

**Joint Health & Human Services and Veterans & Seniors Committees
of the Suffolk County Legislature**

Operating Budget Meeting

Minutes

A Special Joint Meeting of the Health & Human Services and Veterans & Seniors Committees of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on Monday, October 20, 2008, at 1:30 p.m., to discuss the matter of the Operating Budget.

MEMBERS PRESENT:

Legislator Kate Browning, Chair, Health & Human Services Committee
Legislator Steven Stern, Chair, Veterans & Seniors Committee
Legislator Jack Eddington, Vice-Chair, Veterans & Seniors and Health and Human Services Committees
Legislator Thomas Barraga
Legislator John Kennedy
Legislator DuWayne Gregory

ALSO IN ATTENDANCE:

George Nolan, Counsel to the Legislature
D.P.O. Vivian Vilorio-Fisher
Gail Vizzini, Director, Budget Review office
Robert Lipp, Deputy Director, Budget Review Office
Craig Freas, Legislative Analyst, Budget Review Office
Benny Pernice, Legislative Technician, Budget Review Office
Barbara LoMoriello, Deputy Clerk, Suffolk County Legislature
Terry Pearsall, Chief of Staff, Presiding Officer's Office
Marge Acevedo, Aide to Presiding Officer Lindsay
Michael Pitcher, Aide to Presiding Officer Lindsay
Jack Caffey, Aide to Presiding Officer Lindsay
Maxvel Rose, Aide to Legislator Gregory
Allen Kovesdy, Budget Office, County Executive's Office
Kim Brandeau, Budget Office, County Executive's Office
Janet DeMarzo, Commissioner of Social Services
Gregory Blass, Chief Deputy Commissioner of Social Services
Edward Hernandez, Deputy Commissioner of Social Services
Linda O'Donohoe, Department of Social Services
Bruce Blower, Director of Handicapped Services
Holly Rhodes-Teague, Director of Office for the Aging
Tom Ronayne, Director of Veterans Service Agency/Human Services Div.
Richard Koubeck, Chair of the Welfare to Work Commission
Kathy Liguori, Vice-Chair of the Welfare to Work Commission
Peter Barnett, Welfare to Work Commission
Cheryl Felice, AME President
Debra Alloncius, AME Legislative Director
Nancy Manteiga, John J. Foley Skilled Nursing Facility
Chris DeStio, John J. Foley Skilled Nursing Facility
Kathy Malloy, John J. Foley Skilled Nursing Facility
Janice Sudulich, John J. Foley Skilled Nursing Facility
Pat Rollings, John J. Foley Skilled Nursing Facility
Jean Wilkins Dember, Afrikans United for Sanity Now

Steven Laskoe, South Brookhaven Health Council
Noelle Campbell, Gerald J. Ryan Outreach Center
William Brisotti, Gerald J. Ryan Outreach Center
Naycha Florival, Gerald J. Ryan Outreach Center
Mary J. Finnin
Marie Pedato
All Other Interested Parties

Minutes Taken By:

Lucia Braaten and Alison Mahoney, Court Stenographers

*(*The meeting was called to order at 1:39 p.m. *)*

CHAIRPERSON BROWNING:

We will start the Health Committee Operating Budget meeting. All rise for a salute to the flag led by Legislator Gregory.

Salutation

Good afternoon. We're also joined today -- this is Health & Human Services and Vets & Seniors, and I have the Chair of Veterans & Seniors, Legislator Stern. We'll start with the public portion, with cards. Dr. Jeff Reynolds.

DR. REYNOLDS:

Good afternoon. I want to thank you for the opportunity to appear before you today. I'm with the Long Island Association for AIDS Care which is the region's oldest and largest HIV service provider, we've been around now for 21 years, and we come before you today to comment on the fate of the John J. Foley Nursing Facility.

As you all probably know, there are beds set aside specifically for patients living with HIV and patients coping with HIV and we are, of course, concerned about the fate of those beds if there is to be a transfer in ownership of the Skilled Nursing Facility.

Despite the popular perception, HIV continues to have a disproportionate impact on Long Island as a whole and Suffolk County in particular. There's been a rapid increase in infection rates, as documented by the National Centers for Disease Control. The treatment breakthroughs that held a lot of promise for folks back ten years ago have begun to dissipate and we have begun to see a dramatic increase in deaths among our client base. That is something that, you know, has happened only recently. We believe that HIV deaths were going to continue to fall, that's not proven to be true. And not coincidentally, the folks who are failing the fastest on these medications are the folks that would rely on those beds the most; i.e., the folks who face multiple challenges in their lives including poverty, homelessness and other issues.

There are few, if any other options available to our folks in Suffolk County. I've heard it said before that these folks could go into private facilities with no problem whatsoever; if only that were true. I have been with LIAAC since 1989 and I can tell you, trying to get a patient into a private nursing home who has HIV is just as hard today, if not harder than it was back in 1989. Discrimination continues to be an issue for our folks, but nursing home operators will say, "Look, I'm concerned about the other patients. I have no problem with this patient coming in, but the other patients and their families are going to be upset." I've heard cost concerns. Certainly HIV care on a long-term basis requires some element of specialized care. The perception is that it's incredibly expensive; it's a perception, it's not necessarily reality, but there is some level of focused HIV-specific care that is required.

And then finally, our folks don't necessarily reflect the general nursing home population, and so nursing home operators look at our folks and say, "Young, not ready to die, possibly coping with drug and alcohol issues, I don't want the hassles." So we've had no luck getting folks into those placements. And of course, I've heard it said before, "Well, those folks should be initiating lawsuits," and that's well and good enough if you have a lot of time and resources on your hand to go ahead and do that. Our main focus for those folks is getting them into a facility that will treat them the way they should be. John J. Foley historically has been that place for our folks.

You know, I don't necessarily think you can base what happens to a pretty major facility with what happens with a small amount of patients, but we've always looked at HIV as being kind of the microcosm for what happens with other folks and how we treat people with HIV frequently shines a microscope on all of the other preexisting health care disparities and issues that are in the community. The loss of this resource is only going to multiply those disparities, make it harder to

place our patients but make it harder to place a whole bunch of other folks that don't necessarily have HIV but have similar characteristics for the folks that we have been serving for 20 some-odd years.

So I appreciate the opportunity to come here today. I'd welcome any comments or questions you might have.

CHAIRPERSON BROWNING:

Okay. One question I do have, in the event -- because I know that there's talk about sale rather than closure.

DR. REYNOLDS:

Yes.

CHAIRPERSON BROWNING:

You know, do you have any opinion on, you know, if we were to sell the facility or privatize it and a non-profit or for-profit organization was to take it over, what the position would be for those HIV patients?

DR. REYNOLDS:

Privatization to something other than a not-for-profit facility would certainly pose a problem. Caring for our folks isn't the most profitable endeavor in the world. And historically, when we have seen folks with HIV going to private facilities, the cost issue takes on a much more paramount concern than some of the others.

As far as transfer to a not-for-profit facility, we don't know what the potential impact would be. What I'd say now is you have a facility that does the job and does it well, don't mess with it.

CHAIRPERSON BROWNING:

Okay. Thank you.

Applause

DR. REYNOLDS:

And I would add, I can't say that -- I can't say that about a whole lot of other resources out there for our clients. I mean, certainly HIV has shown all of the huge gaps we have in the safety net out there and this is one of those places where we don't have the gap precisely because of that facility.

CHAIRPERSON BROWNING:

Okay. And Legislator Kennedy has a question.

LEG. KENNEDY:

Thank you, Madam Chair. Dr. Reynolds, thank you for coming out to speak about the beds there at John J. I know that recently there was a report that was put out regarding some of the trends associated with the numbers of HIV+ and AIDS cases here in Long Island, I guess it is, or Suffolk County; I can't recall how the report was broken down. What's your sense in where cases are going and what the trends are with HIV and AIDS?

DR. REYNOLDS:

We've seen a steady increase. And the CDC has come out and said, "Well, hey, guess what, HIV is back," and our kind of rejoinder to that was, "Well, it never left, it just kind of dropped off the top of the list of social priorities for a while." As the profile of HIV has dropped, the caseloads have increased, you don't see the public service announcements any more, you don't see the high profile events. Eighty-five percent of our new intakes are people of color. Long Island has a rate of HIV among women that's three times the national average. We've seen the average age of our client drop from 38 just a few years ago to 28, so we're seeing new

infections among young people. So kind of our relaxation in the fight against HIV and AIDS on a national level and a Statewide level has played itself out in the form of new infections among young people. And, you know, in a sense, we've gone backwards. Certainly there was a huge amount of awareness in the mid 90's and then it's almost as if we declared HIV over and went on to other things. We're paying a price for that now and the folks who are calling our hotline and saying, "Look, I just found out I tested HIV+." We do about a thousand tests a month and all of our new infections are in communities that suffer the most from these health care disparities. So we do think things are on the upswing, both in absolute numbers as well as in treatment breakthroughs which underscores the importance of having these beds available for our clients.

LEG. KENNEDY:

And so it's reasonable, then, based on what you're telling us, to assume that we're going to have larger numbers of folks who, A, don't respond to the treatment protocol or who have been stabilized for a period of time and now must drop back and gets the institutional kind of support that they get at John J?

DR. REYNOLDS:

That's absolutely true. The perception is that HIV has become a chronic and manageable disease, akin to diabetes; for a lot of our folks it's absolutely not that, and the promise of the new medications has proven to be disappointing at best for them. You know, half of our clients are doing okay. A larger percentage, particularly those who come from minority communities, are not doing well at all and are looking around saying, "I'm taking all the pills you're telling me to at exactly the right times and exactly the right dosages and I'm only getting sicker; how come."

LEG. KENNEDY:

Doctor, tell me a little bit about the Federal Government. I mean, you interact with them on a regular basis as our regional kind of conduit for treatment of AIDS and dissemination of information. It seems to me that the Feds used to be more engaged with care and we, as a County, have made these commitments to preserve these beds and provide this service. Are the Feds in any way acknowledging what this uptrend is? Can we anticipate we can get some support? What can we do?

DR. REYNOLDS:

On a Federal level, certainly the record is mixed. We've all heard about the billions of dollars designated for HIV care. Kind of the footnote to that is that most of that money is being sent outside of the United States where there are less political issues with HIV spending. I will tell you that over the course of the past few years, HIV spending, nationwide and specifically to this region, has continued to drop. At a State level, this Governor was the first Governor in the AIDS epidemic to actually slash HIV programs; 2% as part of the Fiscal Year 08-09 budget, another 6% as part of the August Special Session. Eight percent doesn't sound like a lot of money except when your caseload is increasing 20% a year and your costs are going up 10% a year, you have de facto cut and you have a complete reduction of services. So no, we're not getting the help we need from the Feds, we're not getting the help we need from the State. This is one of the few things that we've looked and said, "Well, it's there if our clients need it. It's dependable." As other programs have come and gone, this has been one of the few consistent things out there for our clients.

LEG. KENNEDY:

Okay. Thank you very much, Doctor. Thank you, Madam Chair.

CHAIRPERSON BROWNING:

Legislator Gregory.

LEG. GREGORY:

I just have a -- I'm just curious. We have, what, 14 beds, HIV --

CHAIRPERSON BROWNING:

Eleven.

LEG. GREGORY:

Is it 11?

CHAIRPERSON BROWNING:

I believe it's 11 or 12.

LEG. GREGORY:

Twelve? Okay. I'm sure the demand is higher than that. So where are the other patients, where are they housed, in Nassau County, in New York City or where?

DR. REYNOLDS:

The two facilities in Nassau County typically had a higher utilization rate than the Suffolk beds; I'm not sure there's a rhyme nor reason to it. I think most folks try to maintain themselves and families try to maintain folks in their own homes to the best of their abilities to get away from some of the issues our clients might experience in nursing homes. This really is for absolutely those who need it.

So I think you'll see an increase in the utilization, I think kind of the uptick in the serious illnesses among our folks has only begun to start but, you know, I think it's a number of things. Clearly, there's a reluctance on the part of our clients to find themselves in an institutional setting and the development of outpatient alternatives has been great, but we can't lose this. There are folks who have wound up in the facility who wind up losing their housing, who wind up homeless in the midst of dying, honestly. There are families who say, "There's nowhere else for this person to go"; to take those resources away from those folks would be criminal.

LEG. GREGORY:

Okay. Thank you. I'd be interested to talk with you off-line about some of the statistics that you referred to as referenced to the minority communities. Okay?

DR. REYNOLDS:

Sure. I'll call your office, maybe we could set up a time to meet, if that would be okay.

LEG. GREGORY:

Okay. Thank you.

CHAIRPERSON BROWNING:

And Legislator Stern.

CO-CHAIRMAN STERN:

Thank you, Madam Chair. Two quick questions, and I don't know if you're the appropriate person to answer these questions. But what, if anything, has been done to try to increase the number of HIV certified beds at the facility? And two, do you know whether or not there's a current waiting list for any of those slots?

DR. REYNOLDS:

To the best of my knowledge, there is not a current waiting list. The beds cycle in and out. HIV is a lot more unpredictable than it used to be, so sometimes there are openings that were not necessarily foreseen and vice versa. Your first question in terms of -- was in terms of getting the word out about the beds?

CO-CHAIRMAN STERN:

Increasing the number of beds available.

DR. REYNOLDS:

Increasing the number, yeah. You know, we've had that conversation a number of times. And in fact, years ago there was discussion about perhaps using those beds for other purposes and we

came down here and yelled and screamed and banged the podium about that happening. So at this point, I think the number of beds is fine, we don't see a need for a huge increase. At that time we had a conversation with the then County Executive about the fact that if there was a huge upswing, that any beds that were used for other purposes would be reappropriated back for people with HIV infection. It's all done within the facility and honestly, they've done it in a seamless way that hasn't impacted our consumers when they go there for services. So they've managed these requests in a way that didn't get advocacy organizations going nuts saying, "What happened to the beds," or, "We need more." They've always accommodated our folks and no one has been turned away.

CO-CHAIRMAN STERN:

Thank you.

CHAIRPERSON BROWNING:

I do want to ask you about -- because I did some research and looked on the website to see A. Holly Patterson. I got this information and it shows that they have Residential Health Care, 569 beds and 20 AIDS beds. And the only other one that I find that has the AIDS beds is the North Shore University Hospital Stern Family Center in Manhasset and of the 252 beds, there are only four beds for AIDS patients.

DR. REYNOLDS:

Yeah.

CHAIRPERSON BROWNING:

Do you know much about them as far as how many beds they currently have filled, if they are to capacity? And you know, if we were to close, are they the only places they can go to? I think you get the gist of what I'm asking?

DR. REYNOLDS:

Yes. North Shore has begun to use their beds for -- because of the demand for folks with other conditions, and that facility is in the process of a transition that may result in the elimination of some or all of those beds, not that we're talking about a lot to begin with.

A. Holly Patterson, I will tell you, without saying anything pejorative about A. Holly, there's a world of difference between the two facilities, between John J. Foley and the A. Holly Patterson center. Those beds typically operate at about capacity, but even if they didn't, to take a resident from Southampton or Riverhead and say, "Guess what? We're moving you to Nassau County," would impose a huge problem for family that want to be around their loved one as they begin to -- as they begin the dying process, would not work for families well at all.

And our ability to keep people here at home in our own County with only a handful of beds I think is really critical. So those beds typically are at capacity, at least one of those facilities in transition, those beds typically are at capacity. At least one of the facilities is transitioning those beds away from skilled nursing, and to have to take people out of our community and send them into Nassau County when we have a beautiful facility right here doesn't seem to make sense.

Applause

CHAIRPERSON BROWNING:

Thank you. Legislator Barraga.

LEG. BARRAGA:

Not closure, but in the case of a lease or a sale of Foley. I mean, as far as the AIDS beds, couldn't you easily stipulate in the RFP what the new owner would have to agree to in terms of the numbers of beds for AIDS patients or the percentage of beds available for AIDS patients? That's something that could be agreed to by the new owner based on the specs in the RFP. So those beds, even under a sale or a lease provision, you'd know there would be X amount of beds out there for AIDS

patients.

DR. REYNOLDS:

That may, in fact, be true. And there are a number of things that require people to afford access to our clients. For example, every nursing home in Suffolk County, for example, should be taking our clients. What's on paper and what happens in practice is very frequently a whole different thing.

LEG. BARRAGA:

Well, it would be a legal binding agreement. If I were to buy the nursing home, I would have to agree that a certain percentage of those beds would be for AIDS patients or a certain number based on need, you'd have to have a need. You'd have to have people with AIDS trying to get into the facility and these X amount of beds would be set aside, based on an agreement that I had with the County when I purchased the facility.

DR. REYNOLDS:

Nursing homes, though, are not a facility. They're made up of folks who are willing to care for consumers. The folks that work at John J. Foley now are willing to care for our consumers. To me, it doesn't matter what the agreement says, if you don't have staff that are willing to carry it out the right way and do the right thing by our clients, it's not going to happen.

LEG. BARRAGA:

Well, I understand those aspects. All I'm trying to do from a legal perspective, an RFP can stipulate the number of beds or percentage of beds available to AIDS patients and the new owner would have to agree to that. Beyond that, in terms of whether he's got staff or anything else, I'm looking from a legal perspective, you can stipulate that in the RFP.

DR. REYNOLDS:

You can stipulate that, my concern is how it's carried out and practiced. And the reality is -- and this is the way it plays out. If our folks don't have access to care, they stay at home for as long as they can and then they show up at an ER door. So --

LEG. BARRAGA:

But if they had --

DR. REYNOLDS:

Yes, you can put together a document --

LEG. BARRAGA:

But if the potential owner agrees to make those beds available and has -- in accordance with the legal context and accordance with an individual decision as an owner, those beds are available.

DR. REYNOLDS:

You can put that in a contract, yes.

LEG. BARRAGA:

Thank you.

CHAIRPERSON BROWNING:

You know, I kind of would like to chime in a little bit on that because I did speak with a resident in my district and she was trying to get her Mom into a place on Medicaid -- or Medicare, sorry. She said that it took so much just to get her into the final place, it took four different places, and she said they gave her the lamest excuses as to why they couldn't take her. So, you know, I know that what we say legally --

DR. REYNOLDS:

It's two different things.

CHAIRPERSON BROWNING:

And too often I'm hearing that, you know, for Medicaid patients also, by law they can't deny you, but they can make an excuse.

DR. REYNOLDS:

Absolutely.

CHAIRPERSON BROWNING:

And I think that's what you're trying to explain to us.

DR. REYNOLDS:

And as families wind down that time, they don't have the energy, they don't have the resources and, most importantly, they don't have the time to do these battles; it won't happen.

CHAIRPERSON BROWNING:

Okay. Legislator Eddington?

LEG. EDDINGTON:

And I heard what you were saying with Legislator Barraga and I think I understand that having visited facilities, had my mother in a facility, having the problem in the Medford Care Facility a mile from my house, that there are other institutions out there, but there's a large turnover on -- in the staff and it's a job. And I've seen this in education, too, but we're talking about the Foley Center, these are people that have been there 20, 30 years; this isn't a job, it's a career. And I think that's what I'm hearing you say. The quality of care, you know, there'll be bodies, but will they be over in the corner on ward eight and checked every couple of hours, or two or three people attending to the needs? And I think that's what I've been hearing a discussion with us, a lot of, is the difference from just putting them in a place or putting them in a place where there are professionals that it's a career, that they're going to be there for 20 years, they're dealing with their neighbors and friends and relatives of friends.

So I think that's what I heard you saying.

DR. REYNOLDS:

Yes, I think you've articulated it, I guess, better than I did. Here's another parallel; the reality is that every doctor in Nassau and Suffolk County is potentially trained to handle cases with HIV. There's a reason that there are four doctors in both counties that treat 99% of the people with HIV. Why? They do it well, they do it consistently. They're willing to accept our clients with no hassles, no lawsuits, no complaints, they welcome our clients with open arms; John J. Foley does the same.

CHAIRPERSON BROWNING:

Legislator Kennedy?

LEG. KENNEDY:

Madam Chair, I just want to follow-up with a joint question, I guess, for BRO as well as Dr. Reynolds. We heard for the better part of this morning, as we have now for six months, about John J. Foley perceived as a cost to the County or a loss or what have you. But I think the HIV beds, actually when you look at a Medicaid or Medicare model, receive an enhanced reimbursement; is that the case? Do you know, Doctor, or does BRO know?

MR. FREAS:

The BRO -- the HIV beds are carved out, there are 12 HIV beds, they're currently all full -- or AIDS beds, I should say -- and their Medicaid reimbursement is twice that of the other Medicaid reimbursement rate per day.

LEG. KENNEDY:

Say that again, please.

MR. FREAS:

The rate is twice as high.

LEG. KENNEDY:

So we get 200% of the reimbursement on the HIV/AIDS beds, we have 12 that are filled, and you're telling us that we have many more that are going to be in need of this.

DR. REYNOLDS:

Absolutely.

LEG. KENNEDY:

Is that correct?

DR. REYNOLDS:

Yes, that's correct.

LEG. KENNEDY:

Okay. And we're talking about closing the institution; it defies logic. Thank you.

Applause

CHAIRPERSON BROWNING:

Thank you. Thank you, Mr. Reynolds. And Joe Lecci, Lifeline Mediation. And I didn't say -- we do have five minutes each.

MR. LECCI:

Thank you, Legislators and Madam Chairman. I would like to start out by saying it would be great to be here but, you know, it's a little nerve-wracking, you know, to come back and try to present ourselves with what's at stake here for Lifeline Mediation Center and Day-Care and the things that we've been providing for the Brookhaven Town, and especially the Longwood School District and William Floyd.

Madam Chair, do we have separate time for -- we signed three cards. Should I have my team come up with me?

CHAIRPERSON BROWNING:

I guess you could, if you would like to come up.

MR. LECCI:

Is that okay? All right, thank you.

CHAIRPERSON BROWNING:

Yeah.

MR. LECCI:

And I'll just say that we've received a tremendous cut and we're concerned about it. The highlights will be in the folder. And calling your attention to the Suffolk Life, that was one of the last articles, by the way, that came out before Suffolk Life folded -- and it's a pretty good article and the opening statement is County Exec Steve Levy calling on us a few times through Lou Medina's Office to participate and help with different programs. So we're right on the front line as far as who we are and what we've been doing for eleven years.

And our location is right in the middle of the Island and our services are being provided for creating a safe environment for safe people, with safe people and a safe place. But the highlights are basically, you know, we're going through, as a Tale of Two Cities would be best pronounced to say,

the worst of times and the best of times. And I think looking at that, you know, you heard about Joe the Plumber in the past few weeks; well, I'm Joe the Mediator.

I'm here today because we have tremendous concerns. We're a grassroots operation, we're people that are concerned, some of my staff and people are here today. And we're just concerned that we would be looked at a little differently, you know, for the future of what our endeavors are to where we're going. And like I said, I'm not going to do the reading but the highlights are our programs are preventive -- early intervention is a key to our programs, starting from the three year old all the way up.

We have programs that are in place, we're working with all the Departments: Departments of Labor, Child Protective Service, Office of Children and Family Services, Suffolk County Youth Bureau, Brookhaven Youth Bureau, and we're in collaboration with agencies, meaning that we've really focused on what the outcomes have been in the past couple of years to be involved with the other agencies and take part. It's not about us just being us, it's about us being a community that reaches out to one another, and we have been doing that and we're growing in that capacity. We've actually increased by about 30% of our volume of what we're trying to do for the purposes of everything that we do.

Lou Medina has worked with us. I've been involved with the Homeless Committee this past year, and I highlight that because unbeknownst to me, this past summer, speaking to the Longwood District specifically, I don't know if you know this but 250 students in the Longwood School System are registered as homeless and they're in different shelters. We are an agency that receives the calls on the extreme cases and the different situations that exist and we're really on top of that and I know my colleague Dan will speak into that situation in a little bit. The anti-graffiti, we've worked again, working with County Exec Levy's office as far -- through Medina and trying to be available and with the Red Cross, with Brian Schaeffer, we've exhibited our support to make sure that we come together, not just for our area but for the entire area of Brookhaven Town.

And lastly, our direction basically right now is that we look at the drug situation that's out in the street where they're watering down heroin a hundred times, and it's out there, because now they can make more money and push the heroin drug because it's more plentiful to do it that way rather than do crack and cocaine. And then look at the silent giant of what's ahead of us. What is the silent giant? The silent giant is the gang-related situations that occur throughout Nassau and Suffolk. And we need to take a hard look at that because they're on the increase and you have them in the schools and they're all surrounding us with different situations and we have to keep open to that.

I know for myself personally, you know, it's not a place to go to the mall at night unless you're going with a small posse. You know, because you need to cover yourselves for the times we're living in. These times are changing, they're difficult times, and they call for us as an agency that we've dedicated ourselves to really what is in the present form of what is clear and dangerous to the communities that exist right now.

So we're asking that even with the cyber-bullying, and we were called in for that, that you would consider us in a way of supporting us for -- you know, for where we're going and what we want to do. There's a great deal of enthusiasm with my staff. On the positive side, we don't pay rent at the facilities that we use and that has been through the graciousness of some of the philanthropy of the merchants that are in our community, and we are in different buildings. I'm not talking one, two, I'm talking three buildings that we pay no rent on. So I think we're presenting ourselves today and saying we're doing our part as far as a grass root operation that is asking for your support today to really look at this carefully for us and we need your help. Thank you.

CHAIRPERSON BROWNING:

Thank you, Joe. I would like to ask you, you mentioned about the drug use in the schools and the gangs and, you know, I do see it myself --

MR. LECCI:

Yes.

CHAIRPERSON BROWNING:

-- in my District. Our Presiding Officer was telling -- you know, he was saying that one of the school districts that he was visiting, and they were saying that there is an increase in drug use and serious drugs like heroin.

MR. LECCI:

Yes.

CHAIRPERSON BROWNING:

You are seeing that; I mean, a dramatic increase?

MR. LECCI:

Absolutely. I mean, you know, the calls just are coming in with -- community service has been on the rise as far as the DWI's and, you know, just different things that are surrounding that kind of question and every purpose to it. We work with the PINS petitions, with Probation, and we're trying to get them at the earliest stage. And if anything is very direct right now, microscopically looking at it, it's that the younger children in the elementary schools, the exposure that is going on when they're in the intermediate grades is something to reckon with. You know, there's no limit to where they want to go with this and I think we have to be on the alert.

CHAIRPERSON BROWNING:

Thank you, Joe. Okay, I guess Legislator Eddington has a question.

LEG. EDDINGTON:

Yeah. I mean, I think I want to confirm your fears, because, you know, I worked in a school district for 30 years as a social worker.

MR. LECCI:

Oh.

LEG. EDDINGTON:

And every time there was a bad budget we lost a social worker.

MR. LECCI:

There you go, right.

LEG. EDDINGTON:

Every time we started a prevention program or, you know, peer tutoring and conflict resolution, they didn't fund the advisors the next year. So unfortunately, I never realized that I would be seeing the exact same thing on the County level, but that's basically what I'm seeing across the board.

MR. LECCI:

Yes.

LEG. EDDINGTON:

I mean, I understand the argument. And I was just saying to the other Legislator that, you know, when you look at it very conservatively, if it's putting somebody in jail today or preventing somebody from going to jail ten years from now, well, I know how the political mind goes; "Ten years from now I won't be here, so I'm worried about today." But in my profession, I'm worried about tomorrow because that's where we're going to be, you know, when I can take care of myself less. I commend you on what you do.

MR. LECCI:

Thank you.

LEG. EDDINGTON:

And I just feel scared.

MR. LECCI:

Yes. And I appreciate the comment because one of the things that's increased is our awareness to the young people coming to us that are being indicted, you know, for different situations that could have been prevented. So we're there. And I feel like the strongest thing we represent, aside from the free rent, is the power of my staff. We've been together a long time, and this is only part of them here. And if there's anything that we have, we have a convincing spirit that says everybody's running the same course in the same direction. The vision is clear. And, you know, to say it like it is, where there is no vision people make a mess of things, and we're feeling that we have some vision going here and we hope that we can maintain it. Thank you.

CHAIRPERSON BROWNING:

Thank you, Joe. And I'm assuming Daniel Nolan is next?

MR. DAN NOLAN:

Good afternoon. My name is Dan Nolan, I'm a retired educator of 38 years, the last 20 as a High School Principal in the Miller Place School District and also the Port Jefferson School District and I've been involved with Joe Lecci for probably the last 20 years and I've seen the growth that he's produced within the community. He's one of the most highly respected people in all of Middle Island and I totally support him.

Over the years I've given many presentations and I realize that the key to presentations, there are two very, very simple keys: The first one is to be good and the second one is to be brief, and I can assure you that I will be as brief as possible today because I know of your very busy schedule.

In your folder there you have the Early Intervention and some of the different types of programs that we deal with, you see Jubilee Jobs, Youth Mentoring and Tutoring, Mediation, Counseling, Homeless, a triage, pandering and many anti-violence prevention programs, so I won't bore you, you'll have the opportunity to read through that. I do want you to take some time to look at the next page, though, and please hone in on the many, many different agencies that we collaborate with. I can tell you if you were to call any of those agencies, and you mentioned Lifeline Mediation or Middle Island Caring for Kids and Joe Lecci, you will hear nothing but extreme, extreme positive responses and support.

Recently, on one of the news channels I had heard, you know, the comment due to the stock market, "Wall Street to Main Street". Well, what's happened is the impact of the market has trickled down to the Main Street agencies throughout this entire country, and we are obviously one of those main street agencies that do the best we can through volunteer work to try to support the community, and that's why we need your help in assisting us to support the community.

There used to be an old TV show on that I used to watch years ago called The Naked City, and some of you may remember that and it was about New York City and they would say, "There are nine million stories in the naked city, this has been one of us." Well, we don't have nine million stories, but we have a heck of a lot of stories that we can tell you. And what I'd like to do is just give you a couple of simple examples because I think the examples will bring to light what these different categories do.

In homeless, Debra Winters, the Homeless Liaison -- and Joe had mentioned 250 kids -- recently called about two 15 year-old twins, no Dad, Mom died of cancer. They had a home but, believe it or not, the family, the internal family ransacked the home, drove the kids from the house and they had to be picked up by a neighbor which they were fortunate enough to stay with. At this point, we

intervened, two of our mentors, at the rate of \$500, took the kids to Kohls got them clothes, got them back into school and are currently mentoring them throughout the rest of the year.

In mediation, recently Longwood High School, and we have a tremendous relationship with Longwood High School, it's expanded now in many ways to the William Floyd School District. We don't advertise, it's a word of mouth that travels throughout the community where there was an altercation with three high school boys who were coming off a bus and were attacked, believe it or not, by a machete. Thank God nobody was seriously hurt. Joe Lecci met immediately with the students, parents, the school officials and after many meetings, the issue was diffused and students were safe and returned back to a safe environment at school.

Suicide prevention. Again, a father called, his son, 16 years of age, depressed over the death of a friend, found on his instant message that the boy was deciding on how he will take his own life. Due do that article in Suffolk Life that you see in your pamphlet there, the father contacted our agency, Joe dropped everything at once, got involved in the mediation and the boy is currently safe and now involved in our Lifeline Mediation Youth Program.

I could go on and on and on with stories. You have -- your time is precious, I don't want to bore you with that, but I do just want to leave with you the point that if you compare the statistics between 207 and 208, they are rising, rising quickly, the year isn't even completed. We realized that the financial situation in the County is very, very difficult and we greatly appreciate what you have done for us in the past and we are open to any support and grateful for any support that you can give us during this upcoming year. And I thank you for your time.

CHAIRPERSON BROWNING:

Thank you. Any questions? No? And Dana Walcott?

MS. WALCOTT:

Thank you. I'm really representing the part of our collaboration which is Middle Island Caring For Kids. We've been in operation for just about 20 years now, and in the last -- I would say the last maybe two or three years -- or we mostly deal with single-parent households, but in the last two or three years we've had more single fathers even than single mothers. Well, we've had an increase in single fathers, certainly we still deal with more single moms. But as we're saying, we're seeing the breakdown of the family more and more. I mean, we all see it, this is not some new -- something new that we're saying. But we're seeing that the children are being affected.

Because of budget cuts, we know that you had to cut -- the Suffolk County Legislature had to cut the Social Services budget as far as daycare goes. We're really feeling the effects of it because families are coming to us who need care. We have never turned anybody really away. We do still try to work with families, we do try to work with families who are not eligible through Social Services who have multiple children. It's a real hard issue on our end of it because we have families who we're really seeing the need. Families can't go to work if they don't have child care. And we try to do more than just child care, we have a pantry, we have other services, we try to provide support.

Even as we said about Lifeline Mediation, one of the other things that we do is a lot of family counseling because it's necessary. We have families who break up while their children are in daycare, we have relationships that break up. We see parents every day and our heart goes out to them and we do what we can, obviously we can't do everything. But this year we have been cut from the budget entirely and, as I said, we understand the constraints, the financial constraints to the County, but if there's any way that we can be reinstated, at least in that budget, we'd be very grateful.

CHAIRPERSON BROWNING:

One question for you, Legislator Viloría-Fisher.

D.P.O. VILORIA-FISHER:

Hi. Thank you all for the work you do. I'm also a retired educator and so I know the importance of the work you do, and I've also written conflict resolution syllabus and know the importance of that. But I have a question relative to the child care component.

I just attended a public hearing last Friday where the State people were present, and we know the issues that happened with the State which we can't access that money now, it's gone. But I wanted to ask you about the service that you provide; how many children attend your child care facility?

MS. WALCOTT:

Right now we have about 50.

D.P.O. VILORIA-FISHER:

About 50. And are you contracted with the County for vouchers?

MS. WALCOTT:

Yes, we are.

D.P.O. VILORIA-FISHER:

You are, okay. And -- but some of the kids that are now coming to you are not eligible for the vouchers because of the shortfalls?

MS. WALCOTT:

Well, we have -- right, because they're not taking any new children. And not all of our families are eligible through that program. Several of them -- I would say maybe we're about half and half. But we do have quite a few families with multiple children and the cost of child care is expensive. And especially when you're dealing with single parents, even if they have a somewhat decent income, it's just -- you know, you have to give subsidies.

D.P.O. VILORIA-FISHER:

So what happens if they're no longer on the waiting -- or on the list, waiting list and they're not getting those vouchers, what happens to them then, if they're not getting the subsidy?

MS. WALCOTT:

From the --

D.P.O. VILORIA-FISHER:

For child care from the County.

MS. WALCOTT:

Some families we do still help.

D.P.O. VILORIA-FISHER:

Okay. How are you able to do that?

MS. WALCOTT:

It's very difficult, very difficult. But we try --

D.P.O. VILORIA-FISHER:

Yeah. Last night I met a child care provider who just knew that I was interested in this, she came up to me and she said, "You know, I just had a woman who couldn't get it this year," and she said, "I'm charging her \$5 for the kid. I'm basically doing it for nothing, I can't afford to do that."

MS. WALCOTT:

Right.

D.P.O. VILORIA-FISHER:

But that's what you're finding, that you're having to subsidize them yourself.

MS. WALCOTT:

Of course. Especially when you have people who are already with you --

D.P.O. VILORIA-FISHER:

That's what happened to her, yeah.

MS. WALCOTT:

Exactly, or a family breaks up and now there's one income in a family. What do you do? You just kick them out? You know, they already are in a crisis situation, you have relationship with them, there's no government subsidy --

D.P.O. VILORIA-FISHER:

And what happens to the kids?

MS. WALCOTT:

Well, exactly. Either the child has to go in a very substandard situation, which is extremely substandard, or the parent has to quit their job.

D.P.O. VILORIA-FISHER:

And then cost us more money because they go on welfare.

MS. WALCOTT:

Exactly.

D.P.O. VILORIA-FISHER:

Thank you.

CHAIRPERSON BROWNING:

Thank you. And we certainly appreciate everything you do for us.

MR. LECCI:

Thank you.

MS. WALCOTT:

Thank you.

CHAIRPERSON BROWNING:

Dan, did you have a comment?

MR. DAN NOLAN:

If I could just add just one more comment? I don't know if you notice the Jubilee Jobs there and the Jubilee Jobs is a program where we take single parents who are looking for work, find them job opportunities, 150 or so this year already with the year not over, and that gives that parent an opportunity to go to work. And at that point we take the children in either the daycare situation or a latchkey. A latchkey program starts at 6:30 in the morning, they go to school, they come back to us at four o'clock and stay until 6:30 until their parents are done with work and has the opportunity to come back. So I just wanted to add that point.

CHAIRPERSON BROWNING:

Thank you. And again, we do appreciate what you do.

MR. LECCI:

If I may? Thank you. I just wanted to add what Dana -- just one piece. The Department of Labor, we work with the Department of Labor, so we have some young people that are going back to school

for their GED and Department of Labor pays for them and they're working in the daycare, and it's working all around. It's very cost effective, I must say.

D.P.O. VILORIA-FISHER:

Good.

CHAIRPERSON BROWNING:

Thank you, Joe.

MR. LECCI:

Thank you again.

CHAIRPERSON BROWNING:

Thank you. And Kathy Liguori.

MS. LIGUORI:

Good afternoon, everyone. Last Friday the Department of Social Services and a number of child care providers held a community forum on child care where we called upon the State to come down to explain their due diligence of cutting the child care allotments by \$2.2 million to Suffolk County. We wanted our allotments refunded. Pretty much, in a professional way, we got this, we got this, we got this. It's Washington, we need more funding, too. When the meeting ended, I felt like I was left with one more hand signal which I will leave to your imagination.

As you know, intake of child care services has been closed and we have over 600 families requesting services, many on a waiting list. And ironically, since June of 2008 to September of 2008, the number of children receiving subsidized child care has dropped by 569 children. Now, in October of eight -- 2008, only families of three earning up to \$11,061 per year are eligible for assistance; imagine that, \$11,061. While just in June a family of three could earn up to \$37,000 a year for eligibility.

We learned that day that over eleven hundred children will not have services in order to balance the budget; those parents will have to make compromised choices. The universal consequences are severe and we have serious repercussions that will trickle up to denying children services of which they're entitled. Like nutrition programs and early intervention for special needs, they'll go unnoticed. It's grim. But you do know that child care generates money to the local and State economy. The shortfall for these children is \$10 million to our County, and at a two-to-one ratio, the County could make 20 million.

Not even a year ago you passed the Prompt Payment Law for child care which, by the way, is working beautifully and we are very, very grateful, so thank you. You also have a Living Wage Law where child hardship monies -- child care hardship monies are not being fully tapped into and County contracts are worthless because the children that would be served under contract are no longer eligible. It feels good. Perhaps the hardship rollover can be used for child care.

Child care supported the General Fund reserve. You need to help child care. The bailout that is needed is right here in our own backyard. The Tax Stabilization Reserve Fund exists so that in hard economic times you would not have to drastically raise taxes. In order to access this money, the County will have to raise taxes by 2.5% which is only an average of \$3 per household; that's right, only \$3. Once this is done, the County can take the money from the fund which currently holds \$131 million that can go towards keeping working families working; either way, it's going to cost the taxpayers money. So let's keep people working, let's add to the economy. Give us an economic stimulus package. Raising taxes is a tough decision, I know that, but to properly raise children often takes tough love. Yes, it hurts like heck when you're living in the moment, but it's a decision you never regret. Here's my \$3.

Applause

D.P.O. VILORIA-FISHER:

Can I just ask her some questions?

CHAIRPERSON BROWNING:

Thank you, Kathy. Kathy, hold on a minute. Legislator Viloria-Fisher has a question.

D.P.O. VILORIA-FISHER:

Hi, Kathy. Thank you again for all you do for child care. I just needed to go over the figures a little bit because I was also there Friday, and maybe later on I'll ask the Commissioner questions if you can't give me the answers. But you said that there were eleven hundred children who will not have services; is that the number of kids on the waiting list? I don't have my notes from Friday with me.

MS. LIGUORI:

No. But based on the budgetary amounts and the number of children that would be receiving services for Title 20 or in the non-Public Assistance sector, those are the number of children that -- only the Title 20 children -- I'm sorry, only the TA, Temporary Assistance children, would receive services. So I believe the number that we heard was eleven hundred.

D.P.O. VILORIA-FISHER:

Okay. And I also saw some puzzled faces when you said that if we use the 10 million we get \$20 million back. And I think that to clarify that, it's that our economy, it's a multiplier effect.

MS. LIGUORI:

Right.

D.P.O. VILORIA-FISHER:

Because the people who are earning that money in the child care industry, that money is spent right within the County. And so the multiplier effect on any money that's put in child care, there was a big study done by Cornell University on this, and you might remember it better than I do.

MS. LIGUORI:

Yes.

D.P.O. VILORIA-FISHER:

That has the multiplier -- that has a two-to-one factor for that money. Injected into that industry is spent two times over here, so it's injecting that money into our economy, not directly back to the County.

MS. LIGUORI:

Oh, okay.

D.P.O. VILORIA-FISHER:

Some people looked puzzled when you said that. Thank you, Kathy.

CHAIRPERSON BROWNING:

Thank you, Kathy. And next is Ruth DeCol? I hope I said it right.

D.P.O. VILORIA-FISHER:

Oh, I'm sorry, I had a question for Budget Review about that. Can I just -- just before she starts?

CHAIRPERSON BROWNING:

Oh, okay.

D.P.O. VILORIA-FISHER:

I'm sorry.

CHAIRPERSON BROWNING:
Can we have a Budget Review?

D.P.O. VILORIA-FISHER:
I'm sorry, I had a quick question for Budget Review. No, you can stay there, it's a quick question.

CHAIRPERSON BROWNING:
Don't go anywhere.

D.P.O. VILORIA-FISHER:
Okay, Robert, somebody asked me to ask you about this on Friday and Kathy just mentioned it again. Which is the money that is being held by the living -- in the Living Wage Hardship Fund and it was suggested to me why don't we look at trying to access that money and use it for child care. Do you know what kind of reserve there is being held in that fund and whether or not we could access it and put it on the line to help the child care issue?

MR. LIPP:
I'll have to look at it and we'll get back to you in a few minutes.

D.P.O. VILORIA-FISHER:
Thank you very much.

CHAIRPERSON BROWNING:
I think there was -- I have to tell you, I was checking on that because Colonial Youth that was here earlier was saying they didn't get their 60,000, and I think about maybe not even a month ago I was told there was 700,000.

D.P.O. VILORIA-FISHER:
Okay.

CHAIRPERSON BROWNING:
However --

D.P.O. VILORIA-FISHER:
But Diane is checking on that.

CHAIRPERSON BROWNING:
Yeah. I believe Rainbow Chimes --

D.P.O. VILORIA-FISHER:
Rainbow Chimes.

CHAIRPERSON BROWNING:
-- and we just passed a resolution for them, but I'm guessing anywhere from at least 500,000 still.

D.P.O. VILORIA-FISHER:
Okay. All right, so we'll get a hard number on that. Thank you.

CHAIRPERSON BROWNING:
Yeah, we will. I apologize.

MS. DELCOL:
That's okay.

D.P.O. VILORIA-FISHER:

Sorry, Ruth.

CHAIRPERSON BROWNING:

Ruth, if you would like to go ahead.

MS. DELCOL:

Okay. My name is Ruth DelCol, I'm the Director of Development for Federation of Organizations. I think a lot of you know us for our Senior Support Services throughout Suffolk County, e.i. (sic) Foster Grandparent Program which is extremely, extremely effective and cost effective for the County.

So I come here today -- and, you know, Federation understands the hard economic times that our County is going through. So I would not be here unless this program, called the Senior Companion Program, is not as cost effective as the Foster Grandparent Program is. I have a brochure here that I will hand out to you just for quick -- you can see the effectiveness of what we do. So in May of 2008, I sent a letter of request to the County Executive asking him to support this program called the Senior Companion Program for \$25,000, to have this put into the County budget. In 2008 of September, I sent a letter informing the Legislative Committee requesting your support, and today I am here to discuss this program.

The Senior Companion Program is a senior-to-senior volunteer program that provides healthy, active, older individuals the opportunity to help frailer, sometimes homebound seniors retain some level of independence and remain in their homes. Volunteers may have an income of no more than 14,000 per year. There is no income requirement for recipients, but they must be 60 years and older and be disabled, isolated or similar.

Volunteers provide support, friendship, encouragement, assistance by preparing a light meal, engaging in recreational activities and provide referrals and resource information when needed. The senior-to-senior Companion Program I like to look at as the neighbor-to-neighbor program. We find Seniors who live in their neighborhood of someone who needs this particular assistance. I have a 90 year old mother and we are six children and bumping into each other trying to help her get services, she lives in the city. And one of the things that I have found by dealing with my own mother as well as the seniors that we deal with is they are very much frightened, sometimes, of social workers or intrusion or anybody coming in to tell them what to do, they want to retain as much of their independence as possible. And so the neighbor-to-neighbor concept is very well accepted by another senior.

Last year we had, at our June luncheon, we had some senior volunteers as well as their recipients speak and it was extremely touching because they bond, they become friends and yet they depend on us. Now, the senior companions are trained and we have a referral, so they're the first preempt help, so they're out there looking for depression, they're out there looking to see if the seniors -- sometimes now we have a lot of drinking going on, so they're isolated, they're lonely and they're frightened. The senior companion becomes this leverage between them and whatever their needs become. They also are a tremendous asset to the families, because I don't know if you've -- some of you may have been involved in taking care of an elderly parent. It's just great when someone can come along that you trust and know that you can have somebody with them for a couple of hours a day.

Many of our recipients are alone totally. I mean, they don't have families with them and so they really, really do appreciate this volunteer coming in. The volunteer also takes them to their doctors appointments, social events, hair appointments, walks, does light meals and really does the neighbor-to-neighbor concept without infringing, which we find, I find is very, very rewarding for them.

When I -- I had gone -- you know, I'm going off my notes because you know I like to talk. But

anyway, I had gone up last year to the Office of the Aging Conference and I was able to speak to the heads of the Office of the Aging who then asked me to send all of my information to them to present to the new Governor Patterson. They were extremely impressed by what Suffolk County is doing. We are like the second in the State in senior services as far as, you know, what Federation does. We're really looked upon -- like they call us for stats, they call us for all the information, so we're very advanced, we're very well-trained.

And so, you know, I know it's a hard time to come before you; in fact, I'm sitting here saying, "My God," you know, it's like really rough. But this program is so effective and so necessary. This is just to keep us going. I mean, we have a 200 recipient waiting list that, you know, is just not going to happen this year, it's just not going to happen, but to sustain would be extremely important to us. So I thank you for your time.

CO-CHAIRMAN STERN:

Questions, anyone? Ruth, thank you.

D.P.O. VILORIA-FISHER:

Okay. And Robert has an answer from the previous questions.

CO-CHAIRMAN STERN:

Yes, Robert.

MR. LIPP:

The question about the living wage monies. There is half a million dollars in the recommended budget for living wage. That being said, the fact that the daycare program, the Commissioner of Social Services, sent anywhere from 12 to 14 million and our estimates are it could be as little as six million. But in either event, half a million dollars is -- wouldn't be sufficient to go all the way.

D.P.O. VILORIA-FISHER:

No, we know that. We know they have about 28 million, I think, and they need to spend about 38 million at least.

MR. LIPP:

Right, it's close to 30 million in the recommended budget.

D.P.O. VILORIA-FISHER:

But we're looking at anything that we could push in that direction.

MR. LIPP:

Correct.

D.P.O. VILORIA-FISHER:

Is it possible to access that for that? I mean, I know it's only a half of million.

MR. LIPP:

Well --

D.P.O. VILORIA-FISHER:

But I don't know if it's allowable to deplete that or does it have to be kept there in case we need it for -- to make some agency.

MR. LIPP:

Yeah, we'd have to look into that. That would be a legal question.

D.P.O. VILORIA-FISHER:

Okay. All right, thank you.

CO-CHAIRMAN STERN:

Janice Sudulich. Janice, you have five minutes.

MS. SUDULICH:

Good afternoon. My name is Janice Sudulich and I am a Medical Social Worker at the John J. Foley Skilled Nursing Facility. I come before you today on behalf of the employees at John J. Who couldn't be here with us today because they were not able to take off due to staffing shortages. We are all feeling the effects of Mr. Levy's demands to cut back staff and ultimately close the nursing facility.

I come here before you to ask that you continue to stand by us and support us in our efforts to save our nursing facility. Our residents need you, we need you and our future residents need you.

Since March, we have lost a great number of employees who have since transferred to other positions within the County or have left the County entirely for fear of their jobs. We have also lost a handful of residents who have transferred to other nursing facilities out of fear for their future stability. Our residents are feeling the emotional effects of these losses. Our hope is always the continuity of care for our residents, but with each staff loss and each transferred resident, they have expressed great uncertainty for the future of John J. We cannot allow for a self-fulfilling prophecy to unfold.

Closure of our facility is unconscionable and a potential sale to the private sector will only produce instability for our residents. Many families have told me over the years, the reason why they place their loved one at John J Foley was because it is a County-owned and operated facility and they know there will always be consistency. Many of our families and residents alike are all too familiar with how typical nursing homes operate. Our nursing home is not typical.

***[THE FOLLOWING WAS TAKEN AND TRANSCRIBED BY
LUCIA BRAATEN - COURT STENOGRAPHER]***

MS. SUDULICH:

Tim Bishop has recently secured a contract with TRICARE to allow our veterans to serve at John J. -- to be served at John J. Foley -- excuse me. Our Long Island vets need to be served at our facility, because there are not beds -- there are no beds or nursing/rehab beds available on Long Island for our vets. There are long waiting lists at the other two facilities. Our vets have served for us, now we need to serve for them, that's the least we can do.

Also, I'd like to bring up the fact that John J. Foley is the only nursing facility in Suffolk County that has dedicated HIV beds in which these residents receive specialty care and monitoring. The only alternative placement for these residents would be Nassau County.

We are a unique facility, as I said before, and service a diverse population, as you all know. An example of this is one of my newer residents who was involuntarily admitted by her court-appointed guardian and has gone through some major life transitions. Her parents died several years ago and her sister has not carried out her parents' wishes to care for her. Her legal guardian, who is also an attorney, advised me that he had gone to a number of facilities in Suffolk County, but no one was willing to accept this resident. Why? Again, atypical profile, a 50 year old female with poor judgement, lacking insight, lacking competency, and questionable psychiatric symptoms. Her guardian said, "Janice, you people were the last resort for this unfortunate soul," to which I replied, "I wish Steve Levy could hear you." Thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you. Next, Steven Laskoe.

MR. LASKOE:

Hello. I'm Steven Laskoe. Thank you to the Chair, and thank you to the Legislators who are here to give us an opportunity to speak for the public health needs of the residents of Suffolk County. I'm here representing the South Brookhaven Health Advisory Council, of which I am now the Chair. Dr. Harder, whom you know, is now the Co-Chair. He has family issues that are requiring him to spend a little more time in dealing with those kinds of conditions right now.

What we see here is a continuation of a slow decline and it's sad. You know, you hear about things kind of fading away. Do we want our public health system to just fade away? I don't think so. You're looking at a position this year which is a continuation of the slow decrease. It would be nice to see some predictability in what we are going to say about our public health services in this County. You have a continuation of a process, which I'm concerned about, which reflects Star Chamber decision-making. It abstracts and absents itself from those that are involved in receiving the care. Mr. Levy makes a recommendation. We are supposed to, then, as the health centers, be supported by and advocate for the -- you know, for the needs of the Health Centers by the Department of Health, County Department of Health, which can't defend itself at this point in time, so we feel very unsupported in that regard.

We've requested this year and last year to be a part of the decision-making process. Let us, representatives of the Community Health Center Boards, representatives of the community, meet with the individuals on the County Executive's level, who are creating the budget, to see if we can come up with a way of creating efficiencies and economies that are going to result in the ability to continue to provide services at the excellent level that these Health Centers are currently providing, despite the shortage in funding.

One of the strong points that you see recently noted in your records here is the success of the POD Program, particularly within South Brookhaven Health Center. It's a point of delivery system, and what it does, it creates teams of services, and it resulted in significant increases in both the volume, as well as the comprehensiveness of the services provided. It's a logical approach to increasing the quality, and accessibility, and the cost effectiveness of care. It's those kinds of things that we would like to be able to see implemented in the other health centers as well.

We're seeing also a factioning. Everybody's being kept very busy surviving out there, so you don't have the opportunity to coalesce, form a common position and exert all of the political influence and the social influence that can come out of these health centers, because they're really just being kept very busy surviving, they don't have a chance to really even think about their operations and we have to change that. I mean, if the County is going to continue to be involved in the provision of Public Health Services, then let us put our heads together and come up with what it is we want to do and how we want to fund it. We're willing to work with the Legislature and with the Executive in trying to come up with a reasonable and rational approach to providing health services in a cost-effective manner. We've been shut out of the process. I don't think that's the right way to do it.

This is a time in history where we're going to be looking at some fairly significant changes that are out there. Change is a big word this year. What is the County willing to do to change what it does, or is it going to continue to do the same thing, expecting different results? We've heard that that's a sure sign of insanity, and we do not want to live in an insane world anymore than we possibly have to. So I'm asking you to consider a new way of doing things, and, certainly, to follow the recommendations of your wonderful Budget Review Office in establishing at least a break-even figure for the Health Centers and in Suffolk County.

And, also, additionally, being that John Foley is a member of the South Brookhaven Health Advisory Council's Board and is still at least in contact with us and we're in contact with him, I think he would really be kind of concerned about the way in which the Foley Nursing Home is being dealt with. It's

not fair to continue to cut off its ability to survive and then expect it to survive and demonstrate that it has an ability to be self-sufficient. So, either give them the opportunity to do that, or I think we're going to be suffering in the public's eye, as well as in the eyes of those that look from a higher authority. Thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Steve. Next is Chris DeStio.

MR. DESTIO:

Hello again. My name is Chris Destio. I'm an employee of the John J. Foley Nursing Home.

Years back, when the healthcare workers were faced with AIDS care, John J. Foley, at that time the Suffolk County Infirmary, was certified by New York State and dedicated 24 beds to HIV/AIDS residents. Staff was trained and the fears were dealt with. And through the years, research and advanced medication, the 24 beds were not always filled. Instead of leaving the empty beds, 12 beds were set aside.

As you heard from Dr. Reynolds, the need for beds will be on an increase, and, as the need arises, the number of beds can be increased to meet that need. The residents and the devastating disease, many without families, are treated and get the care and respect they deserve at John J. Foley. Years back, they came to us to spend their final days, now many return to the community. The trend may again change.

There is no room for discrimination or prejudice in healthcare. All patients deserve and receive the best care at John J. Foley. Forcing a private entity to care for the clientele they choose not to could possibly result in inadequate care, and that would be a disgrace and disservice to the growing population.

I'm actually at a loss for words for once, but I'd like to let all the Legislators know I feel somewhere along the line here the tide's turning here, and I'm not sure what choices are going to be made here, but I know there's a lot of options available for John J. Foley, and closure, I hope -- hopefully, is not one of the options, and, hopefully, you come up with the right decision here for the residents and the staff of John J. Foley. And we do all respect and appreciate all the time you guys have put into this, because we know we're at this consistently all the time trying to give you -- be as factual as possible with everything. Even when we come up here, we try to do research and do everything possible to not educate you, but just keep you informed what's going on at the Nursing Home, and you've been very helpful, every single Legislator, even the ones that aren't here, even the ones that even haven't continually voted for us. But you want to know something? We feel that they still have a heart, and we feel, along the line, they're going to also help us. Thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Chris. Mary Finnin.

MS. FINNIN:

Good afternoon. My name is Mary Finnin. I spoke this morning. I want to speak again about issues related to women's healthcare in terms of Suffolk County, but I think Ben raised the key question. What are the priorities and what is the position and the future of healthcare delivery system commitments by Suffolk County? Personally, I see the way that Mr. Levy is going, that he wants to eliminate the health services. But, because of the Charter and the responsibility of government to fund the care of the poor, the uninsured, even if we do -- even if you privatize an institution, you're still going to be paying. And I'm going to use Dolan Health Center, which is a very good health center, but privately-run, owned and operated by Huntington Hospital. Any revenue generated,

Medicare/Medicaid, any insurance goes to the Hospital, none of it comes back into a General Fund. And we subsidize that to three or four million dollars, and, yet, we're here looking at what will it cost, a million here, a million there, on the other programs that are funded and County public health programs. And, you know, we fund dog runs, we fund golf courses and other things. What are the priorities in terms of meeting the human needs of the people in Suffolk County?

And in terms of women's health, in the last year I've seen that even though our Task Forces and all the reports you will see needs to increase prenatal care and do more to prevent unwanted pregnancies, we've seen cuts in prenatal care, both in the coordinators for the high risk pregnancy, in Family Planning. And in our Health Centers across the board, whether they're contracted or not, their staffing has been cut, and cut, and cut for the last ten years. They can't do anymore, and, as a result, as you get the delays now, you're not going to meet the needs in terms of if it takes six weeks to get an appointment as a prenatal patient. You know, all you need is one bad outcome, you'll fund it for the rest of that woman's life, for the rest of that patient's -- baby's life, if the baby survives the incident.

So I think that we're penny wise and pound foolish in terms of how we're looking at cutting costs. Instead of saying 2%, you have to look at quality of care, what services will be cut, how we will staff them. And quality of care is important and I think you need to look at that, not just at dollars and cents. And from all of the meetings that I've come to, even if we had to increase our taxes by one dollar or two dollars, we could fund all of this. We wouldn't even have to talk about it if he didn't take the tax money from the tobacco and securitize it. That's 50 million dollars that you no longer can control and use to spend on health programs.

The Nurses Association and other groups worked very hard to lobby and get that money here in Suffolk County so we'd have it for health services, and now it's being given over to a private corporation, which is controlled by Mr. Levy, and you can't use that money unless you raise your tax by a certain percent. And, of course, you know, they're not going to -- they're going to block any percentage. So, I mean, it's a Catch 22. The money was there, it's now not available for our programs. And I think we're obligated to take another look at, you know, what are the priorities of Suffolk County. I think people come first.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Mary. Noelle Campbell.

MS. CAMPBELL:

Greetings and good afternoon. Thank you so much for hearing us again. We come back to you in regards to the 2009 budget. We're grateful again to speak on the opportunity on behalf of the Gerald J. Ryan Outreach Center in Wyandanch. I am the Executive Director, and today I represent the voice of 790 children that have been helped through our outreach center.

For the last 20 years we have provided an enriched summer camp and after school program for the Children of Wyandanch and surrounding community. These children come to our program with expectation and hope for fun, safety and familiarity of meeting with their peers and counselors. The camp allows our children to have a place to be children, whereby they can play and run in a parking lot. They are completely oblivious that they are in a parking lot, that actually the tar actually sticks to their sneakers, but we are so grateful that they're there. Without these monies from the County, we would not be able to provide a safe and fun, enriching place that they call home away from home. This saddens me to even think or imagine that these children would not benefit from camp come next year, and I wish Steve Levy could hear that. To not hear their screams of joy and laughter is not a thought that I thought would have happened to have at this time.

The majority of these children are from low economic families. Many are children from those parents who work and struggle to make it. As we all know, there are many families struggling here

on Long Island; they, too, are in Wyandanch. These families come to our Outreach for help, for food, and clothing, and utility, shelter, prescriptions; you name it, they come to the doors. You could see it in terms of some of the stacks that we have and number of pages of how many people that come in that we help for shelter, that we help for utilities, that we help every day; our lobby is filled. We are like a mini Social Services Program. And, as you well know, Social Services is moving out of Wyandanch, and so our numbers are increasing higher and higher.

We, like other agencies present today, support the County's efforts to help people who do not qualify for assistance. We, in fact, become a bridge for those people and then able to save the County money. This year, when the children were asked in the Summer Camp Program, "What do you want for snack," instead of saying chips and cookies, they responded by saying, fresh fruit, because our parents can't afford it. Luckily, we were able to provide that fresh fruit for those children and they were very, very happy. These are the children we help and voices that you may never hear, because these families cannot afford to take the bus here or drive, because they can't afford to take the day off from work. Well, today I represent their voice to say can you, please, reinstate the Suffolk County grant that supports our outreach program?

I, too, also have petitions that are submitted by our clients who are very much in support of our Outreach program. When mentioned, "Can you, please, sign our petition," not one hesitated. I, unfortunately, don't have that many signatures, I have maybe about 80. I would have more, but this has been a week of those that have come in for help. Not to boast about the Outreach, but it's a very special place. It's a place where other children from other communities come to visit. It's a place that children as near as Babylon and Dix Hills, and as far as Stony Brook, become inspired to give and receive. This may not impress some of you or anybody else, but to me it is awesome, because it's Wyandanch, a place where some people may not want to come.

Lastly, our efforts and outreach are preventive, and our proof that what we do is effective is seen here today. Someone who was a camper, who has her Masters Degree, and currently our Director of Day Care and After School Program, and I say that's effective enough. I thank you for your time, I thank you for your continued support for our Outreach program. We have never, ever, ever had to come before you. So we don't know what is going to happen, but we hope that whatever decisions that you make, it's to support all of those that are here before you today, and we say thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you. Legislator Gregory.

LEG. GREGORY:

Thank you, Noelle, for coming down again today and talking about all the great things that the Outreach Center does for not just the Wyandanch community, but for Suffolk County. From what I could see from your outline here, the cut that was recommended is probably about 40% of all funds that you receive from government agencies.

MS. CAMPBELL:

Yes.

LEG. GREGORY:

That's correct?

MS. CAMPBELL:

Yes.

MS. PEDATO:

Zero.

LEG. GREGORY:

Your -- I see Marie, my girlfriend, is in the audience.

MS. CAMPBELL:

Yeah.

LEG. GREGORY:

Talk about -- there was something that we had talked about, and I think this is interesting, because it reflects upon the reputation that you have, not only, as I said, in Wyandanch, but even through Suffolk County, but even nationally, where you had students, or you anticipate students from Notre Dame to come.

MS. CAMPBELL:

Yeah.

LEG. GREGORY:

Talk about that a little bit.

MS. CAMPBELL:

And, like I said, it's a great place. And, you know, I'm new there and it's been a wonderful experience. As you all know, we had a fire back in December, and so we're doing our best to recover from that. And, you know, really again being an image to this community is very important to us. And so, looking at, as we go forward and saying, you know -- our future, making certain that we can continue to live out our mission and our values. And so in January we plan to have about five students come from the University of Notre Dame, and they're coming to experience Long Island and what poverty means -- not necessarily means, but what poverty is here on Long Island. And, of course, it's not just in Wyandanch, or in Wheatley Heights, or in North Babylon, or any of those places. But, luckily, we're going to be a host site for the first time for this -- for these students from Notre Dame University. And the program is called Urban Plunge, and so we're grateful to be able to support them and, hopefully, kind of transition them through to see what it means to be here on Long Island and not have any money, because a lot of these students, they just don't think it exists. When the Universities looked at our site, the feedback from other students was, "You're going to Long Island? There's no poverty on Long Island," and we all know that there is poverty on Long Island. So we are very grateful that we can host them.

And so, again, I have to say that, you now, we're a very unique site, we're a very unique center, and we exist in Wyandanch, where many other things don't exist in Wyandanch. When you say, "Wyandanch," trust me, people have many thoughts. And so I'm grateful to stand before you today and, again, say thank you for all of your support over the many years, because, again, we've never had to come before you.

LEG. GREGORY:

Thank you.

MS. CAMPBELL:

Thank you.

CHAIRPERSON BROWNING:

Thank you. And next is William Brisotti. Hi, Father Bill.

MR. BRISOTTI:

Good afternoon.

CHAIRPERSON BROWNING:

Father Bill is easier.

PASTOR BRISOTTI:

Ah, thank you. I'm the Pastor of Our Lady of Miraculous Medal Church in Wyandanch. This past December 30th, shortly before midnight, our Gerald J. Ryan Outreach Center was destroyed by a terrible fire. The Center serves, as was just explained some 600 local families in the course of every month. It is the most active Outreach of all the 134 parishes in the Diocese of Rockville Center, Nassau and Suffolk Counties, and, remarkably, with the least resources.

As word spread over the news media, stunned parishioners and Outreach workers gathered by the smoking ruins and vowed to rebuild. The Suffolk County Social Services Commissioner expressed deep concern, knowing that our Outreach serves many Social Service clients, as well as many working poor people who earn too much to access government Social Services. Nine months later, now ten months later, our Outreach Center is functioning in cramped temporary trailers. We continue to work arduously to put our house back in order as we observe steady increases in the number of Suffolk County residents coming to us for assistance. Because the destroyed Outreach facilities were in our former rectory garage and very old hand-me-down trailers, insurance will pay very little to rebuild them. Needless to say, we were shocked to learn that Suffolk County Executive Steve Levy has cut funding in his proposed 2009 County budget for -- from \$50,000 to zero for our Outreach. Monies which support our bilingual services, as well as our summer camp, remedial learning, and after school programs for local children.

The after school program provides children in kindergarten through eighth grade with a safe place to go for free homework and tutoring help, arts and crafts, computer access, and even perhaps a basketball game to let off steam. Most of the children are from families that go to the Gerald Ryan Outreach for food, clothing, and other types of support to help them make ends meet every month. Given the spate of recent shootings of young people in Wyandanch during this past summer, getting kids off the streets and into a safe haven like our after school program from 3 o'clock to 5 p.m. every day is vitally important.

Mr. Levy is very careful with the public's money. He has a reputation for being fiscally prudent, always trying to trim unnecessary expenses and keep taxes in check. That's all well and good, but in these hard times, especially hard for the people of Wyandanch who have one of New York State's highest foreclosure rates, it really is not very prudent to put additional pressure on already stressed families and good programs trying to help them. For example, where will a working single mom, whose children use our after school program, come up with the money for a sitter or a child care provider to watch her kids between 3 and 5 in the afternoon, or, worse, will they be alone, unsupervised, free to roam already dangerous streets? Responsible government must be able to distinguish between wasteful spending and prudent spending to support good programs. Budgets should be pruned with a scalpel, not a buzz saw. Unfortunately, Gerald Ryan Outreach is just one of the many programs that help our poor and frail neighbors, which are slated to have their Suffolk County funding cut to zero in this upcoming budget.

And we've heard from several of them this afternoon so far, and I'm sure you'll hear more. These are all good programs, now forced, apparently, to compete with each other to save their funding. Please, demonstrate that you as a Legislature know the difference between wasteful spending and necessary programs. These programs are not wasteful spending, they are necessary and depended upon by vulnerable residents of Suffolk county.

I take this opportunity to present this Legislature with a petition. This was taken up just one day, yesterday, at the masses in our church. There are several hundred names here, and I'll give it to you, people of our parish outraged by the slash of funding for our programs. They recognize how necessary these programs are and how worthy they are of continued County support. Please, let everyone know that the people of Suffolk, whom you as a Legislature represent, have both brains and a heart. Thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Father. And Naycha Florival.

MS. FLORIVAL:

Thank you, and --

CHAIRPERSON BROWNING:

Did I say it right?

MS. FLORIVAL:

Sort of. Thank you and good afternoon. I'd like to introduce myself. My name is Naycha Florival.

CHAIRPERSON BROWNING:

Naycha.

MS. FLORIVAL:

I am the current Director of the summer camp and after school program, which will not be able to run without the money that we receive. Fifty thousand dollars may not seem like a large amount of money to the Legislature, but to us it means the continuation of our programs, when you consider the large amount of children we serve in the local Wyandanch community and how they look forward to all the things that we provide over the summer and after school.

Our summer camp, which includes a large educational component, is supported through certified teachers who come back every year, not because of the pay they receive, but because of the programs we provide. It offers an atmosphere of personal growth and a safe place for the children to get off the streets. In addition, our after school program provides tutoring to children in Wyandanch in support of the local school district. Many of our counselors are former campers themselves who have stayed with us over the years up until college. As a fellow camper myself, I have gone up through the ranks over the years from Counselor to Assistant Teacher, Teacher, Assistant Director, now the Director of the summer camp. I am an example of these programs and how much they mean to me and so many children in the Wyandanch community, and how these programs will be lost without the funding we receive.

Thank you for your time. If you have any questions, I'm open.

CHAIRPERSON BROWNING:

Does anybody have questions? No. I do have to say, you know, I went to your first fundraiser in Huntington and you really have been hit hard this year. So, you know, I just want to say you have my support.

MS. FLORIVAL:

Thank you.

CHAIRPERSON BROWNING:

Thank you.

LEG. GREGORY:

Thank you.

CHAIRPERSON BROWNING:

Cheryl Felice.

MS. FELICE:

Good afternoon. Again, I'm Cheryl Felice on behalf of the Association of Municipal Employees. And I have spoken a number of times on J.J. Foley, and I'm sure this Legislature is -- has had their fill of the defense of that fine facility. But a number of points I just want to raise, because this is a Joint Committee of both Health and Human Services and the Veterans and Seniors Committee. So it

seems only fitting to remind the Legislative Body again of the fine work that Congressman Bishop did, along with AME, in securing the necessary funding from TRICARE, so that veterans can now be rehabbed over at the John J. Foley Nursing Facility and a resource that has yet to be tapped into.

I think the overriding theme this morning at the budget hearings with the Joint Ways and Means and Budget and Finance Committee was the issue of time, and the issue of time because this Legislature is being faced with making a decision without really having all the information on the table, and the difficulty that a number of you, in fact, I'm willing to bet all of you, are having with -- in making that decision, considering time is of -- is being pressed upon you. And critical decisions and critical programs are under the threat of being lost, because not enough time was given into the situation to fully evaluate Foley. But we have many situations in the County that also have been fully evaluated and need your attention because of the Budget Review report that has been spoken about so many times here.

And I just want to point out just a quick number of bulleted items and not a prepared statement, but that on -- when we were talking about the Tax Stabilization Fund and accessing the 131 million dollars that is in that fund and having to raise taxes 2 1/2% in order to access that money, and think it was Ms. Liguori who appropriately said that means about \$3 per household. It only means \$3 per household because the 2 1/2% in raising of the taxes is only on 1% of the tax bill. One percent of the overall tax bill is what would need to be raised in order to access that money that's quite simply there for a rainy day. And I think a number of the community groups, along with AME, are in agreement that it's raining here in Suffolk County. And that money is unprecedented, by admission of your own Budget Review Office, that's in the Stabilization Fund that County residents have already paid for in the turnover savings. In other words, when positions are not funded in the budget and turnover savings from not filling those positions, but budgeting and taxing for them and receiving money for them, is in that fund that residents have already paid for.

Being shut out of the process was another comment that was made. And community groups are asking to be invited to the table, because it's those people who know how to roll up their sleeves and come up with those solutions. The Union has asked for an Oversight Committee on the positions to be created over -- for the last several years, and we, again, request to be asked to the table to talk about the Foley issues and coming up with the solutions for better efficiencies over there.

It was also admitted this morning that the Foley Facility will finally, and that was the word that really rung out to me was "finally", Foley will be billing for services that they hadn't been billing for all along with regards to Physical Therapy, and perhaps that's contributing to some of the shortfalls. The overall threat of closing of the facility is also a contributing factor, as do I believe Legislator Kennedy mentioned this morning of hospitals not referring patients there because they think the facility is going to close. Again, the community groups, the labor groups, the workers, all want a seat at the table, so that we can roll up our sleeves and do what's necessary to provide services.

I just want to remind the Legislature again that the Budget Review Office, your Legislative Counsel and our Counsel have all concluded that Local Law 20-1997, calling for public hearings on closing the Facility, has not been complied with by the County Executive. Given the wide disparity of the numbers of subsidies for J.J. Foley and the projections of BRO, why not ask for an audit either by Comptroller Sawicki, Comptroller DiNapoli, or the Attorney General himself?

We also would like to just agree with the BRO report, that in the event of closure of Foley, some patients would be placed outside of Suffolk County, and, in fact, 20 to 30 percent of those patients are difficult to place and do not know where they would go.

Again, if I just might also add that the Berger Report on the state of nursing homes in New York State did not recommend that Foley be downsized or closed, and also remind you that some of our own residents -- some of our own members are paying for shampoo and soap, and other necessities of the patients because of their own care.

If I could just make a quick few comments about Social Services.

CHAIRPERSON BROWNING:

Legislator Stern does have a question for you.

MS. FELICE:

Question?

LEG. STERN:

Before you go on.

MS. FELICE:

Sure.

LEG. STERN:

Just very quickly. First of all, to be commended, Cheryl, you and your staff in working with Congressman Bishop on getting TRICARE certification. I was wondering if you knew when we might be able to find out exactly what that would mean, how many veterans may be eligible to receive services at Foley, what kind of reimbursement rates would be available, and what kind of real information we could get and when we can get it to help make a determination as we go forward.

MS. FELICE:

Well, I'll defer, I'll defer to Debbie Alloncius, who's our Legislative Director here and was the direct contact with Congressman Bishop, if we have those answers.

MS. ALLONCIUS:

We don't have exact dollars now. It's kind of nebulous to speak about the -- there are different components. You have the spinal care injury, you have traumatic brain injury, you have rehabilitation. The contract itself is open for all active military members and their families. So, you know, it could be a child in a car accident rehabilitating. We don't have the exact numbers. Pete Spiro in Congressman Bishop's Office is working on it. We -- you know, it's like going into -- it's like trying to get a Chinese menu from, you know, Blue Cross/Blue Shield, it's -- there are so many variables to come into it that it's very hard. And even BRO, I know, would love to have some sort of information like that, because then we could come back at -- and give you the exact numbers, because we all know that the numbers change like that. Every time you ask Mr. Levy for a number, it's another number, so, you know -- and we would give anything to get numbers to you; we are working. The minute we get them, they will be to you.

MS. FELICE:

Thank you, Deb.

LEG. STERN:

Thank you.

CHAIRPERSON BROWNING:

Do you want to add anything else, Cheryl?

MS. FELICE:

Just on Social Services, the comments that our Analysis Team, the first three items about Social Services and the programs there are -- number one is understaffing, number two is understaffing, and number three is understaffing. It's the same theme that you've heard year in and year out.

And I just wanted to -- I'll close with this comment. AME has continually stressed the problems of excessive caseloads and workloads in our annual budget reports. The situation continues to worsen, yet the County Executive, in a letter to the editor in Newsday said, an I quote, "My administration takes pride in having controlled taxes and spending, while maintaining and, in many cases, actually

improving County services." I would ask for the people in this room, and look around at each other, to ask, "Have -- are services really improving?" And your help is desperately needed. Thank you very much.

CHAIRPERSON BROWNING:

Thank you.

(Applause)

And I don't know who could help with this question, because I know that Legislator Stern talked about TRICARE, and we keep thinking about our soldiers coming back, but, like Debbie mentioned, you're talking about families. I know my husband was with the 142nd at Islip. You have the 106th, you have Patchogue, you have Riverhead, and many of those members are TRICARE families, their family members are with the TRICARE. So, you know, I don't know if we could maybe -- who do we need to find out? Maybe Robert knows. How would we find out how many actual TRICARE members there are here with the military?

MR. FREAS:

We don't know exactly how many members are on -- TRICARE family members there are on Long Island. As we've all been saying, it's -- there are several different levels. It's -- you know, it's basically an HMO, that there are different selections that both the families make, and it also depends on both your -- it depends on your eligibility category, as to whether you're active duty or Guard and Reserve, and so forth, too. You know, it certainly has potential for revenue enhancement to the facility. How much it will be and, you know, whether you're going to come up here, even if you're from here, but you're stationed at Fort Bragg, seems to me very difficult to predict.

CHAIRPERSON BROWNING:

But we do have military facilities here. I know that, you know, if you're in Fort Bragg, you have military facilities there, but if you live here and you're out -- you know, you work out of the 106th, like my son does -- my husband was in Islip MacArthur -- a lot of them do have TRICARE. So, I would just -- you know, I'd like to figure out how we can find out how many actual families there are here on Long Island that are stationed here on Long Island that are TRICARE members. And I think -- did you have a question or a comment?

LEG. BARRAGA:

I think it's -- based on my experience, it's always rather difficult to make that determination, because up to a few years ago the limitation was just a VA hospital. I mean, I was with Marines who, in many cases, after they were seriously wounded, traumatic brain injury, or an amputee, or spinal injury, they would often be assigned to a VA hospital three and four hundred miles away, and, if they were married, their families literally had to go to that VA hospital and find a location and maybe get a job in the area while they were at that hospital. And, you know, the sad part of that was that maybe down the street from where they lived there was a not-for-profit hospital that could do the same thing, but the Federal Government just didn't want to move in that direction. And this is a whole change, and, you know, it's not just looking at it from the standpoint of who may be eligible from Nassau and Suffolk, in terms of the wounded and their families, but you could easily have somebody come from the five Boroughs or Upstate, depending upon, you know, the nearness of the care that they require. And if that facility meets that criteria, like a TBI, they will come here, as opposed to going someplace else hundreds of miles away.

CHAIRPERSON BROWNING:

Thank you.

LEG. HORSLEY:

General.

CHAIRPERSON BROWNING:

Yes, General. Yes, we got that answer. Next is Kathy Malloy.

MS. MALLOY:

Good afternoon. My name is Kathleen Malloy, and I'm going to use my three minutes to go over AME's response and some questions to the HMM report on the John J. Foley Skilled Nursing and Rehabilitation Facility.

As per the HMM report introduction, this independent auditing firm was hired to conduct an operational study of the John J. Foley Skilled Nursing Facility. However, HMM were already predisposed as to the financial failure of this County institution. The report begins and ends with the potential demise of the County facility. What's more important, nowhere in its report does HMM identify itself as having been a part of the 2004 John J. Foley Skilled Nursing Facility Task Force and following report. In fact, the Suffolk County Department of Health, at the direction of County Executive Steve Levy, created a John J. Foley Skilled Nursing Facility Task Force, which provided a detailed report to the Suffolk County Executive and the Suffolk County Legislature in July of 2004.

The purpose of the Task Force was to explore the issue of continued County General Fund subsidization of the Skilled Nursing Facility from the standpoint of comparison to standards applied to comparable facilities in the private sector, and for the purpose of adopting standards of performance to measure the cost effectiveness of operating this County facility. However, in reviewing and comparing operations, staffing, costs, and related factors with other skilled nursing facilities, the Task Force itself determined that there are no specific industry standards that delineate ideal staffing and patient ratios and/or operational norms that would allow John J. Foley to truly compare with any other facility.

The 2004 Task Force reported John J. Foley was operating at an annual loss and was projected to continue to operate at the loss under the current configuration. However, they also reported, if the County decides to continue to subsidize the operation under this arrangement, it should be done without compromising any other aspects of healthcare delivery within the Health Services Department and related County services. The Task Force also reported the establishment of a dedicated Marketing and Development Unit with appropriate staffing would be an extremely critical step in ensuring that John J. is properly marketed to compete with the other skilled nursing facilities in the private sector, and with the expectation of increasing revenues, thereby lessening to some degree the County subsidization. No such Marketing and Development Unit has to this day been formed. AME believes that increased marketing staff should have a greater day-in-day-out presence in all our community hospitals, from where patients are typically referred to nursing homes, all strongly recommended by the 2004 Task Force, but never implemented.

The Task Force also pointed out this County facility serves a younger population than many in the private sector. The median age is only 43, which generally requires more programs for such residents and a higher level of care, none of which had been discussed and addressed as a key factor in the HMM report. Revenue-generating recommendations by HMM included continuation of Medicare Part B billing for physical therapy, occupational therapy, and speech services, which were only recently initiated four years later; perform Medicare Part B physician billing, a change in the Medicaid reimbursement methodology. The 2004 Task Force reported the exact same recommendations four years earlier; none were ever implemented.

The 2004 Task Force provided planned initiatives, an adult day care program. In 2004, they terminated the use of bus assistance, citing a savings of \$175,000. Have those projected savings been calculated and verified? In addition, they plan to expand the program to take an additional 20 adults per day in their day care program. They cited a projected savings of \$285,000. Was this implemented? Pharmaceutical costs, a newly electronic pharmaceutical ordering system was to be implemented in late 2004 to provide additional controls to ensure pharmaceuticals ordered are the most appropriate. Was this ever implemented?

In citing the ongoing and extremely costly waste of unused prescribed medications, AME cites the

onsite pharmacy currently at the Jail site, which is in close proximity of the John J. Foley Facility. Was this ever considered? Expansion of the physical and occupational therapy space, they cited a projected net savings of \$697,000. Was it ever expanded? The establishment of an oversight committee to serve in an advisory capacity to assist the Department of Health and John J. in policies and programs. From all indications, this oversight committee was never established. May I have an additional 30 seconds?

CHAIRPERSON BROWNING:

Sure.

MS. MALLOY:

AME cites that if none of the recommendations from the 2004 Task Force report were ever implemented, then why would the County Executive be expending more money on yet an additional report and seek to act on the negative financial projections from a company that actually took part in the initial report four years earlier and made all the same recommendations at that time, which did not indicate the only option would be the closing and the privatization of this County facility?

AME also cites another very important item which has been discussed a few times today, the input of a financial revenue source and the rehabilitation and hospitalization of returning United States Iraqi War Veterans from Long Island with traumatic head injuries. They could now be receiving rehabilitative services at John J. AME is most certain the addition of these funds will most favorably offset the County subsidy to maintain this County facility. Will the final cost to the taxpayers be zero? Probably not. However, AME maintains that with successful marketing to the public, the John J. Foley Skilled Nursing and Rehabilitation Facility is most surely Suffolk County's most prized possession and should be marketed as such to the taxpayers and residents. It is there for our use in our own hours of need. Thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Kathy.

LEG. GREGORY:

I have a question.

CHAIRPERSON BROWNING:

Oh, Kathy.

LEG. GREGORY:

Kathy, I have a question for you.

MS. MALLOY:

Yes.

LEG. GREGORY:

It was disclosed in this morning's Joint Ways and Means and Budget and Finance Committee meeting that HMM took six months to do their review and give their proposal. So what you're -- if I hear what you're saying is that there was a member from HMM that was on the Task Force four years ago that took six months to make the same recommendations that were given four years ago?

MS. MALLOY:

He was the Chair of HMM.

LEG. GREGORY:

He was the Chair, okay.

MS. MALLOY:

He wasn't the Chair of the Task Force, he was a participating member, but he is the CEO Chair of HMM.

LEG. GREGORY:

But my point is that it took them six months to duplicate or replicate, should I say, a report that was given four years ago.

MS. MALLOY:

Not only replicate, sir, but the report, if you read the HMM report, in the end they said, "Oh, well, we tried four years ago and nothing works."

LEG. GREGORY:

Right.

MS. MALLOY:

They didn't do any of the recommendations from four years ago, of course nothing worked.

LEG. GREGORY:

Thank you.

MS. MALLOY:

Nothing worked then, we're trying to make it work now.

LEG. GREGORY:

Okay. Thank you.

MS. MALLOY:

Thank you, sir.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Kathy. And Marie Pedato, Pedato?

MS. PEDATO:

Here I come.

CHAIRPERSON BROWNING:

I probably said that terribly.

MS. PEDATO:

Here I come.

CHAIRPERSON BROWNING:

Have a seat.

MS. PEDATO:

Oh.

CHAIRPERSON BROWNING:

You can have a seat here, if you want.

MS. PEDATO:

My name is Marie Pedato and I've been -- I was at Pilgrim when I was 59 years old and I've been

going to Miraculous Medal Church 52 years. And when I got this letter from Levy, I've been trying to call him every day what he's been trying to do. And I'm going to tell you something, I'm outraged and I'm not playing games with anybody no more, because I even called Sidney Siben's office and he knows -- they know me very well.

Now, I think it's a shame what he wants to do to our Church. Now, you know, I can't get around, I have to SCAT and -- what do you call? I feel that what our Church is doing for us -- now, I've been going there like 52 years, and even with the summer program, I go twice a week with the kids. I go on SCAT bus, because I'm not allowed to go on their buses. I go to this -- I go to the pool with them. And to me, I think Steve Levy shouldn't be doing this. I mean, I know sometime -- and I've been with the Town and I always did the Breast Cancer Walk to raise money and now there's a problem. I had problems. I've been trying to call Steve Bellone, everybody, and I can't reach him. They -- and I'm not playing no more, you know. I mean, this Church need the Outreach.

I mean, I would -- when they had the fire, I found out and I -- I knew the guy that set the fire. I was there -- I mean, I knew the man. They gave him everything and he set the fire to our Church. They got nothing now. We are trying to raise money to build over. I mean, I don't know why he's doing this. I mean, the Outreach, I mean, it's just new. And Sister Elizabeth is not with us no more, and I'll tell you something, I miss her, and I miss everybody. And every time I get picked up in the morning, I'm there early. I get there early, and I say to Father Bill, "I'll see you next Sunday." He said, "Is that a promise or a threat?" And I'm going to tell you something, he is the greatest Priest, I mean, all of them. The teacher, the new name, and that people need -- now I just found out -- I have a tutor from BOCES, his name is Larry. He comes every Tuesday. I just found out last week, when he was at my house, he goes to Miraculous Medal Church and teaches. And when I showed him this letter, he -- so I -- and I have a case manager, his name is Bob, and everybody thinks -- oh, where I live, they belong -- she belongs back to Pilgrim, she's a nut case. I mean, I go to my doctor and I'll tell thank you, I went to my doctor the other day and I asked him does he have attitude pills for some of these people? And I'll tell you something, now I had -- and what do you call? I have no family at all. I have no family at all. And I met this -- her name is Tanya Roman. I met her at {Spangle}. She took me as a family. I go see her a lot. And I found out the job, she was working for the Town and they turned around brought her up, made her clean her office out. Now, they know I get upset. You know, I have a problem. I called Steve Bellone, I can't get a hold of him, and every time I call they give me a hard time.

Now, I go to the Wyandanch Nutrition Center three days a week, I take SCAT there. And what do you call, you know, it's like, you know, Marie Pedato -- you know. And one time Davis, met my case manager -- never met my case manager. He goes, "Oh, I know Marie from Pilgrim," you know. And I know this gentleman here, too, I called him all the time about the buses, the Town buses. I mean, not the Town buses, the vans that -- I won't go on them buses no more.

CHAIRPERSON BROWNING:

Marie, your time is up.

MS. PEDATO:

Okay.

CHAIRPERSON BROWNING:

But we appreciate you coming down.

MS. PEDATO:

But I'm going to tell you something, we'd like to have Steve Levy give us some money back. Here's the letter.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Marie. And thank you -- thank you, Marie. Thank you for being a fighter for your community.

MS. PEDATO:

And there is Bruce from the bus company. I've been riding the buses since '59.

LEG. GREGORY:

I first met Marie and she introduced me as a boyfriend.

MS. PEDATO:

That's right.

LEG. GREGORY:

So Marie is my self-designated girlfriend.

MS. PEDATO:

That's right.

CHAIRPERSON BROWNING:

I'm lost for words here. Okay. Jean Wilkins.

MS. DEMBER:

Dember. Good afternoon. I really appreciate those Legislators who are listening to the constituents. We are asking for a miracle, and so what I brought here is the Black Madonna from Poland, Czestochowa, the African icon that is very well-known and seen everywhere with the African scarification on her face. We need a miracle.

My name is Jean Wilkins Dember. I have a Master of Human Services from Lincoln University, Pennsylvania, in the Class of '88. I serve voluntarily as an elected Economic Opportunity Council, advocate of the poor, and the first Chair of the Long Island Head Start Corporation. The anguish of poverty marginalizes people of all cultures and colors. Sister {Juana} Jackson and myself see the poor, our neighbors, every day, and the suffering. The attitudes of the Department of Social Services people sends many of the poor to Our Lady of Miraculous Medal, Gerald Ryan Center, for help.

People need compassion, they need respect. Many of our neighbors are too shattered to advocate for themselves. We understand the problems of addiction, and what segregation means when you don't have educational opportunity. The Gerald Ryan Center does all it can to bridge the gap, ease pain and isolation. As taxpayers, we ask the cuts to the Gerald Ryan Center to be restored. Poverty and marginalization predisposes people to crime and substance abuse. This church works hard to help our neighbors, Haitian, Latino, Black and European-American. We urge you to restore the \$50,000 cuts.

My computer crashed this morning, but I will get this typed for the record. I'll leave you my card for any contact. I will report on this concern to Miss LaFlorence Grant and the Rosa Parks Civic Association. I alerted her this morning about this hearing. And I also called members of Africans United for Sanity Now. I don't know why you're talking when I'm talking, sir. How can you pay attention? And I'm 78 years old, this is appalling.

LEG. STERN:

I'm trying to help your cause, actually.

MS. DEMBER:

Well, dear, don't talk while I'm talking, please. I respect you, respect me. Okay. I only have three minutes, the rest of the time is yours. I am very concerned. I left my husband, 81 years old. I often leave my husband, 81 years old. I married this man because I loved him and wanted to be

with him, and the crises in our community precludes our having our late honeymoon. Now I think that this should be a concern to you.

We don't need the services that the Gerald Ryan provides, but if the Gerald Ryan services are cut, then that means that everyone's quietude is in jeopardy. We cannot have quietude and honeymoons with rioting and crime going up. What we need are services. And I implore you and I beg the most high, the Living Divine, to intercede with your hearts, so that whatever Mr. Levy proposes that is going to increase the pain, isolation, and the trouble in these poor communities will not prevail. He must not prevail.

Thank you very much. I will forward this information. Thank you again. God bless everybody. Thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you. And last, but not least, Pat Rollings. And after that, I didn't mention, we do have the Welfare to Work Commission that will be making a presentation.

MS. ROLLINGS:

Good afternoon. And thank you again for all your time and consideration in listening to us speak.

The American dream. It was never my dream to work so hard, to get so emotionally involved with people that weren't even my family. However, I found something very gratifying, caring for people, that one-on-one instant connection, finding something, anything, that reaches or makes a difference to someone that's suffering. I now have two smart and beautiful daughters, ages six and nine. Their future stability and health insurance are dependent upon me and my job. I'm not dreaming anymore, I'm working hard to give them the American dream, a college education, a future.

We watch what's going on in Washington, we see what's happening on Wall Street. The little guy is always the casualty, disposable, but it's the little guy, the middle class, we are the steam in this engine we call America. Please, stand up for the little guy. Don't let Steve Levy close our facility. Our future depends upon you. Our facility is filled with little guys. We are all just trying to lead productive lives and serve the neediest of Suffolk County. Don't let Steve Levy close our facility. Stand up to this bully for the little guy.

Steve Levy is determined to shut us down. He doesn't want to see or hear anything positive about our facility. He's obsessed. It's become a power struggle. He just wants to be right. He doesn't care what is right, he just wants to be right. He doesn't care about anything but showing us how powerful he is. We've heard terrible rumors how he has threatened this Legislative body. We have heard rumors that he's creating positions to help buy votes. We're hoping they're rumors.

Over two years ago money was put into our building, probably a few million; I couldn't tell you. Our Physical Therapy Department and our Adult Day Care were expanded, they're our moneymakers. We had a dining room with a great big stage. Why was all of this done? It's an investment. It's an investment for our future, for Suffolk County's future. Let's make use of this investment. As I stand before you here today, for every resident and employee, please, put John J. Foley Nursing Facility back into the budget. Do it for the future needs of our County, for the future of our residents who need us. Don't be bullied. Don't let Steve Levy unhinge the balance of government, and maybe, just maybe, my girls can have a future in the American dream. Thank you.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Pat. Okay. And Welfare to Work Commission. Dick Koubek, would you like to come up, and whoever else wants to join you. Yeah, come take a seat.

MR. KOUBECK:

Good afternoon. My name is Richard Koubeck and I am Chair of the Welfare to Work Commission of the Suffolk County Legislature, and I'll let my colleagues introduce themselves from the Commission.

MS. LIGUORI:

I'm Kathy Liguori, Vice Chair.

MR. BARNETT:

Peter Barnett, Wyandanch Homes and Property, on the Committee.

MR. KOUBECK:

So what we're presenting to the Legislature today is a report on understaffing at the Department of Social Services that the Commission undertook and just completed Friday, Saturday morning, actually, with our new data.

Why are we reporting to you on understaffing? One, an obvious reason. We are on the verge of a tremendous economic downturn on Long Island. It's crushing the nation, it's going to hit us, it's already hitting us, and we're concerned it's going to swamp the Department of Social Services in 2009. We call that to your attention. It's obvious as you will adopt the budget.

Second reason we're reporting is that we're charged to report to you. We're charged to report to you on Welfare to Work regulations, and we're very concerned that with the new TANF regulations that are much more stringent than previous regulations, the Department does not have the staff to carry out those regulations. They're doing a terrific job, but we think they're going to be overwhelmed with the increase in demand.

And we're reporting to you out of our own frustration. Over the last several years we've presented to you two very minor changes in policy, one was an education mentoring pilot to get folks on welfare to get through an education program they've selected, the other was evening hours at the Department of Social Services. Two minor changes and both have been frustrated by the lack of staffing at the Department of Social Services.

So what did we find in this report? We used data from the Department of Social Services, we used data from the Budget Review Office, including their 2009 report, and we used data from the 2008 AME report. And what did we find? Kind of shocking. We found that there has been a 33% average increase in the demand for services at Social Services since the Year 2001, 33% increase in the demand, yet the staff on payroll has only increased by 7%. That's almost a five times difference between what's being asked of the Department and the staff they have to provide what's being asked of them. And more disturbingly, we found an 8-to-9% vacancy rate every year in positions that you authorize with the adoption of the budget; you're about to do it again. And you can assume, when you authorize this budget, there will be an 8-to-9% vacancy rate in authorized positions usually filled in the last quarter of the year. Just about now some of these positions will be filled. So we have examples in the report of the increases in the demand for services, some of them are staggering. There have been some declines, but the overall average is a 33% increase.

So what you are doing when you adopt this budget for Social Services is you're adopting an inflated staff count, and that there's a gap between the staff positions you authorize and the number of people who actually show up for work every day who are paid to work every day. I'll give you an example. 2008, using the most recent report from BRO, you authorized 1,607 positions at the Department of Social Services, but, on average, there were only 1,466 people paid. And BRO said that they had enough money in the budget, or there is enough money in the budget to fill 77 of these vacant positions. So, look. With an 8.8% vacancy rate, which BRO identifies, there are 141 vacancies this year. There's only enough money to fill 77. So we can assume there are 64 positions at the Department of Social Services that will never be filled in 2008. And if you project ahead to 2009 and this pattern repeats, and it does tend to repeat, there's likely to be, again, BRO is saying

77 positions that can be funded, you can assume another 71 positions that will not be filled. Some of them are phantom positions, there are no monies to fill them. What we were most concerned about were the positions that are authorized and funded and remain unfilled for nine months of the year.

The problem is serious enough that BRO twice -- I'm going to make two references to what they said about it. One, in the current report, they say, and I'm quoting, "What the Budget Review Office has stated in the past regarding the budgeted-versus-actual staffing levels in the Department of Social Services is worth repeating here. Providing staff on paper, providing staff on paper does nothing to help the Department of Social Services meet its mandates and fulfill its mission.

The Department also says, or the Budget Review also says that, regarding overtime, the statistics on the decade-long growth in overtime and temporary salaries in DSS paint a clear picture of a Department that has been understaffed. The chronic reliance on overtime and temporary salaries is an indication of the systemic problems, specifically the lack of sufficient and consistent levels of trained and onboard staff. So, using BRO judgements, using our own reading of the analyses, we are very, very concerned that the Department simply doesn't have the staff to do what's asked of it now and will have even less in terms of the demands placed on it as the economy tanks in 2009.

Why these vacancies? Basically, two reasons, and I think you know them. One, the money that's accrued from not paying these vacant positions becomes part of a rollover savings and is put back into the General Fund. The other, which we can explain, is a delay in the signing off on SCINs by the County Executive. These typically take two months, two months too long, and they build, and build, and build, and the impact is not good. So let me talk briefly about what the Commission found in terms of the impact.

There is anecdotal evidence, it's disturbing. I was at Catholic Charities until June 30th of this year. I used to hear from parish Outreach people all of the time the tremendous negativity that they would find when they went to the Department of Social Services; improper denials, rude behavior, delays in processing applications. You've heard this stuff, too. What we're saying to you today, and this is very, very important, is that this is not a report that indicts the workers. This is a report that's calling attention to the fact that, and I'm going to quote the report, "It's not Suffolk County DSS workers who failed, it's about a County staffing system that has failed its workers." When you don't provide sufficient staff for the people online to do the work online, then there are going to be all kinds of problems that will backfill and backwash into parish Outreach centers, to the clients, morale of the staff, and the quality of the delivery of services.

And, listen, we know what they're going through. Their work is heroic at times. I received this morning from the Department of Social Service several commendations, and we know -- we know that they're out there. We know people are doing extraordinary jobs. I just want you to hear one or two. This is a handwritten letter. It says, "Dear Mrs.", and parentheses. This came from -- was sent to Social Services. In parentheses, "Window Number 5 Lady. Thank you for all your help. I know you were the middle woman in all this mess. I know I got heated at times and I apologize to you. You had nothing to do with it. You were nothing but courteous to me and I really appreciate it. You are a very nice lady."

Another congratulations message we got from the -- sent to the Department of Social Services, handwritten. "This is a letter of commendation and praise for one of the workers for her patience, her graciousness, her professionalism, and, above all, her willingness to help me in a very, very difficult situation with HEAP."

So, Ladies and Gentlemen, what we are saying to you today is that the quality of services is suffering. They're doing a heroic job. It's going to get worse if we have this persistence of these authorized vacant positions. Another example of difficulties, we wanted some statistical data from the Department of Social Services; we were not able to get it. In other words, what's the long-term

impact on the client-worker ratios. We couldn't get that, but we did do some digging and we found testimony before Health and Human Services Committee on February 28th of this year, a statement by Al Seitelman, Medicaid Division Director, and here's what he said. "There's a 45-day limit, legal limit, in terms of when a Medicaid application ought to be processed." He pointed out in the testimony that day that only one-third of the applications are being processed within that 45-day time period. I pointed out that as of January of 2008, the average processing time for Medicaid was 74 days, down from 92 days the previous September.

We also found evidence in a suit filed by the Empire Justice System -- Center, unfortunately, against DSS for delays, that there are serious problems in food stamps. And this is in the brief they filed quoting the New York State Office of Temporary and Disability Assistance, so OTADA, their data. This is what they said about our filing of food stamp applications or processing of applications. It's supposed to be done in 30 days, this is what OTADA reports. "Applications in Suffolk are routinely delayed beyond 30 days. An average of 17% of applications each month were delayed beyond 30 days, and in November of 2007, there were a high of 25 applications pending longer than 30 days, on average, from 19 to 23 days past the required 30-day deadline for processing.

Third example of impact. You adopted a Prompt Payment Law; you were congratulated for that. But in preparation for that, your County -- our County Comptroller issued a report in which he basically said the reason that payments weren't prompt to child care providers at DSS was a lack of staff.

So, final point of the impact of all of this? Our County is losing money; here's how. For one thing, when the -- when food stamps, and Medicaid, and HEAP positions are not filled -- they're refundable at 100%. That's 100% from Federal and State funds that could fund these positions, it's not costing the County a cent. When you look at the composite reimbursement rate generally used, it was used by -- in Mr. Sawicki's report, typically, there's a 69% reimbursement from Federal and State. Look at one example. Let's take the 77 positions that were not filled at DSS for the first 9 months of this year. They were just -- some of them were just filled the month of September. When you take those 77 positions, our County lost 1.6 million dollars in Federal and State reimbursements, money that would stimulate the economy, money that could be returned with the multiplier effect as taxes to the County. So, this is not good. It's not good for the County, it's not good for the clients who are going to be coming in increasing numbers to Social Services, it's not good for the staff who work at Social Services, it's not good for parish Outreach and not-for-profit agencies like the Gerald Ryan Outreach Center you heard about that have to pick up the slack sometimes when folks can't get help at Social Services.

What are we recommending, in conclusion? A couple of things. We are going to ask the Health and Human Services Committee on a regular basis, on a monthly basis, to get a report from Social Services as to how many vacancies, authorized positions, are not filled, and how many staff are on payroll on a monthly basis. You need to know that, the public needs to know that, the Department needs to tell you that on a monthly basis. It will help them if they tell you on a monthly basis.

You need to ask the County Executive -- second recommendation -- why it's taking two months and more to sign off on those SCINs. That's a major delay. And I think, as Legislators, the Commission believes you have a right and a responsibility to ask of the Executive what takes so long when a position is requested to be filled to actually fill that position.

And the third recommendation is that you get a real head count between two vacancies and the so-called phantom, or unfunded, positions.

And lastly, we were really happy to see that BRO is calling for something we were calling for, too. Automatic backfill is a backfill policy. I'm not quite sure how it works, but there's a backfill policy in Child Protective Services that allows for automatic filling of vacancies. This should be done, quoting BRO, and we support this, for every position filled -- funded at 100% -- refunded at 100%. It's insane not to. It's costing the County nothing.

And the last recommendation, wherever you can, explore the possibility of automatic backfilling in all vacancies, because it makes no sense for you to authorize positions that don't get filled.

So that is our report, and it's a sort of charge to you, as Legislators, to look more carefully at staffing at DSS as you adopt this budget.

CHAIRPERSON BROWNING:

Legislator Kennedy has a question or a comment, I'm not sure.

LEG. KENNEDY:

Do I have to put it in the form of a question, Madam Chair? First of all, thank you for the report. Thank you for the work that the Commission does. You seem to on a consistent basis bring back to us some of the reality that I guess we hear in our offices, but you bring it to us in an aggregate kind of way, which is important for us to continue to hear.

MR. KOUBECK:

Thank you.

LEG. KENNEDY:

Some of what you have shared with us, though, you know full well that we have struggled with as a Committee. As a matter of fact, Health and Human Services is the only Committee that I have served on continuously since I first came on board November of '04. And the issues that we talk about today, in many respects, are the issues I've heard for probably the last 48 months. I'll continue to ask the County Executive why he doesn't sign SCINs, why he doesn't fill 100% funded positions. And I guess perhaps maybe the dialogue needs to go beyond him, because if it is positions that are being funded 100% by the State or the Feds, then maybe it's HHS who has to tell us why we can't get enough folks to fill food stamp applications, or maybe it's State Department that has to explain to us why we can't get positions that process Medicaid applications filled, because there are no answers or no satisfactory acceptable answers here at the local level. Every one of us has asked those questions, and, essentially, we get the Legislative equivalent of, as Kathy did earlier today, one more hand gesture, "Talk to the hand." There's not answers forthcoming, other than it's their vision, I guess, and not ours, so -- but I appreciate what you're doing, keep it up.

MR. KOUBECK:

Thank you.

CHAIRPERSON BROWNING:

Thank you. And Peter, Kathy do you have any comments?

MR. BARNETT:

No.

CHAIRPERSON BROWNING:

Okay. We do have the Commissioner who's going to come up and give us a report, so if you want to stick around. And I have to say, I've been to a couple of your meetings and you guys work really hard on this Commission, and, you know, you're very dedicated. And I know that budget crunches and when times are tough, it really does seem to be that the least fortunate, the poorer people are the ones who get hit hardest. And, you know, at some point, that has to stop, you know. Welfare to Work, it speaks for itself. You know, if we're not going to help those people continue to work, they're going to go on public assistance, so the taxpayers are paying for it anyway. So, let's keep them working, let's have them paying taxes like we want. And, you know, I really appreciate everything you guys do.

MR. KOUBECK:

Thank you very much.

(Applause)

And I, just as a conclusion, want to say, Legislator Kennedy, we know you've been struggling with this. The Commission made a difficult decision. We weren't sure whether to go forward with the report, and then we said, "You know what, let's do it to elevate this issue, so that it really becomes something that we all focus on and continue to." So thank you for your support.

MR. BARNETT:

Thank you.

CHAIRPERSON BROWNING:

Thank you.

MS. LIGUORI:

Thank you.

CHAIRPERSON BROWNING:

And, Commissioner Demarzo, would you like to come up?

COMMISSIONER DEMARZO:

Good afternoon. We have two handouts that we have going around. One is a small overview of the 2008 and 2009 Departmental budget, and one is a technical correction or add-on to the budget that we'd ask the Legislature to consider.

I know that you've had a very long meeting and I will keep the presentation short, but I'll have staff here to deal with questions, because I know there's a lot of issues that you might have interest in as you prepare to do the 2009 County budget.

The small overview of the budget that we gave you, the first chart I just want to speak to in that as we prepared the 2008 budget, you know, where the economy is now and where it was last year as you prepared this budget, there were signs that we had a weakening economy, and there were signs that we might see real increases in DSS demand for services. And I now understand that there's lagging and leading indicators. A lot of the welfare are lagging indicators, but we have some leading indicators, too, and that's really the support programs that we provide. But, in many ways, the budget that we presented last year held up. We saw some increases in the family assistance and the safety net population. We saw later in the year, we've been seeing some increases in our homeless population, individuals seeking assistance from us.

Some of the decreases that we saw have really been in the area of the family and children, institutional and the JD/PINS institutional. A lot of the collaborative effort that you, as a body, have authorized have allowed us to really help families stay together and work on issues, as opposed to doing institutional care. So those are major accomplishments when we see decreases there.

But, overall, we believe that the budget that we presented last year was pretty much accurate in reflecting the softening in the economy and the increase in needs here in the County, but we think that there will be continued increases next year. I know that in the Budget Review Office, they had expressed some concerns about the family assistance and safety net numbers being high, that they wanted to bring some of them down. They weren't sure we'd reach that level either this year or next year. We are concerned, I mean, in trying to predict how the economy is going to go. Every day we hear the word "unprecedented".

So I think that we think that there'll continue to be a rise next year.

The Welfare to Work Committee, which does an excellent job in looking at a variety of issues of importance to individuals that access DSS services, spoke about staffing, so I know you're going to

have a lot of questions on that. But I bring your attention to frame the conversation to the second line on the expenditure summary chart. Basically, in the eighties -- in the 2008 adopted budget, there was 87.5 million dollars appropriated for all the personnel costs. By the end of this year, we will have expended 86.8 million dollars of that. So, while there are some unapproved positions in the budget, as the Welfare to Work Commission did indicate, there's not funding authorized in the adopted budget to fully -- to fill those positions. All the positions that -- I mean, that essentially could be filled at this time are authorized within that funding level. We'll have about \$700,000, by our current estimates, above what could be spent, and that's a reasonable cushion when you're dealing with a 90 million dollar expenditure line. So, while there is some staffing that isn't filled, there is no funding behind that in the adopted budget for 2008.

The other issue that I just wanted to put out, and I read the BRO report this week and I know that you're dealing with, a lot of State aid cuts. We did see cuts this year in Social Services. While more had been proposed, a number of them were never finalized in the budget. But we did lose funding in a couple of areas, and we also, as you know, lost day care funding in the process. Over two years, we lost about -- we anticipate losing about 7 million dollars in State aid funds, and we expect -- the rumors that we hear are November 17th is going to be a dark day in Albany, and that -- I mean, I actually saw Governor Paterson on Squawk Box today and he is indicating that November 17th he's looking for 2 billion dollars in cuts out of the State budget for the current fiscal year. So we are concerned that a number of the funding streams that have been very helpful for developing our preventive services model and into providing support for a lot of the County initiatives may be in play when they go back on November 17th.

And then we did a piece in the presentation on the staffing level. As you probably have seen, we asked for additional positions next year, and in the County Executive's budget to the Legislature, three additional staff caseworkers for Family and Children were requested. We've seen a significant spike in the number of CPS reports, about an 8 to 10%, depending upon the month, in CPS reports this year, and the Medicaid Compliance Unit, we've asked for 75 additional positions in next year's budget for Medicaid.

In this chart, and also in the BRO report, it speaks to DSS being at its highest level of staffing in the last eight years. We have more positions now than we had at the close of last year, and we have more positions than we have, as the chart indicates and those are filled positions. So we did a very short summary.

And I just would like to take one more moment to say that the other issue we brought to you today is a technical amendment. We have just received, and we shared with BRO, the letter from the State today approval on funding for an enhanced case management after-care for preventive services for children, and we would appreciate if the Legislature could make the technical amendment to the budget to accept these 100% dollars, because with that added to the budget, we'd be able to start up in January. If we had to wait, we were concerned that we would not be able to expend these State dollars. So we will share that information and the details with BRO, but it would be 100% in and 100% funded.

And with me, I have Chief Deputy Commissioner Greg Blass, Pat Clark, Director of Finance, and Ken Knappe in Client Benefits, who can speak to a variety of the center-based services. So, we know you had a long day. We can answer questions, we just didn't want to do a long presentation.

CHAIRPERSON BROWNING:

No I think it's important. I mean, you heard everybody come in today and talk about how they're being cut and how their services need to be, you know, increased, and, you know, it's a sign of the times. People are losing their jobs, times are getting tough and people need help.

So, you did mention about some of the staffing positions and no funding for some staffing positions. Of staffing -- I'm trying to figure this out. How many positions do you have, funded positions -- no, or unfunded positions right now, probably more of the unfunded, in the budget that could potentially

be 50% or more reimbursed, do you know?

COMMISSIONER DEMARZO:

We can -- I don't have that specific answer, but one of the problems that -- one of the real problems I have is there's no appropriations to support it, regardless. The revenue or the appropriation are in the budget. Maybe Gail or Diane could do a better explanation of that. But a number -- you know, some of our reimbursement is open-ended, and as long as there's dollars appropriated, we can spend them. Our most limiting factor right now is there is no appropriations to charge the staff against.

CHAIRPERSON BROWNING:

Okay. Anybody have an answer on that, or no? Maybe I can get an answer later, right?

MS. DONO:

(Nodded yes)

CHAIRPERSON BROWNING:

Okay. Legislator Barraga has a question.

LEG. BARRAGA:

Good afternoon, Commissioner. I notice under personnel costs, the estimate goes from 86.8 to 91.9 millions, so we had a 5 million dollar increase in the 2009 recommended. Is that because of the 75 extra personnel in the Medicaid Compliance Unit?

COMMISSIONER DEMARZO:

That is the biggest single component of that. In addition, there are step increases.

MS. CLARK:

Overtime.

LEG. BARRAGA:

Is any of that Medicaid Unit, the 75, is that reimbursable to some degree from the State, and what's the percentage?

COMMISSIONER DEMARZO:

At this time, the State, when they established the Medicaid cap compliance, did provide 100% reimbursement for administrative cost above the capped amount. So, at this time, it is 100% reimbursed.

LEG. BARRAGA:

But you put it in and then you get reimbursed from the State?

COMMISSIONER DEMARZO:

Right. It's an appropriation in the back part of the budget, but it has a corresponding revenue in the front part of the budget.

LEG. BARRAGA:

So, going back to the chart, in terms of the number of employees in your area, it looks to me like from the Year 2000 almost onward there's been a constant rise to the point of close to what, sixteen hundred employees right now in Social Services?

COMMISSIONER DEMARZO:

That's the authorized amount, it's not the filled rate, but, yes, sixteen hundred and seven, and we're asking for --

LEG. BARRAGA:

That's authorized.

COMMISSIONER DEMARZO:

Yes.

LEG. BARRAGA:

How many are actually employed?

COMMISSIONER DEMARZO:

We have fourteen hundred -- we have 1,466 filled positions, and we have about 55 authorizations to hire on SCIN approvals that we're processing right now, so that we have 86 true vacancies with no persons in them or authorization to hire.

LEG. BARRAGA:

Okay. Well, you're the Commissioner, how do you feel about that? I mean, you've got 86 of these vacancies, you don't have any money. They are there, I guess, if you did have the dollars. I mean, how does that affect or how is it affecting the operatio of Social Services overall? I mean, when you listen to certain people, you know, I get the impression the whole thing is rather dire, but, you know, you're the Commissioner.

COMMISSIONER DEMARZO:

Well, quite honestly, the leading indicators, such as child care and food stamps, and we're expecting a significant growth in the HEAP Program, are showing there's a great interest in receiving assistance. One of the things we're seeing, which is of real concern to us, is we're seeing a number of people come in and our denial rate is the highest that we've seen it in a long time, especially the emergency assistance. Over 50% of the individuals are being denied for excess income. We're seeing families that are working that are coming to us, but the economic levels that you have to be at are much too low in some instances for the economy here on Long Island. So we are seeing a real demand for services, but our caseload is not growing at such a significant rate. It's really -- I use the word eking, which I'm not even quite sure is in the dictionary, it's eking up. But we do see a real spike right now in the number of people coming to the center. As I said, we had an 8 to 10% increase in the CPS reports. We have seen a stabilization of our services. Our homeless numbers were down in the early part of the year, so it's an ebb and flow.

If the economy stays where it's going to now, and the peak in demand is sustained next year, there will be stressors that we'll all feel, but I really -- you know, as you know, I listen to Squawk Box, I read my articles. I think there's just so many variables that people do not know. So, at this time, we're managing. There are demands in the centers at times. There are CPS reports that put strain on people, but we have been managing generally with the staffing and with overtime.

LEG. BARRAGA:

Okay. All right. Because, you know, and especially in your department, you're in a catch-22 situation, because, as the economy deteriorates, especially if we move into a recession, the demand for your services increases. But, at the same time, you know, where do you get the extra dollars, where do you get the extra revenues from government to meet those needs, you know? And right now, you know, this year, we face 126 million dollars in terms of a deficit. Maybe in 2010 we'll take a look at maybe 170, 160 million, depending upon what happens the next six to nine months. I'm not so sure the situation is going to change much from the standpoint of employees and who you can hire, even though on this end the demand for services may get to be much greater than they are right now based on economic circumstances.

COMMISSIONER DEMARZO:

It becomes -- it becomes difficult as the demand goes up. Right now the demand is really on the --

LEG. BARRAGA:

You're coping with it.

COMMISSIONER DEMARZO:

-- some of the transitional supports. One of the areas of real concern, and I think that the waiting list on child care is of concern, that we are up to 400 people on the waiting list for child care, as the speakers shared with you earlier. The State came down and they basically said there's no money there. There's -- only hope is that the Federal Government gives the State additional child care block grants. They indicated something that I had not seen. I had not thought through and not realized prior to last week, some of the money in last year's child care block grant was one-time revenue. They are concerned at even -- you know, that they're not sure how they can replenish some of the one-time revenue in the New York State Child Care Block Grant. So, even the numbers we're at now are in jeopardy.

So I think that all decision-makers and all policy-makers are put in the same position between trying to meet the demand for services and trying to find the funding. I'm hopeful that the State will not touch Social Services or child care when they go back on November 18th.

LEG. BARRAGA:

Well, I hope they don't, but you better anticipate that they will, because, you know, if you're talking about a 2 billion dollar cut in the existing budget, like I said this morning, there are very few pots of money left, Health, Social Services, Education, and that's where they will go, especially after an election is over. So, if you sit with your people, maybe you ought to anticipate some rather draconian cuts coming out of Albany that are going to affect you almost immediately.

CHAIRPERSON BROWNING:

Anyone else? No? Now that we've gotten all that doom and gloom, but, you know, I am curious, because I know you're saying your staffing levels are at the highest. And I'm looking at 2000 through 2008 and that's an eight-year period, and just curious as to, you know, the population that you served in 2000 and over the years, has the population that you're serving increased dramatically? So, you know -- so, is your staffing levels -- does it kind of even out the same as 2000?

COMMISSIONER DEMARZO:

Actually, one of the things, and we have spoken to Welfare to Work on Committee about this, it's hard to compare services. The 33% increase in services is really a mixture of a variety of programs. I mean, it's so difficult to compare Child Support Enforcement Bureau with Child Protective Services reports with homeless counts. So, when you try to do a services increase for the Department at large, it's not something that fits together quite well.

We have seen decreases in our traditional family assistance population. Our increases in HEAP and food stamps are something that we're really proud of it, because we have worked really hard to get those supports. We were really proud of our child care increases, too, until they exceeded the allocation and it was something that we had to stop, because we think that those supports, child care, food stamps, HEAP, are really important for working families, so they continue to be self-sufficient, but with receiving some, you know, minor government support, as opposed to being on full welfare programs.

CHAIRPERSON BROWNING:

Thank you. Does BRO have anything they'd like to say?

MS. VIZZINI:

(Shook head no.)

CHAIRPERSON BROWNING:

No? Okay. Thank you.

COMMISSIONER DEMARZO:

Thank you.

P.O. LINDSAY:

And Matt, Health Department have any comments or anything you'd like to say, report?

MR. MINER:

We didn't prepare a formal report. We're certainly here to answer any questions that you may have.

CHAIRPERSON BROWNING:

Okay. Any questions?

MR. MINER:

Would you like us to take a seat or --

CHAIRPERSON BROWNING:

None?

LEG. BARRAGA:

No.

CHAIRPERSON BROWNING:

None at this time. I guess you're getting off easy. So thank you. And I see Tom Ronayne is here.

LEG. STERN:

And Holly is here from Aging.

CHAIRPERSON BROWNING:

Oh, and Holly. I didn't see you there. Would you -- do you have any comments, reports?

LEG. STERN:

Bruce is here from --

CHAIRPERSON BROWNING:

Oh, I'm sorry, and Bruce. Bruce, would you like to make any comments?

MR. BLOWER:

I would be brief.

CHAIRPERSON BROWNING:

Would you like to come forward?

MR. BLOWER:

Ladies first.

MS. RHODES-TEAGUE:

Oh, thank you, Bruce.

CHAIRPERSON BROWNING:

Well, come and sit next to her.

MS. RHODES-TEAGUE:

I'd just like to ask for your support on our budget. You know, we're providing a lot of services out there, the 45,00 phone calls a year, a thousand people being serviced with home care, meals, 630,000 meals, and we're finding our population of people we serve is older and older. I think we have 80% -- 80% of our clients are 75-plus, so we do have a need to serve our older clients.

I just wanted to let you know, with the State budget cuts, even though there were -- there was a 6% cut in August, September with the State, we had received COLAs in our State funding, so, in actuality, we did -- we do have a net gain in our State funding, though I'm not quite sure what will happen after November 17th or 18th. But we are right now still maintaining our funding and actually had a slight increase in some of our funding. So, at this point, I'm just asking for your support on our budget.

CHAIRPERSON BROWNING:

Thank you, Holly. Any questions? No questions. Okay, Bruce.

MR. BLOWER:

Thank you. Good afternoon, Madam Chair, and Ladies and Gentlemen on the Joint Committee. I have a brief statement, but it's basically on a happy note, because we'll be fine.

A cost to continue 2009 operating budget has been recommended by Suffolk County Executive Steve Levy for this office. To set the framework for 2009, I point out that President George Bush signed the Americans with Disabilities Amendments Act of 2008 into laws, Public Law 110-325 on September 25th, 2008. Effective on January 1st, 2009, this new Federal Law overturns numerous court decisions that ruled a person too disabled to work, but not disabled enough to be protected by the original Americans with Disabilities Act of 1990. In brief, this new law restores the overwhelming intent of Congress when it was enacted and signed by the first President Bush on July 26, 1990.

On June 25th, 2007, the House of Representatives passed the ADA Amendments Act by a vote of 402 in favor to 17 opposed. Then on September 11, 2008, in the U.S. Senate, where it had 77 cosponsors, this act was passed by a voice vote. This bipartisan legislation reinstates a vulnerable class of people with disabilities who had been excluded by narrow court decisions from the ADA's protections, such as those with diabetes, cancer, and bipolar disorder. This new law will overturn U.S. Supreme Court decisions that have reduced protections for certain people with disabilities, including people with heart disease and mental disabilities, as was originally intended by Congress when they passed the original ADA in 1990. The ADA, thus, once again prohibits discrimination against Americans with physical and mental disabilities in the areas of state and local government, employment, public accommodations, transportation and communications.

In an unprecedented show of cooperation, disability rights, civil rights, and employer groups worked together to propose language that eventually became part of this ADA Amendments Act of 2008. It is estimated that on January 1st, 2009, when this bill becomes effective, an additional 10% of people with disabilities in this nation will be covered by this civil rights law. In Suffolk County, this translates to 31,500 more disabled citizens who will be covered in 2009, giving Suffolk in 2009 a total of 346,500 residents who happen to have a disability. This increase in Suffolk's largest minority will place added demands on the Office of Handicapped Services beginning next year. To address this, Suffolk County Executive Levy has kept one vacant position in our recommended budget for 2009 that was lost due to an early retirement incentive.

Another issue that must be addressed in 2009 anyone is the SCAT paratransit notice mailings that my office is required to do under Resolution Number 1407-2007. On September 25th, 2008, the Suffolk County Office of Handicapped Services sent out the first mailing to approximately 14,000 active SCAT paratransit riders telling them about a major change to provide a formalized origin-to-destination service and extended hours to request SCAT reservations. This origin-to-destination service is being done as a 90-day trial to see what adjustments have to be made. That means early next year, a second SCAT notice mailing will have to be sent out as these adjustments are made. The envelopes for this first mailing cost \$609, and the U.S. postage cost was \$5,320, using the County presort First Class indicia rate of .394 cents per letter. This first notice mailing total cost was \$5,929.

The Office of Handicapped Services does not have any postage money in its budget. We are

projecting a possibility of needing two SCAT notice mailings next year, with an estimated cost of \$7,000 each, doing it inhouse by the County print shop. The higher cost estimate is due to projected increased SCAT ridership.

Thank you for the opportunity to comment. We agree with Legislative Budget Review's analysis of our budget, and I'll be happy to answer any questions.

CHAIRPERSON BROWNING:

Thank you, Bruce. Any questions? No? Well, thank you, Bruce. We appreciate it.

MR. BLOWER:

Thank you very much.

P.O. LINDSAY:

And last, but not least, Tom, I had a quick question, because going through the budget, we see there was a \$10,000 -- \$10,000 in the budget for Gold Star parents.

MR. RONAYNE:

Yes.

CHAIRPERSON BROWNING:

Can you explain that?

MR. RONAYNE:

I think I'm going to move. I don't --

CHAIRPERSON BROWNING:

You're on.

MR. RONAYNE:

Yes. We had spoken about that several times during Committee. That is the money -- the budget or the cost that we anticipate for the Gold Star Families monument that we've talked about to be -- hopefully, to be located at Armed Forces Plaza, in addition to the other monuments that are presently located over there.

CHAIRPERSON BROWNING:

Okay. And this is for the monument for the --

MR. RONAYNE:

This is for the monument itself, yes.

CHAIRPERSON BROWNING:

How come it's in the Operating Budget and not the Capital Budget, can I ask?

MR. RONAYNE:

I thought it was in the Capital.

CHAIRPERSON BROWNING:

No, this is Operating Budget, correct? Gail, can you --

MS. VIZZINI:

Yeah. These are operating monies. There's a -- it's 10,000, right, Benny?

MR. RONAYNE:

Yes.

CHAIRPERSON BROWNING:

Yep, 10,000.

MS. VIZZINI:

Yeah. You know, contracted services. Are they providing some sort of anticipated maintenance, or something like that, or --

MR. RONAYNE:

We don't -- essentially, it's a granite obelisk with a gold star on the top of it. We don't -- other than we --

MS. VIZZINI:

Do you know what it's going to cost?

MR. RONAYNE:

-- DPW cutting the grass and so forth, we don't anticipate that there would be a maintenance issue.

MS. VIZZINI:

Do you know what the obelisk is going to cost?

MR. RONAYNE:

Just under \$10,000.

CHAIRPERSON BROWNING:

Is there an error as far as which budget it's in?

MS. VIZZINI:

Well, you know, that's a policy decision. It's possible there was no -- no will to bond the 10,000, so you could -- you would put it in the Operating Budget, if what Tom him says is precisely what it is.

CHAIRPERSON BROWNING:

Okay. Thank you. That was my only question. Do you have any other comments?

MR. RONAYNE:

We, again, as almost always, we're very happy with what we have going on in the office. We do also -- as Bruce did, we agree with BRO's assessment. We're working very hard. We have a great many veterans returning home, as we always have a great number of veterans coming into the office.

The one thing that I will say is I know the numbers sometimes can be deceiving. If you look at the census and the numbers of clients that we serve, what seems to be happening, right now, we have between three and four thousand Suffolk County residents who have returned since 9/11, mostly as OEF veterans. The reason that the numbers and the census are not increasing by those numbers is that we are, unfortunately, seeing a loss of our World War II, and we're beginning to see the loss of our Korean War veterans. The population that we serve right now, being the largest of the populations, are the Vietnam and Vietnam-era veterans. That being said, we're serving a lot of veterans, but we're, unfortunately, losing as many as we're returning home. We're treading water. We're able to continue to provide the level of service that I believe, and I hope that you would agree, deserves to be provided to our returning veterans and to those who are home. So we're okay.

CHAIRPERSON BROWNING:

Well, sometimes I don't think they're getting enough from the Federal level down, they're not getting what they deserve.

MR. RONAYNE:

That's why we're here fighting the good fight.

LEG. KENNEDY:

Madam Chair.

CHAIRPERSON BROWNING:

Thank you.

LEG. KENNEDY:

I have just one very quick question. It's always a pleasure to have you talk to us, Tom, and you're doing a great job. As a matter of fact, I hear from my constituents, as we all do. But I have to ask you one question regarding your compliment of staff. You did have one requirement this summer, didn't you, with the Veterans --

MR. RONAYNE:

I lost one position to the retirement incentive, yes.

LEG. KENNEDY:

Okay. And that position was abolished?

MR. RONAYNE:

Under the legislation that allowed for the incentive, yes. Any position vacated was abolished.

LEG. KENNEDY:

Right. So you were a group of five Veteran Service Officers, is that it?

MR. RONAYNE:

Six.

LEG. KENNEDY:

Six, okay. And you lost one, so you're opening '09 with about a what, 15% reduction in staff?

MR. RONAYNE:

Well, that's five plus myself. I'm also an accredited Veteran Service Officer.

LEG. KENNEDY:

And you're a chief, cook and bottle-washer, too, yeah, I understand that. But the fact remains that we're having an increased number of individuals who have more complex and more current disability matters, because I -- you know, we've spoken about them, I know them firsthand, we all do, and, yet, you're losing your most precious resource, which is your Veterans Service Officers to deliver service. You can't be happy about that.

MR. RONAYNE:

In a perfect world, I would not have lost a Service Officer. That being said --

LEG. KENNEDY:

I understand. I understand.

MR. RONAYNE:

Okay.

LEG. KENNEDY:

I'm not asking you to say anything else, I just want to make sure that we're all cognizant of that, that's all. Thank you, Madam Chair.

CHAIRPERSON BROWNING:

Good? Anybody else? No? Thank you, Tom. Thanks for hanging out. And with that, I'll make a motion to close.

LEG. STERN:

Yep, second.

CHAIRPERSON BROWNING:

And second, Legislator Stern. All in favor? We're closed.

[THE MEETING WAS ADJOURNED AT 4:34 P.M.]

{ } INDICATES SPELLED PHONETICALLY