

HEALTH AND HUMAN SERVICES COMMITTEE

Of the

Suffolk County Legislature

Minutes

A regular meeting of the Health and 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 February 1, 2007.

Members Present:

Legislator Eli Mystal - Chairman
Legislator Wayne Horsley - Vice-Chair
Legislator Jack Eddington
Legislator Lynne Nowick
Legislator John Kennedy.

Also in Attendance:

Presiding Officer William J. Lindsay - District #8
Legislator Kate Browning - District #3
George Nolan - Counsel to the Legislature
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature
Barbara LoMoriello - Deputy Chief of Staff/P.O. Lindsay's Office
Linda Bay - Aide to Minority Leader
Paul Perillie - Aide to Majority Leader
Ben Zwirn - Assistant County Executive
Brendan Chamberlain - County Executive Assistant
Justin Littell - Aide to Legislator D'Amaro
Greg Moran - Aide to Legislator Lynne Nowick
Bob Martinez - Aide to Legislator Montano
Marion Cohn- Aide to Legislator Lindsay
John Ortiz - Senior Budget Analyst/Budget Review Office
Diane Dono - Senior Budget Analyst/Budget Review Office
Dr. David Graham - Acting Commissioner/Dept of Health Services
Dr. Patricia Dillon - Drctr/Epidemiology & Communicable Disease-DHS
Linda O'Donohoe - Assistant to the Comm./Dept of Social Services
Ed Hernandez - Deputy Commissioner/Department of Social Services
Dennis Brown - Deputy Bureau Chief/County Attorney's Office
Richard Koubek - Chair/Welfare to Work
Kathy Ligouri - Vice-Chair/Welfare to Work
Yvonne Milewski - Nominee/Chief Medical Examiner of Suffolk County
Lydia Sabasto - 1st Vice-President/AME
Debbie Alloncius - Legislative Director/AME
Frances Gates - Three Village Meals on Wheels
Pamela Schoeneman - Three Village Meals on Wheels
Linda Bernstein - Three Village Meals on Wheels
Janet Kushnick - Huntington Meals on Wheels
Agnes Ward - Huntington Meals on Wheels
Nancy Bazzicalupo - Huntington Meals on Wheels
Tracy Trypuc - Appointee/Board of Health
Margaret Bermel - Director/Health Admin. Services
Matt Miner - Deputy Commissioner/Health Department
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Stenographer

Minutes Transcribed By:

Denise Weaver - Legislative Aide

(*The meeting was called to order at 2 PM*)

CHAIRMAN MYSTAL:

Good afternoon. Please stand for the Pledge of Allegiance led by Legislator Nowick.

Salutation

Please remain standing for a moment of silence for our troops fighting overseas.

Moment of Silence Observed

Thank you very much. Welcome to the first meeting of the new year of the Health and Human Services Committee. We have a short agenda but some speakers. The first speaker we want to bring to the podium is the nominee for the position of Medical Examiner, Yvonne Isabella Milewski. Good afternoon.

DR. MILEWSKI:

Good afternoon.

CHAIRMAN MYSTAL:

Did I pronounce your name right?

DR. MILEWSKI:

Yes. That's -- that's very good. Thank you.

CHAIRMAN MYSTAL:

Okay. I don't know if you know the participants on the committee; Kate Browning, who's not on the committee, will be sitting in.

LEG. BROWNING:

Thank you.

CHAIRMAN MYSTAL:

And Jack Eddington.

LEG. EDDINGTON:

Hi.

CHAIRMAN MYSTAL:

Wayne Horsley; myself, Elie Mystal; Legislator Kennedy, not to be -- you know, he's not related to the other Kennedy, so don't worry about it; and Legislator Lynne Nowick. You know, so welcome to our part of the world.

DR. MILEWSKI:

Thank you.

CHAIRMAN MYSTAL:

Somebody just told me not to ask you any questions because you don't know what you're getting into. So we welcome you and the floor is yours.

DR. MILEWSKI:

Oh. Well --

CHAIRMAN MYSTAL:

We will ask a question after you make --

DR. MILEWSKI:

Yeah. I'm sorry, I guess I should have assumed that I was going to make a statement. But I'm very, very pleased to be offered as a potential nominee for the position of Chief Medical Examiner by the County Executive's Office.

From the first moment that I had contact with the Blue Ribbon Committee, everyone's been very positive and enthusiastic and the process has been very diplomatic and pleasant. You may know that we currently live in Texas, but we have roots here in New York and we're very pleased to be coming back home. And I'm very honored to be considered for a position that would allow me to serve such important public functions as well as public health functions. This is a good time in my life, personally and professionally, to undertake a position like this and I greatly look forward to its challenges.

The Suffolk County Medical Examiner's Office has had -- preceding Chief Medical Examiners have all been individuals with very well respected reputations and I'm very honored to be considered next in line. And I understand that the office is a superb building and has superb support throughout its history. So I'm very excited and I look forward to hopefully working with all of you in the future.

CHAIRMAN MYSTAL:

Thank you very much. We're going to open the floor to questions. Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Thank you, Doctor, for coming forward and thank you for considering the appointment. Can you tell me just a little bit about, I guess, some of your experience as far as practice goes, or how can we better get to know you and where your concentrations of practice have been?

DR. MILEWSKI:

Well, I think this area of chief administrative supervisory -- or an official for an administrative office like this and interacting with the Legislature is something brand new for me. I've had supervisory administrative positions in the past, but that was very internal. I oversaw the Bronx Office of Operations that had an umbrella -- central administration outside the office, and I rarely interacted with sort of -- with legislative people and budget and management people. So this is a new area of interest for me, too, and I'm eager to hear from you as well what would be a great way to facilitate it.

But just in terms of summarizing what I think the most important things are for our office, and just by nature of the role of the Medical Examiner, if we do our jobs well, you rarely hear anything about the Medical Examiner's Office. And if the Medical Examiner's Office does its job well in serving the public at a very difficult time, both on an individual basis and even, you know, God forbid instances where there are mass fatalities, and that seems to get the attention more often than what we do every day on a smaller scale. So having worked in New York City during September 11th, I can say that it's a situation that nobody -- that everyone hopes doesn't happen. But it would be unfortunate if that would be the only time that people noticed the Medical Examiner's Office in a supportive way.

So your question, to summarize my interest, my entire career I've, you know, been a Forensic Pathologist and I've worked in a very strong administrative office in New York City for eleven years. I -- the last four years I served as the Chief Medical Examiner for the Bronx, effectively, under Charles Hirsch, who oversaw the entire City of New York. From there I went to Columbia University to undertake residency training; again, I wanted to do neuropathology before I became too old to be

a resident again. And that was a really useful experience for me in the sense that I have additional expertise in the area, but it also exposed me to being a resident at 40. And now I have sort of a heightened interest in working with residents again, because I have an appreciation for what their experience is like further down the road.

And I've been in Texas for two years. I took an academic position at the University of Texas, it was a position that promised the opportunity to do forensic work, to continue in a public capacity and to do academic work, and I was able to do both to some extent. And I looked at this job, you know, shortly after two years out there.

LEG. KENNEDY:

Thank you, Doctor. Actually, I have your resume now that's in front of me, and some of your comments, I guess, are very telling and very poignant, I think. Certainly, as you said, it's been my experience that the Medical Examiner's Office is not something necessarily that folks have occasion to speak about in general terms. However, of course, when individuals have needs where there's been a death under questionable circumstances, they need interaction, they need access, then the ME's office becomes of paramount importance.

The other aspect of the office, I guess, that I'm aware of to a certain extent is the whole interaction with the District Attorney's Office and the criminal aspect of some of the testing that occurs and the evidentiary parts of it as well. And I assume that you've got a good familiarity with that aspect of the position?

DR. MILEWSKI:

Yeah. I'm very well aware of the strength of the Crime Lab that is present physically in the Medical Examiner's Office and also as a part of the general administration. And I must confess that, you know, the places I've worked for before had those capacities outside the administration, and so Suffolk County actually nationwide is very unique in that way.

But, you know, to practice forensic pathology and not become more intimately involved and aware of the advances in DNA work and other criminalistics these days, that's the pioneer of forensics. So I'm very pleased that this position sort of catapults me in a place where I can't just put it, you know, in the corner of my desk and say I'm going to read about that next month; it's under my oversight, so I'm looking forward to it.

I have some familiarity about it, the DNA lab in New York City is a well-known DNA lab and Dr. {Schaefer}, I spent a lot of time with him learning for my own benefit. But with official capacity it will be the first time that I'll be -- have any responsibility towards that work and I'm looking forward to it.

LEG. KENNEDY:

Thank you, Doctor. Would you suffer one more, Mr. Chair? It's been my experience, having had the good fortune to sit on this committee now for the last two years and having a very proactive Chair and a very involved Chair, that oftentimes we're called on to go ahead and consider issues of funding, sometimes from the private sector and also on occasion we will add a dialogue associated with different departments. How do you view your role as advocating for the health and well-being of the office and your ability to come to us if you have perceived needs?

DR. MILEWSKI:

I'm a very -- I'm very sensitive to this issue, obviously. There's a tremendous pressure publicly all the time to keep costs down and yet, you know, if the County's growing and if people are being born, people are dying and, you know, in the best of all circumstances, most of those deaths do not come to the attention of the Medical Examiner. But if health care access is comprised, people die without the attendance of a physician, those cases become Medical Examiner's cases. Everyone thinks that a violent death as being our main purview, but in fact most of the cases that we get involved with are natural deaths.

So if the County is growing, it may actually occur that we might have some more needs to handle the work they do and I think I'll be very open and I'll be very forthright if that's the case because that's my role, that's my job to make sure that the citizens of Suffolk County don't get shortchanged at such a difficult time in their lives.

And it does, for the most part, come down to what happens to people in day-to-day life, not the stuff that ends up in the newspapers, the infamous criminal cases or the mass disasters. But, you know, the small things that we all sort of take for granted that, you know, God forbid something happens that things will just be taken care of and that doesn't happen.

LEG. KENNEDY:

Well, I'm pleased to hear you say that, Doctor, because all of us, I guess, as we consider the appointments that are brought forward, you know, hope that we will have folks that come on board that are at the top of their game as far as competence and ability and also an inherent desire to advocate for quality of service.

So I'll encourage you to make sure that that's an area that you have frank discussion with the administration as far as the importance with the operation of the office, and satisfy yourself that the commitments are there.

DR. MILEWSKI:

Yeah. I mean, you know, from the beginning, from day one as a forensic pathologist, I -- this is work that serves the public, you know. Fortunate for us, it gives us a source of intellectual gratification at times, you know, but for the most part we do our work because we're serving an important function. And that's my job, to look out for these types of needs for the citizens of the County, no one else is going to be tasked with that. So I look forward to that.

LEG. KENNEDY:

We'll all benefit. Thank you, Doctor. Thank you, Mr. Chair.

CHAIRMAN MYSTAL:

Legislator Nowick.

LEG. NOWICK:

Yes. Nice to meet you and thank you for coming in today. Just a few short questions. You are moving back into Suffolk County, I understand; is that correct?

MS. MILEWSKI:

Yes.

LEG. NOWICK:

Okay. And I look over your resume and I'm so totally impressed. I can't even pronounce some of those things; anatomic pathology, you make us feel less. But there is one area of the Medical Examiner's Office that does concern me and as you say, most of the time nobody in Suffolk County really hears Medical Examiner. That area would be the lab, as you say, many people do pass away without a physician present, and in those cases the lab takes over and does their testing to see cause of death.

Over the past few years, it's come to my attention that it takes a long time to get results. And I think part of the reason, from what I understand -- and you can correct me on this because it's a little more technical than I understand -- but it's batching of certain things, waiting for different batches to come in because there's not enough equipment or whatever it is. But my concern in this area is that there are in many cases widows and families that need to have that information as fast as possible because, quite frankly, they are waiting to pay their mortgage with an insurance policy. It is something that becomes very, very important for our citizens. And I wanted to know how you

feel about this and how you thought best you could deal with this?

DR. MILEWSKI:

Well, I mean, you don't know this but we're talking here today, I'm very, very -- in my personal work habits and what I value most in terms of service is turnaround time for cases. I mean, I'm -- it's my personal obsession, if you will. But I also know that improvement on how quickly paperwork gets turned around, whether it's just a Death Certificate or a Death Certificate Report, because different people need one, maybe a Death Certificate but not a report or vice versa.

Sometimes there is -- there are limits in terms of when you refer to batching. And I'm taking that to mean that perhaps doctors are waiting for toxicology tests to be completed and, you know, technically speaking, rather than run every one test by itself, there's a system that batches these things together.

LEG. NOWICK:

That's what I thought.

DR. MILEWSKI:

But, you know -- and this is actually the first thing I'm going to look at if I'm so honored to get this position. Because it really is the most sensitive and outside indicator of whether we're doing our jobs. I mean, because most of the people affected by our work, as we keep talking about here, are the natural cases, the not sensationalistic ones and those are the people who need our help the most.

It's fairly easy -- and from what I understand, I did tour the Medical Examiner's Office -- to do a survey and look and see, you know, what cases are outstanding, why they're outstanding. What's the problem? In other offices I worked with, it heavily relied on how quickly toxicology turned around. Well, laboratories to maintain their certification know what their turnaround time is, they're required to put that in their report.

LEG. NOWICK:

I just don't understand what you mean by the turnaround time.

DR. MILEWSKI:

Meaning that when a sample comes into the lab, it's the period of time it takes for that to turn around and produce a report, So the amount of time it takes to run the test or complete the test. It's what they call a case turnaround time, so it turns around from being an open case to a closed case.

There are deaths that occur that we might not need toxicology on. For instance, the death looks like it's probably natural, we do an autopsy, we find evidence of natural disease sufficient enough to cause the death. Even if there's a curiosity to -- well, not a curiosity but a need to potentially be sure there's nothing in the bloodstream for toxicology, many of us would go ahead and certify that death that day and say, "Listen, you know, we have no reason to believe, we'll issue out the paperwork", but of course check the test, you know, sometime when it's completed.

There are various combinations of things. In my experience, it's usually the laboratory time it takes to finish a test. And, you know, at the very beginning if I worked proof of this job, it's very easy to see -- to take a good look and see where the hold-ups are. I can promise you that if the hold-up -- part of the hold-up is the turn around time for the professionals, in other words, the doctors finishing their reports and death certificates, that for me is a very easy thing to improve upon. And I understand the record staff, they are very organized and can produce lists that show, you know, which cases are outstanding, which cases are ready to go but haven't been completed for some reason.

So I think this is a very doable survey. And I think it would really point out if there is any --

anything present that's sort of interfering with a quicker, I was going to say turn around time but you know what I'm saying, but a quicker -- so people don't have to wait so long. Because I understand as well, too, is, I mean, I don't know, when I was in New York City I'd fill out paperwork for a death certificate, I'd sign the death certificate but then there was the delay in the Vital Statistics Bureau where that certificate would be filed. So, I mean, it's not just, you know, our delay that's --

LEG. NOWICK:

Right.

DR. MILEWSKI:

-- affecting these families.

LEG. NOWICK:

And I'm not talking about death certificates, that comes out, the cause of death for the insurance companies has to be on there.

MS. MILEWSKI:

Absolutely.

LEG. NOWICK:

I'm sure. And from what you're telling me, the majority of cases that come into the Medical Examiner's Office are very easily determined.

DR. MILEWSKI:

Well, you know not having spent --

LEG. NOWICK:

Toxicology takes longer.

DR. MILEWSKI:

Yeah. If toxicology is holding up a case, it will add to the length of time that it takes to get a result to the family member.

LEG. NOWICK:

What I would ask then, if you were approved and came into this job, if you would make a commitment to us that that would be something on the front burner. Because I do think five, six months is a long time for a widow and a family to wait for --

DR. MILEWSKI:

I agree with you.

LEG. NOWICK:

They could lose their house in that time.

DR. MILEWSKI:

Oh, yeah, I agree with you. And not having worked there yet, from the outside that's a long time. That's a long time for -- there are the -- there is the unusual rare case, which might take that long, but those are the minority; not even the minority, they're rare. You know, I can tell you right now, those are cases that require a lot more than just laboratory work; additional investigation, some research into medical records, perhaps the consultation with other medical experts. Those cases --

LEG. NOWICK:

Those are rarities, though, right?

DR. MILEWSKI:

Those are rarities. So I don't -- sitting here today, don't know if that's the case, what's keeping those cases five to six months. And I think that as long as it's easy to find those cases from the very beginning, I will get to it right away. I'm very concerned about things like that.

LEG. NOWICK:

I would appreciate it. Thank you.

CHAIRMAN MYSTAL:

Legislator Horsley.

LEG. HORSLEY:

Thank you, Mr. Chair. Good afternoon and welcome.

DR. MILEWSKI:

Thank you.

LEG. HORSLEY:

And I've got to say, the first thought that crossed my mind when you started talking about your background was that you are a true academic, that you reach out, and I mean that in a positive way, you reach out for new knowledge, that you've tried to improve yourself. Even though you may not need to have done that, but it was for your own benefit, and I think that's pretty impressive.

DR. MILEWSKI:

Thank you.

LEG. HORSLEY:

I want to follow-up on a question that Legislator Kennedy had, and I concur with him, that he wants you to be aggressive and talk to us about your needs and your financial wants and that kind of stuff. Have you had a chance to look at the budget of your office as yet?

DR. MILEWSKI:

No, I haven't seen the itemized budget, I just have an idea of what the budget is. I have not seen the actual budget yet.

LEG. HORSLEY:

Okay. Did it make your hair stand on end, or is everything okay?

Did it make sense?

DR. MILEWSKI:

Well, you know, I think the best way to answer that question is to see how things function. I mean, I understand that the office functions extremely well, meaning that it has adequate support, you know. And, you know, if I start looking at, you know, what's holding up reports and if it's, you know, delayed turnaround time in the lab, then it might be an answer to that question that might need something to be addressed financially. But I've always understood that this office has been funded very positively in the past, so -- but that doesn't mean that we can't improve on things.

LEG. HORSLEY:

Okay, because we want you to be in the mix -- in the budgetary mix when the time comes around.

DR. MILEWSKI:

Okay, no problem.

LEG. HORSLEY:

So I concur with Legislator Kennedy. Welcome to Long Island.

DR. MILEWSKI:

Thank you.

CHAIRMAN MYSTAL:

Legislator Kennedy, you had one more brief question?

LEG. KENNEDY:

Yes. Thank you, Mr. Chair. And again, thank you, Doctor, for having this conversation with us, because as you can see, it's an important matter.

There was one matter that was before the committee and I recall, as a matter of fact, some time in the early part of last year where we had some funeral directors that were before us expressing concern about the ability to go ahead and just get access to decedents from the office based on, again, some of the discussion that you had with Legislator Nowick about turnaround time. I believe that was an isolated incident. However, I have heard from the Funeral Director's Association in general, that they'd ask that there be more time period in a given day as far as the ability to go ahead and retrieve decedents from the morgue. I understand that after eight o'clock, nine o'clock, ten o'clock at night, there's no ability to go ahead and access a body until opening of business the next day.

Now, some have told me that in neighboring counties or in the boroughs, that there may be access around-the-clock to go ahead and to retrieve a body so that the funeral directors can then begin to go ahead and do the important work that they have to do as far as moving forward with the funeral process.

So as you go about becoming involved -- first of all, I'd ask your thoughts. And then if, in fact, this is the case, I'd ask you to go ahead and put some attention to it.

DR. MILEWSKI:

Mr. Kennedy, when I toured the facility back in December, one of the main -- my questions were primarily service-related to the extent that, you know, having done this work for a period of time, I sort of know what kinds of things cause problems for families and this is definitely -- you know, in addition to the paperwork problem that people run into, this is also a concern of mine. I just worked in a place, and Texas as a matter of fact, that body released to funeral homes only could happen between nine and five and not on Sundays, and that bothered me tremendously.

So when I toured the facility, I was told, actually, that there is 24-hour release of bodies during the night. That perhaps there isn't a fully-staffed mortuary staff doing it, but that there was someone in the building present that could assist a funeral director after 8 pm, you know, during that 12 hour period of time. But that is some -- if that's not the case, I will find that out -- if I'm approved, I'll find that out the first day, because I'm very sensitive to this issue myself. I mean, I worked in New York City where it's 24 hours and it's a different situation. I mean, you know, it's a very big system, lots of employees but, you know, families need access, you know, to their loved ones. And I'll look into it and clarify that from the beginning, yeah.

LEG. KENNEDY:

I would appreciate it because that's the conversation and the information that I had as recently as, I would say, October and November. And again, your experience in the boroughs, certainly perhaps the population was a little bit larger. However, as you know, we are a fairly large geographically set out County, so it may not be uncommon for a director to have to travel a couple of hours coming from the east end, you know, to get here to Hauppauge and go ahead and do the retrieval process.

DR. MILEWSKI:

Yeah. I mean, just to let you know that that was something I specifically asked about because I have a sensitivity to it now, and I was told that bodies were released, in fact, overnight. But I will

definitely check.

LEG. KENNEDY:

Well, if that's the case, then I applaud Dr. Graham and the department because perhaps that may be something that has occurred recently. But as I said, my conversations with representatives from the Funeral Directors' Association as recently as two, three months ago was that was not occurring.

The only other, I guess, request I'll have of you is certainly, again, having the opportunity to look at your resume, I'm convinced that you have a wealth of skills and academically you are very well versed and very well prepped. I would ask you if you would just have a conversation with the District Attorney, though, so that you again appreciate from your side the importance of, I guess, the Crime Lab functions and the expectation that may be had there from the District Attorney's Office, so that the criminal justice aspect associated with your office continues, or can be improved perhaps, however that might be.

DR. MILEWSKI:

Okay, thank you.

LEG. KENNEDY:

Thank you, Doctor.

CHAIRMAN MYSTAL:

Thank you for coming. And as usual, you know, as the Chair, I hope that you will accept the job. And I hope you do, you know, come back to see us whenever you need something. And I also need to warn you that the public and maybe some Legislators are being influenced sometime by what they see on TV as the role of a medical examiner; you know, Jack Klugman.

LEG. HORSLEY:

Crossing Jordon.

CHAIRMAN MYSTAL:

You're not Jill Hennessy, You know, and you're not CSI, you know, Las Vegas. And I think a lot of the time our perception is a little warped as to what we see on TV, you know, that you're going to go out there with a gun and probably shoot somebody, or try to arrest somebody. So we wish you a good welcome in this County and welcome to CSI.

DR. MILEWSKI:

Yes. Thank you very much.

CHAIRMAN MYSTAL:

CSI Suffolk. Thank you. The reason why we're not taking a vote on this is because we don't have a bill. There will be a CN on Tuesday for the Medical Examiner's position from the County Executive, but at present we don't have a bill, so that's why I wanted to interview her even though we didn't have a bill, just so we have an idea of what's going on on Tuesday. I don't know if Dr. Milewski will come back on Tuesday before the full Legislature. And I will recommend to the County Executive that she does come back on Tuesday, you know, just so the other Legislators may have -- you know, if they will have any questions. Okay? Mr. Zwirn take that --

MR. ZWIRN:

She'll be back on Tuesday.

CHAIRMAN MYSTAL:

She'll be back Tuesday. Thank you.

Next on line is my favorite Commissioner, Ms. DeMarzo. Come and take the hot seat, bring your helmet.

COMMISSIONER DEMARZO:

Can I bring moral support?

LEG. HORSLEY:

Is that moral support?

CHAIRMAN MYSTAL:

Let me tell you, Ben Zwirn is definitely not moral support.

LEG. EDDINGTON:

Get your shoulder pads.

CHAIRMAN MYSTAL:

Ben is the one that carries the noose that will hang you.

LEG. KENNEDY:

You got my attention.

MR. ZWIRN:

Thank you.

COMMISSIONER DEMARZO:

I just wanted to --

CHAIRMAN MYSTAL:

Good afternoon, welcome again. It's nice to see you, as usual.

COMMISSIONER DEMARZO:

I just wanted to say good afternoon. I know there may be some questions this afternoon, but I just wanted to say good afternoon and welcome the new members to the committee. I look forward to working with you. I know Legislator Nowick has been a member of the committee before and I know she is a real supporter of a number of the issues that the department works on and, you know, Legislator Horsley -- Horsley?

LEG. HORSLEY:

Horsley.

CHAIRMAN MYSTAL:

A horse with a "ly".

LEG. HORSLEY:

Give or take.

COMMISSIONER DEMARZO:

I'll remember that, though. Welcome, and if there's anything that the Department of Social Services can do to assist you, if there's any information, please feel free. I welcome back all the other committee members and look forward to a very productive year. Thank you very much for your ongoing support of the department.

And I know that you may have questions as we start the new year, so I'll be here at all committee meetings. And if I'm not here, Ed Hernandez, who is the Deputy Commissioner, will be here and we recently hired -- unfortunately I was not able to get him here because he had a previously scheduled meeting, Greg Blass has recently been appointed as the Chief Deputy Commissioner of Social Services. So we will have him come to the next meeting so that you can meet him as well.

CHAIRMAN MYSTAL:

Okay. I'm going to open the floor for questioning, I have a list; Mr. Kennedy, then Mr. Eddington.

LEG. KENNEDY:

Hello, Janet. How are you?

COMMISSIONER DEMARZO:

Good.

LEG. KENNEDY:

Based on your years of experience and your many varied positions in government, talk to us a little bit about what the Governor just had to say yesterday about the budget; what can we expect?

COMMISSIONER DEMARZO:

You know, actually the devil is in the details always I find in the budget. When you have a document that sits this high, it's kind of hard to digest it all at once.

There's a number of very good things in there for the department that I see at first blush and that is that, you know, as the Governor has said, the Medicaid cap is in the budget and it will continue to be in the budget. He made a speech earlier this week, it will continue to be in every budget that Governor Spitzer puts forward; he made that before the NYSAC Conference this week. So I think that's very important.

He spoke a lot about changing the direction of health care which, while it's not a direct impact on the Department of Social Services, some of the changes that he talks about will assist individuals that we serve in the Department of Social Services, his expansion of the Child Health Program, Child Health Plus Program to cover 400,000 uninsured children I think is a really positive step, that will all be done with State and Federal dollars. I think those things are important, he has been working with local government to try to expedite the Medicaid review process. In the area of child welfare, he has maintained what is very important to us which is the 65% reimbursement for preventive services which was due to sunset on June 30th of this year, so that allows us to do a lot of creative programs in the area of child welfare.

He has -- you know, I haven't looked at all of them, but one of the things that I -- this is some of the devil is in the details. The Governor is very committed, and the new administration, to performance-based contracting and is actually looking at weighing heavily -- weighing more favorably contracts that are performance-based. What does that mean? What are the performances, what kind of structure will we need to assess those performance standards? The concept is good, but I await the details. I'm pleased that I will be going to the New York Public Welfare Association next week and there will be presentations by all the Commissioners the Governor has nominated for Office of Children and Family Services, Office of Temporary Disability Assistance and the new Medicaid individual, Deborah {Bacharack} will also be there.

So I can't say that anything really bad has jumped out from the Governor's budget. But I do know that there is a lot of pieces of the budget that I have not been able to look to. As I say, it sits about this high when you print the whole thing.

LEG. KENNEDY:

Understood. And as a matter of fact, you know, having known the process, I guess, I realize that we're looking only at 24 or 48 hours, and first blush from NYSAC or anybody else is always only the first slice. However, I guess what I'll ask is, through the Chair, that if you do some analysis as far as impacts to the department based on the whole variety of changes that are being identified, for

Medicaid and for TNAF and for some of the other areas, that you share, through the Chair, if you would, please, so that he can make it available to us so that we have an idea going forward what it is that we may be looking at budgetarily.

Just one other area I guess specific wise which is something that I hear about, several of us have talked about this before and I'll ask you to comment on it again; reimbursement, reimbursement for providers and in particular for child care service providers. I am still hearing that it is taking upwards of 60 to 70 days for providers to go ahead and get reimbursement for services provided; that has slipped substantially from what had earlier been approaching like a 30 to a 40 day time period. And because we're looking at, you know, relatively small home-based folks who do not have lines of credit or extensive resources to go ahead and deal with their expenses prior to the reimbursement from us; what are we doing to address this, is that still the case?

COMMISSIONER DEMARZO:

Yes. In fact, we have unfortunately made some improvements and -- I mean, it's my department so I'll say we took one step forward and two steps back. We did make a significant change in the Temporary Assistance area of child care reimbursement in streamlining the process so that instead of them claiming, we send them rosters and they fill that out. But unfortunately, in the overall payment area -- and we hear about the day-care providers. Actually, they're about 5% of the payments we generate in our office, but they are small providers so it impacts on them very significantly, but we generate checks. They're only 5% of our overall checks, and we generate checks for a variety of vendor payments, but we are unfortunately about 50 days, we have gone up to as high as 52 days.

Our HEAP applications are up 20% for a variety of reasons; we've recently lost staff, last year we used a lot of overtime. We had a meeting earlier this week with the County Executive's Office, we laid out the situation, we made our requests known and they have -- they were very supportive of addressing the problem and I talked to the three Deputies and I believe that over the next week I will get the positions to fill the current vacancies as well as to expand the department.

LEG. KENNEDY:

How many positions and are the SCINS signed yet?

COMMISSIONER DEMARZO:

No, the SCINS are not signed yet, they have been submitted, they have been discussed and I have been given support for the concept because we have laid out that our unit has grown 20% in payments and authorizations. We do 5,000, you know, rental checks a month that we do on behalf of clients, our HEAP benefits are up over 20% from last year. So we do not have them in hand but I did discuss them with the Deputies, I am -- I have discussed them as recently as today with Chief Deputy Sabatino and Deputy County Executive Fred Pollert. I do believe over the next week we should have approval of -- it's a total plan of existing vacancies as well as an expansion of staff.

LEG. KENNEDY:

Can you give an idea; 10, 15, 20?

COMMISSIONER DEMARZO:

Staff?

LEG. KENNEDY:

Yeah.

COMMISSIONER DEMARZO:

Oh, no, it's a filling of two vacancies plus a backfill of one of the vacancies because it's a Senior Account Clerk going to an Account Clerk, so there's one promotion and then there's two people there and then two additional staff. That's all I really need, that's what I asked for in the budget, that's what -- what happens is when you get in a hole it's hard to dig out, but once you get out of the hole,

the two workers should be able to sustain us. The problem is we more than used -- we were authorized for 700 overtime hours last year, we used 1,511 overtime hours in 2006 and we begged and borrowed, we borrowed Account Clerks on overtime and so forth. Without the additional positions and without the continued overtime authorization in this budget, we started to fall behind because the HEAP season puts a real demand on the unit.

LEG. KENNEDY:

And that HEAP season opens up when?

COMMISSIONER DEMARZO:

November 1st.

LEG. KENNEDY:

Right, so at that point we had some indication. My issue is not with, my issue is not with what we're looking at. My concern is is that you've identified what your needs are and I am hoping that very shortly you'll get what you need. Because if all it takes to get providers their checks so that they don't wind up having to go out of business or get lines of credit is a couple of Account Clerks, I'm mystified why you don't have them, but I'm glad you've shared that with us. I'll yield, Mr. Chair.

CHAIRMAN MYSTAL:

Thank you. I just wanted to tell you, Legislator Kennedy, that I had a meeting with Commissioner DeMarzo last week in my office over that subject and this is going to be a priority for this committee, to streamline and to reduce the backlog in the payment to providers. And that's going to be one of the things that we are going to talk about on a monthly basis, every time we have a meeting we are going to talk about that.

LEG. KENNEDY:

Thank you.

CHAIRMAN MYSTAL:

We will get some kind of a report -- I'm going to get some kind of a report from the Commissioner as to, you know, we started at let's say 52 days, now it's 45.

COMMISSIONER DEMARZO:

We track them daily. You know, there's a variety of things, I always --

CHAIRMAN MYSTAL:

She does track them daily.

COMMISSIONER DEMARZO:

I know what my payment rate is, I know how many child protective services reports I have on a regular basis, this is one of those things that two years ago it wasn't on the radar screen, now every day I know what my payment rate is.

CHAIRMAN MYSTAL:

Sure. So we are going to keep on top of this.

MR. ZWIRN:

Mr. Chairman, 52 days sounds pretty good to me; when I was a Town Supervisor we were in it for 60, 75 days.

CHAIRMAN MYSTAL:

That's why you're not the Town Supervisor.

MR. ZWIRN:

You can't have these meetings after lunch, it's not working for me.

CHAIRMAN MYSTAL:

That's why you're sitting here. Legislator Eddington.

LEG. EDDINGTON:

Yes, good afternoon. You know, I hear and I agree with people that I hear that the Department of Social Services is doing a fantastic job.

COMMISSIONER DEMARZO:

Thank you.

LEG. EDDINGTON:

You're doing the work really of the angels. But when I do hear criticism, it always seems to be the same thing, staff; if you had a little bit more staff you could make everybody happy. And I'm hoping that you are asking for what you really feel you need and that we can, certainly with Legislator Kennedy advocating, we can get that for you.

COMMISSIONER DEMARZO:

Thank you.

LEG. EDDINGTON:

So with that, with the child care, I know because I have providers, actually I saw a provider here today that was talking to me not long ago about that same kind of issue with the child care, and obviously that's a critical issue; we can't get people out at work if they can't get away, you know, some relief with their children. Which brings me back to something we discussed in September about CPS. I know that you were instituting some new working conditions and that we were going to talk about how you see it happening, how has the work conditions been and basically just a quick update on the caseload. Because I start to hear rumblings about the cases going -- I know they go up and down, but it seems like they're up again and I just wanted to hear from you what your feedback is on the working conditions and the caseload.

COMMISSIONER DEMARZO:

You know, it is one of those numbers that change weekly and daily. There are a number of individuals with high caseloads, I don't have the specific breakdown, it is a report that I get weekly. You know, I can tell you that I have 1,700 and change, I think it's 773 open reports and I have 376 overdue reports at this moment. I don't know how the distribution in caseload is, I know that we have some that are high, our investigative unit is -- has the highest number of Caseworker Trainees that it's had in a long time and Caseworker Trainees. So on paper we have -- we're fully staffed, the County Executive's Office has adopted the policy, with the support of the Legislature, that any vacancies in the department's Division of Family & Children Services gets approved right away, that process has been working since like February of last year. So that is really occurring and that's helpful and nine new positions were added, so we're fully staffed essentially in Family & Children Services.

The caseload -- the reports per week, we used to say that if it was over 200 -- you know, if it was 200 or above that was high, usually it was like 150 to 160 a week. We're still seeing a lot of high weeks, we had a 222 report week not so long ago.

LEG. EDDINGTON:

Wow.

COMMISSIONER DEMARZO:

So the reports are still coming in high some weeks, some weeks they're low, but it is still trending a little bit higher than it was last year. The new trainees are not carrying full work loads, that's a phenomena that just requires some maturation of their time and then they can take higher

caseloads. As probably you know, I know that you've been told that the State report on caseloads came out. You know, one of the disappointments I see in the State budget, while I'm not going to say I can't find it, it's not there, but I haven't seen any money for the State to give us any assistance in lowering our caseloads to meet the caseload study that they commissioned last year which is available on the State OCFS website and sets standards for services and investigations and foster care as well.

So they're not exactly at the caseload study, they're not as horrific as they were in the early part of 2006; so they're between acceptable and horrific.

LEG. EDDINGTON:

So you're actually saying -- yeah, actually you're giving me some sunshine because you're saying as the trainees get moving it will help -- you're imagining that it will reduce the caseload.

COMMISSIONER DEMARZO:

It will allow them to take on more. It won't reduce the total caseload but it will allow the distribution to be more uniform --

LEG. EDDINGTON:

Okay.

COMMISSIONER DEMARZO:

-- because they're not carrying the amount of cases that a seasoned worker can.

LEG. EDDINGTON:

Right.

COMMISSIONER DEMARZO:

It should get better and we are getting them filled a lot. Whether it would ever meet the standards by the -- you know, what an exact caseload is, you know, the State has come up with some guideline, but they haven't provided any funding for them.

LEG. EDDINGTON:

I'm in daily contact with the Assemblywoman and talking to her about mandates and guidelines and unfunding them, so yeah, I'm working on that myself personally. The work hours, how has that worked out; you know, the 4 to 8 shift?

COMMISSIONER DEMARZO:

The work hours, from a management point of view we like them. And as I've asked people to go back and talk to the front lines, I'm understanding that as most management prerogatives are, a lot of the people like it now that it's in place; there are still some that don't like it, but the majority like it. We think that it has yielded more visits and more productivity for individual workers and that, you know, some people have actually asked to do -- you know, they work a 12 to 8 hour shift once every two weeks, some people have tried to ask to do it more often and, you know, we're looking at a variety of things. We have addressed the individual concerns. I can't tell you that it would get a hundred percent if put to a vote, but there's not much that would but I do understand that it would get a significant approval rate by the general caseworker population.

LEG. EDDINGTON:

Actually, that's exactly what I'm hearing, I wanted to hear if you were also hearing the same feedback. So okay, good. Thank you for getting back to me then.

CHAIRMAN MYSTAL:

Presiding Officer?

P.O. LINDSAY:

Janet, I stepped out of the room because I was looking for a bar chart that you sent the committee in November that showed the caseloads, the range that they were in; truthfully, it didn't seem -- it seemed like manageable levels.

COMMISSIONER DEMARZO:

Well --

P.O. LINDSAY:

But I guess from your testimony, that was an instantaneous look from that day or something like that?

COMMISSIONER DEMARZO:

It changes every week but -- you know, I really -- I don't know what a manageable caseload is myself. I know what some of the people tell me, I know that some of the cases are easier. You know, the State recommendations are that they be 12 cases for investigations, I think it's 10 to 12 for services. We range up to as high as, you know, 26 or more for some individuals, we keep it very low for the abuse teams. Some times of the year we're too high for our workers and we end up with overdue cases. I'm not -- you know, right now I think we have nine new workers, we have restructured the unit, we don't meet the State's guidelines which they haven't even embraced; I mean, they did a report and they put it out, I haven't seen the State embrace their own report. You know, I know that the union supports additional caseworkers, I know individuals do, it's really a level of service and a level of risk and a level of cost that all has to be assessed.

P.O. LINDSAY:

The unfortunate thing is the risk involved is to the children; if we make a mistake in this area we're going to wind up with a dead child.

COMMISSIONER DEMARZO:

That is always the fear.

P.O. LINDSAY:

And that's not an acceptable risk.

COMMISSIONER DEMARZO:

That is always a fear, that they are dealing with children's lives and that's why we have investigation teams. I mean, I don't want to be the Commissioner that says more is better, but there are situations where the balance has to be looked at. And right now we are fully staffed based upon the levels that were authorized in the budget last year and that there is immediate turnaround.

P.O. LINDSAY:

Where do most of our complaints come from, how are they initiated of child abuse; is it from the schools?

COMMISSIONER DEMARZO:

We have a lot of man -- I could break that down, but I'm believing that most of our reports come from mandated reporters, I'd have to go back to see if it's mandated reporters or anonymous reports.

P.O. LINDSAY:

What is a mandated reporter?

COMMISSIONER DEMARZO:

Under State law, there are certain categories of individuals, like Legislator Eddington was a mandated reporter, if you're a social worker, if you're a school official, if you're in the medical community.

P.O. LINDSAY:

Okay; you see a sign of abuse, you're mandated to report it, right.

COMMISSIONER DEMARZO:

You must report it. And all reports are sent --

P.O. LINDSAY:

And I would think probably a great deal of them come in from the schools.

COMMISSIONER DEMARZO:

Right, I believe that, too. It's really not at a statistic I have in my head, so I don't want to put misinformation out, but I think we might be able to categorize them. The reports go generally into the State and then the State sends them down to us, the State has to decide that it's a credible report.

P. O. LINDSAY:

We had this discussion last week, I have a daughter that's an Assistant Principal of a school and she was telling me a horrendous story about a young man that was obviously being physically abused, and I asked what happened to that and she said they don't know. Once they report it, they never get any feedback; is that by statute?

COMMISSIONER DEMARZO:

They don't get feedback until the end, is my understanding. During the course of it they don't get an update, but they will find out the final outcome of the report. It's my understanding there has to be a 24-hour assessment to make -- 24-hour substantial contact has to be made with the family of the child, you know, we go to school, we do interviews, we do interviews at home. Some kind of substantial contact has to be made and we have to make a safety assessment within seven days and determine the case within 60 days.

P.O. LINDSAY:

Okay, but is there some prohibition about keeping the school in the loop?

COMMISSIONER DEMARZO:

I believe that -- I don't believe we can do it until the outcome, we cannot have them -- I'm getting helpful hints from John -- Legislator Kennedy. I don't believe that we can tell them during the process, we can only tell them after the fact.

P.O. LINDSAY:

The only thing that I'm thinking is if there's obvious abuse, you know, that the school could keep an eye on the child on a daily basis to give you feedback instead of sending out a field Inspector, you know, frequently to check on the child.

COMMISSIONER DEMARZO:

Well, you know, I could have -- I'm not an expert in the area, but I do understand that, you know, our CPS workers go through significant training to be able to identify abuse, to be able to do interviews with children and with collateral witnesses. So, you know, sometimes what's abuse and how you get the child to cooperate with the system -- because not only is the child being abused, but they're being abused by a person in a position of trust, so you must create trust as well.

I just -- you know, the system is very much dictated to us by the State. I know a lot of reporters feel like they don't see the progress, but that it is occurring and that reporting is sharing confidential information until the final decision is made.

P.O. LINDSAY:

Exactly. I mean, she was telling me what happens frequently is that they get the child to admit that

there was abuse, they call you guys and nothing happens. And then the child shuts up like a clam, won't trust the teacher anymore because either you guys went to the house and just caused them to be abused further and aren't protecting them and they're afraid to open their mouth now, that they'll be subject to more abuse.

LEG. EDDINGTON:

Mr. Chair, if I could, I would like to respond because I could tell you --

P.O. LINDSAY:

I'm not done yet.

LEG. EDDINGTON:

Okay.

P.O. LINDSAY:

I'm not asking your response, I'm asking Commissioner DeMarzo's response.

LEG. EDDINGTON:

Okay.

COMMISSIONER DEMARZO:

What I will say is that there are a variety of situations that yield different responses. A child might have a relationship, you're right, with their teacher that is different than their response when the authorities come to the door, but our people are trained to develop a relationship with the child to be able to identify signs. It's not an exact science. You know, we have -- you know, you can't even talk about a good record when it's even one mistake because it is a child and it might not be life but it might be injury, so it isn't a perfect situation but its concepts and its process is made to have as near perfect solution as it can be. And there are confidentiality and protections that the law provides to different individuals in the system.

So I understand that often a reporter is frustrated and doesn't see the actions that we see and, you know, one of our goals is, you know, we will remove a child from a family if we feel they're in eminent danger, but we also go in and provide services to a child that might not be visible to the reporter. You know, we can get both of them into mental health system counseling, we could get them -- you know, sometimes there is real financial limitations that are creating stress in the family, so we can bring, you know, food or housekeeping or other services into play to stabilize the family. So sometimes the action we take is not visible to the outsider. So we don't remove the child because sometimes it is a one situation, there's no eminent danger, you know, that the child is in, that's the assessment and then we will put supports in. Because our final objective is to try to support the whole -- to protect the child, that the child is not at eminent risk, to support the whole family so that that family can stay together and that some of the stressors are reduced.

P.O. LINDSAY:

Well, you know, I just hate to hear those stories, that a very vulnerable child won't even admit to being abused anymore because they don't think we can protect them.

COMMISSIONER DEMARZO:

It's often more complex than that and it's sometimes -- you know, the mental health individuals, I mean, I have heard it often from people involved in the Child Protective Services situation where they admitted it the worker and then recant. It's a very difficult situation for them and it isn't only the lack of trust to the system, it's a variety of issues that threaten them that make them recant and it happens a lot in both the criminal justice system, when we go to prosecute beyond the family members even and it happens in the system, and that's why we have to be supportive. And I agree with you, we do have to work with the schools, it's one of my frustrations in the process, our relationships with the schools aren't always as good as I think it should be on both sides. But I just have to say that sometimes it's not visible to that other person, but we are there.

P.O. LINDSAY:

Thank you.

CHAIRMAN MYSTAL:

Thank you. Legislator Kennedy -- not Kennedy, Eddington, I think you wanted to say something?

LEG. EDDINGTON:

No, I can do it privately, for people that want my expertise, I'm willing to give it, but I guess it's not needed so I'll just be quiet.

CHAIRMAN MYSTAL:

Legislator Browning.

LEG. BROWNING:

Thank you. I know I'm not on this committee, but I felt it necessary to come today to try and clear some things up and make sure they're on record.

Janet, thank you for hopefully answering the questions I have. As you know, code enforcement problems are a big problem in my district. I know that there have been a number of homes that you've been called to, DSS is funding some of those families and the funding has been pulled away. You know the County Executive, Supervisor Brian Foley and myself, we've been working on these problems, it is a quality of life issue in our community. The people -- I know you hear it often, too often we're hearing we're a dumping ground and people don't want to take it anymore. Between the sex offenders and the sober homes, we've had enough.

So one of my questions for you is basically it's just how are things going in the 3rd Legislative District with the inspection of homes where there are DSS recipients?

COMMISSIONER DEMARZO:

I don't know how to answer that question.

LEG. BROWNING:

Okay, let me ask it -- okay, how many -- I believe we had a meeting recently and in the past year there are a number of homes where there's been 143-B's issued -- and if anybody needs to know what a 143-B is, I'm learning a lot about what they are -- to homes and how many in my district?

COMMISSIONER DEMARZO:

I don't have the 143-B count. I do know that prior to our recent meeting, I did find that there were nine 143-B violations issued in the Town of Brookhaven; I don't know specifically if they were all in the 3rd Legislative District. Under the State Social Services Law, the department is authorized to withhold payment on behalf of the DSS client if a code violation is found by a town or a village official which is detrimental or poses a safety or health problem for the family to reside there. I know that there was one residence inspected this week where there were the lack of carbon monoxide detectors and therefore a 143-B was issued because that it does fall into the realm of health and safety. So that is what I am aware of, that there is one home, that this week there was a 143-B on. It wasn't substantial non-compliance, although a carbon monoxide detector is important, that generally the condition of the home was fine but they did not have a carbon monoxide, there was a 143-B and we are beginning to withhold rent on that site.

LEG. BROWNING:

Okay, because talking about that home, that's a single-family residence and there's I believe approximately 12 people living in that home, in that single-family residence and the landlord is living in the basement. It is not run by any organization, a sober home like Seafield, anything like that. And currently, the gentleman who supposedly owns this home and is running it is currently spending

four months in Riverhead Jail, or Yaphank Jail, he's in jail right now, and that's who's running this home. There's 12 adults and I know that there's approximately anywhere from 309 to \$440 is being spent per person that lives in that home; is that right?

COMMISSIONER DEMARZO:

Under State standard, individuals can receive between 309 and 446 for room and if there's room and board the rate, you know, is the higher level. It's my understanding that the -- we cannot issue a violation, we can deny a person assistance above the standard if there's a problem. It is my understanding the town did not issue a code violation regarding capacity at this location.

LEG. BROWNING:

Okay.

COMMISSIONER DEMARZO:

That is really more -- you know, it's beyond our expertise, that is really more of a code enforcement issue. It's my understanding that the town did not find the number of individuals to exceed an acceptable level.

LEG. BROWNING:

Okay, I'll check on that. But also, the fact is that the person running this home is currently in jail, so how do we allow people that are criminals to run homes?

COMMISSIONER DEMARZO:

I'm not quite sure if -- I'm not -- I don't know the status of the landlord. I do not think that there is a house manager because it isn't a sober home, so I don't know if anybody manages the home. I don't know the status of the landlord, but I don't think that the landlord's -- you know, I can ask the County Attorney's Office for some guidance, but I do not think that the landlord's status relative to criminal background is a deciding factor on whether or not I can withhold rent. My authority -- and we have discussed this in the past. My authority to withhold rent is very restricted; that the State has consistently maintained that I can only look at the health and safety standards or providing additional assistance; that the individuals have the right to choose the housing that they want and that the lack of a CO, they have consistently ruled that I cannot enforce legislation passed by the County or enacted by the County that seeks to allow me to restrict, to withhold payments for the lack of a CO, that only health and safety is a standard and it has to be a 143-B determination by the town.

I know that you have these concerns. I also have concerns about individuals living in housing that's not safe, and I also am concerned about landlords that aren't responsive to community issues. But what I as an individual want and what I can do as Commissioner under State authority doesn't always coincide. So even if there's 12 people living in a house, I cannot withhold payment unless the town tells me or the village, the appropriate enforcement authority, that it exceeds safety and health standards.

LEG. BROWNING:

Okay. And my question is, because I know with the Town of Brookhaven, we are working together and making sure that DSS is continuing to go with the Town of Brookhaven when they're notified, if we need a DSS home Inspector to go to a home so he can get inside to check it, you're continuing to do that?

COMMISSIONER DEMARZO:

We are -- we have told the Town of Brookhaven we're down -- we at one time had four inspectors, we're down to three inspectors. We have told the Town of Brookhaven, upon inspection, if they need us to be there we can go in. But we would advise them, because we're down to three inspectors and we have been in a situation where sometimes people have lost their Section 8

Certificate because we have not been able to approve the move in time, that we -- we prioritize assisting clients secure permanent housing and whenever the town finds a violation after their own inspection, that we would be more than willing to go with them, but we can't continue to go.

The number of requests have gone up significantly. Brookhaven is more aggressive than other towns in requesting DSS participation in the initial process, other towns usually request us after the fact. So when we had to prioritize, my goal is to ensure that clients don't lose permanent housing options. And as long as the calendar allows us to continue to do that and to meet with Brookhaven, we will meet with Brookhaven and we ask them to try to prioritize by doing the initial assessment themselves. So yes, we will continue, but we have changed the strategy a little bit based upon prioritizing client needs.

LEG. BROWNING:

Okay. Because basically the reason I asked is because it's my understanding that the Town of Brookhaven had been told that inspections will not continue, so I want to make sure that those inspections are continuing.

COMMISSIONER DEMARZO:

We did one with them on Monday.

LEG. BROWNING:

Okay. And they will continue.

COMMISSIONER DEMARZO:

We did modify it and say you go in first; I mean, a lot of times there's nothing. You know, the mere fact that there's a DSS client shouldn't make the house a target, but if the town finds that there is a problem we'll go with them.

But we once had four inspectors, we had a problem finding somebody eligible to do the inspections so we're down to three and our goal is to prioritize client's needs so we don't -- I mean, I know that not everybody loves Section 8, but from our perspective, assisting individuals secure permanent housing is a priority of the department.

LEG. BROWNING:

And it's not about Section 8, it's not about DSS, it's about the fact that we have so many rentals with landlords who don't care, and substandard housing is being provided. So it's not about a rental, it's about making sure that those homes are up to code, and just because you're poor it doesn't mean it's okay to put you in a slum.

I have a couple of homes that I just got last night, one is 17 children, and I know we have spoken about it; the ambulance company told me about it, they can't even get a gurney or a stretcher inside because it's --

COMMISSIONER DEMARZO:

Sounds like a safety issue at that house.

LEG. BROWNING:

-- cubicles and they get numerous calls. There's a number of adults, 17 children, we have reported it to CPS. But this is an example, a code enforcement from the outside cannot tell that this is not a compliant home, that there's any problems with it, it's not until you get inside that you see the problems. And the Town of Brookhaven Code Enforcement can go knock on the door and you know they can't get in, but if DSS is providing any kind of funding to that home, that's where we need them.

COMMISSIONER DEMARZO:

We have asked the County Attorney's Office, as you are aware, we've asked the County Attorney's Office. We do not -- we are unsure that our status as -- that their status as a client allows us

access. We have asked the County Attorney's Office to issue an opinion on that, I think you were present when we spoke to Ms. Malafi asking her for that opinion; I have not gotten that opinion. I do believe sometimes they will let DSS in, but I do not think that we -- it's my belief, and that's why I'm waiting for a County Attorney opinion, that we do not have the authority to mandate ourselves into the house.

LEG. BROWNING:

I'd like to ask another question pertaining to landlords. I know you say we don't steer, we don't tell them where to go; you have a list of landlords, okay, so when someone needs housing you give them that list, okay. Now, when you come across a landlord, say you've gone to -- I could name addresses to you right now. That if you have some DSS recipients who are living in that home and now a 143-B is issued and maybe ultimately the family ends up having to move to another home; do you strike that landlord from the list because of the problems?

COMMISSIONER DEMARZO:

There has to be an active 143-B for us to be able to restrict payment.

LEG. BROWNING:

No, I'm talking about not restricting payment, I'm talking about taking them off your list completely so that they are never any longer going to be used as a landlord.

COMMISSIONER DEMARZO:

No, I believe that once the 143-B situation is rectified, because sometimes it is, you know, a window that doesn't lock or a carbon monoxide detector that's not present. I don't believe that we take them off. I mean, one of the things we do is provide them with resources; it could be a list, it could be a broker. Finding housing at that rate is difficult, so we do provide them with some lists. No, we don't -- if the town tells us that it's off -- it's a 143-B, it is not on any authorized DSS list, you can't move in there.

LEG. BROWNING:

Okay, because, you know, I do feel that that's something. So now when they're issued a 143-B and you have this landlord comes back to you and says, "You know, I'm available," do you have that home inspected before?

COMMISSIONER DEMARZO:

The town must lift -- it's my understanding the town lifts a 143-B, not us.

LEG. BROWNING:

Okay. So but DSS won't go and inspect it, your inspectors don't inspect it.

COMMISSIONER DEMARZO:

If we -- when a 143-B is issued, the town notifies us of the code violation, if it's safety or health. In order for a code violation it to be lifted, the town goes back in and notifies us that the 143-B is lifted.

LEG. BROWNING:

Okay. I thank you.

CHAIRMAN MYSTAL:

Thank you. Legislator Kennedy for a brief question.

LEG. KENNEDY:

Yes, thank you, Mr. Chair. Just two areas, I guess, that I want to follow-up with, if we can, Commissioner, relevant to the questions that the Presiding Officer had asked you before about CPS. I think that when you get to the most egregious cases, you actually have a termination of parental rights action that might occur associated with areas of abuse.

COMMISSIONER DEMARZO:

Well, the most immediate action that we take is removal. We do a removal, we do -- I wish I could remember which docket it is, but we do go into court. We have emergency removal powers, we can reach Judges, you know, we'll take a child at night if we feel that they're in eminent risk of harm and we have removed children in the middle of the night, we have removed them in the daytime. We do remove children, I don't know the numbers but we do remove them and then we go to the court to get approval.

Termination of parental rights is more of a long-term process. Even when we remove a child, we then -- you know, we need to figure out whether or not we can work with the mother or the father to remedy the situation, that's what our Family Drug Court is all about, what's what a lot of our mental health services are about. We really work with the family to try to remediate the situation and put the child back, that is our first interest. It is no longer like it used to be that it will go on forever, there's a decision made basically within two years; it really was in the first six months and a lot of times which track we're taking. But we do remove children when we make an assessment and then we bring it -- that they're in immediate risk of harm and then we will bring it to the court for them to approve it. So, you know, I do want to say that we do remove children from dangerous situations.

LEG. KENNEDY:

I know you don't have the numbers in front of you and I won't ask you to hypothesize because I guess I would like to know specifics, but is it your sense that the number of removals may be -- are they static, are they going up, have they decreased? You don't know.

COMMISSIONER DEMARZO:

I'm not going to venture a guess, but I can get you numbers of how many children we've removed. And sometimes we don't remove a child, that it will come to the attention of the court. Sometimes we'll go in and we'll see that the child is in danger, maybe it's one parent, maybe there's two parents and one of the parents is dangerous, we'll ask that parent to be removed from the house. Sometimes we'll go in and there's only one parent and she or he is a danger to the child, we will ask them if there's other family resources and we will put them with the maternal or paternal grandparents or the aunt or the uncle. So sometimes it's not court intervention but it's really working with that family to come up with a safety plan at that time that doesn't require the court.

LEG. KENNEDY:

I understand. And I understand that --

COMMISSIONER DEMARZO:

So we do -- you know, we have a variety of things. Even if I go back to look at my numbers --

LEG. KENNEDY:

You won't capture anything because --

COMMISSIONER DEMARZO:

-- I won't capture those situations where there's a voluntary cooperation and they go to an alternative safe location.

LEG. KENNEDY:

And it can be, as you said, court ordered or Probation could recommend it and the child may come out.

I guess all I'm asking is relative to some of the questions that the Presiding Officer had and just knowing, hearing what we're talking about as far as an uptick in the number of reports you're getting in the first instance, I'd like to see if, in fact, we are seeing that there are a larger number of removals initiated by the department or if it's stopped.

COMMISSIONER DEMARZO:

I would like to say -- you know, one of the things I can tell you generally is that even though our reports have gone up and so the overall number has gone up, our indicated rate, our number of cases when we find there's a problem has not gone up, it's in the 33% range. And I'm trying to recollect, we wrote to Legislator Eddington last year and I think out of the 33%, we did have -- we had a finding, there's I think it's either -- I think it's like 8% there's a finding of abuse; there's either a finding of abuse or a finding of neglect. Neglect is the significant majority of cases where there's not active -- there's not abuse of situations.

But what I'd like to suggest, and I think we did this a number of years ago when Victoria Mo was here with the department, we came and made a presentation and I think that maybe a short presentation, I promise it will be no more than 20 to 30 minutes, we'll do a short presentation and I would like to hit on some of the items that you've talked about today that you're interested in. What's the percentage of our intake, what's the percentage of our caseload, what is the recommended caseload the State came out with, what is the number of removals? You know, I know we had about 130 adoptions last year, that's one of the numbers I like so I keep that in my head.

LEG. KENNEDY:

That's the one area, I guess -- and certainly through the Chair I would welcome that. There is one other area, though, that I need to ask before I yield and that is about the number of housing inspectors. And again, the Chair will recall, we spoke at length and had numerous hearings associated with legislation that would have provided some restrictions associated with provision of benefits, associated with housing that was compliant or non-compliant. And my recollection is that the DSS inspection was a predicate to approval and that we had housing agencies here that had hundreds of individuals who were seeking to have those inspections before you could go ahead and consent to allow for services. So that was with four inspectors, now we have three; what's going on?

COMMISSIONER DEMARZO:

Well, we always had two; we have two for the general population, we have one for our shelter and then we had one kind of general person that was in our Homeless Prevention Unit that went back and forth between inspections and other activities. So we've always only -- it's my belief that we've had two dedicated just to inspections for clients moving and for, you know, the general population and one for -- we contract for a number of shelters, that's one for the shelters, so I don't think we were ever much higher. We just -- you know, I'm sitting here thinking I probably made a really bad decision. We had one position that we couldn't fill for quite a while because there was no list and, you know, finding somebody was nearly impossible and we had -- so it was our own vacancy that we just were unable to fill. Maybe I should have --

LEG. KENNEDY:

Then I framed the question wrong, I guess, and I find this happens sometimes. Are the two that you have that address the approvals for clients seeking housing adequate so that they can get the housing?

COMMISSIONER DEMARZO:

While we might provide lists of available rentals within a community, we don't -- we don't tell clients where they can or cannot move. What we do is if you choose to take your rental money and move -- you know, let me start by saying many of the clients that come to us, they're already housed. They become -- they get on assistance in their current location. The belief that people come to us homeless and in need of housing and that's how they get on our assistance is a misconception. Most of the people that come on to assistance are already housed, so they're just getting shelter allowance for their existing situation.

We go out and inspect. Under State regulations, if we provide additional assistance such that we provide -- we cover the brokers fees, we provide security deposits for the individuals, we provide

two months security deposits, we pay for moving fees, we pay to get their furniture out of storage; these are all considered additional benefits above the shelter allowance, then we go in and inspect the facility or the rental.

LEG. KENNEDY:

And what's the waiting list for those inspections; how many?
That's all I'm trying to find out.

COMMISSIONER DEMARZO:

Depending upon where it is in the month and what the client says; I'm thinking it's about two weeks.

LEG. KENNEDY:

So you're saying that --

COMMISSIONER DEMARZO:

That's what I last remember; hold on, Ed will give me a yes or a no. About two weeks? About two weeks.

LEG. KENNEDY:

So you're saying three inspectors covers all of your department's housing needs at this point?

COMMISSIONER DEMARZO:

There are some peaks and valleys, but it's not horrific. Sometimes it's bad, like the beginning of the month everybody wants to get in, so two weeks at the beginning of the month could be bad.

LEG. KENNEDY:

That's how landlords usually rent, month to month.

COMMISSIONER DEMARZO:

But we don't -- I want to make it clear, we don't inspect every rental that every client lives in. Sometimes they go on assistance in their current home, they're living there.

I'm going to tell you something that, you know, maybe I'll be sorry I told you, but there are situations and individuals come and they tell us they want to move here, they need a rental fee, they need a moving fee. We'll go look at the place and we'll say, you know what, we don't think it's big enough. Is that a safety standard? No, we don't think it's big enough, we're not going to provide it. They then move in; I can't withhold rent from them. I can't assist them in the move because I can't pay above for something that I don't feel meets New York State Building Code, but I cannot withhold rent.

So I say this so that you understand I share some of your frustration, my power is also limited. But if it's a safety or a health standard, we have actually informed towns, "You know, you might want to look at this because without the 143-B we can't get there." But sometimes it's just not enough square footage for the amount of families, it's not a safety or a health, we do, you know, beyond that. So we can't withhold, even when a client chooses to go somewhere that we wouldn't have provided additional assistance for unless it's a safety or a health.

LEG. KENNEDY:

One last question on this and I'll yield.

CHAIRMAN MYSTAL:

Please.

COMMISSIONER DEMARZO:

Thank you.

LEG. KENNEDY:

So what did you do with the other -- what? Wait, wait, wait, I'm still trying to get an answer; I'll give up after a certain point. What did you do with the vacant Housing Inspector position; did you abolish it?

COMMISSIONER DEMARZO:

I earmarked it to an SSE I so I can help do budgets for individuals who are in homeless assistance. I think I'm going to go back and see if I can un-earmark it. I just couldn't --

LEG. KENNEDY:

No, no, no, whoa, whoa, wait a minute.

COMMISSIONER DEMARZO:

You're making me feel horrible.

LEG. KENNEDY:

Hold on, Commissioner. No, Commissioner, hold on, it is not my position to run your department. All I'm trying to get at is whether or not you have the resources to meet what you need in the various areas, that's all. And if you prioritize with something that was surplus, vacant and moved because you didn't have a need, kudos to you; but if you did it when there was a need, then I've got a concern, that's all. I'll yield.

COMMISSIONER DEMARZO:

Well, it depends upon -- thank you.

CHAIRMAN MYSTAL:

Thank you. Thank you, Commissioner DeMarzo, you are released.

COMMISSIONER DEMARZO:

Thank you.

CHAIRMAN MYSTAL:

It's now 3:25, I know I have a Welfare-to-Work Commission Report to hear, but I have to hear from the Acting Commissioner of Health, Dr. Graham. I'm going to try to make this very, very briefly, I know everybody's got -- I have cards of people who want to speak. It is now 3:35, we've been at it for an hour and twenty-five minutes.

Good afternoon, Dr. Graham. How are you? Happy New Year. Let's make this short.

ACTING COMMISSIONER GRAHAM:

Good afternoon, Mr. Chairman.

CHAIRMAN MYSTAL:

Let me start by saying a couple of things. I got a request --

ACTING COMMISSIONER GRAHAM:

I want to welcome our members of the Health Committee, including our new members, Legislator Nowick, Legislator Horsley and, of course, Legislator Kennedy and Eddington, and Legislator Browning. Thank you very much for inviting me today.

CHAIRMAN MYSTAL:

I'm going to start this. I have a request, the request came from -- I think it was -- came from the County Executive, not office but somebody who worked for the County Executive. Apparently Dr. {Maybank} from your office wanted us to have a resolution to designate February 7, 2007 as National Black HIV/AIDS Awareness Day in Suffolk County. The problem is we cannot, as a Legislative body, have a resolution to be approved on the 6th

because we didn't have a resolution that was there two weeks ago; I just got this last week and it was past the deadline to introduce anything.

So I will say to you that if you want it, then you will have to get a CN from the County Executive to be presented to us on the 6th to declare National Black HIV/AIDS Awareness Day in Suffolk County. So I would say to Mr. Zwirn to look into that because there's nothing we can do about it.

ACTING COMMISSIONER GRAHAM:

Yes, we understand.

CHAIRMAN MYSTAL:

I think there's a white one, too, just in case somebody was asking. There's a National Black HIV, you know. So this is from the Health Department, I do not know anything about it, I didn't ask for it.

ACTING COMMISSIONER GRAHAM:

Thank you very much. Actually, to increase that awareness for HIV/AIDS, especially in minority communities, is very important and I think that's why you recognize that. And I'm sure we'll honor your request in the future.

CHAIRMAN MYSTAL:

You cannot -- Mr. Zwirn, who is sitting there looking more and more like Albert Einstein every day.

MR. ZWIRN:

Is it something I wore today?

CHAIRMAN MYSTAL:

Theory of relativity here, but you can ask him.

MR. ZWIRN:

The Chairman is in rare form today. It's Chairman three, Zwirn nothing so far; not good.

CHAIRMAN MYSTAL:

The other question that -- I wanted to ask you something else. Back on December 15th 2006, the County Executive put out a press release on a community-based nursing program at four east end locations. What I wanted to ask you about is three or four -- three questions, really, four questions. One, what is the status of that, which is the community-based nursing program at four east end locations, what is the status of it as of now? Where is it budgeted and for how much money? And the third question I don't have to ask you, I'll ask AME whenever I talk to them, it's about, you know, how they are feeling about part of their job being contracted out. But what is the status of that press release?

DEPUTY COMMISSIONER MINER:

I'm sorry?

CHAIRMAN MYSTAL:

I'm sorry. What is the status of that community-based nursing program in the east end?

DEPUTY COMMISSIONER MINER:

Hello, Legislator. My name is Matt Miner, I'm the Deputy Commissioner.

CHAIRMAN MYSTAL:

Your microphone is not on.

DEPUTY COMMISSIONER MINER:

Dr. Graham has asked me to head that initiative --

CHAIRMAN MYSTAL:

Okay.

DEPUTY COMMISSIONER MINER:

-- and where we are right now is we've interviewed or set up interviews with seven or eight potential candidates to service the east end in the nursing initiative. We have worked an arrangement out with both the Town of Southold and Eastern Long Island Hospital for space for services and are in the process of working out something either at the health centers in East Hampton and Southampton or with Southampton Hospital for additional space. We expect to have at least two part-time nurses on board within the next two to three weeks to begin at least at Shelter Island and at the Greenport location.

CHAIRMAN MYSTAL:

And where is -- what I had asked before is where is it budgeted?

We don't know where the budget is coming for this.

DEPUTY COMMISSIONER MINER:

I'll have to get back to you on the specific line. What we envisioned was essentially four hours at each location. There's four locations so it would be four hours a week at each location to start as a pilot program which would be, I guess, 16 hours a week of nursing services on a part-time basis at the four locations.

CHAIRMAN MYSTAL:

And do you know how -- well, I guess you'll get back to me on the budget line and how much you use on that.

DEPUTY COMMISSIONER MINER:

Yeah, I'll get you the specific line. I believe that the amount allocated was approximately \$25,000, but again, I will confirm that and I'll get back to you on that.

CHAIRMAN MYSTAL:

Okay. At the time of the press release, it was said that Suffolk will contract with four local professional nurses, each of whom will provide health screening and other services on a part-time basis in Shelter Island, Greenport, Southold, Southampton and East Hampton. And that's what you're working on, that's what you're putting together?

DEPUTY COMMISSIONER MINER:

Yes, and we have nurses, professional nurses that are being interviewed for those spots and we'll set them up in those locations for services.

MR. ZWIRN:

Mr. Chairman, if I might?

CHAIRMAN MYSTAL:

Yes, sir.

MR. ZWIRN:

A lot of this came out of a meeting that was had with a number of representatives from the Town of Shelter Island's local government. And they had a request saying that because you have to take a ferry to and from Shelter Island, whether the North Fork or the South Fork, that they were underserved and that they had a population, an elderly population and a very young population that could use additional service.

So I think after meeting with them, we figured -- it's very hard sometimes to get the -- the Public

Health Nurses, you know, all the way out there on a regular basis because it's a big County and you've got a -- the cost and the time constraints with the ferry. So if we could get people who lived in the community to start with, that it would be much, much more helpful. And there are a number of nurses out there, some of them who have retired and some who are living out there who felt that they would really like to participate in this type of program and I think --

DEPUTY COMMISSIONER MINER:

And, in fact, the people that -- the candidates that we're interviewing are from the east end, including many from Shelter Island, which the group that Mr. Zwirn speaks about had given us some names. So we are in the process of going through those names and setting those positions up.

CHAIRMAN MYSTAL:

Okay. The last thing -- thank you very much. The last question I have is totally away from that; is what progress are we making in securing and appointing a permanent Commissioner for the Health Department? Ben, that's why you're Einstein.

MR. ZWIRN:

I know they continue to interview, but I don't -- certainly when they've found a candidate that they're settled on, that --

CHAIRMAN MYSTAL:

But we are in that process?

MR. ZWIRN:

Oh, yes. Oh, absolutely.

CHAIRMAN MYSTAL:

Okay. All right, thank you. Any questions, Mr. Kennedy? Jack, Jack Eddington?

LEG. KENNEDY:

No, let's let Legislator Eddington kick it off and then I'll come in for the close; how's that?

CHAIRMAN MYSTAL:

The one-two punch, the two Jacks.

LEG. EDDINGTON:

I just have a question for Dr. Graham. When I got here early, I looked and there were a group of women sitting together here and I said, "Oh, what's this about?", and I asked them and they're all volunteers for Meals-on-Wheels. And they wanted to -- they asked me and I said this is a question I'll ask you, that they volunteer and they serve these meals, and now they're being required to take the temperature of the meals that they give. Now, they don't prepare them, they get them from various hospitals and things, but they're being told that they have to open them up and I guess stick a thermometer in and do it. And it seems to me that when we get volunteers, we make it as tough as possible on them to continue to volunteer. Can you give me some reasoning, and the ladies here, why we have to do that?

ACTING COMMISSIONER GRAHAM:

Well, the reasoning behind it is any time you serve food in that manner in which there's some transportation of that food, it's important to have the right temperature. So -- and we generally use a temperature of approximately 160 degrees at any point in time on food that is for prepared, for example, in a deli or a small restaurant, so that it -- we know it has reached a sufficient temperature prior to serving or consumption of that food. That's the reasoning behind it.

And obviously we want to encourage volunteers in every respect and make their service, as you said, which is voluntary to our community, to our citizens, to encourage that and to welcome that in

all ways we can.

LEG. EDDINGTON:

Just to follow-up. For some reason, what you just said didn't clarify anything in my mind, so I just want to pursue it a little further.

ACTING COMMISSIONER GRAHAM:

Okay.

LEG. EDDINGTON:

If -- I don't understand why the volunteers have to check it. If it's cooked somewhere --

ACTING COMMISSIONER GRAHAM:

Right.

LEG. EDDINGTON:

-- and prepared.

ACTING COMMISSIONER GRAHAM:

Well, it's actually the time.

LEG. EDDINGTON:

Then they take it --

ACTING COMMISSIONER GRAHAM:

Yes, it's the time from the prepared food and the time that it's delivered to the home; let's say it's delivered to a home, for example.

LEG. EDDINGTON:

Right.

ACTING COMMISSIONER GRAHAM:

That may be 45 minutes; in an area as large of Suffolk County, you have to travel a great deal of distance. Especially in the --

LEG. EDDINGTON:

So what are you telling me, the meat loaf goes bad?

ACTING COMMISSIONER GRAHAM:

Well, if it doesn't -- if it doesn't meet those certain criteria it should not be consumed, that's correct.

LEG. EDDINGTON:

Who makes the criteria?

ACTING COMMISSIONER GRAHAM:

Well, the criteria determined by our food inspection team, they're the ones who investigate our food establishments on a regular basis, they do thousands of these --

LEG. EDDINGTON:

Well, we're not talking food establishments now.

ACTING COMMISSIONER GRAHAM:

I understand. But I think it's important for when you do serve, in this case you're bringing food from one area to another and time does elapse, perhaps 45 minutes or longer, it's important to have some indicator that that food is still safe to eat; that's it, that's what it is.

LEG. EDDINGTON:

But I'm sorry, I can't make the connection where if it cools off -- are you checking all the pizza delivery places?

ACTING COMMISSIONER GRAHAM:

Pizza delivery places, as you know, they're generally delivered within that local area within probably five minutes, ten minutes.

LEG. EDDINGTON:

Oh, well, you don't live in Medford then because mine takes 45 minutes, in Patchogue.

ACTING COMMISSIONER GRAHAM:

Well, I -- perhaps you --

LEG. EDDINGTON:

And I want to know where you get your pizzas then. Because I'm just saying, again, we're making it as tough as possible for people to volunteer and I cannot think of the logic --

ACTING COMMISSIONER GRAHAM:

Okay.

LEG. EDDINGTON:

-- because you came up with 110 degrees.

ACTING COMMISSIONER GRAHAM:

I will -- I'll have our staff talk to the ladies and gentlemen, perhaps, that are involved in this. I think that we'll look at it more carefully to see if --

MR. ZWIRN:

Change the menu?

ACTING COMMISSIONER GRAHAM:

Yeah, obviously you can change the menu, there are different foods. But nevertheless, it's important, too, if there is some obstacle such as that, I mean, we would like to know that and if we can reduce that obstacle we would.

LEG. EDDINGTON:

So then I can pretty much say that you'd be more than willing to meet with the people from Meals-on-Wheels.

ACTING COMMISSIONER GRAHAM:

Absolutely. Absolutely, yes.

LEG. EDDINGTON:

All right, great. Thank you very much.

ACTING COMMISSIONER GRAHAM:

Okay, thank you. In fact, I wanted also, I didn't get an opportunity but I wanted to -- it was an honor and privilege for me to welcome Dr. Yvonne Milewski here as our new Chief Medical Examiner. She's traveled a great distance from Texas, she's gone through a very strenuous process of being Chief Medical Examiner and I think you recognize her preeminent qualifications academically and her sensitivity to issues that you've already raised today. For example, in bringing cases to a conclusion rapidly so that you can give that information and share it with their loved ones.

But also, I want to mention that her -- the fact that she's done tremendous work internationally as a forensic pathologist and an expert witness to the United Nations on her work in Croatia and Bosnia

and {Herigovenia} and Nigeria. We're really privileged and honored to have her join us. She'll be a substantial improvement to a very strong department as well and thank you, Dr. Milewski, for coming.

CHAIRMAN MYSTAL:

Thank you. Legislator Kennedy, you had a couple of questions, briefly.

LEG. KENNEDY:

Yes, I did, Mr. Chair. Thank you. First of all, Doctor, I will commend you for whatever role the department played in having Dr. Milewski come to us and certainly your praise as far as her qualifications in the addition carry great weight. And again, I'm hopeful that this process goes forward and that she's able to go ahead and come on and continue the great work of the ME's Office.

DR. GRAHAM:

Thank you.

LEG. KENNEDY:

Having said that, I've had occasion to go ahead and deal with just a couple of issues most recently with the Health Department. I had an opportunity to meet with Deputy Commissioner Miner and Mr. MacGilvray about two matters that are of particular concern to me, as they are to my colleagues; one being the shutdown of the methadone clinic in the Copaigue area, and the shakeout of that and what the implications are at this point.

I'm concerned that that shutdown occurred as a result of a request for a 2% reduction in budget from the department for the '07 Operating year. I'm concerned that the individuals who were being treated there and serviced there are not being more aggressively tracked as far as their ability to go ahead and migrate to 50% of the remaining clinics, that being two which are located in the 12th Legislative district.

I'm also concerned that there is a moratorium on referral at this point for individuals who are afflicted with heroin addiction and what our department is doing. And I'm greatly concerned that I heard one of the remedies may be referral to Nassau County. The last time I checked, I'm a Legislator in Suffolk County and Nassau County was not within my pool of resources or our pool of resources for care of those in need.

So I appreciate the fact that department personnel took the time to meet with me. I respectfully disagree with the decisions that were made as far as providing care to this area.

Secondly, I'd say to you our mental health area in particular I'm going to ask to you to pay particular attention to, because we are in free-fall in the area of provision of care for those who are in our mental health system, or lack thereof. Most notably, what's occurring right now with our CPEP Unit in Stonybrook, we're working in conjunction with the state.

We are, to the best that I can see and surmise at this point -- and I applaud those folks in the mental health section for attempting to move forward here, but we need a solution, Doctor, we definitely need a solution. And it's not something that's going to drop out of the sky. So I'm going the ask you to pay some particular attention to it to see what we can do to try and move forward. What we have right now is dysfunctional with a capital "D".

Lastly I guess I would say to you, and I don't want to take up any more time, as the Chair has said, but I got your correspondence in response to the mercury-free vaccination material. I've continued to do my own research. I'm going to say to you off-line, Doctor, I think you and I need to continue to have a conversation.

ACTING COMMISSIONER GRAHAM:

Okay.

LEG. KENNEDY:

Okay?

ACTING COMMISSIONER GRAHAM:

At any time. Thank you, Mr. Kennedy.

LEG. KENNEDY:

Thank you. I'll yield, Mr. Chair.

CHAIRMAN MYSTAL:

Thank you, Dr. Graham. Thank you very much.

The last presentation we have is from Dick Koubek, Welfare-to-Work Commission.

MR. KOUBEK:

Good afternoon, Ladies and Gentlemen. My name is Richard Koubek, I'm Chair of the Welfare-to-Work Commission of the Legislature. We were created in the year 2003 to advise the Legislature on issues related to welfare reform and we're here to say thank you.

We meet once a month; there are about 16 of us representing different government agencies and not-for-profits, basically volunteers. And we've been looking at a series of issues related to what happens to people as they're transitioning off of welfare. I might say just as an introduction, one of the issues we took up this week was the delayed payments in child care, and I'm glad to see that the committee is on top of that as well. We did meet with Deputy Commissioner Hernandez two days ago, we had a small group that met with him. We had a feeling that they are making some progress and so the committee -- the commission, which meets monthly, will be getting a report on a monthly basis from Mr. Hernandez.

Also with regard to housing, we just concluded in November nine hours of public hearings on the lack of affordable housing for low and moderate income people and we will be reporting to you in March with some very specific recommendations. So we tried to shift the conversation from people earning 80, 90, \$100,000 to the kinds of people we heard about today. So that's what we do.

And the thank you is to thank you for funding a pilot program, and we're here just to explain to you what you funded. It's an education pilot program. We spent about a year looking at one particular area of deep concern to the commission and that is if we're really serious about moving people off of welfare, we need to provide them with the tools to get out of poverty. It's not enough to close their cases and then find out that they're earning 10, 11, \$12 an hour without supports.

So we've been passionate about the need for education and training and very concerned about what we found out to be a significant dropout rate with regard to the number of clients who asked to be assigned to welfare -- I'm sorry, to education and they never finish; there's a 43% dropout rate. And it's -- I mean, there are plenty of educational offerings that the department provides; both Labor and the Department of Social Services. What we discovered is that neither DSS nor DOL have the resources to mentor these folks through the barriers that prevent them from finishing a course. They have histories of difficulties with education, they have family problems, they lack basic skills.

So what we proposed and what you funded was \$29,000 to create a pilot in the Department of Labor in which we're going to work with Suffolk Community College and Eastern Suffolk BOCES, there will be 20 clients selected. And before they begin the education program, they will go through a one week training on how to succeed in education. And after they go through that training, where they'll get basic training, where they'll get basic skills -- how to take notes, how to get to class on time, what are the protocols when you're in class, how do you get assignments done on time -- they will be assigned a case manager. In the public schools where I worked and Legislator Eddington worked, we call them guidance counselors.

And unfortunately, our welfare system nationally is not set up for this kind of case management, so our pilot is going to provide this kind of case management. And our hope is that if it works, it will become a model for New York State and perhaps there will be additional funding so it will be permanently part of the process to guide people into education, cut the dropouts, the 43% dropouts, have these folks finish these really solid courses, leave welfare and have the skills to succeed and get out of poverty.

So I'm joined with -- by some of the members of the Commission; Peggy Boyd on my left, Vice-Chair -- I'm sorry, on my right. Why don't you introduce yourselves.

MS. LIGOURI:

Kathy Ligouri, Vice-Chair of the Commission.

MR. KOUBEK:

And one of our consultants, Peter Barnett from Wyandanch Homes. So we thank you for this and we'll be reporting back to you on the success, but we wanted to take a few minutes just to tell you what we've done and answer any questions, if you have them.

CHAIRMAN MYSTAL:

Thank you very much. The program that Dick Koubek talked about, we talked about it last year --

MR. KOUBEK:

Yes, we did.

CHAIRMAN MYSTAL:

-- and I think it's going to be a successful program.

LEG. HORSLEY:

Is this yours, Elie?

CHAIRMAN MYSTAL:

Yeah.

LEG. HORSLEY:

I like it; I haven't been hearing about this.

CHAIRMAN MYSTAL:

Just for the new members, you know, this group is a hard working group, and they do a wonderful job. They're volunteers to -- they volunteer their time, and more than their time, they volunteer their blood because some of the discussions sometimes get very heated. And we really appreciate what they do and I've had a good relationship with the Chair, Dick Koubek and everybody else on there. I think, Kathy, you called me the other day in the office, I haven't returned your call, I will call you back, and Mr. Barnett I've known for years. So this is a very good group.

We should keep in mind at the next budget cycle to look at this project very, very carefully since we're going to a performance-based grant, you know. Presiding Officer?

P.O. LINDSAY:

When -- what's the timeline; when do you think this will be ready to roll out, Dick?

MR. KOUBEK:

Well, we're hoping to get it kicked off with the first 20 people by February 26th. There has to be --

P.O. LINDSAY:

Oh, wonderful.

MR. KOUBEK:

Yeah, within a month.

P.O. LINDSAY:

Okay. So we'll absolutely have results from the pilot before we go into the next budget cycle.

MR. KOUBEK:

Oh, absolutely, yeah.

P.O. LINDSAY:

See, that will be very valuable to us.

MR. KOUBEK:

Yeah, yeah.

P.O. LINDSAY:

Okay, thanks.

MR. KOUBEK:

Thank you. Thanks for your help, too.

LEG. HORSLEY:

Richard, how are you?

MR. KOUBEK:

I'm good.

LEG. HORSLEY:

It's good seeing you again.

MR. KOUBEK:

Yes, likewise.

LEG. HORSLEY:

I'm just curious, because this is the first time I'm actually hearing of this -- this pilot program. Where are the people coming from that you'll be taking -- that you'll be working with; are they across the Island? What's the demographics here; are we talking about an age group in particular or those with families? Can you just give me a little briefing on this?

MR. KOUBEK:

Well, they're typically welfare clients who have to -- they're part of the welfare system and they're required -- half of them, 50% are required to be placed in some sort of what the Federal government calls a work opportunity.

LEG. HORSLEY:

Okay, got it.

MR. KOUBEK:

Of them, one-third can be placed in education full-time. So this is the cadre.

LEG. HORSLEY:

So its the one-third, okay.

MR. KOUBEK:

Yeah, this is the one-third. And by the way, our County and Nassau County and most counties rarely hit the one-third who are placed in education. We tend to run at about 15% placed in education, partly because the clients are afraid to go into education. So what we're talking about typically would be -- I'd have to see the first cadre that's selected, but I would say typically it's going to be a young single mom in her 20's, maybe with one or two kids, probably high school dropout, maybe with a GED who's looking to get something beyond the GED, probably somebody who has had a miserable educational background with all kinds of failures and multiple family problems and faces the kinds of barriers I referred to before; that's the kind of person.

But your point, they're all on welfare. They're about to be placed, as required by the government, in some sort of a work opportunity and they're among the one-third who are allowed to be placed in education. And they have a very high dropout rate, that's what we're going after.

LEG. HORSLEY:

Sure. And what is the role of Suffolk Community in this?

MR. KOUBEK:

Suffolk Community College and Eastern Suffolk BOCES --

LEG. HORSLEY:

Right.

MR. KOUBEK:

-- are going to do two things. One, they will have their staff who will be doing the one week, you know, basic training with the folks; It's a full day, by the way, five full days of preparation for education. And then Eastern Suffolk BOCES will be providing case managers, two case managers who will sort of shepherd them through the process, check on them, "How are you doing?"

LEG. HORSLEY:

How are you doing on your homework?

MR. KOUBEK:

Yeah, which they very much need.

LEG. HORSLEY:

I teach on the side, so I can appreciate this.

MR. KOUBEK:

Oh, so you know, yeah.

LEG. HORSLEY:

Yeah, it's very interesting. Good luck.

MR. KOUBEK:

Thank you.

MS. LIGOURI:

Thank you.

CHAIRMAN MYSTAL:

A bunch of teachers around here.

MR. KOUBEK:

Oh, all teachers.

CHAIRMAN MYSTAL:

We thought we had lawyers, I used to be a teacher, he's a teacher.

MR. KOUBEK:

I used to be a teacher.

CHAIRMAN MYSTAL:

We all left because there was no money in it.

LEG. HORSLEY:

That's why we adjucted.

CHAIRMAN MYSTAL:

Legislator Eddington.

LEG. EDDINGTON:

Yes, I just wanted to thank you so much for what you're doing. Because as you're speaking, based on my old background, faces are literally going through my mind.

MR. KOUBEK:

Oh, absolutely, yeah.

LEG. EDDINGTON:

And you are going to help so -- not just the person, but the extended family and also the children that are either in the family or to come. So I just commend you, you are doing, like my wife said, the work of the angels. So, thank you.

MR. KOUBEK:

Thank you. I'm sorry, Nina Leonhardt, who is our Chair, had to leave, but she was telling me before, I'm kind of pinch-hitting for her in terms of the details, but she was saying how the skills they're going to learn in that one week do spill over to the family.

LEG. EDDINGTON:

I bet.

MR. KOUBEK:

So something as simple as punctuality, you know, could change a whole family nexus.

LEG. HORSLEY:

Dick, if I may, through the Chair. Have you -- I'm sure this will be successful. What happens if you are unsuccessful? Would you just drop the concept, or have you given any thought to --

MR. KOUBEK:

No, we're not that far along. We're really hoping it will be successful and we're going --

LEG. HORSLEY:

Well, I like the attitude. I mean, I just wanted to --

MR. KOUBEK:

We're going to be using some pretty tough measures of our outcomes. There are two cadres, there's going to be one cohort coming --

LEG. HORSLEY:

Because you're fighting in one week's time or several, you know --

MR. KOUBEK:

No, no.

LEG. HORSLEY:

-- or several meetings time against a lifetime of problem.

MR. KOUBEK:

We're hoping for one cohort in February or March of 15 and then another maybe two months later. So the first will be measured very carefully and when the second group comes through we hope to make adjustments, and then at the end hopefully we'll be reporting success there.

LEG. HORSLEY:

Okay. Do you have any -- is there any scientific method to this?
Were you comparing them to -- is there any -- how do know if you're successful?

CHAIRMAN MYSTAL:

Are you looking for a control group?

LEG. HORSLEY:

How's that work?

MR. KOUBEK:

Yeah. Again, it's going to be 15 to 20 out of how many go -- last year there were 126, for example, who entered, you know, who asked for education and training, so they'll be measured against the group who don't get --

LEG. HORSLEY:

Who do not.

MR. KOUBEK:

Yeah.

LEG. HORSLEY:

Got it.

CHAIRMAN MYSTAL:

The control group.

LEG. HORSLEY:

Cool.

CHAIRMAN MYSTAL:

Any more questions? Thank you very much.

MR. KOUBEK:

Thank you. Thank you very much. We'll be reporting back.

CHAIRMAN MYSTAL:

Thank you for being very -- I'm sorry, you know, you had to wait so long, but, you know --

MR. KOUBEK:

That's okay.

CHAIRMAN MYSTAL:

-- stuff happens.

Okay. We are now going to be to the public portion, we have cards.

We have a series of cards for Meals-on-Wheels, I have five cards on Meals-on-Wheels. So if you all

want to talk together, you can come around the table and sit, and I think the concerns are the same concern. So I'll just call your name. Nancy Bazzicalupo, Agnes Ward, Linda Bernstein --

MS. BERNSTEIN:

Yes, that's correct.

CHAIRMAN MYSTAL:

-- Pamela Schoeneman and Frances Gates. Did I get everybody?

MS. BAZZICALUPO:

My name is Nancy Bazzicalupo. We at Meals-on-Wheels have been concerned lately that the Health Department is trying to put regulations that pertain to nutrition center programs onto our voluntary organizations. Vivian Fisher and Jon Cooper, who are also Legislators, recommended that we come and speak at this meeting. And our thanks to Legislator Eddington for taking up our cause, that was very kind of him. Thank you for the opportunity to speak with you.

I'm the Director of the Meals-on-Wheels of Huntington, one of five independent Meals-on-Wheels Organizations in Suffolk County. We differ from senior nutrition programs that cook meals for senior citizens only and have government sponsorship; we are volunteer groups that purchase meals and deliver them to home-bound residents of any age. We do not cook anything. We are a volunteer meal delivery service. Institutions where kitchens are inspected by the County Health Department provide all the meals we deliver. Our volunteers wait close by while the hot meals are placed in insulated trays, sealed closed and the cold meals taken from the refrigerator and placed in coolers for us, then each of 13 teams immediately delivers meals to a small number of clients each.

We always limit the length of our routes to assure speedy delivery. The hot meal is placed on the table and consumed by the client or else placed in their refrigerator for later use. The cold meal is placed in the client's refrigerator when we arrive. There is no opportunity for the food to deteriorate. We in Huntington have operated for 30 years without any incidents.

Senior nutrition programs operate differently. They cook the food on premises and the van drivers deliver large number of meals at a time. They are required to check the temperature of the last meal delivered.

About 20 years ago, the Health Department met with and agreed with our directors that this requirement was unreasonable and totally unnecessary for Meals-on-Wheels to perform. It was agreed that opening trays to take temperatures and introducing a thermometer would actually add a possibility of contamination.

LEG. KENNEDY:

You can't make this up.

LEG. HORSLEY:

Get the gun.

LEG. EDDINGTON:

No, continue. Thank you.

LEG. HORSLEY:

You're getting us upset.

LEG. KENNEDY:

Say more, come on.

MS. BAZZICALUPO:

An Inspector raised the temperature taking issue with us a few years ago in Huntington. At that time, she accompanied me and observed our procedures at Huntington Hospital; she was satisfied that the meals were being delivered properly and the issue was dropped. But recently the same Inspector came to our office again seeking temperature records, insisting that we must take the temperature of the meals. I reminded her of our previous exchange, but she was adamant that we must record the temperatures. A call then came from her supervisor threatening to withdraw our permit if we didn't comply. Our Health Department permit specifies no cooking.

Our volunteers are really stretched just keeping the program operational; forcing another task and another responsibility upon them within the ranks even more. It is disturbing and disruptive to be periodically harried about this matter and we are asking that this issue be put to rest permanently. I thank you for your kind attention.

CHAIRMAN MYSTAL:

I think that you basically have about the same thing to say.

MS. BERNSTEIN:

Absolutely.

CHAIRMAN MYSTAL:

Okay, so I'm going to do one thing then. Is Dr. Graham still in the building? It sounds like to me, and I'm going to take a wild stab at this, it sounds like to me it's a solution looking for a problem that doesn't exist.

Sir, okay, from what I've heard, they've been operating for 30 years, they have never had any incidents of food poisoning or whatever. Apparently, the way they operate is totally different from what the Health Department is doing.

DEPUTY COMMISSIONER MINER:

We are reaching out to our food unit right now to try to get a better understanding of this whole situation. I'd be happy to meet with your group with our food people. I'm the Deputy Commissioner and I'm sure that we can come to a reasonable resolution of this in short order.

CHAIRMAN MYSTAL:

Please. The problem is that, you know, we look from this side of the table, the way we're looking at it is that they've been operating for a long time, they're volunteers, they don't cook food. And it seems to be reasonable when they say that to introduce a food temperature taken would require for them to open a sealed bag, introduce a foreign matter into it, which will lead to more contamination to me if -- Dr. Dillon, go ahead, I know you're dying to say something.

DR. DILLON:

I absolutely am. Hi, I'm Dr. Dillon, I'm Director of Communicable Disease. We actually have an obligation to protect people who consume food, and particularly, when you're looking at something such as Meals-on-Wheels, that is going to our most vulnerable population. And actually, historically we have always required temperature taking of the food and nothing has ever changed, but we've noticed recently that there is one organization that has objected to that.

However, you've got to keep in mind, we don't make rules just to annoy people; we're trying to protect our vulnerable elderly. And yes, we do see several cases of GI outbreaks each year from food sources, and so this is why we're there to protect the public, particularly the vulnerable populations.

CHAIRMAN MYSTAL:

Dr. Dillon, I'm sure you don't mean to annoy people.

P.O. LINDSAY:

Do you have a list?

CHAIRMAN MYSTAL:

No, I'm going to do the list in a minute. I'm going -- give me the list, because you know what? I'm going to say the last thing and I'm going to take a listen because, you know, somebody is going to get crucified here. Dr. Dillon, I know you don't mean to annoy people, but for me sitting over here, that rule -- not that you made the rule --

DR. DILLON:

Yeah.

CHAIRMAN MYSTAL:

That rule is damn annoying to me.

LEG. HORSLEY:

Here, here.

CHAIRMAN MYSTAL:

It's like whoa. Anyways, I'm going to make a list. Presiding Officer, go ahead, you're the man of the hour, and then Legislator Nowick.

P.O. LINDSAY:

If I was to buy something in a delicatessen and it met the standard of where it was cooked, I took it home and the temperature dropped below 160 degrees; is that a health hazard to me?

DR. DILLON:

Yes. Actually, if you're leaving something at a vulnerable temperature, the bacteria is going to multiply expedientially each hour you leave it out. And so if you are an elderly person who's infirmed and at home and if you -- someone is driving some food product to you, then you need somebody to watch over you to make sure that they have not kept it in a hot car and you are not the last person receiving the food and therefore -- because with a food infection, if you're elderly and infirmed, it could put you in the hospital or it could kill you.

P.O. LINDSAY:

These folks have been delivering meals for 30 years. How many meals do you think you deliver a year?

MS. BERNSTEIN:

We deliver about -- I'm from Three Village Meals-on-Wheels.

MS. MAHONEY:

State your name, please.

MS. BERNSTEIN:

My name is Linda Bernstein, I'm the President of the Three Village Meals-on-Wheels Organization. We deliver about 160 meals daily to 80 clients; half of those are a hot meal that come in an insulated container and half of those are a cold meal that we deliver in a cooler.

P.O. LINDSAY:

Seven days a week, five days a week?

MS. BERNSTEIN:

Five days a week.

P.O. LINDSAY:

Five days a week.

CHAIRMAN MYSTAL:
And that's just you?

P.O. LINDSAY:
That's just you.

MS. BERNSTEIN:
Right.

P.O. LINDSAY:
So that's 750 a week, right, times 50. You know, you're talking -- collectively, we're talking a couple of hundred thousand meals a year, right?

MS. BERNSTEIN:
Quite a few a meals a year, yes.

P.O. LINDSAY:
Have we had any incidents of someone getting sick?

MS. BERNSTEIN:
No.

MS. BAZZICALUPO:
No.

DR. DILLON:
Yes, yes. I cannot say that it was from Meals-on-Wheels.

P.O. LINDSAY:
From this program?

DR. DILLON:
I cannot say it's from Meals-on-Wheels.

P.O. LINDSAY:
From this program. From this program.

DR. DILLON:
We have several people who acquire GI outbreaks, septicemia from food-borne outbreaks, yes.

P.O. LINDSAY:
From this program?

DR. DILLON:
That I cannot say, no.

P.O. LINDSAY:
So I go back and I reinforce what the Chairman said before. You guys, you know, are looking for a problem that doesn't exist. We don't have enough food establishments in Suffolk County for your folks to inspect?

DR. DILLON:
Legislator Lindsay --

P.O. LINDSAY:

For-profit? For-profit food?

DR. DILLON:

Let me use a corollary. When you go to a hospital, a nurse has to take care of several patients, she goes in and out of several rooms every day, but we make her wash her hands before she enters every room. We don't wait until we say, "Hey, you've spread a disease from patient A to patient B." That's just a standard that is set to protect the public and that's, again, why there's a food standard.

P.O. LINDSAY:

I would venture to say if you added up all the meals that these folks deliver as volunteers and that's cooked in facilities that are inspected by your people with no incidents of disease, and we're devoting a food inspector to give them a hard time, I go back to what the Chairman said before, you guys, you know, are creating a problem here.

And I'll be very frank with you, some of your inspectors are very, very rude. I get calls all the time from not-for-profit groups in my district that have had problems with you. And you know, we work very hard to be citizen-friendly at this level of government, and I resent our employees giving citizens, especially who volunteer their time, a hard time, and that's the way I feel about it.

LEG. HORSLEY:

Elie, am I good?

CHAIRMAN MYSTAL:

Legislator Nowick.

LEG. NOWICK:

Yeah. First of all, I want to commend all of you for doing the work that you do. And I sit here and I think to myself how we should even try to get our college students to volunteer like that. What a wonderful feeling it must be to walk in there to serve people. I have had times in my Legislative career where there was a need and where I would say that people like you have saved their lives by bringing them food where they're embarrassed to ask, and you save their lives.

But a question for the Doctor. Have you ever found that when you took the temperature, that it wasn't appropriate? When you took the temperature of the meats or however you -- did you ever find that you had to stop the delivery because it wasn't accurate or appropriate?

DR. DILLON:

Of the volunteers, I'm not aware of that. But I have in other delivery services, yes, we have.

LEG. NOWICK:

But for the Meals-on-Wheels?

DR. DILLON:

I'm not aware; there may be one but I am not aware, no.

LEG. NOWICK:

Now, to make this right, and I understand where you're coming from, you do have to protect the vulnerable and you do have to do certain -- meet certain standards because that's your job as well.

DR. DILLON:

Right.

LEG. NOWICK:

But when you say the nurses have to wash their hands, do you send inspectors out or do you trust the nurses? If you get to the --

DR. DILLON:

No, no, the hospital actually is under several regulations that are several-fold deep through the State, and yes, they are regulated for that.

LEG. NOWICK:

How do you check those nurses washing their hands after they walk out of every room; can you do that? So my point is the volunteers are committed, they have standards. There's no way that after 30 years that we trust in those standards?

DR. DILLON:

We're more than willing to meet with the volunteer groups. And actually, what we have found is very helpful is we would like to show with them the information on what happens with food when it's kept at certain temperatures, and you can imagine the summer months particularly. We'd like to work with them.

LEG. NOWICK:

I have to think to myself, how many meals have these ladies cooked for their families; did you kill any of them?

MS. BERNSTEIN:

We tried but it hasn't -- so far, no.

MS. BAZZICALUPO:

We're afraid we'd get the wrong one.

LEG. NOWICK:

I'm going home and finding the thermometer. I think there's got to be a way to do this where it doesn't slow down the service.

DR. DILLON:

Okay.

LEG. NOWICK:

And these volunteers that work so hard, I'm embarrassed that you have to be put in this position, yet I understand your position. There's got to be a way you can work together where you -- for the safety of the vulnerable.

DR. DILLON:

I agree with you. We look forward to a meeting, that would be helpful.

CHAIRMAN MYSTAL:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chairman. How many sanitarians do we have, Doctor?

DR. DILLON:

You're talking about food protection, radiation safety, temporary housing?

LEG. KENNEDY:

Personnel that would be dealing with food content.

DR. DILLON:

We have 15 Food Sanitarians.

LEG. KENNEDY:

Fifteen Food Sanitarians. How many establishments do we have in the County that serve food?

DR. DILLON:
You got me on that one.

CHAIRMAN MYSTAL:
Eighteen hundred.

DR. DILLON:
Thank you; I'll take Legislator Mystal's answer.

LEG. KENNEDY:
Okay, and the Chair is well informed. Eighteen hundred establishments. How often do they have to be --

DR. DILLON:
Inspected?

LEG. KENNEDY:
-- visited under what our standards and regulations are?

DR. DILLON:
There's a varying scale, depending on how high risk the food product is; some have to be inspected annually, some have to be inspected more frequently.

LEG. KENNEDY:
And some of those larger establishments serve hundreds and perhaps thousands of meals on a daily basis that are out there that are being consumed by our public; is that correct?

DR. DILLON:
In every shift of every restaurant that has a permit, there has been an individual who has completed the three-day Food Safety Training Course.

LEG. KENNEDY:
I'm familiar with it directly, Doctor.

DR. DILLON:
Good.

LEG. KENNEDY:
I have family members who completed it, I know it.

DR. DILLON:
Great.

LEG. KENNEDY:
My point, Doctor, is, as my colleagues have said already, but for these volunteers taking their time to bring these meals to not only the elderly but they've also described disabled individuals; what would those people do to eat? What's the alternative? We're concerned, possibly remotely, never any dispositive incidents, that they might consume some tainted product. What's the alternative? They don't eat. It defies logic, Doctor, that all we hear constantly is limited resources, finite capability, funding shortages, demands to go ahead and do more with less, and here we're talking about trying to have volunteers come in to meet and be educated about food predicate. They're busy giving people something to eat. I don't understand the logic, Doctor.

And if there's a rule or a regulation that directs that you must take these actions, give it to me and I'll write and ask for a waiver. And I'll tell you, no individual on a hospital ward follows somebody

around for eight hours to check that they've washed their hands. I've done it, I've been a therapy aide and nobody followed me for eight hours. So I don't subscribe to that analogy either. I'll yield.

CHAIRMAN MYSTAL:

Doctor, just bear with us.

DR. DILLON:

Sure.

CHAIRMAN MYSTAL:

Like I said, somebody's going to get crucified and I don't want you -- because I like you, you're a very nice person.

LEG. HORSLEY:

That's high -- that's high praise.

CHAIRMAN MYSTAL:

Yeah, and I don't like too many people, so. But I like you, I wish somebody else was here. Legislator Horsley.

LEG. HORSLEY:

Sure. I'm so glad I'm on this committee now. Yeah, this is not Economic Development. I have to share the indignation -- the righteous indignation of all my fellow -- my colleagues here. To compare staph infections in the hospital to the temperature and the diseases that could be borne from the temperatures that -- from these Meals-on-Wheels is just mind boggling to me.

I've got to ask the Meals-on-Wheels people, how -- when you get -- receive your meals, from the time you receive your meals to the time that they're delivered to the elderly shut-ins, how long is that; what's the longest period of time?

MS. BERNSTEIN:

Ours are delivered within the hour, they all reach the client within the hour. And there is no guarantee, in fact, that they are going to eat that meal exactly at the time when we deliver it.

LEG. HORSLEY:

Well, that's not your fault.

MS. BERNSTEIN:

That's correct, but we deliver it with the hour.

MS. BAZZICALUPO:

Our program has the routes short enough that most of our drivers return in 45 minutes.

LEG. HORSLEY:

In 45 minutes.

MS. BAZZICALUPO:

They return.

LEG. HORSLEY:

And return.

MS. BAZZICALUPO:

With the empty trays.

LEG. HORSLEY:

So they've already got out --

MS. BAZZICALUPO:

Yes.

LEG. HORSLEY:

-- delivered it, "Hi, Mrs. Russo."

MS. BAZZICALUPO:

Right.

LEG. HORSLEY:

"Here's your food for the evening."

MS. BAZZICALUPO:

It's usually in half an hour.

LEG. HORSLEY:

"God bless you. Have your meal," and you go home.

MS. BAZZICALUPO:

Correct.

LEG. HORSLEY:

And you go back to the shop. And this is what -- this is what our County is spending their dollars on and harassing you; I find it incredible.

But let me ask you, how many people in this County -- I've always -- you know, I know shut-ins and the concern of my neighbors and stuff like that, and there's so many, have had malnutrition problems in this County. Do we have a figure for that?

DR. DILLON:

No, I do not.

LEG. HORSLEY:

Okay. So we don't know how many people have become sick because of malnutrition issues that they don't have someone to either bring food in to them or they can't afford to have food, to provide food for themselves because they're splitting their dollars between medicine and food and the rent and taxes and things like that. It's just -- I could go on, and I won't because I think the point has been made.

I think that this whole position of the Health Department, I've watched you attack our country fairs, I've watched you attack our volunteers in the fire departments and what else, over these types -- these same types of issues, people who are trying to do good. God bless you guys. If we could help you, we'll be there for you.

MS. BERNSTEIN:

Thank you.

MS. BAZZICALUPO:

Thank you very much.

MR. ZWIRN:

Can Dr. Einstein have a jump in? After Legislator Eddington.

CHAIRMAN MYSTAL:

Legislator Eddington, go ahead.

LEG. EDDINGTON:

Yeah, and I think Mark Twain is closer. First of all, I know -- I guess I'm not supposed to answer questions, but I can tell you thousands of kids go to bed hungry every day on Long Island, so. But my problem is that what I find -- departments regulate, mandate and then ask us to legislate, and a lot of times they're non issues. I would suggest that an inspector ride along with one of these volunteers and see for yourself that it is a half-hour or 45 minutes.

And the other part is that it seems like the higher you get in organizations -- and that could be for us and the County Executive, but we're talking about Health right now -- when Dr. Graham tells me that it takes five minutes for him to get a pizza delivered, he's out of touch with reality. So I'm going to ask you to question your reality, too, because this is a non-problem and we're looking for a solution. And I agree with what everybody else has said. So thank you.

LEG. HORSLEY:

There you go.

CHAIRMAN MYSTAL:

Mr. Zwirn.

MR. ZWIRN:

Well, I don't want to get into the pizza test, but everybody's on the same page. The Legislature doesn't want to put volunteers with an undue burden when they're trying to perform a service. And the Health Department is doing their job to ensure, at your directive, that everybody in this County can get something to eat that's safe.

Now, the question is how do we resolve it? And I think it can be done. I think Dr. Graham is going to make some phone calls, Dr. Dillon, Matt Miner; they can work this out. And with everybody who's -- good will on all sides, they want to provide a service, God bless them for the work that they do.

LEG. HORSLEY:

Absolutely.

MR. ZWIRN:

The Health Department is not trying to make it impossible for us to get services to the frail elderly who can't get out and get a meal. So -- and good minds can get together and we can resolve it. When people go to a County Fair or to a street fair, it's important that the sanitarians go there to make sure that people are safe. Not too long ago we suffered the E-Coli outbreak here with Taco Bell. How many meals had they served before that without anybody getting sick at all? Our Health Department was on it in a hurry, they isolated it, they knew where the source was because they're a very good Health Department. We want to encourage them to keep doing those good things.

I'm glad that these ladies came down here today and they had the hearing, It gives us the chance to understand a little bit more of what they're going through. And I'm sure that we'll get this resolved before the next committee meeting.

LEG. HORSLEY:

Thank you, Ben.

CHAIRMAN MYSTAL:

Thank you. I'm sure Dr. Dillon and Matt Miner, please, don't think that we're picking in you. It's just sometime, you know, regulations come back that absolutely makes no sense. So -- and, you know, we do understand what you're trying to do to protect the health and safety of the citizens of Suffolk County, and that's your job and you're doing a very good job. Usually Dr. Dillon I like you a

lot, you know that. But there comes a point --

DR. DILLON:

Thank you.

CHAIRMAN MYSTAL:

I know you know it.

DR. DILLON:

I would like to echo what Dr. Graham said and thank you to the volunteers of Suffolk County, we really do appreciate volunteers.

CHAIRMAN MYSTAL:

The only thing I want you to do for me is to get Dr. Graham's pizza delivery man, because five minutes, man, that's bad -- that's good. Thank you very much, Ladies.

MS. BERNSTEIN:

Thank you.

MS. BAZZICALUPO:

Thank you.

Applause

CHAIRMAN MYSTAL:

We have two more speakers, I think they're talking about the same thing, I don't know if they are. If they're both talking about the same thing, please join us; Deana and Lydia.

MS. SABASTO:

Good afternoon, Mr. Chair.

CHAIRMAN MYSTAL:

Good afternoon.

MS. SABASTO:

Legislators and representatives. My name is Lydia Sabasto, I'm the 1st Vice-President of the Suffolk County Association of Municipal Employees. I am here today to speak on behalf of AME's President, Cheryl Felice, and the rest of the Executive Board. I would like to address the concerns that AME has regarding a chart from the New York State Office of Family and Children Services detailing the number of open child abuse investigations in New York State.

Our first concern is that this chart includes all of the open case investigations statewide; this includes not only Suffolk County, one of the largest counties, but smaller counties as well. Suffolk County currently has about 1,943 open cases; Some of the smaller counties have perhaps 200, 700 open cases and some even smaller than that. So this chart, in our opinion, is not a true detection of the caseload averages per caseworker in Suffolk County.

Not included in the statewide count are local court-ordered investigations with CPS reports already opened involving custody battles, orders of protection and divorces. Although not included in the overall State number of caseloads, they still exist on the case worker's workload. The same concern exists for secondary investigations in which another County has primary status and courtesy visits for other teams which could be a one-time visit or more until everyone on the report is seen. Some cases may also be on supervisor's list and not assigned yet to a caseworker. And last, there are out-of-town investigations when Suffolk County will be taking a child from another County or State.

The following is just a quick survey of the latest numbers for open cases in Child Protective Services

investigations. I'll say the team number and then I'll say what each caseworker's holding.

Team 62, one caseworker is holding 34 cases, the next 31,18, 27, 33; Team 63, 31 cases, 14, 26, 28, 35; Team 66, 19, 28, 27, 35, 30; Team 68, 25, 23, 22, 22 and 20; Team 69, 35, 28, 29, 33, 12; Team 71, 18, 26, 20, 28, 27, 24; Team 72, 45, 37, 46, 25; Team 75, 25, 31, 21, 19, 31. And just one of the abuse cases, which is supposed to have a lower caseload than the rest of the investigation teams, holds 17, 32, 12, 22 and 19.

In conclusion, currently there are approximately 64 caseworkers in Investigations not including trainees and about, as I said earlier, 1,943 cases open in Investigations. There are 21 trainees who can only have up to ten cases for the first six months. If you subtract 210 cases and give them all to the 21 trainees, you would still be left with approximately 27 cases per caseworker. If you compare those numbers with the numbers from New York State, the percentage of caseworkers in Suffolk County with 26 plus cases is much higher than what this chart reveals. And on a side note, the recommended caseload for a CPS Investigator is 12; Suffolk County is double that and sometimes tripled. Thank you for time.

CHAIRMAN MYSTAL:

We would like a copy of that.

MS. SABASTO:

Sure.

CHAIRMAN MYSTAL:

Especially with the caseloads.

MS. SABASTO:

Sure.

CHAIRMAN MYSTAL:

I think everybody would like copies, you know, so we can -- would like copies of it. I don't know if Lydia wants -- if Deana wants to say anything. Are you sure? We have some questions.

MS. ALLONCIUS:

My name is Debbie Alloncius --

CHAIRMAN MYSTAL:

Okay.

MS. ALLONCIUS:

-- Chairman Mystal.

CHAIRMAN MYSTAL:

Yeah. Debbie, okay.

MS. ALLONCIUS:

We can get back to you with a written report on it. This one is kind of a rough draft --

CHAIRMAN MYSTAL:

Okay.

MS. ALLONCIUS:

-- so I would request a little time to get it to you.

CHAIRMAN MYSTAL:

We would like that, you know --

MS. ALLONCIUS:

Certainly.

CHAIRMAN MYSTAL:

-- report, especially with the caseload. I think we may have a couple of -- you can sit down. We may have a couple of questions --

MS. ALLONCIUS:

Thank you.

CHAIRMAN MYSTAL:

-- from different Legislators. Legislator Kennedy?

LEG. KENNEDY:

Thank you, Mr. Chair. Thank you for coming forward with this information. As you know, this has been something that the committee has discussed, focused on and looked at throughout the better part of last year, and I see that it's an issue that we're looking at and going forward with this year.

Sometimes I think the actuality of what a County employees' day-to-day experiences are get lost in the numbers. The numbers are important. We need to look at them because they continue to highlight the fact that it is apparently now an acceptable standard of business in this County to go ahead and operate with a caseload way in excess of everything that's recommended.

But you speak about in particular, I guess it's like anything else, when you look at the continuum of abuse cases, we've got a variety of different magnitudes of abuse. And you talked about those cases where there are higher incidents of abuse or more significant abuse; I don't know that I understand that so much, when you're talking about how the assignments go in the teams and to the individual caseworkers. What happens when you have the most egregious cases of abuse? Serious physical abuse, neglect, some sexual abuse, what happens then? Does that caseworker continue to have those cases as well as the other ones that may come in? How does it --

MS. SABASTO:

Sure. There are actually two abuse case teams that take care of the severe abuse, which is any kind of burns, broken arms, and then the other teams take care of the neglect, the spanking, if there's any marks left with that, so that's how that's divided up.

The Registry Unit, basically when the call comes into the Registry Unit, they basically decide with their supervisor if it should go to an abuse team, one of the abuse teams, or if it should go to a regular investigative team.

LEG. KENNEDY:

And as we look at a constrained system across the board in an overburdened system, is there anything that's being done to acknowledge? In other words, do we really get a reduced caseload for those most egregious cases or serious cases of abuse, or is it at the same level?

MS. SABASTO:

Not according to the numbers that I received this morning.

LEG. KENNEDY:

So irregardless of how profound or how significant, we still have caseworkers that are being overburdened and constrained.

MS. SABASTO:

Correct.

LEG. KENNEDY:

It defies logic. Mr. Chair, indulge me for just one second and I'm going to ask the ladies about one

other area, if I can, that's not necessarily germane to this but we heard about before, about the contracting out for this East End Public Health Nursing Services. Is that something that you -- AME is aware of, and does AME have any particular position on it?

MS. SABASTO:

The Public Health Nurses? I'd like to defer that to Cheryl, if we need to get any answers for that.

LEG. KENNEDY:

Okay.

MS. SABASTO:

That's not really why I'm here.

LEG. KENNEDY:

I'm going to ask you specifically, if you would, please --

MS. SABASTO:

Sure.

LEG. KENNEDY:

-- to go ahead and come back and speak to us about that matter. Because to hear that we have -- A, I'm under the impression that we have drastically reduced the number of Public Health Nurses that we presently maintain, even in that reduced number there are vacancies. And now, apparently administratively, without any kind of -- I never recall discussing this, Mr. Chair, a matter before us. Again, administratively we've elected to contract out. Thirty years I've been a municipal employee and I just -- I do not understand it. So please come back to us with some information.

MS. SABASTO:

Yes.

LEG. KENNEDY:

I'll yield.

CHAIRMAN MYSTAL:

Thank you. Legislator Eddington.

LEG. EDDINGTON:

Yes, Hi. Thanks, Lydia and Debbie, for being here, and I definitely would want to get a copy of that.

MS. SABASTO:

Sure.

LEG. EDDINGTON:

I'm going to ask you, how do you account for the disparity between your numbers and DSS?

MS. SABASTO:

Sure. Actually I can tell you exactly what I -- earlier I said that there's a lot of things that are not -- DSS is getting -- Commissioner DeMarzo is getting her numbers from the State, and those are the State -- things that come into the State. However, what they don't include are what I suggested before, the court-ordered investigations which are on a local level, secondary investigations which, again, local level, the out-of-town investigations, local level.

Also, what ends up happening I think sometimes -- I'm not quite sure about this particular chart, but what happens is they start averaging in the caseworkers. And included in the caseworkers are caseworkers that do not have a caseload at all, which is the Emergency Services caseworkers, which

they do go out on an emergency basis to the homes and then those cases are referred back to the teams. The Court Unit caseworkers already have the cases that are on other teams, Foster Care, Investigations or Services, so they're also included in the mix. And then the trainees are also included in the mix, they can't get more than ten cases for the first six months. So that's, I think, how the numbers are calculated through the State.

LEG. EDDINGTON:

All right.

MS. SABASTO:

I believe. Again, I only see the difference when it comes down to me and I say, "Wait."

LEG. EDDINGTON:

Well, it's refreshing to get kind of a straight, clear, precise answer. Do you talk to the department?

MS. SABASTO:

Sure.

LEG. EDDINGTON:

I mean, because otherwise I'd be more than happy to facilitate a group where you can sit down and actually talk. Because it seems like if you know that and the department knows that, then we can fix it basically.

*(*Laughter From Committee*)*

MS. ALLONCIUS:

That would be wonderful.

LEG. EDDINGTON:

I guess I'm very naive, huh? Because it's like I'm more than willing to facilitate a group here where you can actually sit and talk to Janet and everybody else and let's see -- I would like to see the dialogue. Because when I hear that, I hear one group talk to me, then the next time I hear another group and then I hear the next group, but I don't see any resolution. I mean, I've only been here for a short time but this seems to be the same issue. Right? I was there within three weeks to see you.

MS. SABASTO:

Uh-huh.

LEG. EDDINGTON:

So it doesn't seem to go away. You know when it -- you know when we all start running around? When -- like our Presiding Officer, when a child is hurt, then all of a sudden. And we're trying desperately to be proactive, but you have to -- we have to get the two sides together to talk. If it's personnel, like Legislator Kennedy said, then we better damn well do something.

LEG. KENNEDY:

{Inaudible}.

CHAIRMAN MYSTAL:

Legislator Eddington --

LEG. EDDINGTON:

Thank you.

CHAIRMAN MYSTAL:

-- I think -- and we are not saying that you are naive, because I think most of us have been around

this horseshoe for a while know what the problem is. It is a problem of dollars and cents. It's not -- you know, it's not rocket science, you know. In deference to Dr. Einstein, it is not, you know, rocket science. It's a question like, you know, we don't have enough people to handle the caseload and it takes a while. Even if you were to hire 20 people today, it will not do anything to the caseload for another year or more because you would have -- even if the County Executive were to sign the SCIN form -- in 2004, I think we signed 44 -- we budgeted for 44 new employees specifically for CPS.

LEG. KENNEDY:

That's right.

CHAIRMAN MYSTAL:

I don't know if we ever got them. I don't know if we ever got those employees, you know, that was in 2004. It was Paul Tonna's, Paul Tonna did it.

LEG. KENNEDY:

She's saying no.

LEG. BROWNING:

She is saying no.

CHAIRMAN MYSTAL:

I know, she's saying no. Well, what I'm saying to you, it's a question of whether or not we are going to higher more people to do the work or you are going to face your constituent in saying, "Look, you know, I need to hire more people, therefore I need to raise your taxes." Okay, that's the quandary, it's that simple. I'm not trying to be flippant about it, but that's what it is. Either we are willing to spend more money in those areas and find the money somewhere or this problem is going to keep reoccurring. Mr. Presiding Officer?

P.O. LINDSAY:

Again, I'll repeat what I said before. What scares the hell out of me is picking up the paper one day and seeing some kid that was killed because he was being abused and then the finger pointing starts.

CHAIRMAN MYSTAL:

Yeah, that we didn't do our job. Legislator Nowick?

LEG. NOWICK:

No, it just occurs to me I was on this committee three or four years ago and we're still--

CHAIRMAN MYSTAL:

Talking about the same thing.

LEG. NOWICK:

We still have the same problem; I can't believe that. And like Legislator Lindsay says, just one child needs to get hurt drastically, just one, and that's one too many.

CHAIRMAN MYSTAL:

Well, I think what we need from their perspective, you know, we need to get some real numbers, and I think the numbers they're providing to us are real numbers. And if we have those real numbers, then we can make an argument, basically we say that, you know, we heard before of the different -- you know, what's going on in the department. So I think we have a point of departure.

And this is an ongoing dialogue, and I'm not pointing fingers at anybody. You know, it's not, you know, just one party who is at fault, it's us as a Legislative body not wanting to, you know, touch the third rail of politics in Suffolk County which is, you know, raising taxes so we can do the work. And there's other people, you know, not being able to -- given directive as to what you can or

cannot say in front of us.

So it's a much more complex problem than just, you know, what we just talked about. We've been talking about it for four or five years. And until we do something about it as a body, then it's not going to be solved. Anybody else want to -- have any questions?

MS. SABASTO:

Mr. Chair if I can just say, I believe that there's a percentage of the caseworker position that is reimbursable to the County; I'm not exactly quite sure what that percentage is, but that is.

CHAIRMAN MYSTAL:

Yeah, it is, but we still would have to hire more bodies, we still have to pay them benefits. You know, all of it contributes to the budget, you know, raises the budget to a higher level, and all of it required, you know, getting in more revenues. And being government, the only revenues we get is from the taxpayer, we don't sell anything, we don't, you know, make anything to sell, so the only money we can have is from the taxpayer. Either we get the money to cutting out some other services --

LEG. HORSLEY:

That's right.

CHAIRMAN MYSTAL:

-- or we get the money from raising taxes. So that's -- this problem is not unsolvable, it's just a question of having the political will and/or the ability to do that. You know, if we want to run, we're all running this year. If we want to run and say, "Okay, I'm going to raise taxes so I can hire 50 more CPS, you know, workers, but I'm going to have to raise your taxes to do it;" if we want to run on that, we can do that, but if we don't want to run on that we're not going to do it. That's the bottom line, it's dollars and cents.

LEG. KENNEDY:

Mr. Chair, why don't we -- just so that we can beat the horse a little bit more. How about a question of BRO, just to go ahead and establish that. Is there any offset, any State or Federal offset on this? I don't know.

MS. DONO:

I believe, Legislator Kennedy, that the CPS positions, new CPS positions are not heavily reimbursed. I can't recall the exact percentages, I don't believe it was much, in excess of 15%.

LEG. KENNEDY:

So then ballpark figure, how much --

MS. DONO:

New positions that is, additional positions.

LEG. KENNEDY:

Okay. So then ballpark figure, how much are we out-of-pocket in order to bring on a new caseworker, or Caseworker Trainee?

MS. DONO:

I would say 85% of the total cost.

LEG. KENNEDY:

Eighty five percent of the total cost. And my recollection is that trainees are grade 17's, is that it? So we're probably talking about, what, 80% of maybe 45,000 plus the benes?

MS. DONO:

Yes, that would be my guess, without having my records in front of me.

LEG. KENNEDY:

And the trainees go through how long; You're a trainee for what, six months or a year?

MS. SABASTO:

One year.

LEG. KENNEDY:

One year. And during the time that you're a trainee, you have a caseload limit of what?

MS. SABASTO:

Six months, ten cases for the first six months and then after the six months you can get a regular case, which is about 21.

LEG. KENNEDY:

Which is billed to whatever some of those numbers were you were throwing out --

MS. SABASTO:

Correct.

LEG. KENNEDY:

-- 33, 35, 38, whatever.

MS. SABASTO:

Twenty seven, 29, yeah.

LEG. KENNEDY:

And I guess the last area that I'll go to is, some of the -- the discussion we had, I recall from the Commissioner and in the committee, Mr. Chair, was right after the New York City incident, the Nixzmary Brown incident, we got a real spike in reporting; that was, what, about two years ago, maybe 24 months ago? I think it was in January of '05, somewhere around there.

CHAIRMAN MYSTAL:

Nixzmary? Well, we had a spike, and then it went down to normal.

LEG. KENNEDY:

Well, that's what I'm going to ask at this point. What is the volume coming into the department? I know the Commissioner talked to us. What do you folks see from your side as far as the volume of new incidents being reported; has it tailed, is it up, where is it at?

MS. SABASTO:

I get the information from the caseworkers themselves because I'm on -- you know, I go to the units and stuff.

LEG. KENNEDY:

Good.

MS. SABASTO:

And they say that the cases are just as bad even then. There was a small spike with the death of the child a couple of years back, but the cases are just as bad. Like I said, just open investigations. We're not talking about services or Foster care or anything, it's just open investigations is close to 2,000 investigations; that's as of this morning, I don't know what came in after that, you know, but they're up there.

LEG. KENNEDY:

So we have no reasonable expectation that given three months, six months or something from that, that we're going to have a decrease --

MS. SABASTO:

No.

LEG. KENNEDY:

-- or things are going to go down. Based on your experience, based on what you've seen, it's standard and elevated level, it's continuing to be an issue out there. If anything, folks are being a little bit more proactive, which we want.

MS. SABASTO:

The only time that you'll see a decrease in the cases and -- what's interesting is some of the surveys that are done in Suffolk County is in August when the children are not in school, so that the schools are not reporting it and the caseworkers are catching up. So August is really a slow point, the end of July, August and beginning of September.

LEG. KENNEDY:

Because they're home with the abusers.

MS. SABASTO:

Yeah, and that's when -- and that's when the numbers are down.

LEG. KENNEDY:

Okay, thanks.

CHAIRMAN MYSTAL:

Thank you very much. Legislator Eddington, you wanted to add something?

LEG. EDDINGTON:

Yeah, just a couple of observations and you can tell me if I'm correct. I mean, I realize that there's a little bit of over reporting because we've done a good job telling people, "Report it if you think it is." So I know that hurts, too, but it's a safety thing.

But my understanding, from my experience of years of working with CPS workers, is that the life expectancy is about as high as a 2nd Lieutenant in Vietnam. There's a tremendous turnover rate and that -- so that you're always playing catch up. You know, you're talking about a year training, you got somebody for three years, they're gone, you're training somebody else. So I think that must be very hard for the Commissioner, you know, to try to deal with -- to fill those slots at the same time. Is that still happening?

MS. SABASTO:

I don't know the exact turnover rate, no. I just know that there's 21 trainees that are in the agency right now.

LEG. EDDINGTON:

Well, if we haven't hired the slots that were talked about years ago, then it must be 21 people probably left. I mean, I'm assuming -- is my math okay? So there has to still be a pretty big turnover, so I think that has to be adding, exacerbating this problem.

MS. SABASTO:

Sure.

MS. ALLONCIUS:

In addition to turnovers, you also have your retirements, etcetera, and you're going to be filling from your casework --

LEG. EDDINGTON:

Right.

MS. ALLONCIUS:

-- positions, you're going to be appointing division administrators assistant division administrators, etcetera. So, I mean, that's -- you know, you always -- attrition is always a pole.

LEG. EDDINGTON:

Yeah.

CHAIRMAN MYSTAL:

Presiding Officer Lindsay?

P.O. LINDSAY:

Well, just -- you know, I know it's getting late and we want to wrap up this committee.

CHAIRMAN MYSTAL:

That would be very nice.

P.O. LINDSAY:

Yeah, but just a synopsis. I mean, we have Food Sanitarians that are going out looking to inspect people that don't need to be inspected and we don't have enough CPS workers to protect our kids. So maybe we should layoff some of the sanitarians and higher more social workers to keep an eye on our kids to protect them.

LEG. EDDINGTON:

From your lips to God's ears.

P.O. LINDSAY:

And then you don't have to raise taxes and --

LEG. KENNEDY:

Yeah, there you go.

CHAIRMAN MYSTAL:

And eventually we won't have enough sanitarians to inspect the restaurants that you eat at.

P.O. LINDSAY:

They get enough time to inspect the people that volunteer.

CHAIRMAN MYSTAL:

Okay, thank you.

LEG. EDDINGTON:

I said from his lips to God's ears and then Steve Levy's ears.

CHAIRMAN MYSTAL:

Yeah, thank you very much. Thank you very much for coming.

MS. SABASTO:

Thank you very much.

CHAIRMAN MYSTAL:

You know, you guys can go and talk to, you know -- we are going to move into the agenda, it's late, it's twenty to five. The agenda thankfully is short. Okay.

Tabled Resolutions

IR 2243-07 - Requiring notification of rabies vaccine drops (Stern).

This has to be tabled because of a public hearing, so I'll make a motion to table.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Eddington. All in favor? Abstentions? Nay?

The resolution is tabled (VOTE: 6-0-0-0).

Tabled Resolutions

IR 2552-07 - Accepting and appropriating 100% State grant funds from the New York State Division of Criminal Justice Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the DNA Laboratory Capacity Enhancement - (NYS Program and to transfer two (2) positions within the Department of Health Services.) (County Executive). Motion to approve and to be put on the consent calendar.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Seconded by Legislator Eddington. All in favor? Abstentions? Nay? ***The motion is approved and put on consent calendar (VOTE: 6-0-0-0).***

2595-07 - Directing the Department of Health Services to conduct an audit of retail establishments that sell pesticides (Schneiderman).

P.O. LINDSAY:

I'll make a motion to table.

CHAIRMAN MYSTAL:

Motion to table, seconded by Legislator Eddington. All in favor? Abstentions? Nay? ***The motion is tabled (VOTE: 6-0-0-0).***

2609-07 - Approving the appointment of Tracy A. Trypuc as a member of the Suffolk County Board of Health (Eddington). Motion to approve by Legislator Eddington, seconded by myself. All in favor? Abstentions?

LEG. KENNEDY:

On the motion, Mr. Chair?

CHAIRMAN MYSTAL:

On the motion, yeah.

LEG. KENNEDY:

This is a new member of the Board of Health?

P.O. LINDSAY:

Yes.

CHAIRMAN MYSTAL:

Yes.

LEG. KENNEDY:

Okay. I don't recall, did we have her before her -- before us?

LEG. BROWNING:

She's here.

LEG. EDDINGTON:

She's here right now.

CHAIRMAN MYSTAL:

I think she came in, yes.

P.O. LINDSAY:

She came in?

LEG. EDDINGTON:

She's here. Oh, yeah, she's here, she's been waiting.

CHAIRMAN MYSTAL:

She's been waiting patiently.

LEG. EDDINGTON:

For three hours.

LEG. EDDINGTON:

If I could, then, just to -- since I recommended her. Why don't you come forward. We've been talking about replacing people and trying to get a varied approach and we have a number of male doctors and we seem to have the reoccurring problem about nursing and staffing. So I found a very involved nurse, female, that I thought would meet what we wanted. And just before she gets -- she's been an advocate for health care issues in my district and worked with Brian Foley before me, and that she does a lot of workshops with the -- she's the Health Chair of the Village of Patchogue and she's done some cardiac awareness workshops. She runs the blood bank where they tried to get my blood during the summer and she's a supervisor nurse, so she's been very involved and that's why I put her name forward.

CHAIRMAN MYSTAL:

Good afternoon. Would you like to give us any statements? I think you already did it but, you know, we'd like to hear it from you.

MS. TRUPUC:

Yes. Good afternoon.

CHAIRMAN MYSTAL:

And then we'll open it for questions.

MS. TRUPUC:

Thank you. Good afternoon, Mr. Chairman, Legislators, Madam Legislator. I want to thank you so much for this opportunity, this privilege to be an appointee to the Board of Health.

I'm a Registered Nurse, I have a Bachelor of Science Degree in Nursing and I have a Public Health Nurse Certificate from the State of California. I practiced nursing in California prior to moving here to New York where I've been living for the past five years. I also had an opportunity to go to Albania recently to do some consulting work for a company to assess the nursing curriculum there because, as you know, there's a nursing shortage here in the United States.

Most of my recent work experience has been in staff development where I do staffing education for facilities to make sure that they're up to code for State inspections. And again, I do a lot of community work with -- I've worked with the Police Department for infant child safety seat car checks, blood drives, with the domestic violence to collect cell phones, with the Lions Club to collect the eyeglasses, so I do a lot of community work. Again, February is American Heart Association's National Wear Red Day tomorrow and the Cardiovascular Awareness Month, so I've been working on that campaign with Supervisor Brian Foley and Councilwoman Connie Kepert. So that's been keeping me busy for the past several years. I am the Chairperson of the Health and Wellness Committee for the Greater Patchogue Chamber of Commerce.

CHAIRMAN MYSTAL:

Thank you. You're a very, very busy lady. Any questions from our illustrious panel?

LEG. NOWICK:

She doesn't deserve anything we could give her.

LEG. KENNEDY:

No, no, no.

LEG. NOWICK:

{ Inaudible }

LEG. KENNEDY:

Absolutely. As a matter of fact --

CHAIRMAN MYSTAL:

Actually, I have questions. I'm going to go over there myself and hit you.

LEG. KENNEDY:

I know that. Public Health Nursing, just tell us a little bit. You heard some of the dialogue earlier today; any experience, thoughts or anything that you might have as a vision as a County Board of Health member?

MS. TRYPUC:

I believe an ounce of prevention is worth a pound of cure, obviously, that's why I do a lot of community work to educate the public. To -- the doctors spoke eloquently about why they need to enforce the things that they need to enforce, I also understand, you know, your concerns. So I don't want to get in the middle of --

LEG. KENNEDY:

Nor would I ask you; no, I understand that.

MS. TRYPUC:

-- of that battle.

LEG. KENNEDY:

But as to Public Health Nursing itself, I think what I can take from what you've just said is you do believe that there is a role for that and a need?

MS. TRYPUC:

Absolutely. Education about illnesses during the cold and flu season, washing their hands for families as well, passing down that information to your children; it's very important. Education, I believe that there is a need. I spoke with Legislator Stern when I first was -- went through the screening process and he asked me about education and that's why I'm part of this campaign for the Cardiovascular Awareness Month.

If you could try to reach people, even people who are smoking now -- and I commend Supervisor Foley for the Smoking Cessation Program that the County now, you know, is still doing.

LEG. KENNEDY:

Barely.

MS. TRYPUC:

If you can educate the public and they could stop smoking now, you still save their lives and you add life, you add years to their life. So getting the word out there to the public and in any way that we can continue to do that through different forms, and when you mentioned that you need Public Health Nurses and we were talking about Welfare-to-Work, we need nurses. I just went to a third world country to look for nurses. If we could try and get high school students and single moms interested in going to school to become nurses, it is a very, very valuable career and you can serve the public well. So --

LEG. KENNEDY:

Tough line of work, too, I know. Okay. Thank you, Mr. Chair.

CHAIRMAN MYSTAL:

Thank you very much. We have -- oh, you want to ask something?

P.O. LINDSAY:

Just quick. Just, Tracy, I want to --

MS. TRYPUC:

Yes.

P.O. LINDSAY:

I want to commend you for sitting here for three hours, especially the way this panel has acted today. They're like a bunch of junk yard dogs, they've been chewing everybody up and that you didn't run out of here. So I commend you for your willingness to volunteer for the County.

MS. TRYPUC:

I appreciate it. Thank you. Legislator Eddington did offer to have these pins in his office for the Heart Association and I'm going to continue to go in and see how he's doing selling them, but I also would like to offer one to each of you. And if anyone would like to have some in their office to -- the suggested donation is \$5 a pin.

CHAIRMAN MYSTAL:

See Tracy later for more merchandise.

MS. TRYPUC:

I'm sorry. What?

LEG. HORSLEY:

You're hustling us, huh?

CHAIRMAN MYSTAL:

Okay. The resolution before us, there's a motion and seconded.

All in favor? Abstentions? No? ***Motion is approved (VOTE: 6-0-0-0).***

1010-07 - Providing further direction to the Suffolk County Health Care Task Force (Presiding Officer Lindsay). Motion to approve.

P.O. LINDSAY:

Yeah, I just wanted to give a brief explanation of what it is. Legislator Romaine sponsored a resolution last fall to create a Health Care Task Force and we had some testimony at our December

meeting from Dr. Luff from the Board of Health about the commission that just issued a report about reducing the size of our hospitals and stuff like that. This just directs Legislator Romaine's group to take a look at the hospital downsizing and keep us abreast of it.

CHAIRMAN MYSTAL:

Okay. Motion has been on the floor, seconded by Legislator Eddington. All in favor? Abstentions? Nay? ***Motion carries (VOTE: 6-0-0-0).***

We stand adjourned.

(The meeting was adjourned at 4:50 PM).

{ } - Denotes Spelled Phonetically