

**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 November 16, 2006.

**Members Present:**

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

**Also in Attendance:**

Presiding Officer William J. Lindsay  
Ian Barry - Assistant Counsel to the Legislature  
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature  
John Ortiz - Senior Budget Analyst/Budget Review Office  
Paul Perillie - Aide to Majority Caucus  
Brendan Chamberlain - County Executive Assistant  
Janet DeMarzo - 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  
Brian Beedenbender - County Executive's Office  
Brendan Chamberlain - County Executive's Office  
Brian Bielanski - County Executive's Office  
Dominick Ninivaggi - Superintendent of Vector Control  
Adrienne Esposito - Citizens Campaign for the Environment  
Dr. K. Aletha Maybank - Suffolk County Department of Health  
Amy Juchatz - Pesticide Community Advisory Committee  
Michael Seilback - American Lung Association of New York State  
Norma Downey  
John T. Sorrentino  
Frank Christiano  
Christine Christiano  
Michael Malone  
Ray Merola  
Joseph Ranaudo  
James Nidds  
All Other Interested Parties

**Minutes Taken By:**

Lucia Braaten - Court Stenographer

**Minutes Transcribed By:**

Kim Castiglione - Legislative Secretary

*(The meeting was called to order at 1:22 PM)*

**CHAIRMAN MYSTAL:**

All rise for the Pledge to be led by Legislator Romaine.

*(Salutation)*

**CHAIRMAN MYSTAL:**

Good afternoon to everyone. We have a few cards. We're going to start with the cards from public portion. First card is Mr. Frank Christiano. Frank?

**P.O. LINDSAY:**

He's right there. He's coming up.

**CHAIRMAN MYSTAL:**

He's coming? Okay. Followed by Michael Malone.

**MR. CHRISTIANO:**

Speak here?

**P.O. LINDSAY:**

Yep.

**CHAIRMAN MYSTAL:**

Go ahead, sir.

**MR. CHRISTIANO:**

Hello. My name is Frank Christiano. I'm from 128 Bishop Lane in Holbrook, New York. I'm here representing the people of Bishop Lane Civic Association. I'm here to discuss our water problem that we're having on Bishop Lane. I don't know if you're aware of it. It's been out there for about a year-and-a-half in the news. I'm dealing with the Town of Islip. It also concerns the County and the Department of Health because of the sewage treatment plants located behind our houses at Hillcrest and Fairfield.

We have many concerns about these sewage treatment plants and the expansion of the one at Hillcrest. Since the expansion in October, about 20 of the houses below Hillcrest, we're about 40 feet below them, have been flooded. Our basements are flooded continuously. I have pumps in my basement that go off every minute, 24 hours a day, seven days a week since last October. Roughly 100 million thousand gallons of water has been pumped out of my house this year. It never stops and this all started to really be bad when the extension to Hillcrest -- the 48 units were added and the sewage treatment plant took on that extra 15 to 20,000 gallons of water a day.

Recently the town has done some boring well tests and one of them was done in my yard, which my backyard, which is 15 feet from the leaching pools. The groundwater was hit at four feet, so -- which means that the groundwater level is about three-and-a-half feet into my basement. The leaching pools are about five to six feet below my property line and they're eight feet deep. So according to the calculation, it doesn't take a mathematician to realize that the leaching pools from Hillcrest are into the groundwater table by about five feet.

I had water analysis done in the water that's in my basement. It's also in the street on Bishop Lane because the residents, we all have to pump the water out and we pump it into the street so that it's taken away into the sumps and it doesn't come back in immediately. That water showed high levels of coliform. The only way coliform is produced, it's natural, but fecal matter.

Now we know that the sewage treatment plants are in the groundwater table, this is something that we talked to the Department of Health, Legislator Lindsay knows me well. He's been a big part of this. You know, we want to know why the Department of Health and the County hasn't been there yet, why they haven't shut those leaching pools down which were supposed to be moved seven months ago according to the variance and why they're still open when they're in the groundwater.

We've been talking about this for a year and not one person has come down and done a test next to that leaching pool to find out where the groundwater table actually is, to find out if there is contaminants in the groundwater table. We know it. We have proof of it now. It's a total danger to my family, my kids. The water is in my basement, it's in the street. You know, I had to pay for a test to be done to see what the water was. No one would do it for us.

You know, we would like help from this Legislative body to help close those leaching pools immediately, which they should have been closed before those apartments were even open and online. It should have been -- those leaching pools should have been moved where they were supposed to be moved according to the variance and not opened until those apartments were done and a leaching pool was already online.

So to give you an idea, Hillcrest is 40 feet above us. The leaching pool is where all their water, which is about 90,000 gallons a day, flows to, is 42 feet below them.

**CHAIRMAN MYSTAL:**

Could you please wrap up?

**MR. CHRISTIANO:**

Excuse me?

**CHAIRMAN MYSTAL:**

Please wrap up. Your three minutes are up. You have three minutes and it is up, so you have to wrap up.

**MR. CHRISTIANO:**

I'm sorry. I don't hear well, so I kind of look at your lips and I can't see with the microphone. So all the water is coming down to our backyards and these leaching pools and it's gone right into the groundwater table and it's not given the groundwater a chance to funnel through the soil and dissipate into the earth before it reaches our property.

When I talked to William Hilbert from the Department of Health, Walter I mean, you know, there were no tests done. They went by the engineers of Hillcrest word that all this was going to work. They put some numbers in the computer and they said well, two feet under the recharge basin to 50 feet from the houses, the water should dissipate, never taking into account that we've had a water problem on Bishop Lane since the initiation of the block 12 years ago.

I'm trying to wrap it up, but they never took into account that the water problem would raise that water. No one did a test. We're wondering why and we want to know why the leaching pools aren't closed and why the Department of Health isn't there, the County isn't there, and no one has made them move these leaching pools yet, because everyone knows about this problem.

**CHAIRMAN MYSTAL:**

Thank you very much. Any questions?

**P.O. LINDSAY:**

Well, Frank, do you have anyone else from the community here that's going to speak today?

**MR. CHRISTIANO:**

Everyone in that section.

**P.O. LINDSAY:**

Okay. All right. Why don't we hear everybody and then we'll get into it.

**CHAIRMAN MYSTAL:**

The next person is Michael Malone.

**MR. MALONE:**

Can I give the three minutes to Frank?

**CHAIRMAN MYSTAL:**

No, sir. You can speak.

**MR. MALONE:**

I'm Mike Malone, 131 Bishop Lane, Holbrook. I'm here for the same problem that Frank was just speaking about. All I know is every time we have a problem the County makes us take care of it right away and the town makes us take care of it right away. If these leaching pools aren't within the variance that they are supposed to be, why isn't somebody making them do something about it?

**CHAIRMAN MYSTAL:**

That's it? Thank you very much.

**MR. MALONE:**

Okay. Thank you.

**CHAIRMAN MYSTAL:**

We do understand that, that the people who are here are from the same area. The next person is Christine Christiano, 128 Bishop Lane.

**MS. CHRISTIANO:**

Hi. Again, it's the same concerns that our whole community has and this is an immanent health problem of everybody on this block and we just -- we'd like to know what the next step is as far as what the Health Department is going to do. And we've tried to get the Department of Environmental Conservation also involved because they oversee the leaching pools and the sewage treatment plants because we don't feel that they've abided by the variance. The variance said that they had a certain period of time to move the leaching pools and that hasn't been done.

We'd like answers to know when this is going to be done and who is overseeing this, if they realized that it's not within the variance.

**CHAIRMAN MYSTAL:**

Thank you very much. I want everybody to know that we have the Acting Commissioner for the Health Department and we intend to question him and ask him about this problem once we have gone through all the cards of the people who want to speak. Then we will ask questions. Next person is Ray Merola.

**MR. MEROLA:**

Good afternoon. My name is Ray Merola, 126 Bishop Lane in Holbrook, here for the same problem that my neighbors spoke about. February, 2004, received an invitation to sit at a Board of Review hearing for Suffolk County Department of Health when Heatherwood House, which actually owns Hillcrest Village on Broadway Avenue in Holbrook, was going to expand their apartment complex by 40 one family units with the addition of moving the sewage treatment plant. We expressed our concerns at that time. We spoke about the problem with the high water table.

I received a letter back -- April, 2006, from an individual, Brian L. Harper, Medical Doctor, Public Health, who was the Commissioner at this time. Just to summarize it, that they approved the variance and that they said that it was only going to increase the water flow into the sumps by 15,000 gallons per day and additional flow would raise the groundwater table immediately, we need the recharge basins by four inches.

What we found out through some other investigation, I have a document here from the Suffolk County Department of Health Services, Division of Environmental Quality, Article 2, Section 220, Suffolk County Sanitary Code. We found a number of errors from their original findings. Whoever did this research apparently didn't -- wasn't very diligent at it. We found out the distance from the leaching pools to our houses was incorrect. If I count out 50 feet from the leaching pools it's almost about ten feet off my house, the foundation of my house.

We found out when they did the latest test that if you go down four feet to our property you are already into the water table. The leaching pools sit well below that. The flow was supposed to be 600 gallons per day per acre. That's a fallacy. I have three pages here which I made documents of, and if you want you can have a copy of this and review it at your leisure. It's -- unfortunately, it's a lot of gross negligence and we're suffering for it.

We have approximately 31 houses on our block which are experiencing severe water in our basements. I live next door to Frank. I have two sump pumps that go off constantly. I am getting tired of a \$550 LIPA bill every month because of the expense of running these pumps. If I pull the plug on the pump, the water is going to elevate in my basement. The highest it reached in my basement was 18 inches.

By increasing the amount of apartments, by increasing the amount of discharge coming from the sewage treatment plant, it increases the water on our block which we don't need. The Hillcrest Apartments elevation -- Hillcrest are 40 feet above where our block is. Blocks are parallel to each other but unfortunately, the way that the ground is in that area, they're much higher than we are. When they did the water table test to increase the amount of units in the apartment they literally did the water table test at the apartments. So you're going to go down -- you go down 20 feet you're not going to hit the water table because you have to take it from the lowest portion.

They should have taken it at the leaching pools, which unfortunately they didn't. They did it at an area which was convenient for them, not an area which was convenient for us, because if they did, they would have found out that they couldn't one, move the sewage treatment facility, and two, they wouldn't have been able to put the additional units on.

**CHAIRMAN MYSTAL:**

Thank you very much.

**MR. MEROLA:**

Thank you.

**CHAIRMAN MYSTAL:**

Next person is Joseph Ranaudo.

**MR. RANAUDO:**

They basically covered it all.

**CHAIRMAN MYSTAL:**

Thank you. James Nidds. James?

**MR. NIDDS:**

Hi. James Nidds, 139 Bishop Lane. Basically, the County knew, the town knew, that we had a problem with this as far as a high water table in our neighborhood to begin with, and it's just simply incomprehensible that these leaching pools were put there in the first place. It's evident that it's definitely going to raise the water table even more where we live.

In my particular house, I have -- I actually had to raise my floor a foot-and-a-half to a six-and-a-half foot basement and I still get water in my house. So, I mean, where else can -- what else are we supposed to do? I mean, it's a health problem. There's a lot of kids in this community. It's gross negligence and whatever you guys can do to come down, check this out, and rectify this situation would be appreciated.

**CHAIRMAN MYSTAL:**

Thank you. On a totally different subject, Mr. Michael Seilback.

**MR. SEILBACK:**

Good afternoon. My name is Mike Seilback, Senior Director of Coalitions and Policy for the American Lung Association of New York State. I'm here to speak in support of IR 2113, which would regulate the use of outdoor wood burning devices. Specifically, this law would limit their use during the summer ozone season, establish limits regulating how close these devices can be installed near other structures, and it would establish guidelines on how the devices are to be operated.

The use of outdoor wood burning devices contributes to the high ambient concentrations of fine particles and ozone found here in Suffolk. By addressing the operation, performance and siting of these devices, this legislation will reduce the health threat that these devices pose.

Unfortunately, these devices emit excessive levels of smoke containing unhealthy amounts of particulate matter and gases that contribute to ozone formulation. High levels of fine particles in the air have been linked to premature death in seniors, lung cancer, asthma attacks and heart attacks in those with preexisting disease.

In addition to the health affects caused by the burning of natural wood, some homeowners use these devices to burn other items not intended to be burned, including yard waste, packaging materials, construction debris and even household garbage. The burning of those materials adds even more toxic air pollutants to our air. The American Lung Association State of the Art 2006 Report found failing ozone levels in Suffolk County and ranked its air the second most unhealthy in New York State.

For Suffolk residents who's health is impacted by air pollution, there truly is no escape. The use of these devices only make an unhealthy situation worse. The American Lung Association of New York State supports IR 2113 and we urge its passage and enactment. Thank you.

**CHAIRMAN MYSTAL:**

Thank you. These are all the cards that we have, although I have the two Commissioners here.

**P.O. LINDSAY:**

Mr. Chairman.

**CHAIRMAN MYSTAL:**

I would like call --

**P.O. LINDSAY:**

Yeah, before we go to the agenda I'd like to talk to the Health Department.

**CHAIRMAN MYSTAL:**

Yes. I'd like to call Acting Commissioner Doctor Graham to the table, please. Good afternoon, Doctor Graham. I think we have some questions for you. Presiding Officer.

**P.O. LINDSAY:**

Dr. Graham, are you familiar with the situation that these folks are suffering through over there?

**DR. GRAHAM:**

This is the first time I've heard about it this afternoon and that's the very reason that we'll have our Division of Environmental Quality look into this.

**P.O. LINDSAY:**

Okay. I talked to Dr. Dillon yesterday.

**DR. GRAHAM:**

Yes.

**P.O. LINDSAY:**

I don't know whether she relayed that to you.

**DR. GRAHAM:**

You know, any time we have a situation in which you have high water tables, you have inclement weather, you may have some other new construction, they have to be looked at. Obviously we don't want any kind of cross-contamination or sewage problems going into homes, so we'll look into that. That's very important.

**P.O. LINDSAY:**

Well, I think there's two issues here. There's definitely a high water table issue here and the culpability of the problem in this neighborhood, you know, certainly the town has to do some remediation here, but the County is certainly a responsible party here because on your end, in your department, you approved both the sewer systems, as well as supposed to protect public health.

I guess the first question that I really want an answer to, are we facing an immanent public health problem in this neighborhood as a result of this? From the test borings that the town did, it's evident now that this leaching field is in the water table. And somebody has to in a responsible manner answer whether this is a public health crisis over there.

**DR. GRAHAM:**

There's no question we have to look at this situation carefully, and I understand the concern. I agree with that concern, and it deserves careful attention.

**P.O. LINDSAY:**

Okay. The -- I don't know whether you're aware of this, too, and Mr. Christiano, correct me if I'm wrong about my facts. But I believe prior someone from your department went to Mr. Christiano's house and looked down in the basement and by a visual siting said there's no E. Coli in the water, which how he does that I have absolutely no idea.

So you know, I for one do not want one of those pass-throughs. I want, you know, some legitimate testing. And Mr. Christiano went through the expense of hiring an independent lab to analyze the water, so he has some factual findings that I'm sure he'll share with you, but I would like, you know, some testing done on that water to assess the -- how bad a health crisis we have over here.

**DR. GRAHAM:**

Yes the -- it's obviously very important to get the facts on what's happening there and to evaluate those facts, and I concur with your concern.

**P.O. LINDSAY:**

Okay. And Isadore Doroski from your office went to Mr. Christiano's house. So, you know, that might be something you should ask him why --

**DR. GRAHAM:**

We will -- I'm sure we'll get -- we'll certainly want the information that the gentleman has and he can share it with our staff so we can include that.

**P.O. LINDSAY:**

The second part of the question has to do with the other arm of the Health Department that approves septic systems. Evidently what happened here is the Hillcrest Development was given approval to add 50 more units, 45-50 units, something like that, right, within the last two years. Part of the approvals from our Health Department was that they upgrade and move the existing sewage treatment facility that was I guess pretty old, it probably goes back to the original complex there, the whole complex is three or 400 units? How many units over there?

**MR. CHRISTIANO:**

I'm not sure of the total.

**P.O. LINDSAY:**

Okay. It's a lot. It's at least several hundred units. And, you know, I think that was absolutely the right approach. If we're going to give this owner of this rental community permission to house another 50 families there, then certainly their disposal facility should be upgraded.

But here's, in my opinion, where the mistake was made, because when the new facility opens it might remediate some of the problem there, because they're moving, talking to Mr. Hilbert, they're moving the leaching fields up ground, and I think a little bit to the south as well. So it could help with this immediate problem of the leaching pools being in the groundwater.

But my question is why didn't we make this developer improve the sewage treatment plant before we allowed him to open more apartments and increase density? I mean, I'm certainly not a hydrologist or any kind of engineer, but it just seems like commonsense to me that we would make them do the improvements to the treatment facility before we gave them any more density.

**DR. GRAHAM:**

Yes. Those are good questions, and I think that's why we have a regulatory authority over sewage systems and look at potentially the contaminated water and the sites that might affect people who reside there. So those are all important issues to get the facts on and to take the necessary steps to prevent this in the first place, and as you're suggesting, I think that's important.

**P.O. LINDSAY:**

Yeah, and at this point I'm not looking to point blame and I don't think these folks are looking to point blame of how this happened. I think we're looking for what positive steps can both the town and the County take to remediate this potentially serious health problem? And, again, I'm assuming that there is a health problem here and that's the first thing we'd like you to verify. And, you know, if we have an immanent health crisis here, does our Health Department have the ability to close down those additional apartments until they can put in an approved septic system or waste system?

**DR. GRAHAM:**

Yes, it's our responsibility to make sure that there's a -- that they conform with the regulations that we're authorized to enforce and that the necessary remediation is taking place. And that's a direction we should be going in.

**CHAIRMAN MYSTAL:**

Legislator Kennedy.

**LEG. KENNEDY:**

Yes. Thank you, Mr. Chair. Doctor, you know that I have had the experience with this in my area as well, and the Presiding Officer brings up important concerns, I think. And I would just like to carry to you my own concerns regarding what I see in my district where we have elevated groundwater and in the areas where I know I've been contacted by residents who are having some of the same things that these folks have come to the podium to talk about. Nevertheless, there's construction that's continuing on.

There is a phase two on 347 right now for Yellow Top Estates, and I know the homes in there, the original section, have been impacted, and nevertheless I see that the developer is breaking ground and putting in foundations on new homes.

Now, when this original subdivision map was filed by the developer four years ago or five years ago, we weren't experiencing the groundwater phenomena that we have now and the test wells that were sunk then were I'm sure accurate with depth of groundwater of eight feet, 12 feet, or something like that.

But we all know now, in the Holbrook area, in the Ronkonkoma area, in the Hauppauge area, in the Smithtown area, we have groundwater gone wild. It is significantly elevated at this point. And so to rely upon approvals that might have been furnished four and five and six years ago I think no longer is valid for us.

I would just add, you know, if there is additional construction that may be occurring now in these impacted areas, if your department can make the developer reconfirm. Make him give you, you know, another more contemporaneous test well result or something to that effect, so that we can keep some -- so that we don't compound it and put more folks in the quandary that we have others in.

**DR. GRAHAM:**

We understand your concerns, they're well taken, and there's no question that you have to have -- look at some of these issues in a timely manner and go back and return to some of these sites that might have some changes, and that's all the more reason to evaluate the situation.

**LEG. KENNEDY:**

Thank you.

**CHAIRMAN MYSTAL:**

Anybody else? Thank you very much, Dr. Graham.

**DR. GRAHAM:**

You're welcome.

**CHAIRMAN MYSTAL:**

Commissioner DeMarzo.

**COMMISSIONER DEMARZO:**

Thank you. Good afternoon. I'm here to discuss a request that I understand will be put before the Legislature for a Certificate of Necessity. It's not a very controversial item, but I wanted to have the opportunity to explain it to you. It's a 100% grant funded contract expansion for the Child Care Council. They're here today in case there's any questions, although it's really just an \$80,000 increase in their contract. They already receive 859,110, and this would raise it to 939,193. It's 100% State money. It's for registration of child care, family day-care providers and school age children.

There was an expansion of this this year and they went to the State for additional dollars and they got them. It took the State a long time to process this application. So they've been doing this all year and this \$80,000 is needed by the end of the year so that they can close their books and pay back the monies that they've incurred for operating this.

So I just wanted to come to you today and explain that this is, you know, important to the Child Care Council and it's taken the State a long time for -- to approve the contract. So if there's any questions.

**CHAIRMAN MYSTAL:**

Basically you're talking about pass through money.

**COMMISSIONER DEMARZO:**

Yes, it is, and it's for family day-care registration. It's just pass through money, but I wanted the opportunity to present to the committee so should there be any questions or concerns relative to the fact for a CN that you understand that it came from the agency, Child Care Council, and from the department. So if there were any questions we just wanted to be here to answer them today.

**P.O. LINDSAY:**

What are we going to say, we don't want free money?

**COMMISSIONER DEMARZO:**

I figured it was a non-controversial, I started with that, but I just -- you know, it is important and I know that Certificate of Necessities require a higher level of support, so I just wanted to come here and I know that, you know, we wanted to say it's not our fault, it's the State's fault that we're asking for this to be expedited.

**CHAIRMAN MYSTAL:**

Thank you. Anybody have any questions for the Commissioner?

**COMMISSIONER DEMARZO:**

Thank you.

**CHAIRMAN MYSTAL:**

You're doing good.

**LEG. KENNEDY:**

Are we going to get to talk to her about other matters or is she up here --

**CHAIRMAN MYSTAL:**

Oh, no, no. You can talk -- any question.

**LEG. KENNEDY:**

Almost.

**CHAIRMAN MYSTAL:**

You were almost scot-free. Now, any questions, you know, for the Commissioner is what I asked, any question for the Commissioner.

**LEG. KENNEDY:**

Thank you. Thank you, Mr. Chair. Recently I got a copy of an analysis of the 07 Operating Budget that was done by AME. It focused on a number of different departments, it focused on the Health Department, it talked about staffing in the Department of Social Services, and it targeted a couple of

areas. And it is themes that we've talked about, you know, that are not unfamiliar to you, caseloads, particularly in CSEB and APS and CPS and things like that.

But there was terminology that AME was using and I don't quite understand and I'm going to ask you to try to explain to me. They made reference to temporary workers or temporary employees in the various units and the notion or the phenomena of training and cycling. What is -- what is a temporary employee in the department at this point? Who are they? How do I understand that?

**COMMISSIONER DEMARZO:**

Well, temporary employment I believe it's actually -- there's nobody from BRO. I believe it's actually a line in the budget in the Division that there's a temp salary appropriation. And temporary workers, while I can't speak to the actual details of how many weeks they're allowed to work, it's a title that's established by the Department of Civil Service. There are certain temporary titles like we have energy workers who do the HEAP program, we have some clerk typists. I believe there are a variety of titles that are approved by Civil Service for use as temporary employees. They work for a set period of time, they're not allowed to go for a full year. I think it might be 20 weeks.

**LEG. KENNEDY:**

Okay. Here's my concern. Are temporary employees doing casework?

**COMMISSIONER DEMARZO:**

No.

**LEG. KENNEDY:**

Are they doing case management? Are they doing eligibility? Are they doing any of the things that we would routinely do to assess people presenting for benefits in the first instance.

**COMMISSIONER DEMARZO:**

It's my -- in the area of Family and Children Services, we do have retirees. They're not temp retirees, though. We have specialized contracts with them. I don't -- in the area of energy, it might be in the HEAP program you might actually see client contact is the --

**LEG. KENNEDY:**

Which is -- but that is a very narrow screening that occurs, as I understand, and that's done under HUD guidelines and federal guidelines.

**COMMISSIONER DEMARZO:**

Yeah.

**LEG. KENNEDY:**

They're not looking at the whole of gamut of eligibility, means testing, needs, dependents or any of the other things that routinely go into benefit assessment.

**COMMISSIONER DEMARZO:**

No. The titles are basically clerk typists and HEAP worker and there's a few others. But they are not doing the family and children CPS stuff or the frontline eligibility determination. They're doing more clerical functions.

**LEG. KENNEDY:**

How is your CPS caseload at this point?

**COMMISSIONER DEMARZO:**

My CPS active caseload they just told me today was a little over 1,600. We just finished hiring with the Legislature's support. We did hire nine new people. We restructured our teams. So we have additional staff that are being trained now. Our caseloads, I don't have the standard that I usually

have in my head over 26. It's been much better. I mean, the beginning of the year was a very difficult time, and over the course of the year our caseload per worker has gone down. I don't have the actual number right now, but it has gone down.

**LEG. KENNEDY:**

Are you meeting the requirements for on-site investigations, whatever investigations are necessary based on the hotline references and things like that?

**COMMISSIONER DEMARZO:**

We're meeting most of our -- we're meeting the safety assessments. I think there's a 24 and a seven day assessment, yes.

**LEG. KENNEDY:**

So are you comfortable at this point that with what you have you're able to go ahead and address what we perceive the need is at this point?

**COMMISSIONER DEMARZO:**

The Legislature, you know, we got the nine positions, they continued them for next year. There was some expansion of preventive services -- things look good. I mean, the final piece that's coming out, we feel like our head is above water, yes, indeed. And the County Executive's Office has been filling them rapidly. I mean, we really have an automatic --

**LEG. KENNEDY:**

I was going to ask do you have -- there was reference in the report to auto fills or auto refills. I didn't understand that term either.

**COMMISSIONER DEMARZO:**

In the County -- in the area of Family and Children Services the County Executive's Office during the crisis agreed that, you know, this is a high importance area and that we needed to keep those positions filled. And those SCIN 167 forms for positions within Family and Children Services are signed within a week of reaching the County Executive's Office. So we've been pretty much at full authorized strength since like March, and then with the addition of the nine there on board, so we're doing well.

The only other piece that we're -- you know, we think we're doing well based upon historical look backs and our numbers and so forth. The State is coming out with their report on December 1st which will tell us what they recommend caseloads to be.

**LEG. KENNEDY:**

What I'm going to ask Janet is, and I don't expect that you would have these numbers off the top of your head, I'm going to ask when you go back if you could just compile what your CPS caseworkers are carrying as an actual caseload at this point. You know, and I don't know how you average. If you have 20 caseworkers I'm not saying you have to give me a case number for, you know, one through 20, you can give me an average.

What I don't want is, I don't want supervisory personnel who are non-direct factored in for the purpose of aggregating a caseload. I want individuals who do face to face and who actually carry a caseload to be referenced and furnished to me. The nine trainees, I believe, by law can only carry, what is it, half a caseload? As they are going through their training process they don't get a full caseload, right?

**COMMISSIONER DEMARZO:**

Right. And, you know, while our connection system that the State gives us for family and children isn't perfect, what it does do is it tracks each case with each caseworker. So that's how -- when I report to you that I have 5% of my caseworkers with over 26 cases, we can pull up cases by

caseworkers. So we do look at that and that's how I know our numbers are much more manageable than they were in March. So I can give that to you for the ranges that the State sets.

**LEG. KENNEDY:**

That's fine.

**COMMISSIONER DEMARZO:**

I'll provide that to the Health and Human Services Committee. I will send that over to you.

**LEG. KENNEDY:**

Wonderful. Thank you. Thank you, Mr. Chair.

**CHAIRMAN MYSTAL:**

One last question. How are we doing, I know we've had some problem with delivering checks to contract agencies and to some of our people, like, you know, we contract with day-care centers and we've had a long lag time, six weeks, eight weeks, two months, three months, four months.

**COMMISSIONER DEMARZO:**

Our payment cycle right now from when the voucher hits our Finance Unit is 45 days was reported to me at staff today. That's 40 to 45 is a range that we're working with now. We started the HEAP season on November 1st. We were a little concerned. We -- you know, two years ago we were at 30 days. We are now between 40 and 45, but we're holding that, and especially with the start of the HEAP season because there's thousands of additional payments that have to be made during the HEAP season.

We also, and the Child Care Council is working with us, we've also changed the way which we're going to pay day-care payments to people who are in receipt of temporary assistance. We're going to a roster system. So we hope to see some improvements in those very long lags of three months or more.

So payments generally are 45 days, the temporary assistance, clients receiving day-care, their providers have been waiting a long time. We're changing the system starting in December. December 1st it should get, you know -- for services in December it should get better. So we have -- we had a problem. We think we have a solution and we sent out a letter to the day-care providers advising them of that.

**CHAIRMAN MYSTAL:**

Thank you.

**LEG. KENNEDY:**

Mr. Chair. This is a question, I guess, to the Commissioner but even to yourself. We're speaking about HEAP. Are we doing the LI HEAP program again this year? Is there any funding that's left for that? We had done that by legislation last year to move to that next category of folks.

**COMMISSIONER DEMARZO:**

We call it the Suffolk HEAP program. There was funding left in the 06 budget, so we will run that from November 1st to December 31st, but there was no additional monies, I understand, in the 07 budget, so it will expire as of December 31st of this year.

**LEG. KENNEDY:**

And this was -- how heavily subscribed was it in the spring? I think what you had said to us was you found that there was much more eligibility for basic HEAP by folks coming in. Is that correct?

**COMMISSIONER DEMARZO:**

Yes. We actually did keep numbers of people who applied and we found them eligible for HEAP instead of -- we called it {SHEAP} actually in-house, and how many people -- I can give you those. I think they're actually in the BRO report. We did share them with BRO, the numbers that --

**CHAIRMAN MYSTAL:**

We should look at it because we had changed the criteria for eligibility. We wanted to know if that made a difference in terms of the number of people who apply and how much money we were spending and if we have any money left. That's what you're referring to, right?

**LEG. KENNEDY:**

But it was effective, Mr. Chair, if I will, even in the fact that it brought more people to inquire.

**CHAIRMAN MYSTAL:**

Yes.

**LEG. KENNEDY:**

And so the department was able to provide a greater benefit. Thank you.

**COMMISSIONER DEMARZO:**

And we did follow-up on your suggestion that we work with, I think it was your suggestion at the Budget meeting, to work with the Office for the Aging. We gave them a document, they handed it out, and so we have done some outreach for this November cycle.

**LEG. KENNEDY:**

Good. Thank you.

**CHAIRMAN MYSTAL:**

Thank you. It wasn't too bad, Janet. Presentation from Dr. Maybank.  
Could somebody douse the lights? Good evening -- good afternoon. How are you?

**DR. MAYBANK:**

Fine, thank you. Good afternoon. Thank you for allowing me to come to talk about Health disparities here in Suffolk County and how we're trying to go about addressing it in the Health Department. So I'm going to give a brief overview identifying some of the leading health disparities and present some of the national data, but mostly focus in on Suffolk County and discuss some of the progress that we've made at the Health Department, some of our ongoing needs.

Health disparities, just briefly overview, there's a difference in health outcomes or access to health services between two different populations. In Offices of Minority Health across the country we tend to focus on racial and ethnic minority groups, African Americans, Latinos, Native Americans and Asian Pacific Islanders.

Why do they exist? There's barriers that have been identified, extensive research that has showed that there are cultural and language barriers such as lack of interpretation services for non-English speaking patients, low health literacy level, which is your ability to read and understand medical information. And the possibility that physicians might not be familiar or comfortable with interacting with people from different racial and ethnic groups.

Then there's also social barriers such as a lack of education, lack of income, which can affect your health insurance status as well, and the environment that you live in, whether you have access to certain transportation or not.

And I just want to point out something about health literacy. As I said, it's the ability to be able to read and understand and act on health information. It is the single best predictor of health status. Half of the people in the United States are actually functionally or marginally illiterate which means

that they cannot comprehend or even read a prescription. They can't understand a consent form, which is a significant amount of people. And most adults read on an eighth to ninth grade reading level, however, most health care materials are written at a tenth grade reading level. So it's not even -- it's really a good part of the American population that is having difficulty reading health materials. It costs the country anywhere between 32 to 58 million dollars a year due to problems and issues surrounding illiteracy.

And the other cause of health disparities, which in the year 2001 Congress had asked the Institute of Medicine to look into studies and reports that there may be potential provider biases that exist that influence the way patients are given care. This study, the Unequal Treatment Report, gave extensive research and findings that this is possibly true.

Some of the areas of health disparity are health insurance, the access that one has to primary and prevention care, your access to specialty care such as things for cancer, HIV/AIDS, your diagnosis and treatment and health status.

I'm going to focus in now on some of the leading causes of health disparities relating to disease outcomes. I'm going to look at HIV/AIDS, cancer, cardiovascular disease, diabetes, immunizations, and infant mortality. These are the six leading health disparity areas that are identified by the CDC as well as the Federal Office of Minority Health.

Now, when we look at Suffolk County, and particularly look at HIV/AIDS, the graph that you have that you see here, this is -- that's per 100,000 people. And this is from the year 2001 to 2003, and it's from the New York State Department of Health from -- in Albany. And what this shows is that African Americans are 17 times more likely to die from HIV/AIDS as compared to Whites. On the national level the rate is only seven times. It's still higher, but African Americans are seven times more likely to die than Whites are. And Latinos are five times more likely to die of HIV/AIDS than Whites.

Diabetes. Again, disparity. African Americans are 1.8 times more likely to die from diabetes than Whites. And even though the data doesn't show as great a disparity for Latinos, they are at great risk for disease because they have high incidences of obesity and mainly obesity and heart disease, sorry, that puts them at higher risk for diabetes.

Cardiovascular disease. Heart disease is the number one killer in the United States as well as in Suffolk County across all populations. African Americans are the number one -- the number one group that has the highest death rates in this County. And for strokes, African Americans are 1.6 times more likely to die from strokes than Whites. This is also comparable to the national data as well.

Immunizations. We don't have too much local information on immunizations. Fortunately, we had a conference October 19th and out of that one of the visions in the Health Department are now going to look more closely in trying to get this particular data for the County. What we do know on a national level is that three-quarters of older Whites have received the influenza vaccine when only half of the African Americans and Latinos have received this vaccine. For the pneumonia shot only three-quarters of Whites received this vaccine, while a little over a third of African Americans have received the vaccine.

We look at infant mortality, which is death of an infant less than one years old, zero to 12 months. In Suffolk County African Americans are 2.2 times more likely to die than White infants. This is also comparable to -- very similar, rather, to the national data. In Suffolk County we have taken great strides, the Department, over the last 20 years to really improve this rate. So it really was a much worse rate but now it's much, much better.

With cancer, in Suffolk County, what is unique is that, and unfortunate, is that the number of new cases in African Americans when you look at all cancers is less than the majority population, but the death rate is still significantly higher than the majority of population. It represents some issues in either screening rates or treatment rates, follow-up, a number of things. And this is the case for breast cancer, colon cancer and lung cancer, and that differs from the national data in which colon cancer and for lung cancer the rate -- the incidence rates are higher for African Americans as well as the death rates, but in Suffolk County the incident rate is actually lower for African Americans but the death rate is higher.

For prostate cancer, similar to the national data, African Americans have higher incidence rates or new cases and death rates as well. And African American men are 1.5 times more likely to be diagnosed and three times more likely to die from prostate cancer than Whites.

So what can be done to help eliminate these health disparities and these are the goals of the Office of Minority Health. One is to improve the access to quality care that's culturally and linguistically competent. Improve our data collection that can help better determine the needs of our communities, increase community awareness about health disparities, and empower the communities with information that will help improve access.

When we look at cultural and linguistic competency with the Health Department, there's a quote but a very important quote, in that culture really dictates how we view disease, how we go about treatment, how we understand. So it's important that we as a Health Department as well as our practitioners that are in the department try to understand and value other cultural difference as well as our own health related values in order to support a health care system that can respond appropriately to different cultures.

Basically cultural competency is the way in which we look at our attitudes and our policies and how they all come together to effectively work with communities in cross cultural situations. And it is really -- cultural competency is really becoming the standard of care in six states. They have already had legislation where or bills put up in which they're requiring cultural competency training either in their physicians or in the medical schools.

In 2005 New Jersey was the first to require that physicians must have cultural competency training in order to receive a license. In New York the bill has not passed yet but so far is only requiring that it is incorporated in medical school training. But the way the movement is I'm sure it's going to be more for physician licensures as well in the future.

And looking at linguistic competence, again, it's dealing with persons with limited English proficiency, persons with low literacy skills and individuals with disabilities.

Our framework for how we incorporate culture competency into the Health Department comes from the Federal Office of Minority Health from the Department of Health and Human Services. The class standards and they provide a framework and an understanding of how to incorporate these services that are consistent. An overall aim was to help eliminate health disparities.

There are 14 standards. Four of them are actually mandates. Any organization that receives federal funds, which is the Health Department, is mandated to follow these particular mandates. They have to do with access to language services. There are also guidelines and there are recommendations as well. And I included in the packet that I handed out the class standards.

What we have done so far at the Health Department, we have collaborated with IPRO, which is the Island Peer Review Organization. We have trained all of our nurses -- our doctors and nurse practitioners. They participated in a computer based program that is from the Federal Office of

Minority Health. They received their certificate. It's also based on the class standard so that was kind of the first phase of our cultural competency piece.

The second part of it is that we're doing presentations at all the health centers, again, increasing the awareness about health disparities and health competence in the health centers. We've done workshops with different departments within the Health Department and through the County Executive's Nursing Advisory Committee and we're also looking into recruitment and retention of nurses which is also another component of cultural competency.

Some of our plans. One is to incorporate the competencies in the emission of the department. We now plan to train not only the clinical staff but the non-clinical staff, the individuals who when a patient walks in the door that they see first because that is a strong determinant of whether a patient continues with their care. If that relationship is somehow not good a patient will walk right back out the door. So now we're working with Stony Brook to train that particular staff.

We'll review the results that we get from the IPRO analysis and further plan on our incorporation of the class standards, as well as review a lot of the educational material that's provided in the health centers to make sure that it is appropriate and has appropriate literacy level, as well as the increasing factor that's in Suffolk County particularly is our Spanish speaking population. We have to make sure that we have materials that are provided in other languages as well.

And always remember that cultural competency is always -- it is a continual and evolving process. It's not a one time shot deal. Even though the providers went through that one training, it will still be an ongoing process. And part of this ongoing process and what needs to be done is an organizational assessment. This assessment will help with performance improvement, patient satisfaction and looking at our outcome based evaluations, but it is something that requires resources so we're trying to look and to figure out how we can go about doing that.

Again, one of the things that always comes up, every single health center that I go to, especially more so on the east end with the increasing Spanish population where 65% of the patients are speaking Spanish, they need certified interpreters in the Health Centers that are dedicated to speaking Spanish. It's not working out that the phone service -- studies have even shown that those are not -- has very poor evidence for it's effectiveness. Bilingual staff, even a lot of times they have their other staff obligations and the patient population is so great that they can't meet the needs of everyone that is there. So they really need dedicated interpreters in the health centers.

The second part of one of our goals, which is also very important, is data collection. What we were able to do so far, and in the initial -- the charts that I showed you, we had communication with the State and also some local {CBO's}, American Cancer Society, to get some of the latest data and information on the communities. Some of the problems that exist are one, when you look at data from that perspective a lot of the numbers of the racial ethnic minority groups are small and the numbers aren't quite accurate. So we really need to look a little bit closer and look from a County's perspective of what these numbers are.

One of the other things that we've done is we've done the Latino Community Health Assessment in which we went into the Brentwood community, this was done in 2004, and asked questions specific about their access to health care, whether they go to providers, do they have language services that are there. So we're now kind of looking at the data from that as well as some of the analysis. We plan to update the Community Health Assessment, which is done every, I think, five years or so, and hopefully the next one will incorporate racial and ethnic data.

And then the other marker is if we can create a health disparity index or a report card for the County and we're going to work with Stony Brook and some other organizations to see if we can create that with the County so that we have a sense of where we need to go and where have we gone.

Some other things, as far as we increased the awareness of health disparities, we've given multiple lectures, community presentations, sat on panels. We had our Health Disparities Conference. We've reached probably directly maybe -- approximately between five -- about 5,000 individuals directly and then we always encourage people to spread the message.

We communicate a lot with grass roots communities. We have a training program that we're -- and we just find out we received a grant for from the New York State Office of Minority Health to train barbers and beauticians to deliver health messages from their shops. We're also working with faith based organizations to develop health promotion projects as well. And we have our website that we put up a couple of months -- a month or so ago.

For -- in the future we're planning for a second health disparities conference, more presentations across the County, biannual newsletter and collaborating with one of our collaborators from the health conference as well to create a media campaign and some PSA's.

Along with increasing the community awareness we're building community capacity and empowerment. We're teaching the community skills in order to navigate the health system a little bit better and we have collaborated with over 30 organizations to provide services such as HIV testing, flu shots, a whole -- a lot of gamut -- a whole gamut across the Island, or Suffolk County, rather.

We've communicated with over 100 faith based organizations, the barbers and beauticians that I explained. We're also beginning a program with high schools for high schools in the County in which we're trying to increase their awareness about HIV/AIDS, and we have collaborated with some of the County Executive's advisory boards as well. And our plan is to extend our collaborations. We're going to develop a community advisory board. The training program for the barbers and beauticians will expand as well as developing a health promotion project with the faith based community as I mentioned. And that's it. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much. Any questions? Thank you very much, Dr. Maybank. I'm surprised there are no questions.

**DR. MAYBANK:**

Thank you.

**CHAIRMAN MYSTAL:**

The last presentation is from Amy Juchatz. Amy, you've got about ten minutes, at the most 15.

**MS. JUCHATZ:**

Okay. Thank you. Thank you so much for taking time in the busy agenda. I appreciate it. I'm joined here by some other people from our Pesticide Community Advisory Committee. My name is Amy Juchatz. I'm with the Department of Environment and Energy. Today I'm representing the Pesticide Community Advisory Committee as their Chairperson. Again, I appreciate this opportunity.

We're here today to speak with you about the Introductory Resolution 2185, which amends Chapter 380 of the Suffolk County Code, which deals with the pesticide phase out and our Pesticide Community Advisory Committee. We wanted to talk to you about why we have asked for these amendments to the Suffolk County Code and then also as time permits or as your interest leads, to -- how we've been doing in terms of the phase out and if you have any questions for us in terms of the implementation of the pesticide phase out.

I'm joined here today by Adrienne Esposito from the Citizens Campaign for the Environment, Joyce Rodler from Cornell Cooperative Extension of Suffolk County Parks. And who else is there? Will

Maxwell from Suffolk County Parks, Tom D'Angelo also from Suffolk County Parks and Dominick Ninivaggi from the Department of Public Works.

I've passed around -- we also have two written testimony from -- one from Elsa Ford, who is also a member of the Community Advisory Committee. She represents the Brentwood/Bay Shore Breast Cancer Coalition. She was unable to make it today. And then also one from Sarah Anker, who is with the Mt. Sinai Community Health and Environmental Coalition. Okay. Did I get that right?

**MS. ESPOSITO:**

Yes.

**MS. JUCHATZ:**

Good. By way of background, in case you're not familiar with the Pesticide Community Advisory Committee, we were formed in -- by a local law that was passed in 1999. We began meeting in early 2001, and we have been meeting just about monthly since. It is a very active group and the group that you see here has been pretty much the stalwarts. We have -- this is a group that has been pretty consistent and we have been the group that has stayed together pretty much since. So it's a very committed group of individuals who are very dedicated to trying to implement a complete phase out of pesticides on County property.

There are -- and I guess I would also like to emphasize that none of what we have been doing or what we've been able to do really could be possible without the help and hard work of Cornell Cooperative Extension through their Integrated Pest Management Program, which is funded through Suffolk County. We have two people particularly, but I think there are other positions that are funded, that assist the Pesticide Committee and also conduct research trials on alternatives to pesticides, different management practices, things like that that really help. They go out into County departments, they go out onto the golf courses and they work with those departments to try to find out either alternative management practices or alternative products that can be used in lieu of pesticides. Without their assistance we wouldn't have gotten as far as we've gotten today.

There are basically two areas that the amendments are geared towards and this has happened. We've worked on these amendments, I guess, over probably the course of about a year and a half and they're geared toward two areas. One is membership, because there have been some issues regarding membership, and the other area is in regard to the new Department of Environment and Energy. So I'll go over the Department of Environment of Energy and then I'll turn it over to Adrienne. She'll talk about some of the issues in regard to membership.

But basically when the Charter Law was passed to start up the new Department of Environment and Energy the responsibility for implementation of Chapter 380 of Suffolk County Code that deals with pest management and pest control, was shifted over from the Health Department to the Department of Environment and Energy. So responsibility for the pest management -- the pesticide CAC was shifted to the Department of Environment and Energy and so the role for Chairmanship as well as the whole oversight of the implementation of the pesticide phase out was now shifted over to the Department of Environment and Energy from the Health Department. My position is, well, it was shifted over to the Department of Environment and Energy.

So we are asking for now the Chapter 380 to just be consistent with that. So a lot of the changes are recognizing that now the Chairmanship has shifted from the Health Department, Health Services, to DEE. As well it's sort of acknowledging that it's a dual role, that it's done in concert, it's not just Department of Environment and Energy, but there is a dual role between both departments that we need to work together to implement the pesticide phase out. And then, as well, the Chairmanship would be shifted from the Health Department to Department of Environment and Energy. Adrienne?

**MS. ESPOSITO:**

The changes that we're asking for are actually very minor and we believe very sensible. Currently the original piece of legislation requires two individuals from the medical community to serve on the committee. And that sounded very good, and we've actually had some doctors join the committee for very brief amounts of time. I think the record was probably four months, but as we have learned since 2001, doctors can't be on committees that meet once a month and many times our meetings last two or three hours. So they have come and gone. Mostly they've gone and stayed away.

So what we're asking for is if we could change those two slots on the membership. Both of them currently say doctors or people from the medical community. Our suggestion to you, which we would hope you would accept, is that the one is modified to just simply someone with a medical position, allowing for a health and safety background. Okay? It could even include a vegetarian, but somebody with a health and safety background. A veterinarian. That was one of the funniest snafus. Okay. And the other one should be substitute someone for the medical position to now be someone from Suffolk County Department of Health Services. So instead of two people from the medical community one should be from Suffolk County Department of Health Services and the other one from a health and safety background.

Also, we'd like the position that currently says that the Vector Control be a member to just be a little bit broader. That could be a brought in position from the Department of Public Works. And then also to allow some of the positions to have alternates. So, for instance, if I couldn't make it one month, it could be my alternate. Or if Elsa Ford from the Bay Shore/Bright Waters -- or Bay Shore Breast Cancer Coalition couldn't make it one month, she could have an alternate.

These we feel are very important because it allows us to have a quorum. There have been times when we couldn't conduct our work because we didn't have a quorum because we didn't have the two people from the medical community. So we are just looking for some tweaks to the law which will allow us to establish a quorum each month and we can continue on to do the work that we've been doing.

**MS. JUCHATZ:**

Okay. Great. There are two sort of quick edits, I guess, that we would also ask for to the law -- to the resolution that are, I think, are just really editorial. I don't know if it's appropriate to ask for those at this point here. Should I go ahead?

**MS. ESPOSITO:**

Do you have the resolution in front of you?

**CHAIRMAN MYSTAL:**

No, I don't have the resolution in front of me.

**MS. JUCHATZ:**

Okay.

**CHAIRMAN MYSTAL:**

Do you have the resolution? Is there no resolution? What I would like for you to do is to -- if you can compile those changes you would like to make and forward them to our legal department here.

**MS. JUCHATZ:**

Okay.

**CHAIRMAN MYSTAL:**

To our Counsel to the Legislature and they will start the mechanism -- they will look at the mechanism that we need to do -- we need to apply to make these changes.

**MS. ESPOSITO:**

It's actually on your list today to be voted on. We've done that. We've taken your wonderful advice and the changes are in -- that we have requested are in a resolution with no number -- oh, no -- resolution 2185. And I believe it's due to be voted on today.

**CHAIRMAN MYSTAL:**

Yes, it will be voted on today.

**MS. ESPOSITO:**

And after we read it, though, we just wanted to bring two things to your attention, after we read it as we walked in today.

**CHAIRMAN MYSTAL:**

Well, what I wanted to ask you, the resolution as it stands right now, 2185, is that satisfactory or do you have more --

**MS. ESPOSITO:**

It's terrific. There was two little editorial things we just wanted to bring to your attention.

**CHAIRMAN MYSTAL:**

Right.

**MS. ESPOSITO:**

And they're very easy. If you look on page four of five, D and E are exactly the same. D says the CAC shall issue annual reports to the Suffolk County Legislature. E says the CAC shall issue annual reports to the Suffolk County Legislature. So we understand you want us to have annual reports.

**CHAIRMAN MYSTAL:**

It needs to be in there.

**MS. ESPOSITO:**

Twice? Okay.

**CHAIRMAN MYSTAL:**

There is a difference. To you it doesn't make any difference, but there is a difference.

**MS. ESPOSITO:**

Oh, one is chapter and one is local law. Okay.

**LEG. STERN:**

Right. There is a difference.

**MS. ESPOSITO:**

Thank God there is an attorney in the house.

**CHAIRMAN MYSTAL:**

You will always find someone around here, unfortunately.

**MS. ESPOSITO:**

Or in this case, fortunately.

**LEG. ROMAINE:**

First kill all the lawyers.

**CHAIRMAN MYSTAL:**

Yeah, then we'll kill the shark.

**MS. JUCHATZ:**

On B, the membership on CAC shall consist of the following nine members, page three, B-1. It seems to us that it should be -- maybe we're wrong again -- but one individual to be selected by should be included in the bracket to be deleted and instead it should just read the County Commissioner of Department of Environment and Energy or his or her designee.

**CHAIRMAN MYSTAL:**

It's okay. It's the way it should be. That's legalese.

**MS. JUCHATZ:**

Okay.

**CHAIRMAN MYSTAL:**

The lawyer who basically wrote -- what is your objection to it?

**MS. JUCHATZ:**

Well, it just seemed that they could appoint anybody from outside government and it wouldn't be -- it doesn't read as it would -- like below that the County Commissioner of Health Services, it's not anybody -- any individual selected by the County Health --

**MR. BEEDENBENDER:**

Mr. Chairman, if you'd like, we have somebody from the County Attorney's Office that can look at this while you proceed with your agenda, if that meets your pleasure.

**CHAIRMAN MYSTAL:**

Well, yes, he can look at it, but also the Counsel is going to answer.

**MR. BEEDENBENDER:**

They can work together if you'd like.

**MS. JUCHATZ:**

We just wanted to raise a point, whatever you feel. It just didn't seem consistent with the other department.

**CHAIRMAN MYSTAL:**

Let him answer for you.

**MR. BARRY:**

If you read this without all the brackets, if this were to be passed today it would read, quote, "One individual to be selected by the County Commissioner of the Department of Environment and Energy or his or her designee to serve as Chairman. Two, the County Commissioner of Health Services."

**MS. JUCHARTZ:**

Right.

**MR. BARRY:**

That was intended.

**CHAIRMAN MYSTAL:**

See, when we put something in a bracket in a resolution it means that's coming out.

**MS. JUCHATZ:**

I understand that.

**CHAIRMAN MYSTAL:**

So don't read it. We have to do it this way.

**MS. ESPOSITO:**

We may not be lawyers, but I think we get that.

**CHAIRMAN MYSTAL:**

You got that, okay.

**MS. JUCHATZ:**

I guess I won't belabor it too much but I just -- it seemed unusual that the Chair was different than number two where you have the County Commissioner of Health. It is reading different than number one, where it's one individual. It's not reading the County Commissioner.

**MR. BARRY:**

Because as that would read as amended it would mean that the County Department -- the Commissioner of Environment and Energy would select the person who shall serve as Chairman.

**MS. JUCHATZ:**

That's what it's supposed to say.

**MR. BARRY:**

That's what it will say if this passes.

**MS. JUCHATZ:**

Okay. We'll leave it at that. Okay.

**CHAIRMAN MYSTAL:**

Any other questions?

**MS. JUCHATZ:**

No. If you -- we have an annual report, which you will be receiving shortly in the mail. It will look like this.

**MS. ORTIZ:**

They received it already. They just received it.

**CHAIRMAN MYSTAL:**

We got one. We just received it.

**MS. JUCHATZ:**

Okay. And if you have any questions, we have people here from the Parks Department, especially in regard to golf courses, Cornell Cooperative Extension is here if you have any questions in regard to research that's being done or trials that are being conducted looking into alternatives.

**CHAIRMAN MYSTAL:**

I will ask. Any question from the panel? No, and you're free to go.

**MS. JUCHATZ:**

Thank you.

**MS. ESPOSITO:**

Thank you.

**CHAIRMAN MYSTAL:**

We are now going to the agenda. I was going to call two resolutions out of order, resolution 2259 and resolution 2262, but I have just been informed by our Counsel that there are errors in the bills and that the term that are noted in the resolution are wrong in both resolutions. So we will interview -- we will interview the two people and we will try to see if we can get a CN. Somebody from the County Executive, could we get a CN from the County Executive on those two resolutions for Tuesday, resolution 2259 and resolution 2262? Counsel will tell you.

**MR. BARRY:**

IR 2259, the term of office of the appointee is four years, which if passed this year would bring the expiration date December 31, 2009, not 2010. And also in 2262, the term of office for those appointees are two years, and in the resolution it says it will expire December 31, 2006, that's only -- well, a couple of weeks.

**MR. BEEDENBENDER:**

I believe that last one was just fulfilling a term and we'll have to put the resolution in again January. But we were just trying to fill the term so the person could be on the board. So I understand your comments as per 2259, but 2262 actually was intended to fill out the rest of the term and then we will put in a new resolution in January to fill out the next two years. So in terms of 2259, if there are indeed errors, then we can certainly come back with that. We just ask that you interview the candidate today.

**CHAIRMAN MYSTAL:**

We will. We would like to know if the two candidates are here, Norma Downey and James T. Sorrentino. Both of them are here. So if anybody have any question for them. There are no questions from us, but we're sorry we kept you so long. We both know that you guys are fantastic people. Anybody who wants to serve on this board we know that are really true troopers in the County. So thank you very much for being here. We will have a CN for one resolution and the other resolution we'll pass today if it's okay to be passed.

**MR. BARRY:**

It's fine.

**CHAIRMAN MYSTAL:**

It's fine. So what I would like to do is to -- I think 2259 we need to get a CN for it, which we'll have Tuesday. But 2262 I will entertain to take out of order.

**LEG. ROMAINE:**

Motion.

**CHAIRMAN MYSTAL:**

Motion to take out of order, seconded by Legislator Stern. All in favor to take it out of order? Approved. No abstention and no no votes. So now the resolution is in front of us.

**2262, Approving the appointment of James T. Sorrentino to the Suffolk County Disabilities Advisory Board - Group D.**

**LEG. ROMAINE:**

Motion.

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Romaine, seconded by Legislator Stern. All in favor? Abstention? No vote? The motion is approved. That was 2262. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

Ms. Downey, we will have your resolution on Tuesday with a CN from the County Executive and that will be taken care of. Thank you very much for being here.

**MR. SORRENTINO:**

Thank you.

**CHAIRMAN MYSTAL:**

Ms. Downey, I don't think you have to come back on Tuesday if you don't want to. You guys don't have to come back. Okay. Tabled resolutions.

**Tabled Resolutions**

**1740, Amending Resolution No. 386-2006, to establish a new fee policy for the Suffolk County Tobacco Cessation Program.**

**LEG. ROMAINE:**

Motion.

**CHAIRMAN MYSTAL:**

Motion to table because I think we already passed one.

**LEG. ROMAINE:**

Oh, with the budget.

**CHAIRMAN MYSTAL:**

At the budget. We already passed one, so this one we'll table.

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Okay. All in favor? Motion is tabled. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**1952, Adopting Local Law No. 2006, A Local Law to require proper supervision at hotel and motel swimming pools.**

**CHAIRMAN MYSTAL:**

Motion to table by myself.

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Stern. All in favor? Abstention? No? The motion is tabled. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**2113, Adopting Local Law No. 2006, A Local Law to regulate the use of outdoor wood-burning devices in Suffolk County.**

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Stern, seconded by myself. It's a local law.

**LEG. ROMAINE:**

Public hearing?

**CHAIRMAN MYSTAL:**

Public hearing is closed. Okay. Motion has been approved and seconded. All in favor? No abstention. Motion carries. **(Vote: 4-0-0-1 Not Present: Legislator Eddington)**

**2185, Adopting Local Law No. 2006, A Local Law to integrate County Department of Environment and Energy into full implementation of County Pest Control Policy.**

**CHAIRMAN MYSTAL:**

The changes that they wanted to make, they were already in there. They were reading it the wrong way. So motion to approve by?

**LEG. STERN:**

Motion to approve.

**CHAIRMAN MYSTAL:**

I second the motion. All in favor? Opposed? Abstentions? Motion is approved. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**Introductory Resolutions**

**2243, Requiring notification of rabies vaccine drops.**

**CHAIRMAN MYSTAL:**

What is -- I'll take a motion. Motion by Legislator Stern. I'll second it. What is that?

**LEG. STERN:**

I'm actually --

**CHAIRMAN MYSTAL:**

Go ahead.

**LEG. STERN:**

Thank you, Mr. Chairman. This resolution is in a response to rabies drops that were performed by -- technically by New York State without adequate notice to surrounding communities. It was an airdrop by helicopter and nobody knew about it until well after the fact, after there were schoolchildren out on the school field waving to a helicopter overhead, you know, dropping bait. Anyway, the --

**CHAIRMAN MYSTAL:**

Would you like to table this?

**LEG. STERN:**

Because there is some notification but what we believe to be not adequate notification to surrounding communities, we want to expand the procedure for notifying area residents. But it's something that we're still working on, working on with my colleagues and working on with the Executive's Branch. So at this point I'll just offer a motion to table for now.

**CHAIRMAN MYSTAL:**

Okay. I'll second the motion to table. All in favor? Abstention? No? Motion is tabled. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**2255, To accept and appropriate 100% additional State aid from the New York State Office of Mental Health to the Suffolk County Department of Health Services, Division of Community Mental Health Hygiene Services for a cost of living adjustment (COLA) and to restore funding to programs that were impacted by the 2005 calendar year budget.**

**CHAIRMAN MYSTAL:**

Motion to approve.

**LEG. STERN:**

Second.

**MS. ORTIZ:**

You read the wrong one.

**MR. BARRY:**

You read the wrong one.

**CHAIRMAN MYSTAL:**

Oh, I'm sorry. **2254, Amending the 2006 Adopting Operating Budget to accept and appropriate additional 100% State aid from the New York State Office of Alcoholism and Substance Abuse Services to St. Christopher Ottilie (SCO) Family of Services for pre-operational one time only funding of a new community residence.**

Motion to approve by Legislator Stern. Can we put it on the Consent Calendar? It's 100% funding. Seconded by myself. Consent Calendar. All in favor? Abstention? No? Motion is put on the Consent Calendar and approved. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**2255.** I already read that one so I'm not going to read it again. Motion by myself, seconded by Legislator Stern, and also to put on the Consent Calendar. All in favor? Abstention? No? Motion is approved.

**(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**2259, Approving the appointment of Norma Downey as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities and Alcohol and Substance Abuse Planning and Advisory Board.**

**CHAIRMAN MYSTAL:**

We're going to await a CN from the County Executive. We're going to table that motion, 2259. Motion to table by myself, seconded by Legislator Stern. All in favor? Abstention? No? Motion is tabled. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**2262 is already approved.**

**2275, Amending the 2006 Capital Budget and Program and appropriating funds in connection with the purchase of equipment for health centers (CP 4055).**

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Stern, seconded by myself. All in favor? Abstention? No? The motion carries. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**2287, Adopting Local Law No. 2006, A Local Law expanding income eligibility limits for real property tax exemption for people with disabilities.**

2287 has to be tabled for a public hearing. I make the motion to table.

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Stern. All in favor? Abstention? No? The motion is tabled. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**Memorializing Resolutions**

**M.076, memorializing resolution in support of the Screening for Health of Infants and Newborns (SHINE) Act of 2006.**

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Stern, seconded by myself. All in favor? Abstention? Motion is carried. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**M.077, memorializing resolution in support of creating the Prescription Drug Assistance Program.** Mr. Stern, it's yours.

**LEG. STERN:**

Motion to approve.

**CHAIRMAN MYSTAL:**

Seconded by myself. All in favor? Abstention? The motion carries. **(Vote: 4-0-0-1 Not Present: Legislator Eddington).**

**LEG. ROMAINE:**

Motion to adjourn.

**LEG. MYSTAL:**

Thank you, sir. I second that motion and we are out of here.

***(The meeting was adjourned at 2:46 PM)***