staff, we have been able to bring our numbers back down to what approximates the pre spike error of earlier this year. And actually, when I did this slide I wanted to say we survived the first quarter of 2006 because it was tough.

At the end of September, Suffolk received for the whole year 6,871 reports, a 14% increase; we expect this year to set a new record in the number of reports. But with the hard work, the number of overdues has gone down from a high of 71 to •• where's my note?

MS. CLARK:

(Inaudible).

COMMISSIONER DEMARZO:

Okay, I can't do my percentage, I can't read that number. But our overdues have gone down, the number of caseworkers with over 26 reports have gone down and we feel that we're making progress. We appreciate the Legislature giving us support for the nine positions that we created through grant funds. Our goal is to create new teams and reduce span of supervision so that the caseworkers have an opportunity to work more closely with their supervisors.

In the area of institutional care, which is a large part of our budget, that is for

children who come into Foster Care and need to be in an institutional setting, family foster homes, alternatives to •• therapeutic foster homes, as well as a secondary group which are JD's and PINS that are placed by the court in residential settings; they're also in the custody of the local Commissioner and an expense in our budget.

DSS placements remain fairly stable, but our residential treatment centers have been replaced by a lower level, less costly setting of group homes and therapeutic foster homes. But I wouldn't have done my job if I didn't say our greatest success is in the Probation population. The number of PINS placed in institutional care has gone from a high of 66 in April of 2005 to 36 in August of 2006. This has really been about the AFI program and about really changing the model in which we serve children who are recommended for a PINS petition.

Recently, and the BRO speaks about it and the Probation Department as well, we've seen a spike in the JD placements. Working cooperatively with Probation, we're starting to look at why that is, what we can do, is it a shift, is it new phenomena of criminal activity, so we're working on that.

Just on the TNAF participation rate, you may have heard that the Federal Government reauthorized the TNAF welfare reform, they've raised the participation rate to 50%. We're working actively to get our program restructured to meet the new TNAF regulations; we believe there's light at the end of the tunnel. We may be back to talk to you throughout the year, but we think we're getting close.

But with all those accomplishments, what is it that we see on the horizon for 2007? While our two big areas continue to be CPS and Family & Children Services, what can we do to ensure the safety and services our families and children need, and the Medicaid backlog issue. In the 2007 budget, we have continued funding for the nine positions which were created to restructure the teams. We're asking for funding for an RFP for Preventive Services so that we can really start doing some innovative things with agencies working off the Nassau model where their Preventive Services is done by a variety of not •for•profits. We're looking at \$775,000 and our goal is to serve 125 families with that, people that we are preventing from coming to us. It's very different than Protective Services, these are people that are at risk of a

problem or families at risk of a problem.

We're also looking to change our Independent Living Program. We want to ensure that our children that are transitioning out of Foster Care really have the skill•sets and support systems that they need. We have also asked for more funding for our CPS Retirees, that has been a very successful program, it was actually a brain child of the Legislature and it's been in place of a number of years now and we find it very helpful and we have more retirees leaving. And actually, the State Retirement System has told us that they're not subject to the cap on working for government, so that has also allowed us to use them a little bit more.

The final thing is that we're asking for funds for Educational Advocacy Services. We find it really important that we sometimes work with the school districts to make sure that our two systems work hand•in•hand in meeting the child's needs. So sometimes we need an educational advocate, not only for the child but to make sure that we're asking for the right things for the child. So this has been very helpful and we'd like to see an expansion of that.

The other thing that we'd like to look at is in the area of Medicaid. There's a lot going on in the area of Medicaid now with the Medicaid cap, with the Federal Government making some changes, the F•sharp, the \$1.5 billion the State is getting from the Federal Government; we're asking for an RFP for a Medicaid Transportation Broker. Basically now, transportation is a preauthorized benefit; you have to call, you have to get permission, you have to meet certain standards, and I have a group of five or six individuals that handle the phones, work with the taxicab companies. Prior to this, if you wanted to put it out to bid, you had to get the Federal Government to approve this.

One of the recent changes in the DEFRA legislation was authorization for Medicaid Transportation Brokers without a waiver. The State is also changing the way in which we deliver mental health services under the Medicaid program with PROs and we expect to see a lot more individuals receiving mental health services that will need transportation. The State has advised us that Adult Day•Care will no longer have transportation as a covered function in the program area, that we're going to become responsible for transportation of this Adult Day•Care population that we've never served before, which is about 400 individuals.

So all these competing needs and us really sitting there with five workers and a Hagstrom, not even a computer, we think that we've done a good job as a County and we've held our costs better than a lot of other Counties, but we may have maxed out our ability without technology to continue to do that in-house. So we'd like your support to put that out to a broker.

And the other thing that we're asking for continued funding is we were one of 12 counties chosen for Medicaid fraud and abuse. To run that in-house, we have an Investigative Auditor, we're going to do a data mining RFP as well as seeking some services from people from within the insurance area to help us actually do the audits and the oversight of this Medicaid data that we get which will show us if there's irregularities and where we should focus our efforts to look for fraud and abuse.

The final area that I just wanted to advocate for in the budget is that there were seven new positions added within the Department of Social Services. We support the addition of these seven positions. One is an Investigator to really start looking at •• an additional look at some people who receive welfare benefits, to make sure that it's appropriate, to look at the recertification process; in the Adult Protective Services world we're seeing a growth in our Spanish-speaking population, we're looking for a Spanish-speaking caseworker for our Adult Protective Services; and individuals, five individuals in the area of Medicaid processing to help deal with •• you know, although our processing time has gone down over 25 days in the last two years, we still have some areas that could use some increased focus to bring our timeframes down even further.

And the final piece I want to advocate for is an item that was not included in the budget because it •• it has a bit of a story, but it's the Nassau-Suffolk Law Services and they provide domestic violence services for clients; they provide legal assistance and that includes orders of protection, child custody, visitation and child support. Originally, Nassau-Suffolk Law Services had two components in my budget, one of those components was transferred over to the Office for Women Services. When the budget was put together, there was a belief that the whole thing had gone over to Office for Women Services and it was covered there, but it wasn't and it's only one piece and it's also addressed in the BRO report, so I think it's important that we restore that service.

And I know that I've taken more time than I wanted to and I know you have a busy day. So that sums up my presentation, but I am here to answer questions and if there's anything that, you know, not answered today, it can be addressed at another time. The department is prepared to be available to you.

CHAIRMAN STERN:

Thank you. Questions? I have a couple of my own first. First of all, CPS investigations, you had made the •• can everybody here me? That there are workers working CPS cases and the attempt has been made to bring their caseload down below the number of 26; is there a particular significance of that 26 number? And although the attempt has been made to decrease the amount of workers with that kind of caseload, how many workers are still working with that kind of caseload?

COMMISSIONER DEMARZO:

By the end of September, 12% of our CPS workers had 26 or more; in March, 48% of our CPS workers had 26 or more. What we've done is we did bring the •• we did hire nine additional people to create more teams because we find that more supervision, especially for our new caseworkers, allows them to make decisions and close cases timely which brings down the caseload.

The other issue is that what is an appropriate caseload is really not a defined number. But I am pleased to say that New York State, as part of their budget, put money into the Office of Children & Family Services to hire a national agency to look at workload standards for Child Protective and Family & Children Services at large, and Suffolk County was asked to participate in that workload study which occurred in September of this year. The State budget requires that the Office of Children & Family Services release that report by December 1st, so on December 1st New York State will be establishing specific caseload recommendations for this area that before that we really had a very national standard of the Child Welfare League of American which they recommend, depending upon whether it's Protective, Preventive, you know, Foster Care oversight, range from like 12 to 18 cases.

CHAIRMAN STERN:

And it's starting to get chilly so, of course, we're all thinking about heating our homes. A question about the Suffolk HEAP Program. According to Budget Review, of the monies that were allocated for Suffolk HEAP, that 75%

of the money remains unused. Did you have any idea as to why perhaps there might be that kind of money there? And of course, we're coming up to November and December and that's when the program will kick in again, but do you have any idea what the response is going to be and how that program might be utilized as we go forward?

COMMISSIONER DEMARZO:

I don't have an answer. I mean, we did press releases, we put it up on our website. We made the process easy, it was, you know, a mail•in process, you didn't have to stand on long lines. We tried to create a program that we thought would provide the most ease for clients. What was really interesting, and I don't know, almost upsetting is that a number of people, I think it's more than 50%, that came to us for Suffolk HEAP ended up actually being eligible for the Federal HEAP Program, and the reason why that's disappointing is they're not •• you know, they're getting what they're entitled to in the first instance, it's only when we said we were expending it did they think to come in for it.

So while we didn't spend a lot of our money, we did see a crossover, people did get benefits because they came forward. And the HEAP Program is a hundred percent Federal, so our program requires that you get your HEAP benefit before you get your •• we were calling it SHEAP benefit, your SHEAP benefit, your Suffolk HEAP Program. So it wasn't a total •• you know, while the number doesn't show it, it did provide more assistance to individuals. I don't know why, we put it up on our website, I know the Legislature did a press release, I know the County Executive did a press release, we put it out to our not•for•profit agencies.

CHAIRMAN STERN:

And as we're coming back up on November, are there any additional efforts, any new ideas to try and get the word out?

COMMISSIONER DEMARZO:

You know, the County Executive is planning on making an announcement, I've talked to Legislator Alden's office to see if they were interested in doing a press announcement, we're planning on putting something up on our web again, you know, on the Suffolk County DSS access; those are all the efforts. I'd be open to suggestions, we think it's a very good program and we think it's an easy program to use as opposed to a lot of the other ones we administer.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

Good afternoon.

COMMISSIONER DEMARZO:

Good afternoon.

LEG. ROMAINE:

Just a few questions concerning your budget. If the County Exec's budget was adopted as is, unchanged, how would that effect the Department of Social Services and the clients that it serves? What would we see •• obviously because there's a reduction from your 2006 adopted to your 2007 recommended, and I went through that list and it was all reductions; what would those reductions translate into in terms of real people's lives?

COMMISSIONER DEMARZO:

Well, while they are reductions in funding requests, they're not reductions that are taking services that people are seeking. Most of our funding in the area of family assistance and Medicaid is program driven, so it's not that we have a lot of local discretion, so the reduction is just that is the demand that we are seeing from our residents.

LEG. ROMAINE:

Would it slow down the process of processing different documents or providing eligibility?

COMMISSIONER DEMARZO:

Our goal is, you know, reaching the ••

LEG. ROMAINE:

Because unless you make a compelling case, obviously then what the Executive is recommending must have some validity.

COMMISSIONER DEMARZO:

Yes. I mean, actually the Department of Social Services' personnel staffing

level is up over the last three years and, you know, we have made some significant improvements in the Temporary Assistance area. In Medicaid we're not quite where we want to be, but it's •• we brought down our processing time 25 days and we're continuing to try to do some innovative programs. The State is bringing us the EED Program, it's Electronic Eligibility process, and in December we're hoping that cuts down some of the worker's time in doing some data•entry and taking •• you know, doing some processing of the application, so we think there's some technology. You know, in the area ••

LEG. ROMAINE:

How long are your lines in every one of your Social Service Centers for people applying for various types of assistance; how long do you have to wait on line? Are these long lines at these centers?

COMMISSIONER DEMARZO:

Well, we often have lines at the centers. And you know, there's individuals that present at the center for emergencies and there's individuals that come in for scheduled appointments, and depending upon whether you're a scheduled appointment or you arrive with an emergency depends upon how long you have to wait. It always is a wait, dropping off material even can take some time because there's long lines. I would say if you don't have to be at the center the week of November 1st when HEAP opens, don't go, the lines are out the door. But overall, depending •• you know, if you present as homeless or if you present as having an emergency, you could spend five or six hours at the center.

LEG. ROMAINE:

Waiting on•line.

COMMISSIONER DEMARZO:

No, it's not just the line, you will get to the receptionist and you will then have to sit until you can actually be interviewed. Everybody who presents with an emergency is seen that day and their emergency need is •• or their immediate need is addressed. So yeah, I mean, our lines are long, but they move and they're longer sometimes than others.

LEG. ROMAINE:

Let me ask you some specific questions. Five hundred thousand dollars was included in your 2007 budget, apparently for Social Services to implement

Local Law No. 1 of 2006, which would make your department responsible for the payment of incentives to the Suffolk towns and villages to increase building code enforcement regarding illegal multi-family housing. And you're prepared to execute that and divvy up that incentive and you're in the process of developing rules on how that incentive can be •• go to these villages and towns regarding building code enforcement for illegal multi-family housing?

COMMISSIONER DEMARZO:

Well, the legislation that was adopted was very specific, it said the money should be •• the monies appropriated should be distributed based upon population data. Tom Isles from Planning has given me the percentage of whatever the dollar amount would be for each village and town. The County Attorney's Office •• we've actually seen, last year a village and I think a town send us their Local Law for review, it goes to the •• yeah, so we receive it based upon the standards adopted in the legislation •• included in the adopted legislation, the County Attorney's Office makes a determination about whether it satisfies the conditions of the Local Law; unfortunately, both of those did not. So based upon the fact that the legislation itself was very prescriptive, I do think that it can be administered.

LEG. ROMAINE:

One last question and I'll yield the floor. Social Services was involved in 621 recoveries; could you comment on that and approximately how much was recovered? And then I'm going to ask Budget Review about where it eventually wound up and if it wound up in the right place.

COMMISSIONER DEMARZO:

The 621 recoveries were •• the 621 recoveries, basically when the State did deinstitutionalization there were ••

LEG. ROMAINE:

This is for people with mental illness, psychiatric care.

COMMISSIONER DEMARZO:

Correct, yes, psychiatric, you had to meet certain standards. When the State did deinstitutionalization they set the standards for how long you had to be in care and a variety of other standards. And basically what the State had said was we will hold you harmless for the cost of these individuals and we'll send you a notice every time one of them who applies for Medicaid comes on your

roll and we'll hold you harmless. Well, it started becoming quite obvious •• and Diane Dono deserves a lot of credit for this •• that that wasn't really happening. We started pushing and looking and trying to identify how we could, you know, figure out who the State should have paid us for and who they didn't. And finally, with enough noise, we were able to get the State to participate in it and they gave us lists and we did matches and it was OMRDD and OMH, and when we finalized all the recoveries it was eleven ••

LEG. ROMAINE:

A million six hundred eighteen thousand, two hundred sixty•two dollars.

COMMISSIONER DEMARZO:

Right, that we were able to recover, as well as •• you know, we were able to within our 2005 budget year, which was very important in setting the cap, to •• you know, actually our dollars were even more because the 2005 we just took right off 2005, so our cap was able to be lower.

LEG. ROMAINE:

And we recovered that money this year. Now, my next question would be for Budget Review and then I'll end. Was this properly reflected in the budget? Because this is recovered monies, revenues; was this reflected in 2006 or 2007 in the budget, was it properly accredited to the right account?

MS. VIZZINI:

The 2006 adopted budget anticipated these revenues and provided for them in the Debt Reserve, that was the policy decision at the time.

LEG. ROMAINE:

Who made that policy decision?

MS. VIZZINI:

It was presented by the County Executive and the Legislature concurred. Now we're in •• reviewing the 2007 recommended budget and what we thought was going to be 13 million came in at 11.6 but it did come in. So it's shown in the Debt Reserve in the 2006 estimated column.

LEG. ROMAINE:

Do you believe that this should be included in the General Fund as opposed to the Debt Reserve?

MS. VIZZINI:

In terms of transparency, we believe that it should be shown as flowing into and then at least through the General Fund and it's a policy decision whether it would go to the Debt Reserve or some other expenditure. But I want to reiterate what I said this morning and that is it is part of the 23 million that is transferred from Debt Reserve to offset any increase in property taxes.

LEG. ROMAINE:

I'm going to let Legislator Kennedy because I'm sure he'll speak to the programmatic impact of this at some point, and I will yield the floor. Thank you, Mr. Chairman.

CHAIRMAN STERN:

Legislator Cooper.

LEG. COOPER:

Hi, Commissioner. I just wanted to revisit the issue of Child Protective Services briefly and see if I understood you correctly. I think you had mentioned at one point that there was a national recommendation of a caseload for CPS worker, is it 12 to 18?

COMMISSIONER DEMARZO:

Correct.

LEG. COOPER:

But the Suffolk County caseload, at this point the goal is 26?

COMMISSIONER DEMARZO:

There are 12% •• the reason we track 26% is the State has •• in our reports we use this computer system called Connections and you can sort worker's activities by different levels and 26 and above is one of the, you know, benchmarks the State gives us to looking at our caseloads. So yes, we have 12% that have 26 or above. And I just wanted to say that it was a national standard across all different kinds of systems, so that's why New York State felt that it was better to get a State specific using our model to decide what was appropriate.

LEG. COOPER:

But it just seems •• I understand what you're saying, but it seems as though

a caseload of 12 to 18, I mean, that's a lot lower than 26. I mean, can you try to compare apples to apples for me; how is Suffolk County doing compared to the national average? Do we have a lot more work to do here?

COMMISSIONER DEMARZO:

Well, I didn't bring the chart, but in certain times, you know, we really look at ourselves not relative to the national model. But really because the child protective system, while there are Federal guidelines on it and Federal laws on it, it really is driven a lot by the State's regulations and laws. So it's best to compare Suffolk to the other large counties as well as the boroughs who report separately than •• you know, as separate entities. And as compared just to many of the other large counties, we're in the ballpark, we're where they are. You know, sometimes we do better and •• and Nassau and Westchester and Erie are the large counties that I look at, you know. So we're not outrageously high from them; at points we are and at other points they're higher than us in the distribution. But we're hoping that some of the activities that we've undertaken this year will try to address that standard, we think 26 cases is high and that's why, you know, we're watching it.

LEG. COOPER:

Thank you, Janet.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Hi, Commissioner. How are you?

COMMISSIONER DEMARZO:

Okay.

LEG. KENNEDY:

Nice to see you again. All right, let's start from •• in the beginning of BRO's estimate, I'm going to ask you to just talk a little bit about a couple of issues that appear in the budget and just give me your thoughts, I guess, or where we're at. Administration is up by 1.1 million; what do we attribute that to other than just basic contractual matters?

COMMISSIONER DEMARZO:

This is Pat Clark, the Director of Finance for the Department of Social Services.

LEG. KENNEDY:

Good afternoon. How are you.

MS. CLARK:

Good, thank you. Just speaking off the top of my head, some of that would be attributable to salaries, there's all been an increase in temporary and overtime salaries. The \$500,000 for the town issue was included as an administrative expense and the ••

LEG. KENNEDY:

That was booked? So in other words, that whole lump block of 500,000 was booked as an administration expense?

MS. CLARK:

That's correct.

LEG. KENNEDY:

That not including the staff time or whatever is going to be taken in order for you to actually effectuate, transfer, do the accounting, the disbursements, vouchering, audit or any of the other things that may be contemplated under this, just a blank slug of 500,000.

MS. CLARK:

Exactly. And also, the two RFP's in the Medicaid area for the transportation broker and the Fraud and Abuse are also administrative expenses and they total ••

LEG. KENNEDY:

I was going to go to them, I guess, eventually, but you bring them up so I'm going to ask you. Both of those items I think are prudent and good and I commend you for seeking to go ahead and move in those directions. You know, having been the beneficiary and lived through a process, a direct service process that was manual when I arrived, as did Mr. Romaine who led the way to a completely automated one, certainly you receive a tremendous amount of savings and efficiency and accuracy and delivery.

Having said that, my next question is we now have a Commissioner of IT Services; why aren't we doing this in-house? We have through, our Department of Transportation, a program that has just been brought on-line •• as a matter of fact, Legislator Eddington and I have talked about it •• the 1,2,3 Trips Program, and we know we've made leaps and bounds as far as our municipal transportation program. There's got to be some ability to go ahead and translate. Have you had any dialogue with this?

COMMISSIONER DEMARZO:

You know, we actually •• Fred Pollert had asked me to look at our bus system, you know, we have buses, sometimes they're not used and so forth, and we did have a conversation •• I'm trying to think of the gentleman who is there, all I can think of is Jerry Cronin, that's how far back my ••

LEG. KENNEDY:

Bob Shinnick; I remember Jerry.

COMMISSIONER DEMARZO:

Bob Shinnick, about the use of a County bus system that did not •• you know, I can't remember exactly the conversation, but Bob and I looked at it in a variety of ways and it did not •• you know, it did not lend itself to this. Even the paratransit, I think my focus was on the paratransit.

LEG. KENNEDY:

SCAT System.

COMMISSIONER DEMARZO:

You're not allowed, when you call up as a disabled •• and I know I saw Bruce Blower here •• as a disabled individual that's seeking services, if it's a covered Medicaid expense you can't use the SCAT services, so you really can't use it for Medicaid coverage, transportation to doctor's visits and so forth, so that's •• you know, that wouldn't really be a viable. And then the other thing is there are a lot of entities that it's not just the computer program but it's the people that administer it, that really have had successes. We've talked to other counties that have seen real efficiencies because these people are transportation experts who really do coordination. I mean, there's •• it's like a subspeciality of transportation•at•large. I'm not confident that, you know, there's no synergy that will come out of the County and IT and Transportation may be working on the RFP, but I think that the expertise in the field would be more helpful to making sure that we have the best transportation system.

LEG. KENNEDY:

I'm always one for experts. And as a matter of fact, I believe that, you know, there is a lot of, as you say, expertise that goes into it, certainly there's complex models for trip routing so that you minimize fuel costs, stops and the whole nine yards.

That notwithstanding, I'm going to ask you to at least engage in a conversation with Sharon Cates•Williams to see whether or not we have in•house some resources to attempt to try to assemble this package. And I don't necessarily mean that we should have Medicaid recipients on County buses, although it wouldn't be such a bad idea if that was doable. I meant more that your transportation routers or schedulers have the ability to have access to some of our in•house automated information resources and if there was some ability to marry those, that you can achieve the same outcome that you might have through the RFP; it's just worth a look, that's all.

The other piece that you mentioned as far as contract•out on IT was •• help me out for a second; Ms. Clark, you just mentioned it, there were two pieces?

MS. CLARK:

Medicaid?

COMMISSIONER DEMARZO:

Oh, the Medicaid Fraud, yeah.

LEG. KENNEDY:

Medicaid fraud. Again, obviously, you know, an area that all of us would absolutely, positively trip over ourselves to help you to go ahead and augment and implement. However, because it has been such an area they say there's been so much focus, tell me, do we have anything as far as these matching or the data mining programs that are going on vis•a•vis a State level? Does the State Medicaid and its Inspector General's Office do any marrying or matching at a State level?

COMMISSIONER DEMARZO:

You know, we actually went for a training session, a very long, three day training session in March and, you know, because it's an area that New York State is looking at in a different way now and I think next year will continue to look at it in a very focused way. The State has some data mining abilities, they will tell you that they do not have the services that other companies

have available to them. The insurance industry, a lot of the individuals that are responding to the RFP's done by other counties have really used the insurance •• working for the insurance industry or a while and they really know the questions and the issues to focus on. They do a three dimensional query, I mean, they actually put it up on the chart, it like rotates, so they really dig into the data beyond what an average programmer can do and they know what some of the questions are to ask. So once again, it's such a speciality that they're known in both the industry, the insurance industry or the health care industry and they're crossing over in many communities, many states to Medicaid for the first time.

And the State of New York is actually developing information sharing agreements with a number of providers. So I think New York State will actually start using some of these as well, but I know that a number of counties have done an RFP, I think three?

LEG. KENNEDY:

If we get out there and front on it and the State use it, can we get reimbursed by the State?

COMMISSIONER DEMARZO:

All of this, both the Medicaid, RFP for transportation and this Medicaid process is 100% non•County dollars. Any Medicaid activity that we undertake, whether •• as part of the cap, what the State said was program and admin are under this cap. So all our •• I mean, like our •• and they go up three and a half percent, so any expenditure above that three and a half that's directly a Medicaid expense is a hundred percent reimbursed. The seven additional people, you know, the five additional people from Medicaid will be a hundred percent reimbursed; the RFP for Medicaid transportation, there will be no County dollars; all of the data mining and so forth will be a State expense. And the good news is on the data mining, when we find •• if we find fraud we have to turn it over because that becomes an AG issue, but if we find abuse, because we're a pilot County, we can actually share in the savings, so.

LEG. KENNEDY:

Which again leads me, I guess, to another area that I want to go to, not necessarily that we have widespread abuse but I know that just recently we've gotten the authority or the ability now to go ahead and do some investigation on the provider side for fraud or abuse?

COMMISSIONER DEMARZO:

This is the provider side, this is just for providers. The recipient authority counties have had for a while and we actually recently hired an investigator to look at client fraud or recipient fraud or applicant fraud, it depends upon where you are in the stage. This is specifically provider and only the 12 counties that entered into an MOU with the State are allowed to do provider fraud.

LEG. KENNEDY:

Okay. Along those lines, then, let's talk a little bit about some of the other things that BRO comes up with. Tell me a little bit •• I see •• and I'm still staying a little bit with the administrative increase, if you will, and then we'll go into the other areas. But there's an increase in your IT section of 340 plus and it talks about a day•care IT program, Kinder•Track? Tell me a little bit about that, please.

COMMISSIONER DEMARZO:

That's one I can tell you a little bit about. I understand it from, as I like to say, the 30 foot ••

LEG. KENNEDY:

Well, get your IT jock up here then.

COMMISSIONER DEMARZO:

An area of concern has often been that the day•care providers really need to be reimbursed timely, they provide the service for a month then they bill us, we're supposed to pay them within 30 days, our timeframe has been getting a little further out, we have over 4,000 children in care. So we were looking at how can we get it so that, you know, we can pay them as soon as we get their bill, and what we found was a number that the State has recently given ControlTech which runs the Kinder•Track, put them on their State list so we could buy them. They've actually worked with other counties as well as the State of New York so that they are integrated into the welfare management system so that the •• in my world, if the two systems don't talk to each other you don't really have technological advances. So we have found that we'll be able to do automated attendance, we'll be able to interface with the WOMS system which helps with generating checks for bicks. So we have it •• you know, we're looking at it for this year and we're looking at expanding it for next year to really try to allow providers to call in their attendance, to ••

LEG. KENNEDY:

How much quicker will providers get paid?

COMMISSIONER DEMARZO:

I want to say they're going to get paid quicker, I'm hoping that we get, you know, close ••

LEG. KENNEDY:

Quick is relative. I mean, we can all talk about quicker here.

COMMISSIONER DEMARZO:

You know, until I •• we only have the system •• the experience from other counties is it did cut down their process. Pat's been more on the front end of implementation.

MS. CLARK:

I really don't think I can add anything to what the Commissioner said because without ••

MS. MAHONEY:

Can you please use the microphone?

LEG. KENNEDY:

How long does it take a provider now? Let's talk about a small home•based day•care provider who has a Social Services client, who's furnishing service, provides day•care, submits a voucher; how long does it take for them to get a check?

COMMISSIONER DEMARZO:

I'm going to give you a best case/worst case. Best case is they provide the service for the 30 days, they submit timely within the first week of the second month, when we are in the 30 day cycle •• which we haven't been for a while, I'm sure some of you have called my office •• they'll get paid within from the date we received the voucher to the date we issue it is about 42 days, 45 days. So you know, like 42, 45 days from the date we get the voucher.

LEG. ROMAINE:

Best case.

COMMISSIONER DEMARZO:

Best case.

LEG. ROMAINE:

Worst case?

COMMISSIONER DEMARZO:

Worst case is we have recently identified a problem. We have two sets of •• we have two populations; those that receive •• there's a low income working individuals from the Low Income Block Grant which aren't in receipt of any other assistance from the department, those really fall more in the best case; some of the clients in the welfare system receiving Temporary Family Assistance, that process has been taking a lot longer, I recently saw one that was like 90 days out.

LEG. KENNEDY:

Ninety days beyond the 30 days that the service was provided; four months for a home•based provider to get paid for something we contract with them for.

COMMISSIONER DEMARZO:

Right. So we have a team in there right now who is changing that process. I mean, quite honestly, I'm being very honest here, I had heard that it was bad, it wasn't until I actually saw this voucher that had like three months stuck together that we sent a SWAT team in. And I hope within the next month to see that timeframe get to match those that are not on Public Assistance.

LEG. KENNEDY:

And this software is going to do away with that kind of latency? Because the only reason that we can explain it is that it got lost in the paper process?

COMMISSIONER DEMARZO:

You know what it will do? It'll make that lateness obvious. You know, one of the problems is we in the department have a book •• we look at all our stats; I mean, I can tell you how many workers have over 26 cases, I can tell you which center has a three day waiting list and which one has a seven day

waiting list, but we didn't really have any system to capture this. So it will streamline the process and it will also give us a management tool so that we don't have to find out that we have a 90 day waiting period.

LEG. KENNEDY:

Let's hope that it does that and let's also hope we don't have any other systems with that latency.

Let's talk a little bit about the accounting section, and I wonder if we don't have some type of an overlap here or a synergy. I'll just read the statement directly from BRO and you tell me what it means. "There is a chronic need for overtime in DSS Accounting to address vendor and client payment backlogs which DSS requested but did not get two new Account Clerk positions; what does that mean?"

COMMISSIONER DEMARZO:

You know, that payment process goes right to the day•care. I mean, we make payments to a lot of vendors, some are done directly off our State system, you know, Client Benefits and so forth, but a lot of them are to the agencies that we contract with. And we •• you know, we looked at our systems recently to find out why our workload was growing, and we've seen almost a 25% increase in the number of transactions that we have with the expansion of the shelter system, with the number of children in day•care and the number of •• I mean, quite honestly, you know, the number of contracts that we do as a department is very significant. With a lot of the additions in the Omnibus, those little contracts and so forth, we have a variety of reasons why over the last two years we've seen a 25% increase.

LEG. KENNEDY:

Commissioner, I don't dispute that there are many agencies that your agency engages with for a whole variety of purposes. I see you just got 31 more for the purpose of providing incentive for code enforcement, that's not my concern or my issue. My issue is why •• first of all, let me ask, did you request two new additional Account Clerks to assist here?

COMMISSIONER DEMARZO:

(Shook head yes).

LEG. KENNEDY:

You did, that was in your requested budget and unfortunately the County

Executive elected not to include that; is that correct? Maybe I'm not understanding, maybe BRO can explain.

MS. VIZZINI:

No, that's correct. And there's also an Account Clerk position in Medicaid that was actually abolished; it's our recommendation that we reinstate that Account Clerk and move that one over to accounting.

LEG. KENNEDY:

So we, by the Commissioner's own admission, have approximately a 25% increase in the agencies that engage with our department for provision of services. How many Account Clerks are in this division now; what makes up the accounting unit?

COMMISSIONER DEMARZO:

You're going to have to answer that one. We can check for that, we'll look at the actual budget line to check.

LEG. KENNEDY:

Well, you could give me an approximation. I mean, is it six, is it twelve, is it seven; do we have a clue?

MS. CLARK:

We have a clue.

LEG. KENNEDY:

Okay.

MS. CLARK:

About 20 plus a temporary work force of about six.

LEG. KENNEDY:

Well, temporaries we're going to talk about. No, I want to know about full •time Civil Service employees performing a vouchering audit or disbursement function.

MS. CLARK:

Approximately 20.

COMMISSIONER DEMARZO:

Approximately 20 full-time employees.

LEG. KENNEDY:

Twenty full-time employees. We asked for two more so that would be a 10% increase, we were denied that, we were denied another one, so we've got a 10 or 15% decrease and we have a 25% increase in agencies that the department is servicing; is that correct?

COMMISSIONER DEMARZO:

Yes, the 25% increase has been over •• it was a two look-back, but essentially that's the facts.

LEG. KENNEDY:

Great. Okay, good. I just wanted to make sure I was understanding where we're going. Thank you.

All right, tell me a little bit about •• and I'm going to refer again to BRO's report where it talks about a Linkage Center, "The Safety Net course included three million increase primarily associated with the rising costs for singles in need of Public Assistance." I notice from the charts that you talked about the fact that you observed a spike and then there was an effort on the part of the department to address that spike in single homeless; is that what this initiative is?

COMMISSIONER DEMARZO:

Yes, it's a continuation of that. We have seen a real change in our homeless •• the makeup of our homeless population. Our families population became more •• became stable before our singles. I mean, we're talking about •• we use the word singles in the department, it's single and childless couples is how the system looks at this. We saw a real spike in that population and we really started looking at what their needs are and trying to identify what kind of supports that we could put in place. And as you know, we received a grant to do our drop-in center which became •• which was awarded and became the Linkage Center with Family Service League and they have been very helpful in telling us that some of our clients, the phrase "chronically homeless" have certain needs and they have been very good at, as the name applies, linking them up to services. The next step we need to do is create a little bit more long-term system to work with some of the chronically homeless, to move them into either supportive or permanent housing. So

that is what this request is for.

LEG. KENNEDY:

And it will actually be a •• is this 40 beds that are going to be disbursed amongst the community or is this, you envision, a 40 bed •• one facility, okay.

COMMISSIONER DEMARZO:

It would be a State approved facility, yes.

LEG. KENNEDY:

Well, are we proposing to build a facility or are we looking to go ahead and acquire something or develop something that's out there?

COMMISSIONER DEMARZO:

I think the effort is to try to acquire an existing building that will meet that standard.

LEG. KENNEDY:

Okay. Tell me a little bit more about •• the paragraph right under there talks about the day•care and the fact that the day•care appropriations are decreased. What, if anything, can you attribute that to? Because our family sizes, I don't get the impression that over one calendar year all of a sudden a bunch of kids go south. What's going on?

COMMISSIONER DEMARZO:

Well, I think that •• no, we're talking about the day•care. You know what? Let me go to the actual paying. What page number are you looking at, Legislator Kennedy?

LEG. KENNEDY:

I'm on 377, it's the paragraph right below •• but I'll refer also, Janet, to your overview. I think you did acknowledge that there was a reduction in the amount of funds that were included in the '07 recommended for provision of day•care services

COMMISSIONER DEMARZO:

Well, one of the •• right.

LEG. KENNEDY:

I'm curious; what do you attribute that to?

COMMISSIONER DEMARZO:

What I attribute it to is those •• it's not the availability of funds. I mean, this Legislature gave the day•care appropriation \$2 million of County funds when we thought we were going to go over our day•care funding, because we as a County had seen day•care go up for a number of years. In 2004, the State established new requirements for the approval of day•care; they required that if you were going to receive day•care funding you needed to make efforts, if you were a single parent, to secure child support. And they also said that even •• that in the situation where the two parents were living together, even though they weren't married, both parents' income had to count in the eligibility determination for the provision of child care for that joint child.

Those two factors drove down our caseload significantly in '04. We started to see a lot of people seeking child support which was a very positive outcome. And we expected that to rebound when we came to you, you know, in '05, but it really hasn't rebounded as much as we had thought, I mean, the day•care eligibility levels are essentially the same. We are not turning away people because we have a lack of day•care funding.

LEG. KENNEDY:

Okay. All right, that was my concern and as long as that's the case, then I guess we'll leave the issues to whatever they are.

Just two other items. I want to talk briefly about HEAP, as did Legislator Romaine and then 621, I'll close up with that. Just a thought as to the irony, I guess, the double•edge sword, that you saw more people come in, they were eligible on the Federal side. I don't know if Holly •• yeah, Holly is here, Holly Rhodes•Teauge is here and you know that they're going through the Medicare Part D information presentation throughout the ten towns coming up. I'm curious with our SHEAP if we had access for seniors or that might not be another way to go ahead and do some more communication or outreach regarding the SHEAP Program vis•a•vis the seniors. There's got to be some eligibility there, right?

COMMISSIONER DEMARZO:

You mean asking Holly to present it as part of her outreach?

LEG. KENNEDY:

Sure.

COMMISSIONER DEMARZO:

Okay, I'll work with Holly to present a fact sheet that she can give out in these situations.

LEG. KENNEDY:

I assume that we're going to have hopefully a decent turnout for the ten senior citizen areas and hopefully maybe that will be a way, even if the seniors' directors have the information on hand, which I'm sure they must have already, but just another opportunity to go ahead and put it out there.

All right, Commissioner, you've been very gracious. Last and foremost, or last most, 621; let's talk about 621. How many years does this •• I'm just curious a little bit about the capture process. It goes back some 20 years when we had deinstitutionalization?

COMMISSIONER DEMARZO:

It goes back a while. I think Diane could probably talk to the ••

LEG. KENNEDY:

Yeah, it does go back a while, doesn't it?

COMMISSIONER DEMARZO:

•• details more than I can. But yeah, it goes back many, many years.

LEG. KENNEDY:

Yeah, mid 80's, mid 80's where we started to see, you know, folks coming out in droves from CI and Kings Park and Pilgrim. And the process has been that these individuals who are living in these various situations in the communities, in SRO's and in adult homes and things like that who are accessing and receiving services, I imagine it's been a couple of years since the department or Statewide started this petitioning process, and I applaud you for being able to ultimately go ahead and prevail. But the question becomes, and I guess it's •• I speak to you as far as the source so we just one more time emphasize, the money came from the provision of care for mentally impaired individuals who are discharged from facilities out into the community.

COMMISSIONER DEMARZO:

The money came as a refund from New York State for monies that they had charged us for the provision of care that they should not have charged us for. So it was monies •• yes, in the final analysis, those •• that was the money. But they were supposed to be a State charge, they were never supposed to enter into our system, so we were basically refunded those dollars because they should have been State charges and the State did not move them over to that part of the ledger.

LEG. KENNEDY:

Understood and, I mean, there's a lot of things the State should do; we still pay for policing on the LIE and, you know, never going to change. But now I guess I'll turn to BRO. And so here we have, after two decades of petitioning or recognition by the State of this funding that came about as far as provision of services, and perhaps an opportunity now to go ahead and help address some of the need that's there for the care of mentally impaired in our communities now. What is the mechanics associated with where this eleven million sits now? We talked a little bit about it this morning, Gail, tell me a little bit more about the ability to access it.

MS. VIZZINI:

Well, just that the 2006 Adopted Budget at that point, it was this time last year, we really didn't know if we were going to get it or not. So there was a policy decision, it was recommended by the Executive and agreed to by the Legislature, let's let this money sit in Debt Reserve. At this point, we're in 2007, we know that in March of '06 we got the check and we agreed, the recoupment period was for ten years; we have that money. At this juncture, there could be a change in the 2006 estimate, that's one of the columns in the 2007 budget. At a minimum, Budget Review recommends that we at least show that the money flows into the General Fund and then it's a policy decision, you know, if it goes into Debt Reserve or not. However, what has been done is \$23 million has already been transferred from Debt Reserve to stabilize the General Fund. So quite frankly, if you were to take that eleven million and to do something else with it, you would have to offset it in some way or you would have to increase the General Fund property taxes by a commensurate amount.

LEG. KENNEDY:

Is that reserve balance brought down to zero or is there a remainder in

there?

MS. VIZZINI:

There is 15 million in the Debt Reserve that constitutes primarily real property taxes that are being shown going into the Debt Reserve in '06, we have the same argument regarding that. And a portion of the tobacco revenue, 6.8 million that are also shown only in the Debt Reserve, not going into the General Fund.

LEG. KENNEDY:

All right. I do not want to keep the Commissioner and her Deputy here for our discussion with that. I think, nevertheless, there is •• and I think the Commissioner will acknowledge, there's a significant initiative in your office to help work with the mental health needs of people that are seeking service from the Department of Social Services across the board, be they children or adults. And you know, I applaud you for that and I know that there will be more conversation I want to have with our Health Services Department as well.

But, you know, you touched on a term, and it's funny, Legislator Eddington will probably be able to relate to this I'm sure, chronically homeless; chronically homeless is usually indicative of something else going on in an individual's life, not just the ability to go ahead and secure a door and four walls. It usually means that there's some underlying issue associated with mental health issues, substance abuse issues or things such as that; you'll agree?

COMMISSIONER DEMARZO:

Yes and I know that the Veterans Agency is working diligently to identify homeless vets that also are suffering from chronic homelessness, so there's a variety of issues. Some of them are fiscal disabilities as well, you know, they need a certain kind of supportive housing. So yes, they are individuals who have special needs and they need more support services to transition to a permanent situation.

LEG. KENNEDY:

Okay. Thank you, Commissioner.

CHAIRMAN STERN:

Commissioner, before you leave, Legislator Eddington.

LEG. EDDINGTON:

I'm the quiet Jack. I have just a question.

COMMISSIONER DEMARZO:

Thank you.

LEG. KENNEDY:

As opposed to the loud Jack.

LEG. EDDINGTON:

I'm a visual learner and today's Newsday gave me a real good visualization, the sex offender clustering. Now, everybody I've asked about clustering tells me there is no clustering, they all seem to live north of 25A. Okay, I'm not even going to ask you where you live but I live south, and we say there's no targeting and yet there is recommend providers; they all seem to live on the south side of 25. I guess I want to know what are you and your department doing to equally distribute the burden of the residential sex offender placements and will it require more funding? Now, I know we have the IT, and I'm learning that is very much like the military, we get these words and we give little abbreviations so that we know and nobody else knows, you know, Information Technology; are you going to be able to use that to better place people? Do you need more funding positions? What can we do to help you do that better?

COMMISSIONER DEMARZO:

Okay, I think I really need to start by saying that I have no direct roll with individuals merely because they're sex offenders. I only touch the population of sex offenders who present as homeless. We have recently looked at that number; out of the 826 registered sex offenders in Suffolk County, since January of this year 36 have sought services from the Department of Social Services. The rest of them are really not under the purview, the control, the oversight of DSS. So one of the problems in the system is that there is, you know •• there is no specific entity that places them. Of the 36 homeless individuals who are sex offenders, we are responsible for placing them in temporary housing, but the remainder of them, those that live in permanent housing, that is really, you know, their decision coupled with that of if they happen to be on parole or probation, that shared responsibility.

The vast majority, since we've been looking at the population, have served

their maximum sentence and in some instances •• you know, and a number of them are not on neither parole or probation. But I know •• and I actually said to the press that DSS has become the lightning rod, but we are not responsible nor do we have a direct charge relative to sex offenders specifically. We only really are responsible for those who present as homeless and there were only 36 over the course of this year.

LEG. EDDINGTON:

I guess you're right, the people are looking at you and your department and one of the ••

COMMISSIONER DEMARZO:

The poster child.

LEG. EDDINGTON:

I know, they'll come to me as a County Legislator. And I guess one of the promises I made to my constituents was I'm never going to say, "It's not my job." And so since they're coming to me, I'm coming to you and I'm saying we need to reach out maybe with the registry to find out. And you do find out where they are staying, correct, because you have to give them checks?

COMMISSIONER DEMARZO:

That •• that makes an assumption that a vast majority of these individuals are on welfare; that is not my understanding. Therefore ••

LEG. EDDINGTON:

No, there's a sex offender registry, I mean, it has nothing to do with whether you're on welfare.

COMMISSIONER DEMARZO:

But I don't give them money just because they're sex offenders for housing.

LEG. EDDINGTON:

No, no, I understand that, you're giving them money for housing. What I'm saying is can't we cross •• reference to see when they say they're living in Gordon Heights and it's only two people that you're giving money to but we could look on the registry and see there's 55 other registered sex offenders in that area, couldn't we get involved and say that we have to look at this?

COMMISSIONER DEMARZO:

Yes, but •• and I guess as a County you could, but I guess I'm really trying to understand what the roll •• what you see as the roll of DSS. And maybe I'm not understanding, but just because they're sex offenders and they're registered and they happen to live in Hauppauge, there is no •• there's no reason to believe that they're on Public Assistance. So the only roll I would play is if indeed they were receiving welfare. It's my understanding that the vast majority of sex offenders are not on welfare.

LEG. EDDINGTON:

Yeah. I guess what I'm saying is we have information technology, we're not communicating; I think all agencies should be communicating. If you're giving •• if you know someone is getting your service and we can look at the sex offender registry and see that there are 37 others living right around the address that you're going, we need to reach out to Probation or the Police or New York State and coordinate an effort to break up the clustering. What you're saying to me is, "It's not really my job".

COMMISSIONER DEMARZO:

Well, but it begets the question; where are you moving them to, where is the housing available? You know, in some communities ••

LEG. EDDINGTON:

Well, I'd say north of 25A or 25.

COMMISSIONER DEMARZO:

But it becomes •• you know, the question begets the next set of questions which is are we as taxpayers willing to pay rents of \$3,000 for a house in certain communities? And you know, we're not paying for many of these people, they are self-selecting their residences.

In some communities, you know, we've been really tracking this because unfortunately there is the assumption that DSS has a much larger roll than it has, so we've been following some of the national information. They're actually building communities for individuals who are sex offenders to reside because there's such problems. I mean, my most amazing story is there's an individual in Maine who was kicked out of so many communities, but yet there was a responsibility to house him that the State actually rented an RV and put it on his son's property, but the community is outraged that there's an RV with a sex offender in it. So it really •• distribution is an issue, availability is an issue, funding is an issue.

It's a very significant area of concern for a lot of communities and individuals, but it's not specifically a DSS •• I'm not saying that it's my job. What I'm saying is that's the kind of job I really •• that's more of a law enforcement issue because these people aren't known to my system, they're clearly known to the law enforcement system. It is the Police Department that must do the notice, it is the Police Department that knows where they live. And to the best of my knowledge, they are really •• you know, with the sex offender housing restriction law passed by the Legislature, that's really within their bailiwick, it really isn't within mine.

And one of the things that •• you know, I said to the State, they put me in a very awkward position. There is intense confidentiality about a client, it doesn't matter if you're a sex offender client or a mother with two children, the confidentiality, as it stands now in State law, is I can't share that information.

The other thing, and you'll probably remember this, is we have talked to Counsel in Office of Temporary Disability Assistance which is the oversight agency for those individuals that do receive shelter allowance and are sex offenders. You know, the Legislature had passed a Local Law to require that if you live in a house that doesn't have a CO, doesn't have all their CO's or a rental permit, that I should withhold payment or the Commissioner of Social Services should withhold payment. OTDA Counsel has consistently opined that that money is the property of the individual who received it as an entitlement and that we cannot withhold that money based upon any other conflicting statutes, that that would be for the criminal justice or the law enforcement entity. So really vesting that power with me would be in conflict with what the State says my powers are. So it's not that I'm saying it's not my job, it doesn't fit appropriately within the Department of Social Services, it would be better in an entity that doesn't have that inability to do enforcement.

LEG. EDDINGTON:

Okay, thank you.

CHAIRMAN STERN:

But just to be clear, Commissioner, you're saying that even if we did make a decision as a policy decision to place that type of oversight responsibility with your agency, that ultimately it's not really going to have a substantial impact on the much larger population that we need to be concerned with.

COMMISSIONER DEMARZO:

Right, most of those people are not in receipt of welfare.

CHAIRMAN STERN:

Thank you.

COMMISSIONER DEMARZO:

Thank you.

CHAIRMAN STERN:

Should we wait for Gail or you guys are ready? Okay, we'll hear from Budget Review.

MR. ORTIZ:

Well, since Department of Health didn't put together a Power Point presentation, I'm going to try to sum up their \$435 million budget in 30 seconds or less.

Basically they requested to receive the cost•to•continue budget. It's only 3.7% higher than this year's recommended •• estimated budget. Again, it's basically cost•to•continue. Their major issue is staffing, from top to bottom. They have had three Commissioners or Acting Commissioners in the last three years, they have no Deputy Commissioners right now, they have no Medical Examiner, no Director of Patient Care, no Director of EMS; am I missing one? Basically they've had a high turnover of their financial administrative positions over the last three years. Basically management, leadership, continuity is a big problem in the department.

What you hear probably from your constituents is when they call and they have problems with permits and backlogs, the department is very reactive instead of being proactive; they address issues with backlog reduction plans, they hire when they need to hire. The good news is the recommended budget for the second year in a row has included sufficient funding to fill a lot of critical vacant positions. Last year most of it went unspent, last year is in this current year, next year it will be a joint effort between the department and the Executive to get these positions filled to be more reactive and less proactive. A lot of these positions are highly reimbursed and should be filled. So staffing is their biggest issue, from top to bottom, like I said.

One of their other big issues is the health centers. The contracted health centers are annually vastly underfunded, forcing the Legislature to, in the budget amendment process, add funding back in for them; that was done again in this year's recommended budget. The Bay Shore Health Center has been closed for five years and one month, to the day, and we still haven't located a site for that and now we are •• the recommended budget is recommending to close the only methadone clinic on the south shore, in Babylon.

Those are the major highlights. Now I'll let you address Dr. Graham and let him answer the tough questions.

CHAIRMAN STERN:

Do you have any questions first?

LEG. ROMAINE:

I did have some questions. Let me just get this correctly. You feel, based on your analysis, Budget Review, that the County Executive has deliberately underfunded every single health clinic in this County.

MR. ORTIZ:

The contracted clinics, not the ones that the County staffs and operates themselves, they were funded adequately this year.

LEG. ROMAINE:

The ones the County operates were funded adequately. The contracted, and usually they contract with hospitals?

MR. ORTIZ:

Correct, Good Sam, Southside, etcetera.

LEG. ROMAINE:

Central Suffolk ••

MR. ORTIZ:

Brookhaven, yes.

LEG. ROMAINE:

•• or what's called Peconic Bay Medical Center, etcetera. And they were understaffed; underfunded, understaffed, under whatever.

MR. ORTIZ:

Nationally, health costs have increased by close to 8%, there was a 2% reduction in the contracted health centers.

LEG. ROMAINE:

So just based on rudimentary arithmetic that may not be completely accurate, you're figuring that the contracted health clinics were presented with a 10% or more cut in funding. Rudimentary.

MR. ORTIZ:

Rudimentarily, yes. Yes, they're going to need a significant amount of funding to be placed in budget amendments to bring them up to just the cost •to•continue level.

LEG. ROMAINE:

Now, let's talk for a second about one of the efforts that my colleagues, Legislator Cameron Alden, has championed time and time again and that's the Bay Shore Health Clinic. Could you tell me the catchment area for the Bay Shore Health Clinic?

MR. ORTIZ:

Well, obviously it's the south shore and the patients have been diverted to Brentwood and Islip.

LEG. ROMAINE:

So those health clinics now tend to be overcrowded.

MR. ORTIZ:

Well, the ••

LEG. ROMAINE:

Over subscribed is perhaps a better word.

MR. ORTIZ:

Well, my major issue is that they received the same amount of funding that Bay Shore received, yet about 50% of their clientele has dropped off.

LEG. ROMAINE:

And the Bay Shore Clinic has been closed now for five years with no plan in mind at this current time to reopen that health clinic; is that correct?

MR. ORTIZ:

The Space Management Steering Committee has been looking for a site, actively looking, they have found many locations that for various reasons have been unsuitable.

LEG. ROMAINE:

And let's talk lastly about the methadone clinic; that clinic is located where now?

MR. ORTIZ:

Babylon.

LEG. ROMAINE:

And that clinic is slated to close?

MR. ORTIZ:

It will be closed shortly.

LEG. ROMAINE:

And where will people needing drug treatment or methadone treatment go for assistance when that's closed?

MR. ORTIZ:

Huntington would be the closest area, and most ••

LEG. ROMAINE:

And has additional funding been provided for Huntington to cover the overlap for the closing of the Babylon Methadone Clinic?

MR. ORTIZ:

No, but there is a new methadone clinic that's going to be opened up, so there's a shifting of funding.

LEG. ROMAINE:

Okay. Thank you.

CHAIRMAN STERN:

Legislator Eddington.

LEG. EDDINGTON:

I'm trying to put this together in my head. Now, if we're under funding the contract clinics and we're funding and giving a cost of living increase to the County-owned •• and you just answered Legislator Romaine's question, I know the ones in my area are overworked already. So it sounds to me like we're trying •• well, we're closing the contracted ones by not funding it, staffing it and maintaining it, and we're forcing people to ultimately go to the County-owned ones. But my whole thinking was that we didn't want to be in the business, the County, I mean, we saw what happened in Nassau County. So to me, you know, I'm only a social worker, but this doesn't make any sense to me, the way we're going. I mean, put the numbers together for me, are we doing something smart? It doesn't sound like it to me.

MR. ORTIZ:

I can't disagree with anything you're saying, but the fact is we're in negotiations for new contracts with those centers, so they don't want to blatantly put the money in the recommended budget.

LEG. EDDINGTON:

Because then they might feel comfortable and be able to relax and really provide services. Okay, thanks for not saying that. I hear you.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Let's go to two things, both the regular general health clinics and then we'll go back to the methadone. Is this contract that's done with the health clinics something that's done annually, they have an annual operating contract? Because I recall vividly last year going through this same hocus pocus associated with the amount of money that's in there and this fiction that was somehow going to engage in some negotiation with people who are delivering fixed costs health service; do we do this each year?

MR. ORTIZ:

I don't believe so, but I would rather defer that question to the Health Department.

LEG. KENNEDY:

Okay. But then we did have this conversation with the administrator from the Health Department last year, Jan Moore, I remember vividly this discussion here about that same issue; correct?

MR. ORTIZ:

That is correct.

LEG. KENNEDY:

Okay. So we're •• well, okay, you said you'd prefer to defer to the Health Department. I guess •• what are we doing, Mr. Chair; are we going to have somebody from the Health Department up here shortly?

CHAIRMAN STERN:

We are, I guess we could do that right now.

LEG. KENNEDY:

All right, while the folks from Health are coming, I guess I'm going to also then ask BRO to talk a little bit more about the methadone clinic situation. Because I am aware that there is a new Department of Social Services Center that is being developed on Wireless Boulevard where a methadone clinic is proposed to be collocated, and roughly only about 2,000 feet away from us we have another methadone center as well. What is the •• what's going to happen here?

MR. ORTIZ:

The one right here in Hauppauge is •• it's not a seven day a week and it treats a lot of the youth programs, there's a young adult methadone. The one that will be on Wireless in the industrial park will be a full service, so there is •• yes, they're close and there is duplication, but there is justification behind it. It was difficult to find a site, basically, so.

LEG. KENNEDY:

Difficult to find a site in order to go ahead and collocate a new methadone health clinic? That I'm well aware of, as a matter of fact, and we went

through that whole process a year ago when I found out with less than 30 days that that was what was going on there. But as to the population and some of the shift that Legislator Romaine had referenced, will we be seeing an equivalent type of a shift as far as patients, or perhaps maybe Dr. Graham wants to jump in.

LEG. ROMAINE:

Let him jump in so we can jump on.

MR. MARCHESE:

What's the question?

LEG. KENNEDY:

Good afternoon. How are you? Legislator Romaine brought up questions associated with the closure of the methadone clinic in Bay Shore and the shift in some of the population I guess that was going to occur over in Huntington. Equally, we're aware that we're probably another year away from being able to open the new center, I guess, that's being proposed on Wireless Boulevard and that we have a methadone clinic right here in the North Complex. So I'm curious whether or not we're going to have movement of personnel there also, and ultimately how are we going to continue to meet the methadone needs; what's the plan?

MR. MARCHESE:

Well, right now the plan is to consolidate the staff into the remaining methadone centers. There's no plan to layoff any staff, so the staff is going to move from the Babylon center to the other methadone treatment centers that we have. We do try to keep the patients separate in the young adult program from the adult program, we try to not comingle those two populations. So the fact is that the caseloads will •• if they shifted, they'll shift from the south shore office over to the north shore office.

The fact is that our program is over staffed •• not over staffed, over subscribed in terms of recipients that are in our program. We are currently reimbursed at about a thousand patients, although we have probably 1,200 patients in the program, so the County is currently subsidizing those 200 patients right now as we speak.

LEG. KENNEDY:

Okay, I appreciate that. I'm not quite sure I understand what that means,

because if there's a reimbursement schedule or formula associated with performing those services, I would think that it's got to be a per capita type of an arrangement.

MR. MARCHESE:

No, they're Medicaid; most of these patients are Medicaided out.

LEG. KENNEDY:

Hold on a moment, please.

CHAIRMAN STERN:

I'm sorry. Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Again, it's just I know that the provision of methadone services is, you know, not the easiest thing to do. But nevertheless, I'm aware of the fact that we've got this transition here. As to why we're 200 over and over subscribed, you don't need to educate me as far as particulars go here, but clearly, clearly that's something that should be resolved. And if there's anything that we can do, I can do, any of us can do here, you know, we'd be happy to help there.

Let's go back to the clinic services and then I'm going to yield to the chair and I guess he'll direct where it goes. But I don't know if you heard my conversation that I just had with BRO, with Mr. Ortiz, about what occurred this last year when your predecessor, Margaret, was talking about this fiction, if you will, about this sum of money that's massed in the budget that clinics somehow present and we engage in this negotiation. Quite honestly, I don't think that any clinic is coming in here looking to go ahead and get rich off of the County, you know, contract. But be that as it may, if for some reason somebody believes you've to go through this process, I don't see the wisdom in it.

In any event, are we going through this on an annual basis with these clinics? Tell me, don't we multi-year contract with them?

MR. MARCHESE:

Yeah, the contracts with the hospitals have been in place since the late 60's. And each contract is basically the same, you know, they roughly reimburse

the hospital for operating the health center for us, providing staff, supplies, etcetera. We have been on extensions or renewals for perhaps almost eight, nine years now because we haven't come to terms with the contracts because of various reasons with our negotiations with the hospitals, and we've been attempting to negotiate those contracts and we're still in the process. Unfortunately, you're right, it's been another year and we're back here, we were hoping to wrap up the contract talks with them within a year but we were unable to succeed in that. We're currently still in the process of negotiating a contract and once we do adopt, you know, a formal contract, that will go on for hopefully five years with another five year renewable term.

LEG. KENNEDY:

Let me just make sure that I understand, because if we have been negotiating with health care providers for eight to nine years, we might as well all just close the tents and go home.

MR. MARCHESE:

Well, no ••

LEG. KENNEDY:

Are we saying that we're going to attempt to adopt a uniform template that represents a standard contract with each one of the providers or are we negotiating with Good Sam for MLK and with Brookhaven for the South Shirley Clinic and all of the other providers the facilities that are delivering services? Let me understand that one first.

MR. MARCHESE:

Okay. We attempt to develop model contracts, we have a model hospital contract that we have been trying to institute. Each of the contracts, though, have some specifics because of each individual circumstances, but we do have a general model hospital contract that we would like to execute with all hospitals.

LEG. KENNEDY:

Would anybody like to execute it with us or is it just we'd like to execute it with them?

MR. MARCHESE:

Well, it's been an ongoing process with the hospitals. The hospitals have been our partners in health care for some 30 years now, so it is a give and

take relationship and we fully expect to come to a compromise with them in terms of what the contract will ultimately look like.

LEG. ROMAINE:

Mr. Chairman?

LEG. KENNEDY:

What's the likelihood that we're going to be able to go ahead and execute an extension for whatever this next extension period is that we need?

MR. MARCHESE:

The current contracts all provide for automatic extensions.

Basically this body as a whole adopts a line item budget that's in your pseudo codes that continues the funding of the health centers; that appropriation in and of itself is our basis of our ongoing renewals of these contracts.

LEG. KENNEDY:

The amount that's in our code or pseudo code for '07, what is that amount in comparison to the adopted '06?

MR. MARCHESE:

Well, John gave that to you, that's what he was reading from.

LEG. KENNEDY:

Okay, I'm sorry. As a matter of fact, I was out of the room for a moment. Could you •• how much?

MR. ORTIZ:

It's from the estimated amount which is pretty much the adopted amount, about 2% less.

LEG. KENNEDY:

Two percent less.

MR. ORTIZ:

Less.

LEG. KENNEDY:

Okay. Doctor, either yourself or Mr. Marchese, do you expect that this year these clinics are going to see less patients than they did last year?

ACTING COMMISSIONER GRAHAM:

This past year •• we see nearly a quarter of a million patient visits each year, 237,000 plus; that's been roughly around the same number that we have seen over the last few years. So we're going to see •• I believe we'll see as many patients as we've seen on the average in previous years.

LEG. KENNEDY:

Okay. So we could •• all things being equal, you could say that we're going to be static; we could go up, but there's really no reason to believe we're going to see less, is there?

ACTING COMMISSIONER GRAHAM:

That's correct. Obviously it •• we believe that with the additional funding, 3.7% funding over •• and I don't like to talk too much about funding, I leave that up to our budget people. But, you know, with a budget of nearly \$435 million, that's approximately \$15 million more than estimated last year's budget, and six million of that is for permanent salaries. The other eight million, nearly nine million is for critical positions; we believe that's sufficient funding for our critical positions that we're looking at. And with your assistance here in the Legislature, we believe we can achieve those critical funding positions.

LEG. KENNEDY:

Well, I appreciate that, Doctor. I'm going to yield to the Chair because I do not want to monopolize the soliloquy, but I guess I'm just going to take one more chance to go ahead and beat another dead equine.

Is there any reason to believe that any of these clinics is going to have any less expense associated with the delivering the level of care to the number of patients that they're going to see this year assuming that it's static? Are they going to be able to pay personnel less, are they going to have less to pay LIPA, is it going to cost them less to go ahead and acquire materials? Is it going to cost them less to go ahead and have phones or liability insurance or any other things they have to do? Is it going to cost them less to go ahead and get vaccines; is there any reason to believe that?

MR. MARCHESE:

The funding of the health centers is a little bit more complicated than the individual lines that the health centers do ever see budget appropriations on,

which is their pseudo codes. You have to bear in mind that the County budgets equipment, medicine in different budget lines that are not part of the hospital contracts. In addition to that, we have other lines in central administration that's also allocated out to the health centers. So although our health center budget perhaps is flat or even a slight decrease, it doesn't necessarily mean in terms of real dollars that that health center is going to get less money because the money comes out of our general appropriations in the Health Department.

LEG. KENNEDY:

Well, that's •• now, see, there's a thing that you brought up here, I guess, that it's very important for all of us to understand, that even though all these people out here are going to get 2% less, you're telling me that's not true, actually they may get the same or more. So there's even more randomness to this process, then. No matter how much we try to go ahead and establish a fixed way for them to go ahead and project and operate, you're saying to me here it's almost close to, "Let's stick it up in the air and see which way the wind blows"; is that it?

MR. MARCHESE:

No, no. We operate a health network, Legislator. Part of running a health network hinges on us developing it and delivering the services where they're necessary. If the need arises in Huntington as opposed to Babylon or we need certain or more equipment in Riverhead as opposed to Brookhaven, we'll move that stuff where it's necessary and that's part of running a health network in a County as large as we are. You can't isolate funding in different pockets and then not have the flexibility to move it within the network, and that's what we've •• that's how we've continued to budget and that's how we're still budgeting, on that basis.

LEG. KENNEDY:

I appreciate the information, I appreciate the education, I appreciate the concept of the network, I appreciate the fact that we may have to, from time to time, shift resources in order to meet regional or community needs, absolutely, positively. This is the 21st Century and if we can't do that, again, I'll go back to we should fold our tents up and all go home. That notwithstanding, entities that are out there on our behest caring for patients that are our responsibility to provide care for need certainty. I'll yield to the chair.

CHAIRMAN STERN:

Thank you. Legislator Romaine for a very, very, very short question.

LEG. ROMAINE:

For a brief time because people are waiting.

CHAIRMAN STERN:

And then we're going to go to the public portion.

LEG. ROMAINE:

Right. I think Legislator Kennedy did a great job on talking about the macro issues that face health care and the delivery of those services by the County of Suffolk. I'm going to deal with the micro, so I'm just going to run through a couple of things.

All of us have received a letter from the Funeral Directors of Suffolk County about the lack of a Pathologist on the weekends and the delay in releasing bodies to the bereaved for buriment •• for waking and burial, which is a concern of mine, that funeral directors united throughout Suffolk County to write me about in a time of bereavement they cannot get bodies released from the Medical Examiner's Office in a timely fashion. I would hope that you would take that into account.

Let me ask you about some other things. The DEC has a new mandate on petroleum bulk storage; are we going to be able to meet that mandate? Do we have sufficient staffing and software to meet that mandate? Yes or no, simple answer; I'm going to go for simple answers now.

MR. MARCHESE:

The department as it stands now has ••

LEG. ROMAINE:

It's a yes or no, it's real simple; it's what I get to do when I have to vote on things. Yes or no; can we meet that mandate?

MR. MARCHESE:

Yes.

LEG. ROMAINE:

Thank you, because Budget Review disagrees with you.

Let me ask you this. Budget Review has recommended creating a position of the Director of Patient Care in the Division of Patient Care; do you support that recommendation, yes or no?

ACTING COMMISSIONER GRAHAM:

I support that, yes, that's correct. I do support that position for very, very important reasons, if you'd like to hear those.

LEG. ROMAINE:

No, I know what to do. The County Exec did not include it, your support is welcome and I understand it, thank you.

There is a recommendation from Budget Review that all Registered Nurses, which we have a great deal of trouble in recruiting because of our low salary, be hired by the County at step five; do you support that recommendation, yes or no?

MR. MARCHESE:

You know, these are not yes or no answers.

LEG. ROMAINE:

They are yes or no because that's the only vote that I get, that's the only thing that the County Executive gives; he either includes it or he doesn't, we either vote for it or we don't. So I'm asking you, yes or no, do you include that •• do you support that recommendation?

MR. MARCHESE:

The department understands the need to pay nurses a competitive salary. We're involved in the process, along with the County Executive's office, in analyzing the salary requirements and hiring in•step if necessary; we have done it in the past and we continue to do it now.

LEG. ROMAINE:

It doesn't answer my question about the recommendations that BRO does.

MR. MARCHESE:

We hire nurses now in•step at the nursing home on a regular base.

LEG. ROMAINE:

Yes or no to this question, and I don't have to ask my colleagues because I know where they're coming from. Three hundred thousand dollars would be needed in this budget to provide mercury-free vaccines; do you support that recommendation of the Budget Review Office, yes or no?

MR. MARCHESE:

There's both medical •• well, there's two questions •• no, there's a medical component of it which Dr. Graham can talk about and there's a fiscal component. We don't agree with the 300,000, first of all.

LEG. ROMAINE:

Thank you, that's all I wanted to know was the fiscal component.

MR. MARCHESE:

The 300,000 is a different number; we actually, if we were to implement it, would need closer to \$1 million. So the three hundred, I'm not quite sure where that came from. But there's a medical ••

LEG. ROMAINE:

Budget Review.

MR. MARCHESE:

•• component of it as well.

LEG. ROMAINE:

Thank you. We know the medical because we've addressed that issue before, myself and Legislator Stern, and I think everyone has addressed that issue.

The Suffolk Health Plan. It's recommended that they fill the Neighborhood Aide positions in •• so that they can •• in all the County health centers, County-wide, so they can increase enrollment of eligible people; do you support that recommendation, yes or no?

MR. MARCHESE:

Again, we have positions in our budget that we are seeking to fill. At this time, the County Executive has released numerous positions; we have in •hand over 50 positions that need •• that are authorized for us to fill. It's not that easy to fill some vacancies in certain instances. So yes, we do fully support filling the positions in the Suffolk Health Plan, that is one of our

objectives. That is a prime revenue generated for us at the health centers. We want to have our Suffolk Health Plan enrollment as high as possible because it diverts the patients from nonpaying status to paying status, so we wound up increasing the revenue in the County. That is a very good ••

LEG. ROMAINE:

There's explanation for everything. Unfortunately, because of the lack of yes or no answers my time has expired, and I have a whole list of other questions about recommendations that have been made by the Budget Review Office, which has been very careful and for many years has followed this; I'll have to get those privately but I thank you for the information. Mr. Chairman.

CHAIRMAN STERN:

Well, what we're going to do is we're going to break, we're going to go to the public portion, we have a lot of people in the audience that have been waiting very, very patiently to speak. We're going to have them come back and I hope that you guys and representatives of the other agencies can stay because we'll bring everybody back after the public portion. I see Mr. Pollert is with us here as well, hopefully you can stick around and we'll hear from you, too.

With that, we'll go to public portion. If there is anybody who has not filled out a yellow card, please do so, but I'm going to go from the last. First is Joseph Harder.

DR. HARDER:

For the sake of time, I would like to suggest that the group come forward. We have a group to present the concerns about the health centers and I must say we have quite a bit of disagreement with what you've just heard. Can we have the group come forward?

CHAIRMAN STERN:

Yes, but, you know, let's do this. Is there anybody who is with us today who is not here to represent any particular organization, speaking as just an individual from the public?

MS. IRVINE:

I'm speaking from the league.

CHAIRMAN STERN:

Right, okay. Then fine, Dr. Harder.

DR. HARDER:

All right. I would like to first have Mr. Romeril, who has a long way to go and came here all the way from the East End, to come and join me. And then the rest, would you come forward?

I'm Dr. Harder; the Legislature does know me, I think. And we respect your support for funding of the Health Centers in the past. I'm a very poor successor to Marilyn Shellabarger, and when I told her today that I had met with the County Exec with my Co•Chair of the Liaison Committee and suggested that the funding for the Health Centers was grossly deficient, in some cases no more than 2005 and then other cases, in a \$14 million budget, say a 24,000 increase was all that was proposed. Anyway, I just want to say that she said, "Well" •• and I said to her that the County Exec told me, "Well, we'll work that out with the Legislature. My Budget will review with their Budget Review Office and we'll fix it up, we'll put it back in." Well, and I'm quoting the County Executive, I feel free to do so, because that's what he said to me. So we want to represent that despite the equivocation of the Health Department, that the health centers are going to be greatly underfunded.

My specific health center, South Brookhaven Health Center East and West that I used to work at as Medical Director, will have to cut a weekend day, cut a weekday evening, have to reconsider whether can we place three physician slots, and is really going to face a really marked cut in services and in staff, ancillary as well as nursing and physician. And so we do urge you, and I'm not going to be prolonged about this because I want to give this man and others a chance to speak, we want you to restore funding, which is really realistically only cost•to•continue. We're not asking, which is odd in a week where the stock market breaks the records, it's odd, we are only asking for cost•to•continue for the Health Centers rather than to decrease and cut services. And with that, I'll turn it over to Mr. Romeril.

MR. ROMERIL:

Hi. I'm Jack Romeril •• I don't know if this is working; it doesn't sound like it. Thank you. I'm Chairman of the Citizens Advisory Council for the •• Committee for the East End Health Centers, and we have the Riverhead Health Center and then we have satellite health centers in East Hampton and in Southampton.

As far as I know, our contracts with the Central•Suffolk Hospital •• or what they call themselves now, Peconic Health Centers •• are only on minor items. We are not a contract health center, we have County employees and we think they do a wonderful job, and we would react negatively, very strongly about anybody with any scheme to change that.

I have some general comments on the whole budgetary process. I think the County Health Department has been extremely negligent in forwarding this budget to the Legislature. I don't know how Legislators can decide on what the budget should be with the information you have at hand. I think they have been negligent. I think that the County Supervisor, too, has been negligent in forwarding this budget. I worked in the industry for 40 years and I had budgetary responsibilities for most of that time; if I had submitted a budget like this to my supervisors and my management, I would have expected be unemployed the next day because I think it's irresponsible to have done this, when the needs are so great, to cut back on health care.

Now, if we're going to cut back on health care in the County and they say, "We're going to cut back on health care for citizens in our County, particularly the underprivileged, and if we're going to say we're going to do this say, then let's •• say we're going to do it, let's not pretend that we're doing wonderful things for people because we're not with whatever I see in this budget. We've got •• we've had inadequate funding for the last several years on the east end, we've got people that are going without adequate health care, we've cut down now so that we are trying to maintain our prenatal care because the consequences of not doing that are so severe, but we're not providing adequate health care for our population.

And this material you've got from which to decide on a budget, I don't know how you can possibly do it and I don't know how you can do an adequate job of it. I would throw it all back to the County Health Department and say, "Give me a budget or give me two budgets; give me a budget that says what you really need to provide adequate health care and then give me a budget to provide what you're doing now, which is not adequate, but at least let me have that as a contingency budget." And then you can decide between the two, do you want to give adequate health care or do you want to try to do with what you're doing now which includes the County Supervisor not approving replacement of vacancies and that sort of thing which is the way it's doing now. We don't get vacancy replacements until the need has gotten so critical and we're sending people •• having people to travel during the

summer from Riverhead to East Hampton to cover vacancies to which, of course, it takes two or three hours to get there, two or three hours to get back, we're paying for this time.

The thing is woefully inefficient and it's terribly managed and the County Health Department is responsible for the mismanagement of this thing, and of course the County Executive and, by inference, you folks are responsible for this terrible mismanagement of this whole thing, and I don't think there's much you can do about it. So I sympathize with you, but not very much, as you probably can tell from my tone. Thank you for listening.

CHAIRMAN STERN:

Thank you.

LEG. ROMAINE:

A quick question.

CHAIRMAN STERN:

I'm going to ask everybody who would like to make comments that we are going by the three minute rule, I ask you to keep your comments to three minutes.

LEG. ROMAINE:

One quick question, sir.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

I know that you chair the East End Health Clinic, which is Riverhead, and we have an outpost in Southampton and another outpost in East Hampton. Years ago, when I served on this Legislature originally in the 80's, we also had a health clinic, an annex health clinic in Greenport that was associated with Eastern Long Island Hospital; that clinic has shut down and anyone on the north fork must come to Riverhead.

MR. ROMERIL:

I agree with that, except that it wasn't operating in concert with Eastern Long Island Hospital.

LEG. ROMAINE:

Oh, it wasn't.

MR. ROMERIL:

Because I was chairman of the board ••

LEG. ROMAINE:

Okay.

MR. ROMERIL:

•• at Eastern Long Island Hospital when that was going on and we were very upset with Suffolk County because it was operated through Brookhaven.

LEG. ROMAINE:

So far out east, it should have been operated by the hospital right next door to it.

MR. ROMERIL:

Well, I'm sure that's a detail. One of the things I did, I worked hard at, and I haven't worked hard at very many things, but one of the things I tried to work hard at was to get that clinic to be utilized. Because it's in Greenport which, in my opinion, I am a citizen of Greenport now, is a fairly depressed area, or at least it was; Dave is doing his best to change that.

LEG. ROMAINE:

Dave Kappell, the Mayor.

MR. ROMERIL:

Yeah, Dave. But I'm going •• using up much more of my time. The point here is that I was •• I used to go to that clinic to see how things were going and I'd go there when they were opened and they had a physician there and a nurse and me; we were the three people in that clinic or that little building out there next to the hospital. It was obviously terribly under utilized, we had people out there, County employees, competent County employees who were doing nothing at all. And so I was afraid it would be closed because of under utilization and sure enough the County did close it, and at the time I thought that was the right thing to do; I still think it's the right thing to do, unless we get some demand for the service. Now, before anybody opens any more clinics, I would recommend they look carefully in to things like transportation and stuff like that before •• you know, is there a better way to handle it than having two people out there or three people or whatever.

LEG. ROMAINE:

Thank you.

MR. ROMERIL:

But anyway, that's my response to you, Mr. Romaine, which I'm afraid you've already heard before.

LEG. ROMAINE:

Yes, I have.

CHAIRMAN STERN:

Sir?

REVEREND RADFORD:

Good afternoon. My name is Reverend Ronald R. Radford, I am the Chairman of the Advisory Board of the Martin Luther King Health Center. I do not agree with the doctors who preceded me in stating that we can exist on a 2% less budget. I've handed out to you and you have before you a sheet indicating what our budget was last year and what the County Exec expects us to operate on this year, and basically let me just highlight some of the things that I think are important for me to point out today.

If this budget is adopted, what will happen at Martin Luther King Center will be we will have reduced hours of operation, we will have reduced staffing that will include doctors, nurses, support services, etcetera; patients waiting time for appointments will reach six the eight weeks in most cases; patients will have to spend more hours at the center waiting to be seen; more MLK patients will be at the hospital emergency room which comes back to the County; hospital admissions will go up; patient's follow•up care at MLK after discharge from ER and other administrations will be delayed. On top of all this, MLK has to serve •• save one million nine hundred and •• seven hundred and one dollars, etcetera, in 2006 in order to meet our current budget.

I am asking the Legislators here today to override the County Executive's budget for the health centers in providing us with the adequate funds so that we can provide the necessary care in our community. Thank you.

CHAIRMAN STERN:

Thank you, sir.

DR. HARDER:

Thank you very much.

CHAIRMAN STERN:

Legislator Kennedy has a quick question for you.

LEG. KENNEDY:

Thank you. Reverend, I guess this is to yourself and also Doctor ••

REVEREND RADFORD:

Harder?

LEG. KENNEDY:

Harder, yes; I recall being out in South Shirley. I would say that it is unfortunate that you're faced with this notion that somehow you're going to be able to go ahead and continue to deliver service. Because I imagine that there is no fiscally prudent way to tell an individual who comes to your clinic who has a child with illness or has some type of a particular abnormality that you can't see them now, you won't see them now, they need to come back at a more convenient time. But I don't know how else to ask it, I guess, other than to just say as I did previously; do you have any reason at all to expect that there would be less people that would be seeking treatment from MLK next year than have this year?

REVEREND RADFORD:

We've already had a 15% increase.

LEG. KENNEDY:

Say that again, Rev?

REVEREND RADFORD:

We've already had a 15% increase in patients coming in to the center.

LEG. KENNEDY:

This year.

REVEREND RADFORD:

This year.

LEG. KENNEDY:

All right. And you had a budget that was adopted based on a projected patient load which you've cracked by 15% this year and you're being asked to take 2% less for next year and you can anticipate you'll see that much and more; is that correct?

REVEREND RADFORD:

That's correct.

LEG. KENNEDY:

How about you, Dr. Harder?

DR. HARDER:

The same. I think we have figured about a six to 7% increase each year in the number of patients that we see.

LEG. KENNEDY:

Dr. Harder, you had a conversation with the County Executive, you mentioned that before.

LEG. ROMAINE:

Can you share that?

LEG. KENNEDY:

What was his rationale? What did he say to you when you asked him; why did he do this?

DR. HARDER:

He did not deny in any sense that the health centers needed more funding than what he provided. His comment was the Legislature would restore it.

LEG. ROMAINE:

And then we'll be accused of raising taxes by him in the next breath.

DR. HARDER:

Well, yes.

LEG. KENNEDY:

So the interesting component is that you come to us, we have to go through

this soliloquy when, in fact, it's common knowledge that across the board the increase is there because we're referring to you through all of our networks to begin with, all our Public Health Nurses, all our other sources are referring to you and counting on you to deliver the service.

DR. HARDER:

Indeed, much of our public health service that we render through the health centers will be threatened if we don't get a more reasonable funding.

LEG. KENNEDY:

All right, I'll yield. Thank you, Doctor. Thank you, Reverend.

CHAIRMAN STERN:

Thank you, Reverend.

DR. HARDER:

Steve? Mr. Laskoe is next because he'll speak directly for the South Brookhaven Health Centers.

MR. LASKO:

I'm Steve Lasko, I'm the Director of Colonial Youth and Family Services, but today I'm speaking to you as a member of the public in support of the southeast and southwest Brookhaven clinics, we call them health centers because we think that they are a quality service. I'll spend 30 seconds on how I got involved.

I became Director of Colonial about a year and a half ago, a very long •standing, community•based organization, and one of the things I heard rhetorically and anecdotally was what about the service out there in these health centers, and I said let me go talk to the people and find out. And what I found out is, number one, these are excellent facilities offering quality service under very adverse conditions and doing a tremendous job; not even just the best they can, they're doing a tremendous job, and I've been in the health field for over 35 years. Second was Dr. Harder and others recruited me to be on the Health Advisory panel, the Council, which I think is a good thing, too.

Specifically, a couple of points and then a little bit of, I guess, philosophical approach to this. The total health center budget within the context of the Department of Health budget represents less than 10%; it's \$40,000 ••

excuse me, \$40 million out of a \$420 million budget. If there can't be economies found within a \$420 million budget adequately support these vital health services, then I haven't been doing adequate budgeting all of my years. I think it can be done. And I would be willing •• and I think we can bring together the resources and the abilities to help the Health Department find those other resources and economies.

That being said, the specifics are that the southeast and southwest health centers would suffer a deficit of in excess of \$650,000 in the current budget formula resulting in reductions in clinic positions, positions including nurses, medical assistants, reductions in ancillary staff, hours, days of service, decreases in patient flow, everything you can think of that would signal the demise of the health system.

I came to the health field at a time when caring was at the center of health care. I watched it go to a bottom line driven environment, not to the betterment of the system, to the detriment of the system. The increase in visits, as Dr. Harder said, is 6% in 2004•2005, 14% over two years, and that's not lessening. At the same time, the increase is being made up principally of people who are uninsured and under insured, to the tune of over 45% of the people seen fall into that category. This is not done without cost, certainly I think the question that the Honorable Mr. Kennedy has been forming repeatedly is really at the root of it; nothing is driving our costs down, everything is driving the costs up. And there isn't waste in this system, these are bear bones operations.

I was building a deck, a walkway this weekend, and I was helping a person who is disabled do it. And in my attempt to be helpful, I forgot a basic adage of carpentry; measure twice, cut once. I didn't use a T•square in the beginning and consequently had to pull up 20 boards; he laughed at me, he laughed at me. I'm asking you to measure twice and cut not at all. This community cannot sustain that; not a continued reduction in service when the need is obviously there.

In our society, we are going to be measured by the quality, the life that we provide for our most vulnerable populations; our young, our impaired, our elderly and our disabled. That's who these facilities are seeing, that's who these facilities are seeing.

Again, the last point I'll make is that we will and we are paying for what we

don't do, it's better for us to pay and get a quality product. Thank you.

CHAIRMAN STERN:

Thank you. Ma'am?

MR. ROMERIL:

Thank you.

MS. DEARING:

Thank you. I'm Rosemarie Dearing and I'm the Chairperson of the Maxine Postal Tri•Community Health Center. The Tri•Community Health Center is right now being renovated, a beautiful job, expanded; but if we don't have the funds for staff, the expansion is really a waste of money.

I would just like to speak for all of the health centers because they are wonderful, and what they are doing for this County is a tremendous thing for us. The County workers that staff these health centers work diligently and we are overworking them because we are understaffed. And I listened to the doctors saying that, you know, we •• that we wouldn't have more patients coming in and this is just a 2% cut; this cut could hurt us tremendously, all of the health centers. This is something that we can't afford.

And I've been coming here every year, this time to beg to please do not cut us, to restore the monies that were cut, and I was the other person that the County Exec said, you know, "Go to your Legislatures, they will restore the money." It's like a game, that he's saying to us, "I'm going to cut, they'll restore." And it's really hard coming in, asking you to do something that he feels is impossible to do and that we have to beg you to please do something that's needed in this County, that we can't afford to make any cuts in the health system here. That the people that are relying on the County to provide good health services, that we have to tell them that you can't be seen for six to eight weeks or we can't take any new patients, which means that eventually they'll until they are so sick, then they will go to the emergency room which means that the County will then have a large bill to pay for these people that are using the emergency room.

So I am begging, please somehow see to it that these cuts are restored. We really need these health centers. Thank you.

CHAIRMAN STERN:

Thank you.

LEG. ROMAINE:

Quick question.

CHAIRMAN STERN:

Let's move on with the rest of the group. Dee?

MS. THOMPSON:

Legislator Stern, good afternoon, and to all Legislators. I would just like to give you a few more statistics for the Dolan Family Health Center. Again, I piggyback on what Rosemarie has already offered, we are certainly in the same type of situation.

Last year the Dolan Family Health Center grew by 2,700 visits, total visits were 30,977, just to tell you what the increases are. The County Executive for the 2007 budget recommended \$513,000 less than our County approved budget for 2006. In 2007, to continue the present services that we need, we need \$732,500 more than the County Executive recommended in the budget. Huntington Hospital cannot absorb this deficit. Unless funds are restored and new funding is found, we will not be able to care for the uninsured. We will have to reduce services; reducing services will be detrimental to the Huntington community.

The Dolan Family Health Center has made a vast difference in our community, as you can see. So we certainly beg, and we do beg, that the services do not be cut and that you increase or at least restore the funds that have already been given. We thank you so much for what you have done, but we certainly beg that you do just what we need. Thank you so very much.

CHAIRMAN STERN:

Thank you. An outstanding program and so vital to our community.

MS. THOMPSON:

Yes, it is.

CHAIRMAN STERN:

Sir, welcome.

MR. DeVEAUX:

Are you recognizing me? Thank you kindly. My name is Stanley DeVeaux, I serve as the Co•Chairman of the Health Advisory Board for the Martin Luther King Health Center.

In my previous life I worked as an economist, so I think I have some idea of economic impact, social impact on the lives of people. Because I take my role as an advisory member very seriously, I attend a number of conferences all the way out east from Stony Brook all the way into New York City, as well as things going on in Nassau County. There's a commercial that you hear quite frequently that a mind is a terrible thing to waste. I would like to end my brief comment in support of everything that's been said; a life is a terrible thing to waste. Our health centers are very important, so Ladies and Gentlemen, please give us the money.

CHAIRMAN STERN:

Thank you.

MS. MAHONEY:

Good afternoon. I'm Sadie Mahoney, I'm on the Advisory Committee of the Martin Luther King Health Center. Can you hear me? And trust me, I'm not long•winded, so you'll be happy to hear that.

I am here today just to add my voice to the others who asked you not to cut the budget at Martin Luther King Health Center. If you do that, you're going to be cutting services, cutting hours of operations. We want to keep this center going and we need the money in order to do it. If we cut the money right now, we will not be able to help the people that we do, we will not be able to help them in a respectful manner. We do not want people coming into this clinic sitting for hours and feeling as though they're begging. So what I'm going to do is beg you to please, don't cut the budget, see that the proposed budget is adopted and the money is granted for Martin Luther King Health Center. Thank you so much.

ACTING CHAIR EDDINGTON:

Thank you.

MR. VON NOVAK:

Good afternoon. My name is Bill Von Novak, I'm Chairman of the Bay Shore Family Health Center to this advisory committee, and I say •• emphasize Bay

Shore because obviously we've been without a place for the last five years, so I'm kind of a man in limbo, currently serving with the Islip Health Centers.

I just want to add, with no real sense of illumination, that Bay Shore and Brentwood, the Islip Centers are included in this rather serious reduction of budget. In the year 2005, the Islip Health Centers was budgeted for \$12,592,000; the recommended budget for 2007 is \$12,150,000 or a deficit in this reactive environment of \$441,000.

Now, our recommendation for the 2007, to catch up, to fill positions, to maintain our programs was \$13,036,000. With the recommended budget, we now have an \$885 million budget reduction •• budget deficit.

Now, there's no sense in adding my words to the same kind of things you've heard here because it's the same, a reduction of people, a reduction of hours, a reduction of programs.

But I'd like to add something to the conversation in terms of what Legislator Kennedy mentioned before about living in a world of conflict between proactive and reactive. The U.S. Department of Census has issued its projections for increase of population and we've checked with the local school districts on Long Island and they are experiencing very slight increases of projected enrollment for student populations. Now, if we're going to continue to maintain a proactive reaction, we're going to miss what's happening in our country, what's happening in our County, what's happening in our local communities. So we're going to be back again next year as a result of increase in population with an even greater deficit, either greater •• an even greater inability to provide services.

So we come today explaining where we are and recommend, as you've heard before, the increase in budget to meet our obligations. Thank you.

LEG. EDDINGTON:

Thank you.

CHAIRMAN STERN:

Tim Jahn?

DR. HARDER:

I just want to make a brief summary. I think you've heard the major points, that the demand, despite what you heard, in the health centers is constantly increasing in all the health centers and that the need for more services rather than less is imperative, and to suggest that we can cut from where we are is

kind of hard to believe. And the comments I heard from the different centers was it's three steps back, it's a disaster, it's a joke; I just want you to know that these comments were very serious about what is being done with the health centers in the name of saving taxes. Thank you.

CHAIRMAN STERN:

Thank you.

LEG. EDDINGTON:

I just want to add, say hello to my friend John Foley.

LEG. KENNEDY:

Dr. Harder?

LEG. EDDINGTON:

Say hello to my friend John Foley because he has contacted me and sent me letters recently saying exactly what you said.

DR. HARDER:

I'll be glad to say hello to him because I see him very often and he's a great help.

LEG. EDDINGTON:

Thank you.

LEG. ROMAINE:

Quick question for Dr. Harder?

CHAIRMAN STERN:

We're moving on. Tim Jahn.

MR. JAHN:

Yeah, I'm right here. Thank you. Yes, hello. My name is Tim Jahn, I'm with Cornell Cooperative Extension, I'm the Program Director for the Family and Consumer Sciences Program. And I'll just keep this really brief. I'm just sending around a sheet about a program that we do with the Department of Health Services, it's Diabetes: Self•Management Education Program and the model for it is a evidence•based model in diabetes education. And we have teams of RN's and Registered Dietitians, also with community health advocates who are bilingual who work together in nine of the County health centers to provide Diabetes prevention and control, education, particularly

identifying people who are prediabetic or who have Diabetes and teaching them to self•manage, giving them the skills of self•managing.

Now, our staff are actually placed; they're employees of Cornell Cooperative Extension, the program is funded through the Health Department, we actually place them in the health centers. They also do outreach in the community, they do weight management, a series of manage weight management classes, as well as a series of diabetes, self•management classes. A lot of those end up being support groups for people who actually come to the clinic first and then get referred to these community sessions to do further self•management.

We had negotiated in March with the Health Department that we really, to do this program adequately, especially the bilingual community health advocates, we needed about \$400,000, and then in April we submitted a budget that we thought was going to be a final of \$370,000 which is what we need just to maintain the program. And actually, we're hoping to recover some losses that Cornell Cooperative Extension is experiencing because we have to pay from another source of funding for Workers Comp and unemployment insurance. And then we received with the budget that it was \$274,000, so it's been decreased about \$96,000 in order to do the program • to maintain it at its current level. So we would really like to see a restoration of that, otherwise it's going to •• the only way we can continue the program at that level of funding of \$274,000 is to reduce staff or redirect staff from certain health centers to other health centers, so some health centers will not have this program at all. And the health centers do not have RD's, so our RD's in this project actually help with other things because some of the health centers •• for example, the Martin Luther King Health Center, Tri•Community •• have taken a team approach in which our Registered Dietician assist also with prenatal counseling, looking at the issue of Gestational Diabetes but also helping them with other issues around prenatal care and participating as a team member in the health centers, with the health center staff.

And so that's it and I've given you a fact sheet on kind of the history of this program and what the outcomes are and I'm hoping that we can find some way to restore at least the \$370,000 level that we had the past couple of •• well, really the past six or seven years, otherwise we'll have reductions.

LEG. ROMAINE:

A quick question, Mr. Chairman?

CHAIRMAN EDDINGTON:
Legislator Romaine.

LEG. ROMAINE:

Very quickly. And the reason I'm asking this is because I'm located in the Cornell Cooperative Extension.

MR. JAHN:

I know that.

LEG. ROMAINE:

My Legislative Office, and as I walk up to the second stairs I pass your diabetes banner there and I know the work that you do with diabetes education. You needed 400,000 to run the program; yes or no?

MR. JAHN:

Yes, we did.

LEG. ROMAINE:

You only got 370,000.

MR. JAHN:

Well, that's what we •• that's what we were told, yes, and we're not getting that.

LEG. ROMAINE:

Right, but now they want to give you 274,000, almost a hundred thousand cut.

MR. JAHN:

Right.

LEG. ROMAINE:

And to do that, yes or no, some health clinics may get a Diabetes educator and some may not.

MR. JAHN:

That's absolutely true.

LEG. ROMAINE:

And have you made a decision which ones don't get it?

MR. JAHN:

No. In fact, we're doing a contingency plan Wednesday, I'm meeting with staff from the health center Wednesday to do a contingency plan. Because we actually have to let people know; since the contract expires December 31st and people have leave time accumulated, we have to let people know.

LEG. ROMAINE:

I understand. Next question, if people •• certain of your clients do not get diabetes education help, will that increase or decrease medical expenses in terms of clinic visits, emergency room visits and other health costs?

MR. JAHN:

Absolutely. We have •• the records of the data that we keep, we've kept people out of the emergency room simply by them monitoring their blood glucose levels so they don't go into coma and end up there. It also increased •• we already heard from health centers, it's going to increase •• without our some our staff helping them, it's going to increase the demand on their staff as well.

LEG. ROMAINE:

Thank you. Last comment I have, obviously it seems the health financial policy that has been put before us to consider is the policy of tripping over dollars to save pennies. Thank you.

CHAIRMAN STERN:

Thank you.

MR. JAHN:

You're welcome. Thank you.

CHAIRMAN STERN:

William Butler.

MR. BUTLER:

I just want to take this opportunity to thank the members of the Operating Budget Committee and also Ed Romaine for answering a letter of our concern sent by our Executive Director, Joe Petit.

My name is Bill Butler, I'm a member of the Board of Director of the Nassau •Suffolk Funeral Directors Association; with me today is the President, Joe Gratten. I'm here today representing this association which consists of 400 New York State licensed Funeral Directors and over 100 funeral firms in Nassau and Suffolk Counties.

I've been a New York State Funeral Director for 20 years and the owner of a funeral home myself, as well as Joe, here in Suffolk County. We're here to talk about a serious budget shortfall resulting in a staffing problem that has become an issue with the Suffolk County Medical Examiner's Office. This has not only been a problem with me personally, but with many of my colleagues all over Long Island and other funeral homes outside the area as well.

I would just like to start out by saying that the Funeral Directors of Long Island and the Suffolk County Medical Examiner's Office have had an exemplary relationship for many years and the bond between us has only strengthened since many of us volunteered countless hours alongside the ME's Office after the tragedy of Flight 800 and the subsequent forming of the Disaster Response Team. The reason why I mention this is because my comments here today are in no way to be misconstrued as a criticism of the ME's Office and the good job they do day in and day out. I believe the problem lies with proper funds allocated to this important public office.

In June of this year, case in point, 53 year old wife of a close friend of mine passed away suddenly of a heart attack; a huge tragedy. As is the usual case in situations just as this, she died without sufficient medical history and her remains were taken to the ME's Office from St. Catherine of Sienna Hospital for a post-mortem exam. I called the Medical Examiner's Office on Saturday morning to let him know we would be the funeral firm handling the arrangements and was told she would be released either later that day or on Sunday at the very latest because of a heavy caseload. I was not aware that during the night a homicide case had also come in.

After explaining to the family that their loved one may not be released until Sunday, we completed funeral arrangements Saturday morning which included a viewing beginning on Monday and had newspaper notices

published. During a follow-up phone call •• during a follow-up conversation with the ME's Office on Saturday evening, they told me that a second homicide case had been taken in and that we would probably not be able to take custody of the remains until probably Monday or Tuesday; she died Friday. If it were not for the fact that I kept calling and pleading with them and that the husband of the deceased had to speak to the ME's office himself and beg for the release of his wife's remains, after we were promised a release by Sunday, we would have never been able to go ahead with viewing on Monday afternoon, three days after her death. Her body was subsequently autopsied and released late on Sunday afternoon; I believe in part due to our numerous phone calls. A family should never have to endure these problems on top of the grief they're already suffering.

Because of the problems associated with this case, it was only then that I was made aware that there was only one Pathologist on duty over the weekend and that homicides and/or criminal cases take precedence over the run-of-the-mill ME cases.

As a funeral professional with over two decades of experience, I totally understand the complexity and the additional time associated with criminal post mortem. But to put the rest of the Suffolk •• but to put the rest Suffolk County's loved ones who die of natural cause in hospitals, nursing homes or private residences on the back burner because there's not enough staff to cover the weekend load is reprehensible.

CHAIRMAN STERN:

I need you to please wrap up.

MR. BUTLER:

Sure. We the members of the Nassau•Suffolk •• NSFDA are here today to ask you, the Budgetary Committee of the Nassau•Suffolk Legislature, to investigate and rethink the current line item funding allocated to the Medical Examiner's Office to include an additional weekend Pathologist, whether on •call or on•duty.

I ask you to keep in mind two things, and I'll wrap this up, when contemplating your decision. First, the population of the County in relation to the workload of the staff of this important government office. And secondly, to put yourself in the position of the grieving family when their loved one's remains are taken to the ME's office on the weekend. Would you want your

loved ones laying there in the morgue for days on end because of inadequate funding? Thank you.

LEG. ROMAINE:

Thank you.

CHAIRMAN STERN:

Thank you.

LEG. ROMAINE:

Quick; for the Budget Review Office, could you please prepare a budget amendment adding a weekend Pathologist, either on•duty or on•call and add that to the budget as a budget amendment by me to be considered by this body?

Let me ask if Legislator Eddington or Legislator Stern wants to join me in that request, or Legislator Kennedy. This is a •• I've made a request of Budget Review to do an amendment to the current budget to add a weakened Pathologist on•call or on•duty for the 2007 budget so people who's loved ones have died don't have to wait an inordinate amount of time to have an autopsy and the release of the body. Will you join me in cosponsorship of that?

LEG. KENNEDY:

Through the Chair?

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Yes, thank you, Mr. Chair. Certainly, Legislator Romaine, I think that's an excellent point to seek. And I guess I would just ask, I apologize for being out of the room briefly, but you gentlemen must be from the ME's Office; is that correct, or you're from ••

MR. BUTLER:

No, we're from the Nassau•Suffolk Funeral Directors.

LEG. KENNEDY:

Oh, you're from the Funeral Directors Association. And I saw the same correspondence that Legislator Romaine referenced as well, as I'm sure my

colleagues did. And I guess it's just absolutely inconceivable to me, if I understand what I'm reading, that unless an individual has the good sense to pass away during the work week, the family is going to have to have an additional 48 hour minimum in order to go ahead and have the body assessed and then released to you folks?

MR. BUTLER:

Yeah, at least. Because I think what's •• and I don't know if this is a law with the ME's office. When you have a homicide come in, it takes one Pathologist a full day to do autopsy. In a lot of instances there are more than one homicide or criminal cases that come in over the weekend, and all the cases from the end of the week get put on the back burner until the beginning of the week, and you can't give the families an answer as to when their arrangements are to be made.

LEG. KENNEDY:

I'm going to defer to BRO for a second. What does the budget speak about with this, if anything, or any alternative; how many pathologists are there now on staff in the ME's Office?

MR. ORTIZ:

It's funny that you ask, I was just looking that up.

MR. BUTLER:

I think I know this answer; there's five, and right now there's four because the Chief Medical Examiner has left.

MR. ORTIZ:

That was what I was going to confirm. The department requested another Forensic Scientist in their budget; they currently have eight vacancies with the one Pathologist. As I mentioned earlier, we don't have a Medical Examiner right now, so Dr. Austin is the Acting Medical Examiner which, of course, robs them of a Pathologist.

LEG. ROMAINE:

So we need another ••

LEG. KENNEDY:

So we have no •• we have no Director of Health Services, we have no Medical Examiner, we have no Director of EMS Services.

MR. ORTIZ:

You forgot Patient Care.

LEG. KENNEDY:

Tough place these days, huh? Tough place.

MR. ORTIZ:

There is sufficient funding in the recommended budget to fill three vacant positions in the ME's office.

LEG. KENNEDY:

And are all those positions •• I mean, I would assume only a Pathologist can do some of the work that these gentlemen are referencing; correct?

MR. ORTIZ:

Correct.

LEG. KENNEDY:

Okay. And those vacancies, how many of them are pathologists?

MR. ORTIZ:

Just the one, that was Dr. Wetli.

LEG. KENNEDY:

All right, so then I have to defer to these gentlemen. Is the experience that you're having now something that's a recent experience with the fact that Dr. Wetli has left, or is this something you've been countering even prior to his departure?

MR. BUTLER:

No, I think it's something we have been encountering a lot more lately. I didn't get to say all my remarks because of the time limit, but I brought this back •• this problem happened to me in June with the case that I had and I brought this to the Board of Directors meeting in September and it seems that a lot of the men and women on the board are having the same problem on the weekends. I know that Joe has ••

LEG. KENNEDY:

This is for your association. So the experience many of your directors, your

members are experiencing County wide?

MR. BUTLER:

Yes, correct.

MR. GRATTEN:

Yes.

LEG. KENNEDY:

So the question becomes whether or not filling one Pathologist is going to be sufficient. Legislator Romaine, just if I understand then, so in other words, you would be seeking to add an additional position?

LEG. ROMAINE:

No, actually what I would be seeking to do is to add in the budget funds for an on•call Pathologist or a weekend Pathologist so that the experience that this gentlemen had •• a close friend died on a Friday, they said they could release the body on Saturday or Sunday, he published a notice for viewing on Monday, he gets a call, "Sorry, you may not get it until Monday or Tuesday," after the notice was published, with the family members very distraught and upset; and apparently, that's an experience of many funeral directors. Because of the current understaffing and the lack of a Medical Examiner in Suffolk County, what we're finding is delays in the release of bodies under certain conditions, particularly on the weekend.

So I've asked not for the full funding for a Pathologist, but an on•call Pathologist or a weekend Pathologist and I've asked Budget Review to do an analysis of the cost and add that as a budget amendment and let's see how that goes before we add the full position. I'm trying to be cost conscience, but I'm aware that in matters of this nature, we need to be sensitive to our citizens. There has to be some line of decency that this government responds to before we give it up and say how we're holding the line on taxes.

LEG. KENNEDY:

I couldn't agree more. Thank you. I'll yield. Thank you, Mr. Chair.

CHAIRMAN STERN:

Thank you. Jennifer Truscott.

MS. TRUSCOTT:

Good afternoon. I'm going to take you back a little bit to the DSS presentation. My name is Jennifer Truscott, I'm the Executive Director of the Peconic Community Council. We run a program called Maureen's Haven, some information I think was handed out to you, that runs a homeless •• emergency homeless shelter November 1st through the end of March in different locations out in eastern Suffolk. Most of our clients and guests come from Brookhaven, Township of Southampton, Southold and Riverhead, and most of the individuals that we see coming through our program are local homeless individuals who are citizens who are, in most cases, working who cannot give up the time to come up to some of the shelters that are located more in western Suffolk.

In 2005, we received about \$68,000 from Suffolk County to help us ward off some of the transportation costs. And we actually contract with the Suffolk County Veterans to deliver our transportation for the homeless individuals to our different locations seven nights a week; it's dropped down 30% this year in the Executive's proposed budget, down to 40,000. We estimate that in the over 3,300 bed nights that we provided last year, we saved the County well over \$350,000 that would have had to come from the Department of Social Services. And in fact, DSS in Riverhead, who we have a strong partnership with, refer a lot of individuals to our program, to the Maureen's Haven Program, so we feel there is a strong bond there. Unfortunately, as our services have seemed to increase over the last several years, the funding has decreased and if we don't get at least restored back to about the sixty•eight seven, \$67,739 in 2005, we may have to start cutting back some of our services.

LEG. ROMAINE:

Quick question, Mr. Chairman.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

When you cut back your services, what happens to the DSS expenditures?

MS. TRUSCOTT:

The Department of Social Services will average at least anywhere from 100 to \$125 a night to transport the individuals from eastern Suffolk to western Suffolk where most of the shelters are, provide the overnight shelter and provide a meal for those individuals. So it will cost the County a hundred and twenty •• 100 to \$125 per person per night.

LEG. ROMAINE:

So we'll be sending them to western Suffolk.

MS. TRUSCOTT:

Yes.

LEG. ROMAINE:

And what is the difference; you had 67,000 last year and you got cut back to 40?

MS. TRUSCOTT:

We had 67,739 in 2005, in 2006 it dropped back to 50,000, in the proposed budget this year •• I'm sorry, for 2007 is 40,322 I believe.

LEG. ROMAINE:

And in the final analysis, this will only increase the County's expense ••

MS. TRUSCOTT:

Correct.

LEG. ROMAINE:

•• in terms of DSS where you would actually be saving the County money.

MS. TRUSCOTT:

That is correct.

LEG. ROMAINE:

Well, I will ask Budget Review to put in a resolution on this specific program, to restore this program to a 67,000 level funding, based on the analysis which •• and I have studied, as you know, I met with all the people •• of the savings, the fact that DSS actually uses you as a referral to spare themselves the expense and you accomplish that mission for literally less than half of what it would cost them.

MS. TRUSCOTT:

We have over 1,200 volunteers or so out that are community organizations, civic organizations, houses of worship that provide the shelter for these individuals. So the cost that we've got, it's about 90,000 to run the program, the majority of it goes to transportation which goes to the vets organization and a minimal amount goes to us for just the administration coordination of it.

LEG. ROMAINE:

So Budget Review has that down. I appreciate you •• I don't know what colleagues of mine will join me in supporting this, but I can only make the argument based on the long•term savings to the County and the benefit to homeless who can be housed in the communities that they're familiar with instead of being taken in to western Suffolk. Thank you.

MS. TRUSCOTT:

Thank you.

CHAIRMAN STERN:

Before we go back to the Department of Health, I know that Bruce and Holly •• Tom, you still back there •• have been here for about three hours now waiting very patiently. So let's go to them and then we'll go back to the Department of Health. Bruce?

DIRECTOR BLOWER:

Thank you. Good afternoon, Mr. Chairman, gentlemen of the committee. I know it's been a long day for you.

My budget really only has a minor cut, 2.8%, and that's really because I had a couple of people retire, so part of that cut is in salaries and it's the longevity pay that they will not be receiving because they no longer work for the County. So we're very happy with what we have. And I would agree, I know you've been given the summary and the recommendations of the Budget Review Office and we certainly concur with them, that we're in relatively good shape at a cost•to•continue and we will indeed be doing that. I'll be happy to answer any questions that anybody might have.

LEG. ROMAINE:

Thank you so much for coming. I'm just happy someone is happy. I haven't

had good news or happy news since I got here, you're the first happy person I've seen and for that I'm happy.

DIRECTOR BLOWER:

Okay. I just did want to make one comment. Commissioner DeMarzo, when she was up before, commented about the transportation and the using SCAT paratransit for the Medicaid cases. The reason we can't do that is it's prohibited by Federal regulations, because it is Federal money that is already put in to the Medicaid budget to provide for transportation of Medicaid patients. If a Medicaid patient is eligible for paratransit because their disability is so severe that they cannot use public transportation, meaning buses and railroad trains, then we would issue them an ID card for paratransit and they would be entitled to use the paratransit system for any purpose. So some of them could use it, but to use it for medical transportation which the DSS Medicare covers is not really a legitimate use under the Federal regulations.

Right now we have about 400 persons a month that are registered and eligible for paratransit that do not get paratransit rides because there's just no capacity. And every year they have been adding more vehicles; we started 12 years ago with four vehicles, we have 50 vehicles in operation right now and we still can't meet the demand, but that's the reason that Commissioner DeMarzo referred to.

LEG. KENNEDY:

Thank you, Commissioner Blower, and it's a pleasure to see you again. And, you know, I echo the comments of Legislator Romaine, but I also appreciate the explanation. And I also, I guess, think I understand and appreciate the fact that you have indicated that there are individuals who are disabled and may have nothing to do with being Medicaid or Medicare recipients purely by virtue of the fact that they have a physical or mental handicap, I guess, alone who qualify them for the SCAT eligibility; is that it?

DIRECTOR BLOWER:

That's correct, Legislator Kennedy.

LEG. KENNEDY:

Okay. And out of that pool, we have 400 qualified individuals beyond what we can provide service for at this point?

DIRECTOR BLOWER:

That's correct, on an average that don't get the rides they want each month.

LEG. KENNEDY:

When you measure the SCAT transportation •• and again, it always helps me to frame what is as we contemplate what might be •• what is an average day as far as ride provision at this point for handicapped folks?

DIRECTOR BLOWER:

They're doing almost 30,000 trips a month.

LEG. KENNEDY:

Thirty thousand trips, my goodness. Okay. All right, thank you again.

DIRECTOR BLOWER:

Bruce, thank you. Good to see you. Holly?

DIRECTOR RHODES • TEAGUE:

I'm going to make Legislator Romaine's day; I'm happy too, we're doing okay.

I just came up to let you know, our budget, our recommended budget we're happy with. I did want to just mention that we did increase the nutrition budget so that we could cover costs, we did an RFQ recently, we are waiting to review those RFQ's but we anticipate that those costs will be up. And we're trying to sustain meal counts at the '06 levels, we did increase the overall percentage for nutrition by 5% because we're not sure what those costs are going to come in at. So that is in the recommended budget and we're hoping that you'll all go for that. So that is one of the things I just wanted to let you know.

LEG. KENNEDY:

Great, and I'm pleased to hear about this. Two questions, I guess, or two areas that I'd ask about, Holly. One, as you see, as I'm often eager to do is to dish out work for other folks; I don't know if your office has had occasion to go ahead and work with Commissioner DeMarzo on the SHEAP Program; I'm sure you must.

DIRECTOR RHODES • TEAGUE:

Janet and I speak. We're a subcontractor to DSS for the regular HEAP

Program, so we are familiar with what's going on with the HEAP and the SHEAP.

LEG. KENNEDY:

So there should be an opportunity, I guess, you know, to continue to promote whatever the information is?

DIRECTOR RHODES • TEAGUE:

We did start the Medicare meetings today, so I asked Janet if she could e-mail over the information and we'll try to get that information out as we go around the County.

LEG. KENNEDY:

That's excellent, thank you very much, I'd appreciate it.

The other thing I guess that I'd ask you about is Legal Aid. And we have had the folks from •• George Roach here to speak to us and it seems that they are continuing to experience some budget issues associated with their ability to go ahead and meet the needs of what's being provided. Under our Older Americans Act, that's the services that George and his office provides, correct?

DIRECTOR RHODES • TEAGUE:

Correct. Under Older American's Act, we're required to provide 7% of our to 3B budget, I think we do approximately 15% of our 3B budget for Legal Aid. Last year the Leg put in the Omni which basically more than doubled the funding that is there and, you know, the Omni is taken out when we do the budget, so it's at the prerogative of the Leg whether it goes back in or not.

LEG. KENNEDY:

And just it seems like I'm going on auto pilot. Do you have any less need from the senior community for the services that it seems George and his folks are able to provide?

DIRECTOR RHODES • TEAGUE:

Legal Aid last year did a review at our request because we didn't know how they were coming up with their units of service and they are providing many, many units of service, and that's how I believe you gave them •• how the funding went through the Omni last year. So there is a need for service.

LEG. KENNEDY:

You've got every reason to believe it's still the same at this point?

DIRECTOR RHODES • TEAGUE:

Correct.

LEG. KENNEDY:

Okay. Well, thank you.

DIRECTOR RHODES • TEAGUE:

Thank you.

ACTING CHAIR ROMAINE:

I'll get the next card. Veteran Services is next. Thank you.

DIRECTOR RONAYNE:

Thank you, and good afternoon. I'm very happy to say that we're going three•for•three; I also •• I mean ••

LEG. ROMAINE:

We should have had the good news up first so we could be cheerful.

DIRECTOR RONAYNE:

If I had something to gripe about I'd happily do so. I actually, I think, am in a unique situation in my office in we're in the proposed budget actually in a zero growth budget, I've added a much•needed staffer. I've actually added one position in next year's budget, so I'm quite content.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

Tom, we talked before the meeting, you know what my concern is, you know what the VA wants to do, you know how I want to get the County involved because they're looking for County partnership with the VA.

I want to see a VA annex clinic on the east end in Riverhead so people in Montauk and Greenport and Orient don't have to contemplate a four or five hour bus ride, which they can't do in any event, and no have no service, no transportation, no access to the VA. Our veterans who deserve medical care,

unless they can get themselves there, have no access to bus transportation, even though the vets run a buss, because of the length of the time. And if we could get a VA annex clinic in the Riverhead, Westhampton general area to serve the twin forks, we would be doing a great service to the veterans of the east end.

And you know, and I've discussed with you some of the things I'm about to do, so you are aware of where I'm coming from. And I want to say on the record, I look forward to working with the County Executive on this. I look forward to standing next to the County Executive as he cuts the ribbon. I need his support, I would like his support, but with it or without it I am determined to move ahead on this project. Thank you.

DIRECTOR RONAYNE:

I thank you. I couldn't agree more that an east end facility would greatly enhance the services that the veterans of Suffolk County are currently receiving. There is a small satellite clinic presently operating out of Gabreski Airport.

LEG. ROMAINE:

Yes, I'm aware.

DIRECTOR RONAYNE:

Unfortunately, for I think obvious and maybe some not so obvious reasons, access to that facility has become •• post 9/11, security on any military installation has been enhanced tremendously. It's become difficult to access that facility, parking is also a consideration, there's a considerable distance to be walked from when the veterans park at the designated parking area. Remarkably, it is also not ADA accessible, it's not an accessible facility.

LEG. ROMAINE:

Right, and it's very small.

DIRECTOR RONAYNE:

It is, it's very small and it operates on a limited schedule. As you're aware, we have had several conversations, the county Executive had directed me to meet with the Space Planning Committee and they have evaluated several places. I'm anticipating to hear by the end of this week what the final results of their search has been with regard to identifying usable space. There's a

difference between space available and usable space, obviously, so I look forward to receiving that information.

If you look in the budget, there is also mention of funding for an east end facility in the proposed budget, so hopefully if we can get the appropriate space identified, I think everybody would look forward to having this proceed and go forward.

LEG. ROMAINE:

Well, this is one area that I want to work very closely with the County Executive, if he's of the mind to get the result that's desired. So I definitely want to work with him if that's his goal.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Jack?

LEG. KENNEDY:

I know we spoke about this and we talked about the fact that you are getting the ability to go ahead and bring that new individual on board. One of the things you had mentioned is that you anticipate this person is going to have a variety of different skill•sets available, other than just the direct service that your other service coordinators provide?

DIRECTOR RONAYNE:

The Veteran Service Officers that we have in the offices now who see the clients and develop and prosecute the claims on behalf of the veterans, establish benefits and so forth, as a bi product of expanding the office and increasing the number of programs and the outreach operations that we've now undertaken, there really is a need for a person with a variety of skills. This person that we're considering has a background in veteran services and in claims work, but also has other skills that we think would lend themselves beautifully to the need that we have. And going forward, if I have my druthers, these programs will only continue to expand and we'll need that expertise more so as the months go on.

LEG. KENNEDY:

Which I encourage and I think is a good thing. But again, tell me just a little

bit of the specifics about the position, then; is this going to be a civil service position, a tested position, or is it an appointed position?

DIRECTOR RONAYNE:

I believe at this time it would be an appointment. I'll have to verify that for you and get back.

LEG. KENNEDY:

All right, if you could, I would be curious.

DIRECTOR RONAYNE:

Okay, and I will do so.

LEG. KENNEDY:

Just to see what it's about. All right, thank you.

CHAIRMAN STERN:

Tom, thank you.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

I see Mike, why don't you step up.

MR. STOLTZ:

Hello, Legislator. You were asking me with respect to my testimony, I had handed that in, I had to take care of some personal business.

CHAIRMAN STERN:

Oh, I'm sorry. I had seen there was a card ••

MR. STOLTZ:

Yes.

CHAIRMAN STERN:

But then during what we made the public portion you weren't here, so seeing you now figured I'd give you the opportunity to step up.

MR. STOLTZ:

Well, summarizing what I had submitted, basically I am the Chair of the Suffolk Coalition of Mental Health Service Providers, as you know. We represent 25 non-profit agencies, most of which contract with the County. We serve about 50,000 people in the course of a year, we have approximately 5,000 staff and volunteers and we come before you, as we have many times, about the need for increased capacity in our community mental health system. We've come before you over the past year, first about the •• pursuant to the report by the Suffolk County Criminal Justice Coordinating Council about the inordinate number of people in our Suffolk County Jail with serious mental illness, we have followed that with a presentation, we've facilitated a presentation by Judge Madeline Fitzgibbon, the Supervising Judge who presides over the Mental Health Court who came before this committee and discussed the strong need for expanded mental health service capacity in this County in order to not only address the high number of people in our jail, a large percentage of whom have mental illness, a large percentage of those have •• are there for non-violent crimes who could be better served in our community system if our community system had adequate capacity. We then followed that with a presentation by •• with Sheriff DeMarco who confirmed the numbers of people who are in the jail with serious mental illness who clearly could be better served than in our jail and he talked with you about the planned cost for the second phase of jail construction and how we could perhaps do a diversion project that would save Suffolk County taxpayers, at the same time we could provide services to a cluster of prisoners who keep going in and out of the jail, mostly for non-violent crimes, predominantly because of the lack of mental health service capacity in our county.

So basically, I wanted to come before you today to remind you of those proposals as you're addressing this year's budget and remind you of the proposal that we have submitted to this committee to be able to look at as we put this together with the Judge and with the Sheriff to look at up to 100 people to divert them from the jail, set up an array of services around them, work with New York State to provide ongoing service capacity beyond our first year start that the County could help jump start. And then we also identified a couple of funding strategies at the request of Presiding Officer Lindsay who said to us, "Where are we going to get this money from," we researched a couple of possibilities and as you know, the most current of which has to do with the 621 recoveries and our position with respect to those dollars is that they were intended for our most fragile citizens, was identified actually in concert with the crisis in our adult homes where almost

1,300 adult home beds for our most fragile people with psychiatric disabilities, these beds were closed and we propose to you that those 621 recoveries were tied to people with serious mental illness and should again be tied and be able to use those dollars properly as opposed to being served in a Debt Reserve Fund. I think a discussion, and I heard your discussing this earlier and revealed that this seems like an error of commission and our coalition asks you not to make that into an error of commission and make it appear as if the County is attempting •• is seeking to balance the budget on the backs of our most fragile citizens and be able to use that, I guess, surprise found resource in a proper way. Thank you.

CHAIRMAN STERN:

Thank you. Legislator Kennedy.

LEG. KENNEDY:

Thank you. Thanks for coming forward, Mike, to go ahead and speak. Several of us have had questions about 621, as a matter of fact, with the agencies and with BRO and I'm hopeful that we will be able to find a methodology to go ahead and realign that as to its origin to its ultimate designation, back to the mental health population.

But I'm looking at our BRO report and I need to ask you, I guess, from a provider's perspective about some of the observations that BRO has come up with. Their statement is that there is a decrease in contracted agencies of 1.9 million from the 2006 adopted levels due to changes in the methodology of how the State reimburses contracted agencies. Are you aware of some kind of a change that's going to somehow compensate or make up the providers for this decrease?

What do you know about it.

MR. STOLTZ:

The only thing that that may be referencing has to do with the proposal to switch to •• switch some of our day treatment programs and our 100% State funded contracts like my agency. My particular agency deals with a Medicaid license called PROs, and you heard Commissioner DeMarzo reference PROs specifically with respect to the Medicaid transportation issue, so that would be a potential change. As of today, that program is not moving.

LEG. KENNEDY:

My understanding with Pros is that that's been a work in progress now over the past couple of years with a variety of iterations, none of which have been successful yet, nor deliverable.

MR. STOLTZ:

Well, I don't know if it's an issue of success. This is a State driven objective following an objective that's happened across our country to be able to push State investment into the Medicaid dollar, so that has been going on for quite a while. What's held that up, you know, I could talk about a half an hour about what it is that's held that up, but it's not on the •• the County has not been responsible for holding up that initiative, I can assure you of that.

LEG. KENNEDY:

Which is good to know. But if we are somehow taking acknowledgement that Pros is or some other methodology is going to go into effect and that gives us the ability to reduce by 1.9 million our commitment, our financial commitment to agencies, how realistic is that?

MR. STOLTZ:

I don't know. You know, you're asking me what might it be and I said it might be related to Pros; I don't know for sure that that's what is being referenced in the Budget Review Office.

LEG. KENNEDY:

Okay, but absent that ••

MR. STOLTZ:

And I don't know of anywhere in terms of a hundred percent County dollars or County share, I'm not aware of that budget, you'd have to ask the division.

LEG. KENNEDY:

Okay. And I guess the other thing I'm going to ask •• and this is my ignorance, if you will •• but in your consortium, have you had any members that have any experience with what's going on as far as people going through the drug treatment courts and a difficulty recently in being able to be processed there as an alternative? It appears that, again, we personally, County or the courts have a staffing issue, so there's again another backlog. Any experience on your side?

MR. STOLTZ:

I'm afraid I can't help you on that. The Quality Consortium is our parallel, our mental health coalitions parallel serving drug agencies. Now, some of the agencies happen to be members of both, but it's kind of like different parts of the agencies.

LEG. KENNEDY:

Right, we've talked about them before and I will reach out to them. All right, I'll yield. Thank you. Thank you, Mr. Chair.

CHAIRMAN STERN:

Thank you. Good to see you.

MR. STOLTZ:

Thank you.

LEG. ROMAINE:

Just one statement. Mike, what we're hoping to do is Legislators together look at doing something in terms of restoration. Because witnesses have indicated in the past on other allied matters that the Executive has admitted he's underfunded certain programs and left it to us to do the right thing. So I'm sure that there will be an attempt by reasonable Legislators to take a look at that, absent the Executive recommendation which we now know, even he admits in many instances, does reflect what should be there and try to do at least some of the right things. We may not be able to do all of it, but we're going to look to try to do some of the right things.

MR. STOLTZ:

Well, we'd be more than happy to work with you in any way and we appreciate your collective leadership.

CHAIRMAN STERN:

Thank you. Before we have representatives from the Department of Health come up, was there anybody else who would like to speak?

Okay. Dr. Graham and company? You didn't have any more questions or comments?

LEG. ROMAINE:

No, no more questions, I have no more questions.

LEG. KENNEDY:

Just Mental Health and SCSA, that's it.

LEG. ROMAINE:

I have to make a telephone call, I'll be right back.

CHAIRMAN STERN:

Thank you for sticking around and coming back, I really appreciate it and appreciate your time. Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. As seems to have been some of my interest throughout the day, Mr. Marchese and Doctor, I guess I'm going to go ahead and ask you about just a couple of quick issues that are on the Mental Health Services side and Substance Abuse side, and I'm again working out of Budget Review's report. I •• there is a collective \$1.9 million reduction for service agencies and I guess it would be good if we could reference that page together.

MR. MARCHESE:

Two forty•two.

LEG. KENNEDY:

I'm just going to ask you if you can go ahead and explain what that means, what the impact is and what should we expect?

MR. MARCHESE:

Well, I'll explain. Mental Hygiene, the way that division works, there's two basic types of contracts, there are 100% pass•thru contracts and there's local assistance contracts. Basically, we act as an agent for the State. We don't control these appropriation, these appropriations come through in an award letter to the County and then we allocate them out to the various agencies throughout the County. So when the State changes their funding levels, we're merely reflecting those changing levels and passing those programs and those service cuts or whatever the State passes on to us to them. So when you see a change in methodology, perhaps it's some programs that previously were funded via 100% State aid model that the State has chosen to quote/unquote, "Medicaid out" meaning that now those services would be billable under the Medicaid Program, therefore the agencies don't require funding in a direct support basis because they're able to bill Medicaid for those services. So when the State moves in that direction, it basically shifts

the funding streams.

LEG. KENNEDY:

If an agency is 100%, how is it that the agency winds up receiving its proceeds? If I contract, I'm a 100% agency and I contract, I don't know, I have a \$10,000 allotment, 12,000; do I get a thousand dollars a month just based on the fact that I'm going to go ahead and provide services, or do I have to go through a claiming and vouchering process?

MR. MARCHESE:

Actually, what happens with Mental Hygiene agencies is we the County receive an advance in January and we in turn also give the agencies in advance, in which case •• and then they claim, they make quarterly, monthly/quarterly claims that are reconciled with those dollars.

LEG. KENNEDY:

Okay. So if I was a 100% agency and I was operating off of that process where I had this disbursement come January and now I'm Medicaided out, what's it going to mean for me as far as my ability to go ahead and receive recovery?

MR. MARCHESE:

I don't ••

LEG. KENNEDY:

Aren't we looking at the agencies •• and this may have nothing to do with us directly here, I guess I'm just asking for the explanation. I have to provide the service if it's a service where it's Medicaided out, I submit to the department and then I subsequently get reimbursed based on whatever DSS' ••

MR. MARCHESE:

No, no, no, that's not how it would work.

LEG. KENNEDY:

No? Oh, okay.

MR. MARCHESE:

You're getting an advance and then •• right now we're working on 2006 your, so at the end of 2006 your funding would cease under the old mechanism and we would do a final reconciliation and then you would either •• you owe

the County money or we might owe you money, depending on how it worked out.

LEG. KENNEDY:

Uh•huh.

MR. MARCHESE:

Starting January, then you would bill Medicaid just like a provider would and you would have to wait in the Medicaid chain for your reimbursement dollars, as you were billing.

LEG. KENNEDY:

Then perhaps maybe I do understand it, okay. What's •• tell me a little bit about the Drug Treatment Court. The statement here tells us that due to the loss of staff in the Criminal Drug Treatment Courts, a substantial backlog has ensued. Do we know anything to that effect, beyond just we don't have people?

MR. MARCHESE:

(Shook head no)

LEG. KENNEDY:

We don't know. Okay.

MR. MARCHESE:

I would have to get back to you on that, on that specifically.

LEG. KENNEDY:

All right. We talked before about the methadone clinics. I guess •• I'm not going to go at it again, although as I've tried to read this a little bit more, I'm becoming a little bit more concerned about the young adult methadone program and an assessment that if there is no clinic in the Babylon area that people who can't get to the other clinics may revert to usage; that one is troubling. What is the age range with the young adults; do we know, 16, 18?

MR. MARCHESE:

It's 16 to 21, I think after 21 they move into the adult.

MS. VIZZINI:

I think it's 18 to 21.

MR. MARCHESE:

Yeah.

LEG. KENNEDY:

Okay. And where do young adult methadone treatments, where •• I'm sorry, heroine users, where can they go now in order to go ahead and get this treatment?

MR. MARCHESE:

They have to come to the County, we're the only licensed agency.

LEG. KENNEDY:

Yeah, I understand, I understand. I'm sorry, once again, the hour is late and I guess I'm struggling with questioning.

MS. VIZZINI:

Hauppauge.

LEG. KENNEDY:

Where in the County?

MR. MARCHESE:

We have a Hauppauge Center designated just for the youth so that they're not commingled with the adult users.

LEG. KENNEDY:

Okay. So if it was one of Legislator Romaine's constituents or Legislator Stern's constituents or mine or anybody else's, they're all coming from a 90 mile County to Hauppauge to get treatment; is that correct?

MR. MARCHESE:

Yeah, the treatment model shows that it's better to keep them out of the general population.

LEG. KENNEDY:

Okay, we'll •• I'll defer.

The last thing, I guess, that I'd ask you to just talk a little bit about is whether you have any opinion or assessment associated with trying to divert some of the jail population who are known •• with a known psychiatric or

mental health component, as we've heard recently, vis•a•vis trying to access some of this 621 money. Do you have any thoughts there as far as •• either from a, you know, quality of care perspective, Doctor, or even from a fiscal perspective as far as treatment in the community for individuals, an alternative to engaging in petty crime so that they can have their housing and food and medical needs met.

MR. MARCHESE:

From the financial standpoint, obviously it's preferable to treat them in a community, we obviously would not want them incarcerated, that's very clear.

LEG. KENNEDY:

Good. Thank you. Any thoughts, Doctor?

ACTING COMMISSIONER GRAHAM:

If there's an identifiable mental illness or substance abuse history, there's no question that that would be beneficial to treat that.

LEG. KENNEDY:

Great. I told my colleague that I'd stop at five, I have 30 seconds left.

MR. MARCHESE:

If I may. There were a couple of points that were raised earlier and if I could just make a couple of clarifications?

LEG. KENNEDY:

Let me do mine and then you do yours. I need some •• how to rephrase? West Nile treatment; in 2005 there was a contract in place that allowed for a relatively quick turnaround time with the State Health Department as far as testing, there was a decision in the department not to execute that contract in 2006. As it turned out, we did have a significant spike of West Nile, particularly in my district, in the 12 Legislative District. Have you considered or would you •• would there be a benefit as far as testing if we're able to include that in '07?

ACTING COMMISSIONER GRAHAM:

For any mosquito•borne disease, timely testing of those specimens is

important. Based on our history of dealing with this going back to 1999 and 2000 when it first emerged in our hemisphere, there was a significant delay in testing at a range from three to four weeks. Now it's very close to anywhere from approximately ten days, plus or minus a day or two. So right now we are getting timely results from New York State DOH, Department of Health, and I believe those results are within a reasonable period of time from the County •• from the State to the County local health office. And obviously, if this expands to other mosquito•borne diseases, which it easily could because of the presence of the mosquitoes, the vectors that we have, the presence of the pathogens that we know exist and the population are at risk, you know, that's another matter. But at this time, I believe we're getting timely results within a day or two.

LEG. KENNEDY:

All right. I'll talk to you in a private manner and I'm going to yield. Thank you.

CHAIRMAN STERN:

One last question from me. Has there ever been an analysis, do we know how the users at the •• recipients of service at the methadone clinic down in Babylon, do we have any idea how they get to that clinic, do they drive, do they take public transportation? Has there ever been any kind of quantifiable analysis as to who's using the services there and how they get there?

MR. MARCHESE:

We do locate all our clinics, whether or not they're mental hygiene or health centers, on County bus routes. So yeah, a significant portion of them are using the bus transportation, as well as driving.

CHAIRMAN STERN:

When you say significant portion, is it the majority?

MR. MARCHESE:

I don't have the statistics, I can get back to you on that exactly.

CHAIRMAN STERN:

We're closing down the facility in Babylon, the next closest, did we say, is going to be located up in Huntington, and that's on a bus route.

ACTING COMMISSIONER GRAHAM:

Yes. I understand there actually is also a voucher system whereby we can offer compensation for the necessary transportation from the Babylon clinic, for example, to Huntington, so that's another option available to our individual patients. And that's why each of those patients would be integrated into one of the other health center, one of the other methadone clinics.

CHAIRMAN STERN:

All right, thank you.

MR. MARCHESE:

It looks like about 15 to 20% are on a bus route that receive •• that are coming by bus and the rest are coming however they're coming.

CHAIRMAN STERN:

All right, very good. Thank you. And one last question from Legislator Romaine.

LEG. ROMAINE:

Not a question but a comment and then a question. The comment was as County Clerk, I used to see people use the methadone clinic in the Riverhead County Center for many years, the overwhelming majority of them drove there.

Question now, and this is a yes or no answer, very simple, last question of the day. Did the Executive mandate or require or request that the Health Department maintain certain funding levels and come in with their requested budget at a specific level? Did he, in fact, prevent the Health Department from making fuller recommendations that they might have made by restricting the amount that he would require you to request in your budget? I'm asking that question because

Dr. Harder clearly said today, on the record, in his conversation that he had with the County Executive, that the County Executive admitted right up front that he shorted the Health Department and the health clinics and a number of other areas, admitted right up front that he shorted it and then told Dr. Harder, "Well, go see the Legislature, they'll put it back in." Did he restrict you?

MR. MARCHESE:

Well, there was a County •• there was a call letter that was issued from the

Budget Office that basically directs the department on how to submit their budget.

LEG. ROMAINE:

And the direction in terms of what the percentage of increase, decrease or whatever, what was the •• what was in that memo that gave you direction?

MR. MARCHESE:

Yeah, ADH 15•06, I don't have the exact numbers, but I think ••

LEG. ROMAINE:

Well, roughly.

MR. MARCHESE:

•• in round numbers, 2%, I'd have to go to the ADH.

LEG. ROMAINE:

Thank you.

CHAIRMAN STERN:

That's fine, thank you.

MR. MARCHESE:

But if I may, I might not have been clear before.

LEG. ROMAINE:

No, no, I understand. You know what I'm getting at.

CHAIRMAN STERN:

I do, that's why we wanted to go through it.

LEG. ROMAINE:

You know you're shorter there and you told him to short it and then send it to us.

CHAIRMAN STERN:

That's fine.

MR. MARCHESE:

Are you done? I had •• okay.

LEG. ROMAINE:

Thank you.

ACTING COMMISSIONER GRAHAM:

I believe there's •• just the fact that we have a 3.7% increase above the consumer •• basically above what the Consumer Price Index funding for the Health Department, I think we have sufficient funding to fill our current vacancies here in the Health Department to the degree that just the fact that we had 65 authorized positions already and a majority, about two•thirds of those, already have been offered positions or being canvassed or interviewed at this time.

LEG. ROMAINE:

So you're comfortable.

ACTING COMMISSIONER GRAHAM:

I'm a physician, so obviously I make my judgements with •• in that context, but I think you have to look at everything and the whole picture.

MR. MARCHESE:

Yeah. Well, I'd like to make, just if I could, one comment on the health centers, only because it seems to be a big concern.

When we filed our budget for the health centers, we included a request for a 2% increase over last year's budgeted numbers that the County Executive recommended. We didn't include Legislative add•ons in that cost and whatever the process that was adopted during the prior year's Omnibus type of resolution. So what we did was we went back to the previous year, we took the base year funding, increased it by 2% and that's where we are.

The analogy in the Budget Review Office where they talk about a CPI increase, while that may be true in some medical instances, in our health centers primarily they are waged•based Health Department contracts, meaning that the cost of the drugs, if there are any medicines, equipment, we pay for that out of another appropriation.

So the individual appropriations for the health centers are basically salary •driven items and not the other cost that would drive a general medical increase, CPI•type of cost, okay.

The other thing that I wanted to mention was that with the contract

negotiations, they have been going on for a period of time, we're about ready to release those contracts to the contract agencies and we're ready to wrap up the process. Unfortunately, it did take a little bit of time, but they are complicated contracts, as you might be aware, and we're right in the process with that. Yeah, it's been an effort, it's been going back and forth and we're trying to get it right because they are going to be a long-term, excess of \$50 million contract every year, so if you're going to go into a five year contract, you wouldn't want to enter into, you know, in excess of \$250 million over a five year period without getting them right. So there were some different contract provisions that we wanted to get.

The other thing which was mentioned which was the nurses. We do have the nurses salaries in with Salaries & Appeal and they're going to be meeting later on this year to discuss the issue, I think they're dedicating two of their next meetings to address the salaries of the nurses, okay. So it wouldn't be something that we would address in the budget only because there is a mechanism in the County to address those salary needs, so we're going to follow that process and hopefully that will resolve a lot of the wage inequities that are currently in existence.

And the final thing that I wanted to point out was on the jobs at the Health Department. We currently have •• as BRO mentioned in the report, we have some 200 vacancies in the department. We feel that although there are individual budget lines that any one of our divisions might need additional staffing, that in whole, with the funding that exists for 2007 that the County Executive provided us with, we can work within those numbers given the flexibility to earmark and change some titles so that there is no need to add additional positions within the department. We have sufficient funding and we have sufficient positions to handle that need. We currently have 65 SCINS in-hand, we're in the active process of recruiting those positions. As you know, it is somewhat difficult to hire positions in this field, so we are actively looking to do that and we are trying to address some of the backlogs and whatnot that are in the system.

If you want to talk about the mercury thing for one last thing?

LEG. ROMAINE:

It could be a dialogue forever.

CHAIRMAN STERN:

Okay? Very good.

MR. MARCHESE:

I'm sorry, one more thing.

ACTING COMMISSIONER GRAHAM:

As far as the children's vaccinations to be mercury-free, we understand the position of the Legislature on that. And right now our position is that we want to do everything we can to make sure that we maintain the vaccination record, the complete record of vaccines to children, especially under three that we have. We maintain what we call herd immunity, that is close to 98% or so of our population in that age group are properly vaccinated and we believe that it would be •• it would be wisest to make sure that we follow the Centers for Disease Control recommendations on what they define as mercury-free or trace amounts would be sufficient to make sure that that percentage of the population remains vaccinated. And we don't want to lose a significant percentage if we require six additional shots for a young child and we know we're going to have compliance issues with that, with a child who comes back or we'll have difficulty getting that child back in the clinic, ordinarily it would take perhaps half that number of visits. So we're looking at that very carefully, we want to make sure that we properly and completely vaccinate the high percentage of children we currently do and we don't want to jeopardize that in any way.

CHAIRMAN STERN:

Anything else? Well, thank you. And of course, I'm sure you'll understand that for myself and my colleagues, we'll want to speak with you over the next couple of weeks to see how best you're going to implement that policy, that very important policy here in Suffolk. So thank you. Thank you, everyone.

(*The meeting was adjourned at 5:09 PM*)