

HEALTH & HUMAN SERVICES COMMITTEE

Of the

Suffolk County Legislature

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on November 13, 2008.

Members Present:

Legislator Kate Browning - Chairperson
Legislator Jack Eddington - Vice-Chair
Legislator Thomas Barraga
Legislator Wayne Horsley
Legislator John Kennedy
Legislator DuWayne Gregory

Also in Attendance:

George Nolan - Counsel to the Legislature
Barbara LoMoriello - Deputy Clerk of the Legislature
Josh Slaughter - Aide to Legislator Browning
Maxvel Rose - Aide to Legislator Gregory
Linda Bay - Aide to Minority Leader Losquadro
Paul Perillie - Aide to Majority Leader Cooper
Marge Acevedo - Aide to Presiding Officer Lindsay
Jack Cafferty - Aide to Presiding Officer Lindsay
Craig Freas - Budget Analyst/Budget Review Office
Diane Dono - Senior Budget Analyst/Budget Review Office
Benny Pernice - Budget Analyst/Budget Review Office
Ed Hennessy - County Executive Assistant
Steve Tricarico - County Executive's Office
Dennis Brown - County Attorney's Office
Janet DeMarzo - Commissioner/Department of Social Services
Greg Blass - Chief Deputy Commissioner/Department of Social Services
Ed Hernandez - Deputy Commissioner/Department of Social Services
Linda O'Donohoe - Assistant to the Commissioner/Dept of Social Services
Dr. Humayun Chaudhry - Commissioner/Department of Health Services
Matt Miner - Deputy Commissioner/Department of Health Services
Margaret Bermel - Director of Health Administ/Dept of Health Services
Pat Clark - Finance/Administration - Department of Health Services
Debra Alloncius - Legislative Director/AME
Reverend Charles A. Coverdale - Pres/Long Island Organizing Network
Cate Poe - Leader/Organizer - Long Island Organizing Network
John DeVito - Chief/Ridge Fire Department
Lawrence M. Kenney, Esq. - Ridge Fire Department
Delia McKernan - President/Smith Point Property Owners Association
Bill Fahey - Pattersquash Creek Civic Association
Robert Wilson - Pattersquash Creek Civic Association
John Rogers - Resident of Bellport
Robert DeBona - President/Mastic Beach Property Owners Association
Maura Spery - Mastic Beach Property Owners Association.
John Sicignano - Mastic Park Civic Association
Rocco Toscano - Resident of Shirley
Maria Toscano - Resident of Shirley

Bill Fahey - Pattersquash Creek Civic Association
Robert Wilson - Pattersquash Creek Civic Association
Steven Laskoe - SBHC
Mary Finnin - RN/Representing Suffolk County Health Centers
Mary Brite - The Quality Consortium/Outreach Project
Jessica Pentecost - The Quality Consortium/Outreach Project
Lawrence M. Kenney, Esq. - Ridge Fire Department
Robert Licari - Woodland Smith Point Civic
All Other Interested Parties

Minutes Taken & Transcribed By:
Alison Mahoney - Court Stenographer

*(*The meeting was called to order at 2:15 P.M. *)*

CHAIRPERSON BROWNING:

Good afternoon. We'll start the Health & Human Services Committee with the Pledge of Allegiance led by Legislator Horsley.

Salutation

And I will ask you to continue to stand. A moment of silence, the incident in Patchogue for the young man who was brutally killed, I'd like to ask for a moment of silence in prayer for him.

Moment of Silence Observed

Thank you. Okay. We shall -- I do believe there's some people that were here who would like to speak, so I will do the public portion first in case anyone does have to leave. Our first speaker, John DeVito. And everyone has three minutes to speak.

MR. DeVITO:

Good afternoon. I'm Chief of the Ridge Fire Department. We have a problem house at 1019 Route 25. First off, I would like to thank Legislator Browning, Legislator Losquadro, for all their help they have been giving me since September 6th. However, we must still respond to this house, put an ambulance out of service, so I'm looking for help from this board to help shut this place down and keep it shut down so I can protect my men and women of the Ridge Fire Department. Thank you.

CHAIRPERSON BROWNING:

Thank you, John. And you're telling me that there's still people moving into the home?

MR. DeVITO:

Yes, there are. They're moving in, I don't know how many moved in since the original eviction. I do know of one, but people are still living there and we still must respond there as volunteer firemen and volunteer personnel on the ambulance. Every time this ambulance goes there, we put it out of service to be deconned. We went there on October 17th, it was deconned, out of service for three days. We went there on a Friday night, the decon company could not get there until Monday morning. We run a lot of ambulance calls in the Town of Ridge and we cannot afford to have an ambulance out of service for any length of time. Three days is unacceptable. I know that's not your problem, that's the decon problem, but I need the ambulances in service to take care of the sick people of Ridge.

CHAIRPERSON BROWNING:

Okay, thank you.

MR. DeVITO:

Thank you.

CHAIRPERSON BROWNING:

Next up, Delia McKernan.

MS. McKERNAN:

Good afternoon, Legislators. Thank you for the opportunity to speak. My name is Delia McKernan, President of the Smith Point Beach Property Owners Association. I'm here today to support the resolution that would prevent landlords from further profiting, from maximizing their income potential on the backs of people who need housing.

These landlords are only interested in profiteering monetarily, they are not really helping these people at all. And if we don't find a way to regulate these landlords, our multiple housing crisis will only get even worse; if that's possible in my community, I don't know. With no programs for these recipients, no follow-up care, no guidelines, it has made this type of investment most profitable. These uncertified and unlicensed homes are only enabling the otherwise already emotional and psychological person to possibly spiral due to lack of resources and programs, and mostly, of course, quality of life, they have no quality of life.

I know, for instance, 502 William Floyd Parkway, that's a major issue in our community that houses multiple people. I know for a fact that they are told to leave the house in the morning, don't come back until late at night. They are like walking zombies in the community, they have no quality of life, no direction, no purpose, they have no reason to want to do better. And just simply because they have a roof over their head and the landlord is getting money. He cares nothing about their mental well-being or their physical well-being, he's just simply housing them.

I support this resolution and I hope that you Legislators support it at as well. Thank you very much.

CHAIRPERSON BROWNING:

Thank you, Delia. Bill Fahey. And John Rogers is after this.

MR. FAHEY:

Bill Fahey, Pattersquash Creek Civic Association. I'm here in favor of the bill No. 1948, to stop making millionaires out of slumlords.

All the money that's being given out to these people and no oversight and the money -- there's checks being made out, somebody should be watching something somewhere. I don't know if it's a -- is there anybody in charge of an oversight of the DSS agency? Somebody should pick this up somewhere along the line. This 502 William Floyd Parkway was supposed to be a private house, it ended up being a dormitory to house these people and somebody is making a lot of bucks over this.

Is there an intragovernmental relations committee that when these things go on the town okays this? The County pays it and the Federal Government pays it also and should have been involved with this thing? Things like this shouldn't go on. Who's here to protect the people who live in the area?

Now, the agency itself, the DSS, is your committee an oversight committee to see what's going on? Because there were bills, other bills that came up where laws were being broken in the placement of these people in unhealthy, unsafe, hazardous housing. Is there anybody that checks up on the agency before these people get into a house that they're protected against the conditions in the house?

CHAIRPERSON BROWNING:

I don't think we can answer your questions, Bill. However, I will tell you the reason why I introduced this bill is basically for -- to answer your questions.

MR. FAHEY:

Okay. Well, just the questions. Maybe somebody could look into it and you work a little closer with the town or the Federal Government, so when you get a place like this, you know what's going on. It's a disgrace that they start off with a private house, end up with a dormitory, exist for two or three years making a lot of bread, a lot of money and nobody does anything about it.

CHAIRPERSON BROWNING:

Thank you, Bill. Next is John Rogers, and then Bob DeBona is next.

MR. ROGERS:

Thank you. John Rogers, 8 Harrison Avenue, Bellport. I'm currently working with a community group that's implementing the community development plan to guide the future growth of Bellport.

I'm here to speak in support of bill 1948. I was reading it over and with respect to the issue of landlords receiving multiple payments to the extent that the total payment would be several times the fair market value of the rent, it seems like a common sense measure to me and my only comment would be I'm surprised it hasn't been done sooner. I mean, I'm surprised that the system was put in place to allow this to happen to begin with. So this seems like a common sense correction to a mistake that was made when the system was put in place to begin with. Thank you.

CHAIRPERSON BROWNING:

Thank you. And Bob DiBona.

MR. DiBONA:

Thank you and good afternoon. My name is Robert DiBona, I'm the President of the Mastic Beach Property Owners Association and I'm here also to support bill 1948-08. This resolution which targets thousands of landlords receiving multiple payments from the Department of Social Services, housing it -- for housing individuals.

Everyone knows the problems that we've had in Mastic Beach, most of these problems are because of absentee landlords and filling these houses with Social Service recipients. The civic organizations that are out there often wonder, you know, why are we pounding the pavement the way we are. We're just trying to clean up our areas. Mastic Beach is a beautiful place, it's got beautiful waterfront and nice marinas and hundreds of dock slips and things like that and we're putting a fortune into Neighborhood Road and trying to clean everything up and the pride is really there. It's unfortunate with absentee landlords, not only for piling these people into the houses, but people that live in Connecticut and Pennsylvania, they have houses and they have DSS recipients in there and these houses burn down, the houses are left there for years. I mean, 71 Park Drive, Mastic Beach, has been like that for three or four years; it's been burnt down, they brought it up, the kids get in there, they rip the siding off and the plywood and the next thing you know, they're in there with drugs and ripping the copper out of it. It's just a multitude of problems that come into effect when you're not taking care of your own property.

I thank Legislator Browning for bringing this forward. This is a small piece of legislation that we could build off of and it would show that the Legislature really cares about what's happening in our neighborhoods. So I want to thank you very much and thank you, Kate, for bringing this forward.

CHAIRPERSON BROWNING:

Thank you. Steven Laskoe.

MR. LASKOE:

Good afternoon. I was hoping actually to speak after I heard some of the discussion on the FQHC's, but I'll do it at this point. I have questions that I want you to keep in mind as you're reviewing it.

One is in looking at a current map of New York Primary Health Care Professionals shortage areas, Long Island is not designated. So I'm curious to see what the basis is going to be. There are pockets, there are isolated areas, yes, that would be eligible. And then how is that going to affect the current structure of the health centers? Are we now talking about a restructuring so that you

can have one common board? Because you have to have boards now that are going to be powerful, not just the Health Advisory Councils, but they have to be empowered and part of the administrative and management structure, and they must be made up of nine to 25 people with 50% of them being from the community. So I don't see that currently in place.

I think it's really more of a question on how it's going to take place. I'm not seeing it as a negative thing, it does open up potentials for funding, certainly. But I would like to see, first and foremost, as we would like to also see what the budget development process that the health centers are involved in this decision making. We do have some expertise. Personally, I was the Assistant Director of an FQHC in Albany, so I'm pretty familiar with this process. I'll leave it at that.

I think, you know, the other consideration is just the scope of service. One of the things that's clearly stated in there is you have a huge scope of service well beyond that which is currently provided by the health centers in total and it says you either have to provide it or arrange for the provision of. Now, HMO's do that. They either -- if they're a staff model HMO they'll provide it and then they contract with others to provide, but health centers have not been in that business, and simply by a contractual relationship with an HMO that doesn't satisfy the requirement. So I think there needs to be some further exploration.

Again, I think we have expertise within the health center system that could be beneficial in developing an appropriate response. There's also a competitive application that has to be done. I think this is one of those let's take a look at the details and see what's going on. Thanks.

CHAIRPERSON BROWNING:

Thanks, Steve. Maura Sperry.

MS. SPERY:

Maura Sperry, I'm with the Mastic Beach Property Owners Association, the Chair of the Quality of Life Committee. Thank you, Legislator Browning. I'm here to support the law 1948-08.

You know, I just want to say, certainly what was a very long election process, we heard accountability and transparency all the time. And one of the things, in working in the past two years with Kate and in our area, with the housing issues and the poverty issues -- because, you know, let's be honest, it's a poverty issue -- is we have no accountability and we have no transparency. And although it is an issue that is a crisis at all times, we never ever are able to take a step back and look at the issue and say how do we actually try and make this better? How do we try and legislate and legislate so that we not only just put a band-aid on the poverty, how do we move beyond that to try and actually cure it and do some things to try and, you know, get rid of it. I think one of those things we do is not throw a ton of money to landlords so that it never gets to the clients. I mean, why we're having a house, what we talk about at 502 William Floyd Parkway that's getting five times, six times, seven times market value, that money could be better spent to actually help these people. And I think that's what Kate's, you know, doing through this legislation.

And I think as Legislators, as community activists, community organizers, we really have to start thinking outside the box as to how we're going to solve these problems. And I think one of those ways is accountability and I think this bill is going to give us some accountability. I think we have to make sure these landlords are taking care of the clients of DSS, you know. And one of the things we also have to think about, a lot of these houses where we are, you know, they're mold factories and, you know, among poor people, asthma. There are illnesses that are caused by these houses that we never go and inspect, we never see if they have water and mold and problems. That's because we're spending all our money housing people for \$14,000 in a house that shouldn't be more than thirty-five hundred a month.

So I urge all of you, as a beginning step, to have some transparency and accountability and to

please make sure this bill is passed. And Kate, thank you very, very much for all your work.

CHAIRPERSON BROWNING:

Thank you. Mary Brite.

MS. BRITE:

Hi. My name is Mary Brite and I'd like to thank you for this opportunity. I'm here in support of this resolution, I am a case manager with Outreach Project. I'm also speaking on behalf of The Quality Consortium.

*(*Legislator Gregory entered the meeting at 2:31 P.M. *)*

As a case manager, I go into these homes, many of our clients who have mental illness or are in recovery, this is their only option where they live. I have gone in homes that are beautifully run. I've gone in homes that are clean, they are not overcrowded, they provide food; I've gone into some wonderful homes. And I have gone into homes that are filthy, where they have maybe 20 people living there, where they have roll-out beds that come out into the living room at night with the most profoundly mentally ill people who can't advocate for themselves, there's no food. I've gone into both kinds of homes. We support this resolution, but we're really concerned, we don't want to end a certain way of living that's for the poorest people. That's our concern, is if we close these down, all of them, where would some people live.

What I'd love to see is DSS go in and do the inspections of these houses. I would like for DSS to make sure that these houses are held to the standard they're supposed to be at. Because I was in a house just last week that was filthy with mold and she spoke of cat urine, I don't know how many people were living there, it was horrible. Every month, how much money gets sent to that house; \$10,000 a month? DSS sees the different last names and the one address that those checks get sent to. So if they came in and took one look around, they would see what I saw.

So we support it, but we just -- please be thoughtful that we don't lose a necessary housing structure. Thank you.

CHAIRPERSON BROWNING:

Thank you. Jessica Pentecost. I think I said that right.

MS. PENTECOST:

Good afternoon. My name is Jessica Pentecost and I also represent Outreach Project in Bellport as a Program Coordinator. I am also in support of this resolution and I just want to share briefly that our clients would not be able to prosper, to become more independent, to establish the family connections that they have been afforded the opportunity to establish if it were not for some of these homes that are appropriately and adequately run, that are clean, that are providing food. There's a client in particular that comes to mind who throughout her substance abuse, she lost a lot in her life; she lost her job, she lost her education and her family. But it was because of some of these well-run sober homes that provided her a place to live for 12 months that she is now reunited with her family and has regained full custody of her three children. This client is looking to return to work and to become increasingly independent with the help of ourselves and case managers through the sober homes.

So I agree with Mary and I support this resolution because I believe that it gives the clients who cannot advocate for themselves a place to go when they have no other place to go. Thank you.

CHAIRPERSON BROWNING:

Thank you. John Sicignano.

MR. SICIGNANO:

Hello. Thank you for allowing me the time. Thanks, Kate, for putting this forward, 1948. You know,

I don't want to beat a dead horse. I know everybody here said about how good it would be because we have nothing now; I mean, obviously nothing. There are some checks, nine to ten and twelve checks going to one house from DSS. They go there, I was told by Janet DeMarzo, if there's four checks, they go and inspect; that never happened. Actually, in a meeting with Steve Levy they said they were going to go in, I haven't heard if they went in over four checks in one house to begin with.

Years ago this wasn't allowed. If you had different last names back about 15, 20 years ago, you couldn't have more than one check or two -- if you had the same last name you could have more than one check because then it would be maybe an older daughter or a son or somebody who's on DSS, but you never were allowed to have this many different last names in one check in one house. I don't know when that changed, it had to be at least 15, 20 years ago, but, boy, it changed and it really made it difficult.

A conventional family and a non-conventional family cannot compete for the same housing, that's why this is important. You have a family, mother, father, five kids -- I call that conventional family, I know there's no definition of a family in the State of New York, but that's a conventional family. A non-conventional family, five girls, five guys, five whatever, five carpenters, they go in at 446 a piece, the family only gets fifteen hundred and fifty-six, so there's no competition. When it comes to landlords making a profit, they're going to take the people that they get the most money from. They're not going to go after the family when DSS -- and it's very lucrative in a couple of other ways. DSS comes in and takes pictures or they submit pictures; if any damage is done, DSS comes in and fixes it back the way it was after the people leave. You don't get that from families if they damage, it's up to the landlord to hold back a month's rent and fix it up themselves and if it's more than a month's rent they lose out.

So the profit is all on the one side. It's not on the conventional family side, they can't compete for the housing. And it's really a competition, really now, for landlords that want to make business out of it, they're going to make businesses with non-conventional families, not conventional families. It's been going on for a long time. They're coming from the courts. I went into one house, 7 Sagewood, it had 12 men in there from various prisons around the country, Elmira -- I mean around the State; Elmira, some of the other ones. I went in, I got in and I actually interviewed them with Dave from the South Shore Press when he used to work there, about a year or so ago. The one guy, he lived with his aunt and uncle in the Bronx, he got in trouble in the Bronx, he went to jail, he was going before the judge, they were going to let him out, it was drug related. That's another thing, they have a Drug Court. So what happened is they went to the -- he said to them, "Look, my uncle died when I was in prison, I want to go back and stay with my aunt, she needs my help." And the judge says, "No, you're deemed to go to Shirley, 7 Sagewood," he had a list of houses, and he was deemed to that house; he made No. 11 in that house. So, I mean, all from the prisons. Now they're all -- where do you think the funding is coming from? It's coming from DSS in most cases, these people are destitute.

There's a lot of problems to the element of this, it's not just people against people that are poor; it's not people that are poor, it's discriminating against families. It's having a way of dumping people from the prisons into our housing in the community, and it's just enriching people that don't care. I went to the owner, he lives at 971 Church Street in Bohemia. I knocked on his door, I said, "You own 7 Sagewood," he said, "No, Seafields is running it," at the time. I said, "Well, we got them all out of there." He goes, "Well, you know," he says, "I only have that one house"; he had a whole bunch of desks in the thing and he had "For Sale" signs, rent signs, all these different signs, so he's in the business of doing this.

CHAIRPERSON BROWNING:

I hate to cut you off, John --

MR. SICIGNANO:

Its a business.

CHAIRPERSON BROWNING:

Time is up.

MR. SICIGNANO:

What we have to do is make it equitable for everyone. Families, conventional families and non-conventional families and to help people. We need this bill and I applaud Kate Browning for bringing it forward and I hope you'll vote for it. Thank you.

CHAIRPERSON BROWNING:

Thank you, John. Rocco Toscano.

MS. McKERNAN:

Due to a slight language barrier between Rocco and his wife, he asked if I would read this letter to the Legislature; would that be okay?

CHAIRPERSON BROWNING:

Sure, we can do that.

MS. McKERNAN:

Okay. This is Rosco Toscano, he lives on -- at 78 Auburn Avenue and there is a sober home that recently opened up directly across the street from his house.

CHAIRPERSON BROWNING:

Delia, is Maria going to speak?

MR. TOSCANO:

Yes.

CHAIRPERSON BROWNING:

Okay. Maria, would you like to do it? Because I do have a card for you.

MS. TOSCANO:

No, I would be so nervous.

CHAIRPERSON BROWNING:

Okay. Go ahead.

MS. McKERNAN:

Okay. The house on Auburn, the new house that just opened up is run by the same gentleman who runs the 502 house in our community that we have a lot of trouble with. So these people have been in the community for over 30 years and they -- Maria is literally afraid to walk out of her front door. I'm going to try to get through this letter as quickly as possible.

MS. MAHONEY:

State your name, please?

MS. McKERNAN:

Delia McKernan. This was forwarded to Brian Foley, but was also forwarded to Kate Browning, Steve Levy and Department of Social Services.

"Dear Mr. Foley, we are law-abiding citizens and community members of the Town of Brookhaven and have lived in Shirley, New York, for 35 years. We pay our taxes. We work hard to maintain our homes, we participate in the community and have educated our children in local public schools. Now we have a problem and we are not getting help, the help we need."

"There is an illegally rented house across the street from our house on Auburn Avenue in Shirley. To make matters worse, the house is currently occupied by people who do constitute a family among

our residential homes. While sometimes it is necessary to initiate group situations in the neighborhood and in proximity of two families who live in single-family dwellings who own their own homes, this situation is not in that category, and worse, is well-known to the local Police precinct, 7th Precinct, for its drug use and its drug deals. We have seen children on bicycles ride up to the house and park cars in front of the house to make their drug deals."

"There are people coming and going at all hours of the day and night. What is worse, apparently these people have also realized our personal routine and just yesterday someone from the house came to my front door and was looking in to see if anyone was there, because at the time there were no vehicles parked in the driveway and the person thought no one was home. We have seen people in this house peering from windows, hiding behind curtains, watching our family coming and going at our routine" -- excuse me, "At our routine and times of the day and it's unnerving. What it -- was it lucky for me that my presence caused the person to run and that he did not enter my home or burglarize it? Or will the person who trespasses the next time gain entry and cause me and my family harm before someone does something about this?" "We have reported the situation to the Police, they advise setting up a neighborhood watch through COPE. But what about the landlord? Is anyone doing anything about him and his illegal use of this house for profits?"

"We know there is a bill, 1948, being voted on Thursday. November 13th, a bill introduced by our local Legislator, Kate Browning, to prevent unscrupulous landlords from profiting from DSS. More than likely, this house is also in violation of the DSS housing regulations that provide for displaced people to have decent housing. If the house is legal to rent with permits, which it is not, please do what you can to promote support for this bill."

"In addition, Legislator Browning has already written letters to the Town of Brookhaven and others about the seriousness of this particular situation, but still nothing has been done about it. The landlord, the drug dealers, he fails to protect the children who go there and the people who live in the community by failing to take action. Is this like a traffic light where the town waits until the statistics show the need while counting the dead bodies before they introduce any safety measures? We need someone to do something about this dangerous situation. People are already getting hurt. The children who have drugs made available at this house and by the people who frequent there, the handicapped family who lives nearby who is terrorized by this situation and who pray that they are not harassed or hurt by someone, some desperate drug fiend. My own family who after so many years of enjoying the good life in Mastic, Shirley and in Moriches does not feel safe and does not want to live here anymore."

"Mr. Supervisor and Legislation," (sic), "please help us. Please have someone process this mess, force the landlord to either apply for permits to legally rent the house to a single family or be forced in the meanwhile to evict the people there. We believe doing so will defuse a dangerous situation and problem in this neighborhood and bring more attention to this huge issue at hand at the same time. Sincerely, Rocco and Maria Toscano." Thank you.

MR. TOSCANO:

Thank you.

CHAIRPERSON BROWNING:

And Maria? Maria, you don't want to speak?

MS. TOSCANO:

No, I can't. I am so upset for the people that stood at my house.

CHAIRPERSON BROWNING:

Okay. Why don't you come to the mike? Because you do have a card, you can say what you need to say.

MS. TOSCANO:

Hello, everyone. I am just here to ask you for help. These people, really they don't belong in our community. They are dangerous. I was attacked many years ago from people that (inaudible) and I don't want that to happen to somebody else. Please, help me. I have my boys at home and I have a lot of kids around my block. I just want those people out of our block. I can't go outside because constantly they're watching me. Like it happened today, last week, I was inside my house, there were no cars in my driveway and this guy came to my house and he make believe that he was just selling something, but I was rushing him and he went to the handicapped house and those people will not be able to help themselves. He went halfway and he went to 75 Auburn Avenue. This is not a way to live. I pay my taxes and I cannot be outside to be in my own home. Every day I'm thinking it's going to be a bullet in my head. Please, guys, help me. Thank you.

CHAIRPERSON BROWNING:

Thank you, Maria.

MS. McKERNAN:

Can I just also state that if the DSS were responsible for --

CHAIRPERSON BROWNING:

No, you had your time, we're not allowed. Sorry.

MS. McKERNAN:

Okay. All right, thank you.

CHAIRPERSON BROWNING:

Okay. And I think we are done with speakers. We do have a presentation. The bill, we will vote on that today. Okay, then, we'll do the presentation. We have Cate Poe and Reverend Coverdale from LION to talk about the -- I'm not going to say it all, FQHC's.

Okay, if you wouldn't mind. I guess a decision -- okay, the other Legislators would like us to take the bill, 1948, out of order.

Can I have a motion to take it out of order?

LEG. EDDINGTON:

Motion to take it out of order.

LEG. BARRAGA:

Second.

CHAIRPERSON BROWNING:

And a second -- okay. Motion, Legislator Eddington. Second, Legislator Barraga. Okay.

Introductory Resolution 1948-08 - To Prevent windfall profits by landlords doing business with the Department of Social Services (Browning). I'll make a motion to approve.

LEG. EDDINGTON:

Second.

LEG. BARRAGA:

Second.

CHAIRPERSON BROWNING:

Second; I've got a lot of seconds. Second, Legislator Eddington. All in favor?

LEG. KENNEDY:

Madam Chair, can I ask --

CHAIRPERSON BROWNING:

Sure.

LEG. KENNEDY:

I'm very much in favor of seeing something like this done.

LEG. GREGORY:

We didn't vote on it yet.

CHAIRPERSON BROWNING:

Yeah, we did.

LEG. GREGORY:

This is to move it out of order.

CHAIRPERSON BROWNING:

No, we did.

LEG. GREGORY:

No, we just took it out of order.

CHAIRPERSON BROWNING:

Okay, sorry. I guess I thought we did -- this was a motion to take it out of order. So I guess all in favor to take it out of order? We've done that, okay.

LEG. GREGORY:

We did that, right.

CHAIRPERSON BROWNING:

Right, we've done that. Okay. So now we'll do **Introductory Resolution 1948-08 - To prevent windfall profits by landlords doing business with the Department of Social Services (Browning)**, I guess I'm rushing. I will make a motion and we have a second from Legislator Eddington. And on the motion.

LEG. KENNEDY:

Okay. Thank you, Madam Chair. What you're looking to achieve here I support and I will, I believe, support this bill. But I have got to ask if we have anybody here in the auditorium that can speak to one of the items that this bill directs the department to do now. Do we have anybody from Social Services who can tell us whether we compile any information at all regarding portions of a monthly grant that go towards rent, whether or not in an aggregate the portions that go towards rent exceed what would be had for a house? Do we track this at all?

DEPUTY COMMISSIONER HERNANDEZ:

We track the number of people --

CHAIRPERSON BROWNING:

Ed, can you put on the record?

DEPUTY COMMISSIONER HERNANDEZ:

Edward Hernandez, Deputy Commissioner, Suffolk County Department of Social Services. The number of people at a single address or number of open cases are tracked, so we have an idea of how many -- we get a report monthly in terms of those addresses.

LEG. KENNEDY:

Okay.

DEPUTY COMMISSIONER HERNANDEZ:

Yes, we do.

LEG. KENNEDY:

All right. And at some point is there anything -- do you have parameters or do you have limits or do you just have an aggregate?

In other words, if you have three people at a particular address or 30, does it compel any kind of action on your part? Do we have an upper limit, a lower limit?

DEPUTY COMMISSIONER HERNANDEZ:

We will go out and inspect places to make sure that the number of people there is appropriate for the square footage according to New York State Housings.

LEG. KENNEDY:

I'm curious, Ed, I've never heard of that; what is that? How much square footage does a human get allotted; what is that?

DEPUTY COMMISSIONER HERNANDEZ:

Well, for instance, bedroom space is 75 square foot for a single room, 50 if there's more than one person in a room, so a 100 square foot bedroom can house two people, according to standards; 150 square feet are needed for three.

LEG. KENNEDY:

So if you took a typical, let's say, two-story, four bedroom, two bath house, these regulations would allow, what, maybe eight people in it?

DEPUTY COMMISSIONER HERNANDEZ:

It depends on --

LEG. KENNEDY:

If they would double up?

DEPUTY COMMISSIONER HERNANDEZ:

-- the number of bedrooms and the size of the bedrooms would determine how many people can live in the house, according to the regulations.

CHAIRPERSON BROWNING:

Can I jump in? Because as far as common area is concerned, like a living room, a sitting room, that can be converted to allow for more square footage; correct?

DEPUTY COMMISSIONER HERNANDEZ:

Yeah, certain areas are allowed to be converted under regulations. Now, there are non-conforming use issues with town codes and the town can come in and disallow those kind of areas and make issue with those kind of things in terms of their code enforcement abilities.

LEG. KENNEDY:

Well, I appreciate that, Madam Chair. Because I really have not had experience directly. I was sharing with my colleague, I had a similar experience where there was a single-family residence right in my own neighborhood in Nesconset that actually had a Social Services family that was being evicted that had illegally been converted into three floors -- well, actually not three floors, two floors and a basement of living space with three meters on the side of the house. In that case, a code enforcement from the Town of Smithtown cited the landlord, ordered him to remove the electrical services and he was fined for, I guess, two years worth of taxes. So there was a remedy that was available there.

So my point is I'm in support of this bill, but I'm -- we've had this conversation before. What happens when you contact Brookhaven Town Code Enforcement?

UNKNOWN AUDIENCE MEMBER:

Nothing, absolutely nothing.

CHAIRPERSON BROWNING:

Brookhaven --

MR. SICIGNANO:

The whole department is useless.

CHAIRPERSON BROWNING:

You know, the biggest issue is that they talked about this particular home, 502 William Floyd Parkway.

LEG. KENNEDY:

Yes.

CHAIRPERSON BROWNING:

I believe they have had as many as 38 people in the home. They're not all on DSS, many of them are on Social Security which, again, the County, we have no control over people receiving Social Security. However, the issue is is that Mr. Sicignano has a home on his block, there's 12 individuals; the same person running that home and owns that home is running the 502 William Floyd Parkway. He's using his windfall profits to now open up the home on Auburn, and he just recently opened up another home in Mastic Beach. So he's making --

MR. SICIGNANO:

Clinton Avenue.

CHAIRPERSON BROWNING:

-- plenty of money, so now he currently has four homes. If we keep letting him make profits, how many more homes is he going to open up?

Applause

UNKNOWN AUDIENCE MEMBER:

It's not fair.

LEG. KENNEDY:

I understand what you're saying, Madam Chair. And so I guess if I could just go back to Mr. Hernandez then again. So it seems that the department captures statistics for individuals under the same residence. Do you have any statistics associated with common ownership on the part of the property opener, based on what Madam Chair was just saying?

DEPUTY COMMISSIONER HERNANDEZ:

That's obtainable, we don't get that on a regular basis. We can get that information if we need to get it.

LEG. KENNEDY:

Well, would it factor into any kind of decision making on the department's part?

DEPUTY COMMISSIONER HERNANDEZ:

No, it wouldn't. Because people are approved based on coming into a center with a landlord, with a request for shelter allowance and that's granted as a matter of regulation. If we go and inspect, we make sure the houses are up to building standards but, you know, if a landlord -- and there are many landlords out there in the rental world that rent to -- rent multiple places to clients on Public Assistance.

LEG. KENNEDY:

You know what, Ed? Look, it's not up to everybody in this auditorium to sit here and listen while I get an education. Maybe I should go from a different perspective. Does -- I don't see Mr. Zwirn here, so I'm at a loss for what the administration has to say. Does the department have any position on this bill? Have you read it?

DEPUTY COMMISSIONER HERNANDEZ:

I've read the bill, I have the bill in front of me.

LEG. KENNEDY:

Okay.

DEPUTY COMMISSIONER HERNANDEZ:

Again, you know, here we're passing a law but, again, we're bound by regulations. There was probably a conflict with this bill and New York State regulations in terms of restricting rents to landlords as long as certain standards are adhered to on behalf of the landlords. So if this bill is passed, obviously we will try to enforce it. But also it's subject to review by New York State Office of Temporary and Disability Assistance in terms of rendering a legal opinion on --

CHAIRPERSON BROWNING:

And I'm aware of that, Ed, that, you know, we can be challenged on this. And that's why I sent a copy of the bill with a letter to Governor Patterson, Senator-Elect Brian Foley; I have spoken with him and he's prepared to work with me on it. So I'm looking to make sure that we get some support from the State Senate and the Assembly.

LEG. KENNEDY:

I see Mr. Brown is here from the County Attorney's Office. Did they have anything to say about this, Madam Chair?

CHAIRPERSON BROWNING:

I have at this time heard nothing.

LEG. LOSQUADRO:

Really? Through the Chair, I guess I'd ask Mr. Brown if he has anything to share with us. I'm mystified.

CHAIRPERSON BROWNING:

It means they're going to support it.

LEG. KENNEDY:

There's an overwhelming silence.

CHAIRPERSON BROWNING:

No, it's not going to get vetoed.

MR. BROWN:

Well, what I would -- I really can't add much more than what the department has to say and much more than what has already come before this committee and the Legislature in general with respect to laws or resolutions regulating the amount of rent that a landlord can receive when there are violations with respect to living quarters. It's set forth, as the Chairwoman knows and she saw the opinion of the State, it's set forth in the Social Services regulations and it's set forth in the Social Services law that when there is a violation, if there is a violation which is hazardous, which is detrimental to the life, health or safety of the occupants of the residents, that the --

LEG. KENNEDY:

Rent can be withheld.

MR. BROWN:

The department is permitted to withhold the rent.

LEG. KENNEDY:

Right.

MR. BROWN:

But beyond that, if there's legal placement, it's an area that's regulated and preempted by State law and by the State regulations.

LEG. KENNEDY:

Well, I appreciate that, Dennis. I appreciate, you know, the department's perspective. I also appreciate Mr. Hernandez' perspective. I very much appreciate what all these people here, though, are saying, too. Notwithstanding rules and regulations, you know, they're derived from law, and it's incumbent on us to go ahead and at least listen to and try to be responsive to the electorate. So I'll yield, Madam Chair.

CHAIRPERSON BROWNING:

Yeah. And --

LEG. KENNEDY:

But thank you very much. I appreciate the illustrations.

CHAIRPERSON BROWNING:

On the subject of 143-B's, and maybe you'd like to respond to this because I know specifically of a house in Gordon Heights where they are receiving room and board, and 143-B's are not recognized or adhered to when they're receiving room and board. And I think you know the Gordon Heights home I'm talking about, that people should not be living there.

DEPUTY COMMISSIONER HERNANDEZ:

That is correct.

CHAIRPERSON BROWNING:

But we're still paying.

DEPUTY COMMISSIONER HERNANDEZ:

We've gone up to OTDA and said, "These places are condemned, health and safety violations, can we withhold room and board," and we were told straight and clear no, we can't. So, you know, we're as frustrated as a lot of people are in terms of the situation there. I mean, we're frustrated in terms of the clients that we're trying to help, we're frustrated in terms of we hear what the communities are saying. But again, you know, just as we're passing -- trying to legislate remedies to the situation, we're governed by a higher set of laws that are telling us what we can and can't do. So, you know, I don't know what more to add in terms of that. But if possible, a law is passed, we try to follow it, but if we're told by the agency that governs our department from a State level that we can't, you know, we're going to be just as frustrated as everybody else.

UNKNOWN AUDIENCE MEMBER:

Pass it and let them follow it.

CHAIRPERSON BROWNING:

Okay, thank you. Legislator Eddington.

LEG. EDDINGTON:

Yeah. The reason that I'm the cosponsor to this is because we have heard from DSS and New York State, Brookhaven Town, but we keep hearing words and we see absolutely no action. And it's been my policy for the last three years, and I think the same as Kate's, that we're going to keep shooting

arrows at the target until we get this right. These communities need to get relief. And, you know, I've been sitting here for three years and I hear about east and west, and I've said it in here, this is a north/south issue. You go on the other side of 25 and it's not an issue.

Applause

You come down in Medford and Shirley and Mastic and it is an issue. And I want to get this resolved. I'm almost smiling that I heard an issue in Nesconset, so -- but that's one issue that he can cite; I can cite 25. That's the problem. That's why these people have been coming here for three years, because they keep coming and saying the same thing and nothing is happening. So whether this is legal, illegal, can be enforced, I want you to know there's going to be more coming at you.

Applause

DEPUTY COMMISSIONER HERNANDEZ:

Well, let me just address that briefly. There are a number of houses in the Mastic-Shirley area that we inspect on a monthly basis.

UNKNOWN AUDIENCE MEMBER:

Never.

DEPUTY COMMISSIONER HERNANDEZ:

We have records, we give a report weekly to the Commissioner on the progress of the inspections. We have sat down with the Town of Brookhaven.

LEG. EDDINGTON:

You know what, let me stop you right there. Let me just interrupt for a second. If that's the case, and you just heard the community say never, somehow there's got to be some communication. Because we've got community leaders here, you do an inspection, let the Legislator in the area know and we'll be there.

Applause

And we'll bring the community people. So that I'm not saying you're not doing it. What we're saying is they don't know you're doing it, therefore it ain't happening. Do you follow me? This is yes, this is the universal sign for yes.

DEPUTY COMMISSIONER HERNANDEZ:

Yes.

LEG. EDDINGTON:

Thank you.

CHAIRPERSON BROWNING:

You know, we have had many meetings. I know John Sicignano, Bob DiBono, we've met with the County Executive, we've met with, you know, Janet and we are trying to resolve the issue but it's not going away. Like I said, the issue is is that we're continually funneling money to these horrible people. I mean, 502 William Floyd Parkway, the landlord is in Turkey, they can't even get him for the code violations. The other landlord from the house on Auburn lives in the Bronx somewhere, Brooklyn I think. You know, we're not going after them, they're making the money, this guy is running the homes. And like I said, he's just continually using that profit to buy more and more. And as you see, he's staying in the Shirley-Mastics area, he's not going anywhere else. And we have a housing crisis right now, they're taking advantage and it's -- they have to stop taking advantage and I'm asking DSS to stop letting these people from taking advantage of our communities, because these are the working class communities. And like Jack said, it's not the north shore communities,

it's not those wealthier communities. And you take all those rent payments, 502, I think at one point there was about 11. And again, you had up to 38 people in the home, and you were saying, I believe under the State regulation you can have 27 which I think is outrageous. It is like a seven bedroom home but it's still outrageous. And you have -- you know, you've got eleven DSS, but are you really looking at how many Social Security (sic) recipients are living in there? And that's the problem, there doesn't seem to be a communication going on between who's on Federal checks, who's on DSS checks. And I can pick plenty of homes for you on the north shore, I can put eleven people at 400 bucks a pop, I'll find you a house on the north shore for \$4,000 a month, and that works for me. So Legislator Gregory.

LEG. GREGORY:

Thank you, Madam Chair. I support this bill and I congratulate you for coming and then putting this bill together and addressing this issue. The one concern that I have is -- and I just wanted to get feedback from the department; do you see this bill impacting -- how do you see it as impacting housing and availability of housing; will it have an impact at all?

DEPUTY COMMISSIONER HERNANDEZ:

If it's enforceable, it will limit the number of people in a house. Right now with foreclosures and everything else going on, the poor economy, we're seeing an increasing need in terms of permanent housing solutions so people don't go into homelessness. You know, as some of the people testified, you want them to be right, but there still is one of the few viable -- this type of housing -- I'm not saying these houses in particular -- are one of the few viable types of permanent housing living arrangements that are available to lower income seniors.

Whether distribution and fairness is an issue is an issue that I can't address. I mean, when people come to us and say, "I have a place to live," we pay it. You know, how we -- how we get a fair and equitable distribution of these type places is a question for the ages; if we can solve that problem, there's a lot of others we can solve as well.

CHAIRPERSON BROWNING:

DuWayne, the one thing you have -- you know, this resolution is not targeting homes that are -- you know, that have licensed or certified programs. You know, we have -- Project Outreach was here today in support of this. You know, they're a great program, I've been to their office to see what they do, you know, they want to see properly run homes. This is targeting individuals who have no care for the residents in the home. These are individuals who are going to programs, but they come back to the home and nobody's monitoring them, there's nothing -- nobody is watching over them, so they leave, they're drinking. Granted, he doesn't let them do it in the home, but they're out in the woods next door, they're drinking, they're doing drugs, nobody is watching them, nobody is maintaining that program. So this is not targeting properties.

If Project Outreach had a home that they were running and it was monitored, this would not affect them. This is the characters who want to just make money.

LEG. GREGORY:

Right. If I, as a property owner, I say, "I want to make my home available to DSS recipients, I have four bedrooms, I can get four, up to four" -- well, maybe more if I want to --

CHAIRPERSON BROWNING:

Uh-huh.

LEG. GREGORY:

-- not skirt the law. My concern is as -- you know, with my property, I could say, "Well, you know what? They're looking at me more, they're scrutinizing my transactions more, so instead of allowing say six people, I may only make available the three rooms." So you have three people -- I mean, there's a need.

CHAIRPERSON BROWNING:

Uh-huh.

LEG. GREGORY:

But the question is what's going to happen to -- well, there's a demand, the question is what's going to happen to the supply. I mean, I know the past several months there are two people that came to me and they had asked or inquired about how they open up a home, so I know there are some people, I'm just concerned that there's a supply enough to meet the demand. I hear that, you know, with the foreclosures, you have more people facing homelessness and actually in homelessness and in our shelters, I'm just concerned that, you know, all -- if everything were to act out with this bill, would it -- will we have to go back to motels?

CHAIRPERSON BROWNING:

Well, you know, the issue is Pilgrim State's closed, nothing was done; they closed it down and they let them move out into neighborhoods --

LEG. GREGORY:

Right.

CHAIRPERSON BROWNING:

-- and that's the problem. You're looking at these individuals and you're saying, "Okay, we're not saying you can't house DSS recipients, we're saying that you're going to be limited and you're not going to receive an excess of what a rental should be." So if it's an eighteen hundred, \$2,000 rental, he could have maybe four or five people, I think; I'm trying to do the math. But at the same time, you know, is this person still going to do it?

LEG. GREGORY:

Right.

CHAIRPERSON BROWNING:

Because now he knows he's limited. He's not going to make a big profit, he's not going to do it because he's not making a profit. So that shows to me he doesn't care, he really doesn't care about the clients he's got.

LEG. GREGORY:

And I appreciate that. My concern is that there's a supply issue that we may face.

CHAIRPERSON BROWNING:

Uh-huh.

LEG. GREGORY:

I'm not saying that we will, but that we may face and how do we -- on the other -- on the end side, how do we deal with that?

UNKNOWN AUDIENCE MEMBER:

Go to the north shore.

CHAIRPERSON BROWNING:

Exactly. We have homes on the north shore where you can find them. And like I said, they're targeting certain communities. You know your community is being targeted.

LEG. GREGORY:

Oh, yeah, absolutely.

CHAIRPERSON BROWNING:

You know it. And mine is, Jack is, you know, we're all -- we're the ones who are sharing this burden. And it's not fair to the people in our communities, they're hard-working people, they deserve to have a decent community and you're just saturating, we're just saturating certain communities. And again, the State needs to step up. The State needs to step up and do something and realize that when they closed down those facilities they created a major mess.

Applause

LEG. GREGORY:

Absolutely. And like I said, I agree with the bill, I support the bill one hundred percent. I'm just concerned on, you know, the effect that it may have and that we --

CHAIRPERSON BROWNING:

I understand.

LEG. GREGORY:

-- kind of should be prepared to address that somehow.

CHAIRPERSON BROWNING:

Yep.

LEG. HORSLEY:

(Inaudible).

MS. MAHONEY:

I cannot hear you.

MR. PERILLIE:

Wayne, on the record.

CHAIRPERSON BROWNING:

On the mike.

LEG. HORSLEY:

Maybe I'll ask the question to DSS. This regulation, it allows 27 people in a home; is that -- where is that?

UNKNOWN AUDIENCE MEMBER:

In my neighborhood.

LEG. HORSLEY:

No, I know. I know that there may be houses that have that, but you said -- you're saying that that's a regulation that the State of New York has.

DEPUTY COMMISSIONER HERNANDEZ:

No, no, no. The regulation is based on square footage, the house is a 5,000 --

LEG. HORSLEY:

So if you've got a big house, we can fit all the people we want in.

DEPUTY COMMISSIONER HERNANDEZ:

Five thousand square foot, ten bedroom house; it's a very large house, if you've ever seen the house.

UNKNOWN AUDIENCE MEMBER:

It's not conducive to the --

CHAIRPERSON BROWNING:

Okay, we can't have anything from the public.

LEG. HORSLEY:

So there's no regulation that says you could have up to 27 people in a given house.

DEPUTY COMMISSIONER HERNANDEZ:

It's all based on --

LEG. HORSLEY:

All based on square footage, because you led me to believe that -- when you made that statement before.

DEPUTY COMMISSIONER HERNANDEZ:

Right, liveable square footage.

LEG. HORSLEY:

You said not 36, but 27.

DEPUTY COMMISSIONER HERNANDEZ:

I believe there were more beds in the house initially, before we did our first inspection and said --

LEG. HORSLEY:

So if we have a bigger house yet you can go to 36.

DEPUTY COMMISSIONER HERNANDEZ:

Excuse me?

LEG. HORSLEY:

If you have a bigger house yet, you could go to 36.

DEPUTY COMMISSIONER HERNANDEZ:

Yes, according to --

LEG. HORSLEY:

Conceivably.

DEPUTY COMMISSIONER HERNANDEZ:

According to --

LEG. HORSLEY:

Through the State regulations.

DEPUTY COMMISSIONER HERNANDEZ:

Right, New York State Building Codes; yes.

UNKNOWN AUDIENCE MEMBER:

How about next to you?

DEPUTY COMMISSIONER HERNANDEZ:

Now, again, different towns have different code enforcement.

LEG. HORSLEY:

That's hard for me to believe.

DEPUTY COMMISSIONER HERNANDEZ:

It is, but different -- you know, code enforcement responsive --

LEG. HORSLEY:

I mean, I was the Town Councilman, we never had any house that had 37 people in it, or 26 or 27 people, that's just outrageous.

DEPUTY COMMISSIONER HERNANDEZ:

This house happens to be a rare exception. There are very few houses that are that big that are out there. But obviously each town, including Babylon, has its issues with various houses.

LEG. HORSLEY:

Absolutely.

CHAIRPERSON BROWNING:

We know they did.

DEPUTY COMMISSIONER HERNANDEZ:

And, you know, the best we can do is work with the code enforcement people to identify issues, get in there and inspect, point out violations to the towns that we observe and have them enforce codes to shut these places down. And we've been to the town with 502 and, you know, the town has agreed that this place meets all their code requirements and they have not been able to find the legal remedy to this point to shut the place down.

CHAIRPERSON BROWNING:

Legislator Eddington. I'm sorry, did I cut you off?

LEG. HORSLEY:

No, I'm just -- I'm perplexed.

CHAIRPERSON BROWNING:

Aren't we all.

LEG. HORSLEY:

That just sounds over the top.

CHAIRPERSON BROWNING:

I'll take you to my neighborhood, I'll take you for a trip.

LEG. HORSLEY:

Wow.

LEG. EDDINGTON:

You know, I want to -- I don't want to just sound negative. I commend the County in changing the policy from motels to community outreach. And I think the intent was great, we saw a system that wasn't working and we really did change the whole issue in Suffolk County, and I think that's to the credit of DSS. You really did a great job moving those people, and I understand that it's a tremendous job. But as a fellow social worker you know, if you do what you've also done, you get what you've always got. And what this community is saying is this plan worked, but now it's not. And I think maybe the task is, like you said, no problem could go unsolved; I think, you know, if we had time to do it. And I think that may be the issue; we've got to get groups together, of community members, of DSS, and really target this problem. Because I'm convinced that together we could come up with some type of solution because there are program houses out there that are working. We have a presentation today.

So, I mean, I guess what I'd say is I'm challenging you guys maybe to take the lead in looking at a new alternative, because I know you can do it, you have done it.

DEPUTY COMMISSIONER HERNANDEZ:

We've done every twist and iteration of what we could do within our regulatory limitations to address this house. Obviously, if there's something wrong with the system, as people feel strongly in this case, there needs to be legislative avenues. And I'm not talking about just this bill here, but if it's the State that is making us act a certain way, then that's perhaps where the change needs to be. I mean, we're open to any suggestions. We certainly work with Legislator Browning in terms of multiple approaches to this problem with the town. You know, maybe it's time for legislation and the State to do something about that, which is beyond our power to do. You know, we're a victim of regulations, just like anybody else.

CHAIRPERSON BROWNING:

And I do appreciate what you've done, because I know you hear from me on a regular basis and when I report you do take care of it. And I know I've had the inspectors, that you have done a better job and things have gotten better. However, you know, the numbers issue is a problem, it's a real problem. And I know 502, but it's not the only home. And like I said, since 502 he's opened up two more homes, you know, and that's the fear and that's the concern is how many more could he possibly open up? The guy's making a fortune. He's a convicted felon running homes for substance abuse.

DEPUTY COMMISSIONER HERNANDEZ:

You know, on the positive --

CHAIRPERSON BROWNING:

It just doesn't make sense.

DEPUTY COMMISSIONER HERNANDEZ:

On the positive side, we've worked with the town and acted on two homes in Medford and have two or three more in various stages of legal action to shut them down as well. So, you know, we do -- we are working on the problem diligently again.

LEG. KENNEDY:

Madam Chair?

DEPUTY COMMISSIONER HERNANDEZ:

You know, it doesn't satisfy the people out in the community, but we are trying.

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

I'm going to suggest that we go ahead and vote for this. And as a matter of fact, I'll even join you as cosponsor. But I'm going to also offer you one other suggestion, if you will, from a Legislative District that's south of 25. I would be on a phone with our Health Department in Yaphank, because if you're not getting remedy out of Brookhaven Town --

UNKNOWN AUDIENCE MEMBER:

We did that.

LEG. KENNEDY:

-- which I'm somewhat surprised about, I would be calling our sanitarians and health inspectors. Because no single family residential permit authorizes multiple adults residing under a single family roof, it will blow the septic system right out. Call them, get them to sign it.

CHAIRPERSON BROWNING:

And I have done that, and I know the Commissioner is here and he was -- I don't know if he was

prepared for that one, but I have. I've spoken with the Commissioner, this is a home that was zoned a single family residence and it's got cesspools for a single-family residence, it's not a single-family residence. And I think the issue was is that they can't pull their permits for the -- does anybody from the Health Department --

LEG. KENNEDY:

Yeah, but they can cite it for a health violation or for a health hazard, absolutely. Habitability goes to something that's within their authority.

CHAIRPERSON BROWNING:

I don't believe -- we'll have the Health Department talk to you about that.

LEG. KENNEDY:

Excellent.

CHAIRPERSON BROWNING:

Save some time.

LEG. KENNEDY:

I'd welcome the opportunity. Dr. Chaudhry is my constituent.

CHAIRPERSON BROWNING:

Legislator Gregory.

LEG. GREGORY:

I just had a quick question. You had mentioned before about the inspectors going out and inspecting these types of facilities; how many inspectors do you have?

DEPUTY COMMISSIONER HERNANDEZ:

There are -- four full-time inspectors and a couple of other people that are available to do inspections within the department.

LEG. GREGORY:

Approximately how many homes do they go out and inspect?

DEPUTY COMMISSIONER HERNANDEZ:

That's about 130 inspections done a month, I mean, various homes, shelters. Whenever a particular property is pointed out to us, we'll go out and take a look at it.

LEG. GREGORY:

But do you have -- do you feel that you have an adequate amount of inspectors to go out and inspect the homes, or is there -- I know I'm putting you on the spot.

DEPUTY COMMISSIONER HERNANDEZ:

You know, we're able to turn around inspections still in a relatively short period of time. We're not delaying people moving out of shelters into permanent housing as a result of the increase in inspection case.

LEG. GREGORY:

Do you expect any retirements?

DEPUTY COMMISSIONER HERNANDEZ:

Facilities that are licensed by other entities, we do not inspect. So a retirement home would probably fall under New York State.

LEG. GREGORY:

No, do you expect -- I'm sorry. Do you expect any retirements from your inspectors? You said you had four now.

DEPUTY COMMISSIONER HERNANDEZ:

Hopefully not. Right now I'm not anticipating any upcoming vacancies.

LEG. GREGORY:

Okay. And I believe they're due a raise for all the hard work that they do; I know that's an issue in your department, that's a little personal.

DEPUTY COMMISSIONER HERNANDEZ:

I've signed off on that, it's not up to me at this point.

LEG. GREGORY:

Okay. All right, I just wanted to do a plug. Thank you.

CHAIRPERSON BROWNING:

Really?

LEG. HORSLEY:

Yes, we just looked it up.

CHAIRPERSON BROWNING:

Okay. We're just looking up the --

LEG. HORSLEY:

Two people, so it's about the same.

CHAIRPERSON BROWNING:

Ninety-six square feet in the jail for two people?

LEG. GREGORY:

Two people, yeah.

CHAIRPERSON BROWNING:

Okay. And I guess we're not going to beat a dead horse, we're all ready for this vote. So 1948, I believe we -- there was a motion and a second. All in favor? Opposed? Abstentions? Okay, motion is carried (***Approved - VOTE: 6-0-0-0***). This will be back up again on Tuesday at the our General Session.

I guess we will continue with the agenda. Do I need to make a motion?

MR. NOLAN:

There's only two resolutions.

CHAIRPERSON BROWNING:

No. Okay, we do have two other resolutions.

Tabled Resolutions.

1879-08 - To implement Welfare-To-Work Commission recommendation (Kennedy).

LEG. KENNEDY:

Madam Chair, I'm going to make a motion to approve.

LEG. GREGORY:

Second.

LEG. KENNEDY:

I know that this was something that last time around I had been asked to table, but in light of the 172 new positions that were brought before us by CN on the Special Meeting, I don't think there should be an issue anymore with staff. So I think we would be more than able to go ahead and implement this resolution and I'm going to ask the committee to support it.

CHAIRPERSON BROWNING:

Okay. So I do have a motion to approve and a second, Legislator Gregory; I almost forgot your name. And Janet, do you want to make any comments on this one?

COMMISSIONER DEMARZO:

No, I have no specific comment.

CHAIRPERSON BROWNING:

You're not going to have a seat?

COMMISSIONER DEMARZO:

No, we have no comments specific to the resolution. The resolution requests that we develop a report for the Legislature to consider regarding the issue of evening hours, it requires a December 1st submission and we believe that we'll be able to comply with the requirements of the resolution to submit a report to the Legislature by December 1st.

CHAIRPERSON BROWNING:

Okay. Thank you. So then we had a motion and a second. All in favor? Opposed? Abstentions? Okay, motion carries. *(Approved - VOTE: 6-0-0-0)*.

LEG. KENNEDY:

Thank you.

CHAIRPERSON BROWNING:

1886-08 - Adopting Local Law No. 2008, a Local Law to enact a grading policy for food establishments.

MR. NOLAN:

You have to table.

CHAIRPERSON BROWNING:

Table for Public Hearing, I'll make a motion to table for a Public Hearing.

LEG. EDDINGTON:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Eddington. All in favor? Opposed? Abstentions?

LEG. BARRAGA:

Opposed.

CHAIRPERSON BROWNING:

Okay. Opposed, Legislator Barraga.

LEG. KENNEDY:

Madam Chair, for the time being, I'm -- if the Clerk would mark me as an abstention on this.

MR. NOLAN:

It's a tabling motion.

LEG. HORSLEY:

It's a tabling motion. To table, right?

LEG. KENNEDY:

Oh, I'm sorry. It's tabling?

CHAIRPERSON BROWNING:

Table for public hearing.

LEG. HORSLEY:

It's not an approval.

LEG. KENNEDY:

Okay, table it.

CHAIRPERSON BROWNING:

Okay. *(Tabled - VOTE: 5/1/0/0 Opposed: Legislator Barraga).*

And I do apologize, we have Reverend Coverdale and Cate Poe from LION who will do a presentation on Federally Qualified Health Centers. So with that, please continue.

REVEREND COVERDALE:

Madam Chair, following my presentation, I will definitely have to leave because of time, getting back to Riverhead to handle another situation.

Good afternoon. My name is Reverend Charles A Coverdale and I am the President of LION, the Long Island Organized Network, and I'm Senior Pastor at the First Baptist Church of Riverhead. I would like to thank the members of the Health & Human Services Committee for hosting us this afternoon, particular committee Chair Kate Browning, a wonderful LION ally and a friend of the community.

As you know, LION has been testifying against cuts to the County health clinics. We know you share our concern. We also know you have questions about Federally Qualified Health Centers. We are here today to offer some initial answers, but first I want to clarify LION, who LION is and what we want to accomplish.

Our health care system is in crisis, we all know that. Governor Patterson is in the headlines talking about the cuts he'll be making to health care. Our new administration in Washington has pledged to fix this mess, but given the economic crisis facing this country, we cannot be certain when and how that will happen. I assure you, LION and our national organization will be part of those fights. This next week we will hold two public actions, in Aquebogue on Tuesday, November 16th, and in Babylon on November 20th. The central issue will be health care, the County clinics and national solutions. We will then join hundreds of people in Washington, D.C. on December 4th to kick-off our efforts to win health care for all, jobs infrastructure improvements and comprehensive reforms with the new administration and Congress.

So let me assure you, we do not expect you to solve all these problems. We do expect for you and the County Executive Levy, whom we have just finished meeting with, to hold the line on cuts to the County clinics. They are vital to the members of our community who are struggling to hold on to their homes and pay their medical bills and to keep their jobs in this economic crisis. Without the

clinics, our hospitals, already are under tremendous pressure, cannot function. We know this because of our close working relationship with Peconic Bay Medical Center and SCIU 1199. While we are here to talk about one possible source of funding for these clinics, our main aim is to ensure that you keep them fully functioning and operational, that they may be taken off the list of budget-cutting options, whatever that takes, as congregations, community groups and union members and people of faith call on you to do this.

I am now going to turn this over to Cate Poe, LION's lead organizer, to walk you through some of the research she's done in response to questions you raised last month. I thank you for having this opportunity.

CHAIRPERSON BROWNING:

Thank you.

MS. POE:

All right. Reverent Coverdale has to go, we're getting ready for our public action in Riverhead tonight.

CHAIRPERSON BROWNING:

I do apologize, I didn't know that that bill was going to take so much time.

MS. POE:

Okay. Well, we're not unsympathetic.

CHAIRPERSON BROWNING:

A lot of good debate, though. A lot of good --

MS. POE:

We like to join forces with the folks in --

CHAIRPERSON BROWNING:

We appreciate the Reverend coming. Thank you.

MS. POE:

See you, Reverend. All right. Now, I've got a PowerPoint, I am not going to read the PowerPoint; a lot of that is background for you. What I want to focus on is there were questions raised in the Legislature when we came to testify having to do with, you know, can you only do this by privatizing, does it mean the County loses control? And then we just heard some more questions, issues that got raised about, you know, the boards, whether the scope of services -- so I'm going to go quickly through some of them and sort of leave it as background for you, and then I'll focus on a few slides that really look at that.

But I want to tell you all, we're coming at this as a community group. We've got some folks with a lot of background in this field helping us, but this is going to take a feasibility study on the part of the County and it's going to take people who really get the nuances on some of these issues. We understand you've got an RFP out right now from the County trying to deal with efficiencies and a piece of that is looking at FQHC's. We also know there's a feasibility study being done out of Huntington and Central Islip about this, so there are people that are going to be trying to answer these questions for you. But let me get you -- I'm going to walk through these very quickly. Let's see how long it takes to turn, it doesn't go fast.

All right. So the basic thing is Federally Qualify Health Centers, it's a Federal designation, it goes to non-profits or public health care organizations. And the Federal Government has to recertify it every year and it goes to medically uninsured or underserved populations, and I'm going to come back to that. There are two types, and it's important to keep that straight. There's a grant program and that's the 330's and that's competitive, all right, and that is like 650,000. If you get one of those,

you also get -- and I'm glossing over it, you get Federal Tort protection, so that's something a lot of people want. But frankly, most public entities are something called look-alikes, and that is something -- you don't get that extra grant money, you don't get the Federal Tort protection, but all of them get better Medicaid and Medicare reimbursement rates, they get things like Federal drug pricing. They had this final designation, you know, that lets graduates of medical school basically forgive their loans by working in an area for three years, so it gets you more access to doctors.

These are just the numbers nationally. You can see they're all over the country. I ask questions because in New York State there are forty-nine 330 -- that's what they call them -- funded centers. They don't break down the look-alikes geographically, they are in New York State but you can't get those numbers. And in our research we found that Denver has a whole network of these clinics, Cincinnati, Austin; you know, there's places you can look to figure out how it works.

Now, the person who spoke earlier said, "Yeah, there's a big long list of services." They don't require that the clinics provide these, but you've got to find them and be able to refer people to them. This is a model kind of program, it's been the centerpiece of the Bush Administration. It's been really their community clinic thing, but it has evolved into a real model for how you make sure that low income people don't fall between the cracks. So yeah, it's a long list here of things.

Now, I want to -- these are some of the expectations. The speaker earlier brought something up, this MUA/MUP designation, he held up the map. There's a problem in the way that the criteria works that works against suburbs, it also works against rural areas, it works against places with Latino populations. But as we mentioned in our earlier testimony, a Governor and a County Executive can go in for an exception to it, and that's most likely what you're going to have to do if you go for this. Because suburbs have poverty, too, you know, if you don't believe in that last testimony.

Now, the other question is this board, and I will go into that more because you have to have a board managing just as an advisory and they have to be made up of a majority of -- 51% of them have to be from people who actually use the clinics, and I'm going to go into that in a minute. And what you can see here -- let me think, I think I can skip through most of the rest of this one; let me just see. Yep, let me keep moving on here.

On the expectations, this -- I just want to point out a couple of things. This is really supposed to go beyond what happens in private practice. There's things like you've got to have 4-hour telephone coverage with a live person, because you're trying to keep people out of the emergency rooms; that's an example there. It's not a -- they have built into it, you see how they have to bill people? People have to pay something, this is not a free clinic. And they have -- they do have high standards for quality assurances. Let me keep moving here.

All right, now this is one I want you to look at. This is some of the language about this, having a board that is made up a majority, 51% of people who use the facility. Now, what you see here, you have to -- you can set this up. If you look, you can set this up so that the public entity, and that's the County, actually could run -- if you look down one, two, three, the fourth bullet point there. Like if the County's policy can control the personnel policies and procedures and the financial management policies and procedures, if you set up this kind of a board, you're not -- you do not have to turn over total management to that board, you can retain things. But what has to happen here is you have to have a board that's nine to 25 people, it's 51% based on people who use it and that live in the area. You cannot select the people on that board, they have to be self-selecting, it's not your appointees, and you have to have an affiliation agreement that spells out what things they get to decide and what things are up to the County. So you're not totally turning over control over it. It's a much more nuance thing and that's where you're going to need a consultant that works with you to make sure the County has it set up the way you need it to be set up, okay. But I wanted to reassure you on that one.

The other piece that we're not in a position to assess is how much money you'd actually get. Now, this is -- New York State's reimbursement rates are pretty good, but you would have to ask the

Health Department, for example, if they get a better rate than 145, you know, a day for threshold visits. We don't have the answers to that, that's part of an assessment of how much more money would you bring into the County by doing this. We know for sure that the Medicare rates are higher than what you can do, but, you know, that's for people over 65 and we don't know how much of a percentage of the folks you service now are over 65. Okay? But anyway, so just -- and just to continue on.

I used again those two terms, one of them is a Section 330; that is a competitive process. You know, you only apply once a year, they may not even have any of these in 2009, it's a \$650,000 grant with an opportunity to get, you know, extended funding. You can put a proposal about what you intend to do and then put it in place in 120 days. But frankly, the public entities tend to not do those, they tend to do the Federal FOHC look-alikes and that's not a competitive process, it's one where you meet certain standards and they accept them on a rolling basis every six months and you have -- you do have to put stuff in place before you apply, but you're not competing with all the centers in the country. All right? So the gist of this, though, is if you did become a look-alike, which public entities do, it does statistically put you in a better position to go for this other grant funding, if you want to do it.

So, next step on this. We're not health care experts here. Our folks care about these clinics, they want to be part of pushing for solutions that make them, you know, fully functional and they don't want to have to come in here every year and fight to protect them, right? And I'm sure you don't either. So what's got to happen is a real finan -- a study to see is it worth going for this in terms of the amount of money which you can generate, and is it enough just to get, you know, the higher Medicare and Medicaid reimbursement rates or do you have to go for one of these hundred and, \$650,000 grants to make it worth it?

The second thing is, you know, can you meet these requirements. Like on the services and what would it take to come into compliance and is that worth it.

And the third thing is to have somebody really looking at this question, how does the County hold on to the pieces you want to control and still be able to meet the standard for having, you know, a board that's a majority made up of people who use the clinic. Okay?

So we bring this to you in the spirit of just encouraging you to look at all these other options. We know that if this takes going to Governor Patterson, you know, this is a political piece of like asking Governor Patterson to step in on behalf of standards that work for the suburbs, right? Because you're not going to meet the standards that are on that map, right? Those are built on, you know, concentrations of low income people. It just doesn't look like the same thing in the suburbs.

So we wanted to share that with you. You know, ask me questions. I've been a quick study on this, working with somebody who knows the field really well. You do have -- there are two people studying this right now, two sets of folks, so those, you know, studies should be coming into you and we hope you'll work with us on this. Yes?

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

Thank you. Thank you very much. As a matter of fact, to me it looks fairly intriguing and it looks like we could get substantial gain. Even without hearing what the reimburse rate is, I'm intrigued by that tort protection.

I know that, unfortunately, we bear a substantial liability on an annual basis due to issues that occur through care delivery in our medical centers. And I'm also told that for all intent and purposes, we as an entity, as a delivery entity, are uninsurable. So, therefore, with this tort protection, am I to take it then that those services that we're providing now would be able to fall under that umbrella

and we would be shielded from that liability.

MS. POE:

I'm going to get out of my depth real quickly; yeah, that's my understanding. But what you should know is, you know, it depends on -- if you're a look-alike, you don't get that Tort protection. The Tort protection comes if you go through the competitive grant process. That's the 330 grant.

LEG. KENNEDY:

How is the competitive grant process operated; is it an annual, a biannual?

MS. POE:

Yeah, that's the one I'm -- let me just back up and you guys can look at it. It's this thing. There's a difference in each of them, so the 330 Grant, it's competitive, it's once a year, they're not even sure they're going to go -- you know, if there will be an application this next year. And what they know is that if you go through this first, you know, the look-alike, if you establish that, you're in a better position to then go for that grant, all right? That's been statistically proven. So you can see, you've kind of got to assess how all this adds up. I mean, we're just trying to do -- you know, we'll come in here and holler about, "Don't cut the clinics," but we'd rather also be part of kind of proactive things that work with you all to -- so you're not between a rock and a hard place, you know.

LEG. KENNEDY:

The other thing I'd ask, and you went for the first graphic of the total gamut of services; was mental health in there?

MS. POE:

Yeah. See, this is -- I mean, it's pretty interesting. You've got mental health -- I don't have a pointer. Oh, I do have a pointer, wow. Sorry.

LEG. KENNEDY:

Okay.

MS. POE:

You've got mental health there, yeah. I mean, this is sort of a -- it's like they call it a medical home, you know, like a person has a place that makes sure that, you know, they don't fall between the cracks, right? If they need mental health and, you know, something for --

LEG. KENNEDY:

Drug abuse as well?

MS. POE:

Yeah.

LEG. KENNEDY:

Okay.

MS. POE:

And again, you don't have to offer all of these, but you've got to make sure that they're available and that people can be referred, right?

LEG. KENNEDY:

Okay.

MS. POE:

So, you know, the hospitals, they came to Reverend Coverdale and said, "We've got to have these

clinics in good shape," because this is like the front-line defense on what happens in their emergency rooms, right?

LEG. KENNEDY:

Okay, thank you very much.

MS. POE:

Yep.

CHAIRPERSON BROWNING:

DuWayne?

LEG. GREGORY:

Thank you, Madam Chair. And thank you, Cate, for coming here today and LION.

MS. POE:

We've only seen our folks in Babylon at your office like ten times on this issue, right?

LEG. GREGORY:

This is a very intriguing issue for me, and I've been doing some research on it myself, so I'm glad that you presented it today. And the way I understand it, what you stated, is that as a County-run health clinic we can qualify as a look-alike?

MS. POE:

Yeah, you can be a look-alike, but you then -- you do have to make sure you've got this board in place, right? That's --

MR. FREAS:

Your qualifications -- I'm sorry. Your qualifications as a look-alike are the same as the FQHC; however, you don't get the Federal tort claims, that protection.

MS. POE:

Right.

MR. FREAS:

And --

MS. POE:

You don't get that grant.

MR. FREAS:

-- you don't get the grant. You're also -- being an FQHC opens you up to other grants as well that you -- that although it's not specifically the 330 grant, there's another grant, say, that Community Access Program Grants or -- we're actually unusual as a County and as a Health Department that we receive a Ryan White Part C Grant as not being a Federally Qualified Health Center. That's typically -- you get grant preference for being an FQHC in other grant programs.

MS. POE:

Yeah. This is not the exhaustive list, right?

MR. FREAS:

No. No, not at all.

MS. POE:

And hi. Who are you?

MR. FREAS:

Hi. I'm Craig Freas from the Legislative -- from BRO.

MS. POE:

Oh, great. Okay.

CHAIRPERSON BROWNING:

He knows his stuff.

MS. POE:

Well, much better than I do. I've been a fast study where somebody who works in the field is shooting me stuff and I'm trying to break it down into language I can understand.

LEG. GREGORY:

Okay. So with this designation, we could have access to grants that we don't currently -- that we're not currently --

MR. FREAS:

As an FQHC, not necessarily as a look-alike.

LEG. GREGORY:

Oh, okay.

MR. FREAS:

As a look-alike you get the rate reimbursement, you get the rate enhancement. American Express Business Services did a study for the Health Department about, I want to say four years ago, when I was -- when I was with the department and I believe our rate enhancement was about 25% above our D & TC rate which is our Diagnostic and Treatment Center Rate which is \$129, so it's another 30 or 40 bucks over the 129.

MS. POE:

That you would get.

MR. FREAS:

That you would get. There's another advantage which is that we as a County and the Health Department cannot bill for social work, for medical social work at this time. However, under New York State Law you can bill at the threshold rate for medical social work. And we do a considerable amount of social work, of course, in the health centers that we don't bill for but that we, of course, pay for.

LEG. GREGORY:

Okay. All right, thank you.

MS. POE:

And it said slide four that I just put up there; you know, it's kind of keeping those different kinds straight, right? That one is competitive, it's grants, the other one still gives you access to a bunch of the stuff.

CHAIRPERSON BROWNING:

Legislator Barraga.

LEG. BARRAGA:

Good afternoon. In your presentation, I got the impression we don't qualify for this program right now because we're a suburb?

MS. POE:

Yeah, here's how it works. You know, there's like all these statist -- yeah, there's these standards, so you figure out, you know, poverty, numbers of physicians in an area. And they -- I think it was Stony Brook tried to figure out this designation a few years ago and they got -- Bellport, right? Was that --

MR. FREAS:

Yeah.

MS. POE:

He knows about that.

MR. FREAS:

There's the --

LEG. BARRAGA:

What don't we qualify for, FQHC or the look-alike?

MR. FREAS:

No, we don't qualify for either. We don't have a medical underserve -- we don't have a medically underserved area or medically underserved population in the County.

MS. POE:

Right. This thing, this thing right here.

LEG. BARRAGA:

Okay. So let me ask you a question. So why are we discussing this if we don't qualify for it?

MR. FREAS:

Because what we can do, and I believe Ms. Poe mentioned --

MS. POE:

Yep.

MR. FREAS:

-- is that we can say, "Well, we have these areas that almost qualify," we can go to the Governor of the State who then asks the Secretary of Health & Human Services to designate these areas, they can be census tracks, zip code tabulation areas, counties, towns, whatever.

LEG. BARRAGA:

Okay. Have other counties, to your knowledge, ever done this?

MR. FREAS:

Yes.

LEG. BARRAGA:

Have they gone to the Governor, the former Governor and done this?

MR. FREAS:

Yes. As a matter of fact, Nassau County, which used to have some Governor designation areas.

LEG. BARRAGA:

And how long did that take?

MR. FREAS:

I was never able to get that information.

MS. POE:

So that's a thing to check out, right?

LEG. BARRAGA:

Well, does it take a year, two years, three years?

CHAIRPERSON BROWNING:

Tom, on that note, the Commissioner is going to come up. Because they have been working on this, so I'd like them to come up.

LEG. BARRAGA:

I'll tell you my concern, you know, because I -- you know, I understand where you're coming from. But I also understand, I mean, what's happening at the State level in terms of Governor Patterson's presentation yesterday. I mean, he's -- he has initiated, or at least he's calling for dramatic, dramatic cuts in the health area. I mean, he's talking about major cuts to hospitals, to pharmacies, to nursing homes. Even with reference to municipalities, there's supposedly no cut in this year's budget, but in the 2009-10, the \$61 million increase that was going to municipalities, that's gone. I mean, this sounds like it's kind of iffy because you need conditions at the Gubernatorial level. We don't have the time. I mean, every group is going to come in here like the Pastor did, and he wants his program saved. The last session we had, we were out there saving child care, we were out there saving the Vanderbilt Museum; you know, that's going to end. So, I mean, I'm not so sure if we pursue a program like this, how long does it take or is it even feasible?

MS. POE:

I think that's the --

LEG. BARRAGA:

Because right now in the short-term, in the short-term, we're dealing with these major cuts coming in here.

MS. POE:

That's the feasibility study, that has to happen. How long does it take? But I guess I would just put something in here. You know, we're in a time like that we have not seen in a long time, between the election that just happened, the crisis in the economy and the changes that are being discussed in Washington around how health care and our health care system will be dealt with. So yeah, this is sort of a bold thing where you can't just base it on what's happened in the past, but it does take getting some focus on the suburbs and Long Island being able to speak up and say, "The standards that get money to the cities don't work for us, we've got to have Federal dollars here."

CHAIRPERSON BROWNING:

Cate? Yeah, I'd like Commissioner Chaudhry, he can explain a little bit of what he's been doing.

COMMISSIONER CHAUDHRY:

Thank you, Madam Chair. Good afternoon, everyone. Just a couple of comments and then my Deputy Commissioner will also be making a few comments.

First of all, this morning we had the pleasure of meeting with both Ms. Poe and Reverend Coverdale and his LION organization, and we started a dialogue that we hope to continue with. There are some concerns in the community, and I'm always interested in our Health Department being able to reach out to the community to communicate. And we talked about that earlier in the hearing about how it's important to make sure that the people know what it is that we do and what opportunities may be afforded and what the concerns are.

With respect to Reverend Coverdale's comments a few moments ago, I think it is worth bearing in mind that certainly the Health Department and the County have not proposed any cuts to the health

care centers, nor to Health Department budget, and I believe the Legislature also has not proposed any cuts. And we are committed to patient care through our health centers. We recognize the value of the health centers. We provide some \$27 million in County subsidies to keep those centers going, we recognize how they provide care to some 80,000 residents in the County at some 300,000 patient care encounters. And if it wasn't for the health care centers, these patients would be going to the hospitals, emergency departments, which are not designed to serve as surrogate primary care providers.

As it relates to the FQHC status, I think it's also worth mentioning, as you mentioned to Ms. Poe and Reverend Coverdale a short while ago today, we've actually been looking at that since at least May of 2007. We have tried not to leave any stone unturned and looking at opportunities for revenue. These are Federal dollars, actually, and so there potentially might be an opportunity. But as Ms. Poe's presentation indicated, there are a number of options one can take; some are closed to us because we lack a designation. But one can bring in an existing FQHC even without the designation. So there are ways to pursue this, the challenge is in the details.

For instance, governance is just one issue. We're always concerned about who, at the end of the day, runs the services that we feel are critical to the public. I should mention that there is an RFP out, as you may know, for an efficiency expert and one of the areas that we've asked them to look at is FQHC status and what options are available to us as a County. We've met with -- I've met with, and so has my Deputy and the County Executive, with such entities as North Shore Health System which has an expert as it relates to FQHC. You heard Mr. Laskoe, who's Chair of one of our Community Advisory Boards, point out some of the concerns about who ultimately controls the entity once it becomes an FQHC entity. We've also met with the Hudson River Health Care System which is an existing FQHC.

So we've tried to explore what is available to us, but the concerns are not just governance but service area, provider productivity, staffing, reporting. Significant changes would need to be made and we want to make sure we do our due diligence before we move forward. And we do hope to get some results through the RFP by the end of this month and then we'll proceed. If there is something that we feel could really benefit us as a County while maintaining the necessary services to our communities, we're all for it. Who wouldn't be? So we'd bring it to your attention, we'd like to discuss it with our Community Advisory Boards and it can't be a unilateral decision. At that point, let me turn it over to Deputy Commissioner Miner who may have --

LEG. BARRAGA:

Can I just ask you one question?

COMMISSIONER CHAUDHRY:

Yes, sir.

LEG. BARRAGA:

Because I've never given up the floor, okay?

COMMISSIONER CHAUDHRY:

Yes, sir.

LEG. BARRAGA:

After all the specifics you've mentioned, I think one of the main reasons to do this is it would bring in greater reimbursement to the County. So if this is done, how much additional funding comes to the County?

DEPUTY COMMISSIONER MINER:

The Medicaid --

LEG. BARRAGA:

Otherwise, why do it? I mean, you know, you're looking for additional dollars; any idea? You've been working on it since 2007, at least looking at it; what are we talking about in terms of additional dollars if you go to this system?

DEPUTY COMMISSIONER MINER:

The medical reimbursement right now we receive is 129. We're up to somewhere around \$170 per patient visit. Right now the County spends -- subsidizes the health center to the tune of \$27 million. Part of the analysis that we're doing now and with the assistance of the consultant is to determine what the subsidy will be going forward under an FQHC model. And as the Commissioner said and Ms. Poe said, there are different models on the FQHC, whether it's a standalone, whether it's a look-alike or whether you bring in an existing model. So there's not a simple answer, but most at FQHC's in New York and in the country essentially break even, so you would lose -- you would no longer have the \$27 million subsidy.

MR. FREAS:

The amount of revenue generated by the FQHC's would depend on which model that we ended up going to, if this was the way that we decided to go.

LEG. BARRAGA:

So on the expense side you save 27 million.

DEPUTY COMMISSIONER MINER:

Potentially. And again, we need that modeled out a little bit more. You know, this meeting is a little soon, but that's why we issued the RFP, the responses are due on the 25th. One of the things we've been doing in the meantime is trying to bring the productivity up in the health centers. In order to qualify, you need to be able to see essentially 4,000 visits per provider. A year ago we were around 2,000, now we're about 2,800 and we've been working with our health center administrators, our hospital partners to bring that productivity up, to correct the staffing and all within the existing budget. We've been able to do that without compromising the budget, increase productivity, increase cycle time.

So we're preparing the pathway to get towards an FQHC if it's a model that makes sense. On paper it looks like it does, we still need to do a little bit more research before we formally make a recommendation to the County Legislature, County Executive, as to whether this should be a model that we should go forward with. As the Commissioner said, there are some governance issues, there is an FQHC that is now operating in Suffolk County, in Greenport, Hudson River Health Care. We had an opportunity to meet with them to see if there's -- explore whether we could partner with them conceptually at one of our health centers, again, to bring that subsidy down. Each health center we're subsidizing to the tune of three, four, \$5 million; if we could lower that cost to the County and still provide the level of care that we provide today at the health centers, it's something that certainly we would consider.

LEG. BARRAGA:

I guess my basic concern here is this. And I know how you both feel in terms of wanting to continue to provide services to these health clinics because, you know, of an obligation we have to those patients, but, you know, there are things happening here that are beyond our control. And even though you want to continue to provide the same service, I am very concerned about what's going to come down from Albany and how that's going to effect us. You may be forced to do things that you don't want to do. That's why I'm kind of pushing this, if it's near-term, short-term, somehow to generate some additional revenues for the clinics. But if it's something that's going to be stretched to six months or a year or 18 months, that's not going to be a great deal of help in the short run --

DEPUTY COMMISSIONER MINER:

Well, the look-alike for the FQHC is a rolling application, for the standalone, it is a one-time cycle. And then to bring in an existing FQHC, whether they be operating in New York City or, you know,

Upstate, New York, we could potentially have an existing FQHC come in, in essence, take over one of the operations of our health centers. But again, we need to look at the legal issues related to that, the fiscal issues and the quality of care issues, and we are doing all of those and as soon as we have those answers -- we understand the fiscal times we're in in the Health Department and in the County and we are, you know, working on this.

CHAIRPERSON BROWNING:

Legislator Kennedy, you have --

LEG. KENNEDY:

Yes, Madam Chair. I have just a couple of questions here and then if I can, Madam Chair, I'd like to go back to one item that we talked about before with the issue with septic systems, and then also I'd just like to ask --

CHAIRPERSON BROWNING:

Let's finish this topic first.

LEG. KENNEDY:

-- about John J. But in a way, the first point and the third point go together. I'll ask Ms. Poe or ask you folks, with John J. Foley, now, clearly there we have a different medical model where residents are living long-term, so I guess that's not something that necessarily fits in to an FQHC. But there are out-patient services attached to it which are occupational and physical rehabilitation as well as adult daycare. Are those items that are in that list that you had pointed to us earlier as far as services that an FQHC must provide?

DEPUTY COMMISSIONER MINER:

No.

LEG. KENNEDY:

In the meantime, is that something that --

DEPUTY COMMISSIONER MINER:

Not to my knowledge, no.

MS. POE:

It's not -- this list here is the one you're talking about?

LEG. KENNEDY:

Yeah.

MS. POE:

You don't have to provide it, you just have to assure that they are provided, but you don't have to provide them directly.

LEG. KENNEDY:

We don't -- an FQHC would not have to provide it, they would have to demonstrate access to it, a referral.

MS. POE:

Yep.

LEG. KENNEDY:

But is it in that -- I'm trying to read quickly. Rehab, any rehab anyplace?

DEPUTY COMMISSIONER MINER:

No.

MR. FREAS:

No.

LEG. KENNEDY:

No, no rehab?

DEPUTY COMMISSIONER MINER:

No.

LEG. KENNEDY:

Okay. And no daycare.

MR. FREAS:

No adult daycare.

LEG. KENNEDY:

Is that a fact?

DEPUTY COMMISSIONER MINER:

It's -- this is a primary care health center operation.

LEG. KENNEDY:

I find that somewhat intriguing. Okay. It may be what it is, I guess, and it is what it is. But you had something to offer?

MR. FREAS:

No, I was going to say basically the same thing Mr. Miner just said; it's a primary care based program.

LEG. KENNEDY:

And those other items are deemed secondary types of services?

MR. FREAS:

Not long-term care or secondary tertiary care.

LEG. KENNEDY:

Okay, good. All right. Then, I guess, I wanted to also just ask a little bit about what's going on with John J. Foley at this point, in general.

CHAIRPERSON BROWNING:

John, can we hold off on that? Because I know Legislator Horsley has a question.

LEG. KENNEDY:

Oh, sure, yeah. No, I don't want to --

CHAIRPERSON BROWNING:

I'd like to stay on the FQHC's --

LEG. KENNEDY:

Of course.

CHAIRPERSON BROWNING:

And then --

LEG. KENNEDY:

That's fine.

CHAIRPERSON BROWNING:

-- we'll ask other questions afterwards.

LEG. KENNEDY:

Absolutely.

LEG. HORSLEY:

Thank you. I just have a quick question concerning those numbers in which you were looking to reach, the 4,000 numbers of clients. I'm constantly hearing that we're over burdened and understaffed and all this; is 4,000 a realistic number for us to get to?

DEPUTY COMMISSIONER MINER:

We have been having, for the past year, every six weeks, meetings with each health center, the hospital, the CFO's come in, the health center administrators come in, and then as well as our own County-run health centers come in, and we've set that as our goal. Operationally, we've seen the productivity increase over the last ten months; again, it was somewhere in the neighborhood, depending on each health center and each doc, somewhere in the neighborhood of 2,000 visits per provider, and we're very close to the 3,000, and in some cases we're well above that. For instance, Shirley, where the pod model is, we're very close to the 3,500 to 4,000 visits and we do expect, based on our last meetings with them, that next year they'll meet their productivity goals. And one of the things we're looking to do is convert that pod-concept, where space permits, to other health centers.

We did receive a HEEL Grant for Riverhead to do some renovation work, to help convert that over and allow the pod model to go through. The staffing ratio is something that we're looking at. It's not just the number of staff, it's making sure that we have the right staff. You know, whether we're too many nurses and not enough medical assistants, too many docs but not enough clerks, and that's something that we've been working with with both the Medical Director and the health center administrators. Again, over the last year, as we see our productivity increase and as we see where we're having bottlenecks, we make adjustments, and we've been doing that with the goal of getting -- whether we go to an FQHC or not, we want to be as productive as we can and we want to make sure that the cycle time so that if you're in that health center you're not there for three hours, we heard today it might have even been four hours. But you should be getting in, you should have access to health care quickly, if you're sick you should be able to get in, have an appointment and get out in a reasonable amount of time and provide good quality health care, and that's what we're trying to do on the health centers.

The Federally Qualified Health Center may be a model which will lessen the County's financial burden to the health centers by still providing that care, but it's one that does have certain requirements, governance issues, productivity standards, that we need to study a little bit more. We need to look at what grant, you know, whether you want to do a full-blown FQHC with the Governor's designation, there are certain grants you can take advantage of versus the other models which you may not get those grants but may be much faster to implement. And that's one of the things that the consultant is charged with doing as well, is not only looking at the Federally Qualified Health Centers, but looking at our health centers in general. We were here, Margaret Bermel and myself, a few months ago regarding Easy-Call and the Medfone and one of the things that the Legislative body asked was to look at our appointment and scheduling system and that's one of those things that the consultant would be looking at. So we're looking at from the time you make that appointment, when you show up and register and get through the system, to make it as efficient as possible, at the same time be cost effective.

But we do not have a staffing issue. We can improve on our productivity, we are improving on our

productivity, and if we can do it more cost effective, whether it be through a Federally Qualified Health Center or through some other model, you know, we would certainly move in that direction.

COMMISSIONER CHAUDHRY:

And I think if I could add to that, I think you all know that none of our health centers are carbon copies of one another, each has their own strengths and challenges. So one of the things we've been doing in trying to reach these productivity goals in terms of the patient care that's delivered by the health care providers, whether they are physicians, nurses or physician assistants, is not to just have a mandate and say, "Look, this is what we want you to shoot for." We have been having this as part of a discussion with the health care providers and the hospital partners, as the case may be, to try to figure out, "Look, the numbers are so low, we certainly have to increase them, but tell us what are some of the obstacles, what are the bottlenecks that prevent this from happening and maybe we can try to address that." Where we've identified that, as Deputy Commissioner Miner said, we've tried to make some changes, and Riverhead is a good example of where we've tried to increase the number of patient rooms with this pod concept because we know that that's a concept that worked in our Shirley Health Center and improved efficiency and the number of people you see in a given period of time.

LEG. HORSLEY:

And one of our options would be if we took a look at an FQHC, a start-up, bringing in say Hudson River or something like that and say, "Here, go to it, go at it," and stuff like that. Possibly, you know, in the Bay Shore area where we're saying at one point we were looking to open a health center; is that something that is under consideration as a start-up?

DEPUTY COMMISSIONER MINER:

It would probably be more like an existing facility, an existing health center. Because we have the infrastructure in place, it would probably make more fiscal sense and operational sense to have them come in. If the financial model made sense and the quality of care model made sense, to have them take over an existing operation, perhaps partner with one of our hospital contractors right now where you would have a collaboration between the hospital, an existing FQHC and the County. Again, there are governance issues --

LEG. HORSLEY:

Yeah, I was wondering about the governance issues. How are you guys with the governance issue?

DEPUTY COMMISSIONER MINER:

Well, again, and that's why --

LEG. HORSLEY:

The patients running the show? Oooh.

DEPUTY COMMISSIONER MINER:

Well, and that's one of the things, as Ms. Poe had indicated, that the consultant has to help advise us on. So, you know, we're doing a lot of work, prep work. We'll have a consultant in here hopefully very soon, we've interviewed and met and visited some other FQHC's. It does look like it's a promising model, but we understand there are concerns with respect to the quality of care, continuing that, and the fiscal times that we're in and we're trying to balance the two to get the best overall product.

LEG. HORSLEY:

Thanks.

CHAIRPERSON BROWNING:

Is that all the questions for FQHC's; yes? Okay. Cate, I thank you very much for coming, and I'd like to be in touch with you. Do you have anything more you'd like to add?

MS. POE:

No. Just you'll be happy to know, Commissioner Chaudhry, and it's Deputy Commissioner?

DEPUTY COMMISSIONER MINER:

Yes.

MS. POE:

Yeah, we had a productive meeting with about ten LION leaders this morning. They'll be out -- County Executive Levy will be with us on the 20th and Commissioner Chaudhry is hoping to be with us on the 18th at Public Actions, because we want to be sure that the community gets that there's a commitment to these clinics and to making them work and we're going to push hard to make sure that continues to be the case.

CHAIRPERSON BROWNING:

Thank you. Whatever more money we can bring in the better.

With that, I know that -- I have -- I have a couple of questions for you that hopefully won't be too painful. The mammogram van. Now, people who want to use the mammogram van are being required now to have a doctor's note to use the van. This week I had a woman call, she went to her primary care doctor to get a note; the response was, "You can't have a note because you haven't had a physical in over a year," so they refused to give her a note. Can they do that, to let her use the mammogram van?

COMMISSIONER CHAUDHRY:

Since this issue last came up, we did look into it further. My understanding is that any test, whether it's a blood test or even an x-ray, in New York State requires a prescription by a physician. So we prefer also -- and there's a legal reason, but there's also another reason that makes even more sense. When a patient gets a test like that, you want someone to get back to them and explain to them what's happening, and that's ideally a health care provider who can explain what the test means. Sometimes a negative test, just, you know, if someone was a high risk, that explanation may also include, "You need a follow-up sooner than is traditionally recommended," and so forth.

CHAIRPERSON BROWNING:

No, but this was -- she now had to go to her primary care doctor to get the note so she could get to the mammogram van. But her primary care doctor is saying, "You need to come in for a physical. We want you to take a physical, otherwise you don't get the note." That's basically what happened. I just feel that that's just very inappropriate. I'm not going to say when the last time I went for a physical was but, you know, I'm fine. So I just -- I just think that was inappropriate on the doctor's part and I just would like your input.

COMMISSIONER CHAUDHRY:

I know what we do is with the van, and I've spoken to people who help run that process and that service, we will work with a patient. We'll even try and call up and speak to the doctor and try to get approval to have somebody say, "Look, all right, I agree to take this patient and we'll follow-up with this patient with whatever result you get." So I don't know if that person on their own called.

CHAIRPERSON BROWNING:

But, you know, the fact is that she would have followed up with her own doctor, it's just that, "No, you have to have that physical before you get that note," and I don't think that was right.

COMMISSIONER CHAUDHRY:

I couldn't tell you what the legality of it is, doctors do some interesting things sometimes. But the goal -- I can understand why the doctor did it, because he or she wants to make sure that that person doesn't just get a test and then move on, that they want to be screened for heart disease, diabetes, obesity and other cancers as well.

So again, I don't know who the individual is, but I'm trying to second-guess what goes through a

physician's mind sometimes.

But at the same time, that should not -- if the end result of that is that the patient decides, "Well, you know what? I don't want to get involved with the health care," and then doesn't even proceed with the mammogram, then that's obviously an issue. So that's why what I'm saying is through our Health Department, I know, and I've spoken to our staff, we will bend over backwards and make the phone call, if necessary, to try to get a doctor's approval to get that mammogram done. That's my concern.

CHAIRPERSON BROWNING:

It's just she cared enough to want to go get the mammogram.

COMMISSIONER CHAUDHRY:

Understood.

CHAIRPERSON BROWNING:

You know? Whether it's a diabetes test or some kind of a blood test, she cared enough to go and would up having to cancel her appointment with the mammogram van because her doctor wouldn't -- and basically my office said, "Maybe you need to find another doctor." Because it was just -- you know, I just don't think that was right. She cared enough to get the mammogram, let her do that. Obviously the results are going to her doctor, so she's going to have to get the results from her doctor, you know. I was a little annoyed at that one. Legislator, did you --

LEG. EDDINGTON:

Yeah.

CHAIRPERSON BROWNING:

Legislator Kennedy did have a question.

LEG. KENNEDY:

Just a couple of quick questions about John J., Doctor and/or to Matt. How are we making out with our ongoing efforts to go ahead and get the insurance contracts in place and what's our latest efforts with outreach? I see census I think was 229 two days ago?

DEPUTY COMMISSIONER MINER:

I believe we're about 231 now, we had a couple of new omits.

LEG. KENNEDY:

Mr. Fine, is he continuing to go ahead and do the rubber chicken circuit there?

DEPUTY COMMISSIONER MINER:

Yeah, he's been going out to all the hospitals doing the outreach as well as our admissions nurses. We did just -- actually today I received an e-mail that Infinity is now contracted with us as well, Infinity Health Insurance. We've been actively -- as you know, as this committee knows, we've been actively trying to increase the number of insurance providers that we accept at the facility. A number -- we've reached out to I believe 13 or 14 various insurance companies that are popular on Long Island. A number of them have said that they are not accepting right now, but we have been able, MagnaCare, Infinity, and there's another one if you give me one second.

LEG. KENNEDY:

Well, Tri-Care, we have Tr-Care in place, too.

DEPUTY COMMISSIONER MINER:

Tri-Care. Yeah, Magna Care, we should have them very soon as well.

LEG. KENNEDY:

And is EMHP --

DEPUTY COMMISSIONER MINER:

There's a meeting actually tomorrow with Blue Cross/Blue Shield representatives, a site inspection by Blue Cross/Blue Shield, and we're optimistic that as soon as that concludes that we should be enrolled in them. But yes, EMHP, Labor Relations was helpful in getting us the appropriate contacts there. We've had a couple of conference calls and now they want to do a site visit. Mr. Fine is, with the medical staff, participating in that tomorrow and we expect that that will proceed as well.

LEG. KENNEDY:

Have you actually communicated that to the discharge planners, then, at the various hospitals, Matt? Are they aware now in the facilities that these contracts have been executed?

DEPUTY COMMISSIONER MINER:

Yeah, that's something that our mission and that's why when Mr. Fine and his staff go out, I mean, it's a continual process, it's not only to see -- get new recruits, but also alert them as to any charges that we are doing in our programs.

LEG. KENNEDY:

Okay. All right. Good, so everybody's kind of got the eye on it and we're continuing to do what we can to keep it --

DEPUTY COMMISSIONER MINER:

Every day.

LEG. KENNEDY:

Okay. That's fine.

Let me shift over to the septic system question. That's a very basic function in our Sanitary Code, and I've dealt with it pretty much from every aspect that you could probably deal with, short of running a honey pump or something. But clearly, clearly, if there are multiple, non-blood relative individuals under a single-family residential roof, that's a violation of the certificate that's issued for that septic system in the first instance. And you will have ongoing health issues where you've got that many adults in close proximity under a single roof.

DEPUTY COMMISSIONER MINER:

The standard sanitary system that is approved in the County is for a four bedroom design.

LEG. KENNEDY:

Correct.

DEPUTY COMMISSIONER MINER:

Okay.

LEG. KENNEDY:

Four bedrooms, it's got a single water closet, it's like 250, 300 gallons.

LEG. HORSLEY:

And 27 people.

DEPUTY COMMISSIONER MINER:

If the facility -- if the single house -- if the house is going to exceed four bedrooms, it has to upgrade its sanitary system. So if they have converted rooms beyond the four bedrooms and have

not upgraded their sanitary system there may be an issue there. And we will reach out to -- we heard this issue today, Dr. Chaudhry and I, and while we were in the room we contacted our Environmental Quality people and it's something we will follow-up with Social Services on to see if there's anything that we can help from on our end. We heard the community's concerns and if there's something that we can do from the Health Department's side and our regulation, we'll certainly convey that both to Social Services as well as to town jurisdictions.

CHAIRPERSON BROWNING:

I mean, is it possible that when -- you know, you're doing -- it's a single family residence, zoned single family, and when they're getting the approvals for the cesspool that there could be something put in place to say that if you exceed, you know, numbers of people that you can rescind that certificate?

DEPUTY COMMISSIONER MINER:

Again, we have to do a little more research on this. We've heard it as part of the conversation today and I want to do a little more homework with both my Environmental Quality staff, have an opportunity to sit down with DSS and probably some of the towns as well. You know, obviously if we can help and if there's a way that we can help alleviate some of the issues through the Sanitary Code, it may be a tool that the County can utilize.

CHAIRPERSON BROWNING:

One more?

LEG. KENNEDY:

Yep, I'm going for broke, guys, I'm telling you. You're up here and I'm just -- I'm on a roll now. I see my good friend Mr. Delagi in the background; does that mean that we are close to paperless PCR in like a three-year quest? Give me some good news.

MR. DELAGI:

Closer than you know, Mr. Kennedy.

LEG. KENNEDY:

Ah, that's what I love to hear.

MR. DELAGI:

We will be conducting our first three train-the-trainer sessions for the pilot agencies the second week in December.

LEG. KENNEDY:

Outstanding.

MR. DELAGI:

And we hope to turn the system on just after the end of the year for the pilot/acceptance space.

LEG. KENNEDY:

Oh, we're piloting up in Nesconset?

MR. DELAGI:

Nesconset will be the first, very quickly joined by four others.

LEG. KENNEDY:

Outstanding. Good. Thank you very much. Good work. Thank you.

CHAIRPERSON BROWNING:

You got that?

MS. MAHONEY:

Yes.

CHAIRPERSON BROWNING:

Okay. And I know that I guess the Chief of the Ridge Fire Department, he left, and I know that we've been back and forth with you. I know that you've done everything you do, I just want to make sure that it's on the record, you know, what you have done. Do you --

DEPUTY COMMISSIONER MINER:

Yeah. If Mr. Delagi could come up and testify to that?

CHAIRPERSON BROWNING:

Yeah. You know, because I know that we've been back and forth and I know that you've done what you can do.

MR. DELAGI:

Thank you. And I apologize for that impromptu response.

LEG. KENNEDY:

That's okay, I'm loving it.

MR. DELAGI:

My name is Robert Delagi, I'm the Acting Director of the Division of EMS within the Health Department, and it's my pleasure to speak to you today on behalf of the Department of Health Services as it relates to the ongoing discussions of 1019 Middle Country Road, more commonly known as the Pine Ridge Housing.

Let me start off by saying that I myself am a 31-year volunteer fire fighter/paramedic in this County and I am very, very familiar with the issues and the concerns that Chief DeVito has in responding to calls under these kinds of difficult circumstances, and that's why I believe that we were diligent in our ability to try to help Chief DeVito and the members of his department over about a 31-day period or so.

I was first contacted by Chief DeVito on September 8th and at that time he related to me the issues of responding to that location. There was a concern that a member of his organization had gone to the hospital with what was determined at that time to be potentially diagnosed by the hospital as scabies. There was a discrepancy on whether it was actually scabies or bed bugs and we actually needed to resolve that issue because it did have some -- it did have some varying degrees of compliance with who was responsible for that as we went down the line. At that time, I counseled Chief DeVito on proper decontamination procedures for his ambulances and his non-disposable equipment. I counseled him on how to protect his EMS workers with regard to personal protective equipment. I referred him to the Department of Social Services in two forums so that that he can speak with the folks in Adult Protective Services to comment on the living conditions that he witnessed there and to discuss with DSS whether or not they were using that facility as a housing shelter. We feel that's more appropriate than me as a third party making that referral because I did not witness anything firsthand. So that was our initial discussion with him.

We had learned subsequently that he wasn't really getting anywhere through that. During the next couple of days I consulted with the folks in our Bureau of Public Health Protection to try to identify whether or not the parasite was actually scabies or whether it was bedbugs. It turned out that it was bedbugs and it turns out that because it was bedbugs, our Health Department does indeed have jurisdiction and our Bureau of Public Health Protection staff did make an inspection, make that determination and then follow-up by issuing a citation to the owner.

During some conversation we learned that DSS was not actually using the facility, so we then tried to identify the owner by going through the County Real Property office and then the Town of Brookhaven Tax Assessor's Office because we needed to get tax numbers and we needed to try to

identify the owner. We did identify the owner by name and telephone number, in attempting to contact him we ran into a brick wall in that the numbers were disconnected and we could not locate him: We continue to work with Bureau of Public Health Protection and now the Town of Brookhaven and in just a short 21 days we learned that through our collective efforts, the facility was actually condemned and the people were in the process of being evicted which presented some challenges to the Town of Brookhaven.

Also, subsequent to the 29th of September, we worked with the Department of Fire, Rescue & Emergency Services and issued some additional personal protective equipment to the Ridge Fire Department and we also brokered a deal with the Suffolk County Police Department where the first arriving Police Officers would actually attempt to disrobe the residents, or have the residents disrobe themselves when medically appropriate, and put on a modesty clothing, Tyvek suit and actually walk the patients out of the facility -- again, when medically appropriate -- to reduce or eliminate the need for the Ridge Fire Department folks to have to go in there and deal with additional exposures.

And in essence, again, as I mentioned earlier, we thought we were diligent in our responsibility to try to help, despite the fact that we really had no jurisdiction other than to provide that kind of counsel to the Chief. We made attempts to keep him informed, we did communicate on the telephone every couple of days. I know that he was very frustrated in what appeared to be a lack of response on behalf of the County; I don't believe that that is necessarily true, certainly not from our perspective. That was kind of a quick summary, there are more details. I'd be happy to entertain any questions.

CHAIRPERSON BROWNING:

No, I just think -- I know that I've spoken to you and, you know, with the fire department, there are currently some people still there, I guess now they're considered squatters. And I think the frustration is well, why can't the Health Department do something? I believe DSS, I checked with them, there may be still a couple of payments still going to the home, even though a 143-B was issued, but we'll resolve that problem. So, you know, from what I can see, it's now in the hands of the Town of Brookhaven and you have done everything you can do. But as far as if there are people still there, is there anything the Health Department can do, because there's still people there and the place is contaminated?

MR. DELAGI:

We believe that's a town issue. Our inspectors have visited the facility, they issued the appropriate citations, they provided the appropriate remedial efforts. But we believe, at least from my perspective, that that's a town issue in terms of actually shutting down that property, even though there are health implications. Bedbugs, I guess, is really a -- they're annoying, but they don't present any health threat. So, you know, it's disgusting, it's annoying --

CHAIRPERSON BROWNING:

Who wants them, yeah.

MR. DELAGI:

-- but they're not infectious, you know.

LEG. EDDINGTON:

But they may be illegal because I see --

MR. PERILLIE:

Do you have a quorum?

CHAIRPERSON BROWNING:

One, two, three, four.

MR. PERILLIE:

Okay.

CHAIRPERSON BROWNING:

Yep. Legislator Eddington has a question for you.

LEG. EDDINGTON:

No, actually I don't have a question for you, I have a question for the Health Department. I got nervous because I thought we were going to learn that bedbugs were illegal.

CHAIRPERSON BROWNING:

Thank you.

MR. DELAGI:

Thank you very much.

LEG. EDDINGTON:

Thank you. I just wanted to say that, in fact, although Legislator Kennedy isn't here, the Health Department has helped me in my area with overcrowded homes. In fact, that's one -- I'm always looking for a way to help the constituents and sometimes you can't do it any other way. And I've had a time where you have to wait for the town to come along and you guys responded immediately to a health issue, to check out, you know, over flowing cesspools and stuff. So I want to commend you on that; it's been a way to help the community.

COMMISSIONER CHAUDHRY:

Thank you, Legislator Eddington. And I think in responding, when we suspect that there is an issue, we're happy to go and take a look. But beyond that, I think closure-wise I think it's usually a town issue; I think that's where the challenge lies somewhat. But in terms of whatever documentation is needed to document what's going on from a health point of view, we're happy to do that. Thank you.

LEG. EDDINGTON:

Thank you. Then I wanted to ask you about mammograms. I have zero experience so, and I want to say upfront, but I always went under the premise that a woman would go up to the van, she'd get checked and then given some information and then it would be up to her to go to the doctor if there was something or some other process, but what I'm hearing now is there's doctors in between all of that.

COMMISSIONER CHAUDHRY:

Yeah, I think particularly as it relates to something like mammography which involves the diagnosis of the presence or absence of cancer. I mean, again, I'm not an expert on the processes legally, but I know that radiologists are required to, once they get a film, to make sure that the results are followed up appropriately. And in all the definitions of what is appropriate, there should be a physician involved. Because as I say, in some circumstances, while traditionally we recommend an annual mammography for woman after a certain age, in some cases might be more often; that determination is best made by a health care provider and that information has to be passed on to the patient. At the same time, we don't want to deter people which is why I was very pleased when I met with my staff to learn that when patients do show up -- and we usually, even with our vans, announce ahead of time, working with local community groups, working with in some cases the Legislators' offices or libraries, that we'll be in the area. Even then, you know, people walk up and say, "Can I get one now?" We don't want to turn them away, we're happy that they are engaging themselves with a health care system, in some cases for the very first time, we will give them information about where our health centers are located. Some of them don't have physicians and --

LEG. EDDINGTON:

But you're saying that they won't get an exam.

COMMISSIONER CHAUDHRY:

I'm not saying that. I'm saying that we'll help -- work with them and try to identify someone who can see them and be their physician. In fact, if necessary, we'll call them, we'll call the physician up for them. We don't want to dissuade anybody.

LEG. EDDINGTON:

I guess I'm not being clear. The woman shows up because she hears it's going to be there, she says, "Can you give me an exam?"; does she get an exam?

COMMISSIONER CHAUDHRY:

I would say, "Ma'am, do you have a physician of your own?" If she's --

LEG. EDDINGTON:

Okay. See, that's the problem I have right there. Because there are people that don't want to be involved with doctors, but then they realize, "Oh, I want to get this done." And what we're basically saying is, "Too bad. You've got to get involved with a doctor. You can't get an exam to see" -- you know, I mean, I understand knowledge is power, but look who has the power, not the patient.

COMMISSIONER CHAUDHRY:

I understand the concern; it's a real one, and especially when you're dealing with something like cancer. You know, a loved one of mine died of metastatic cancer from denial, she had a four-inch breast mass. Usually it's the size of a golf ball, the average size of a new breast mass that turns out to be cancerous once it's diagnosed, suggesting the importance of not only self-breast examination but also mammography on a regular basis.

Having said that, I'd have to look at the laws, that's one of our challenges. But as I say, we'll try to work with the patient, we'll try to identify a physician for them, even our own physician, but we don't have a physician in the van at the time when they show up. And I should indicate that this is not a common happenstance; it's somewhat rare that someone just walks in. But when they do, we'll try to encourage them to get involved in the system, the health care system.

LEG. EDDINGTON:

All right. And then one last question about the Patchogue facility, the health center. Are we looking for a new site? Because I understand it just isn't big enough. It wasn't big enough three years ago, so. And if we're going to be going from 2,000 to 4,000 clients, are we, in fact -- I heard we were, but that's why I want to ask

DEPUTY COMMISSIONER MINER:

Yes, Legislator. The lease, I believe, expires about a year and a half from now, and we're working with DPW and the Space Committee. We have an RFP for our Regional Center for the Brentwood area going out any day now, and immediately following that we expect to be issuing an RFP for a relocation of the Patchogue Health Center. Again, in that general geographic area, but in a facility that is sized appropriately and does not have the other issues associated with it in terms of the problems that we've been having with the landlord and access and the parking lot and things of that nature. So yes, we are pursuing that frequently.

LEG. EDDINGTON:

Good. Because my concern was that I know that there was a facility, I don't know if it's still available, Floral Fantasy, right on 10, very close to the hospital, that I thought might be -- you know, I've been in both places and that's a big place, so I'd hate to lose that as an option if we wait.

DEPUTY COMMISSIONER MINER:

We're not waiting, we're going through with the RFP, it would be an RFP process, but we do expect -- you know, now that the first one's out with the Regional Health Center for the Brentwood/CI area, Bay Shore area, we'll be able to formulate the new RFP very, very quickly because most of the boiler plate remains the same.

LEG. EDDINGTON:

Can I be part of that loop? Because sometimes the Executive Branch has RFP's that we don't know about. You probably haven't heard of that, but I'd like to be -- when you send that out would you let me know?

DEPUTY COMMISSIONER MINER:

We will certainly let you know, yes.

LEG. EDDINGTON:

Thank you very much.

CHAIRPERSON BROWNING:

Okay. Question?

LEG. GREGORY:

Yes.

CHAIRPERSON BROWNING:

Okay.

LEG. GREGORY:

Since we're talking about health centers.

CHAIRPERSON BROWNING:

Keep it up.

LEG. GREGORY:

I know that there were talks, prior to me coming to work for the Legislature, about moving or expanding the MLK Center; where are we with that at this point?

COMMISSIONER CHAUDHRY:

Recently, I believe you were there also, we met with -- we had a community forum in Wyandanch with Congressman Steve Israel and Assemblyman Bob Sweeney and the Town of Babylon Supervisor. And the lease is to 2015 for that facility.

But having said that, I know that there are plans for the area, a broader plan; we'd like to be a part of that. I did speak to the Town Supervisor and indicate that we should work together and I'm available and ready, willing and able to start that dialogue because time goes by pretty quickly and it's a concern. We're very happy that the center celebrated its 40th Anniversary of existence, it was our very first health center 40 years ago and was actually the first time that our health center partnered with a hospital, Good Samaritan Hospital. So we're very pleased with that, but like many of our health centers, they're bursting at the seams. No one anticipated as many patients and residents as we've seen.

CHAIRPERSON BROWNING:

Okay. Well, I think we're finally done for the night, unless you want to hang around a little longer, it's up to you. No. I'll make a motion to adjourn.

LEG. EDDINGTON:

Second.

CHAIRPERSON BROWNING:

And second, Legislator Eddington. We are adjourned. Thank you.

*(*The meeting was adjourned at 4:52 P.M. *)*

{ } - Denotes Spelled Phonetically