

HEALTH & HUMAN SERVICES COMMITTEE

of the

Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on October 12, 2006.

Members Present:

Legislator Eli Mystal • Chairman
Legislator Steve Stern • Vice•Chair
Legislator Jack Eddington
Legislator Edward Romaine
Legislator John Kennedy

Also in Attendance:

Deputy Presiding Officer Legislator Vivian Vilorio•Fisher • District #5
Ian Barry • Assistant Counsel to the Legislature
Richard Baker • Deputy Clerk/Suffolk County Legislature
Robert Lipp • Deputy Director/Budget Review Office
John Ortiz • Senior Budget Analyst/Budget Review Office
Fran Siems • Aide to Presiding Officer Lindsay
Paul Perillie • Aide to Majority Caucus
Linda Bay • Aide to Minority Caucus
Lisa Keys • Aide to Legislator Romaine
Deborah Harris • Aide to Legislator Stern
Ben Zwirn • Assistant County Executive
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
Dr. David Graham • Acting Commissioner/Department of Health Services
Dr. Patricia Dillon • Director of Public Health/Dept of Health Services
Vincent DeMarco • Sheriff of Suffolk County
Mike Stoltz • Chair/SC Coalition of Mental Health Service Providers
Anita Fleishman • Vice•Chair/SC Coal of Mental Health Service Providers
Steven Moll • Island Public Affairs.
Cheryl Felice • President/AME
Lydia Sabasto • 1st Vice•President/AME
Sandy Sullivan • Legislative Director/AME
Colleen Nicholson • Military Lyme Support
Jim Nicholson • Military Lyme Support
Nancy Mariano • Friends of Karen
Ann Kellet • Public Health Nursing Task Force
Nancy Lustig • Board President/Suffolk Coalition to Prevent Alcohol & Drug
Dependencies
Eva Haughie • President/Empire State LDA, Inc.
Bennetta Dosiak • Vice•President/Empire State LDA, Inc.
Roscoe Reynolds • Quality Consortium of Suffolk County
Cathy Ayers•Lancillotta • Chemical Dependent Services/Catholic Charts. Denis Demers •
Catholic Charities
Martha Kahan • Eastern•Suffolk BOCES
Colleen Merlo • MHA of Suffolk
Mary Nancy Cordaro • Retired RN
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

*(*The meeting was called to order at 12:28 PM*)*

CHAIRMAN MYSTAL:

We'll call the meeting to order with the Pledge of Allegiance led by Legislator Eddington.

Salutation

We are changing the order that we would usually •• normally do things in this committee for a

couple of reasons. One is we have another committee which is supposed to start at two o'clock; and two, a couple of the members have a commitment that they have to attend, they have to leave the committee around two o'clock. So we're going to start with the public portion and those of you who have signed cards; the first person who is up is Cheryl Felice.

UNKNOWN AUDIENCE MEMBER:

She's running late.

CHAIRMAN MYSTAL:

Okay. Ms. Colleen Nicholson. Not here •• oh, she's here.

Welcome, Ms. Nicholson, you have three minutes.

MS. NICHOLSON:

Good afternoon, members of the committee. Thank you for having me here today. My name is Colleen Nicholson and I live in Bayville, New York. I'm representing the Military Lyme Support.

I'm coming today to urge that Resolution 2114•2006 be passed immediately. Suffolk County District 1 depends heavily on tourism on the east end of Long Island. I and my family have visited the Hamptons many times and have noticed a lack of awareness about ticks at many of the tourist destinations. My sister from California was interested in vacationing in East Hampton and renting a house for the summer; her plans changed drastically once she learned of the enormous problem with ticks in the area. She feared that she or her husband may contract Lyme's Disease so she opted to vacation elsewhere in the state.

It concerns me that the tick population is out of control in Suffolk County. When deciding where to vacation, ticks are a big deterrent for me and my family. We do not want to get bit again and to date, Lyme's Disease has cost my family and our insurance company thousands of dollars per year for treatment. As a chronic Lyme patient and advocate, I recommend that this resolution be passed and a tick management task force be established; the residents and tourists in Suffolk County deserve nothing less. Thank you for your time

CHAIRMAN MYSTAL:

Thank you very much, Ms. Nicholson. Next speaker is Rosco Reynolds.

MR. REYNOLDS:

Good afternoon. I'm speaking on behalf of The Quality Consortium of Suffolk County. The consortium represents three •• 23 not•for•profit agencies in Suffolk County who provide services for individuals and families affected by chemical dependency and abuse. In 2005 and six, two major for•profit chemical dependency agencies in Suffolk County, Crossings and Lake Grove, were closed by New York State OASIS. Since that time, the demand for service on the already stressed Quality Consortium agencies has increased; we are all above our contracted units of service for 2006.

The demand for services at the Quality Consortium agencies has risen approximately 10% with little or no additional funding for staff or staff support. OASIS statistics documented there's been an increase of approximately 14,700 units of service provided by The Quality Consortium agencies. A significant number of the recipients of service are not eligible for Public Assistance because they're employed; the problem is that they are uninsured or underinsured.

In calculating the estimated unit cost per service, the additional expense to Quality Consortium agencies is •• agencies are expected to absorb is well over a million dollars. Cost per unit of service is \$96 per unit of service, the math rolls out to something like \$1.4 million in additional services that we're all providing. The closings have greatly impacted the residents of our County and our ability to •• and their ability to access quality treatment services. Many of our agencies have reported long waiting lists, along with an inability to hire new staff due to budgetary constraints. For every dollar that's invested in substance abuse treatment, the taxpayers of Suffolk County save an average of \$7.46 in criminal justice costs, social services costs and medical costs.

We're asking that you please help the agencies in Suffolk County who are continuing to provide services for residents despite inadequate funding. It is economically sensible to adjust the funding to offset the deficit incurred by the closing of the private for•profit agencies. We have a budget attached to our cover sheet, we're asking that you support our request for \$389,000 to support Quality Consortium contracts agencies in the 2007 Omnibus budget. The breakdown for the funding request is attached to the cover sheet. If you have any questions?

CHAIRMAN MYSTAL:

No, but could you please give us a copy of your speech for the statistical numbers that you have in there?

MR. REYNOLDS:

I think you have it.

UNKNOWN AUDIENCE MEMBER:

It's on your desks.

CHAIRMAN MYSTAL:

Is that it?

UNKNOWN AUDIENCE MEMBER:

Yeah, that's it.

CHAIRMAN MYSTAL:

Okay, thank you.

LEG. KENNEDY:

Mr. Chair?

CHAIRMAN MYSTAL:

Legislator Kennedy.

LEG. KENNEDY:

Yes. Thank you for coming before us, sir. I need to take some time to go ahead and digest because it seems that what you've done is you've aggregated a number of different agencies. How many agencies do you have in your consortium?

MR. REYNOLDS:

The Consortium has 23 agencies.

LEG. KENNEDY:

Twenty•three agencies; and all of these agencies, are they direct services and direct care agencies?

MR. REYNOLDS:

Yes, they are.

LEG. KENNEDY:

Okay. And on one of the sheets that you gave us you have something titled "Additional increase

explanations" and you list the Town of Smithtown, the Town of Huntington, "Additional increase reflects State funding for regulatory conversion costs"; what does that mean?

MR. REYNOLDS:

That means that that agency was required to convert to an A22 license this year, several of us were, and the State provided some additional revenue to help with that conversion. The conversion meant that you had to bring on medical staff, either licensed, private, practical nurse or a doctor to work with your clients.

LEG. KENNEDY:

Okay. So this was a State-based mandate, they're attempting to comply with the State-based mandate. There were some monies, additional monies provided by the State, but not enough to cover the actual cost of retaining these additional staff to be in compliance; is that it?

MR. REYNOLDS:

No.

LEG. KENNEDY:

Okay.

MR. REYNOLDS:

No.

LEG. KENNEDY:

Then I didn't get it.

MR. REYNOLDS:

The money you're talking about converting to an A22 license was just provided to cover that conversion cost, all right? What we're talking about is the closing of two large for-profit agencies in Suffolk County.

LEG. KENNEDY:

I'm familiar with both, as a matter of fact.

MR. REYNOLDS:

All right? Today I totaled the number of clients that they had 2,400 clients were set adrift by the closing of these agencies. Those clients migrated over to the •• primarily to the non-profit

agencies that provided drug treatment services in this County. All of our intake figures, the 23 agencies, show just as an example, my agency, the waiting list went from two weeks to five weeks; Pederson-Krag Agency had to shut down intakes for about two or three weeks, they couldn't handle the number of people coming over. A lot of the people who were in residential programs in these other agencies, once they were out, they had to work, they had to have some income to survive and that made them ineligible for Medicaid coverage, all right? So they end up at our door, at this point we're all working at probably 10% over our capacity, above our mandated contracted responsibilities. We're just we're scrambling.

LEG. KENNEDY:

And I can appreciate that, for a whole variety of reasons. As a matter of fact, some of the other folks associated with your agency I've had occasion to speak with and I believe that we're experiencing an uptick in folks that are needing these types of services as well as the fact that there's been closure.

One of the other questions I have for you is as I understand it, Lake Grove was shut down and Crossings was shut down for a variety of different reasons, some of which included Medicaid irregularities and Medicaid fraud. Did OASIS do anything from a State-based level to provide some additional assistance for the balance of your agencies that remain, or did they only shut down the offenders and no other action?

MR. REYNOLDS:

They only shut them down. And these people show up at all the other agencies in the County, we receive no additional help from the State.

LEG. KENNEDY:

And has OASIS made any outreach to attempt to you're coming to us and verbalizing the needs and the impact that you're feeling, and many of us have heard this from agencies in our community, we're aware of it. Has OASIS done any you've presented to OASIS, have they been responsive, is there any kind of acknowledgement at a State level?

MR. REYNOLDS:

We have talked with the State people. All of our contracts have contract managers from the State, we get no response. There was supposed to be some cost savings from the shut down of these two large agencies out here, we have seen no movement in terms of the remaining agencies sharing in any of those savings.

LEG. KENNEDY:

Okay. All right, I don't want to take up the rest of the committee's time.

MR. REYNOLDS:

We're pretty frustrated by the whole process.

LEG. KENNEDY:

As are many of us, I think. You know, it's ironic that in an effort to go ahead and identify abhorrent behavior on the part of one agency. Cumulatively it seems like the balance of the community pays for the enforcement actions and there's no comparable addressing from the State level. Thank you.

MR. REYNOLDS:

Thank you.

CHAIRMAN MYSTAL:

Legislator Romaine?

LEG. ROMAINE:

Yes, very quickly. I know you're coming here for budgetary matters; have you had any discussions with the County Executive or members of his Budget Office regarding his proposed budget and how it would impact on you?

MR. REYNOLDS:

We had a meeting with some representatives from the County Executive's Office I think about five weeks ago, roughly five weeks ago, and we talked about what we were looking for, what our dilemma was here and they encouraged us to put our case together and come back to his office and present it. As part of that, that's what we're doing here, we plan to go back to the County Executive's Office with our numbers to show the strain on our agencies.

LEG. ROMAINE:

Beyond the strain of your agencies, one of the things that struck me in your presentation is that you either pay now or you pay later in the sense that you indicated very clearly that for every dollar invested in your agency there would be a savings over the long run in criminal justice and a number of other areas of County Government of about \$7; correct me if I'm wrong in that assumption.

MR. REYNOLDS:

That's correct.

LEG. ROMAINE:

And you believe that your prevention and treatment options that you offer would prevent the County from paying out in other areas that they would have to, and specifically what would those areas be?

MR. REYNOLDS:

Well, if you just take the rate of recidivism, my agency alone, probably 95% of the clients that come through my door come from State parole, County Probation, Family Court, Drug Court. All the statistics show that someone being discharged from being incarcerated, if they take a six month counseling treatment program, the rate of recidivism of those people who do that gets cut to about 35%. Those people discharged from incarceration in their state that don't go through that process, the recidivism rate is close to •• it's 70, 75%, in there. Just multiply the cost of incarcerating somebody on an annual basis and you see what those numbers are.

LEG. ROMAINE:

So in essence, while cutting the budgets of those involved in your consortium would show a short-term benefit, it would create a long-term problem and expenses for the County, it's almost as if you're tripping over dollars to save pennies. Thank you.

MR. REYNOLDS:

Thank you.

LEG. EDDINGTON:

I have just ••

CHAIRMAN MYSTAL:

Legislator Eddington?

LEG. EDDINGTON:

Thank you. I guess I'm going to ask you to help me and I certainly think I can speak for my constituents here. Having worked in prevention for 25 years, you're not saying anything new, we know for years the cost; we spent years ago \$2.14 per student per year for prevention. How can you help us to get the people to be willing to support this? Because that's where it comes down to. You know ••

LEG. ROMAINE:

(Inaudible).

LEG. EDDINGTON:

Well, unfortunately, when I talk to people about raising taxes to support prevention, they look at me like I'm an evil doer or something, and yet we all can •• we've got the numbers, you give me the numbers. Those numbers further frustrate me because I know it, I see it, and we're all for it, but I can't get the community, I've been trying for 25 years to say that old commercial, "Pay now or pay later"; they say pay later. I think we need your help to solve this problem; is that a possibility?

MR. REYNOLDS:

Well, one of the reasons The Consortium was formed was because of just what you said. Our agencies are constantly running in to a stone wall every year, we felt if we moved as a group, we formed a 501(C)4 in order to do this. You know the feeling with agencies like ours, you don't want to step up by yourself because, you know, the fear is that you can be retaliated against as an individual agency. So we've got a consortium, we're very active here; we're probably more active in this County than any other County in the State. We have State issues, the State people listen to The Consortium; whether they do something about it or not is another story, but they listen to us.

I'm not sure what we do beyond where we are now. We have some serious State issues that affect us, I think even more than the County support we're seeking here. They're regulatory issues that are just very difficult regulatory issues.

LEG. EDDINGTON:

I know at least someone on the State level that is advocating very strongly for you, Legislator •• Assemblywoman Eddington. But certainly, I would say you get the drum, I will help beat it with you.

MR. REYNOLDS:

Okay, I'll be in touch. Thank you.

LEG. EDDINGTON:

Thank you.

CHAIRMAN MYSTAL:

Thank you very much, sir. Mr. Denis Demers.

MR. DEMERS:

Mr. Chairman and Honorable members of the committee, my name is Dennis Demers and I'm a Program Administrator at Catholic Charities.

I come before you today on behalf of Catholic Charities concerning funds for services provided by our agency to the mentally ill and chemically dependent residents of Suffolk County. Our Chief Executive Officer, Laura Cassell, has already been in communication with the Presiding Officer on this matter. My purpose here today is to explain what happened and request an Omnibus amendment, should correction of budgeting errors not occur.

Specifically, the County Executive's recommended budget for two Catholic Charities contracts does not reflect the permanent increase which was agreed to in 2006, leaving us with a \$312,470 less in the 2007 recommended budget. The amount recommended by the County Executive and approved by the Legislature for our mental health clinics •• and I have the budget line reference in my presentation which I've handed over •• in his 2006 budget has been reduced in his 2007 recommended budget by \$271,003. The amount recommended by the County Executive and approved by the Legislature for mental health clinics •• for the Talbot House Program, rather, for people with drug and alcohol problems in his 2006 budget has been reduced in his 2007 recommended budget by \$41,467. Interestingly, not all the 2006 mental health centers and Talbot House increases are removed in the 2007 budget and none of the 2006 chemical dependency clinic increase, a third contract was removed.

Furthermore, at a recent public meeting of the Suffolk Community Council, County Executive Levy specifically referenced the \$500,000 increase to Catholic Charities as an example of how he had increased funding for base infrastructure to meet human service needs in the County; to then propose removing more than 60% of that funding in his 2007 budget is incongruous to his statement. It appears that the permanent changes to our mental health clinics and Talbot House base funding contracts were mistakenly treated by the Budget Office as one time Omnibus bill increases. Let me underscore that the 2006 County Executive's recommended budget reflected the higher amounts and, in fact, Catholic Charities did not provide testimony as part of the 2006 Omnibus bill, nor were any increases added in the 2006 Omnibus bill as a result.

We need the County Executive's recommended budget for 2007 to reflect, at the very least, the

adopted level for 2006. We need the County Executive to correct these mistakes by the Budget Office. However, should this prove fruitless, our only alternative is to turn to the Legislature and request that the serious cuts be reversed in the Omnibus bill, otherwise we will be forced to make serious cuts to our level of services as we will be unable to continue serving a large number of our clients. It would be a travesty for this to occur as a consequence of an unintended error in the budgeting process. Thank you for your kind attention and assistance in this matter.

CHAIRMAN MYSTAL:

Thank you.

LEG. ROMAINE:

Mr. Chairman, quick question?

CHAIRMAN MYSTAL:

Mr. Romaine.

LEG. ROMAINE:

Have you spoke with the County Executive and has he indicated that, in fact, the budget he submitted was in error?

MR. DEMERS:

My understanding is that there has been conversation with his office, we were referred to the Legislature. We've spoken with Presiding Officer Lindsay and he referred us to this committee as a hopeful backup to correcting this measure before it needs to go this route of omnibus.

LEG. ROMAINE:

Well, I know the County Executive and I know that before he submits his budget he goes over every single line, bar none, and he spends a great deal of time reviewing that. Obviously some of the things that you've said are things that this committee is going to consider very, very carefully.

MR. DEMERS:

Thank you.

LEG. ROMAINE:

Because of the services that you provide that are necessary underpinning and help create that

safety net that some of our residents need from time to time. Thank you.

MR. DEMERS:

Thank you.

CHAIRMAN MYSTAL:

Mr. Kennedy.

LEG. KENNEDY:

Thanks, Mr. Chair, and I won't belabor the point. I do agree, though, that I seriously wonder whether or not this was a mistake in what was presented to us. But I'll just refer to the last two lines in your statement, and I'm going to ask you specifically to describe for us what would be the consequences of not having this funding restored? What would it mean as far as individuals who your service is being provided to in a number of •• in a magnitude; are we talking ten people, a hundred people, a thousand people? Are we talking alcoholics, drug abusers, folks that would no longer wind up receiving the assistance they need to be stabilized in the community? Put a face on it, if you will, please. Because we talk about numbers all the time here, about cuts, tell us what it means.

MR. DEMERS:

When we first pursued this funding two years ago, it was originally in an Omnibus bill and subsequently we were able to work successfully with the County Executive and the Legislature in getting it into our base infrastructure funding. But at that time, just on the mental health center side alone, I don't have the specifics on the alcohol and drug abuse side of it, I can get that for you. Oh, here's my colleague ••

UNKNOWN AUDIENCE MEMBER:

I can do that for you.

MR. DEMERS:

•• Cathy Ayers who can give you more detail. Just on my side alone in mental health services, we would be forced to cut services all together to at least a hundred clients.

LEG. KENNEDY:

A hundred?

MR. DEMERS:

At least a hundred.

LEG. KENNEDY:

That's on the mental health side.

MR. DEMERS:

That's on the mental health side.

LEG. KENNEDY:

And these are people you are being •• you are treating who have significant diagnoses and are there because they have an inability to be able to go ahead and function in their day•to•day lives without your service; is that correct?

MR. DEMERS:

Most of the people we serve are in that category, yes.

MS. AYERS•LANCILLOTTA:

If I may. I'm Cathy Ayers•Lancillotta and I run the Chemical Dependent Services for Catholic Charities, one of which is our Talbot House Program, a 35 bed facility. If I take that \$41,000 cut, I'm going to have to shut down beds, and when you shut down beds that affects thousands of people. You don't take a 35 bed facility and take 41,000 out and just say, "Oh, I can take two beds out"; it doesn't work like that, I'd have to cut at least ten beds.

In a year, Talbot House provides services to about 10,000 people, I mean, there's thousands of people that come through. I turn away 250 people a month that are eligible for this service that are told, "I have no beds available." If I have to cut beds, we're going to have more people on the street, more people in the hospitals, more people in the jails. So 41,000 doesn't seem like a lot, but it trickles down to a lot when I have to cut beds. So that's what it means for my program.

LEG. KENNEDY:

Thank you.

CHAIRMAN MYSTAL:

Thank you very much. Ms. Cheryl Felice. Cheryl? Oh, I had called you before but you were delayed.

MS. FELICE:

I appreciate your patience.

CHAIRMAN MYSTAL:

No problem.

MS. FELICE:

Good afternoon, Mr. Chair and members of the committee. My name is Cheryl Felice, I'm President of the Association of Municipal Employees. I represent all the civilian workers throughout Suffolk County and I'm here today to speak to you on the change of work shift with the Family & Children Services Agency.

The agency represents •• the agency workers represent one of the most dedicated work force you'll see throughout the County. We have many dedicated work forces, but in particular with Family & Children Services, they are dedicated to protecting family and children's lives. So when an issue came up with the department to examine a need for a change in the work shift, the union's position is it feels it would have been better, in much better interest for everyone involved to include input from those workers to see what the needs are. Truly, if there was a demanding need, the workers themselves would have been able to offer valuable suggestions in which to deliver services to the very lives that they protect; they have a vested in protecting those lives. That wasn't done; the union wasn't consulted, the employees weren't consulted and an imposed schedule was instituted at the end of the September to which the union did file a grievance and will be proceeding forward on. But we're here to make you aware of some of the situations that are happening that will effect how services are delivered in the County and appeal to you that when you can compel division leaders and department heads to reach out to the workers and obtain input from them to do so, it would be in the best interest of everyone.

We have learned that there are significant issues to consider. We have single parents working in the division that are now being asked to work night shifts. We have child care needs that individuals have their children in day•care centers, the day care centers are not open for the hours in which the worker now has to work, past eight o'clock PM.

Interestingly enough, this is the agency that protects abused children. So we're asking our very own members now to ignore their own child care needs in the interest of the agency; it just doesn't seem like it's right. And we're appealing to you and we're bringing it to your attention because it's something that is critical in the delivery of services and critical in the worker's safety. These are neighborhoods that are not the optimum neighborhoods and now workers are

being asked to visit families, go perform interviews at night time in areas that are dangerous in daylight hours.

So that's what we're here to present you with. We have appealed to the Commissioner of Social services in the middle of September when we learned of the change in the schedule and we were told at the time that accommodations couldn't be made. But since then, I will tell you in all fairness to the agency, that we've learned that nine employee's schedules have been accommodated based on need, but there are many more.

Legislator Eddington, I know you are in receipt of a petition from over 170 workers that either are directly affected by this schedule or who are in support of the workers who are affected by this schedule. Because remember, Family & Children Services work in teams, it's not just the Caseworker or just the Senior Caseworker, it affects everyone. It affects the Community Service Workers, the schedule would affect the Clerk Typists. Thank you very much for your time.

CHAIRMAN MYSTAL:

Thank you very much. Thank you. The next speaker is Bennetta Dosiak.

MS. DOSIAK:

Hi. Good afternoon. Thank you for letting me have this opportunity to speak to you about the tick population. Special thanks to my Legislator, Mr. Ed Romaine. I have lived in Manorville my entire life, in the farming industry. I have seen the number of ticks increase over the years; I am, at this point, terribly concerned.

Even being extremely careful when I am outdoors, I wind up with ticks and so do the rest of my family and my pets. Some of my family and friends have Lyme Disease from former tick bites. In addition, we now have to be concerned about the Lone Star Tick which has migrated here from southern USA. My concern for the quality of life and for my fellow residents and myself and my town has prompted me to become Vice•President of the Empire State Lyme Disease Association, Inc.

I hope you will please pass Ed Romaine's resolution, IR 2114, we need this desperately. And again, thank you, Mr. Romaine, and thank you for letting me speak.

CHAIRMAN MYSTAL:

Thank you very much. Ms. Martha Kahan. Martha Kahan? Excuse me if I botched up your name.

MS. KAHAN:

I'm going to try to keep to three minutes; Betty Lou said it would be okay if I went over by 20 seconds or so.

CHAIRMAN MYSTAL:

You got it.

MS. KAHAN:

Okay. Good afternoon. Thank you for the opportunity to speak to you today. My name is Martha Kahan, I work for Eastern•Suffolk BOCES. Each of you recently received copies of our 2005•2006 Year•End Report summarizing our School Health Education Initiative. I have printed out highlights from that report to distribute to you today, along with letters from school districts in support of our work and a list of all school districts that are involved in one or more components of the School Health Education Initiative.

Our main responsibility is to provide a comprehensive health curriculum to Suffolk County School Districts that meets or exceeds the national and New York State standards and is designed to prevent the six risk behaviors identified by the US Centers for Disease Control and Prevention. Teacher training and follow•up support are provided for the curriculum entitled "Health Smart" as well as the Smoking Cessation Programs we offer to schools and community agencies.

As you are aware, funding for all components of the County's Tobacco Control Program, including the school•based initiative, is provided by Suffolk's portion of the Master Settlement money, not taxpayer dollars. When the MSA money first became available, former Health Services Commissioner, Dr. Clare Bradley, invited school district personnel, community•based agency staff and a host of other interested parties to a discussion of how to best proceed. A study was conducted in Suffolk County to gather base•line data on youth smoking against which progress could be measured in years to come. There was a genuine commitment to making real change in the area of tobacco control and it was for this reason that we put in a bid.

The School Health Education Initiative was initially conceived as a small project targeting a handful of districts. As word quickly spread about what we were offering, interest exploded; we have far surpassed the reach we anticipated and continue to hear from districts that want to participate, some of whom were referred by Suffolk County Legislators. Out of 72 school districts, 54 are involved in one or more aspects of the initiative, far exceeding our expectations.

Additionally, we are assisting the publisher of our health curriculum with a national study to measure behavioral intentions and outcomes. This is the first longitudinal study of its kind and we are on the cusp of a landmark project with long-term implications in the area of health education research. As the result of the work that we've done in Suffolk school districts and Nassau County, we're selected to participate in this groundbreaking, national study.

During the past few weeks I have contacted each of you, or your aides, individually to request your help in asking the County Executive to release the RFP for the School Health contract. Eastern Suffolk BOCES was originally funded in May, 2002, for a period of five years, renewable every year through December, '06. Our contract is due to expire shortly and until the new RFP is published, neither BOCES nor any other agency will be able to continue to provide these services. School districts we have met with and trained have placed their trust in us based on the commitment to tobacco control we were informed exists in Suffolk County.

While we would be eager to have the opportunity to continue the work that we have begun, at this point we are simply asking for the chance to respond to the RFP in a timely way so that there is no lapse in service to Suffolk County school children. Thank you for your attention. I have handouts for you and I would be happy to answer any questions that you might have.

CHAIRMAN MYSTAL:

Thank you very much. Any questions? Mr. Romaine.

LEG. ROMAINE:

Not to take the committee's time, but thank you for the information.

I wrote to the County Executive, he has yet to respond to me on this matter. Has he given any reason why this RFP has not been released?

MS. KAHAN:

I'm not aware of any reason.

LEG. ROMAINE:

Other than maybe the desire not to spend the money that might be entailed in the RFP?

MS. KAHAN:

The only thing that we've been able to get from the County Executive's office is that the RFP is

being revised and modified and •• but we don't know what that would entail, nor does the Health Department to my knowledge know what kinds of revisions would be included. And since the original RFP was generated by the Health Department, it would seem to me at least, as an outside observer, that the Health Department should at least have a dialogue with the County Exec to see what kinds of modifications would be included in their RFP.

LEG. ROMAINE:

So no one from the Exec's Office has been in touch with the Health Department, to the best of your knowledge.

MS. KAHAN:

Not to my knowledge, no.

LEG. ROMAINE:

That's an interesting turn of events. Thank you very much.

LEG. EDDINGTON:

I would just like ••

CHAIRMAN MYSTAL:

Mr. Eddington?

LEG. EDDINGTON:

Martha, I'll let you know and I'll respond to Legislator Romaine. The reason you haven't been •• the RFP has not gone out is because I have been working with the County Executive. As you know, I have 20 years, 26 years in prevention activities. His model of prevention is the personal defect model which lends itself to cut, cut, cut. I've been working with him closely, not always making him smile, but I have been using the information that I've got and we're looking for a comprehensive approach that Suffolk County would take on and the RFP would be going out. But it's a comprehensive, it's all aspects of prevention under one umbrella, Suffolk County, and it will be going out, it's just a couple if little •• a few more things we have to discuss.

MS. KAHAN:

And thank you for your efforts. And if you could share with him that what we are doing is following CDC's best practices which suggest a comprehensive health education approach, and if he would like to know more about what we have been doing these past four and a half years,

nobody would be happier than me to have the opportunity to inform him personally about all of our accomplishments.

LEG. EDDINGTON:

I'm working very hard to change his perspective and his model to like a psychosocial or something, but he's locked in that and 'm willing to get what I can when I can. And so there will be something coming out and I hope it will meet the needs of the community.

MS. KAHAN:

And also I'll just add, if you don't mind, that my concern is because our contract ends December 31, that if it doesn't happen in a timely way, our programs will end; 54 out of 72 school districts who depend on us will suddenly find themselves without services. And again, as you know, having worked in a school district for a long time, school district budgets are increasingly under fire, so they have really depended on our ability to help them provide health education services where, you know, that tends to be the last thing on the list, even though it's mandated by the State to provide.

So again, you know, I'm appealing to each of you for your help. We really are very passionate about what we are doing with school districts in Suffolk County through this program at BOCES. You know, we really want to be able to continue or we want the services to continue, we hope it's us, but again, we need to have the bid process in order to have that happen and we hope that it happens in a timely way so that the school children don't miss out.

CHAIRMAN MYSTAL:

Thank you very much. Last speaker is Eva Haughie.

MS. HAUGHIE:

First of all, thank you for this opportunity. I'm here to represent the Empire State Lyme Disease Association. We are a non•for•profit organization that is officially affiliated with the Lyme Disease Association, or the LDA, which is the National Organization for Lyme Disease. We are dedicated to Lyme Disease awareness, education and the support of people suffering with Lyme and other tick•borne illnesses.

Personally, my family has been in Manorville since the 1920's. As a child growing up, I did get a few dog tick bites, but the need for tick management can be illustrated by my story. I literally played in the 20 acres of woods that were owned by my family. We weren't concerned about tick bites then, except for Rocky Mountain Spotted Fever, but that was very rare. Now in the

past ten years I've spent some time outdoors, but not even in the woods, just, you know, outside period.

I have been bitten by ticks and infected with Lyme Disease, Babesiosis, {Arcliosis} and Bartonella. I am now terrified to even touch a blade of grass. And frankly, and I say this with all due respect and also with a lot of concern, you should be terrified, too.

I applaud Ed Romaine for his work on the tick task force •• Tick Management Task Force Resolution, IR 2114•2006. And I implore you as an individual citizen and as a representative of both a Statewide and national organization, please pass this resolution. Thank you very much.

CHAIRMAN MYSTAL:

Thank you very much. That concludes all the cards that we have. We are slightly changing the order of the way we do business. Normally right now we would go into our presentations, but due to the constraint of time imposed upon me by a couple of members of the committee, we are going to go to the agenda. And then after the agenda, which will probably take about 45 minutes, we will go into the presentation that we have scheduled for this meeting. So if you would please bear with me, we'll go right to the agenda. Paul, could you get somebody from the County Executive?

MR. PERILLIE:

There he is, Mr. Zwirn.

CHAIRMAN MYSTAL:

Oh, Ben is here, I didn't know Ben was here. Just in case we have questions. We'll first go to Tabled Resolutions.

Tabled Resolutions

1740•06 • Amending Resolution No. 386•2006, to establish a new fee policy for the Suffolk County Tobacco Cessation Program (Alden).

Can I get a motion to table?

LEG. EDDINGTON:

Motion to table subject to call.

CHAIRMAN MYSTAL:

Table subject to call; I've got to get a second.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

I've got a motion and •• Mr. Kennedy, you want to speak on it?

LEG. KENNEDY:

This is 1740, we're seeking to go ahead and table subject to call?

CHAIRMAN MYSTAL:

Subject to call, yes, because we are waiting •• we are basically waiting for the budget process because, you know, whatever we do with this bill we will have to start in January.

LEG. ROMAINE:

Why not table it?

LEG. KENNEDY:

Again, without having heard from the sponsor, I guess I ask if we could just table it? We've got a proposed budget that's been sent to us by the County Executive, we'll have BRO's analysis within a week or two. I don't have a direct familiarity with what the Executive has chosen to do as far as the fee-based participation in the Tobacco Cessation Program. I know I've seen that you've had some input on it, Legislator Eddington, but I would seek to table.

LEG. EDDINGTON:

If I can respond?

CHAIRMAN MYSTAL:

Legislator Eddington.

LEG. EDDINGTON:

Well, I've spoken to the sponsor and what I've done is I've found a line item from a couple of years ago with \$170,000 sitting there, that is going to subsidize the fee payments so that instead of seven payments, it's going to be one initial payment for the whole program, which is \$7 to \$15. And I spoke to the sponsor and saying that hopefully that •• I've already got on an agreement by the County Executive that he will go with that and my policy is that that's a half of loaf of bread. I spoke to Mr. Alden and we thought that maybe next year we could try to get the

other half, but at least to get the people still consistently getting the treatment for like \$7 is what my goal is.

LEG. KENNEDY:

Which is •• we're of the same mind, I think, as a matter of fact; we both agree that it ought to be zero. As I've said before, I loathe establishing, you know, addiction as a new revenue stream. Nevertheless, is Legislator Alden in agreement this should be tabled subject to call?

LEG. EDDINGTON:

I didn't ask him that, I did ask him if it would be all right waiting for next year, so I figured ••

LEG. KENNEDY:

My preference would be just a simple tabling motion.

LEG. EDDINGTON:

Okay, I'm fine, I will withdraw and just ask to table it.

LEG. STERN:

I'll second.

CHAIRMAN MYSTAL:

And a second. Okay, I've got a motion to table. All in favor? Opposed? Abstentions? *Motion is tabled (VOTE: Tabled (VOTE: 5•0•0•0)).*

1952•06 • Adopting Local Law No 2006, a Local Law to require proper supervision at hotel and motel swimming pools (Cooper). I need a motion.

LEG. STERN:

Motion to table.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

A motion and a second. All in favor? Opposed? Abstentions?
Motion is tabled (VOTE: 5•0•0•0).

2052•06 • Amending the 2006 Capital Budget and Program and appropriating funds in connection with purchase of a 4•Poster machines for Tick Eradication Pilot Program on Shelter Island (Romaine). Legislator Romaine, would you like to table this?

LEG. ROMAINE:

No, I would not. I believe we've amended the bill to reduce the amount of 4•Poster Systems that we would be purchasing. What this would involve now is instead of purchasing 80 there's been 60 sites identified, actually 64, but I provide funding for 60 sites for the 4•Poster System. We would be purchasing the 4•Poster System. The Town of Shelter Island, as you know, every single Town Board member, Democrat, Republican, whatever, showed up here to urge this, members of their Deer and Tick Committee showed up to urge this.

What this would do would be a three year study. The town has committed to hire two employees to take care of the 4•Poster System, all we're doing is buying the initial equipment, they will maintain it over the three years, they will collect the data, they will do the study. We are contributing, as part of a Capital Program, as a planning because this is money that can be used from the Capital Program. This rated a 63 on a priority rating, it is something for the first time in Suffolk County that we can do, a defined study on the 4•Poster System and its ability to limit ticks.

Shelter Island, along with other areas of this Island of ours, Fire Island, Manorville and other areas have heavily tick•infestation. As we know, we spend two, \$3 million a year on mosquito•infestation for vector control, we spend no money for anything other than basic education on ticks. This would be an opportunity to test the 4•Poster System as one of the arsenals in the weapon, weapons that we have to fight against tick irradiation.

Tick diseases are on the rise. For every mosquito•borne disease that occurs, on the magnitude of a thousand are tick diseases. And while they tend to be less severe, in some cases they can be very severe. And now we're faced with a new threat from the Lone Star Tick as well as other tick diseases that weren't in existence 50 or 60 years ago. This is an important step, I think, in the fight against ticks and to create a health community. So I would urge its passage at this time.

CHAIRMAN MYSTAL:

Thank you. I don't know if you've seen this report from the Shelter Island Reporter on the effectiveness of the 4•Poster System. Anyway, let me call on Mr. Ben Zwirn to chime in on this.

MR. ZWIRN:

Thank you, Mr. Chairman. The County is not going to stand in the way of this, but this is a little premature. The representatives from the Department of Environmental Conservation of New York State has to approve this, the Federal Government has to approve this before this can go into effect. The article that you read from the Shelter Island newspaper which talks about the fact that they've tried this in Cape Cod and Nantucket Island with results that were less than satisfactory, even despite that we wouldn't be opposed to it but I think this is just premature. I think there's a meeting being held later this week between State officials and Federal officials that need to give the go-ahead before this can even be considered. So I would just ask that before it •• not put the cart before the horse and just let the •• if the State is sending us this article for our attention, you know, I think that Legislator Romaine's arguments are going to have to be, you know, used with the State to try to get their approval on this.

CHAIRMAN MYSTAL:

Legislator Romaine, briefly.

LEG. ROMAINE:

Yes. Ben, you read the article, in its entirety I trust.

MR. ZWIRN:

Yes.

LEG. ROMAINE:

Because if you read the article, one of the things that was pointed out in the article very clearly is that the 4•Poster System was not as effective in Massachusetts as it could have been because they didn't employ it, they didn't maintain the 4•Poster System, there was no staff required, and that's why the Town of Shelter Island has committed two staff people. If you read it carefully, it said ••

MR. ZWIRN:

I'm not quarrelling with you. I'm just saying, is •• we're not standing in the way of it. The Health Department has no taken a position contrary to this at all, we're just saying do you need State approval, do you need the Department of Agriculture to approve this before it can go forward?

LEG. ROMAINE:

First of all, you don't need Department of Agriculture to approve it. The 4•Poster System is in use in 49 states; the only state it's not in use is in New York State and the State DEC has given an exception for Suffolk County that would be •• so it could be used in Shelter Island so they can

run a pilot program. And that was done, by the way, with the intervention of former Governor {Cary} who is a resident of Shelter Island who appealed directly to the State DEC and that's why the State is allowing this 4•Poster System pilot program to be used in Shelter Island to determine its effectiveness. And Shelter Island, unlike Massachusetts which botched the job, has agreed to commit two staff people to maintain this for the three years that the pilot program would take place. All with we're doing, as our public health •• because public health is the responsibility of County Government, it doesn't fall to the towns or to the State but it falls to us and that's why we get involved in vector control, for example. But one of the reasons that we're stepping up to the plate on this is because we're just providing the funding to buy the 4•Poster System, the town will carry the heavy expense of maintaining it for three years and collecting the data. And every town board member in Shelter Island appeared before this committee as well as several town residents and their Deer and Tick Committee made up of all political persuasions, because this is not a political issue.

MR. ZWIRN:

And we're not trying to make it political.

LEG. ROMAINE:

I understand.

MR. ZWIRN:

My understanding is just you can't do things before their time is right, and my understanding is that Fish & Wildlife and the DEC had not yet approved this. Now, you're making a representation to the Legislature that they have approved this?

LEG. ROMAINE:

Yes, I'm reading from Mitch Freidman's article in Newsday that appeared on August 25th that says, "Governor Pataki recently directed DEC to test the 4•Poster System on Shelter Island and parts of Fire Island."

MR. ZWIRN:

Well, we ••

LEG. ROMAINE:

And I'm reading directly from his article of August 25th.

MR. ZWIRN:

Well, I'm sure Mitch Freidman has done a great job, but I •• there's a meeting set for Friday. As I say, we will not stand in the way of this, the Health Department is not going to fight this.

CHAIRMAN MYSTAL:

Mr. Zwirn, which Friday, tomorrow Friday?

MR. ZWIRN:

Yes.

CHAIRMAN MYSTAL:

Okay, I have a suggestion for an impasse. How about if we discharge it without recommendation and on Tuesday you will come back to us on Tuesday with information from the State; how's that?

LEG. ROMAINE:

That's fair.

MR. ZWIRN:

Absolutely.

CHAIRMAN MYSTAL:

Would that be satisfactory?

MR. ZWIRN:

We can't do it without the State approval.

CHAIRMAN MYSTAL:

Okay.

MR. ZWIRN:

If the State approval •• if Mitch Friedman has stated that there's State approval, it must ••

CHAIRMAN MYSTAL:

Ben, is that a yes?

MR. ZWIRN:

Yes.

CHAIRMAN MYSTAL:

I'm trying to get a yes out of you.

MR. ZWIRN:

Yes, the answer is yes.

CHAIRMAN MYSTAL:

Okay. Can I get a motion to discharge without recommendation?

LEG. ROMAINE:

So moved.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Okay, I've got a second. All in favor? Opposed? Abstentions?

The bill is on the agenda without recommendation (VOTE: 5•0•0•0).

LEG. EDDINGTON:

Get him a T•shirt with a "T" on it.

CHAIRMAN MYSTAL:

We are now going into Introductory Resolutions for this agenda.

Introductory Resolutions

2097•06 • Authorizing the Suffolk County Department of Health Services to promote awareness of the benefits of cord blood and encourage cord blood donations (Stern).

Legislator Stern, it's your bill.

LEG. STERN:

Yes, motion to approve.

CHAIRMAN MYSTAL:

Motion to approve. Can I get a second?

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

I've got a second. All in favor? Opposed? Abstention?

Motion is approved (VOTE: 5•0•0•0).

LEG. ROMAINE:

Would the Clerk please list me as a cosponsor on that piece of legislation? Thank you.

CHAIRMAN MYSTAL:

2113•06 • Adopting Local Law No. 2006, a Local Law to regulate the use of outdoor wood •burning devices in Suffolk County (Eddington). Legislator Eddington, what would you like?

LEG. EDDINGTON:

I believe this has to be tabled for a public hearing.

CHAIRMAN MYSTAL:

Table for a public hearing. Motion to table, second by Legislator Stern. All in favor?

Opposed? Abstentions? *Motion is tabled*

(VOTE: 5•0•0•0).

2114•06 • To establish a Tick Management Task Force in Suffolk County (Romaine).

Legislator Romaine, I know you want this to be approved.

LEG. ROMAINE:

I'll make a motion to approve.

LEG. KENNEDY:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Kennedy. Mr. Zwirn, you're on.

MR. ZWIRN:

We just •• any time we have these task forces and commissions, we want to know what the expectation is going to be. The tick situation is a terrible situation, especially on Long Island. I mean, anecdotally everybody in my family has been bit by ticks; I live in East Hampton in the woods, you know, we've all had bulls eyes. You know, from the time my daughter was eighteen months and my ex•wife, they all had Lyme Disease, so we're very sensitive to it, especially in my family. But the tick situation, we don't want to have a task force set up and then everybody have an expectation that all of a sudden, while around the country and the United States Federal Government can't find a solution to this problem, that this 14 member board in Suffolk County is miraculously going to come up with a cure for ticks, and I just would ask Dr. Dillon from the Health Department to just speak to that.

We're not generally opposed to these commissions because that's what they are, commissions, but we are very much concerned with the use of staff to work on these things when they're working on these things anyway and to have an expectation from the public that say, "Well, there was a tick commission set up with the Health Department and at the end of this they're going to have the panacea to solve the tick problem on Long Island." And that •• you know, the history is going to tell that that's just unfortunately not going to be the case, but let me ask Dr. Dillon to speak to that.

CHAIRMAN MYSTAL:

Dr. Dillon? Somebody put you on the spot.

DR. DILLON:

Yeah, I actually have more questions than answers. My questions would be what would be the end product of this tick commission?

CHAIRMAN MYSTAL:

Let's see if I can get the sponsor to give you a brief, brief answer.

LEG. ROMAINE:

The end product of this commission would be to study the various ways of tick eradication and management throughout the United States and look at best practices to make recommendations to both the County Executive and the Legislature on ways that we can either eradicate and/or manage tick control in Suffolk County.

The fact that there are mosquitoes in Suffolk County, the fact that we get bit with mosquitos doesn't mean that we don't set up a Department of Vector Control, it doesn't mean we don't spray larva, it doesn't mean we don't, if we have infestations, do aerial sprayings, we do, it doesn't mean that we irradiate all the mosquitoes. It's the same thing with the ticks, we have to start somewhere. There always will be people who say, "Well, you're never going to solve this problem so why set up a commission?" This is a start; it's not an ending, it's not a finish, but it is a start of doing the right thing to try to manage and control the tick population that threatens a great number of citizens in Suffolk County. If we don't take a look and don't have a group •• because certainly we're not doing it in the Health Department, and we're not •• if we don't have a group to take a look at this and to look at the best practices throughout the United States, where do we begin? When does government begin to look at something that really poses a serious health problem?

I believe there's over 5,000 people as a minimum in the last few years that have been infected with Lyme Disease, and that's a minimum; and those are reported cases, there's a great number of unreported cases. This is certainly and should be a concern of the public health situation here in Suffolk. And you look at this task force, this task force is not going to cost money, people who are serving on this task force are volunteers. Why anyone would speak against volunteers coming together to work on this issue, to issue a report of recommendations at the end, is beyond me and I'm •• you know, for the life of me, I can't ••

MR. ZWIRN:

But who said that? Who said that?

LEG. ROMAINE:

I can't understand ••

MR. ZWIRN:

Who said that making this a partisan issue?

LEG. ROMAINE:

I never said partisan.

MR. ZWIRN:

I mean, everybody in my family, Democrats, Republicans, we all got bit by ticks.

LEG. ROMAINE:

Excuse me.

MR. ZWIRN:

I mean, I'm just saying, ticks don't ••

CHAIRMAN MYSTAL:

Mr. Zwirn.

LEG. ROMAINE:

I believe our 19th Legislator has piped up again.

CHAIRMAN MYSTAL:

Okay. Well, Mr. Romaine, you kind of •• you know you're kind of going on, you know.

LEG. ROMAINE:

Well, I was asked a question, I'm responding.

CHAIRMAN MYSTAL:

I'm about to get some tick and then bite you, because you're going on and on and on. You're supposed to be brief and you're going on for ten minutes.

LEG. ROMAINE:

I have a little passion, Mr. Chairman.

CHAIRMAN MYSTAL:

I know you have a passion for ticks; I'm glad to hear this.

Mr. Zwirn, you wanted to have Dr. Dillon speak.

DR. DILLON:

Okay. I did want to hear what the final expectation of this group would be because as you know, as you pointed out, the Federal Government, the CDC has worked on this for years, to no avail. Suffolk County, Dr. Zaki as the Public Health Director, who was in charge of several programs intended to irradiate ticks. Do you all remember the {Daminex}? That was a little cardboard tube with cotton in it, the cotton had an insecticide in it and the little mice were supposed to take the cotton back to the next, make a nest of it and kill the ticks? It didn't work. We've tried many things in Suffolk County, I only wanted to caution the expectation of what we could do with ticks. And I have to say that as a communicable disease specialist person here, I worry when someone compares irradiation of mosquitoes to ticks, totally two different animals.

LEG. ROMAINE:

I understand that.

DR. DILLON:

Yes, you can eliminate, you can reduce mosquito populations and you can be quite effective at that, especially when you work at the larvicide area, so it makes perfect sense for Vector Control Department to focus on that area. I am concerned that we are raising expectation that we could eliminate ticks; boy, if anyone could, I would do it.

I sometimes have been accused of drawing corollaries, but this would be like the Health Department of New York City declaring war on cockroaches; there are just some things that no matter how much money you put at them you have to have realistic expectations.

CHAIRMAN MYSTAL:

Dr. Dillon, I don't think I'm disagreeing with you, but •• and I don't think I'm disagreeing with Mr. Zwirn either. This is •• this falls under the category of feel•good legislation; you know, constituents are here.

DR. DILLON:

Oh, I think that's great. You have people that want to, you know, look at a problem, that's great.

CHAIRMAN MYSTAL:

They want to feel that we're doing something about something that is a big problem in the community. And as Mr. Romaine said, if it's not going to cost us any money, if it's going to be manned by volunteers and it's not going to take any resources from the County, and I think Mr. Zwirn's concern was do not ask us to put an employee on that.

So Mr. Romaine, make your motion to approve so we can move on.

LEG. ROMAINE:

It's already made and I believe Mr. Kennedy has seconded it.

CHAIRMAN MYSTAL:

All in favor? Neys? Abstentions? You got your task force, sir.

LEG. ROMAINE:

Thank you, gentlemen.

Applause

CHAIRMAN MYSTAL:

Okay, next resolution, *IR 2124•06 • Amending the 2006 Adopted Operating Budget to accept and appropriate 100% additional Federal and State aid from the New York State Office of Alcoholism and Substance Abuse Services to various contract agencies for a cost of living adjustment (COLA)(County Executive).* Motion.

LEG. STERN:

Motion to approve.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Consent calendar, please, on that? It's a hundred percent.

Approved (VOTE: 5•0•0•0).

2125•06 • Accepting and appropriating 75.3% additional Federal Grant funds passed through the New York State Department of Health Services to the Suffolk County Department of Health Services for the Community Health Workers Program (County Executive).

LEG. STERN:

Motion to approve.

CHAIRMAN MYSTAL:

Motion to approve. Seconded by?

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Legislator Eddington. All in favor? Opposed? Abstentions?

Motion is approved (VOTE: 5•0•0•0).

2126•06 • Accepting and appropriating 100% grant funds from the New York State Office of Temporary and Disability Assistance to the Suffolk County Department of Social Services to continue the "Employment Shuttle Program" (County Executive). Motion?

LEG. STERN:

Motion to approve.

CHAIRMAN MYSTAL:

Legislator Stern, second by Legislator ••

LEG. EDDINGTON:

Sure, second.

CHAIRMAN MYSTAL:

•• Eddington, and to put on the consent calendar. All in favor? Neys? Abstentions? ***Motion is approved (VOTE: 5•0•0•0).***

2127•06 • Accepting and appropriating 100% funds to expand the Hospital Outreach Program at Stony Brook University Hospital and authorizing the County Executive and the Commissioner of Social Services to amend the existing contract (County Executive). Motion somebody.

LEG. STERN:

Motion to approve.

CHAIRMAN MYSTAL:

Legislator Stern, second by Eddington. On the consent calendar.

All in favor,

MR. BARRY:

(Inaudible).

CHAIRMAN MYSTAL:

Can we •• Counsel is just telling me that we may not be able to put this on the consent calendar because it's a contract, so we put it on the agenda. ***The motion has been approved but it cannot be on the consent calendar (VOTE: 5•0•0•0).***

2128•06 • Accepting and appropriating \$100,000 in 100% grant funding from the New York

State Office of Children & Family Services for the continuation of the "Home Base V Program" in the Department of Social Services (County Executive).

LEG. STERN:

Motion to approve.

CHAIRMAN MYSTAL:

Legislator Stern, seconded by Legislator Kennedy. All in favor? Opposed? Abstentions?
Motion is approved (VOTE: 5•0•0•0).

2153•06 • Approving the reappointment of Frank Krotschinsky to the Suffolk County Disabilities Advisory Board • Group D (County Executive). Mr. Krotschinsky is here. It's a reappointment?

MR. ZWIRN:

Yeah, these are reappointments.

CHAIRMAN MYSTAL:

All three of them?

MR. ZWIRN:

All three of them.

CHAIRMAN MYSTAL:

Okay. Anybody have any objections that they're not here for the ••
I know two of them are sick.

MR. ZWIRN:

Right.

CHAIRMAN MYSTAL:

Mr. Campbell and Judy Record are both indisposed, so I know they cannot be here. So if we don't need them because they're reappointments, I will just approve them.

LEG. EDDINGTON:

Motion to approve.

CHAIRMAN MYSTAL:

Thank you. Motion to approve by Legislator Eddington.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Stern. All in favor? Opposed? Abstentions? *Motion is approved (VOTE: 5•0•0•0).*

2154•06 • Approving the reappointment of Judith Record to the Suffolk County Disabilities Advisory Board • Group D (County Executive). Same motion, same second, same vote. Approved (VOTE: 5•0•0•0).

2155•06 • Approving the reappointment of Glenn Campbell to the Suffolk County Disabilities Advisory Board • Group D (County Executive). Same motion, same second, same vote. Approved (VOTE: 5•0•0•0).

2168•06 • Directing the Suffolk County Department of Health Services to conduct an air quality test in the area of Yaphank, Manorville and Moriches (Browning). Motion to approve by myself.

MR. ZWIRN:

Mr. Chairman?

CHAIRMAN MYSTAL:

On the motion.

MR. ZWIRN:

I was going to ask if Dr. Graham could be heard on this. It's asking the County to conduct these studies and generally •• I'll let

Dr. Graham explain it, but generally it's the Health Department of the State that does the air quality testing. The County has entered into an agreement with Stony Brook with a \$25,000 contract to anybody in the area who has some sort of respiratory ailment, that they can go to Stony Brook for a free diagnosis and treatment. But generally this is not a County responsibility and that's •• and we have a problem with that, but let me let ••

CHAIRMAN MYSTAL:

Dr. Graham, go ahead.

ACTING COMMISSIONER GRAHAM:

Thank you very much. Regulating air quality in New York State is under the direction of the New York State Department of Environmental Conservation, DEC, and Federally at the US EPA level, Environmental Protection Agency. In terms of doing an air quality testing in a specific area like mentioned in this introduced resolution, and we understand it's well intentioned, we have a few concerns that we want to share with you on this.

Number one, there is a mechanism already in place whereby any complaints of an odor from a contaminated area or compost pile, etcetera, are routinely directed to New York State DEC. They have a mechanism in place by which a citizen can make a formal complaint, those are registered and they consider that in any of their actions that they may wish to take; that's number one.

Number two, in the event that an individual in an area believes that they have had a serious health concern that might be related to an area like this, that might be emitting odors, there is also a mechanism that now is in place. Thankfully to the monies that have been set aside for this from the County Executive, Mr. Levy, and the Assemblyman Alesi, New York State Assemblyman, we have set aside some money by which and individual who does have a serious health concern, they are referred, first of all, to counsel with their own private physician. And in the event that the private physician believes that there's some merit or validity to the condition, that in turn is referred to a physician that we have designated and a phone number here in New York •• in Suffolk County Department of Health Services by which we would look at that. We would do the necessary looking at the case, we would look at the merits of the case and that would then be referred through this agreement that the County has made with Stony Brook to the Occupational and Environmental Medicine Group at Stony Brook, our Regional Academic Medical Center. This is in place now, the mechanism is in place, it •• there's no need to go beyond that at this time. I think it will address the concerns that are raised in this introduced resolution and to do a continuous air quality survey in any area like this has its limitations and I think it's best to approach it in the way that we've just outlined.

Secondly, or third, another point is that we currently have two mechanisms in place for doing surveillance of air quality on a continuous basis in our arrangements with the US Environmental Protection Agency and the New York State DEC, and that involves one site in Yaphank by which we do measurements of radio active contaminants. And that, of course, is of particular concern in the event there is a radioactive, nuclear accident, whether intentional or not, by which

a plume may come in our direction, surveillance that is done in the Yaphank area in association with the US EPA and DEC, would help identify that quickly so that measures could be taken to mitigate the situation for our residents. That is continuous and that is something that is very important that we do that.

Another point in terms of air quality is the fact that we also have another site in Holtsville that would work again with those Federal and State agencies and we look at specifically certain contaminants, particulate matter as well as elevated levels of ozone that we may see during especially very warm, humid days in the summer time, that's a program that we do monitor as well and that's in place.

It would be important to continue that surveillance in those areas, not to detract from that in any way or weaken that in any way and understand that we have these other mechanisms in place for people who are concerned about odors around compost piles as well as we can react to any health concern that an individual may go to their doctor and then be referred to the Health Department and on to Stony Brook.

Thank you.

CHAIRMAN MYSTAL:

Thank you very much.

LEG. ROMAINE:

Just very quickly, I see that Legislator Browning has put this in for Yaphank which is in her district, Moriches, which is in both of our districts in Manorville which is totally in my district. Let me just clarify for the committee members, this is not a general air quality study of three hamlets; is it, Doctor?

I'll be more specific, sir. The people •• the reason that Legislator Browning has put this in is because there is on•farm composting and there is a concern by those who live near these composting fields, that when there they are turned, not only is there a bad odor emitted but they're concerned about airborne pathogens and spores that may affect respiratory •• their respiratory function and other things of that nature; is this what you know to be the purpose of Legislator Browning's resolution?

ACTING COMMISSIONER GRAHAM:

Yes. Actually, there was a •• to address that, in 1994 there was a report on a very extensive study by New York State Department of Health, as you know, done in the Islip area in regard to

a compost pile as well, and those findings were inconclusive. Very limited information could be ascertained from that extensive study and expenditure of resources that time.

LEG. ROMAINE:

Yeah, a different type of composting because Islip was composting grass, as I'm sure you know.

ACTING COMMISSIONER GRAHAM:

Yes.

LEG. ROMAINE:

And the on-farm composting usually involves duck sludge and wood chips and other organic matter. Okay, I'll stop talking at this moment. Thank you.

CHAIRMAN MYSTAL:

You're the one who told me to make the meeting fast.

ACTING COMMISSIONER GRAHAM:

Good. As I said, I would repeat the information that I share, that it's important to note that we have mechanisms in place now for any odor complaints from that region, they go directly to DEC, that mechanism is in place and it works. Secondly, we have another more extensive follow-up in the event of any citizen who might have a real health concern. I think those are both addressed and covered already.

CHAIRMAN MYSTAL:

Thank you very much.

MR. ZWIRN:

We would like to get the State involved with this and let the State do the monitoring. Again, in my ••

CHAIRMAN MYSTAL:

I'm going to do a good favor, I'm going to approve this and then you can come and do it all over again. Because Kate wanted •• okay. The Legislator who is sponsoring this said she had very good reason for doing this and she can answer all that. Not that we are going to approve it on Tuesday, I just want to put it on the table for her since she's not here and then either on Tuesday we can table it or ••

LEG. ROMAINE:

Let Kate make the argument.

CHAIRMAN MYSTAL:

Let Kate make the argument. I don't want to table it because she wants it to be approved, okay?
Can I get a motion?

LEG. EDDINGTON:

Motion to approve.

LEG. ROMAINE:

Motion to approve without recommendation, to discharge without recommendation.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Everybody okay with that? You got it. All in favor? Opposed? Abstentions? Done.
Discharged without recommendation (VOTE: 5•0•0•0).

Next one, *2185•06 • Adopting Local Law No. 2006, a Local Law to integrate County Department of Environment & Energy into full implementation of County Pest Control Policy (County Executive).*

This has to be tabled subject to a public hearing. Can I get a motion?

LEG. STERN:

Motion.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

All in favor? Opposed? Abstentions? *Tabled (VOTE: 5•0•0•0).*

Memorializing resolutions

M074•2006 • Memorializing Resolution in support of the American Horse Slaughter

Prevention Act (Romaine).

LEG. EDDINGTON:

On the motion.

CHAIRMAN MYSTAL:

On the motion. Well, first can I get a motion to either approve or table?

LEG. KENNEDY:

Motion.

CHAIRMAN MYSTAL:

Thank you.

LEG. ROMAINE:

Second.

CHAIRMAN MYSTAL:

Thank you.

LEG. EDDINGTON:

Are we eating horses on Long Island?

LEG. ROMAINE:

As you know, the 1st Legislative District has a number of horse farms in it. One of the concerns of those who raise horses, they become a member of their family, is that what we've seen is a growing number of horses that are slaughtered when they age•out. As opposed to having them age•out, they slaughter them, they use them for horse meat in foreign countries like Japan for consumption, and there is some concern that American horses should not be put out to slaughter.

CHAIRMAN MYSTAL:

So would you like to establish a nursing home for horses?

LEG. ROMAINE:

No, there are nursing homes, believe it or not, and many of them are actually out in the 1st Legislative District where ••

CHAIRMAN MYSTAL:

I mean, they do shoot horses, don't they?

LEG. ROMAINE:

Horses are put out to pasture and ••

MR. ZWIRN:

I see another commission.

CHAIRMAN MYSTAL:

I see another one, too.

LEG. ROMAINE:

It's just a Memorializing Resolution. There's a bill pending in the United States Congress.

MR. ZWIRN:

These are Republican and Democrat horses?

CHAIRMAN MYSTAL:

Aye•aye, aye•aye, aye. Sometimes I love this County; it can only happen here. Okay, can I get a motion to approve?

LEG. KENNEDY:

You got it.

CHAIRMAN MYSTAL:

I got a motion to approve. All in favor? Opposed? Abstentions?

LEG. ROMAINE:

Save the horses.

CHAIRMAN MYSTAL:

Save the horses.

LEG. ROMAINE:

They shoot horses, don't they?

CHAIRMAN MYSTAL:

I'm going to tell them to shoot you. Oh man, well, we needed that liberty; thank you very much

for providing it.

We are going to move right into our presentation. Sheriff DeMarco, have a seat? I am extremely sorry, you know, that I had to reverse the order, but a couple of Legislators may have to leave because they have previous engagements.

SHERIFF DEMARCO:

That's all right, it was fun.

CHAIRMAN MYSTAL:

It was fun. Well, you may be called upon to go and save a horse. You know, "Call the Sheriff, somebody is about to kill a horse."

LEG. ROMAINE:

Hey, there's a new Sheriff in town.

CHAIRMAN MYSTAL:

Yeah, there's a new Sheriff in town.

MR. STOLTZ:

Thank you, Mr. Chair, for scheduling time for us.

MS. MAHONEY:

Can you please pull the microphone a little closer?

MR. STOLTZ:

Thank you, Mr. Chair, for scheduling time for us. My name is Mike Stoltz, I'm the Chair of the Suffolk Coalition of Mental Health Service Providers. Along with me is our Vice•Chair, Anita Fleishman, and to my immediate left is Steve Moll, our advisor with Island Public Affairs. Our coalition, Suffolk Coalition of Mental Health Service Providers, has a membership of 25 non•profit agencies that serve people from ages three to 103 with mental health problems, a whole range of services and many of my colleague Directors and Executive Directors are in the audience behind me today.

We have been before you twice about a proposal for diversion services for people with mental illness who are in our jail, once to identify our proposal with respect to the report that was done twice by the Suffolk County Criminal Justice Coordinating Council, and a second time about six

weeks ago with Judge Madeline Fitzgibbon who talked with you about the new Mental Health Court and the community resources that she is asking for and needs in order to help also address this problem of people with serious mental illnesses in our jail. And we're talking about a population of people who are there who could be diverted, about 70% of whom are there for nonviolent crimes. Today we want to kind of further the discussion with you in support of a proposal that you have a copy of, we've distributed it previously, to divert people from the jail, and with us today in support of our proposal is Sheriff Vinny DeMarco.

SHERIFF DEMARCO:

Well, thank you, Mr. Chairman. As you all know, we have a huge Capital Project coming up, the new jail, it's going to be done in two phases. This proposal could possibly mitigate the size of Phase II. It costs approximately \$24 million for 120 beds, if we are able to divert a hundred people we could save a lot in capital costs, operating costs and •• I don't even know if these gentlemen yet, and ladies, have touched upon the resources that the Health Department uses to treat a hundred mentally ill patients through the Jail Medical Unit. But that's another place where we can save a tremendous amount of money by diverting these non•violent mentally ill people through Judge Fitzgibbons Court; she just needs a place to sentence them.

We have about 270 inmates in the jail that are classified as mental observation. Not everybody would qualify for a program like this, but we are confident that we have at least a hundred, probably more than that, but at least a hundred inmates that would qualify for some type of alternative sentencing. The funding for this, I believe these gentlemen have their ideas about how this could be funded, I'm sure, you might have some ideas, or •• but one thing that is important to us is obviously jail overcrowding and recidivism. We find that the mentally ill tend to be the same pop •• the same people are coming back, and if they're able to get some form of treatment, an investment now of some dollars will pay dividends down the road in capital costs, operating costs for the Health Department and operating costs for the Sheriff's Office. You know, I can entertain any questions in reference to the population or the jail project.

CHAIRMAN MYSTAL:

I don't know if anybody else wants to say something else before we go to some questions.

MR. MOLL:

In addition to our proposal, we've attached the Budget Review Office report on the adult home closing and the impact on those closings that we've been behind •• before this committee about two years ago, which was largely a different committee at the time, many of the members have moved on.

One of the interesting or the most interesting part about this report for the members of our coalition, we knew that we were losing a thousand mentally ill people from Suffolk County and we didn't know where they were going, and we knew that there were a lot of ideas out there on what we can do to help those folks. What we didn't know is that the County had an \$11 million windfall from the State to pay for people with mental illness and we didn't know that that money had gotten put into a debt reserve fund. When we were here in June, Legislator Lindsay suggested to us how are we going to pay for this? You know, you want us to put new money into this. Well, coincidentally, because the last committee meeting in September was so crowded, we were pushed off to October, this report came out in the interim. Now there's \$11 million that could possibly go to this jail diversion project and that's •• it's fortuitous, the timing is fortuitous to us, but we'd like for the committee and the entire Legislature to consider that •• those funds as a way to fund this project.

CHAIRMAN MYSTAL:

Thank you. I am •• I'm extremely interested in this project for a couple of reasons. One, even though Judge Fitzgibbon and I are from different political parties, we've known each other for 20 years, she's been a friend for 20 years and she's also my constituent. We've talked about, you know, that particular problem a lot, we've talked about it in the committee and we've also talked about it, you know, privately through phone calls in updating each other in terms of what's going on. I happen to know right now she's in Minneapolis in a very •• in a big conference on that and she had told me, you know •• well, I didn't speak to her last week, but before she went to •• well, when she comes back she'll probably have some more information.

I am very interested in that. And you just said something to me that I did not know, that there was some \$11 million in •• where did that \$11 million come from?

MR. MOLL:

This report should have been distributed to you and your colleagues just now.

CHAIRMAN MYSTAL:

Yeah, I know.

MR. MOLL:

As far as •• from what we understand from the BRO Report, this was an overpayment by the County to the State over a period of years for people that were mentally from our psychiatric hospitals. Now, that was identified and it came back to the County, BRO recommended it be spent on the mentally ill in Suffolk County, but that is not what happened.

CHAIRMAN MYSTAL:

Can I get BRO to chime in; Robert?

MR. LIPP:

We mentioned in last year's review of the 2006 Operating Budget that the recommended budget put 13 million, actually, as an approximation in the '06 Budget in Fund 425, which is Debt Service Reserve Fund, which was Medicaid 620, 621 recoveries for former deinstitutionalized mental patients. And we thought that that money should be appropriately put in the General Fund, because it's Medicaid related and it services this type of population. The budget was adopted in that way and we actually got in this year 11.6 million and change of the 13, and it's showing in the recommended budget under '06 Estimated as money in the Debt Service Reserve Fund.

CHAIRMAN MYSTAL:

So that's money that should have been going either to the Health Department or Social Services. I'm trying •• from what you're saying, it should have gone to the General Fund, period.

MR. LIPP:

Budget Review Office's review has been •• and we have this in writing, too •• that the monies in terms of the proper accounting paper trail should have been in the General Fund, but they were booked as revenue in the Debt Service Reserve Fund. To the extent that the money remains in the Debt Service Reserve Fund, it can only be spent for the purpose of that reserve fund which is to pay for debt service.

LEG. ROMAINE:

Mr. Chairman, a quick question.

CHAIRMAN MYSTAL:

Go ahead, Mr. Romaine.

LEG. ROMAINE:

Mr. Lipp, this money was put into the Debt Reserve Fund by whom?

MR. LIPP:

By the County. I mean, the budget was adopted and it included that, so.

LEG. ROMAINE:

That was a recommendation of the County Executive in his recommended budget?

MR. LIPP:

It was in the recommended budget but it was adopted that way, too.

LEG. ROMAINE:

Okay. If we wanted to take some or all of this money that was meant for mental health purposes to serve those who are troubled, how would we do that, sir?

MR. LIPP:

That would be not an easy question to answer. It would require unraveling the budget and I'm not sure if we can easily do that or not, so I can't give you a simple.

LEG. ROMAINE:

What is the status of our debt reserve account at this moment in time, roughly speaking, approximately?

MR. LIPP:

The Debt Service Reserve account actually is recommending in '07 to spend those monies, but also it's bringing in other monies, which we will be soon speaking to in our review, that are other sources of revenue that we don't feel belong directly in that reserve fund.

You see, at the end of the day, what we could have done, and it's a policy issue, is those revenues could have been booked, for instance, in 2006 as General Fund revenue and then we could have, for the appropriate paper trail, spent that money in terms of an inter fund transfer from the General Fund to Debt Service Reserve. The only revenue going to Debt Service Reserve, besides interest and earnings, really should be a transfer from the General Fund. So we're not showing the proper paper trail is the point.

LEG. ROMAINE:

So there wasn't the proper paper trail with the Debt Reserve Fund and there doesn't continue to be one in the recommendation for the Debt Reserve Fund for the proposed 2007 budget.

MR. LIPP:

Based upon Budget Review's published document, that's correct.

LEG. ROMAINE:

Thank you. Now, let me ask one other question to the gentlemen there. You say that the second phase of the jail will cost how much, Sheriff?

SHERIFF DEMARCO:

Oh, we're not totally sure because we don't know how big it's going to be, but ••

LEG. ROMAINE:

But if it was based on ••

SHERIFF DEMARCO:

Well, if we're talking about diverting a hundred people ••

LEG. ROMAINE:

No, let's not talk about diverting a hundred people. How much would that jail cost without the diversion; approximately speaking, sir?

SHERIFF DEMARCO:

Let' see, \$60 million, approximately.

LEG. ROMAINE:

About 60 million of a capital expense which would be bonded out which would wind up costing the County well in excess of \$100 million. To divert a hundred mentally ill patients who are in the jail now and really need treatment as opposed to incarceration, how much would that treatment be and I'll turn it over to those gentlemen.

SHERIFF DEMARCO:

Yeah, but that's not an accurate •• we're talking about diverting a hundred people, so you're talking about we do it in blocks of 60, these pods, so you're talking about \$24 million, not 60.

LEG. ROMAINE:

So we divert •• okay, so say •• okay, 24 million. I'm trying to get an idea of, you know, again •• and I've been repeating this as I've looked at this budget, we're tripping over dollars to save pennies, it seems like. And this seems like an example of where if we invested money in treating the mentally ill, we could divert them from our prisons at a fraction of the expense it would cost to incarcerate them. And then I ask, where is the fiscal conservatism, where is the

fiscal responsibility? I'll leave that because the Chairman I know is pressed for time. Thank you.

SHERIFF DEMARCO:

Let me just make one other comment, please, Mr. Chairman? These gentlemen are asking for approximately \$7.3 million. And if we're talking about diverting a hundred people, the Criminal Justice Coordinating Council's Report from May of 2005 estimated the cost to incarcerate a prisoner as \$200 a day and I believe it works out to be about the same, about \$7 million. So it's • but, you know, it's going to take an initial investment because you're not going to see the return in that first year.

CHAIRMAN MYSTAL:

Mr. Kennedy?

LEG. KENNEDY:

Thank you, Mr. Chair. Welcome, it's good to see everybody again.

I apologize, I do not have what the proposal is in front of me, so I'm just going to ask a couple of basic questions so I follow it and understand. You're seeking funding •• now, Sheriff, you mentioned 7.3 million. You're seeking 7.3 million for the purposes of what; this is to construct a congregate facility or this is to augment the day services that your various programs provide?

MR. STOLTZ:

First let me get you a copy of it. This is a range of services, so there's not a facility, and these are •• just to understand, it wasn't like a group of us got together and made this up, there are models that are being developed, actually, by the Federal Government, looking at jail diversion kind of services for people with mental illness. So we constructed a model of a range of services with an estimation of what the utilization would be with it, so it includes housing ranging from supervised housing to also more specialized and more highly supported supportive housing. Case management services, clinical services, vocational services, as well as some family education and training and support for personnel involved.

LEG. KENNEDY:

It occurs to me, and I think that many folks will agree, that the housing becomes one of the most basic issues and they kind of rise up from there. So looking at this, I see you're looking at 2.5 million for 75 people in a variety of different housing scenarios; is that it?

MR. STOLTZ:

That's correct.

LEG. KENNEDY:

Group home, what have you.

MR. STOLTZ:

That's correct. Let me just clarify one thing, also. We talked about the impact of the adult home closures; we lost 1,100 beds, we did not necessarily lose 1,100 people. There are people who are in these slots in adult homes who are now in a range of kinds of scenarios including in our jail and including in our emergency housing system as well as in some of our more appropriate mental health housing situations.

LEG. KENNEDY:

All right, if I can, let me turn to Mr. Lipp from BRO, just so that I can follow along with what Legislator Romaine's line of questioning was. I thought I heard you say that that 11.1 million sitting in Debt Stabilization now is identified for commitment in the recommended '07 Budget; does that mean we're going to be paying on bonds for things like roads and curbing and items such as that? Admitting that we bollixed the booking of the money in the first instance, where is this misguided trail going now?

MR. LIPP:

Once the money is in the Debt Service Reserve Fund, it's lock boxed for debt service reserve. So what happens is it gets transferred back at various points to the General Fund for the expressed purpose of paying debt service.

LEG. ROMAINE:

Pay•as•you•go?

MR. LIPP:

No, not at all, for paying debt service. And actually, the way State law reads, it's supposed to pay for specific bond issues.

LEG. KENNEDY:

But then it's subject to the Municipal Finance Law requirements in that it would have to be •• so even if we wanted to get creative and say, "Well, perhaps we can view funding some of this in a debt type of a situation," but it violated Municipal Finance Law; we can't go there from here.

That money now has been put in there, the question then becomes I guess how do we look at deconstructing it or removing a portion of that as soon as possible?

CHAIRMAN MYSTAL:

Let me see if I can answer you. We have to do it before we adopt a budget. What Robert is trying to say to you is that even though it may not have been exactly kosher it's a paper trail for them to put the money directly into the debt services. The way it would have gone is, A, through the General Fund, then a transfer from the General Fund into Debt Services, right?

MR. LIPP:

Yes.

CHAIRMAN MYSTAL:

Once we put it into Debt Service, we are locked in and the fact that we cannot now go and take the money out for any other purpose except to pay for debt services.

LEG. ROMAINE:

But he didn't follow the proper procedure to put it in to debt service.

CHAIRMAN MYSTAL:

Well, maybe he didn't, but the 2006 we adopted it. Whether or not what he did was right or wrong, we as a Legislative body adopted it and once you adopt it, you're locked in. So you can talk about 207 budget because we haven't adopted it yet, but 206 is done. So that's where we are.

If we want to •• let me make a small statement. I know people come to the budget process and say, well, you know, this is cut, this is cut. I don't think anybody sits in a room, either at the County Executive level or this body, and say, "We are going to cut this, we are going to cut this, we don't like this." It's a priority, people make priority in a budget. And then the group of people that you were talking about, a lot of time don't have the priority in mind with the County level, that's number one.

Number two, the savings that we are going to realize are future savings. And in the meantime, we have to fund it upfront and then we're forced to realize the savings, and that requires a little vision, it requires a little long planning. And I don't know •• and I'm not saying the County

Executive doesn't have that, I don't know if your program is part of that long vision and long savings plan, I don't know. Yes, ma'am?

MS. FLEISHMAN:

I would venture to guess that it's not, not in long-term planning, not even in someone's head. What the problem ••

CHAIRMAN MYSTAL:

I don't want to make that accusation.

MS. FLEISHMAN:

What causes me a problem •• I'm sorry, it wasn't an accusation to you personally. But what bothers me personally is if no one can predict what cuts to programs will take out because of the budget that's going to be put into place. But if we as a community, not just you but we as a community, don't realize or didn't realize or weren't informed or educated that eleven point •• a little over \$11 million was put into Debt Service erroneously, then it's clear to me that no one has the facts to make decisions with regard to budgets and cuts and where money is going to go. That's what bothers me more as a private citizen than even as a director of a mental health agency.

CHAIRMAN MYSTAL:

Well, I'm pretty sure the County Executive can justify by saying by putting the money in Debt service I am cutting your taxes, because it's money that I will have to find somewhere else to pay. So there is a certain fiscal rationale for it. Now, whether we agree with the official rationale or not is a different story, but there is a fiscal rational in terms of why I'm doing what I'm doing. And I'm not saying, you know, you're right or he's right or we're wrong, I'm just saying that's the way it happened. And in terms of finding the money, we need to find another kind of vision and another kind of way to fund it.

I would love to fund this program because I think •• I believe that somehow it would reduce our costs in terms of jail, in terms of everything else we have to pay, and it's an investment that needs to be done. But the problem is that, you know, where do I go and find the money, and after I find the money how do I justify it? Because we sit here and say to ourselves, yes, it's a great program, but when I go to the larger community and say, "Look, I may have to slightly increase your taxes to take care of a program that will send us a lot of money later on," you know what they tell me? "Go lynch yourself on a tree, because I don't want my taxes to be raised." That's the problem we have; it's one of priority.

MR. STOLTZ:

I think the point, one of the points that we're making here, though, is that this was money that was designated for people with serious mental illnesses. This is not new money, this is not money that came from someplace else, this is money and precious few resources here that our agencies operate with that was designated and tied to our most fragile group of people who get all sorts of services in Suffolk County. And I think the concerns that we would have here is any kind of perception that would say we're looking to balance the budget on the backs of our more fragile people when we have money that was clearly designated and recommended for these people.

CHAIRMAN MYSTAL:

That sticks in my claw. And very frankly, I don't know where we were last year when that happened because, you know, I really don't remember \$11 million being put in debt services. I know you wrote it, Robert, I know, we just probably didn't read it the right way, but somehow it got past us. And like you said, that money probably was earmarked and dedicated for that purpose and it was diverted to something else. Yes, sir?

MR. LIPP:

Just to clarify, there are a couple of ways of looking at this. Number one, the way I'm stating things is just from a pure budget point of view, we believe, Budget Review Office believes it was done incorrectly. But as you're saying, though, from a policy point of view, it's up to the policy makers whether or not they want to spend the money on this population or instead use the money for reserves, for debt service or what; that is a policy issue that you people have to make the decision on.

CHAIRMAN MYSTAL:

Thank you.

LEG. KENNEDY:

Mr. Chair?

CHAIRMAN MYSTAL:

Go ahead.

LEG. KENNEDY:

Give me an opportunity to follow up. I appreciate the perspective that you give us, but I guess I would disagree with the fact that this would be a policy determination because it is money that we were provided based on an erroneous characterization by the State Office of Mental Health for the 20 years prior that there were local Medicaid funds spent on discharged mental patients, many of whom which all these people at the table as well as myself worked with in many different communities. So rather than this being something that was a provision from the State in the generic form, it was much more •• in my opinion, much more of a recognition by the State Office of Mental Health that, in fact, the State had dropped the ball for all these years and was providing the funding back now for the County to go ahead and address the needs on a local level. So much for my opinion, because it's less than one of 18.

Nevertheless, what was the balance in that Debt Stabilization Fund prior to this infusion of this 11 million; where was it then?

MR. LIPP:

Last year was the first year that this fund was established.

LEG. KENNEDY:

A•ha, so we never had one.

MR. LIPP:

Years and years ago I think we had a Debt Service Reserve Fund, but that was, I don't know, maybe the early 80's or the 70's or something.

CHAIRMAN MYSTAL:

It was revised. It was revised.

LEG. KENNEDY:

So it seems that we must •• I'll defer because there's got to be some way to undo what was a mischaracterization of justice.

LEG. ROMAINE:

A misappropriation.

CHAIRMAN MYSTAL:

I think it's a larger question for some other time. At this point right now, not that I'm trying to cut anybody short, I have three more presentations and I have a meeting coming in at two

o'clock.

MR. LIPP:

If I could just add one point of information, if you don't mind. As far as we understand, there is no required use of those funds because they were related to Medicaid repayments, if you will, so that you could make the argument that the money is fungible over years of Medicaid. Perhaps there is a policy, whatever, a desire to spend the money for this population, but I think when we're •• you know, let's make things clear, I don't think there's anything, you know, like in a •• you know, from a legal point of view that you have to use it for that appropriation. What we're saying is it should have been, in a perfect world, the money should have been put in the General Fund and then the transfer been made to Debt Service from the General Fund, if that was the policy determination.

CHAIRMAN MYSTAL:

I understand that. I don't want to characterize it either as misappropriation; it was a policy decision and that's what it was. Thank you very much.

MR. MOLL:

Mr. Chair, just one last thing? What can we do to move this further along?

CHAIRMAN MYSTAL:

I think if you continue the dialogue with all of us and with the County Executive and present the proposal. And I think if you have Sheriff DeMarco on your side, he has a certain amount of political prestige that will afford him more listening ears than you might afford some other people. So I think, you know, you should enlist him and all of us, every one of us, those of us who are interested into the cause, because I think it's a valuable cause. And I know it would save the County a lot of money if we were to implement something like that, you know, it's just that we have to find a way to do it. Thank you very much.

MR. MOLL:

Thank you.

MR. STOLTZ:

Thank you.

CHAIRMAN MYSTAL:

Nancy Mariano, Friends of Karen. Ms. Mariano, you've got about ten minutes. You can sit right

here. Before you start, I'm not trying to rush anybody but there's another meeting which was supposed to start at two o'clock and they're waiting on the wings for me to vacate the premises. Go ahead, Ms. Mariano.

MS. MARIANO:

Thank you. Thank you for this opportunity and I want to thank all of you here for your ••

CHAIRMAN MYSTAL:

I don't think your microphone is on.

MS. MARIANO:

How is that; is that better?

CHAIRMAN MYSTAL:

Better.

MS. MARIANO:

Okay. I want to thank you all for your past support. I know some of you have met with me and the reason I'm here is because I'm very concerned with funding for 2007. Briefly, I want to tell you about Friends of Karen again; for some of you, you know this story, but why it's so important to make sure our funding will be reinstated in 2007.

As all of you can imagine, or don't want to imagine, there is nothing worse than a child with a life threatening illness and the family that has to watch the day•to•day suffering. Right now we have children in 24 hospitals, children that are very, very, very ill, and we provide for their financial, their emotional and their advocacy support through our social workers who get the case from the medical staff at the hospitals and stay with our family from diagnosis, hopefully through treatment and cure for many, many times through bereavement.

Last year we buried 63 children. We paid for the burials, we paid for the support and we stayed with that family forever, to the point that we even send flowers to the families on the birth and death date of the child; because most people don't know how to handle or don't want to handle what to say to the family, we want to make sure that the family realizes that their child was loved.

These are some of the services we pay for, and there is no other organization that would step in and do what we do. We pay for household bills, these are all the bills that are associated with a

child that's very, very ill, and these household bills that have become unmanageable to the child's illness. These are just some of the services; rent, mortgage, utilities, car payments, health insurance, copayments, in-hospital expenses, child care for siblings, transportation to and from medical treatments in and out of state. Many of our families have to go to Texas because that's where the brain cancer surgeon and guru is. They still have a home here, they still have bills here, they still need someone to take care of this for them while they're taking care of a sick child.

Housing. Many of our children have immune systems that have been compromised, they cannot go back to their house the way it is; their air filtration system isn't proper, their beds aren't even proper. Many of these children would end up in foster homes. We had two single moms this year that were homeless and their children had cancer. So you can imagine •• they shouldn't be homeless to begin with, but you can imagine, the hospital will not release these children to these families if the house is not proper; we make sure that the housing is proper.

Bereavement. Besides helping the families that lost 62 children, we host bereavement weekends, we have counseling every month, we have candle lighting ceremonies, we do all these different things. Besides the direct financial programs we have, we also have Adopt-a-Family Program for the holidays, a back-to-school program where every person in the family, every child in the family gets school supplies, gets holiday supplies. We also have programs for the children that survive their illness. Now they're in their 20's and they have different disabilities connected to their illness such as hearing, eyesight problems, emotional. There is no program out there for people that are over 21, these are new initiatives that we have. Emergency programs, emergency rent, families like people from Katrina that may not live in our area but are here needing our hospitals and still need somebody's support.

Friends of Karen spends much time helping families from losing their home, their cars, their employment. We keep the family together and offer the highest quality of life, dignity and stability during this most difficult time. I think this is really important, as everyone here and everyone that's probably behind me is looking for funding. We do not depend just on this funding, we do major, major fund-raising and we collaborate with so many different organizations such as the Brain Tumor Foundation, such as Coach Coughlin's J-Fund Foundation, the Giant Coach, the Ronald McDonald House, Make-a-Wish, Leukemia, Lymphoma Society; we collaborate with all different children's organizations, all different foundations to make sure that the families in Suffolk get the needs that they want.

I have to tell you this, that there's not a day that goes by that we don't get a call from another family that just learned the devastating, horrible news that their precious child has a life

threatening illness. We couldn't do the work we do without the support of good people like you. I really, really thank you and I hope that •• and I know I met with so many of you already, that I hope that you can help us in getting our funding back in this 2007 budget. Thank you so much.

CHAIRMAN MYSTAL:

Thank you very much.

LEG. ROMAINE:

One question, if i may? One question. I see that the County Executive has zeroed you out in the Omnibus budget for 2007. You were getting approximately a little bit •• approximately around a hundred, \$110,000 annually and now you've been zeroed out. Have you spoke to the County Executive as to why he felt you did not need the funding this year or is there a rationale for that?

MS. MARIANO:

I met with a representative, Jennifer somebody from his office, and I know some people have been writing letters, Assemblymen and other people have been writing letters on our behalf. I don't know why.

LEG. ROMAINE:

All right, thank you.

MS. MARIANO:

And I do want to thank •• one other thing, because there are some people here that have wrote wonderful articles about Friends of Karen in their local papers and that has been so helpful for the community. It has nothing to do with funding.

LEG. ROMAINE:

Right.

MS. MARINO:

But the families that have called us because of special articles knowing that we're here, even though we've been around for 26 years, is very important and I thank you.

CHAIRMAN MYSTAL:

Thank you. Ms. Ann Kellet? Good afternoon, Ms. Kellet; you have ten minutes.

MS. KELLET:

I have ten minutes.

CHAIRMAN MYSTAL:

Ten, 15 minutes.

MS. KELLET:

I'm going to try to be better than that.

CHAIRMAN MYSTAL:

Okay.

MS. KELLET:

Okay? My name is Ann Kellet, for the record. I'm here as a representative of the Public Health Nursing Task Force. Other members •• I hope you all have a copy of the report; do you? Well, who's here?

CHAIRMAN MYSTAL:

We got it.

MS. KELLET:

You have three members, okay. The other members are listed just inside the cover of the report. You know that this task force was directed by Resolution 176 and 1890 of 2006 and we carried out •• I'm going to paraphrase, you have a copy of my statement, in the respect of time.

What we were charged to do, directed to do was to select criteria for a consultant to perform a cost benefit analysis. The criteria that we've given you is •• most importantly demonstrates expertise in the field of public health and in particular to public health nursing. It was the primary and very focused objective of the members to seek out, to search out credentials, education and experience that would be needed to define the best model of service for the diverse populations of the County. And it's the opinion of the group that if you use these criteria, you are promised an expert with the ability to carry out a population•based assessment. Now, the criteria •• for all your services, for all your communities, for your respective communities. That's a primary tenant of public health, is to have population•based perspectives. And the criteria, if you wouldn't mind looking on page two, that's the heart of the matter here, with the consultant's qualifications.

What we did, then, was to go further and give you supplementary references from the Centers for Health Policy across the nation.

So we give you examples there on page nine of people who are local, actually, who would be able to fulfill the stated objectives of the task force. Members would also like you to know that they took personal responsibility for this report and that you consider it to be factual, and the reason for that is because it was based on very, very strict research, much discussion and eventually by unanimous vote.

The task force also utilized opinions of the public as it relates to specific services of the Department of Health, nursing. And this information is found on Appendix 6, page 11 through 15 and it lists the testimony that was given by those public members who attended two sessions.

In all the discussions that we had, there was full agreement among the task force members with the purpose of this resolution for open public attention to the value of the Public Health Nursing programs. And we were looking at what is best •• is in the best interest of the residents of the County. The existing programs, by the way, are listed on page four. And by the way, if you look at those, you'll see them reflected in all the statements of the actual resolution.

I'd also like to mention that several of these programs are used as models by other programs throughout the country, and recognition of this is by way of awards and professional journals and they also are listed in an appendix, page 19 through 20.

In addition, the task force feels that the timing to carry out this project is urgent and we listed considerations that you might look at. Number one, the recent changes in leadership within the Department of Health, both the Commissioner and the Director of the Bureau of Public Health Nursing; the New York State Berger Commission which puts more emphasis and stress on community and home care services; the general national trend for increased preventive health care and the demand for more community and out•of•hospital services; the interest in preventing more serious and costly expensive health outcomes in the absence of Public Health Nursing interventions; and finally, the social value and moral obligation of local government to assure residents have access to needed services.

Members are firmly supportive of your stated resolve and therefore recommend that you hire a consultant with the credentials outlined in this report so that a comprehensive, objective and balanced discussion of the future of Public Health Nursing in Suffolk County can occur. Although the previous and more recent study has not been able •• has not been, excuse me,

available to the Bureau of Public Health Nursing yet was paid for out of their budget, this proposal utilizing an independent nationally recognized consultant, will produce a distinct and very different studied focus on needs and services as well as short and long term economic values.

I'd like you, then, the committee is requesting that you give attention to the recommendations on page one. And I think that this is a very critical recommendation, especially number two which says that given the lengthy time frame in which a report might be produced, it's kind of anticipated that the Legislature would not have the consultant's report in time for operating budget deliberations this year. Therefore, recommendation number two asks that no changes be made in the 2007 Operating Budget to the Bureau of Public Health Nursing status, direction or organization until such time that the Legislature has received the said report and has made its own subsequent determination as to the direction, organizational status, scope and funding on the Bureau of Public Health Nursing. As policy makers in a vital and independent branch of government, the Suffolk County Legislature's voice should be heard as to the direction of Public Health Nursing Programs. Your constituents deserve no less.

And lastly, let me tell you that we have requested that the Presiding Officer, Mr. Lindsay, consider designating a member of the task force as one of those assigned to awarding the contract for this consultant. We also ask for a time commitment from you, appropriate funding and that the results of this study be shared with the Bureau of Public Health Nursing and with its Public Advisory Committee. And I thank you.

CHAIRMAN MYSTAL:

Thank you very much.

LEG. ROMAINE:

Quick question.

CHAIRMAN MYSTAL:

Yes, Mr. Romaine.

LEG. ROMAINE:

You're telling me that this County has contracted with Dr. Dennison, I believe, to do a report on the Bureau of Public Health Nursing and that report has been completed but not released to us?

MS. KELLET:

We have a one-page paper with numbers on it and there's no legend with that report to lead us to any kind of direction or toward any conclusions about the study. It has not been released to the bureau, but there is other material related to that report.

LEG. ROMAINE:

But it is you believe it is completed, or mostly?

MS. KELLET:

I did not hear completion, I did not hear that.

LEG. ROMAINE:

And, therefore, it will not be available for us when we consider the 2007 budget?

MS. KELLET:

Well, I'd like you to ask for it.

LEG. ROMAINE:

Well, I'll tell you what. I'll end my question, I'll end my question by asking a representative of the County Exec's Office, is there any representative here from the County Exec's Office?

CHAIRMAN MYSTAL:

Mr. Romaine, I think Mr. Eddington may have an answer for you.

LEG. EDDINGTON:

I have asked twice now for that report and I'm about ready to invoke your famous Davis

LEG. ROMAINE:

There is a Davis Law that's requested. And I see Mr. Zwirn is walking back into the room, so it's an opportune time for both Legislator Eddington

CHAIRMAN MYSTAL:

I was hoping that Mr. Zwirn would have gone home

MR. ZWIRN:

Never.

CHAIRMAN MYSTAL:

•• because I didn't want to start the debate between you and him again.

MS. KELLET:

He's not allowed.

MR. ZWIRN:

I'll go home with Ann.

LEG. ROMAINE:

It is a ••

CHAIRMAN MYSTAL:

Because whenever you and Mr. Zwirn meet, either I'm going to buy you guys a room and get you married ••

MR. ZWIRN:

Not in New York State.

MS. KELLET:

You have to go Massachusetts

LEG. ROMAINE:

Not in New York, unless Elliot Spitzer is elected. In any event, that aside, Legislator Eddington and I are invoking the Davis Law, five days response. We'd like to get a copy of a report done on the Bureau of Public Health Nursing by Dr. Dennison; will the Executive release that report to the two Legislators?

LEG. VILORIA•FISHER:

I would like a copy of that as well.

LEG. ROMAINE:

Three Legislators representing ••

LEG. KENNEDY:

I would like a copy.

CHAIRMAN MYSTAL:

Wait, wait, wait, hold it. You know, release a report if, if the report is complete.

MS. KELLET:

Well, you know ••

CHAIRMAN MYSTAL:

Because they cannot give you something that's not completed yet.

LEG. ROMAINE:

It won't take much now to complete.

MS. KELLET:

Mr. Mystal, if you submit a paper with numbers on it and categorizations, one page with no legend, you might as well keep it; there must be a legend to have constructed ••

CHAIRMAN MYSTAL:

Ms. Kellet, I'm not disagreeing with you. I'm just trying to make sure that somehow we don't put ourselves in the position, you know, give me a report whether or not we have a report or not. Okay? Mr. Zwirn, I was hoping that you went home.

MR. ZWIRN:

No, I will take your request back to the County Exec's Office and if there's a report that's available ••

CHAIRMAN MYSTAL:

Then we will have it.

MR. ZWIRN:

•• I'll bring it right back, sure.

CHAIRMAN MYSTAL:

Thank you.

MR. ZWIRN:

And I'll make it available to the Chairman and he can disseminate it.

CHAIRMAN MYSTAL:

Thank you very much. Any more questions for Ms. Kellet?

LEG. VILORIA•FISHER:

I just want to make a quick comment about this task force; and when I say quick, I mean quick. This is a task force that was extraordinarily impressive and hard working. And when you take a look at their product, what they have here for the criteria, they really are asking for professional criteria because a Public Health Nursing Program cannot be evaluated by people who are just, you know, bean counters. It has to be done on the basis of the public good and the public •• you know, when you ask anybody in the country what's the most important thing regarding domestic policy, it is health and access to health services. And so this really was a group that took their work very, very seriously and they did a great job. Thank you.

CHAIRMAN MYSTAL:

Bravo and kudos to them. Thank you very much, Ms. Kellet.

MS. KELLET:

Please read page nine.

CHAIRMAN MYSTAL:

I will read page nine.

MS. KELLET:

Thank you.

CHAIRMAN MYSTAL:

Last speaker, Ms. Nancy Lustig.

MS. LUSTIG:

Thank you for this opportunity to address all of you today. My name is Nancy Lustig, I'm the Board President of the Suffolk Coalition ••

LEG. VILORIA•FISHER:

You're mike is not on.

MS. LUSTIG:

You can't hear? Can you hear me better now?

CHAIRMAN MYSTAL:

No.

MS. LUSTIG:

Okay, thank you very much.

CHAIRMAN MYSTAL:

There we go, now we can hear you.

MS. LUSTIG:

I appreciate the time to present to you today. My name is Nancy Lustig, I'm the Board President of the Suffolk Coalition to Prevent Alcohol and Drug Dependencies.

There's several reasons for presenting. The first two are the larger concerns that have •• as I've listened here today, have already been expressed by those before me, and that is to express on behalf of the Suffolk Coalition our concern for the future direction of prevention in Suffolk County. We also wish to urge this committee to keep in mind, when selecting a new Commissioner of Health, the importance of prevention and wellness programs which go a long way to reducing financial costs and improving the quality of life for the residents of this County.

Very specifically, I am here today on behalf of my board we have spent a great deal of time in preparation and documentation to refute the data presented as factual by the Suffolk County Division of Community Mental Hygiene Services and New York State OASIS, Long Island Field Office for the defunding of the Suffolk Coalition; and by refuting, I mean by providing accurate, factual data. We also will be urging you to examine exactly how the County provides oversight to contract agencies and to get the real reason, to get to the real reason why our agency was so abruptly defunded. The defunding came in the amount of approximately \$200,000, it is • that money is generated by the State and then matching funds by the County. In some of the quick presentations, I go through it, I mention both the State as well as the County because they work in concert with one another. I'll try to do this as briefly as possible to give you a context.

In November of '05, my Executive Director and the Board Vice•President met with the State and County reps to request additional funding. In the 16 years that we have been in existence, we have never received any increase whatsoever in funding, despite rising costs in overhead and delivery of services. In addition, the results of fund•raising efforts were deducted from contracted funding to be received from the State and the County. In essence, we were penalized

for raising funds through our fund-raising efforts; it's kind of a crazy formula.

The County and State conducted an audit to determine the basis for our agency running a deficit, albeit rather small in '03 and '04, and there's fine, we have no problem, we're completely transparent as an agency. We were interested in their findings as well. It should be noted that prior to late '05 and early '06, these deficits were vis-a-vis oversight were never addressed, it was never brought •• we brought it to their attention. More up-to-date, on April 25th, '06, the agency received in writing the findings and recommendations of the audit by the State and County. Whatever was requested by them and their redirection or restructuring of the agency, each element was agreed and responded to by the Board of Directors, Executive Director and staff with a willingness to do whatever was necessary to develop a balanced budget and to redirect its program as needed. If anything was missing, all they had to do was e-mail or pick up the phone and request it.

Fourthly, although the coalition's Board of Directors worked arduously and in complete good faith •• and I must say, you know, as you I assume know, the board is all volunteers, I am very proud of the board that I serve with. However, there was absolutely no opportunity to work in true collaboration, either with the County or the State in developing realistic and meaningful goals for prevention strategies going forward. Upon receipt of all restructuring materials developed by us, neither the State or County ever met with the Board of Directors and Executive Director collectively, in a work session to discuss the work product that had been presented. In fact, they refused to allow our Executive Director, upon her return in early May from a two month, unpaid leave of absence for family medical reasons, they refused to have her work directly with the State or the County.

The CBR, which was at the crux of their argument, this financial document, the comprehensive budget for 206, was submitted and then resubmitted. It documented a \$68,000 plus overage, not a deficit, but was misread by both the State and County as a deficit. In spite of a letter dated July 11th from the County to the board, to me, acknowledging that the 68,000 was indeed an overage, this fact continues to be dismissed and misstated by County and State officials, up to and including a letter from the Director of the County Health Services dated August 14th in response to a letter from you, Legislator Kennedy, that was still a misstatement.

Further, the claim that the agency will run a deficit in '06 is totally unsubstantiated. In the packets that we prepared for you is a page, it shows you the CBR and where that \$68,000 figure was misread, as well as from an independent audit which was recently, just recently concluded for '05 which goes to the next point. The claim that 77% of the entire budget is dedicated to

administrative or support costs and that is •• frankly, if that were true, that would be an outrage, there is no question, and as Board President, there is no way I could support that. But it is factually incorrect; there is that page directly from the audit in your packet.

The most recently •• this most recently completed audit by Edward's (inaudible) states 77.6% for program and 22.34% for administration. Allocations for the year '06 are directly in line with these percentages. The examination of exactly how each employee spends their work day was extensively reviewed and questioned and then the salary allocations appropriately made. The claim •• the third claim that the agency had failed to submit fiscal and programmatic reports in a timely fashion is a very broad stroke statement which is factually also lacking significant substance. There was the instance where the '06 CBR was late, our long•time accountant had resigned, our Executive Director was away on leave. We applied for and received an extension, and then with the cooperation of a County employee, the CBR was resubmitted.

Regarding programmatic reports, we have no communication on record of any notification or complaint regarding this that any of that was ever delivered in an untimely manner prior to the defunding action.

And lastly, regarding this issue, our Executive Director's leave of absence left the board not having the essential support and background information crucial in dealing with both the County and the State. They were aware of Ms. {Keller's} absence during that time. In early May, upon the Executive Director's return to her position, we met with •• the board met with the Executive Director in a very long and very detailed meeting. At the conclusion of that meeting, the board decided unanimously to retain Ms. Keller as our Executive Director. She had served competently, passionately for the •• working toward the goals and the mission of the coalition. The deficiencies that were pointed out were recognized, they were so noted and I informed both the County and the State at that time that we were retaining our Executive Director and that we would monitor very closely the administrative corrections that needed to be done. I have to say, from that point on, the relationship between the County, State and the board took on a noticeably adversarial tone.

And then lastly, on June 5th, we're only talking under six weeks time from April 25th, the County sent the board a detailed letter regarding the purpose of the meeting to be called for June 9th. It concluded with the following statement; "We look forward to seeing you again and continuing our open dialogue." At that meeting on June 9th, the County opened the meeting by telling us that we were defunded, there was no discussion. The truth of the matter is there had never been any discussion at any prior meeting. There had never been a collaborative effort.

There had never been an opportunity to come to the table and really sit down and see what the issues were and certainly not how they were to be remedied.

I just want to point out, in concluding, that in our 16 year history there has never been any claim of malfeasance by any entity overseeing our agency. Prior to this year, we have never received a negative evaluation in any category from either the State or the County. Our Executive Director in '04 was recognized as the outstanding chemical dependency professional by Alcohol and Substance Abuse Providers of New York State. In the last eight years, our agency has brought almost \$2.6 million in grants to Suffolk County which is translated to support schools and communities in alcohol and substance abuse prevention.

And it is known by professionals in the field that approximately every dollar spent on prevention equates to \$7 saved on treatment, incarceration and other related services.

We were told that we could apply for an RFP that would be issued shortly; it's been approximately four or five months, we have not yet received an RFP to which to make application. We have •• we have no idea where the monies have gone that would have gone to fund our agency from August 7th through the end of the year.

And lastly, or almost lastly, there is this flier, it's about a conference in November given by OASIS, it's called "Statewide Prevention Conference, 2006." Nowhere, nowhere in this three day conference is there any mention regarding a program called communities that care that we were berated for, not once but numerous times by the State and County for not providing. I guess somehow it is now dropped off the screen.

The question that I pose to you is we would certainly like to know what the real reason was for the County and State defunding of our agency, an agency that they for so long touted as the only County•wide agency providing universal alcohol and substance abuse dependency prevention services directed toward the well•being of the children and families of this County. We would like for you, in whatever capacity you can, to ensure that we, the Suffolk Coalition to Prevent Alcohol and Drug Dependencies, if there will be a table to which people are invited to truly collaborate on these important issues, that we have a seat at that table. Thank you.

CHAIRMAN MYSTAL:

Thank you. Any questions? Mr. Kennedy.

LEG. KENNEDY:

First of all, thank you, Mr. Chair. As a matter of fact, you and I have had conversations about this agency and, you know, it goes back to I guess the summer time. You know, I'm trying to follow the philosophy. Our last conversation you had indicated that the new firm had been brought on, the accounting firm, that you had had your review concluded ••

MS. LUSTIG:

Correct.

LEG. KENNEDY:

•• and that was, I guess, late August, early September. Have you presented that ••

MS. LUSTIG:

What do you mean late August, early •• the •• yes, they came on then.

LEG. KENNEDY:

Yes.

MS. LUSTIG:

And the audit has just been concluded.

LEG. KENNEDY:

Okay. Has that been presented to the department, have you sent that to Mr. MacGilvray?

MS. LUSTIG:

The County has told us that we have no means of appeal. That was made very bluntly to us at the meeting of June 9th, that there would be no appeal that they would accept.

LEG. KENNEDY:

They unilaterally terminated, they terminated. Did they say they terminated based on cause or they were just electing their option to terminate? They just terminated.

MS. LUSTIG:

The causes they gave •• we refute the causes they gave. So they could, I guess, fall back to just electing to defund us.

LEG. KENNEDY:

But based on cause, it's not legitimate, it's not bona fide.

MS. LUSTIG:

No, based on cause we could refute their cause. I mean, we recognize that there had to be certain administrative corrections made, we never quarrelled or argued that whatsoever. In fact, we were •• we produced a work product to show exactly how we were going to address each and every one of the issues that they raised. I don't really think they ever read it; I have no evidence that they ever read it.

LEG. KENNEDY:

You got no response. You also made reference to the fact that there was pass•through funding, that it was County matched and State matched, it came through OASIS. It must have been something in the ••

MS. LUSTIG:

Actually, it is generated by OASIS and it comes through the County.

LEG. KENNEDY:

Okay. And that was how much, approximately, for this year?

MS. LUSTIG:

A total of approximately 200,000.

LEG. KENNEDY:

About 200,000 that was passed through that was committed for your agency to perform these various tasks.

MS. LUSTIG:

Yes.

LEG. KENNEDY:

You terminated; when you terminated, how much of that had been paid out, approximately?

MS. LUSTIG:

I don't have that number but I'd have to say probably •• it was towards the fourth quarter already, September; probably about 150, 160,000, so there was •• you know, a balance of 40 or \$50,000.

LEG. KENNEDY:

That we have no idea where it went to.

MS. LUSTIG:

I have no idea where it went to, no.

LEG. KENNEDY:

All right. You know, Mr. Chair, I think we need to have a conversation on this.

CHAIRMAN MYSTAL:

Yes, we •• I've talked with Ms. Lustig at length in my office. And I'm still trying •• what I don't have yet, what I have not •• I don't have in my head or in my grasp is what is the remedy and how do we as a Legislative body go about fixing it? It seems to me there's a solution between the State and the County and underlying that, there seems to be a strong animus between, you know, certain parties. I talked with Ms. Lustig and I'm trying to see if she can provide me with •
• you know, the way I ask the question, what is the remedy, what can I do?

LEG. KENNEDY:

Perhaps if I can ••

CHAIRMAN MYSTAL:

And i think one is that we're going to have to have a conversation.

LEG. KENNEDY:

Maybe if we can invite Mr. MacGilvray, and I'd be happy to sit in on a meeting.

CHAIRMAN MYSTAL:

I would love to invite Mr. MacGilvray.

LEG. KENNEDY:

Yeah, and because absent some dialogue, then we can pass a resolution directing the office of Health Services to execute a contract.

CHAIRMAN MYSTAL:

From what •• again, I'm listening to her side of the story and I'm looking at the fact that anything that •• there still are questions that were answered. A \$68,000 difference turn into a \$68,000 overage, you know, so I don't understand, I still don't understand, and I've talked over two hours

or an hour and you're here today and I still don't understand the mechanism that prompted ••

MS. LUSTIG:

I can't provide that answer.

CHAIRMAN MYSTAL:

•• the defunding process.

MS. LUSTIG:

Perhaps Mr. MacGilvray can. I, my board, my Executive Director, we would certainly welcome that meeting. That's •• all along, really, that's what has been missing because every single meeting that we were ever called to, it was very didacted. We sat there almost like children, which was rather •• when you think about it, it was a little bit demeaning •• and just told what decisions were made. We were never given an opportunity to have a professional discussion and have by definition what is a collaborative meeting. There was no collaboration.

CHAIRMAN MYSTAL:

I think, you know, maybe Legislator Kennedy and myself will set up a meeting with Mr. MacGilvray and invite you to sit around the table and see if I can get •• I still don't have the answers.

MS. LUSTIG:

That would be very much appreciated.

CHAIRMAN MYSTAL:

So maybe we can do that, if you don't mind, Jack.

LEG. KENNEDY:

Sure.

CHAIRMAN MYSTAL:

Okay? Anybody else who wants to come, too. Because I have •• I've been in this County a long time and this is the first time I'm hearing an agency being defunded and I cannot find a reason. You know, usually we do that for malfeasance, for misappropriation of money, and I don't see the reason. So I think, you know, we need to ••

MS. LUSTIG:

In a very short time frame. I mean, I understand that they wanted to see some legitimate changes

made, but five, six weeks. And we had already instituted most of those changes. But again, the work product •• I have no evidence that they ever really looked at it. So I would welcome that meeting very much, Mr. Chair.

CHAIRMAN MYSTAL:

Thank you very much, Ms. Lustig. Motion to adjourn.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

We are adjourned. Thank you.

*(*The meeting was adjourned at 2:53 PM*)*

*Legislator Elie Mystal, Chairman
Health & Human Services Committee*

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