

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, Hauppauge, New York, on December 11, 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:

Presiding Officer William J. Lindsay - District #8
Legislator Lynne Nowick - District #13
George Nolan - Counsel to the Legislature
Barbara LoMoriello - Deputy Clerk of the Legislature
Josh Slaughter - Aide to Legislator Browning
Paul Perillie - Aide to Majority Leader Cooper
Diane Dono - Budget Analyst/Budget Review Office
Craig Freas - Budget Analyst/Budget Review Office
Benny Pernice - Budget Analyst/Budget Review Office
Janet DeMarzo - Commissioner/Department of Social Services
Gregory Blass - Chief 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 Administration/DHS
Grace McGovern - Administrative Services/DHS
Tom MacGilvray - Director-Division of Community Mental Hygiene/DHS
Tom Schmidt - Division of Community Mental Hygiene/DHS
Vito Minei - Director-Environmental Quality Division/DHS
Jim Myers - Director-Environmental Quality Division/DHS
Denise Dolan - Co-Facilitator/AWARE Task Force
Dave Ryan - Co-Facilitator/AWARE Task Force
Carol Todaro - Co-Facilitator/AWARE Task Force
Theresa Saladino - Member/AWARE Task Force
Victor Rivera - Member/AWARE Task Force
Dr. Charles Murphy - Superintendent/Sachem Central School District
Gail Grenzign - Asst. Superintendent for Personnel/Sachem Central SD
Dan McCabe - Smithtown School District
Patsy Hirschhorn - Smithtown Youth Bureau
Lindsay Griffiths - Smithtown Youth Bureau
Elaine Economopoulos - The Quality Consortium
Debra Alloncius - Legislative Director/AME

Minutes Taken By:

Alison Mahoney - Court Stenographer

*(*The meeting was called to order at 2:14 P.M. *)*

CHAIRPERSON BROWNING:

Would everyone please rise for the Pledge of Allegiance led by our Counsel, George Nolan.

Salutation

Good afternoon. We have a presentation. Do we have any cards?

MS. LOMORIELLO:

No cards.

CHAIRPERSON BROWNING:

No cards, okay. We do have a presentation, Dave Ryan from AWARE. If you guys would like to come up front here and start with your presentation. Come and sit at the table in the front. Do we have enough chairs?

MR. RYAN:

I'm going to stay back here. There are speakers.

MS. DOLAN:

There are enough.

MR. RYAN:

Okay, they want me to sit. That's fine.

CHAIRPERSON BROWNING:

Absolutely. Good afternoon. And if you would like -- each and every one of you, if you would like to -- if you have a main speaker, but introduce everybody that's here on your panel, and you can begin.

MS. DOLAN:

Okay. My name is Denise Dolan, I'm an Assistant Principal at Sachem East. Dave Ryan.

MR. RYAN:

My name is Dave Ryan, I'm a teacher at Sachem High School East.

MR. RIVERA:

My name is Victor, I'm a student at Sachem East.

MS. SALADINO:

My name is Theresa Saladino, I am a teacher also at St. Joseph's College, but also a concerned parent.

MS. GRENZIG:

My name is Gail Grenzig, I'm the Assistant Superintendent for Personnel from Sachem Central School District.

MS. DOLAN:

Okay. Thank you. As I mentioned, my name is Denise Dolan and I would like to thank Legislator Browning for the opportunity to speak before the Health and Human Services Committee. AWARE, which is who we represent here, stands for Adolescent Wellness Against Addiction through Resources & Education. And AWARE is composed of members from the Sachem, Smithtown and Harbor Fields School District, as well as parents, elected officials, health care providers, mental health practitioners and government workers. Together we forged an alliance and have come here

today to tell you that there is an unmet need of epidemic proportions in Suffolk County. I'd like to tell you a little bit about how our AWARE Task Force started.

Back in the spring -- we work very closely with our students and we form great relationships with them. We had a particular student who had been working very closely with our school psychologist, our substance abuse counselor and Assistant Principal in trying to come to accept that she had an Opiate addiction. We had finally worked with this student to the point where she was ready to accept treatment; not an easy thing to do. It takes a lot of work to get a student to that point as well as a family to that point. There was a meeting with her Assistant Principal, with the parent, psychologist, and as I said, the substance abuse counselor. And our psychologist and counselor actually drove the student with her family to Mather Hospital trying to get treatment for her to be detoxed Heroin. They were turned away there. They were told that there are no detox beds for adolescents, they do not exist. They then went to a number of rehabs and they were turned away every place they went. Detox beds for adolescents do not exist. The medical model will say adolescents don't need a medical detox. Adolescents are young, they cannot go through the amount of pain it takes to detox on their own, most of them cannot. This student did not receive help until she was finally arrested and brought before a Judge and a Judge could mandate treatment for her. Her parent could not. Parents cannot mandate treatment for their own children, the only one that can do that is the courts.

This happened in the spring. At that time, myself, my colleague Carol Tadaro, Dave Ryan, we sat around and we talked and we talked about the need to form a task force to a drug this issue -- to address this issue. We were tired of losing kids. This past summer, at Sachem we lost another student, a young woman who was also addicted to heroin. This student's family had begged for help. They called the Police and showed the Police the drug paraphernalia. The Police told them that all they could do was arrest the mother because the mother was the one who was holding the paraphernalia, that there was nothing they could do to assist this family. Three weeks later the mother went in to wake up her daughter and she was dead. This mother happens to work in my building as a cafeteria worker. She came to me because her daughter had just graduated in June. She came to me and asked could she please have the graduation tassel, her daughter had lost hers and she wanted one as a remembrance of her daughter's graduation. As I handed that mother that graduation tassel, I just felt we could never lose another student.

In the past year we've lost five Sachem graduates to heroin overdoses; that's just in the past year. Over the summer, I made phone calls to the Police Commissioner, to Smithtown School District inviting them to join us; Harbor Fields asked, they joined us; I spoke to the Director of Mental Health Service in Suffolk County, he provided us with members to join us; I had representatives from a number of rehabs. And when I called the Police Commissioner he said to me, "You know what, Denise?", and many people from Suffolk County said the same thing to me, "I give you an awful lot of credit, because most school districts would never, ever say, "We have a problem."

This isn't just Sachem's problem; this is a problem that is affecting everyone. When I meet with our 6th Precinct regarding certain situations, they tell me there's a problem in Three Village, there's a problem in Smithtown, there is a problem everywhere. So we decided to get together and form this task force to address the fact that when we finally have our kids ready, that very small window of opportunity when they're ready to go for treatment, they can't be told there's no help for three months, there's nowhere to go. There's no beds in Suffolk County. The closest place for an adolescent to go is Carmel, New York, that's the closest detox bed.

So I'm going to turn this over at this point to one of my most favorite students, Victor Rivera. And Victor would like to talk to you and tell you a little bit about what he's been through

MR. RIVERA:

Hello, everyone. I hope everyone is having a nice day. I would like to talk about how I feel children should be mandated to rehab centers before an adult should, because a child has an entire life to live.

Now, we have detox and, like, rehab centers for adults who are, like, 45 year-olds and, like, older men that really, like, already had their lives and, like, there's so many younger kids that are addicted to drug that have an entire life to live ahead of them, that they need these facilities to go to for help. Because like she said, when a kid is ready -- I used to use Heroin; I used to be an addict, I've reformed, it was a very hard thing to do. In order to do that, we need to reach out to our kids and help them when they're ready, because when that window of opportunity comes you've got to take it because that's part of the process. You've got to want to, like, rehabilitate yourself in order to do it. It's not -- you can't be forced to change the way you are, you have to want it. And fortunately, I was lucky enough to want it. And I didn't -- I never got to the detox bed, but it was hard for me, it was an incredible task that I accomplished; not many people can do it.

I have a lot of friends that I lost to this drug. I have a lot of friends that are still on this Earth today, but I feel I lost them because they are not the same humans they used to be before they used these drugs. Now, these kids have told me they wanted to change, they've wanted to stop. They have reached out many times for help and, as Ms. Dolan has said, been denied. It's very hard to do this. We need to help our kids.

I also feel that students in schools, they should build a relationship with their schools and should feel safe and comfortable to turn for help. And when they do turn to schools for help, the people that we rely on for help, they have no answers for us. They themselves do not have an answer of help for us. So where are we left to turn? Doctors won't admit us, the schools cannot help us; where is the help for these kids? It's really hard for them to get it.

I'm sorry I'm, like, a little choppy right now, it's just hard for me to talk about this. As she said, we have lost a student to Heroin addiction over the summer, I was actually pretty good friends with her. It's a heart-breaker to hear about the story and how tragic it was for her mother and everything. Can you imagine what it was like to wake up that morning? A lot of people are in denial and feel that we don't really have a big problem. It's not just the kids with bad backgrounds; it's your star athletes, it's your kids that are making Honor Roll that are doing these drugs and it is not -- and parents don't feel their kids are doing that, but they really need a place to turn for help. Society does not offer that. Kids feel left out.

As an addict, that I used to use, I felt isolated from everyone else. I felt like there was nowhere for me to go. I felt society turned its back on me, and that's tough. That's depressing. It makes you want to not do anything. It's unbearable. When you're going through these pains, these withdrawals from this drug, it's like being an animal trapped in a cage; there is nowhere to go. It's unbearable. I can't.

MS. SALADINO:

You're done?

MS. DOLAN:

You're good?

MR. RIVERA:

Yeah.

MS. DOLAN:

Thank you, Victor.

MS. SALADINO:

Hi. I'm coming to you as a parent, a professional. And actually, I really -- when Denise called me about this, my first reaction was, "No, I can't do that," because it's very personal to me. I speak all the time, I feel I'm a pretty educated person. I thought I was on top of my kids and I think I was pretty judgmental. I was one of those people who said, "Not my kids."

MS. MAHONEY:

Can you pull the microphone closer, please?

MS. SALADINO:

Sure. As I was saying, I was one of those people who said, "Not my kids."

MR. RIVERA:

Speak into the mike.

MS. SALADINO:

Closer? Better? Sorry. I have a pretty loud voice. Anyway, when she called me, my first reaction was, "No." And I even thought about not going to the meeting. I haven't told her this, I even thought about not showing up, because this is very difficult for me. I talk all the time at school, I talk as a professional, to companies and corporations, and it's not something I'm usually afraid of, but this is very personal, it's very raw. And I know because I was on the other side of the fence, it's something that people can be very judgmental about. I just want to give you a little background and let you know what I've been through, and I'm sure millions of other parents, and I say millions because I'm talking about the whole country. Don't get in a panic, but there is an epidemic that I feel that a lot of people either don't want to talk about for fear, for fear of being judged, for fear of not getting any help that they need to get for their parents and the fam -- you know, the kids and the families.

I have two children. I was very active with my kids, I was a class mom, they were very involved in sports. You know, I was always up at the school. I'm not one of those parents, you know, who just didn't know what was going on. I thought I was very close with my kids, and I am still, I still would say that I am. My daughter is doing very well, 23, in graduate school, never drank, is just one of those kids, I was very lucky, and that's what I thought my other kid would be like. I have a son who's 19 who was a Heroin addict, and I just want to take you a little bit through the steps of what happened through years. I'm sure I won't cover everything, but I'm hoping that you'll really listen and I hope that this isn't just shoved under the table and that we can get something accomplished today. Because the only reason why I'm sitting here is not for myself, it's for all the other parents to not have to go through what we've been through.

Everyone has tragedies in their lives. I mean, I've been through worse, I thought, you know, losing people and a brother and all that, but this, as a parent, was probably more devastating to me, and I consider myself a strong person in anything I've gone through. So I'm going to try to share a little bit with you. My son Michael was always very outgoing, like me; I don't think I'm a shy person. He was in the plays at school, he was a star in junior high, wanted to get up there singing and dancing, always Mr. Popular, you know, I thought very well-rounded, okay? And then as junior high went on, he had some episodes, as many junior high kids do, of coming home and I knew there was something wrong, obviously. I mean, I was up, I was, you know, aware of what my kids were doing, where they were going. You know, he might have come home and I said, "Oh, he's drinking," you know? Got in trouble, grounded, the whole deal, took stuff away from him, was very strict, kept him in the house. Got over that one, then I found out when he was at parties a few times he would start taking pills. A lot of kids started with Triple C's; remember they used to sell them over the counter, now they no longer do? Right, Triple C's?

CHAIRPERSON BROWNING:

What are --

MS. SALADINO:

Thank you to Lynne, I think had something to do with that.

CHAIRPERSON BROWNING:

Oh, okay, okay.

MS. SALADINO:

But a lot of kids were doing that at parties; it was an easy thing to get their hands on and it got them high. From there, he would start taking OxyContin, I came to find out later. I mean, I always knew there was something wrong, he was doing little things to get in trouble. Michael was starting -- he always had a little bit of problems in school with attention and stuff, you know. I did finally later get him diagnosed with ADD, I don't think that's the main reason for him doing it but, you know, a lot of kids who do turn to these drugs do have underlying problems. So anyway, he started with the OxyContin which were very expensive, from what I come to find out later. I had to educate myself on this, because I thought I was very street-wise until I actually had to go through it, I really wasn't. They were very expensive and after a while very addictive, the OxyContin in them. And someone at a party -- again, when they're out with their friends just hanging out -- someone had a heroin bag. They snort it. Ten dollars a bag; what kid can't come up with \$10? And I said, "Why would you go to that?", this is later after I was able to talk to him as a human being, because he turned into something that I didn't even recognize. He said, "Because it was \$10, it was cheap," and it numbed him and it made them feel good, "It's not a bad feeling and I could afford \$10." So not knowing, he always said to me, "I never knew how addicting it was," and after a couple of -- obviously he started his addiction with the OxyContin and all that, the heroin was just a later stage of it. He became very addicted, became to the point where he couldn't function during the day without -- and of course as long as there were problems, there was groundings, there was fighting, there was, you know, everything you can think of as a parent would do, you scream, you know, you try everything that you can possibly do.

It came to a point -- I'm probably skipping a lot, but it came to a point where my son came me to me and asked me for help because he couldn't take it anymore. He couldn't go to school without doing this heroin, he could not even get up, function, take a shower without doing this heroin. So he came to me for help and, of course, my first reaction was I was angry; how do you do that? That's something from the hippy age. Who does that? That is disgusting. I was angry, you know? I mean, of course I got over my anger, I think any parent would be angry. I mean, it went on for a while, I was very angry. It went on for a while, but I realized I had to get my son help, he's asking me for help, I'm not going to turn my back on him. I knew he had the potential, he was very bright, to be a good citizen, a good part of the society, so why am I going to let him, you know, fall into this life? I knew that the only choices he had at that point in his life or where he was headed was either death or jail, and I wouldn't want to see that happen to any kid; especially your own but, I mean, I wouldn't want that to happen to any kid.

So with that, he needed help. He's in the middle, he had no more heroin at that point so, of course, I thought let me start finding out where I can get him help on the phones. I was on the phone -- let me just tell you something, I took off from work -- for three days trying to find a place that would take him in, because he was under the age of 18. And yes, we went to the emergency rooms, I had a few episodes there. I mean, I was in tears on the phone trying to get someone to help me, you know, because I knew he needed to get in somewhere. He already had started the shakes, he hadn't had heroin in a few hours and he was starting his withdrawal process. Went to the emergency rooms, turned away a few places, finally got to one, they gave him a shot of Methadone and sent him home. It did nothing, you know? He just had to face it the next day.

This isn't the first time we went through this, just to let you know, because I couldn't find any help. I mean, obviously what was the first thing on his mind? I mean, it was to get out and get some more because he wasn't going to go through that pain. He's too immature at that age, they're not as strong as we are as adults. Even adults aren't strong enough sometimes to kick it, but he wasn't going to do it. I mean, he was going to find a way to go out and get some more, because I couldn't -- not that I couldn't, he couldn't get the help he needed. So this has gone on probably a few months, you know, back and forth trying to find places, couldn't find anywhere, trying to keep him in the house. It came to the point where we actually locked him in his room. I took a piece of wood because I found out that someone came to his window sill and put the heroin bags on the window sill. I actually took a piece of wood and nailed his window shut. It didn't matter, because as

soon as he got out of the room to come out and eat, or whatever it might be, he ran out of the house and was around the corner and his friend picked him up. I mean, you can't literally sit on your kids, you know? And he was looking at me to get help and I couldn't get it.

I mean, another time I had found him in his closet -- he had progressed so much with the heroin that he started shooting it up because he couldn't get high anymore on the bags. So I found him on his closet floor with the needles around him crying, "Ma, I've asked you for help. I can't stop." So, being I couldn't find anywhere, he told me, he told me that he saw on TV Dr. Phil, famous Dr. Phil had a show on the heroin addiction and there was a place in Florida where they medically detox you, but of course it doesn't go through insurance, it was \$15,000. So I got up the money from family and relatives and said, "We're going," you know? So we went through there, down there, went through the medical detox down there. They diagnosed him with the ADD which I knew he had all along, anxiety, depression, all that came along with it, you know. So the medical detox -- I mean, he wanted to go, of course, like he had wanted to go for a long time; it did work. But of course, I'm not saying that's the only answer, I know that the kid has to go to counseling, there has to be follow-up with treatment. I mean, being on this kind of a drug and being that addicted, yes, the first couple of days or a week are like going through hell and back, but at least if you have that medical detox it gives them a foot to stand on.

And then from there, they need the follow-up counseling, they do. I mean, to get out-patient, yes, I could have gotten him out-patient counseling, I had insurance, we're both -- we were working parents and we had medical insurance; I had very good insurance, but it didn't seem to matter. Because going to out-patient counseling when you're going through detox, especially -- I'm talking about immature, and I have to say that, adolescents. Because like we all know, their brain doesn't function as ours do and they are immature and they're not strong, and especially being on these drugs, they're not strong.

So anyway, lots of counseling later, detox and, you know, I'm still -- I still watch him all the time. I mean, I'm still -- now I'm very aware of everything and what the signs are. I mean, I have friends of mine who are in the medical field, nurses who had their own kids who didn't know that they're on heroin. So I don't think it's a matter of being naive, you know what I mean? I think that a lot of people just don't -- and then when I start talking about it, because it's very hard to talk about. I mean, you feel ashamed, you feel like you did something wrong as a parent, I mean. But I feel that after living this a few years and hearing about it so much, that it is more of a problem than we all really know. Even my son says to me, he doesn't really go out now anymore -- not that he doesn't go out, he works part-time, but he doesn't go out socializing as much, because when he does go out he can't believe the amount of kids that are doing heroin. It's just all over the place out there. And these are kids that he says to me that he would never suspect them ever trying heroin, you know, good students, you know, kids that -- what I'm trying to say is that this drug is not discriminatory and it doesn't matter what kind of economic background you're from, what religion, what race, you know, what kind of parents. You know, there are parents who try and parents who may not try as hard, but what I'm seeing is that even when kids do have good parents, it's still -- it's still affecting so many kids and I just hope that what we can do is open everyone's eyes to it and help the next parents and the next kids who have to go through this. Because I wouldn't want anyone else to go through it because they are our future; every single kid, even if it's not your kid, they're still our future and they're important and I think the least we can do is get them the help that they need.

MS. DOLAN:

Well said. Thank you.

MS. GRENZIG:

Thank you, Mrs. Saladino. It's been very difficult for Mrs. Saladino to speak about this every single time and I think as we all sit here today we can't even imagine what she's gone through. It's very, very difficult and it takes a lot of courage for both her and Victor to speak to you today, and I know we'd all like to commend them and thank them for doing this. They add a personal touch behind this, and that's what we're here for today, we're here about people. Yes, it's an issue, but we're

here about people.

As Mrs. Saladino started to say to us, heroin addiction is the great equalizer. It doesn't care who you are, where you come from, it can touch any one of us at any moment. It can touch you, your family, the schools we work in, the workplace in our community, and we're here to tell you today that it's doing that right now, today, at this very moment.

Dave Ryan is handing out something that we put together as our task force and we're hoping that this will give you some additional information as we go through our findings.

The AWARE Committee is composed of two components, one is education and the second component is treatment. We know that both components are equally important. Some of the findings that we found out about heroin addiction is that it contains components of stigma, fear and denial; both Victor and Mrs. Saladino have spoken about that. We know that society tends to blame rather than support. We know that adolescents who go through addiction have a sense of loneliness, hence the need for more intensive treatment for detoxification. We know that there's a fear in the criminal justice system, and yet at times there is no other place to turn because there are no beds because there is an unmet need in Suffolk County at this time. There are no beds and there is an unmet need in Suffolk County. Right now, if we needed to bring somebody to get detoxification services, we would have to drive about 100 miles from here today, at this very moment, and hope, and that's the key word, hope that there is a bed available at the time. We'll say it again; there are no beds, there are no facilities available for adolescents with Heroin or Opiate addiction in Suffolk County.

One of our goals today is to come to you and to talk about a requirement for mandated treatment. As Mrs. Saladino spoke to you, right now a parent does not have the ability to place their child in treatment; and even if they do find a bed, a child can check themselves out. Under the guidelines provided to us, there are four structures for treatment for addiction; there's a medically managed detox, an in-patient, residential medically-supervised withdrawal, an out-patient medically-supervised withdrawal and medically-monitored withdrawal. This is all in your packet. The model that we're looking at is the in-patient residential medically-supervised withdrawal; basically that means having beds available in a rehab unit. What you might hear is that adolescents who are on Heroin do not require an in-bed treatment; we're here to tell you that they do. There is medical information as well as societal and psychoeducational reasons why adolescents need this. Medically their brain is not developed, they need in-bed treatments. There is research out there to show that adolescents who are going through withdrawal have a sense of loneliness; hence, as Michael did in Mrs. Saladino's case, they will do anything to get back with their friends. They need the in-treatments, in-bed treatment.

One of the things that we're concerned about is that there is no access or equal access to this. Adults who have the same difficulty, as Victor articulated about the 45 year old man who may have a problem, they have insurance, the insurance does cover this treatment for adults. If they don't have insurance, they have Medicaid available to them and Medicaid will fund this. If Victor needed help today and his family didn't have insurance, or as Mrs. Saladino faced when she had excellent insurance, they had to pay for this themselves. There are no beds. This is an unmet need of epidemic proportions in Suffolk County that we can't address alone.

Again, we spoke to you that there are two components. There is an educational component and we're here to tell you today that we've made a commitment to this and we will continue our commitment to this today and in the future. We're not here saying that we need you to do something for us. We're here saying that, as elected officials, we need you to work with us, and you have as evidenced here already today. But we need you to work with us as we go through the educational component and you help us with this, this unmet need.

Smithtown School District, Sachem Central School District and Harbor Fields, as well as all the other members of our committee, have already come together and worked on what we call the Legislative

Committee and then we call the Educational Committee, and we've made some very positive first steps in those areas. Again, I'm not -- this information is available for you in the packet and that's something that you can take a look at.

So again we're just here really to tell you -- I'm going to turn this back over, you know, to Denise at this point to kind of wrap it up, but we're basically here to tell you that there is an unmet need of epidemic proportions in Suffolk County. There are no beds available and we're hoping that there's something that you can do for us.

MS. DOLAN:

I just wanted to share, and it's going to be very brief, I promise, I know you have a lot of work to do. Nine years ago I was a guidance counselor of at-risk students and what I saw at the time were Triple C's. And I have to say, they were getting high with them every day. We had kids overdosing, bringing them to the hospital. The power that you have -- when Legislator Nowick put that bill forward, we don't see that anymore, quite honestly we don't. We don't see Triple C's and I thank you. It's made a tremendous impact.

What I have learned in making all the phone calls, I was kind of the one that made all the phone calls and got everybody together on this committee. What the heads of the hospitals have told me and the heads of the rehabs here in Suffolk County -- I've spoken to Mather, I've spoken to Seafield, I've spoken to Brentwood Outreach, this is what they tell me. Adolescents are not going to go through the seven day detox on their own that it takes to detox yourself. Victor is rare; Victor locked himself in a room and he did it. He is amazing. They have told me this; the medically-supervised model where if there were detox beds in a rehab such as, you know, a Seafield, a South Oaks, a Brentwood Outreach, then you're not paying the dollar per square foot that you would be paying in a hospital, that's very expensive. But if you do it in a rehab center and they do it not with Suboxone but with -- where they're treating the GI uncomfotability, you know, the diarrhea, the vomiting, they can treat that and they can treat the muscle cramping as they're providing counseling; that's more of an effective model. You're removing the adolescent from their friends, from where they can get it, and that would be very effective.

The other thing they said to me, and I thought this was so powerful. If you remember a few years ago, the insurance companies had mandated that a woman after giving birth, it was medically fine for her to go home after 24-hours, the research said so. So the insurance company started saying, "We're only going to approve 24-hours for the mother and the baby to be hospitalized," 24-hours. It was the public outcry that made insurance companies grant 48-hours, the public outcry; not the medical research, the public outcry. And we're here to start with the public outcry. Please help our kids. Please, if insurance companies would give an enhanced fee, and this is what I've learned through my research, there must be an enhanced fee granted for detox beds in rehabs, then these rehabs would do it. Right now there is no enhanced fee for adolescents. And legally, you can't have an adolescent and an adult in the same unit going through detox, it's illegal. So if there were adolescent beds, you know, deemed adolescent beds with an enhanced fee structure for insurance companies, we have rehabs right here in Suffolk County who are willing to take it on. They can't go through it alone, they're not going to. When you have them ready, you can't say, "Three months from now I can get you somewhere." You've lost the window of opportunity.

So we're really praying that you will, you know, look into this for us. We're going to continue with our prevention programs which are so important. We continue to refer parents, I hand them my referral sheet, but I can't have my parents, like Mrs. Saladino, spending three days trying to get help and she's turned away. So that's what we're here just requesting from all of you, we so appreciate the opportunity to speak. And we would like to see you in the spring, maybe, and tell you how we've done.

CHAIRPERSON BROWNING:

Yes, I think you should come back. First of all, I'd like say, you know, thank you for the presentation. I'm shocked, speechless. But Victor and Mrs. Saladino, I definitely commend you for

what you're doing and we appreciate it very much. We need more people like you to come out and speak.

What you're telling me, I'm floored, I really am floored at, you know, the epidemic that you're talking about. You know, you're talking about our kids in school, and maybe Victor might want to answer this question. I have a 13 year-old in 8th grade, and I think the school is very good, we're in the William Floyd School District, they're very strict, you know, they keep an eye on the kids. You know, I'm wondering at what -- you know, what schools, is it starting in middle schools, is it high schools? You know, is there anywhere specific it's starting and what age?

MR. RIVERA:

Honestly, believe it or not, it is starting in the middle schools. You don't want it to become a reality but it is a reality, it is starting at the age of 13, 12 year old, 14 year olds. I first experimented drugs I think in the 6th grade, it was the first time I ever lit up a marijuana joint, and from then it just progressed on and on throughout the years. By the time I was in 9th grade I was on pills, then the pills weren't getting me high, by 10th grade I was a Heroin addict.

CHAIRPERSON BROWNING:

Wow, that's scary.

MR. RIVERA:

Yeah, it's very scary.

CHAIRPERSON BROWNING:

Because, you know, like I say --

MR. RIVERA:

It's scary to think about that at such --

CHAIRPERSON BROWNING:

You're talking about your son --

MR. RIVERA:

-- a young age, these kids are capable of getting something like that.

CHAIRPERSON BROWNING:

Yeah.

MR. RIVERA:

A substance that could kill you, honestly could kill you.

CHAIRPERSON BROWNING:

And then another question, I guess -- no, I'm going to defer to, Legislator Barraga, you had a question?

LEG. BARRAGA:

Unlike Legislator Browning, I'm not really shocked because I heard the same story 10 years ago, 20 years ago, 30 years ago. The story never changes, the faces change, all right? I remember, you know, about 20 years ago, I spent nine years as a ranking member on the Assembly Education Committee, and I remember a study which was done in-depth not by people in education but by the top 200 CEO's in the nation and in terms of our educational model and how to prepare students for business life, and what they came back with was very startling. They said, "You know, our chief recommendation was early and sustained intervention in the lives of children." Because in this country, we spend billions and billions and billions from the 1st to 12th grade and very little, if anything, at kindergarten, Pre-K, right down to pre and post partum. And every dollar we spend in that area they said we'd save \$7 later on, or all these social problems.

And yes, you know, we heard somebody last week and I've heard people over the years, the problem manifests itself in terms of usage when they get to the 9th, 10th, 11th and 12th grade, but not enough is done at the 2nd, 3rd, 4th and 5th grade to really instill in these young children, young children, you know, the negative effects associated with drug use, you know, and it's something that really hasn't changed. And it always gets down to like your recommendations in terms of the detox unit, the money, the money. And what you're looking at, for example, is how do we get insurance companies to lay out these dollars? I remember ten years ago a member of my committee said, "You know, it may be easier if the school districts in a given County, where these problems exist," and they exist in Suffolk County as well as all 61 counties of the State, "What would happen if the school districts, in putting their budgets together, put the money in there, collectively?" You've got something like 70 school districts in Suffolk County, to put an appropriation there, an annual appropriation that will be used to treat these students in a detox unit in Suffolk County. And you know, people kind of look at you. I mean, money is put in school budgets all the time for different things, to be members of this, to send people there, for certain appropriations. Why not put and actually tax the constituents of Suffolk County through the school districts to raise enough money to treat these young people in a detox unit?

You know, I don't want Mr. Lindsay to be looking at me, but we spent an inordinate amount of time talking about the Foley Nursing Home, and then there were some discussions with reference to their military -- their capabilities in that nursing home to treat wounded soldiers and Marines from Iraq and Afghanistan. Well, is there any feasibility that the Foley Nursing Home could take 10, 15 beds and put it aside and get the proper units in there, medical people to treat these young people with these problems, if the funding is coming from the school districts? And always someone will say, "Oh, you probably can't do that." We can do anything -- I always say as an elected official, "We can do anything we want to do. Let the courts tell me I can't do it."

But maybe a better approach in terms of the funding is to go back and see collectively, if Superintendents, school boards, you know, they have -- they've got their heads stuck in the sand. They know they've got a problem in the district. A week ago, I live -- my street is right on a street, right down the street is a junior high school, about 400 feet away. I happened to be going through my living room last week, looked out the window and six kids were out there smoking crack. So everybody is aware of the problem, it's just a question of what is everyone collectively willing to do? You can fight insurance companies but, you know, I think you're much better off looking in-house, because you're already part of the educational community. Are school districts willing to come to grips with this and saying, "You know, we've got to build it." We'll all agree to put so much in our budget and we'll tax the general public and we'll say, look, we're going to recognize the problem, we're going to treat it. We're going to raise X amount of dollars for the treatment of these young people, and there's a heck of a lot of them.

CHAIRPERSON BROWNING:

Legislator Eddington.

LEG. EDDINGTON:

I think like Legislator Barraga, I'm very frustrated, as I can hear in your voices. I've been doing drug prevention education since 1980, I did it for the U.S. Education Department for years and New York State Substance Abuse Services. We spend an average of \$2.14 on drug prevention per student; I think that kind of tells you where our priority is.

When I first got involved it was the war on drugs; it hasn't even been a skirmish. Because here you are 28 years later, and I'm telling you right now, in 1980 when I was in Ohio, I had a group just like you come before us when we were getting ready to do some work shops saying the exact same stuff. I mean, and we know this was happening because we know why they've changed Heroin from the injectable kind to the snorting kind, because they were in competition with the cocaine -- we know the whole deal, we know where it's coming from, it's just that we keep going around. And when I did drug prevention education in high schools, because that's where they said where it was happening, it became very clear that they started at 13 and 14 in the middle school. Now I went to

the middle school and targeted that area, because I worked for Patchogue-Medford Schools, and the next thing I heard was, "Yeah, but, you know what? My little brother and his friends," 5th grade was the number I heard. And when I went down there, I started the 3rd, 4th and 5th, and you know what I heard? Third graders saying to me, "Well, Mr. Eddington, my Daddy's getting remarried and on his dresser was this white powder that he told me to leave alone; is that what cocaine is?" And I said -- that's when I developed a program called HELP, Help Educate Loving Parents. Because I realized I'm back to the adults, that we have to really educate so they know what to look for and have a support group so that you're not alone. Because when you are dealing with your son you felt like you were alone, I mean, it's like, "My God, it's my problem." Well, it shouldn't be. It's society's problem, and we have to really put money from the government -- I'm hoping that this new administration coming in will walk the talk. I've been hearing talk for 28 years. I teach it at Dowling College and believe me, I'm going to put you on the agenda to come talk to my class, because they need to hear it in as many ways as possible.

When we see what's on TV and the movies, there's another whole piece that we're dealing with. You know, the beginning of -- to answer Legislator Browning's question, kids start smoking now between the ages of 11 and 13. It used to be 13 and 15, but you know what? Joe Camel took care of that, and they argued with us it wasn't meant to target kids but they use a cartoon character. And other drugs is 15 to 17, so -- or 13 to 17. So we know when they're starting so we have the target. We've got to get in there and do more prevention and I would say we have to petition our representatives on the State and then, more importantly, the Federal Government so that they can send us money. Because the school district, I'm telling you right now, if it becomes hiring another English teacher, and you'll know, another English teacher to keep the class size under 32 or another social worker, which I was, the English teacher gets hired, and they do curriculum because we're testing for curriculum. I want -- I don't want smarter kids, I want better kids and safer kids; those kids will be smarter.

So I support what you're doing, but we've got to beat a bigger drum, we really do. But keep up the good work.

MR. RIVERA:

Thank you.

CHAIRPERSON BROWNING:

Thank you. Legislator Horsley.

LEG. HORSLEY:

Yeah, good afternoon. First, let me just -- I have a couple of thoughts that I just wanted to relay. And my sympathies to your friend, I mean, that really is a sad situation.

MR. RIVERA:

Thank you

LEG. HORSLEY:

And I have been talking with people in the same position that you are in today as far as losing a friend. Next week this Legislature is going to be voting on what we have called Natalie's Law.

MS. DOLAN:

Yes, we're all familiar with that.

MS. SALADINO:

Yes.

LEG. HORSLEY:

We're looking to put together an Internet mapping of arrests and locations where the Police have picked up Heroin issues and we're hopeful that that's going to bring attention to the entire community, not just the school community, but the PTA's who are going to look up and say, "My Goodness, there was a young person that was arrested just outside my school district which may only be a couple of hundred yards beyond the school," because the lines that are so weird in Long Island. But we're hopeful that that's going to pass, and I believe it will, and where it's going to be working with the Police, the schools, the synagogues, the churches and everybody will have the same information so we can attack this problem in unison and together. So there is a growing recognition that this problem is out there.

I'm with Tom Barraga, we're a south shore district and I've got -- one of my schools was named the "Heroin Capital of the South Shore", which -- which was my first alerting to this issue going back last year, and it's across into Nassau County, you know, it's right through the south shore.

MR. RIVERA:

It's everywhere

MS. SALADINO:

Oh, yeah.

LEG. HORSLEY:

I'm sure in your district, Kate.

CHAIRPERSON BROWNING:

Probably.

LEG. HORSLEY:

This is -- and it's a growing epidemic. Mrs. Saladino, I just had a quick question, was yours -- was it a snorting issue at first, is that how your son --

MS. SALADINO:

Yes, he started snorting, and then injected because it wasn't enough

LEG. HORSLEY:

Because it wasn't enough, it wasn't strong enough.

MS. SALADINO:

Yeah, he wasn't getting strong enough so he had to inject.

LEG. HORSLEY:

Yeah, and that seems to be the people that I've talked to, is that they're selling it as like a "brown cocaine".

MS. SALADINO:

Right.

LEG. HORSLEY:

That is, you know, it's cheap, "Don't worry about it, it's not as addictive" and stuff like that, never even mentioning that it's Heroin, finding out you're a Heroin addict after the fact and not even knowing what you were doing.

MS. SALADINO:

Just thought it was some brown -- right, exactly.

LEG. HORSLEY:

Yeah. So I could see the easy trap for a young person.

I had a couple of questions involving some of the stuff you's talked about, because this is very important stuff. And I know that educators I've talked to before have told them the same thing, that the problem, one of the problems is that parents can't put a person -- put their child in rehab.

MS. DOLAN:

Right

LEG. HORSLEY:

How do we change that? That's a State law, right?

MS. DOLAN:

That's a State law. And, I mean --

LEG. HORSLEY:

And is it the right thing to do as an educator, do you believe it's the right thing to allow the mother or father to be able to place -- you know, to have that right?

MS. DOLAN:

Absolutely.

MS. GRENZIG:

Oh, Victor; look at Victor.

MS. DOLAN:

Victor; go for it, Victor.

LEG. HORSLEY:

Good, I wanted to get you up.

MR. RIVERA:

As a --

LEG. HORSLEY:

I have an answer on this myself, but I want you to tell me.

MR. RIVERA:

As a past existing addict, I honestly wish my parents had that power to put me in a rehab so I didn't have to suffer the way I did. I honestly wish I had the help.

LEG. HORSLEY:

I know legislator Gregory over here is going, "I can't believe that you can't do that already," you know.

MS. DOLAN:

No, you can't.

MR. RIVERA:

I honestly wish my parents had that power to do that.

MS. DOLAN:

And not only that, but I can tell you, I've personally called CPS when I know that we have, you know, kids that are addicted and we've worked with the kid and we've worked with the families and if they're not in treatment, and CPS unfortunately says that unless they have proof --

MS. GRENZIG:

There's nothing they can do.

MS. DOLAN:

-- there's nothing they can do. Now, what child is going to say to a CPS worker, "Oh, yeah, I'm addicted to Heroin"? So even -- we've tried every system. I'm kind of an expert at working systems, let me tell you

LEG. HORSLEY:

I bet.

MS. DOLAN:

I will work CPS. I will go anywhere --

LEG. HORSLEY:

You're working us, it's good,

MS. DOLAN:

I hope so. I went to the Police with a cell phone that I knew had -- the 4th Precinct, of all these drug dealers in it, and they told me, "Well, we don't take that information." It is so frustrating. You go everywhere for help. But no, parents, can't mandate their kids, CPS can't mandate it.

LEG. HORSLEY:

Could you tell us the details on that sometime?

MS. DOLAN:

Yeah, sure.

LEG. HORSLEY:

You know, I'd like to -- because the Police are us, that's part of our system here.

MS. DOLAN:

Yeah.

LEG. HORSLEY:

I mean, that's an inappropriate response, I think.

MS. DOLAN:

Absolutely. Absolutely. But I have parents, the same things, that will call the Police and beg for help. They don't know where to go when they call these places and they're turned away, or they'll say, you know, "There no medical detox model for Opiate addiction for adolescents." You know, the medical model says, the research says, it takes seven days to withdraw; right, Victor?

MS. SALADINO:

Correct.

MR. RIVERA:

Yep.

MS. DOLAN:

Everyone from the rehab hospitals have told me that by the third to the fifth day, these kids can't go through it alone. They are going to crawl at the walls, that's when they're going to get that wood off that window. They can't do it, so they need some help as they go through it

LEG. HORSLEY:

Okay. So let's go back to my question on the rehab and the parents being able to; how do we tackle that issue? Because that seems like something that is Legislative in nature. I mean, that's -- where

are we at with that? I mean, is there a growing recognition that this is something we should -- because I've heard this before.

MR. RYAN:

I think it is a growing recognition. And actually, just the other day I asked Mr. Nolan's staff to look into something that Florida has which is called Myers -- I think Myer's Act.

MS. GRENZIG:

Yes.

MR. RYAN:

In which case we believe that the parents have the ability to then mandate and other -- I think Police Officers also have the ability to mandate somebody into treatment. And we wanted to find out the particulars of it and hopefully we can get something like that passed here in New York State, where the parents then would have the ability, and even a child who might be over 18 but is incapacitated, that they could be mandated into treatment and avoid the whole aspect of, "Well, the child doesn't want to go."

But I just wanted to, if I could, just talk about what Legislator Eddington said about the educational component. The other half of what our group is doing is we are very active in changing how we address the students and we're trying to bring in the parents also. I know Smithtown has been very active and Legislator Kennedy has been part of those groups, and there is like a parent academy and web-based resources so that parents can have avail of anonymity and they can still find that they're not alone and that, you know, what are the signs that people had. You know, they can talk to somebody like Mrs. Saladino who's been through it and reassure them. Because I know Mrs. Dolan the other day had a call from a parent whose child was detoxing and the parent was extremely concerned or, I don't know what the word I should use, that they were going -- that their child was detoxing and they thought the detoxification program was going to kill the child.

MS. DOLAN:

Right.

MR. RYAN:

You know, there's a lot of information out there that we have to deal with working with the parents and the students and we are definitely addressing that. But no matter what prevention program that we put together, we are still going to have students who fall through. And what we're here to discuss today is the fact that when -- even if we cut down the number of students using by 50%, whatever number is left, we can't get them treatment. And we have parents who are faced with calling the number of hospitals in your book, I think there are -- I don't know.

MS. GRENZIG:

Over 2,000.

MR. RYAN:

And there are no beds viable, so a parent is left with no place to go. And the -- if you send a child home, and I think there are some groups that will say, "You can do this at home, you can walk it through," but like Victor says, by the third day, these students are -- they're ready to climb out the window and they have, and they've run away from home. There's another student who, I believe in Sachem, did run away from home, and the only reason that this student was able to get help was they were arrested because they were found in the company of a 30 -- it was a 15 year-old female, if I believe.

MS. DOLAN:

Yep.

MR. RYAN:

And it was found in the company of a 30 year-old male. You can let your imagination go what was

transpiring, but she was doing anything to get drugs. We have to help those students. If in ten years we have an outstanding educational program, there will still be students who are going to fall through and need the detoxification. The crisis we're facing now is that parents in Suffolk County, there are no resources whatsoever, a hundred miles is the closest. And in speaking to various hospitals and providers in the County, they are willing to provide. The problem is that -- and I hate to bad-mouth an industry, the insurance companies have become a business, and because there is no money to be made or they're not going to recoup their cost, the insurance companies will not cover the detoxification program.

So I just wanted to say that we are addressing the education. I'm hoping that, in the spring, will come back, and I don't know if it's this group or another Legislative Committee and tell you what we have done there, because there are some great ideas that this group is doing. But the immediate need right now is dealing with the detoxification and the lack of resources that parents and students and schools, because a lot of times the schools are the first line of defense. The parents call the school and say, "I don't know what to do. Help us." And if we give them a list of resources and they call and this hospital says, "We have no detoxification bed," and that hospital says, "We have no program," the parent is frustrated, the child is frustrated. If they try to go it alone, it's not going to work and we're going to lose more children.

MS. DOLAN:

I have parents that have paid off drug dealers because they were afraid their kids were going to get beat up. One of those parents is a 9/11 widow, she's an RN. I invited her to come today, she didn't want to because being a 9/11 widow, she has been fairly public and she said that when she saw her son, she was like, you know, "Gee, if I didn't know better, I'd think you were going through withdrawal." She didn't realize her son was. It was only because, you know, her husband had been connected to the firehouse in New York City, she called and begged for help and some of his colleagues came and picked up her son and brought him to Florida. He was there in a safe house for a year because they knew he had to be removed from his environment to get clean. He was housed with a son of a Supreme Court Justice, this touches everybody, and he lived there for a year before he got clean. This touches everybody. But I do have to say, very often the schools are where these families come to for help, because in many cases we do have the connections with the families.

MS. SALADINO:

Can I just say something? Even if we mandate it, which would be wonderful, we have nowhere to send them still.

MR. RYAN:

Right.

MS. SALADINO:

So that's the biggest issue I'm hoping that we can look at.

MS. DOLAN:

Right.

MS. SALADINO:

And, you know, just the fact that all of these kids that are out there doing this, most of them are asking for help, so we really need to address the fact that we have nowhere to send them. You know, whether we do all these groups. I think it's good if kids go talk to kids at the school, because kids usually listen to kids and not adults, maybe kids who have been through it. But that's not enough, we still have to deal with what's going on now and the kids that are already addicted. You know, because the addiction, when she was saying what that Mom did about paying the drug dealer; I don't even want to tell you where I've been and what I've had to do, you know. And I'm very straight and narrow, haven't been arrested, you can check my records. But, you know, I mean, they're so desperate. He stole from me, he's lied to me, they are so -- it's not even like your child anymore and you can't reason with them, they get that bad. And you put -- our family was in

danger because of it, because these drug dealers that my son owed money to, was in danger, too. I had a daughter who didn't do anything, I had to worry about her, you know?

And no one is saying as a parent like it's the school's problem. I understand, you know, it's our problem, but I just think as a society it's all of our problems. Because like I said, my son is okay now, thank God, I pray every day that he's going to stay that way. But I still worry about the kids in the society because they're still going to be our future, right, and they're going to affect all of us. So I think that, you know, if we can get money from a bunch of different areas and not just one area, you know, maybe you could help us to change it, even if it's a little bit.

CHAIRPERSON BROWNING:

And I think it's not that it's, you know, we want to put a blame -- it's everybody's problem.

MS. DOLAN:

It is

MS. GRENZIG:

Thank you.

CHAIRPERSON BROWNING:

But again, when we send our kids to school, we want to send them to a safe environment. And I wouldn't want to think that our schools are putting their heads in the sand and ignoring the fact that --

MS. DOLAN:

We're not

CHAIRPERSON BROWNING:

-- there's a real problem.

MS. DOLAN:

I can tell you the one thing in our school, and Victor can attest to this because he's pretty honest with me, thank God; right, Victor?

MR. RIVERA:

Yes.

MS. DOLAN:

I asked Victor, "Is there any Heroin being dealt in my school?"

CHAIRPERSON BROWNING:

Legislator Lindsay has a question or a comment?

P.O. LINDSAY:

Both.

LEG. HORSLEY:

The Presiding Officer wants to speak.

CHAIRPERSON BROWNING:

Both.

MS. DOLAN:

Okay. But I just want to just complete -- if you don't mind. There's no -- we're not in denial, I know what goes on. But I can tell you, because the kids in our school know that they get arrested if they have any drugs in our school; are they dealing Heroin in my school, Victor?

MR. RIVERA:

No, all outside sources.

MS. DOLAN:

It's all outside sources, because they know.

MR. RIVERA:

These young kids are affiliated with 35 year-old men, 25 year-old men, grown men that are giving these kids these drugs. It's not the 12 and the 13 year-olds that are getting the Heroin, it's the 13 year-old that knows the 36 year-old that knows the 46 year-old that is giving them these drugs.

MS. SALADINO:

But they also get the kids to sell it for them because they need it.

MR. RIVERA:

Uh-huh, yep.

MS. DOLAN:

Right.

MS. SALADINO:

So then the young kids are turning into dealers just to get their drugs, and I've had to go through that, too. They will sell it just to get their drug, you know? It's unbelievable.

P.O. LINDSAY:

Forgive me, I was out of the room before, but we have speakers in the back so I was listening to the testimony while I was on the phone. And I have another meeting, so I have to go out of the room, and so I jumped over Legislator Horsley.

LEG. HORSLEY:

It's okay

P.O. LINDSAY:

But what I wanted to say is, first of all, I want to thank Denise and Mrs. Saladino and Dave, and I see Dr. Murphy in the back there who is the Superintendent of Sachem, for your efforts, for your brave efforts. And I'm not casting aspersions on anybody, but some of the school districts don't want to know about the problem.

MS. DOLAN:

Right.

MR. RIVERA:

That's very true.

MS. SALADINO:

I know, it's true.

MR. RIVERA:

They're trying to sweep it under the rug.

P.O. LINDSAY:

You guys are very, very proactive in coming here today, in setting up the working group that myself and Legislator Nowick are part of, and you deserve a lot of praise and a lot of recognition for tackling a problem that truthfully is bigger than all of us.

MS. SALADINO:

Absolutely.

MR. RIVERA:

That's very true.

P.O. LINDSAY:

This isn't a school district responsibility solely, it partially is. It's certainly a responsibility of local government, of State government -- not totally, but we have a piece of it -- and it's certainly a responsibility of the parents out there.

MS. SALADINO:

Right.

P.O. LINDSAY:

And I think the only way the problem is going to be solved is in the method that you've come up with of putting together a working group of all facets of the people that have responsibility for this. And it's -- you know, I'm going to get back to Legislator Barraga's comments, and not to create a debate. Your suggestion, we were at one of these meetings and next to me was Lieutenant Donohue from Suffolk PD, he made that suggestion to me and it's on my list of things -- We're working on the Oversight Working Group with Foley. I don't know whether it fits, but it's something that I'm going to explore, okay.

LEG. BARRAGA:

Good. I don't know if it does either, but the point is it's a possible option.

P.O. LINDSAY:

But certainly I'm going to explore it. Because the most obvious thing -- and this is like a triage situation. We have to find, first of all, a place that when these kids become addicted, that we can take them, that we can help Mrs. Saladino, that we can help Victor. That isn't the solution; the solution is obviously in prevention and doing more and more and more prevention programs. But, you know, there's a lot of components to solving this problem. I don't know whether we'll ever solve them all in our lifetime, but we have to try. We have to try.

A couple of my colleagues alluded to they've heard this story before; it's getting worse. And the one thing that sitting with you folks, it really opened up my eyes and scared the hell out of me. I mean, I've got grandchildren that are five and six and seven years-old, that is -- I don't want them to go through what Victor went through. You know, my own little piece, I've already started talking to them about drugs, you know, in my lame way, but just to warn them, "Be careful, just be careful," you know?

And as far as how do we pay for this, whether it be State, County. I'm not a big fan of the school districts paying for it. You're dealing with, what, 69 entities that all have to agree to put money into a pool? I think it would be much more practical if it was done on a Statewide level or on a County-wide level. A County-wide level is one government and it would be one facility for Suffolk County, but truthfully it should be done on a Statewide, because I'm sure this problem isn't isolated in Suffolk County.

MS. DOLAN:

No, not at all. Not at all.

P.O. LINDSAY:

You know? But I just wanted to applaud all of you for what you're doing. I don't have the solutions, but I applaud you for bringing them to our attention.

MS. DOLAN:

Okay.

MR. RIVERA:

Thank you.

MS. DOLAN:

I have to say, to the credit of, you know, Dr. Murphy, our Superintendent in Sachem, and to Ed Ehmann, the Superintendent of Smithtown. When I called Dr. Murphy and said, "We'd like to do this," and certainly I wouldn't do it without his approval, his response to me was, "Anything that can save a child's life, go ahead and do it." And when I called Ed Ehmann, the Superintendent at Smithtown, his response was the same. And you know what? A lot of school districts are not willing to sit out here and say, "Hey, Houston, we've got a problem." But you know what? Houston, we've got a problem.

P.O. LINDSAY:

We heard them last week, Denise. We heard them last week.

MS. DOLAN:

Right

P.O. LINDSAY:

"It's not our responsibility." Thank you for me jumping in front of you.

CHAIRPERSON BROWNING:

Thank you, Bill. Legislator Gregory has a question.

LEG. GREGORY:

Kennedy was before me.

CHAIRPERSON BROWNING:

No, you were next.

LEG. GREGORY:

Was I?

CHAIRPERSON BROWNING:

And then you're next.

LEG. GREGORY:

I'll be quick. My heart really goes out to you and I really don't know what to say. I'll support you 100%, whatever I can do. Ms. Saladino and Victor, I'll pray for you. I know this is a battle. It's not over. You made a comment that you're a previous addict, but you'll always be an addict, it's a battle every day, just like alcoholism and other drugs. So, you know, whatever I can do I'll support you, I'll give you my information, you know. So that's all I wanted to say. You have my support.

Oh, just one question. Victor, if -- just so I can get a real sense of what the numbers are like. Say out of ten of your friends -- well, not your friends, but people that you know or are aware of, how many of those would you say are experimenting with Heroin?

MR. RIVERA:

Experimenting? Easily, not to make the numbers unrealistic, but close to seven out of ten kids will admit to trying

LEG. GREGORY:

Really? Okay.

CHAIRPERSON BROWNING:

Wow.

MR. RIVERA:

It's a lot more than you really think it is; it really is.

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Madam Chair. And I want to add my commendation to all the work that you've done here and to listen to you and to hear you speak.

Tomorrow, Legislator Nowick and I are going to host six school Superintendents, Dr. Murphy being one of them, to go ahead and talk about this to another level. But I also had the opportunity to go ahead and host a meeting in the beginning of October of about 200 local residents who were concerned about the proliferation of drug use from a variety of different aspects, and I think that's what we're hearing here today. You come to us and you talk to us about the sheer misery of trying to fight these individuals for your child as they're affected, or you yourself, young man, going through the addiction process and try to detox.

I also know about this -- and I'll concur, I guess, with Legislator Barraga having -- I am the spouse of a psychiatric nurse who has worked with adolescents probably for the better part of the last 25 years, and who now works with an out-patient drug and alcohol facility. And I know that we have our Health Department personnel back here, and I've had this personal conversation with them many times. That when we look at a systems perspective for our County, were I grading it, I would give it a big fat "F", because it does not meet many, or any, of the addiction needs or the psychiatric components associated with those who are in the worst struggles of their life. And so it's incumbent on us to communicate that, at a State level if we need to, or locally, that it's not acceptable for community facilities to decide to turn you away because it's not economically beneficial; that's unacceptable. They operate under State license. They operate under State Charter. We need to send a loud message that those facilities that are in our County that do this had better wake up and start to take people who are in need, whether it's under Hill-Burton or whether it's under State license or whether it's under any other way that we need to get our individuals at whatever economic level, whether it's Medicaid or the Cadillac of private pay, to get in and get the medical care. Because to have an addicted child detox at home is lunacy. It just doesn't make sense.

MS. DOLAN:

Thank you.

LEG. KENNEDY:

The other thing that I had the distinction of is knowing that on our enforcement side, unfortunately, we don't have the resources in some areas. Legislator Nowick and I have beat the drum mightily to get the Detectives necessary to do the narcotics investigatory work, the buy and busts and make arrests, like in the 25 individual who lived no more than a quarter mile away from here with 10,000 bags of Heroin in his possession.

MS. SALADINO:

That's right

LEG. KENNEDY:

We are a golden economic opportunity to some despicable entrepreneurial incident that looks at our children as economic opportunities. And you're just so much an impediment, that's all; they'll get around you one way or the other.

I don't know what the message is either. I mean, you know, the Presiding Officer said it far more eloquent than me. But I know that we'll all make the kind of noise that we have to make to address the admissions issue. I know we're all going to make the noise we need to make about the enforcement issue. And I encourage you to just continue to do what you're doing at your level. When I pick up garbage at the Bavarian Inn and I see the Superman logos on plastic bags and see the syringes sitting on the sides, even I can figure that out. Thank you for doing what you're doing and thank you for coming to us. I appreciate it. Thank you.

MR. RIVERA:

Thank you for your time.

CHAIRPERSON BROWNING:

Legislator Nowick.

LEG. NOWICK:

I'll just be the last word, I'm not on this committee. But I want to thank you all for coming here, for working and being so passionate at what you do.

I have to say, Victor, it was very telling when you spoke to the fact that you started with marijuana. If you speak to our children, and I know we're addressing Heroin, but I must say, if you speak to our younger people, they will tell you Heroin -- "Marijuana? That's nothing. Everybody did that in the 60's." Victor says, "I started with marijuana and then I moved on. Whether I moved on to my mother's medicine cabinet or" -- when I did that Dexamethorphan, the three C's bills and I talked to grown-ups, adults, and I said, "Did you ever hear about this?" "No, what are you talking about?", they said to me. When I had my daughters -- and Denise, you know who I'm talking about. When I had their friends in my kitchen, as I'm working around the kitchen I'm listening to what they're saying, so I took the opportunity, "Did you ever hear of cough medicine, people abusing it?" "Of course, Mom." Well, how come we didn't know that?

It's not just Heroin. It starts maybe with the Triple C's, marijuana. And let me tell you something else, detoxing from alcohol is just as serious as detoxing from Heroin or OxyContin or anything else, and there's no help for that either and detoxing from that, from what I know, is just as bad.

MS. DOLAN:

Absolutely.

MR. RIVERA:

Uh-huh

LEG. NOWICK:

Education, of course, John and I are very interested in enforcement and I think that we have -- I thing the Police Department has certainly stepped up to the plate. Insurance companies, as Dave Ryan said. But what can we do, what can you do, what can mothers do? Education, education, education, start when they're two years-old, three years-old. These kids that say, "Smoking? There's nothing wrong with smoking." "Well, you know what? In 15 years you can die from lung cancer, and it's an ugly death."

We just have to keep pumping it into them. And what you're doing, and kudos to the Superintendents Murphy and Ehmann and everybody else that's involved, it's a beginning, it's proactive. Sit with our kids, we know there's problems. Unfortunately, as parents maybe we didn't know enough about what the problems were. But you guys are doing what you have to do and I know that you have the support of this Legislature. And certainly my Smithtown colleague, John Kennedy and I, we will be meeting tomorrow in a meeting. Thank you, thank you, thank you. And

Dave Ryan, thank you, too.

MS. DOLAN:

Thank you.

CHAIRPERSON BROWNING:

Thank you. And I know our Health Department Commissioner is here, and if you would like to give us some --

COMMISSIONER CHAUDHRY:

Thank you, Madam Chair. Good afternoon, everyone. I appreciate very much listening to the comments. The Health Department is actually very pleased to be on the AWARE Task Force and we'll work with you in partnership to try to make a difference.

About a dozen years ago, when I was at Long Beach Medical Center on the south shore of Nassau County, I actually was the physician in charge of the detox unit there, so I'm familiar with the many sad stories that come out of these sorts of situations. Now, the vast majority of the patients I admitted were adults, but we had a few adolescents as well. But nationally -- and I think the Presiding Officer was correct, this is not a Suffolk County issue, this is a Statewide issue, it's a national issue, if not an international issue. And so there has been over the years a steady uptick in the number of cases, not a decline; despite the war on terrorism and so forth.

So as these speakers eloquently said, prevention education is certainly a major component of this. As many of you are aware from comments you've heard from our Health Department over the last couple of years, we have a Health Smart Curriculum which we can't mandate, but out of the 70 school districts, some 35 school districts do have that Health Smart curriculum; I believe Sachem East and Smithtown both have that. This is one means of working with Eastern Suffolk BOCES, educating teachers to make sure that the messages are getting out about the dangers of drug abuse of any sort. And you're absolutely correct, Legislator Nowick, that it begins with early stages, sometimes even plain cigarettes first and then they get used to the act and then it leads to marijuana and then harder drugs.

So the Health Department will do what it can to work with this task force and any others. I'll turn it over now to Tom MacGilvray who's Director of Division of Community Mental Hygiene to add to that. But I do thank you for your comments.

MR. MACGILVRAY:

Thank you. I also congratulate AWARE for the fine work they're doing and appreciate the heart-felt remarks that I've heard today and it's hard to argue with any of these remarks I've heard, the emotions certainly. And there's several other grassroots organizations that have also developed to respond to drug problems in this County that we've been involved with.

One of the things I did want to mention, just in terms of -- there's two ways to deal with this and they've been identified; one is through a prevention effort and the second one is through a treatment effort. The prevention effort is always the least funded when it comes to available dollars for the demand side of the argument; demand side, you know, treatment and prevention always get less. When you compare treatment funding to prevention funding, there's even less prevention funding than there is for treatment. So we do the best we can with the dollars that we have. One of the things that we've done recently that you've been involved with by way of passing a resolution after an RFP process, we selected a prevention provider in this County that will serve as a resource center and a clearing house for prevention services that will be available to all school districts and all communities to assist them along the way and be able to assist groups like this one today. That's, I think, going to make a difference in terms of just having someplace to go. We mentioned this is a multifaceted problem and the local government which should be involved as well.

I will say that, you know, the treatment, to talk about the treatment services. As you know, the County does provide directly-operated Methadone treatment services for Opiate addicted persons. It's not the first line of defense, you know, for Opiate addiction, usually you have to have a reoccurring and chronic problem before you treat it with Methadone, but one of the things we've done in acknowledgement of the demographics of this problem getting younger is to start a young adult program where we try and identify the young people that come to our doors and have a special program. In fact, it's right next to your Legislative building here, and we've got some 93 people that we serve in that program now and we hear the anecdotal stories from the folks that we serve in terms of what's going on out there. You've heard some of the stories and you've read the reports in the newspaper about some of the buys and busts that have taken place in Suffolk County which is really unusual. In the former days you had to go to New York City to cop, and what we're seeing now is Heroin is available, you know, on the street level right here in Suffolk County and that should be an indicator, you know, another indicator that we've got some problems.

But we are proud of the treatment programs that we do have, we have some 13 community-based agencies in this County, nine of them which we fund that are available for drug and alcohol treatment. You're hearing a lot of discussions today around detox services for young people. And it's true, we don't have detox services in this County for young people, we have detox services at a few of our hospitals for adults, but even those services are few and far between. We don't oversee it, we don't fund, we certainly don't license hospitals but we work with hospitals and we've encouraged them, you know, to develop beds. You've heard a discussion, a brief discussion about, you know, the notion of supporting residential beds to serve for detox and that's actually something that we've discussed with our residential providers for several years now. And the problems there, like so many of these problems, are fiscal and regulatory, and we've tried to work with our State agencies, New York State Office of Alcohol and Substance Abuse, in terms of looking at this idea and others. But I think we do have a good -- for what we have, I think it's not a problem of having the "F", John, as you say, in terms of what we've got in this County. I think we've got some very decent providers that do some fine work on an out-patient basis, but even there it's a matter of infrastructure and funding. And if we can just build on the existing infrastructure that we have, I think we would have a better system.

But it always comes down to resources, as you well know, and we just simply don't have enough. But I think for what we have, and the resources that we do have, I think we do a pretty good job. And I'm more than happy to continue working with this group and several others that we're involved with. And I think when we get the Prevention Resource Center, you know, working, and we expect that to happen the second quarter of next year, you know, it also would be very interesting to sit on this board as well. Thank you.

CHAIRPERSON BROWNING:

Thank you, Tom. And to go back to Legislator Barraga's comments about John J. Foley, there's currently 28 vacancies in John J. Foley. I'd probably -- you could probably say we could guarantee you that we could fill those 28 beds, if we were allowed to use them.

MR. RIVERA:

Easily, easily.

CHAIRPERSON BROWNING:

And I do have a meeting next Wednesday. I have a meeting next Wednesday, we actually have a Board of Health meeting next Wednesday and I definitely think that that's something that we should be looking at, is here we go, we have a facility that has 28 open beds and probably we could fit some more. But we really should be looking at it as a place. You're saying insurance won't cover it. What is the County facility for? It's for the Suffolk County residents that need help. Here we go.

I really appreciate you coming. I want to -- I would like to follow-up with you and I'd like start finding out more about my school districts. I have three school districts in my district, I have Longwood, South Country and William Floyd, and I would like to work with you and the

Superintendents and school board members in my district to see, you know, are we addressing the problem in my districts, or are we hiding our heads in the sand? I'm very curious.

MS. DOLAN:

Thank you very much.

MS. SALADINO:

Thank you.

MR. RIVERA:

Thank you.

MS. GRENZIG:

Thank you, everybody.

CHAIRPERSON BROWNING:

Good luck.

Oh, and I did want to say -- I'm sorry. Assemblyman Raia, I believe, was sending a representative; Matt, you're here?

MR. FERDON:

Yeah, that's me.

CHAIRPERSON BROWNING:

Would you like to come forward?

MR. FERDON:

I'm really just here to take notes.

*(*Laughter From Audience*)*

CHAIRPERSON BROWNING:

Okay, just here to take notes.

MR. FERDON:

But like the Legislator said, we are here to hear your --

CHAIRPERSON BROWNING:

Okay, I need you to come to the mike and say what you say. I didn't want -- you know, I got an e-mail that you were coming, so I didn't want to ignore that you weren't in the room.

MR. FERDON:

Your office is good, definitely. I am from Assemblyman Andrew Raia's office. And like the other Legislators were saying, we are here to hear your concerns and we're more than willing to work with you guys and do whatever we can do to facilitate, you know, things happening on the State level, it's definitely a Statewide problem, there's no question about it.

What I was thinking in my head, as I was listening to the testimony and things like that, was that it's hard to implement something on a Statewide level. So perhaps if we can get something on the County-wide level that works, start from the ground up and maybe we can expand it out to the rest of the State. But like I said, we are here to help and please feel free to call the office.

MS. DOLAN:

Thank you.

MR. FERDON:

Thank you.

CHAIRPERSON BROWNING:

Thank you. Do we have anyone else in the room that would like to comment? Would you like to come forward and introduce yourself?

MS. GENTILE:

Thank you very much. My name is Janene Gentile, I'm the Director of the North Shore Youth Council. Thank you very much for bringing this issue here to us today.

Not only your task force has been formed, but our task force along the Shoreham-Wading River, Rocky Point, Miller Place, North Coram, Ridge area, Smithtown and Sachem and Selden-Centereach. We are a 129 different grassroots organizations that serve this County. We are your contract agency. We are here and I'm saying -- I'm coming here as not only a drug and alcohol counselor for 30 years, a prevention specialist, a Master's in education. And I respect you, young man.

MR. RIVERA:

Thank you.

MS. GENTILE:

And I'd like speak to you later on to help you, beyond this day, be able to be part of something positive and successful in your life. Mom, I'm so sorry for the rigormoral and the aggravation that your poor family has gone through. I only feel hurt that I couldn't have reached out to you. I feel that we, as contract agencies in this County, should be the hub of your prevention programs, should be the hub of re-entry stage when these children come out of Daytop, Phoenix, Outreach House, Seafield. And when a hospital turns you aall long, young man, and your family, an attorney should be on them. They are the non-for-profits, they cannot turn people away in this County. They need to know that and be held accountable. But when you're in pain and when you're feeling ashamed and embarrassed in your life, you move away and say, "This is my responsibility. I'm ashamed." And you have nothing to be ashamed of, it's a disease and it's our disease, it's our society's disease.

We talked -- you talked about the hippy generation. Well, I am the epitome of the hippy generation. I was the original Woodstock. And we helped each other then and we helped each other when it was an inner city problem, when it was a boroughs problem, when it was a minorities problem and now it's all our problems. Our school districts need to be held accountable for their education and the prevention. Our community organizations need to be held accountable. I commit to you and your group, tomorrow we're meeting with over 125 people on the north shore with this issue. So I'll exchange our information with you and this fight will continue on. We will not stand down. Thank you.

CHAIRPERSON BROWNING:

Thank you. Thank you for your comments.

Okay. And at that, thank you again.

MS. DOLAN:

Thank you.

MR. RYAN:

Thank you, Legislator Browning.

MS. GRENZIG:

Thank you so much, everybody.

CHAIRPERSON BROWNING:

We'll start with the agenda.

Tabled Resolution

1886-08 - Adopting Local Law No. 2008, a Local Law to enact a grading policy for food establishments (Losuadro). I guess I'll make a motion to table for public Hearing.

LEG. GREGORY:

Second.

CHAIRPERSON BROWNING:

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

Okay, *it's tabled (VOTE: 6-0-0-0)*.

2098-08 - To maximize MI-HEAP assistance benefits (Presiding Officer Lindsay).

LEG. GREGORY:

Janet is here.

LEG. HORSLEY:

And I'd also like to comment on this, too, because I've got some questions.

CHAIRPERSON BROWNING:

Okay. Janet, a comment?

COMMISSIONER DEMARZO:

Good afternoon. Thank you for giving us an opportunity to speak on the resolution to establish new requirements for the MI-HEAP Program. We did address the Legislature the last meeting and indicate that we have concerns with the administration activities and costs and restrictions that it puts not only on the vendors but on the clients that will be seeking this assistance. I would like the opportunity to work with the Legislature to try to meet the objectives set forth in the resolution, but I think the resolution as drafted will create problems for all parties involved with this program and will hamper its effectiveness.

So I would ask respectfully that it be tabled. It's my understanding it's for the '09-010 heating season which does not start until November of next year. So I would respectfully request, once again, that it be tabled and that we continue to talk about its intent and other ways to reach that intent.

CHAIRPERSON BROWNING:

So you have a question?

LEG. HORSLEY:

Do you want me to make a motion first?

CHAIRPERSON BROWNING:

Yeah, we'll make a motion.

LEG. HORSLEY:

All right, I'll make a motion to table.

CHAIRPERSON BROWNING:

Okay. I'll second that.

LEG. HORSLEY:

For purposes of discussion.

CHAIRPERSON BROWNING:

And you have a question?

LEG. HORSLEY:

Yes, I do. And maybe, Janet, I'll ask you; do you just want to go a little bit into what are some of your problems? Because I have a problem that crept up within the last week that came from my offices from people describing issues that they would have with this bill, so I thought maybe you might to just quickly mention it without getting too much in length.

COMMISSIONER DEMARZO:

Ken Knappe is here and he oversees the HEAP and MI-HEAP Program and has the best understanding of the process

MR. KNAPP:

Currently the MI-HEAP Program was created to act as a quick supplement, quick as far as processing, of the applications, not only for us as the agency but for the applicants themselves. It's about a page and a half application requesting the basic information, their income, their address, members of the household and what type of utility they use to heat their home, either it be oil, natural gas, propane, kerosene, etcetera. And then that application gets mailed into our department and we have, as we do with the HEAP Program, we have temporary workers reviewing that income and seeing if it falls within the standards, and then we have permanent employees that quality control those applications and see if they are, in fact, approvals or denied. And then if it is denied application, we do submit HEAP applications to them, if it's underneath that threshold then they can actually get the Federal program for HEAP.

The difficulties as the program might expand based on the resolution that's in front of us, it creates much more layers of review, contracts, interactions with the clients, the applicants, and it just makes the program that much more labor intensive for us as a department as well as the applicants, the residents.

COMMISSIONER DEMARZO:

To qualify -- and that's exactly what it will do to the claims. And what it does, it requires them to use only the vendors that have contracts that we are able to negotiate -- or able to get with these vendors. I mean, it's building off a program that the Federal HEAP Program runs through the State Comptroller's Office. We do not have contracts -- this resolution speaks to Suffolk County contracts with oil vendors; we do not have contracts with any oil vendors in Suffolk County. The contracts are between the State of New York and the vendors. If we were to implement this, we would need to ask the vendors whether they would want to sign a similar contract with us.

We could not require it of them, we could require it as a way for them to get MI-HEAP money, but we could not just require it, so we'd have to do that whole administration process.

Then it says that the client would have to -- would have to heat their home with one of these vendors. It could be a problem for people that don't want to use the limited amount of vendors that would enter into a contract with us. So it would require us to enter into contracts that we have never entered into, and then it would limit the ability of the homeowners to choose their vendors, if they have a long-standing relationship they might be prohibited from using this. So it has some significant obstacles towards implementation.

LEG. HORSLEY:

Okay. If I may, Madam Chair. My problem -- and this is exact -- what Janet is saying, but I'm looking at it from our clients, the people of Suffolk County's issue. Because it came up several times, apparently, in conversations with people from my office, that if someone has a service contract with a vendor, with an oil company, and they are not on the list and they are not on the list

that they have put together, they would have to go to the list and they would be breaking their contracts. And we're dealing with middle income people, so they may have lost their jobs or whatever the situation that may have occurred, suddenly they're going to have to break their contract with the oil dealer that they have and have a service contract with. And then those oil companies that they have the service contract with, they could penalize them or whatever, but the next time they go to get oil they'll say, "Hey, listen, this is another oil company's oil. Is there sludge in the tank? You know, I don't know, I may have to break my service contract with you now because you've got other people's oil in there," and the list starts to grow. And I'd like to have those questions settled before this moves forward.

I understand the sponsor of this bill's issue and the issue is they want to save -- they don't want to spend too much on a program that's to help our people, we want to spend the most money for the people and that certainly was my intention right from the beginning. But as the original sponsor of this bill, I just think that this is -- it's a problem that we've got to overcome before we pass this and I'd like to have it discussed further. And maybe you can come up with contracts with all vendors in Suffolk County, I don't know. But you know, I want to make sure that these people who have service contracts are protected, because that's the middle income people in Suffolk County that we're dealing with

COMMISSIONER DEMARZO:

We would be willing to attend -- I know that Mr. Rooney had to leave, but he has also expressed an interest in working with the department and the Legislator sponsors to try to come up with something that might be able to make some cost savings available to people who use the MI-HEAP Program

LEG. HORSLEY:

Yeah, we don't want to spend too much, but we want to make sure that we're not hurting our people instead of doing what the intent of the bill was for; that's my impression anyway.

CHAIRPERSON BROWNING:

John?

LEG. KENNEDY:

Thank you, Madam Chair. Commissioner, I'm going to ask, I guess, yourself or your assistant, Mr. Knapp. Every time I think I understand some of these programs I become somewhat confused and confounded.

I have a constituent who we're working with right now, as a matter of fact, to complete an application for HEAP. I think, or I was under the impression, that he was going to get a voucher or some type of a cash item through which he would procure oil, but then again maybe I'm really wrong. I do know that he got emergency fuel that came from some entity that I believe was a contract vendee of the department. Which -- how does this benefit manifest itself?

COMMISSIONER DEMARZO:

Actually, Ken can speak to it because you have -- there are separate programs and they look like one because they provide the same benefit, but they're separate programs with slightly different pieces.

MR. KNAPP:

Right.

COMMISSIONER DEMARZO:

The first one was --

LEG. KENNEDY:

Okay. Please, I'm all ears.

MR. KNAPP:

Yes. Right before, though, I'm going to use something as a transition to that to go along with what Legislator Horsley said. The MI-HEAP and the HEAP Program, the HEAP applicants get multiple benefits, they get more than one benefit during the winter season. The MI-HEAP, it's a one-time \$500 benefit.

LEG. KENNEDY:

Okay.

MR. KNAPP:

Now, going towards your -- the HEAP Program itself. The State contracts with oil vendors, the applicants that are approved for HEAP, the check is made not by the County but by the State's Office of -- the State Comptroller's Office and that check in the past years, going back two years and further back, it was a two-party check going to the client as well as the utility vendor.

LEG. KENNEDY:

Okay.

MR. KNAPP:

The State changed that last year, I believe, I think it was last year, and now the check goes directly to oil vendor for all the applicants that are approved that are getting oil from that vendor.

In addition to that, there are times when an applicant might have an emergency, where in the middle of the evening or at night they ran out of oil

LEG. KENNEDY:

Yes.

MR. KNAPP:

At that point in time, the resident will call our Emergency Services Operation --

LEG. KENNEDY:

Who, by the way, do an outstanding job, Commissioner. Who are there in the Mary Gordon Center at ten o'clock at night on a Friday night and did an outstanding job.

MR. KNAPP:

Thank you. The Emergency Services Operation secures enough oil for that household to get by to a point -- it's about 50 gallons they get, to allow them the opportunity then to follow-up and go to one of our service centers and apply to get the regular ongoing benefits that they might be entitled to.

LEG. KENNEDY:

Okay. Now, again, in this constituent A's case where there is no contractual relationship with Petro or Meenan or Sweezy, how -- assuming that we succeed and get the benefit from him, will he then just get delivery from whomever the State has engaged for the purposes of delivering oil here in Suffolk County; is that it?

MR. KNAPP:

For the emergency benefits or for the regular benefits?

1

LEG. KENNEDY:

No, not for the emergency. No, just for the full -- whatever, 300, 400, \$500 HEAP benefit.

COMMISSIONER DEMARZO:

(Inaudible).

MR. KNAPP:

If he does not use one of the approved oil vendors --

LEG. KENNEDY:

Is it up to him to select or you select? He's got no -- he's got no outfit delivering oil on a regular basis.

MR. KNAPP:

To be honest, I believe I know the answer, but without being a hundred percent certain, I don't want to speak on the record with my guesstimate on that answer. If I can get back to you right away with that --

LEG. KENNEDY:

That's fine. That's fine. It's not about solving this particular constituent's issue as much as it is trying to understand as we go through this. Because every one of us are getting calls in our office about the MI-HEAP issues, about the oil contract penalty issues, you know. It's just the way it is, I mean, that seems to be the issue de jure.

MR. KNAPP:

And as I assured the Legislature when I was speaking with the child care issues, under my supervision now is the HEAP Unit, and as I did with child care, if you hear of anybody who really is getting maybe stuck in the bureaucracy when they shouldn't be, your aides most likely have my phone number, use me as a resource for the department as well as the Commissioner's Response Unit and we will make sure that the right personnel in the department gets in touch with these clients and make sure that their issues are addressed.

LEG. KENNEDY:

Through the Chair, Madam Chair, there is another issue that I need to pose to the Commissioner about eligibility, particularly under Child Health Plus, but I don't want to move from our current issue to that.

CHAIRPERSON BROWNING:

Yeah, don't.

LEG. KENNEDY:

All right, I won't.

MR. KNAPP:

I'll get you that answer.

CHAIRPERSON BROWNING:

We have a couple of more here on the same topic.

LEG. HORSLEY:

Was there more? I'm sorry.

CHAIRPERSON BROWNING:

Yeah, Legislator Gregory had a --

LEG. HORSLEY:

I'm sorry.

CHAIRPERSON BROWNING:

Didn't you? Yes.

LEG. GREGORY:

Yes, I just had a quick question as far as the Commissioner had said that we weren't able to use State contracts? I don't really understand why not.

COMMISSIONER DEMARZO:

We're not a party to the existing contracts between the State of New York and the vendor. For us to be able to make any enforcement of that, we would have to become part of it to make it a requirement.

We have no relationship with them establishing a set price, that is a State vendor contract.

LEG. GREGORY:

But how is that different from any other State contract, that municipalities across the State are able to use State contracts?

Like when I was with the town, we used the contracts, say if they had a contract with Staples to provide office supplies, instead of putting out an RFP or a bid for that service or product, we were able to use the State contract, and the County does the same thing. I'm just -- I'm not familiar with the rules as to why we're not able to use this product.

MR. KNAPP:

I'm actually going to wear my old hat from years ago when I was in the Budget Office. The gray area as far as the situation you're showing is the contracts that are in place for procurement of certain services or supplies versus actual contracts that need to be executed for this type of service.

COMMISSIONER DEMARZO:

Which are -- yeah. And they're client-driven contracts, they're not the general procurement contracts that are done through the Office of General Services. These are specific to the HEAP Program between Audit & Control, which we don't -- I mean, the State Comptroller's Office.

LEG. GREGORY:

Okay

LEG. HORSLEY:

Yeah, I just had a quick --

CHAIRPERSON BROWNING:

Go ahead.

LEG. HORSLEY:

Just a quick question. On the -- and Counsel actually asked me and I said, "I don't know." On the LI-HEAP, the normal HEAP, do they have service contracts involved with LI-HEAP?

MR. KNAPP:

All contracts that are in place through the HEAP program --

LEG. HORSLEY:

The actual service contracts then are tied in to HEAP as well?

MR. KNAPP:

For the oil vendors.

COMMISSIONER DEMARZO:

Are you asking if the --

LEG. HORSLEY:

When we're dealing with a vendor --

COMMISSIONER DEMARZO:

-- regular HEAP Program has a service contract component?

LEG. HORSLEY:

Yeah.

COMMISSIONER DEMARZO:

No, it doesn't, it's just for the purchase.

LEG. HORSLEY:

That's what I was asking. I'm sorry. So George, does that answer the question?

MR. NOLAN:

Absolutely.

LEG. HORSLEY:

Got it. Thanks.

CHAIRPERSON BROWNING:

Okay. Are we done? Okay, I'm being very good.

LEG. GREGORY:

Legislator Kennedy wanted one more question

LEG. KENNEDY:

Child Health Plus.

CHAIRPERSON BROWNING:

Let's get the agenda done.

COMMISSIONER DEMARZO:

Okay.

CHAIRPERSON BROWNING:

Because actually I do want to, you know, ask you a little bit on day care, if you want to stick around.

MR. NOLAN:

Stay right there.

CHAIRPERSON BROWNING:

Because I do want to know how day care applications are going, and we'll get to your Child Health Plus later.

So at that, I believe Legislator Horsley made a motion to table.

LEG. HORSLEY:

Yes, I did.

CHAIRPERSON BROWNING:

I second it. All in favor? Opposed? Abstentions? Okay, **it is tabled (VOTE: 6-0-0-0).**

Introductory Resolutions

2134-08 - Amending the 2008 Adopting Operating Budget to accept and appropriate 100% additional State Aid from the New York State Office of Mental Health for a Cost of Living Adjustment (COLA) to Maryhaven Center of Hope, Inc. (County Executive). I'll make a motion to approve and place on the Consent Calendar.

LEG. BARRAGA:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Barraga. All in favor? Opposed? Abstentions? **Approved and placed on the Consent Calendar (VOTE: 6-0-0-0).**

2135-08 - Requesting Legislative approval of a contract award for Temporary Laboratory Support Services for the Department of Health Services, Division of Medical-Legal Investigations and Forensic Sciences (County Executive). Motion to approve by Legislator Horsley. Second, Legislator Gregory. All in favor? Opposed? Abstentions? Motion carried. **Approved (VOTE: 6-0-0-0).**

2138-08 - Appropriating funds in connection with public health related harmful algal blooms (CP 8224) (County Executive). Very nice. I'll make a motion to approve. Second, Legislator Eddington. All in favor? Opposed? Abstentions? Motion carries. **Approved (VOTE: 6-0-0-0).**

2139-08 - Appropriating funds in connection with the purchase of equipment for the Environmental Health Laboratory (CP 4079) (County Executive). Motion by Legislator Gregory. Second, Legislator Eddington. All in favor? Opposed? Abstentions? Motion carries. **Approved (VOTE: 6-0-0-0).**

2163-08 - Accepting and appropriating 100% State grant funds from the Dormitory Authority of the State of New York to the Department of Health Services, John J. Foley Skilled Nursing Facility for the Community Enhancement Facilities Assistance Program (County Executive).

I'll make a motion to approve. Second, Legislator Eddington. And I guess --

LEG. KENNEDY:

Madam Chair?

CHAIRPERSON BROWNING:

-- we'll put it on the Consent Calendar, but --

LEG. KENNEDY:

Madam Chair, on that, can I just ask, what is the Community Enhancement Program?

CHAIRPERSON BROWNING:

That was my question. Matt, can you -- and I think I'd like to be a cosponsor on that one.

DEPUTY COMMISSIONER MINER:

Good afternoon. Matt Miner, Health Services. This is -- the Legislature had previously approved \$2.3 million for Community Enhancement Grants for various improvements at John J. Foley including electronic medical records, security cameras, rehab, the renovation of the 5th floor. This is the front entrance-way, the doors, if you've ever been out at John J. Foley, the doors were designed in such a way that there's basically a wind tunnel effect. This will be money to do a front entrance improvement and it's coupled with previous money that we were awarded for sidewalks in the front. So it's kind of a rehab of the whole front entrance-way to make it more user friendly.

LEG. KENNEDY:

It also speaks in the description here about a walking garden for the Alzheimer's patients?

DEPUTY COMMISSIONER MINER:

Correct, there's also an amount for there too.

LEG. KENNEDY:

That's going to enhance that existing garden area or is that a new --

DEPUTY COMMISSIONER MINER:

I think it's a new area to the opposite side. But if you recall, the earlier grant had some fencing in it.

LEG. KENNEDY:

Yes.

DEPUTY COMMISSIONER MINER:

And this is, again, just a continued effort to improve the facility, interior and exterior.

LEG. KENNEDY:

When you do the doors, Matt, can you get some new rugs for the interior?

DEPUTY COMMISSIONER MINER:

That's part of it. Actually, we're looking at whether we're going to be doing rugs or tile, but we're looking at the whole front entrance-way. But we don't want to do the improvement inside until we do the doors and the entrance-way.

LEG. KENNEDY:

Okay. Then maybe if DPW can do something with cutting the grass once in a while? That would be good.

DEPUTY COMMISSIONER MINER:

We've been working with them.

LEG. KENNEDY:

Good.

DEPUTY COMMISSIONER MINER:

And actually, the Labor Department has provided us with some staff as well.

LEG. KENNEDY:

Good. Okay, thank you. I appreciate it. Thank you.

CHAIRPERSON BROWNING:

Thank you. So did we -- we made a motion to approve --

MS. LOMORIELLO:

There's a motion and a second to approve.

CHAIRPERSON BROWNING:

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

2165-08 - Adopting Local Law No. 2008, a Local Law to ensure the safe transfer of fuel to boats and watercraft (Romaine). I'll make a motion to table for a public hearing. Second, Legislator Eddington. All in favor? Opposed? Abstentions? It's tabled (VOTE: 6-0-0-0).

And with that, Legislator Kennedy would like to ask questions about Child Health Plus. Oh, okay, hold on.

MS. BERMEL:

I'm sorry. If I may, Madam Chair?

CHAIRPERSON BROWNING:

I'm sorry, Margaret.

MS. BERMEL:

I'm Margaret Bermel from the Department of Health Services. We will have a CN, Certificate of Necessity, for the Tuesday meeting to accept and appropriate additional 100% grant funds for the Federation of Organizations, it's \$195,814 for the transportation program provided by this contract agency. So it's 100% pass-thru funds.

CHAIRPERSON BROWNING:

Okay.

MS. BERMEL:

Okay?

CHAIRPERSON BROWNING:

Thank you.

MS. BERMEL:

Thank you very much.

LEG. KENNEDY:

Okay.

CHAIRPERSON BROWNING:

Okay, now it's your turn.

LEG. KENNEDY:

Thank you very much. Just two other items, I guess, for the Commissioner.

One is just a request for not so much an answer right now. I had contacted Assistant Commissioner Hernandez about some complaints that I received about 60 Plant Avenue in the Industrial Park which provides shelter, I think, for homeless residents prior to their transport to Huntington over night and a large number of ambulance calls coming from that facility due to -- I don't know if it's transportation leaving that site to take homeless folks over to Huntington and then people coming to that site after the van has left. All I know is that CI-Hauppauge Ambulance is being called on quite a frequent basis, and this came out of a meeting last month at the HIA. I just ask -- I don't want answer on it now, but if you can take a look at that and see what's going on, because I've got to get back to the ambulance folks and the HIA.

COMMISSIONER DEMARZO:

Is there an individual at the ambulance company that we could speak to, is there someone that you have contact with on this issue.

LEG. KENNEDY:

Well, Paul Lyon is the Director, he's the Executive Director of CI-Hauppauge Ambulance Corps, and it

appears that folks are just being transported to hospital ER's for no other reason other than they've got no place else to go. So you've got a system in place, and for whatever reason maybe they're missing the bus.

The other issue is we heard earlier about trying to obtain health insurance for adolescents for detox purposes. Medicaid and Child Health Plus do include medical detox under their package of coverage, don't they?

COMMISSIONER DEMARZO:

I can't confirm that here, but it's information I can get and share with the members of the committee.

LEG. KENNEDY:

All right, I'd be very interested in that, because obviously we're dealing with adolescents. And as a matter of fact, tomorrow morning at ten o'clock I have a half of dozen Superintendents there. So even if you just get, you know, a simple yes, no or maybe.

COMMISSIONER DEMARZO:

I will get that. I mean, I would like to say yes, but I don't know what --

LEG. KENNEDY:

I understand. Okay.

COMMISSIONER DEMARZO:

There's nothing easy in the Medicaid Program. There aren't simple yes' and nos. I mean, it's an insurance program which we all --

LEG. KENNEDY:

I agree with you, Janet, but I know NCMC is being -- adolescents who are coming to outpatient detox units are being referred to NCMC for in-patient detox based on the fact that they're Medicaid eligibles. So I think I'm asking you a question I know the answer to already; Child Health Plus I'm not so sure. Thanks.

CHAIRPERSON BROWNING:

You're done? Okay. And day care; how are day care applications going?

COMMISSIONER DEMARZO:

You want to take it?

MR. KNAPP:

Sure. Daycare, currently the waiting list application is up to about 550 as of Monday, so it's probably about 575 now. That's the official wait list of those that have called our daycare bureau and requested to be placed on the waiting list

COMMISSIONER DEMARZO:

And there are about thirty-seven hundred individual children receiving --

CHAIRPERSON BROWNING:

Your mike's not on.

COMMISSIONER DEMARZO:

And currently there are about thirty-seven hundred children still receiving care. There is a wait list of 500 and we're still serving thirty-seven hundred.

CHAIRPERSON BROWNING:

Now, the 575, it's not -- it's applications, but that's not children, correct?

MR. KNAPP:

That's correct. That's correct, there could be one or two children, three --

CHAIRPERSON BROWNING:

So there could be two, three, four kids.

MR. KNAPP:

Yeah, exactly

CHAIRPERSON BROWNING:

Okay. That's tough. And no light at the end of the tunnel, right?

COMMISSIONER DEMARZO:

Next week will be a critical week in knowing what the future really looks like because with the Governor's budget being proposed next week, we'll see if additional dollars are proposed for the Child Care Block Grant or how he deals with that issue. We have been told that, you know, originally there wasn't -- there wasn't enough money next year from the Federal government to sustain this year's allocation levels, so I think perhaps we'll have a little more insight as to whether we're going to get help or hindered.

CHAIRPERSON BROWNING:

Okay. Thank you. Just keep in touch.

With that, we have no more business, so I'll make a motion to adjourn. Second, Legislator Gregory, and we are adjourned.

*(*The meeting was adjourned at 4:07 P.M. *)*