

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 May 10, 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
Ian Barry - Assistant Counsel to the Legislature
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature
Paul Perillie - Aide to Majority Leader
Barbara LoMoriello - Deputy Chief of Staff/PO Lindsay's Office
Ben Zwirn - Assistant County Executive
Brendan Chamberlain - County Executive Assistant
James Dahroug - County Executive Assistant
Greg Moran - Aide to Legislator Lynne Nowick
John Ortiz - Senior Budget Analyst/Budget Review Office
Diane Dono - Senior Budget Analyst/Budget Review Office
Dr. Humayun Chaudhry - Nominee as Commissioner/Dept of Health Services
Matthew Miner - Deputy Commissioner/Dept of Health Services
Margaret Bermel - Director/Health Adm.Services/Dept of Health Services
Vito Minei - Director of Environmental Quality/DHS
Janet DeMarzo - Commissioner/Department of Social Services
Linda O'Donohoe - Assistant to the Comm./Dept of Social Services
Ed Hernandez - Deputy Commissioner/Department of Social Services
Gregory L. Noone - Program Manager/Thursday's Child
Kevin Kaleita - Client Services Coordinator/Thursday's Child
Kathy Ligouri - Tutor Time Day Care Center
Debbie Alloncius - Legislative Director/AME
Frank Christiano - Bishop Lane Civic Association
Mike Liebler - Day Care Provider
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Stenographer

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

CHAIRMAN MYSTAL:

Please rise for the Pledge of Allegiance led by Legislator Eddington.

Salutation

Thank you very much. You all may be seated. Welcome to the Health and Human Services Committee. This should be a very -- I'm glad to see we have a very low turnout. It must be nice outside, everybody is going home, going to the beach, except for Mark Twain who is always here.

The first order of business, we want to welcome our new Commissioner of Health, Dr. Chaudhry. Welcome to your first committee meeting in your new position. Come on in, sit at the table with whomever you want to bring and the mike is yours.

COMMISSIONER CHAUDHRY:

Thank you very much. Chairman Mystal, Members of the Health and Human Services Committee. I just wanted to say that now that I'm officially in the position, I wanted to thank each and every one of you for reaching out to me and for talking with me. I've met with just about each and every one of the Legislators on this committee, or at least spoken with them, I'm also in the process of meeting individually with each of the Legislators in the greater part of the Suffolk County Legislature.

I also wanted to mention something which I think all of you should be aware. As my very first order of business, on April 23rd of this year we went up to Albany, it was a delegation of individuals representing the leadership of Suffolk County, including the Department of Health and Human Services. We were joined by my Deputy Commissioner, Matt Miner; Kevin Law, the Chief Deputy County Executive; Commissioner Janet DeMarzo from Social Services; Tom MacGilvray, our Division Chief for Mental Hygiene; and Connie Corso of the County Budget Office. And our reason for going up to Albany was to meet with Dennis {Wayling} who is the Secretary of Health & Human Services in Governor Spitzer's cabinet. We had three main issues that we wanted to make sure that the Governor and the New York State Department of Health was aware of. And if I could have a few moments, I'd be happy to share that with you.

The first item was as the {Berger} Commission moves forward, certainly as the legislation would indicate it's supposed to move forward, we wanted to make sure that the individuals up in Albany were aware of the needs of our hospitals, our eleven hospitals in Suffolk County to have the funds to implement some of the changes that have been called for; specifically HEAL New York Loans, H-E-A-L New York loans. And so we wanted to remind them that in previous instances of distribution of those loans, sometimes -- and those grants, sometimes Suffolk hospitals were left out of that determination.

The second issue was the bad debt and charity care. The {Berger} Commission recognizes the value of what we provide in Suffolk County in terms of our health centers which are a significant safety net for primary care services. If it weren't for our health centers, many of these individuals would end up in the emergency departments and utilizing services at a tertiary level rather than getting the primary care that they need to prevent those visits to the hospitals. And so we made the case that we would ask the Governor to not consider too many types of restrictions or cutting back of the monies that the County gets for bad debt and charity care.

And finally, the third issue is mental hygiene; we felt this was a significant issue. It certainly is a major portion of the Department of Health Services in Suffolk County and we wanted to make sure that any determinations of allocations of money took into account the needs of Suffolk County related to mental hygiene. The meeting went well. We had about an hour long meeting with Mr. {Wayling} who, many of you may know, is very experienced having been involved with the Department of Health for more than 20 years. He was very receptive, took notes; in fact, the

comment was made by him and his staff that this was the first time that a County Legislature leadership from a Department of Health had come up en masse to talk about these issues and they were impressed that as my very first order of business I went up and spoke on behalf of primary care and our hospitals' needs.

So as I -- I'm still in the process of getting to know our department and getting to know our issues. I thank all members of the Legislature for keeping me apprised of any day-to-day issues that come up. I will try to be, as I had indicated at my last sitting here, to be as proactive and as anticipatory as I can be. I'd be happy to answer any questions about the Albany visit but, beyond that, I just wanted to say thank you and just keep you apprised of what's going on on our end.

CHAIRMAN MYSTAL:

Thank you very much, Dr. Chaudhry. You want to ask a question? Presiding Officer Lindsay.

P.O. LINDSAY:

No, not a question, just a comment, that it's great to have a Commissioner on Board that's keeping an eye on the County's business.

COMMISSIONER CHAUDHRY:

We're trying.

P.O. LINDSAY:

Thank you.

COMMISSIONER CHAUDHRY:

Thank you.

CHAIRMAN MYSTAL:

Anyone else? Thank you very much, Dr. Chaudhry.

COMMISSIONER CHAUDHRY:

Thank you.

CHAIRMAN MYSTAL:

We have a small presentation by Thursday's Child. Could you please come up for the presentation?

MR. NOONE:

Thank you, Chairman Mystal. Give us a moment to get our Power Point presentation up for all of you. It's very much an honor to come after Dr. Chaudhry and we, too, at Thursday's Child welcome him to Suffolk County.

If I may introduce myself. My name is Gregory Noone, the Program Manager of Thursday's Child. We're located in Patchogue Village. We have a new proposal to serve the needs of people living with HIV and AIDS in Suffolk County for your consideration. While that warms up, if I may just read from my prepared introduction and then we'll go through our Power Point presentation as quickly as possible.

Thursday's Child was founded by a Westhampton Beach woman with a large house; she had a much larger heart. {Didi} Kelly first opened up her home in 1989 as a refuge for people living with AIDS. We all lost so many friends and family members over these past 18 years; then, as now, our name speaks to the hope and promise of a better tomorrow. As the old nursery rhyme says, Thursday's Child has far to go.

HIV/AIDS is an incurable disease affecting all Suffolk County residents. Its physical and financial ravages affect families who are often the least capable of helping themselves. Medical and scientific

advances in the past decade have been astounding; social services and public perception sadly have lagged far behind.

Our mission remains strong and concise; to develop, coordinate and to provide services to people living with and affected by HIV and AIDS. To that end, Thursday's Child has developed a new, unique program targeted to this vulnerable population for your consideration today. The intent of this program is to address professionally-identified barriers to health care and to fulfill a consumer-identified unmet need.

Thursday's Child considers all aspects of a client's life. The {Mazlow scale of hierarchical} needs takes on great significance to persons living with AIDS, that is the basic needs of humanity; food, shelter, warmth. When combined with incurable disease and its associated social stigma, these call for a concerted social response. The core values of Thursday's Child demand us to vigorously pursue courses of action that bring relief. Sixteen years and thousands of hours of client interaction offer perspectives that few others can.

The Department of Social Services' Readiness Program will be most effective to the most vulnerable, those who seek the safety and refuge offered by Thursday's Child staff and office. Our program goal from assessment to follow-up is designed to refer clients to appropriate service and medical providers as needed. Addressing barriers to medical treatment begin with treating an individual with respect and dignity, access to Social Services is one solution to be carefully considered.

MR. KALEITA:

As my colleague Greg said, we are proposing to you a pilot program called "Department of Social Services Readiness System". The idea for this program was seeded in the minds of our clients through discussing this with them. Our clients have told us that they need help navigating the DSS system. They have told us repeatedly they have denied for reasons other than being ineligible due to income or other reasons, that they have been told to go to one center from another center for assistance and all have had similar experiences at our DSS centers.

We researched this idea and have found that similar programs already exist in Suffolk County; they exist in the Office of the Aging and in Veteran's Affairs. The County has identified that those specialized populations require some extra assistance to navigate the DSS system for aid; we believe that those living with HIV/AIDS are no different.

The following component of this idea, this program, is that money will be saved within Suffolk County; how money will be saved will be discussed later on in this presentation. The program is narrowed in focus, limited in scope and targeted to a population of Suffolk County residents living with HIV and AIDS. Following our mission statement, the clientele to be served are living with or affected by HIV. We will help individuals, also as couples, families, anyone being affected meaning if you or someone in your family is infected with HIV/AIDS, we will help you to the best of our ability.

The New York State Department of Health reported that as of June, 2005, which is the most recent data available, Suffolk County has 3,929 cases of HIV and AIDS. Suffolk County has the third highest number of cases among any in New York State, besides New York City, behind Westchester County and Nassau County, and Suffolk is not far behind Nassau with only 29 cases short. December 16th, 2006, the US Congress stripped the care from the Ryan White Care Act, passing the Ryan White Treatment Modernization Act. The result was that Long Island lost a large portion of its Federal funding for HIV. The latest figure is about \$3 million has been lost. It's forced to spending Federal dollars into a 75/25 model, that is 75% of the funding must be spent on medical care and 25% on supportive services.

Moreover, supportive services must have medical outcome. The following result is this; emergency support services or rental assistance to prevent homelessness, food vouchers to prevent nutrition necessary for HIV care, financial help to maintain heat, water, electricity, and HIV prevention services have been deemed no longer fundable services. Although the -- although there are

emergency funds available through FEMA, which is the emergency food and shelter program, the program is a payer of last resort; it is required that DSS must be visited first. Other than that, no other aid can be given by this grant.

The realities are beginning to be seen within our agency. Those individuals living with HIV/AIDS, the poor, the working poor, the working class, anybody that's affected with HIV or AIDS are in need of help at times, the first place now is DSS. A large influx of people will be seen going through DSS that have never gone before. In discussions with our clients, we also learned that people are being denied for lack of paper work, missing paper work, missed appointments or being -- lack of paper work because they don't have it because they don't know how to access it, that being like, for instance, a birth certificate. This program will help solve these identified problems.

MR. NOONE:

We apologize, Kevin worked very hard on what I consider to be an excellent Power Point presentation. Each Legislator has a copy of -- and actually, Mr. Lindsay, we put a copy in your mailbox also -- of the presentations. So I would like to -- if you could follow along, we're on page three and I wanted to speak to the points as we had because it was in order to hopefully elucidate what we have come up with as what we think is a very good program.

The DSS Readiness Preparedness Program has several goals. The first goal, page three on the first panel, to reduce the barriers of accessing DSS services for people living with HIV and AIDS. Everyone in this room knows full well, even Social Services, evidence from the Social Services' own website page, first sentence on what to expect; "Coming to a Social Service Center can be an overwhelming and frustrating experience." We know that it is very difficult, we know that there are long lines. Accessing these services now has not just become a simple experience, for people living with HIV and AIDS it is now, oft times, a matter of life, and death and for the emergency services it is so difficult to access. We are -- the point of this program is to address the barriers to health care. There is no health care without the proper social support. We have deemed over and over -- I'm sure Dr. Chaudhry will back us up, there is very little health care without proper nutrition or proper housing, services that the Department of Social Services has so well done, however people need to be prepared for this experience.

The goals of reducing these barriers, that is what we're all about, reducing stress, reducing tension. This is the whole point, not to -- we do not ever wish to take away the examiner's ability to deny or accept an application, we want the client to be prepared for the experience. We believe that this will enhance our client's medical condition by relieving this stress, as well as to ensure confidentiality over -- and one of the goals also is obviously to save the time of the examiners and overall savings at DSS.

The next panel is why Thursday's Child. I can tell you as the Program Manager and as one of the founding members of the Board of Directors, this agency is uniquely qualified to handle this experience. We have been in this same office for over ten years, since 1995, 12 years now, not far from Jack Eddington's office in the Village of Patchogue. We have created a safe space, a place. It is very important that people know that their confidentiality can be respected, that their dignity can be respected, and that when folks come looking for assistance, their self-worth is maintained. This is the population our mission is dedicated to serving. Between Kevin and myself, Kevin has case management experience for several years now, we also have the knowledge-base to perform this service. We have access to all the paperwork from Social Services and have the ability to fulfill it.

If I could ask you to turn to page eight, we have bullet-pointed our goals and objectives; they are simple, they are forthright, they are action verbs. This is what we -- the heart and meat of the program that we are presenting for your consideration, this is what we hope to accomplish with each client in order to make their lives easier, in order to have them prepared for this experience. I would ask you to look over those, they are fully explained in the rest of the packet. But these bullet-points are purposeful; they explain what we mean to do, from intake to follow-up, we mean to have -- bolster a person's ability and their expectations of how to proceed when seeking assistance.

MR. KALEITA:

The most important -- we believe the most important outcomes will be the County will save money in the end due to this program. The reality is that the majority of people are going to DSS numerous times, three, four, five, six times, only to be denied, or when they could have been accessing services from another agency. This program would eliminate unnecessary trips, the missing paperwork that people are denied for; for instance, lack of a birth certificate, proper ID, proper income proof.

Also, this program will help in reducing the stress levels for both the examiner and the applicant itself. This can lead to increase efficiency of the DSS program because, as we have noticed, in a 2003 -- March, 2007 art -- March, 2007, article there was a story published by Newsday called "Officials to Suffolk" -- "Must hire staff to fix the woes". It basically stated that, on average, it takes 77 days to certify Medicaid patients when 45 days are allowed. This is because -- the rest of our clients, "What is this? I was denied for lack of paperwork, not because of -- paperwork." They couldn't get it, they brought it in, it was misplaced, whatever happened, it took a longer time. This program will help to stop that because on the first appointment everything would be therein a nice, organized folder for the examiner.

The other primary outcomes of the program, if a person is not eligible they would receive their letter of denial and go to the other secondary sources within their world of not-for-profits in an efficient manner to prevent homelessness, to allow food, to prevent anything that is needed they could obtain.

A third outcome that we believe is very important to us is the clients would be doing something for themselves. They can -- they will say, "I did this. I prepared this and I did this myself" and they could -- in turn, it would reduce the stress levels of everyone in the agency so they can go there and go, "DSS can, in essence, help me," and that is what we want to happen.

MR. NOONE:

This program is client identified. We've looked in the eyes of clients and said, "You must go to Social Services for a denial letter," and if you see the look of sheer terror in people's eyes about dreading the decision, about accessing it, about having transportation logistics, "What office do I go to? How many papers am I going to fill out? I don't have a copy of my original birth certificate. I need help obtaining this and that." People are absolutely terrified of accessing this system. HIV/AIDS demands confidential space, demands confidentiality; these folks require our assistance to access these vital services.

I don't want to spend much time, but on page 10/11 we have a proposed budget, a short one-page justification, and on page 11 a breakdown. We estimate that this will cost Suffolk County less than \$150,000 annually. We are asking you for consideration for two years to form this pilot program, to see the success rate, to see the reduced stress and tension, and hopefully save both the examiner's time in the Department of Social Services over all money. I will go into detail on budget personally with each of you, if you request. It is estimated with very limited money we could potentially save a lot of lives and potentially save the County a lot of money further.

We're up and running; I told you Kevin did a beautiful job on this. The program specifics. We have already put together a sample of what a client folder would look like; we have everything down here from DSS files to client progress notes to HIPA compliant consent forms, application lists. We have a template, a model that we think is pretty good for fulfilling this program. The specifics are it is anticipated that a minimum two to four hours per client per appointment to accomplish our goals of having them completely prepared, from soup to nuts; some were longer, some shorter. Many of the folks dealing with homelessness and problems associated with poverty and disease require intensive care and must be assisted along the way.

So, therefore, we anticipate approximately 240 to 250 Suffolk County residents could be assisted in

the first year alone with a relatively small amount of money. We anticipate referrals from the DSS centers themselves. We already have excellent relations and memorandas of agreement -- linkages, so to speak -- with all the County health centers, the social work staff, the doctors there. We have memoranda of agreements with over 24 agencies Island-wide.

We do anticipate that this is for -- specifically for people with HIV and AIDS, therefore we do demand proof. One of the benefits of this is that our goal is to maintain access to or gain access to health care. Keep people in health care, you've got to keep them fed and housed.

A unit of service. Well, what is a unit of service? We're saying we want to assist 250 people, approximately. On page nine of your -- of the report, we anticipate ten units of service per client from initial intake to follow-up and evaluate the effectiveness of our program. And I must tell you that we do not evaluate the effectiveness whether an application is approved. We all know full well that the State sets the guidelines and regulations for what is approved and what is not, that is the examiner's right and duty and responsibility to do. The main thrust of this program is to assist the client through the sometimes labyrinthian process.

Therefore, a unit of service is quite thorough; verifying eligibility, obtaining proof of status, getting in touch with a doctor, making sure that the client is in care, demographic forms, identifying their subject of needs, assisting them complete the application form. I'm sure most of you are aware of the LDSS 2921, the 17 page document with a 10 page introduction and guide to filling out the 17 page document; it's tough, trust me. Prepare the client folder schedule, client appointments, provide transportation as needed. We don't anticipate, as in the Office of the Aging under the County Executive, to necessarily walk step-by-step each person into the office, rather than to empower and encourage the clients to do this on their own, given the proper tools and knowledge ahead of time.

We put a lot of work into this. We also have translation service upon request. I don't need to remind everybody about the demographic changes occurring Island-wide. We will most definitely encourage to seek all legally we can.

MR. KALEITA:

In conclusion, this program will be effective because it is unique and it is not being done in -- it is not being done in this field; the people are going through the steps with no one to help them. Also, if you are AIDS-diagnosed, you are entitled to enhanced services, which not many people know about but we can help access these services. Thursday's Child has the trust of the clients, the know-how of the system, access the resources and we know what has to be done, how to do it, that's why it will work. Also, our office is located centrally in Patchogue, we are a quarter of a mile from the train station, walking distance from the bus stops, we're easy to get to for people to come to us before going to DSS.

In conclusion, a simple effect of us have been doing this -- we started this list, we've been doing this already for people. Greg and myself have helped a person living with HIV who's in need of assistance with rent who came to us in the past. He was feeling ill and he was placed in the hospital; he worked full-time. While this man was in the hospital, his wife came in, we helped her prepare to go through the DSS system. This morning he called us and said he went to DSS with the folder in-hand that we prepared, within a half hour he was out with a denial letter and marched straight into the EFSP Program to continue getting help. He was denied because of his income; we knew he would be denied but he needed that letter. This is one example of how this will work, because in 30 minutes everything was done and he didn't have to go back there again.

We thank you for your time and listening to our presentation.
Any questions would be welcomed.

CHAIRMAN MYSTAL:

Thank you very much. A couple of things. Could you please forward -- the Commissioner of Social

Services is here and the Commissioner of Health is here, could you make sure they each get a copy of your presentation? That's number one.

Number two, have you scheduled or have you talked to scheduling an appointment with Commissioner DeMarzo to present this kind of -- to present this proposal to her?

MR. NOONE:

No, we have not, sir. And to tell you why, we do not wish to be considered a part of Social Services and we're not looking to increase government size. Everyone in this room is familiar with the County Executive's mantra "Do more with less"; we feel that the Department of Social Services is already overburdened and over stressed and overworked between the State and Federal mandates upon the system. We seek to assist the individual client living with HIV and AIDS, we don't envision this as stepping on the boundaries or anything that would be the purveyance of the department itself. We aim to assist this targeted population to access -- give them the tools to access Social Services in a much more easy fashion, in a way that will assist them to get their benefits needed.

CHAIRMAN MYSTAL:

The reason why I'm saying that maybe you should schedule an appointment with Commissioner DeMarzo is not for you to become of Social Services, but as a way to introduce the proposal to her. Because I am sure the administration and the Legislature will definitely consult her, or at least ask her opinion as to what she thinks of this proposal. So therefore, you know, her opinion will have a certain amount of weight into this proposal. So whether or not -- you know, I would suggest that you do that. Anybody have any questions; Jack?

LEG. KENNEDY:

Thank you, Mr. Chair. Thank you for coming, gentlemen. As a matter of fact, what you present is an interesting concept and as a matter of fact, it's something that you know, I guess, is involved in many different places throughout the country.

Actually, when I am not here in the Legislature, and I do get to do something other than this on occasion, I'm an Attorney and I'm pro bono Counsel to an HIV/AIDS community-based program in Hempstead, Dale House. So everything that you speak about I know pretty well, as a matter of fact, I know it directly from the minority community that's affected with or afflicted with HIV and AIDS.

I also do Social Security Disability work, so I also know about accessing government benefits. And I do know the difficulty in trying to navigate the torturous course sometimes for the average individual to get any kind of help from any level of government. However, I will say that I think the Chairman is wise in what he's encouraged you to do, because you identify obstacles, you frame needs that absolutely positively are unique to this population. And the fact that we have this number of HIV and AIDS individuals in the County is something that's prompted us to access funding all the way back to the 80's when I used to be in intergovernmental relations. I don't know that creation of a portal or an access-type of a case management unit that you describe, though, is necessarily the correct route to go.

I also think that in addition to dialoguing with Commissioner DeMarzo, you need to speak with Dr. Chaudhry, our new Health Commissioner, who is very sensitive to some of the special needs of this population, as he is to other needs groups as well.

So my advice to you is thank you for bringing to us your approach to trying to help what clearly is a deficit in accessing services for this population. And make no mistake about it, nobody likes to sit on government lines, nobody, but particularly somebody who is impacted or afflicted with HIV/AIDS shuns it, they run from it; and as a matter of fact, they do it to their detriment. So you bring us an important need, I just think you need to go ahead and look at the methodology a little bit and how you may fit in. That's my advice.

MR. NOONE:

Thank you. And I most definitely would like to speak with Ms. DeMarzo and Dr. Chaudhry and

welcome their input. We do feel strongly that Thursday's Child is uniquely qualified for this program, as we have developed a rapport and a reputation among this population that few have been able to reach. And you're well aware that accessing these programs is vital and for a population whose social stigma and the public derision has probably increased rather than decreased over the past two decades, we feel that Thursday's Child has the capability of reaching these folks that others may not. But thank you for both of your advice.

CHAIRMAN MYSTAL:

Legislator Horsley?

LEG. HORSLEY:

Yeah, hi. Thank you very much for your presentation. I just had a quick question. You had prefaced your comments that Suffolk County has lost dollars in this -- for this issue and I really wasn't sure or clear why Suffolk, was it -- what was the -- I know there's cutbacks to all sorts of health issues, but is it Suffolk in particular or what was the rationale behind that?

MR. NOONE:

I would have to be very brief on this. The 209th Congress last December took an extraordinary step, and for the first time since 1990, did not pass the Comprehensive AIDS Resources Emergency Act, the former Ryan White Care Act. It was deemed that -- from the Bush Administration on down, that social support programs were not to be funded by Ryan White Care dollars. It had disastrous effects, it will have -- the effects will be seen over the next several years when the -- we're going to see a lot more sick people on Long Island. Our numbers for region wide. Nassau County was the grantee for Ryan White dollars to our region that were filtered out through public input through the Nassau-Suffolk HIV Services Planning Council.

Last year, overall Long Island received \$6.2 million in what was called Title I Direct Funding to Long Island, bypassing Albany; that money is gone. Six point two million dollars; of that, over 50% had gone to social support services. Thursday's Child lost \$250,000 in direct Federal funding to provide emergency rental assistance, prevent homelessness, prevent hunger, keep people warm. Last year we paid close to 90 folks, got them out of -- got their electricity turned back on just in Suffolk County alone; these funds, quote, are no longer fundable activities.

It is absolutely mind-blowing and common sense defying what happened with the Federal grant system. Those monies are no longer there for us to access, therefore the Department of Social Services has now risen greatly. There will be so many more people accessing these services that they have no idea how to, no idea where they are. The County websites are great to go to, but our folks are looking at electricity shutoff, they're not looking at new computers to access, to download DSS forms. It is a tragedy what happened to the care act. The Treatment Modernization Act of 2006 will go down as one of the worst pieces of legislation, in my opinion, and it will have deleterious effects to people living with AIDS, not just here on Long Island but nationwide.

LEG. HORSLEY:

I think -- I appreciate your passion. So what you're saying is that it wasn't Suffolk-centric, it was because of the national act.

MR. NOONE:

It was because of the national act that had funds coming directly to our region, Nassau and Suffolk combined.

LEG. HORSLEY:

Right. Okay, I think I understand now. Thank you very much.

CHAIRMAN MYSTAL:

Thank you, Greg. Thank you, Kevin. Thank you very much for the presentation.

I think I spy Commissioner DeMarzo somewhere hiding -- there you are. Would you care to join us and say a couple of words or would you rather not today? I always give you the opportunity to say a couple of things.

LEG. HORSLEY:

Thank you, gentlemen.

CHAIRMAN MYSTAL:

Thank you very much, Kevin. Thank you very much, Greg.

MR. NOONE:

Thank you.

CHAIRMAN MYSTAL:

And make sure you get a copy to Commissioner DeMarzo and Commissioner Chaudhry.

COMMISSIONER DEMARZO:

Good afternoon. One of the things that I have indicated to the committee that I would report on a regular basis was our days-to-payment; currently we are providing payments within 42 days of receipt of vouchers. The Process Committee continues to review the situation and develop their recommendations, of which Diane Dono is a representative of the Process Review Committee; we expect those out in June.

Our Kinder Track process continues to move forward with a training schedule for staff next week and we do -- we are on schedule for generating August payments which go out in September from the Kinder Track System. So I wanted to update you on that, as I indicated I would do at each meeting.

And, you know, there are some -- one of the things that I wanted to point out was that we had just started a pilot program -- I find it very exciting because it's still going well, we started this week -- which we're starting to image our case records. So when individuals come in and they provide us with identification, like an original birth certificate or a driver's license or some kind of documentation, we would always have it in hard copy and, you know, things get archived. We would now -- we're piloting with the State of New York, turning it in to all imaged records, so you could sit at your desk, a client case you have to review, you can call it up on the computer and review it. So we're very excited, we're only three days into this. They think it's like at least six months before you really get a sense of it. We have two centers -- three centers up and we're going to the fourth center, so that's something new that's happening in DSS.

You know, I know that Dr. Chaudhry shared with you our visit to Albany. In addition to that, I went to a meeting with the new Commissioners in the Spitzer Administration, they pulled together all the State -- all the local DSS Commissioners and we met with -- usually we meet with the OTDA and OCFS, Office of Temporary Disability Assistance, Office of Children & Family Services. In the new model that the Spitzer Administration is doing with a lot of collaboration, they actually invited the Commissioner of OMRDD, OMH, OASIS and the Executive Deputy for DOL, and we got to talk to them about a variety of issues that cross -- that go across their agencies and that are to specific to local Departments of Social Services. So it was very -- it was very interesting to see the level of collaboration, the breaking down, as they kept saying, of silos.

So I was very encouraged that a lot of the issues, like we have cross-system children in Family & Children Services that are a real problem, they have developmental delays or mental health issues as well as being in the Foster Care System or the Juvenile Justice System, we have those -- you know, so sometimes, you know, you jump from one agency to another; I mean, I feel like the clients sometimes jump from one agency to another with very different rules. So it was very -- I was very excited to see that there was a real level of collaboration, also in the area of Temporary Assistance, OASIS and OMH are working with OTDA to deal with the whole work participation issues and to incorporate those requirements in to the treatment plans for the individuals that are in receipt of aid,

and they also shared some of their visions, you know, for the Governor's term. So we are encouraged that we should see some new things coming out over the next couple of years. And I would answer any questions if there's anything specific.

CHAIRMAN MYSTAL:

Thank you very much. I just wanted to let you know that over the past two weeks ago, a week and a half ago, I reached out to the State in terms of my piece of legislation for authorizing payment of day-care providers in advance of audit and talked to them about the payment legislation and their feeling about it was definitely not favorable because, A, it would slow down the process; B, they don't know how you would -- you being the Commissioner, would set up your system to do that. And I'm working with them to see how, you know, we can -- well, the first thing they told me is that we already have a law like this in the State; that's the first thing they told me, that we already have a payment law in the State. So that's one thing I wanted to ask you, is there such a thing already that states that you have to pay people within a certain amount of time in the State?

COMMISSIONER DEMARZO:

Not to my knowledge. I know that the legislation that you're sponsoring is based off permissive authority in State law, but I do not know of any prompt pay legislation specific to Social Services.

CHAIRMAN MYSTAL:

Okay, that's the first thing they told me. And number two, they didn't know how you would do it. I just wanted to pass that on, I wanted to ask you that question specifically. Anybody have any questions? Jack.

LEG. KENNEDY:

Thank you, Mr. Chair. Just two areas that I want to speak to the Commissioner about, one is along the lines with the voucher processing for the day-care providers. I know that you have been working and you've demonstrated, you know, several system-wide changes, you've implemented a couple of other positives and I'm hopeful that, you know, it seems like you're improving the process, diminishing the lag.

One area that I am concerned about, I guess, is the actual audit unit. I recall we went back a couple of months ago -- and I'm mangling terms, I don't know if it's audit unit, payment unit -- a crew of 10 or 12 or 14 folks who basically are going through the mechanics of receiving the voucher, eyeballing the voucher, authorizing a check to be cut and shooting it to, you know, audit or wherever it goes. That unit itself, I recall three, four, five months ago, was increased by about 50%; it had been a group of ten and there were five added, so you were at 15?

COMMISSIONER DEMARZO:

Well, the concept is correct. We had some vacancies and we had two positions that we took from other areas of the department and moved to payment. So overall, at that point five people were added but three of them were replacement people; so yes, there were five added, but three of them had just left within the last month or so, so.

LEG. KENNEDY:

Okay. So there was attention paid, there were SCINS filled, there were bodies that came on and you expanded it. Where are you at with that unit now?

COMMISSIONER DEMARZO:

The unit -- the Account Clerks are generally working. We have -- we have some supervisory vacancies that I have talked to the County Executive's Office about and we are at 42 days and we're waiting for our process review.

LEG. KENNEDY:

You should have been an attorney. How many people, Commissioner, how many people?

COMMISSIONER DEMARZO:

I don't really -- Diane, if I can defer to you, how many people are in the unit?

MS. DONO:

(Shook head no).

COMMISSIONER DEMARZO:

I don't know. I could send you the aug chart. You know, one of the things that needs to be identified, and we talked about this at other meetings, the payment unit does a variety of payments, they do a variety of authorizations, all client-related authorizations. So there are a couple of units, units within that unit; I would have to send you the aug chart, I can't tell you off the top of my head.

LEG. KENNEDY:

Okay, and that's understandable. I mean, you have many, many hundreds of people under your employ and at any one given time I know you're not going to have the specific numbers. So then I guess what I'll ask you is two things, if you would, please. One, do forward to me, or perhaps through the Chair to the committee, the number of individuals in that unit now, know that that will be a unit that I will continue to have an interest in. And also, I'd like to know about the request that we had made a couple of meetings ago to look at creating a hierarchy within that unit.

As I understand it, it was Account Clerks and there was some turnover when folks were going off open-competitive or promotional lists to get Senior Account Clerk or Principal Account Clerk positions and they had to go out of that unit. So we had this discussion I guess two or three months ago saying that, yes, in fact it might make some sense to earmark a couple of those positions up so we could retain the knowledge-base within the unit and yet allow the employees to go ahead and gain the promotion, seek the promotions that we want them to have.

So I'd like to know, one, how many folks in there; two, whether we have been able to go ahead and increase the scale, the hierarchy scale within that unit; and then if not, when we anticipate doing it.

COMMISSIONER DEMARZO:

I can answer all those things in writing, I can give you the staff. We did increase one of the positions during that time that we went to five -- you know, the hiring of five at that time. One or the positions was increased to Senior Account Clerk so we could have smaller span of control. And we had recently had a full Civil Service audit of that whole process, so I can send that all to you, I will make that available in the next --

LEG. KENNEDY:

That would be good, that would be helpful. And again, if we can, you know, look at trying to embrace that philosophy, particularly since these positions are, what, 70, 80, 90% offset, somewhere around there?

COMMISSIONER DEMARZO:

They're in that range definitely, between the 70 and 80%.

LEG. KENNEDY:

Okay. So our out-of-pocket is minimal as we go up the food chain, as we go up the hierarchy.

COMMISSIONER DEMARZO:

The local share is minimal.

LEG. KENNEDY:

Okay. The other area that I wanted to ask about was --

CHAIRMAN MYSTAL:

You forgot, so that's good.

LEG. KENNEDY:

Yeah, I was having so much fun with that one I guess, huh? I think it was the housing issue, the housing with the offenders, the sexual offenders; do we have anything more, Commissioner?

COMMISSIONER DEMARZO:

More on?

CHAIRMAN MYSTAL:

On sexual offenders, the trailer being moved from place to place.

COMMISSIONER DEMARZO:

No, I have nothing more.

LEG. KENNEDY:

The merry trailer; is it migrating it's way through the County or what.

COMMISSIONER DEMARZO:

I have nothing more to share. I would need a specific question. I have nothing generally that I -- I could share with you how the program operates, if the committee finds that of interest, I could speak to you about the program which we are operating; would you like an oversight, overview of the program?

LEG. KENNEDY:

No, I'm just interested in location, actually; location, location, location. Is it the department's intention to keep it there in Riverhead at its present site at this point?

COMMISSIONER DEMARZO:

The department is reviewing all the options available. The sites that have -- the multiple sites that are potentially available for us, as well as our -- as well as the need for such services. You know, last year over 141 nights we had no sex offenders seeking emergency shelter from the department. Since, you know, over the last week or so, we've been down to one individual, so we're looking at a variety of factors.

The numbers that are seeking shelter as well as some of the costs associated with relocating trailer sites, you know, the water hook-up and the electricity. So the plans have not been finalized about whether or not that is -- what other sites will be used and on what rotation basis.

LEG. KENNEDY:

Last question on this, Commissioner. I get all nervous and jerky when I hear potential sites and multiple sites; is that something that gets shared with prospective Legislators or anybody else prior to location, or does it happen after the fact?

COMMISSIONER DEMARZO:

Well, the whole siting process and the discussion of where they are and so forth is -- you know, one of the things we always balance is confidentiality versus the ability to know. As you know, Southampton has filed a Home Rule Message requesting that I be authorized to be able to tell communities when the homeless sex offender is placed in that community, but confidentiality definitely does restrict my ability to share information at large.

LEG. KENNEDY:

I understand. Okay, I'll yield, Mr. Chair.

CHAIRMAN MYSTAL:
Legislator Eddington.

LEG. EDDINGTON:

Yes. It's been brought to my attention that there are some concerns about the Riverhead site, which I thought was a great idea initially but then all good ideas have some holes. That the staff that work there, obviously the sex offenders have criminal backgrounds and they are in a network there and that we have Correction Officers, Deputy Sheriffs, clerical workers coming and going, getting in their cars; are you aware of that concern?

COMMISSIONER DORMER:

Yes. I have worked with the Sheriff's Office and we continue to work to coordinate the movement of the homeless individuals to ensure safety and to maintain the security guards. So, I mean, it should be noted that -- in fact, we will be meeting to finalize the plans -- the individual will be, you know, passed through the perimeter gate, at which the point the vehicle that brings them there will explain their purpose, the vehicle will be allowed to go directly to the trailer, these are the general parameters. The individual will be accepted by the security guard, you know, the Deputy Sheriff; it's not a very long distance. So there will be no movement by the sex offender, or the homeless individual because that's really who they are to me, by the homeless individual without some -- without direct supervision.

LEG. EDDINGTON:

The other part of this question is the direct supervision is by a private company.

COMMISSIONER DEMARZO:

Correct.

LEG. EDDINGTON:

Are they screened by the police? You know, after this Fort Dix thing, I want to make sure that we're not hiring a company that hasn't been screened, hasn't been checked out.

COMMISSIONER DEMARZO:

I can review those standards.

LEG. EDDINGTON:

Okay, thank you very much.

CHAIRMAN MYSTAL:

Thank you, Ms. DeMarzo. Thank you.

COMMISSIONER DEMARZO:

Thank you.

CHAIRMAN MYSTAL:

We're going to start with the public portion; the first speaker is Michael Lieber? Michael, you've got three minutes at the podium.

MR. LIEBLER:

Hello. My name is Mike Liebler, I own five group family day cares and a day care center. I was asked to come here to speak for Edna Guarino, because she was sick today, regarding the prompt payments. I've been doing this myself for 12 years, she's been doing it for 30 years and she was going to speak on behalf of all the family day-care; providers I was asked a couple of hours ago to take her place. I was asked to read this letter from her.

"Patrick Halpin mandated payments by all departments to be made within 30 days. The payment was honored during his administration. It was honored during Mr. Gaffney's administration; I

know" -- she knows because several times she had to call Mr. Gaffney's office when payments were late. She can state that upon notification to his office, within two months their payments were back to being within 30 days.

To summarize this a little bit, which might be a little -- more better. The payments used to be done within 30 days; if I did work in January, I'd be paid the beginning of March. Within a couple of years ago, it started to be if I did work in January I'd be getting paid by April, so instead of waiting 30 days it would be 45 to 55, 65 days, which doesn't seem like a lot, but if you have 20 or 30 people working for you and payroll is up 8,000 to \$10,000 a week and you're -- you don't have that extra \$30,000 of coverage in your bank, or in these people's case which only have one or two employees, if they can't make their mortgage payments on time. They can't get regular loans like a normal job because the banks don't look at us the same way, they don't consider a family-home day-care as an actual business because you run it out of your home. So it has -- so you're borrowing on your credit cards, you're getting a second mortgage, you're getting your mom and dad involved, you're getting friends, "Listen, I've got to make payroll by Friday, I don't know if I'm going to be paid by Friday, I might not get paid until the following Monday, can I borrow a couple of thousand dollars to get me through to it?"

And in July of 1992, New York State implemented a Prompt Payment Law that their vendors ought to be paid within 30 calendar days of the receipt of the properly filled out vouchers. I receive a voucher on the 1st of the month or the 2nd or 3rd, usually it's on the 1st, I turn around and I'll work all night long until I get everything done so I can drive it down and drop it off in the office the next day because I know the sooner I get my voucher in there the sooner I'm going to get money, which means hopefully I've got payroll for the next month or so. Although, Commissioner DeMarzo, I do thank you because things have improved, I actually got a check today for -- so it is getting better and the Temporary Assistance is getting quicker as well. So there are improvements, I do see them and I do appreciate them.

So all we're asking is that there's already a law -- from my information, there's already a law in place that we're supposed to be paid within 30 days. If I tell my employees they're going to be paid on Friday, I can't pay them two weeks after that because they've got bills to be done, too. And from my understanding, there's probably a couple of thousand people who are waiting for these checks to come in and if they have to wait two weeks extra --

CHAIRMAN MYSTAL:

Could you please wrap up?

MR. LIEBLER:

Excuse me?

CHAIRMAN MYSTAL:

Please wrap up, your three minutes are up. You had three minutes and it's up.

MR. LIEBLER:

Okay, thank you. Any questions?

CHAIRMAN MYSTAL:

Any questions? Thank you very much.

MR. LIEBLER:

Okay, thanks.

CHAIRMAN MYSTAL:

Kathy Liguori. First of all, I meant to call you back but I never got around to it, I had to get my daughter out of school.

MS. LIGUORI:

It's okay. All of you know who I am by now and I'll keep my testimony brief, and I will also try to assist this gentleman in getting Edna's statement to you, it was very important to her.

The topic of delayed payments to the child care providers -- the topic today is the payments. I speak to you today with reference to yesterday's article in Suffolk Life Newspapers referring to the County's budget surplus of \$149 million. While I am not aware of all the nuances of the County budget, as a taxpayer and, more importantly, as a child care provider, this article is BITTER sweet; the word bitter in capital letters. Bitter because I perceive this surplus money to have been taken out of the mouths of babes and the providers serving the neediest children in the County.

It is truly the provider's goal to prevent another regional meltdown among the child care providers in the future, which is why we ask that IR 1293 be tabled and then amended to ensure it is fair and equitable for all the child care providers, as the funding from the New York State Child Care Block Grant is not limited to child care providers only. We know you understand that it is imperative to prevent such a financial burden from ever happening again, and this legislation would provide a means to do so. However, it seems clear from previous meeting testimony that IR 1293 may not be the only or best solution to solve the problem. And I would like to reiterate to you that the funded monies paid by DSS originates from and is regulated by the New York State Child Care Block Grant and we urge the County to follow the lead of New York State Prompt Payment Law Article 11(A), interest payments on certain amounts owed by the State enacted in July of 1992, by writing a similar legislation.

If I may, I would like to read Edna Guarino's letter to you specifically because it was vitally important that she be heard.

CHAIRMAN MYSTAL:

If you'll take less than a minute.

MS. LIGUORI:

I'll do my best. In the event that I'm unable to attend this meeting. I have asked another person to read this letter. Please allow me to introduce myself. My name is Edna Guarino. I have performed family day-care for the department for 30 years and I speak on behalf of all family day-care providers.

Patrick Halpin mandated payments by all departments to be made within 30 days; this mandate was honored during his administration. It was honored because Mr. Gaffney's Administration -- it was honored during Mr. Gaffney's administration and I know this because several times I had to call Mr. Gaffney's office when payments were late. I can state upon notification to his office, within two months our payments were back to being within that 30 day mandate.

When I did not receive my January '05 payment by March 1st -- I'm sorry, January '07 payment by March 1st, I called the accounting unit and was told February had 28 days in it. Knowing that they cannot give out information, I contacted Mr. Moore; he informed me that he had lost 20% of his Accounting Clerks because the payments were late (sic). I called Mr. Levy's office and spoke to Terry Maccarrone; I informed him of the 30 day mandate and faxed a copy of Ruth Brandwein's letter to him upon his request in April. For over two years his office, as well as the Legislators, have received calls from myself and most of the other providers. In February '07, I called for a rally to be held in front of Mr. Levy's office. When he found out, he called me and asked me to attend a meeting that following day. At the meeting he said he had signed off for five people to be hired and he agreed to having two people from the Civil Service pool help out; two months later we are at 43 days. Is this acceptable? No. Providers that service this County must be paid within a 30 day period in order to -- in order for us to perform the quality child care that we are under mandate to do.

Many providers have taken out home equity loans in order to continue, others have tax liens on their

homes, credit records have been destroyed, and for some it has affected their health. Many have tried to hold out while fighting personal crises. Many will no longer take DSS children and some have quit doing day care entirely. The damage that has been done to the people who service this County is a disgrace.

No one who services this County deserves to be treated in this manner that we have been. Therefore, we are asking that our Legislators follow our State's lead concerning prompt payments. In case you are unaware, it is effective July 1st, 1992, New York State implemented a prompt payment law, their vendors are to be paid in 30 calendar days after receipt of a properly filed invoice. We are asking this committee, Legislators to implement a prompt payment law in our County sending the message that you are a caring governing body and that you will make changes in your terms, terms of service --

CHAIRMAN MYSTAL:

Please wrap up, Kathy.

MS. LIGUORI:

-- that will ensure that no person will ever be able to do damage that has been done. In closing, thank you for your time. Edna Guarino. Thank you.

CHAIRMAN MYSTAL:

Thank you. Next speaker is Frank Christiano.

MR. CHRISTIANO:

Good afternoon. I'm just giving out a handout of some documents I'd like you to review. I have some photos, Chairman Mystal and also Kennedy, I gave them to them, they can pass them around. I e-mailed Legislator Kennedy last night about some of my concerns that are going on on Bishop Lane still and what I would like to bring up today.

The Department of Health retested the air -- well, they never tested the air before, the water and they did air test on my house in April again and the results came back with volatile organic compounds being found, among other things, {ethanol, methane, hydrogen sulfide}, things that you shouldn't live in.

Again, you know, the Department of Health said that they're not hiding things from us, they're very forthcoming with us. Well, the only reason I found out about this is because I called the lab directly for the results and one of the assistants mentioned to me that there was an ongoing problem, that they're investigating it. And then I, of course, had to get Legislator Lindsay involved who is the only one that seems to go out of his way to help my family, and he made calls and we were finally given partial results of the test with a warning to leave our windows open. That they would be back on the block four days later and they were going to redo tests, they set up vapor wells, all this stuff, they got the DEC involved, the State Department of Health because they don't understand what's going on.

I was told they thought it was an anomaly or procedural errors in the testing. Well, two days I was trying to get answers as to is it safe for my family to be in this house? Shall we just get out of the house for a week, two weeks until you figure out what's going on? And we'll take it that if it was an anomaly, thank God, but then we'll come back, and we still haven't been told directly what's going on. They did the test Monday, I still have no results as of today, we don't know what's going on; it's not just my house, the other blocks. And this all goes back to the leaching pools on Hillcrest. The fact that Mr. Minei decided to backfill them with those hundreds of thousands of gallons of water still in those leaching pools that basically are an attrition spring right now because those leaching pools went into the ground water, so that water probably is still right where it was buried.

You have 1,200 people living at Hillcrest. You know, I clean my house, I'm sure you clean your

house, you mop your floor, you use Fantastic, you use bleach, you use all of that; well, all of that is coming down in to my house and my children are living there. And some of the side effects of hydrogen sulfide and some of these other chemicals are bloody noses, headaches, memory loss, conjunctivitis, weakness in the joints. I mean, these are things that are very common I know with other things, but they're things that my children wake up with bloody noses three times a week. My wife has had pink eye five times in the last four months, even the doctor doesn't understand why; well, now it's starting to make sense to us.

We have gone as far as to fill our basement in 14 inches two weeks ago. And when I was in Florida playing golf, which I tried to go away, the pumps broke again and with the 14 extra inches, the water came up nine inches higher. My wife had to call me and I had to leave the trip, in 24 hours I was there. They're coming back on Saturday and they're going to put another 18 inches -- nine more inches to make it 28 inches total in my basement; I can't go any higher because my heating system is down there. The Department of Health, when they did the vapor well on Monday, hit groundwater behind my window in my backyard at four feet.

CHAIRMAN MYSTAL:

Please wrap up.

MR. CHRISTIANO:

Excuse me?

CHAIRMAN MYSTAL:

Please wrap up, your three minutes are up.

MR. CHRISTIANO:

Okay, I'm trying to speak as quick as possible.

CHAIRMAN MYSTAL:

Go ahead.

MR. CHRISTIANO:

So obviously the groundwater in my basement is about four feet. We would like this board, again I'm asking you, I saw in Smithtown you're helping them, you're getting money for them. Well, I can't afford to run my pumps anymore, so I guess if I just let the pumps go off and I have five feet of water in my basement and we have ten feet in our street flowing everywhere, that maybe more people would be involved and try to help us and get some funding for us and investigate how our houses got built, how Hillcrest got an expansion, how their leaching pools are still there, how their sewage treatment plant hasn't been updated yet. They're still using the same sewage treatment plant that only removes the solids, no chemicals; it's been 18 months since they have been open; it's unreasonable, unacceptable. And I know last time I was here, you said you were going to meet with Mr. Minei and find out why they backfilled and what the ramifications are; obviously the ramifications are that my family was put in jeopardy for another three months because of the incompetence of the Department of Health Waste Water Management. Thank you.

CHAIRMAN MYSTAL:

Thank you very much. Any questions?

LEG. KENNEDY:

Mr. Chair? I will make this very, very simple. Mr. Christiano, I recall the conversations that we've had with you, and just two things that I want to point out.

Legislator Lindsay I know has worked tirelessly on your issue, he and I have spoken about that. And any effort that's gone on in Smithtown in order to address groundwater issues, or for that matter any place in the County, has been not really because of my efforts but because of my colleague's support of my efforts. I don't do this alone, I do this with 17 other Legislators. So I appreciate that

and I also know that Legislator Lindsay continues to go ahead and try to get some answers and get some resolution with your issues. That's it.

MR. CHRISTIANO:

I didn't mean to imply that Smithtown was -- I'm just saying, I understand you're trying to get them Federal funding, maybe some of that could be looked at for us. That was my point with that, not that -- okay? Thank you.

CHAIRMAN MYSTAL:

Thank you very much. Anybody else wish to address the committee? If not, we are going to proceed to -- no, Kathy, you already spoke.

MS. LIGUORI:

But it's on a different topic.

CHAIRMAN MYSTAL:

A different subject, yes. Thank you, Kara; I'm going to kill you.

MS. LIGUORI:

Just with reference to the other tabled resolution. Any type of drug prevention toward youth is very dear to me. And I just would like to make you aware that there's a lot of issues that are going on in the local high schools. I've recently come to know, by watching some of the Town Board meeting minutes, that some of the schools in our County are known as the pharmacy; there's drug sales going on, there's drug abuse going on. And that's all I just wanted to say, that if there's something that can be supported with COPE Division or whatever.

CHAIRMAN MYSTAL:

Thank you.

MS. LIGUORI:

Thank you.

CHAIRMAN MYSTAL:

We're going to take that up right now.

Tabled Resolutions

Okay, we are going to move to the agenda; first, Tabled Resolutions.

Resolution 1170-0 -- just for you, Kathy, when I was in college, we had a guy on campus, we used to call him Doctor; he used to take care of all your pain, especially when you had finals.

1170-07 - Adopting Local Law No. 2007, a Local Law to prohibit the sale of dextromethorphan (DXM) to minors within the County of Suffolk (Nowick). I make a motion to approve.

LEG. NOWICK:

Second.

CHAIRMAN MYSTAL:

Do I get a second? Second from Lynn Nowick. All in favor? Abstentions? No? ***Motion is approved (VOTE: 5-0-0-0).***

1293-07 - Authorizing payments to Day Care Providers in advance of Audit (Mystal). I'm going to make a motion to table this motion so that we can tweak and make it better. Do I have a

second?

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Eddington. Motion to table. All in favor? Abstentions? Nays? ***Motion is tabled (VOTE: 5-0-0-0).***

2595-06 - Directing the Department of Health Services to conduct an audit of retail establishments that sell pesticides (Schneiderman). Motion I think at the request of the sponsor to table.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Eddington. All in favor? Abstentions? Nays? ***Motion is tabled (VOTE: 5-0-0-0).***

Introductory Resolutions

1400-07 - Accepting and appropriating 100% additional State grant funds from the New York State Department of Health to the Suffolk County Department of Health Services, Division of Patient Care Services, for the Community-based HIV Primary Care Program (County Executive). Motion to approve.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

And put on the Consent Calendar. All in favor? Abstentions? Nays? Motion carries, ***Approved and placed on the Consent Calendar (VOTE: 5-0-0-0).***

1401-07 - Accepting and appropriating 100% additional State aid from the New York State Office of Mental Health to Federation of Organizations, Federation Employment and Guidance Services, Inc., and Clubhouse of Suffolk County, Inc., to provide for prior year liabilities and revenue shortfalls (County Executive). Same motion, same second, same vote. ***Approved and placed on the Consent Calendar (VOTE: 5-0-0-0).***

1402-07 - Accepting and appropriating 100% additional State grant funds from the New York State Department of Health to the Suffolk County Department of Health Services, Division of Patient Care Services, for the Telemedicine Demonstration Program (County Executive). Same motion, same second, same vote; ***all three of them on the Consent Calendar, please. (VOTE: 5-0-0-0).***

1408-07 - Adopting Local Law No. 2007, a Local Law to improve pool safety and protect against accidental drownings (Cooper). This motion has to be tabled for a public hearing. I make the motion to table; do I get a second?

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Eddington. All in favor? Abstentions? Nays? ***The motion is tabled for a***

public hearing (VOTE: 5-0-0-0).

Memorializing Resolutions

Memorializing Resolution No. 12-2007 - Memorializing Resolution in support of establishing special protections for professionals treating Lyme Disease and related tick-borne illness (Romaine). Motion to approve by Legislator Kennedy, seconded by Legislator Eddington. All in favor? Abstentions? Nays? ***Motion is approved (VOTE: 5-0-0-0).***

Memorializing Resolution No. 16-2007 - Memorializing Resolution requesting United States Congress to enact the 9/11 Heroes Health Improvement Act of 2007 (Stern). Motion by Legislator Horsley, seconded by Legislator Eddington. All in favor? Abstentions? Nays? ***Motion carries (VOTE: 5-0-0-0).***

MR No. 21-2007 - Memorializing Resolution in support of establishing a establishing a program for Familial Dysautonomia, Canavan's Disease and Tay-Sachs Disease screening and counseling (Stern). Motion by Legislator Eddington, seconded by Legislator Horsley. All in favor? Abstentions? Nays? ***Motion carries (VOTE: 5-0-0-0).***

MR No. 24-2007 - Memorializing Resolution requesting United States Congress to enact the Lyme and Tick-borne Disease Prevention, Education and Research Act of 2007 (Romaine). Motion by Legislator Kennedy, second by Legislator Nowick. All in favor? Abstentions? Nays? ***Motion carries (VOTE: 5-0-0-0).***

MR No. 26-2007 - Memorializing Resolution requesting the United States Congress to enact the Breast Cancer Patient Protection Act of 2007 (Alden). Motion by Legislator Nowick, second by Legislator Kennedy. All in favor? Abstentions? Nays? ***Motion carries (VOTE: 5-0-0-0).***

I take a motion to adjourn.

LEG. EDDINGTON:

Motion.

CHAIRMAN MYSTAL:

Motion by Legislator Eddington, second by myself. We are adjourned.

(*The meeting was adjourned at 3:13 PM*)

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

{ } - Denotes Spelled Phonetically