

**HEALTH AND HUMAN SERVICES COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE**

Minutes

A regular meeting of the Health and Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Smithtown, New York, on Thursday, May 7, 2009 at 2:00 p.m.

MEMBERS PRESENT:

Legislator Kate Browning, Chairperson
Legislator John Kennedy
Legislator Tom Barraga
Legislator Jack Eddington
Legislator DuWayne Gregory

ALSO IN ATTENDANCE:

Legislator Bill Lindsay, Presiding Officer
George Nolan, Counsel to the Legislature
Sarah Simpson, Assistant Counsel
Renee Ortiz, Chief Deputy Clerk
Craig Freas, Budget Review Office
Kara Hahn, Aide to Presiding Officer Lindsay
Jack Caffey, Aide to Presiding Officer Lindsay
Leslie Kennedy, Aide to Legislator Kennedy
Janet DeMarzo, Commissioner, SC Department of Social Services
Greg Blass, Chief Deputy, SC Department of Social Services
Ed Hernandez, Deputy, SC Department of Social Services
Dr. Chaudhry, Commissioner, SC Department of Health Services
Brian LaHiff, Child Care Council of Suffolk
Janet Walerstein, Executive Director, Child Care Council of Suffolk
Audrey Van Deusen, Board Member, Child Care Council of Suffolk
Kathy Ligouri, Tudor Time
Alicia Marks, Tudor Time
Amy Stern, Assuring Your Wishes
Dennis Brown, County Attorney's Office
Debra Alloncius, AME Legislative Director
Other Interested Parties

MINUTES TAKEN BY:

Lucia Braaten, Court Stenographer

MINUTES TRANSCRIBED BY:

Kim Castiglione, Legislative Secretary

[THE MEETING WAS CALLED TO ORDER AT 2:14 P.M.]

CHAIRPERSON BROWNING:

Good afternoon. We'll start the Health and Human Services Committee meeting with the Pledge of Allegiance, led by Legislator Barraga.

(*Salutation*)

Good afternoon, and thank you. We'll start -- I think I have only -- I think I was getting a couple of more cards, I only have two. Is there anymore cards? No? Okay. We'll start with the public portion. And our first card -- oh, no, there is three -- is Kathy Liguori.

MS. LIGUORI:

Good afternoon. My name is Kathy Liguori. I am from Tutor Time Child Care Learning Centers. I'm here today to speak in complete and full support of I.R. 1352, establishing a policy to aid families in seeking child care assistance. This legislation ensures the continuation and the placement of each and every eligible family on a wait list for child care services. And what is most critical about this legislation is the direction to inform all eligible applicants of the ability to be on a wait list and to make the applications available online.

With yesterday's announcement from New York State Office of Children and Family Services to increase child care allocation by 7 million dollars overall to the 2009-10 budget cycle to Suffolk County, I wish to express the continued necessity of the wait list and to communicate that this increase is not a complete cure, as the 7 million dollars will provide services to about 750 children from the over 1,000 on our wait list. I do not want to forget the 2 million dollars that went into the Suffolk County budget for child care from our Legislature and County Executive, and if that money has not already been spent, it needs to remain in the budget, as the intent for that money was to -- was to assist in opening up the wait list.

The past few years I've made several testimonies about child care issues, and I could proudly say that the Suffolk County Legislature are all champions of child care. And during the past nine months what I'm going to call an ad hoc dream team of leadership stepped up for child care and the accomplishment was nothing short of amazing to me. It was a dream come true and I can clearly foresee that -- what could be done for child care if an established team or a team like this was established. In those nine months, nine million dollars was added to child care for Suffolk County. It was an incredible and profound opportunity for me to be a part of. The past nine months tells a story with a moral -- I'm sorry -- tells a moral of a story that I.R. 1352 is a must. Please pass it. Thank you.

CHAIRPERSON BROWNING:

Thank you, Kathy. Oh, here we go, I'm going to forget to use the button. I do want to say thank you, because, you know, reading the article in Newsday about us getting the money, there's a number of people, the Child Care Council, Commissioner DeMarzo, and, of course, yourself have been a great advocate for child care. And I am excited. I was thrilled to see how much money. I know we need more and I don't want to be on the negative, but, at the same time, this is -- definitely, it's a good day for all of us, you know. With that, again, thank you for everything you do.

MS. LIGUORI:

And thank you, too. We're all in it together. So, thanks again.

CHAIRPERSON BROWNING:

And the next is Alicia Marks.

MS. MARKS:

Good afternoon. My name is Alicia Marks. I'm the owner of the Child Care Learning -- Tutor Time Child Care Learning Center in North Amityville. It's not my first time coming here to speak about

advocacy for child care as well.

I want to thank Kate and others for going to Albany with the Child Care Council advocating this wonderful cause for children. I'm here to speak today about the sheer necessity for access for our families to have online applications. I on a daily basis deal with families day in and day out that, A, have a language barrier, and I do speak Spanish as a chosen skill fluently, and that is my proudest attribute in order to help the majority of the families in my territory, which is North Amityville, Copiague School Districts. So to eliminate some of the anxiety, the stressors that they deal with on a daily basis, whether it is language, whether it's just not being able to communicate well, we want to make sure this is a tribute to easy access, not making things in the proverbial red tape method.

Families, as we all know and are familiar with by now, deal with child care and security as a number one issue. Why can't we make the easier things easier? Although they don't own computers, child care providers that are licensed and registered should be the number one people outside of the Department of Social Services that can gain access for these families to have what they need on a quick basis. Some of them would even lose their jobs if the paperwork is lost, or if there's some sort of a block or obstacle which keeps them from getting their accreditation or certification in a timely manner. I just want to make things easier. We're on the right road right now. Please help us to continue in that same vein. Thank you.

CHAIRPERSON BROWNING:

Thank you. Next is Janet Walerstein.

MS. WALERSTEIN:

Good afternoon. My name is Janet Walerstein, and of course, and I'm the Executive Director of the Child Care Council of Suffolk. But I could just say ditto to what has been said. And, you know, I'm -- and the gratitude that we feel that -- around our allocation. Big sigh of relief because you wake up at three o'clock in the morning and say, "Oh, my God, all those children on a waiting list." But I'm here today to support Presiding Officer Lindsay and Legislator Vivian Fisher and Jon Cooper's resolution, 1352, establishing a policy for the Department of Social Services that can keep a waiting list of all those eligible for subsidized child care if they cannot be served at the time they are in need.

It is also critically important to have an online application so the process is more available, and that the Child Care Council have that availability as well. We have approximately seventy-five hundred parents contacting us each year for their child care needs, and we know the anxiety of parents not knowing where to turn or how to pay for child care and having to go to work. The waiting list, while not immediately helping, it does give some hope that their needs are being heard as we help to find support for them.

Today is a red letter day in the fact that Suffolk has been awarded about 7 million dollars for child care subsidy that will now be available for the most needy on the wait list of over 1,000 children. DSS can now turn to that list for parents. That's why this bill making a waiting list mandatory and online assures the concept will always be in place for the future. It is also important as we try to analyze what the need is for child care, and to bring that information to the State for the fiscal consideration. There have been times, however, when a parent in calling DSS has not been told of the waiting list and may have missed their opportunity as funds became available. This bill assures that all parents must be told about the application and how to access it. We have been aware that this is not always true.

Please support the legislation and the Child Care Council of Suffolk applauds the Legislators, and again, being on the cutting edge in bringing forth a bill that highlights this urgent issue. DSS and the Commissioner have been forward-thinking in keeping a list, and that is not true in other counties across the State, including New York City. Kudos on this important policy bill. And thank you again.

CHAIRPERSON BROWNING:

Thank you, Janet. And we have -- I know the Commissioner Chaudhry had wanted to speak a little bit on I'm assuming it was to do with the influenza. But I did forget to mention that the celebration of Nurses Week is the 6th of May through the 12th of May, and it is in the theme of nurses building a healthy America. The time chosen each year is around the birthday of Florence Nightingale. So I just wanted to make mention of that.

But we will start with our presentation, and we have Amy Stern of Assuring Your Wishes and the United Hospice of Rockland. You're going to have to hold it down, but thank you for coming this afternoon.

MS. STERN:

And thank you very much for having me. And it's really kind of a wonderful segue to go from technology in child care to technology in healthcare. I also thank you for thinking about such an important issue about what might be an effective way to guarantee for the residents of Suffolk County that their decisions around healthcare, who they select as a healthcare surrogate when they're unable to make healthcare decisions, and what -- any wishes they may have been -- they may have made can possibly be made available to healthcare providers at the time when they are needed most.

We were pondering this question in our own community, and it was my own personal experience in not being able to find my brother's healthcare proxy at the time that he needed it in 1994. My whole family knew that he had executed a proxy. We had a living will in our possession, but some of you may know that a living will only applies when someone is terminally or irreversibly ill. His healthcare providers did not think that was applicable at the time, and we were unable to make healthcare decisions for him, because we could not demonstrate that we were the decision-makers that he chose.

So that was the history in how Assuring Your Wishes got started is that hung with me personally. And thanks to the support of the Board of Directors of United Hospice of Rockland, they let me move forward with this.

The current licensees I've provided for you. There are now nine counties that have Assuring Your Wishes available to their residents. The -- I believe, but I'm not certain, that the Council on Aging in Niagara is a county entity. All of the other licensees are private licensees, and you see that several of them are hospices and a couple of them are hospitals.

What is Assuring Your Wishes? For the end user, it's a free secure web-based way to provide your community, first with comprehensive information related to advanced directives, to enable community members to safely and securely store their advanced directives in a place that will enable them, those they designate, and healthcare providers to retrieve advance directives, to give healthcare providers a way to locate patients advance directives so that their wishes will be known and, hopefully, honored. Directives can be printed straight from Assuring Your Wishes for inclusion in a patient's medical record, and it's also an opportunity for whoever the licensee is to market themselves in another way and enable you to strengthen and establish new relationships.

What I did here was I provided for you what is the home page to Assuring Your Wishes. As you see, one of the things that was important to us is we did not want to make it difficult for health care providers or for individuals to have to look deep into the site to find their advanced directives. So right on the home page on the left-hand side, click here to search for advanced directives, and we'll go through the screens and you'll see how simple it is. They can just go to the first page and quickly be able to access the directives.

There also, you will notice, except for the fact that Rockland has been selected and the organization that sponsors it in Rockland is United Hospice of Rockland, there's nothing else on this page that designates any particular licensee. Once you pick a particular county, going to -- you see it pops up on top, the site then becomes customized for the licensee, and we do that via a survey that we

provide to all licensees. So, in Rockland County it is a service of United Hospice of Rockland.

You see along the left-hand side some of the various areas and information that's available on the site, and as we go through, you see there's frequently asked questions, instructions on how to get started in completing advanced directives. We knew -- we include things like preparing advanced directives, choosing a healthcare agent, making end-of-life decisions. We felt that just providing the forms in and of themselves were really inadequate, and we are seeing time and time again that people are going to the site and probably at a time when it's quiet in their house and they can concentrate, they're looking at this information and processing it. We give them the steps of how they get their directive stored in Assuring Your Wishes.

We have made this as simple as possible, both for the licensee, who will operate the site for their particular area, as well as for the user who's going to store their directives. This, when you click from the home page, and you -- and you've clicked the box "Click Here to Search for Advanced Directives," there's two ways to find advanced directives. When someone submits directives to the licensee, first, I want to go over with you the directives that can be stored.

A healthcare proxy, a living will, a do-not-resuscitate order, wishes regarding organ donation, and we also make available, if you so choose, what's called a Halachic living will for the ultra orthodox community. We are working with Dr. Pat Bomba from Monroe County up in Rochester regarding the MOLST form. Some of you may be familiar with MOLST, which stand for Medical Orders for Life Sustaining Treatment. Right now it is not on the site because New York State legislation requires that it be a hard copy, hot pink form, and there needs -- and physicians need to constantly update that form regarding medical orders. If Dr. Bomba is successful in getting the Legislature to think about how it might become an I.T. based form and how physicians can go online to provide medical orders on an ongoing basis to update that form, we will integrate that with Dr. Bomba into Assuring Your Wishes.

In the meantime, you will see on the left-hand side, if you are a physician, or you are a patient, we use the word "patient", an individual, or even a -- that has a password, you can just put in your name and your password. Physicians can register right online and they get a password. On the other side, you see, you can be a healthcare entity that registers with the site and you can also get a password. And then what happens is once you put that information in, this is what pops up. Document -- one, two, three documents for sample patient. Sample patient here has an authorization form. That authorization form was designed -- was designed by and gone over from -- by Legal Counsel from Arent Fox that has a Healthcare Division, as well as Nixon Peabody Upstate. The authorization form is stored right online, the healthcare proxy is here and the living will along with this individual's organ donor designation. If you click on any one of those, what you see is sample patients healthcare proxy. It looks just like the State form. We use the State form, although it's not required. It could be printed straight from here. It gets scanned by the licensee, all of these documents.

The most common scenario is people are completing the enrollment form and the healthcare proxy, occasionally a living will is coming in. Depending upon the healthcare provider, sometimes a DNR floats in. We see more out-of-hospital DNR's coming in than obviously hospital DNRs.

Continuing, you have a frequently asked question piece, the how to get started. In addition to the licensing fee, and the licensing fee is \$3,000 year one if you are a member of the State Hospice Association, \$4,000 if you are not, and you can join the Hospice Association for \$300.

In addition to that, there are some other fees that would naturally go along with this. When someone submits their documents to the licensee, the licensee uploads the forms straight to the site, they get a special access to the site, and they return to the individual three I.D. cards that are wallet-sized that are meant to be carried in their wallet. On the wallet-sized card it has their name, their password, and on the reverse, instructions on how to access the directives online.

Naturally, we provided the other way to do it, because we figured what are the chances that any one of us always has our Assuring Your Wishes I.D. card with us right before we wind up in an emergency room. That isn't likely. More often than not, people are not going to have their Assuring Your Wishes I.D. card with them, so that's why we provided both physician access and healthcare institution access to be able to search for directives, even if you're not sure that someone may have the directives.

Some of the other material -- you could see here the I.D. cards. They are perforated cards. They run through a regular printer. We provide a template to be able to get the information on the card where it needs to go. Whoever the licensee is returns all materials to whoever's enrolling. There's no need to store paper copies by any of the licensees.

There are some additional things we suggest that people get. We think it's important that they have brochures to distribute in the community. There are some posters that are available in the community. And we also have mouse pads, pens, other things that keep Assuring Your Wishes in the mindset of those who are -- mouse pads we distribute in our own community to healthcare providers to keep right by computers so that they know, and it gives them instructions where to look and how to get there to find these directives.

In order to make this successful, whoever the licensee is needs to develop what we call community partners, and community partners have to have certain responsibilities. Obviously they're going to support the goals of Assuring Your Wishes. They're going to educate the staff at their own organizations about advanced directives. They're going to host events, we hope, that encourage the completion and submission of directives, and provide mechanisms to promote an awareness of the availability of Assuring Your Wishes as a community resource for physicians in their facilities, encourage physician registration, and allocates -- we pre-registered hundreds of physicians, and then sent them information about Assuring Your Wishes to make it easy for them.

Some of our partners serve as a site where community members can drop off advanced directives, along with authorization forms, and we hope that they'll display posters throughout the institution to promote consumer awareness of the program and encourage healthcare providers to constantly check the database for directives. We hope that in many of the healthcare institutions, as they are obligated to by law, we hope they will assist individuals with the completion of advanced directives. More often than not, that doesn't happen, some are better than others. Nursing homes do a really good job of that. They have their residents for a long period of time. Hospitals, it's a little more difficult. They're there for a very short time, and it's usually difficult to find someone who does much other than hand someone a form, but we hope that there's someone who could provide some information. We hope that they'll display the brochures throughout the facility, identify additional ways to promote Assuring Your Wishes, and designate someone as a point person within their institution for the program.

What are the licensees responsibilities to the community partners? To provide assistance for them to be able to do educational presentations. We kind of have a train the trainer model. Provide program brochures. If you so choose, you can ask that the healthcare providers purchase their own brochures. We just thought that we would get a lot further if we provided the program brochures and we have been successful in getting some grant money to be able to do that. To provide the organizational I.D. and password for the designated users that are identified by community partners to pay the licensing fee. That makes the service available to the residents of your community. And to promote community partners. We promote them in our own publications and press releases for what they're doing to move this initiative forward.

So that's kind of an overview. That's an overview of Assuring Your Wishes, and I'd it be happy to answer any questions that you have.

CHAIRPERSON BROWNING:

Thank you. I see your finger's getting sore, but, you know, I'd like to say thank you to DuWayne

because he's the one that brought our attention to this to have you come. And I'm curious. I guess it's a start. Is this something that the Health Department would be involved in, Commissioner. Do you want to come up and maybe you can share some information if you know anything about it? I believe, Legislator Gregory, you do have questions?

LEG. GREGORY:

I also wanted to thank Amy, Ms. Stern, for coming here and making your presentation today. This is an important issue, I think. And as you eloquently referred to in the beginning of your remarks, that with technology today, you know, it's only common sense to use that technology as it relates to healthcare. You know, you went through all the appropriate talking points. I'm just curious as to the number of people that have used or accessed your services to this point. Do you have that number?

MS. STERN:

That is a very good question. Just as a generality, only 24% of the public has a healthcare proxy to start with. So, very, very few people are completing proxies to start with. We need to do a better job about educating the community about that. We've been operating the program in our community for three years. We have a population of 300,000, about less than 200,000 are adults over 18, obviously minors can't complete this form, and we have 500 directives stored. So it takes a while to educate the community. But I also think about it. When we first started our hospice program we had ten patients on our hospice program. We have 120 patients a day now in our hospice program and 60 patients on our palliative care program. We had a quarter million dollar budget and have a ten million dollar budget today. So, like with anything, it grows over time when you have individuals and organizations that are committed to something. But I would not anticipate that if you started the program tomorrow that you would be inundated with thousands of documents being stored. That should only happen for all of us. But, nonetheless, there will be documents being submitted and there does need to be a mechanism worked out on who's going to be responsible for scanning -- reviewing the documents. We do a brief review, we don't do a legal review. We make sure that the documents, one, are legible. If we can't read the document, how is anybody else going to read the document? We're not talking about the signature, but any instructions that are written on the document.

The other thing that we do is we make sure that the document is signed and dated, and that the -- especially for our proxy form, that there are two witnesses and they are not the healthcare agent, because, obviously, that voids the form if they're the healthcare agents or the alternate agent. So that's essentially what our review is, but we do have someone assigned within our organization to make sure, in addition to which we do a lot of community education about this. And we've accepted this responsibility, because for us, we viewed it as that it is a mission-driven responsibility for us.

LEG. GREGORY:

Okay. The next question I have is how do you address the liability issue?

MS. STERN:

The consent that was done is a very detailed consent, more detailed in actuality than I would like it to be. You can look -- you can go to the site and look at the enrollment form, so it does have issues related to liability. It is really no different than if someone's -- than the paper form. If you're a health care provider and someone hands you a form or their relative hands you a form, you are responsible for assuming that that form is a legitimate form under the law, unless you have some reason to believe that it's not. So there is no more liability for this than there is -- except in this case you're not the healthcare provider.

The documents are stored on a secure separate server; they're not mixed with anything else other than Assuring Your Wishes documents. The only documents that this County would be able to access, obviously when you're searching for a document, it is searching the entire database. If you have someone in one of your healthcare institutions that came from Ithaca, it will search through the Ithaca database for it, but you can't get into the Ithaca database personally. So we restrict the

access to the database for storing just to your particular county, not because we have to, but because we thought it was a good thing to do that. We are not required to be HIPAA compliant, because Assuring Your Wishes is not a covered entity under HIPAA, but we attempt to comply nonetheless, and look at access and security as if we are a HIPAA.

LEG. GREGORY:

Also, I'm thinking of the liability aspect as of -- say I submit a healthcare proxy or advanced care healthcare directive and I want to make changes to that. You know, if the -- say the Department of Health were to be responsible, say a clerk typist or whatever would be responsible for inputting that information into our database or website, and should that person neglect to make the appropriate changes to my -- for my amendment, would the County be held liable?

MS. STERN:

Again, I would make the same argument that it's no different than a paper document. If you are a healthcare provider, the document that's handed to you is to be assumed that it's a -- they do have -- and we put this in the enrollment form. The individual is responsible when they update their document to make sure it gets resubmitted to Assuring Your Wishes. If the individual doesn't do that, that's not the document that's stored. The same way if the individual hasn't given their healthcare agent the updated document, the healthcare agent only has the earlier version of that document, and the healthcare provider may never see a subsequent version of the health care.

LEG. GREGORY:

But in the scenario that I just laid out, they received the document, it's just the true wishes aren't reflected because it wasn't inputted correctly.

MS. STERN:

I think you'd have to ask counsel about that.

LEG. GREGORY:

Okay. So you haven't really dealt with that situation as yet.

MS. STERN:

We haven't heard that that's happened.

LEG. GREGORY:

Okay. And then I totally agree and I understand that, you know, making the database or the website available is important, but equally as important, maybe even more important, is the outreach and the coalitions and the promoting of the program to get the word out so that people know that it's aware -- that it's something that's available. I believe in my research, there's probably about six or seven states that have statewide directives.

This is something that I had gotten wind to -- I was at a presentation, actually with a representative from the Attorney General's Office, and I think you and I had this discussion. And they were talking about healthcare directives in one of the senior centers, senior communities, assisted living communities in my district, and there were about 200 people there. They said, "What do we do if, you know, at that time of need or emergency," you know, the directive is not available, or the person -- the agents not available? So I thought, well, you know, maybe we should do something about using the technology that we have. I went online and researched and saw that other states have this, and then, you know, our paths crossed and here we are. So I think it's something that's important. We have some kinks to work out, but I thank you, certainly, for coming here today and making your presentation.

MS. STERN:

We have demonstrated this both to Assemblyman Gottfried on the Senate side, Senator Duane's predecessor, Senator Hannon, and are hoping that this does eventually become the directory that is recognized as the State directory. We don't see it right now as being a viable option, given the

current economy, that the State's going to tackle this right now, so we decided not to wait. We decided to make it affordable, that our only goal was to recoup some of our costs. The second year price drops in half, so after year one and the initial three or four thousand dollar cost, it drops to either fifteen hundred or two thousand dollars. So we wanted to make it affordable to every community with very little investment in terms of the licensing fee.

CHAIRPERSON BROWNING:

Okay. So I guess say Suffolk County wanted to do this tomorrow. Commissioner?

COMMISSIONER CHAUDHRY:

Thank you, Madam Chair. Is there a way to lock this microphone? I guess not. Good afternoon, everyone. I also appreciate Legislator Gregory for bringing this issue to the floor. We've had some conversations about this. As an internist myself, I dealt with this a lot in private practice. And I'm not surprised by the numbers. Ms. Stern quoted the vast majority of people don't have advanced directives. I'm not going to ask for a show of hands how many of you do, but you and your loved ones should certainly consider that.

Ms. Stern did meet with my department, its Division of Patient Care and Administration, and I did have a conversation with Legislator Gregory about it. We couldn't implement this tomorrow, but we certainly want to explore this, because I think, as we have an aging population in the County, as in much of the country, it is an important issue and there are some specific issues as related to cost, resources and liability, as has been eluded to. So we'd like to work with Legislator Gregory to iron out the details and with Ms. Stern as we move forward. But at this time I would recommend tabling so that we can discuss further, but we have been having ongoing conversations. It is an important issue.

CHAIRPERSON BROWNING:

And so the startup cost, if the County was to do it, is how much?

MS. STERN:

The startup cost would be, assuming that you joined the Hospice Association for the \$300, it would be \$3,000, plus there would be some materials cost, depending upon what the quantity of materials are that you would purchase. Obviously, the higher the volume of printed materials, the lower the per piece cost is as when you print anything. So the minimum thing I think you would need to have is you'd need to have the I.D. cards, because, obviously, those have to go back to each individual. I think a certain number of brochures and posters for the healthcare institutions across Suffolk County, as well as perhaps other -- we have Meals on Wheels supports the program and has posters in their nutrition sites, thinking about -- we have the Bar Association on board trying to get people to store their directives upstream before they're even ill, right after they execute their directives. We've provided the enrollment forms to counsel and have asked them to have their clients, as they're completing them, store their directives. So there are a certain amount of upfront costs, in addition to the licensing fee, along with the staff costs involved in it.

COMMISSIONER CHAUDHRY:

Right. And I was just going to add that there are some additional labor costs that would need to be worked out. So those are the types of issues we'd like to work out and then come back.

CHAIRPERSON BROWNING:

Okay. Thank you. Thank you for your presentation. Oh, one question. Legislator Kennedy.

LEG. KENNEDY:

Thank you very much. From my experience, you hit on things that are very timely and specific. And you're right, both from personal experience and even in draftsmanship roles, unfortunately, folks don't always do their preplanning, and it is when they're incapacitated in an E.R. or in a hospital bed. You'd have to go through tremendous hoops and gyrations in order to get someone or anybody with capacity. And a default I believe is, is that a hospital will always take any and all

measures to go ahead and engage lifesaving processes, no matter how far the range is.

That being said, I guess I'd ask Dr. Chaudhry, how would we -- if there was, after we've had some discussion and looked at these things, we have about what 40,000, 50,000 patients, all told, that utilized our clinics? I mean, that's our primary entry point for care in which then that moves up a hierarchy, I guess, if, you know, patients need more intense or progressive care, correct?

COMMISSIONER CHAUDHRY:

We have some 60 to 70,000 residents who we see as patients in our ten health centers. And I'll add that, also getting back to what Legislator Gregory was saying, in reaching out to hospitals as hospitals develop electronic medical records and we partner with them, they may also have mechanisms in place. When I was in practice 15 years ago, hospitals didn't have that. It was all a paper record. And even if the patient were admitted a week before, if they came back, you know, good luck finding those records. But with an electronic record I'd be curious to see what the other 11 hospitals in Suffolk County have in place. You know, I don't know offhand and those are the types of issues we'd be exploring. Our staff met with Ms. Stern just today, but we'd like to get more information along those lines.

LEG. KENNEDY:

I would be interested. The other question that I'll pose to you is, have -- with the 500 directives that you have in your registry now, have you ever encountered a situation where an individual, for whatever reason, has executed, you know, new documents, they have a live document, I guess, that's at odds with what may be in the directory, and how do you handle that situation.

MS. STERN:

We have new documents sent to us, so that we have updated the database. If there are new documents that are executed and haven't been sent to us, we don't know about that.

LEG. KENNEDY:

Okay. Thank you.

MS. STERN:

I would just like to make a pitch for one more thing that has nothing to do directly with Assuring Your Wishes, but the New York State Assembly has passed the Family Health Care Decision-Making Act, which provides surrogate decision making on a hierarchy for individuals who have not executed a healthcare proxy. There is now legislation. I wish I knew the number. S3164, it might be, that Senator Duane has put forth. It is going to come out of committee. I would strongly encourage you to encourage your representatives here on the Island to support that legislation. Last year that legislation was passed for individuals with developmental disabilities. The rest of us don't have that right to have surrogates if we have not completed a proxy form. So this is the first time in 15 years that both Houses of the Legislature, of the State Legislature, have same-as legislation. It's an opportunity, I hope, that doesn't get lost.

CHAIRPERSON BROWNING:

Okay. And can you give me that Senate number again?

MS. STERN:

I think it's 3164. It's the Family Health Care Decision-Making Act.

MR. FREAS:

That's not it.

MS. STERN:

That's not it? It's three one something.

CHAIRPERSON BROWNING:

We'll find it. We'll find it. Amy, thank you for coming.

MS. STERN:

And thank you very much.

CHAIRPERSON BROWNING:

I hope we can move on this. I think it's a great idea. I guess we'd like you to just go ahead and stay here. I know you are going to talk about the Swine Flu.

COMMISSIONER CHAUDHRY:

Yes. Thank you, Madam Chair. I would just like to present the committee with an update on where we are. This is now, I'm sure you're all reading the papers, day 14, actually, of our County's experience with this new virus. It's becoming increasingly apparent now, thankfully, that the virus, the H1N1 influenza virus, previously known as the Swine Flu virus, is possibly more infectious than seasonal influenza in terms of human to human transmission; at the same time it appears to be less severe, and that's very good. Of course, what that will mean with next season when this may come back to us in the Fall is hard to predict. But there are mutations that can occur in the virus.

In terms of Suffolk County's experience, you know, I think there's some excellent lessons learned. We're still analyzing this. We're not out of the woods yet, we're not done. But, certainly, communication, coordination and participatory decision-making have been critical to the way in which the Department of Health Services and our -- particularly our Division of Public Health has managed everything. Communication within the County has been excellent, very good, both with the Health Department and with FRES, Fire, Rescue and Emergency Services. As I'm sure you're aware, the Emergency Operation Center was activated on Sunday and is actually still in place through Friday. The Division of Public Health, Division of EMS, Patient Care, Preventive Medicine, many different areas within the Department combined their efforts and sometimes even assisted other divisions, and that was nice to see.

As many of you know, we've been planning for a pandemic-type exercise situation with tabletop exercises for several years and, so, in a way, we were set for it, but it can never be a perfect system, but you try to do the best that you can. So, as I say, as we discuss in our County some lessons learned, that's going to happen at the State level as well.

Coordination was very good between the local Health Department and with the State Health Department. As many of you know from the electronic updates that I have given to the Legislature and to others, we've been in constant communication on a regular basis, and I was very pleased to see that. It's hard to predict how these things will play out in an exercise, but to actually have it happen was nice to see. Everyone was accessible, you know, throughout the day, as well as the evening and also into the night.

The coordination between the Federal Government and the State was not always as appropriate as it should be in terms of the timing. I think part of this is the reflection of the technology, that everything happened so fast that sometimes there's a tripping over, if you will, of some of the information that gets out there, which is why the CDC's announcement on Tuesday that schools should -- can now reopen actually was made at a press conference by the CDC Acting Director an hour before the actual written document was received by the local and State Health Department. So, again, slight coordination issues there.

The participatory decision-making was very good as well. As you know, we have to recommend a school closure based on upon an original guidance with CDC. We were in very close touch with the Deer Park Board of Education, the Deer Park School District, who were in my office. In fact, the actual decision to close the school district was made in our Headquarters. I had invited on Saturday evening the -- several members of their administration to come to our offices and feel free to use our boardroom and met with them for almost an hour-and-a-half, and then they met for another hour-and-a-half. It was a very thoughtful decision-making process that even the New York State

Health Commissioner commended specifically by name the Deer Park School District for its thoughtful decision-making in collaboration with the local Health Department.

Technology was outstanding. There was some pilot programs that we had in place in the County which, because this was happening, we instantly said let's go from pilot to actually adoption. I refer, for instance, to something called First Watch software, which is phenomenal. I have to show this to you one day on a demonstration, but, literally, we in the Health Department can now set thresholds for 911 calls received for things like shortness of breath, fever, and cough. And so, for instance, let's say, for the sake of argument, that there are more than five such calls coming in from Bay Shore in the last 24 hours. If your threshold that you've set is five and you hit that threshold, I would get an electronic alert on my Blackberry and instantly I could go to my desk top and see not only where those five calls came from, but also what time the calls came in, which hospital they went to, which -- what was the disposition. And it's not just for shortness of breath and flu related symptoms, you can do this for chest pain, abdominal pain, etcetera. It's a fantastic way of knowing firsthand in real time what is happening and it doesn't require additional inputting either, which is fantastic, because when the 911 Operators get these calls, they would ordinarily enter this information into the system. The system captures that information so you don't need to enter new data.

That was good to have, because in addition to that, which was electronic and technological, we had our traditional boots on the ground, if you will. We had our Division of Public Health, as always every morning, I think you all know, 365 days a year, reaches out to every single hospital in Suffolk County every morning to get a sense of what's happening, what kind of admissions have you had. What are the -- is there any pattern of presentation of the symptoms, so we can be proactive. To have that happen along with this technology should provide some reassurance to not only to this committee, but also to the residents of Suffolk County, that, you know, we have that sort of information available to us.

Many of you know I had started doing electronic updates initially for the Legislature. We added Town Supervisors. I kept adding and adding and adding. It's now up to more than 1,000 people. So I didn't know how that would play out, but the response has been very positive. We didn't have one database like this of all the leadership and all the community-based organizations and all the school districts before, but now we do. And certainly, God forbid, the next time this happens we would be prepared.

In addition, we recognized when this started we wanted to reach out to doctors. The Suffolk County Medical Society, which is a branch of the American Medical Association, was very quick to respond and say, "We're there for you, let us know how we can help," but not every doctor is a member of the Suffolk County Medical Society. So then the issue was well, how can we instantly -- how can I, as Health Commissioner, reach out to all of our doctors? And there was no E-mail address list anywhere, in the State or in the County, for every doctor. So we were able to, through some discussions at the New York State Department of Education, get the addresses of -- the mailing addresses of all 4,500 doctors in Suffolk County.

So, yes, we didn't have E-mail addresses, but we sent out a traditional letter. But we asked them -- and we gave them a website address that we created in the Department that if you get this letter please give us your E-mail address so that we can start to create a database, because should this happen again, or something like this or worse, we need to have instant communication. It's not enough to just send a letter, even though the U.S. Postal Service can get those letters there in a day or two, sometimes communication needs to be faster.

I was using Twitter. I don't know how many of you Twitter, but the CDC was using Twitter. There was a CDC Twitter connection called CDC Emergency. So, instantly I would know if there was a new CDC guidance issued, usually minutes before my staff found out, because there are also internet alerts that people can get. But I was amazed at how that works. In fact, I found out about the first death in the United States due to -- attributed to this virus by a Twitter alert at like six in the

morning. You know hours -- a couple of hours before anyone else did in the department.

And so, as I say, the next issue will be what's going to happen in the Fall. There is going to be vaccine production. We'll have to ramp up our efforts. People will want this vaccine, although there are people who lived through 1976 who were weary about what happened back then. Maybe not all will want that. Of course, technology has moved ahead and we'll have to see how the CDC guidance moves forward with that. We're also in the process of -- in the military we would call this the after action reports, putting together some of the information of what we've learned and combining it with the State.

Right now, today, at around 3:30 p.m., actually only 25 minutes away, the New York State Health Department Commissioner, Dr. Richard Daines, is going to announce some additional cases that have been confirmed in the state. There are a few in Suffolk, a few in Nassau, a few more in New York City, and the -- what's changed is our response. Schools don't need to be closed. In fact, most of these cases are actually from a backlog and all -- nearly all have recovered already. So, that's the good news, that those who got this did better than anticipated.

And then you could -- you know, I've heard people say, "Was this an overreaction?" It's easy to play "Monday Morning Quarterback", but, certainly, last week, or just before the beginning of last week, the only experience we had was to look at what was happening in Mexico, and what we saw was that 1,000 people got hospitalized attributed to this virus. It wasn't confirmed. And there were several hundred deaths at that point; again, not confirmed as being caused by this virus but that was a working assumption. So that's why there was quite a bit of Federal preparation, State preparation, and even County preparation. There was constant interaction between the Counties and with the State Health Department as we move forward.

With that as a summary of where we are today, I'd be happy to answer any questions. I will continue the electronic updates until such time as it seems unnecessary, but I'd be happy to take any questions.

CHAIRPERSON BROWNING:

Questions? You know, I'd like to know, because when I hear about people getting the Swine Flu and these different sicknesses, and it seems like it's different ages, you know, young, it's old, and I always wonder, do you track the people who are getting sick to find out are they people who have past histories of ailments in the past, you know, like young children who've maybe had multiple ear infections, taken a lot of antibiotics, that maybe just their immune systems aren't that strong and that's why they get sick? I'm always curious to know do you track that kind of information?

COMMISSIONER CHAUDHRY:

Almost as a general rule as part of our epidemiological analysis, any kind of communicable disease that's out there, we try to get as much information as possible. So each case we spend hours with and sometimes -- initially, we were trying to connect a link, because there was a thought that all these cases must be linked to travel perhaps. We now know that that's not the case. The virus is in 44 states. It's no longer connected to overseas travels or to St. Francis Prep School. It's in the community, which is one of the reasons, by the way, that the guidelines changed to say that schools can now open. One of the reasons you close the schools is to try to contain the virus, but if it is in the community it is like seasonal influenza. You really can't contain it.

But to answer your question, not only in our County but across the country they're looking at those types of questions as you've just asked. That's also a contrast with this virus as opposed to seasonal influenza. I think you all read, seasonal influenza typically hits those who are most vulnerable, the youngest, the elderly, those who have compromised immune systems. This virus very clearly hit those with competent immune systems. There's specific physiologic reasons for that. So people who have no prior medical or surgical or, you know, frequent infections were actually, ironically, almost paradoxically more susceptible to this. The median age might have changed, but two days ago for the United States of who got this virus was 17, and for the world it's in the

twenties. So there is something unique about this particular virus, which also made people nervous and why there were these initial guidelines to close schools, because you didn't know if the same thing that happened in the southern hemisphere would happen here as well.

So, yes, those are the types of issues that they're going to be looking at, the scientists, and we'll be looking to see what conclusions they come up with. But that was one of the things that made everyone a little more nervous than usual.

CHAIRPERSON BROWNING:

Thank you. Any other questions? No? Okay. Legislator Kennedy has a question.

LEG. KENNEDY:

Doctor, I just had a brief question on a different topic. And it may be premature. I'll get back to you. You know, our Fourth Precinct is rapidly moving. As a matter of fact, as we come in here we see what's going on, a LEEDs building, as a matter of fact. The existing Fourth Precinct is going to become vacant. There's been a lot of discussion about where that project might go. And one of the things that I heard was that there may be some request for one of the laboratories out at the Health Department who needs space. I don't know. Is it the M.E.'s Office, is it Vector Control, is it --

MR. FREAS:

It's the Public Environmental Health Lab, sir.

LEG. KENNEDY:

Public Environmental Health Lab.

MR. FREAS:

The Public and Environmental Health Lab is the one that is looking for space in the renovated Fourth Precinct.

LEG. KENNEDY:

Where is that lab now?

MR. MINER:

Matt Miner, Deputy Commissioner. We've worked with DPW and DPW has engaged an engineering firm to do an assessment of all our labs, our Vector Control Lab, our Public Environmental Health Lab, as well as the M.E.'s two labs, Toxicology and the Crime Lab. What they are doing is coming up what I would determine as -- call as a master plan. There are no specific plans to move anywhere. What the engineering consultant is doing right now is preparing a master plan, and as part of our overall capital plan, we will be forwarding to the Legislature recommendations as to where and how to proceed.

All of our labs in the M.E.'s Office, the Toxicology Lab, the Crime Lab and the Public Environmental Health Lab are pushed for space. So we clearly need some more space, but we want to do it in a systematic way, and that's why we've basically taken a step back and doing some master planning, so we can not only design for today, but going forward with technology and the Federal and State regulations change.

LEG. KENNEDY:

Which makes tremendous amount of sense, and I'm pleased to hear that. As a matter of fact, there must be some redundancy for some of the equipment in these various areas when it comes to whether it's testing, I don't know, folks, humans or --

MR. MINER:

And that's exactly why we've taken a step back and had a lab consultant familiar with designing labs throughout the country is looking at it and working with the Lab Directors, met with many of the Lab Directors, toured many of the labs. They are continuing to do that, asking for additional information

in terms of what regulations and what equipment they have, and doing a whole assessment. Then they'll come back and advise us as to the square footage, the equipment, the type of lab that we'll need, and then we'll be able to work with the County, DPW, the Real Estate people, in determining how best to locate the labs.

LEG. KENNEDY:

Great. So it's a fair statement then at this point right now you're not necessarily looking or making the recommendation that you'd like to be in that space. You're waiting to do this overall statement.

MR. MINER:

Correct.

LEG. KENNEDY:

Thank you.

MR. MINER:

We hope to have a plan by the end of this year.

CHAIRPERSON BROWNING:

Okay. Thank you. And, Commissioner, you talk about the First Watch software. If you'd like to come back to the next committee meeting next month, we'd be happy to have you come and do that presentation.

COMMISSIONER CHAUDHRY:

Sure, I'd be happy to. I'd be accompanied by my Division Director for Emergency Medical Services. I'll be happy to show you that.

CHAIRPERSON BROWNING:

Okay. Thank you. Next, Commissioner DeMarzo. You're going to speak on I.R. 1390, and we'll get an update on the DSS evening hours. And bring whoever you've got with you.

MS. DEMARZO:

I'll see if I can figure this out. Okay. Thank you very much for allowing us to speak today on two issues. One of them is a grant that we want to speak on that's a resolution, and the other is we -- we know that the evening hours issue has been discussed generally at the committee meeting and that there have been a number of inquiries about it. We wanted to give an update and we wanted to talk about some innovative ways that we thought we could enhance evening hours, especially in the Fall, so I'd like to do that first. Chief Deputy Blass needs to go to another meeting, so we're -- and he's the lead presenter, so I'd like to ask him to do that.

MR. BLASS:

Very briefly I wanted to say that the initial apparent success of evening hours seemed to level off to less than what we expected as time went on in the 12 weeks experience we've had with them. And in the course of that time frame, we expected it as the routine became well-known to the populations that the centers served, that this would be a brief downward trend and it would start to lift in terms of participation. That hasn't quite happened yet. And if we were to say that evening hours are still successful, we would be really premature.

We think that we're going to need to wait until probably a full 12 months of utilizing this format on one day per month for each center or four Wednesdays every month.

We have had some ideas, though, for the Fall. We know that the HEAP Program is a Working Families Program. If any of our programs fit that description, the HEAP Program does. And this Fall, with the expansion of the HEAP Program, that seems to be a continuing policy on the State and Federal levels for HEAP, we are going to try to focus and concentrate our efforts on attracting HEAP applicants and potential HEAP applicants to the fact that evening hours might be an ideal opportunity to avail themselves of the program for -- so that it would correspond to their working

schedules.

We have some numbers that are in the letter that has been distributed where we went through some specifics about how many HEAP applications we've had during evening hours. For the 12 months it's been 220. Let's take food stamps. Of the 222 food stamp applications submitted during this timeframe, 17 were received as a result of evening hours of 4 to 8 p.m. That's not very impressive yet, and this is notwithstanding the efforts we've made to outreach which, again, with the help of the Parish Outreach Organizations, and, of course, the Welfare to Work Commission, we are expecting to enhance the publicity and the public awareness campaign of it.

So the long and short of it is it's a work-in-progress kind of effort. Are we entirely pleased with the results we've had so far? I think the answer would be no, but we need more experience with it. We need the communities to become aware of it as a routine. And we have high hopes about the HEAP Program being integrated into the evening hours initiative. And that's the sum and substance of what we wanted to say about evening hours today, Madam Chairman.

MS. DEMARZO:

I'd like to echo what Deputy Blass has said. Relative to the HEAP Program, we have long lines in the beginning of the HEAP season. People line up in the Riverhead office down the side of the building. We believe that if we can take the beginning of the HEAP season, which is around November 1st, and advertise the benefit of people coming to the evening hours, that both -- be able to serve them better because there are a number -- there are more employed HEAP recipients in our programs than most of our other programs. So that would really make the HEAP application process easier for working families. It will be an avenue to advertise the evening hours with a real directed purpose. So that's one of our initial ideas.

And as we speak in a bit about the housing -- the Homeless Prevention and Rehousing Program, we also have taken that initiative and hope to use it to bring more people to the evening hours as a crossover between this new service to the community and our evening hours. And we have talked to the Welfare to Work Committee and we know that they are looking at some creative ways to look to utilities like the Water Authority and LIPA to try to get the message out, because those are really our emergency type programs that will allow us to assist people that are having problems with their lighting and water. So I think it's a win-win approach that the Welfare to Work has taken for everybody to get the information out.

So we know that it's not successful, and Greg and I have talked at length whether or not it has a good future or not, but we would like to give it every effort to make it HEAP focused, to tie it into this other new program, which is going to provide assistance to higher level people, and to let the advertisement really go into a nontraditional mechanism.

CHAIRPERSON BROWNING:

I have to tell you, I was going to ask about, you know, the Welfare to Work and how they're doing on the -- I know we talked about, when I was at the last meeting, about trying to provide some kind of a flier to get the message out, because, you know, obviously, the numbers are not there. I actually called Roland to get the EAF information because my food pantry called me, they're running out of food. They have had a dramatic increase in the number of people coming in, and they're working families. Some of them are not qualified and, too, for some of the assistance, because they're making too much money. And so I said, you know what, let me get that information anyway. My food pantry is Colonial Youth. There's various ones that I've already been talking to and saying, "Look, I'd love you to get this information." And none of them -- most of them were not aware of the assistance for car purchase, car repairs, you know, any kind of mortgage assistance, and, you know, they're saying that would really help them. So I'm hoping that we're going to be coming up real soon with that information to help the working families, because they're all struggling.

I mean, I had a man call me this week and he lost his job and he says he's doing okay right now,

but he's getting to the point where now his mortgage is going to be a problem.

MS. DEMARZO:

You know, there's a real -- I don't want to announce for the United Way, but I can say that they have made another application to the Emergency Shelter Food Grant Program. They're asking for another \$750,000 for Long Island, of which about 375 would come to Suffolk County. They are optimistic about that application. The dollars that we're talking about coming in through the -- this HUD money will also provide a lot of assistance to people with rent arrears and utilities. So there is not only DSS, the traditional mainstream program of DSS, but there are these new stimulus dollars that are coming in. So one of the things we wanted to talk to you about was the whole cooperation and collaboration across these different funding streams so families don't get bounced around.

CHAIRPERSON BROWNING:

Thank you. I see Rick behind you. The more we get the message out, you know, working families, there is assistance for them. Traditionally, people who work every day, struggle every day to pay their bills, and times are changing, that, you know, we want to get that message out to them, that there is assistance available to them, plus the evening hours. That's why we did this. And they're not showing up, and, you know, I'm disappointed with that. If they're not showing up and if we go through a year of people not showing up for nighttime hours, why are we doing it? You know, it's just not going to work. Okay. Legislator Barraga has a question.

LEG. BARRAGA:

Thank you, Madam Chairman. I was just reviewing the letter and your testimony, Mr. Blass, with reference to the participation in the evening hours. You've got, I guess, during the last 12 weeks 322 temporary assistance applications, only seven actually occurring in the extended hour format of between 4 and 8 p.m. 224 food stamp applications and only 17 were received during the evening hours. And then you have hopes that the evening hours would increase in terms of the numbers of people participating predicated on HEAP. But, you know, and this is not a criticism, but, you know, you've had three months, we've had three months with this. There was a great deal of discussion to begin with. It seems obvious it isn't working. You might have people there sitting around looking out the window, for all we know, between 4 and 8 p.m. Based on this kind of participation, there is nothing wrong with pulling the plug on it. Saying, "Look, we tried this," and then if there's some human outcry in the next couple of months, you can always go back to it. But extending it another six months, nine months to a year seems rather pointless based on these numbers.

I mean, you know, you don't have to defend the program. I'm just making a comment here because the numbers just aren't there. After a while, I think, from a management perspective, you have to say, "You know, we tried this." There are people -- and I don't think it really initiated with you folks, it really came from maybe the Legislature. Sometimes you try something and it just doesn't work, but you have to, you know, get to a point where you pull the plug.

MR. BLASS:

You make a compelling point, and it is very much on the table for us to do, even possibly prior to a full 12 months trial period, we did want to see if the HEAP Program initiative will make these numbers turn around in terms of participation. And we might integrate into that the concept that if no other programs or services are being sought to any significant degree, maybe the only personal that need to stay in those late hours, besides security, would be the HEAP Program recipients of applications. Again, it's true, we are making -- we want to make absolutely sure that the word is out, that the community is aware, that the population that would be not otherwise served would be reached. If that becomes clear and apparent to us before a full 12 months, that would be taken into consideration very much so.

LEG. BARRAGA:

Just that you -- based on the performance so far, if I was in your shoes, I'd rather have those evening hours people back during a regular workday because I need them there. I know I need them there. Having them sitting around in the evenings even once a month in different center and

nobody's coming through the door, it doesn't really make a lot of sense. I think you've tried to market it in the last three months. It was an idea, but, you know, depending upon some future program to increase activity in the evening, I'm not so sure that's something, you know, one should do at this point based on the performance so far. All I'm saying is that, you know, from my perspective, and maybe from other members of the Legislature, if you make the decision to pull the plug on this, you've tried it. You tried it, and, frankly, the numbers just are not there.

MR. BLASS:

What we tried all along to avoid is to have a situation where evening hours really doesn't reach a new population, but changes the behavior of the existing population that goes normally during the daytime. They figure we can go at night now even though we're just as available in the day to do so. We haven't even had that problem. These numbers indicate that it didn't even get to that point. So, notwithstanding the downturn we've had, if the HEAP Program, which has been rising in application rates exponentially, and is expected to do so even again this year, we've had increases of 30 to 35% just over the last year with HEAP. We think that if that doesn't dovetail with the evening hours program and make it more manageable, your point is then very well taken.

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Madam Chair. Just a couple of comments. One, I was one of the -- as a matter of fact, I was the original supporter of the evening hours. And I do concur with Legislator Barraga that we shouldn't push this, you know, ad infinitum if, in fact, what it is doing is it's idling staff in the evenings. From my own direct observations at the Smithtown site when I've been there during the evening sessions, just a couple of things that I've seen. We do not have an overwhelming number of individuals coming in. Nevertheless, your staff are continuing to operate on some sustaining functions that are not time-sensitive. There are application completions that need to be done. There are statistical compilations that examiners are doing. They're augmenting, I guess, applications with additional documents that may come in. So it's not as if we have a group that's there essentially idled for a block of four hours. They may not be doing face-to-face contact, but there is some sustaining function that is going on, at least what I saw at Smithtown, and I would presume is going on at the other centers.

The second point, your prediction with HEAP I think is probably right on target based on my own Legislative offices experiences this past season, which in the five years that I've been in, has been brand new and unique to us. Heretofore we never really had much need to, A, advocate for, B, assist with, and C, try to keep individuals in home heating oil throughout a season. That one's out the window. We have now by baptism of fire become experts in that as well. The HEAP process will commence when, September, August?

MS. DEMARZO:

November 1st or 2nd it usually starts.

LEG. KENNEDY:

In anticipation of the fact that you've seen in these past cycles this exponential increase, is there any ability to petition the State to try to begin to take the applications any earlier?

MS. DEMARZO:

Individuals that receive public assistance or food stamps are automatically pre-enrolled in the system, so we can work on those populations. We are not allowed to take, you know, applications prior to the real start of the program. But there is an auto-pay component of HEAP which related assistance groups will get automatically in it. So we can work somewhat with getting people in early, but we can't do it on the HEAP-alone population.

LEG. KENNEDY:

Okay. The other piece I would like to shift to, if I can for just a moment. You referenced something we've spoken about before, the migration of the food stamp process to an electronic app. I saw some of the correspondence, I guess, that's been developed from the State Commissioner, and I assume that we're moving close to a start date with that. What can you tell us about that?

MS. DEMARZO:

We have been in contact with the State. They are taking the My Benefits Program, which is now online, to do basic screening, and they're going to expand that to actually be a -- an electronic submission of a food stamp application. They're starting to do some pilots throughout the State. I think the Health and Welfare League in Nassau County is going to pilot it in June. Catholic Charities was the entity with Suffolk. They have not completed the application with the State of New York. So those entities that have signed with the State of New York will begin in June, and it is the State's plan to have it fully operational in all Counties by November.

LEG. KENNEDY:

If Catholic Charities for whatever reason doesn't choose to go forward, and I've had some miss conversation, I've spoken with some of the entities in Catholic Charities, but I've not quite been able to get anything substantive. I believe there are only a handful of individuals that are committed to this out of Catholic Charities. If, for whatever reason, they don't go forward, is there an alternative agency? How does the process go? Is it incumbent on the agency to seek it, or do you folks work with a likely agency? How does that happen?

MS. DEMARZO:

It's my belief that these agencies apply directly to the Office of Temporary and Disability Assistance for acceptance into this pilot program and then counties would partner with them. We did write a letter in support of Catholic Charities. We did work with them in the effort to get the application signed and they still have some concerns with the State process. It is something we could look at. Health and Welfare Council of Long Island is going live in Nassau County. They may be willing to look at Suffolk. We didn't want to push Catholic Charities aside as they were still in discussion with the State.

LEG. KENNEDY:

Okay. Maybe they're just working through technical things. And I guess just the last question. Frame for me, if you will, the total number of eligibles, approximately, and then the actual number of folks who are receiving benefits. Do we still have a gap there? In other words, income eligible, do we have maybe what, 100,000 people, 200,000 people -- recipients? Do we have 20,000, 30,000, or is it a tighter eligibility to receive type of delta?

MS. DEMARZO:

Are you talking about one specific program, like food stamps?

LEG. KENNEDY:

Oh, I'm sorry, yes, food stamps. I'm still on food stamps.

MS. DEMARZO:

I know there is still a gap. I mean, we have seen our program grow from about 20,000 cases last year to 28,000 cases. We've added in each month this year between 800 and 1,000 cases, so there is still a significant growth in the program. I don't know if there's an exact number on the discrepancy. I can look into it with the State, but I know that there is still a high volume of cases.

LEG. KENNEDY:

And so we're growing significantly each month. Okay. Thank you very much.

CHAIRPERSON BROWNING:

Okay. Can we stay on food stamps, because, you know, I'm trying to figure out -- you know, I get

calls from constituents that have applied for food stamps and they're still waiting to get their food stamps. Could you put me through the steps when you, you know, say I go to DSS or I make my phone call and I want food stamps and I make my application. What are the steps that that application has to go through, and what is the time period from the time I make my application to the time that I actually receive food stamps?

MS. DEMARZO:

The application for food stamps can be submitted either as a stand-alone application for food stamps, which is a two-and-a-half page, or part of an ongoing -- a total package. The application is received. We have many exemptions, so that people don't have to do the face-to-face interview and they can do a telephone interview. So there is a requirement that there be an interview, whether it be face-to-face or over the telephone really is the option of the individual making the application within general guidelines. The application and the interview are held. There's a requirement that if there's a need for expedited food stamps that there be an immediate interview, and that those expedited food stamps be available within five days. The determination for ongoing food stamps is a 30-day requirement for the individual.

CHAIRPERSON BROWNING:

So when I apply for food stamps, it's going to be 30 days before I actually get.

MR. BLASS:

The reason that we are hesitant about some of the answers we'd like to give, Madam Chairman, is that this, as you know, is the subject of current litigation regarding Medicaid and food stamp timeframe. So as a result, we don't want to get into what's actually happening as opposed to what should happen until the stipulation of settlement is approved by the court, so we have made progress in that lawsuit. But that's as far as we can go is to tell you that it should be 30 days. In many respects it is 30 days. The statistics that show how we are doing with applications for food stamps being determined within 30 days is good. But I can't get into -- we can't get into any more specifics than that, if you could bear with us.

CHAIRPERSON BROWNING:

Okay. With the way things are going today and the economy, where is -- where is your increase in applications? Where do you see the highest number of applications like food stamps or rent assistance, or -- do you know what I'm saying? Where are you seeing the highest increase of applications?

MS. DEMARZO:

We're seeing an increase in Medicaid. Each month we keep hitting new records with Medicaid. Just a month ago we hit 5,000, which was an all-time record. I think we were averaging in like 43, 4,400, throughout 2008. Last -- then we hit 5,000 and I think that it was reported to us yesterday that it was 5,349 applications in the month of April. So -- record high. So Medicaid is significant.

You know, food stamps applications hit over 2,000 one month recently when we were tracking around 12 to 1,300 during 2008. The temporary assistance in safety net caseload, the singles population is one of our fastest growing populations. Individuals or couples without children is growing faster than our general Family Assistance Program. We also do an analysis on arrears payment, whether it's rental arrears, utility arrears. Those numbers are increasing, not at such a rate as Medicaid and food stamps.

CHAIRPERSON BROWNING:

Because, you know, one of the things I'm trying to figure out is how staff are able to manage, you know, say food stamp applications. I mean, when we have an employee, a County worker who does food stamp applications, what's the average number of food stamp applications that an employee can handle, you know, in one week or one day?

MS. DEMARZO:

Those are numbers that we can't -- you know, it really depends upon the experience of the food stamps worker. As you know, 17 new food stamps workers were added in the budget last year. They came on board in January. They are processing. We recently had a conversation. I think they said they would hit full caseload capacity in July. The newer ones are processing less than the older ones.

The other thing is that we recently also just received 29 positions for client benefits that are going to go in the five different centers. So we are seeing a number of new people, but their productivity, and I think we've done this for case workers, too, is a little bit lower in the first six months. Food stamps is the simplest program. There's not a real resource test. It's really more of an income test so they hit productivity sooner.

CHAIRPERSON BROWNING:

John.

LEG. KENNEDY:

Just one more food stamps question. Let's see if we can beat this horse to death a little more. It's a very simple app, it's only a three or four-page app as we discussed?

MS. DEMARZO:

Food stamps only is a two-and-a-half. It is one of the shortest State forms.

LEG. KENNEDY:

Okay. Does the examiner hard key the data from the paper wrap or do you have a different crew that actually does the key punch to enter the data? Not that I'm pursuing minutiae, but --

MS. DEMARZO:

It's been changing so much, what's efficient, what's an audit control system. I'm not quite sure in food stamps. I still know that we have data entry operators throughout the agency. What functions they provide with each type of application I couldn't speak with confidence.

LEG. KENNEDY:

I just go by analogy, Janet. We used to have examiners that would go over the land record instruments to look for signatures, address, this that and the other thing. Once you had an approved instrument it went to a crew of keyers. We had a crew of about 20 keyers. Some of them would smoke the keys so hard that you would have to hose off the keyboards they were putting them in so fast. An examiner went like I do, hunt and peck, but a keyer by trade will absolutely go ahead, it's immaterial the data they are putting in; they are just trained to put in data. So I'm just curious from a process perspective how is the information ultimately getting into the system for purposes of perfecting the applications.

MS. DEMARZO:

We have a lot of data -- we have a number of data entry operators. Medicaid has taken over their own data entry operation function, which has freed up the data entry operators for Client Benefits and Housing, so I do know that there's a shared responsibility. How it's divided I'm not sure, but they do the application, registration and the WMS system, the data entry operators.

LEG. KENNEDY:

Which is what ultimately allows the benefit to flow, right? That data has to be in and then it is authorized vis-a-vis whatever the State system is?

MS. DEMARZO:

I can't speak with 100% confidence. I think what we take is we take the app. We data enter all the information, address, telephone number, you know, household composition, and then the worker makes the determination and activates the case online, but -- so it's a split function.

LEG. KENNEDY:

Okay. Just if you get a chance, if you could share some of the specifics, that would help. Thank you.

CHAIRPERSON BROWNING:

Anyone else? No? I do have one more. I'm getting to be like him.

LEG. KENNEDY:

Beating a dead horse.

CHAIRPERSON BROWNING:

Yeah, we're beating the dead horse. I know that during the times that you have HEAP applications that you have these people that you bring in on the 13-week period. Obviously, you have more applications than before between child care, food stamps, you name it. Are you bringing in those employees to try and help to get applications done and to move the paperwork faster?

MS. DEMARZO:

We do have a temp population or temp workers that we use, especially during the summer season when regular full-time employees often take vacation. We do use temps to fill in some of those gaps. So, yes, we have a year round use of temps, but we do basically use temps. Almost about 80% of our HEAP staff is temp staff.

CHAIRPERSON BROWNING:

What about right now, with food stamps and everything else that you've got going on, are you currently using some?

MS. DEMARZO:

We do have temps in client benefits for food stamps and for regular assistance programs. They're not eligibility -- they don't make eligibility determination, they do supportive work, they do scanning of records, they do some phone answering. They don't serve as examiners.

CHAIRPERSON BROWNING:

But they're helping to speed the process, I hope. Okay. I think we've beat the dead horse. We will continue with 1390, you were going to speak on that. Thank you, Greg.

MR. BLASS:

If you will excuse me. Thank you.

CHAIRPERSON BROWNING:

We will.

MS. DEMARZO:

We want to speak to the resolution to accept these dollars for the Homeless Prevention and Rehousing Program. And Ed Hernandez, Deputy Commissioner Hernandez, has been the lead on this, so I'm going to ask him to speak on that.

I would just like to also speak on the resolution for the waiting list that is before you. We are fully supportive of that. We are one of the few counties in the State that have a waiting list. We do provide a number of documents online. We think that providing this online would be helpful. I'm meeting with the day care providers on Monday, because we will be sending out letters to all those on the existing waiting list, but we do not know that -- we are concerned that the additional dollars that we receive will not be enough to meet ongoing need, and we will have to reestablish the waiting list. So we support the resolution that's before the Legislature.

I'm just going to take the opportunity to thank Joe Sanseverino, who's joined us from Community

Development. This money that we're here to speak about today really was awarded to the Community Development Office, and Joe reached out to the Department of Social Services and asked that we partner with him, because it really is a unique program in that it's not bricks and mortar for the population that HEAP traditionally works with. It's really the services that are very much services that we provide in the Department of Social Services. And I also want to just say that Joe was very instrumental.

Islip and Babylon have also received similar awards and have been working through the County Community Development, and we're going to pool those resources so we'll really have a very significant amount of money to provide to prevent homelessness and to help those who have recently become homeless. So we had an opportunity with these County monies and with Joe's assistance in getting Islip and Babylon to partner with us to really start a new program to deal with people that are above the levels we serve.

And I'll just take this opportunity to say in many ways we're going to hope going back to the evening hours and the populations above who we can serve. This program is for people 50% of average median income where we really deal with poverty levels. So it is our goal to work very closely with these agencies and do DSS training so that if individuals go there and they're eligible for DSS, we'll do an intake form. We'll do -- we'll -- they'll -- a person will help them set it up so that if they're not eligible for DSS they can be served there. If they are eligible for DSS they'll go to DSS. So we see it as a great way to bring dollars into the County, you know, for those in need and a great way to create collaboration between not-for-profit agencies and the Department in serving those who are at -- who are homeless or in danger of becoming homeless. But I'll let Ed, who has really been the architect of the program, speak to details.

MR. HERNANDEZ:

Good afternoon. Unfortunately, we don't have a polished presentation since we were just added to the agenda this afternoon, but I'll go through an overview and be happy to answer any questions.

The Homeless Prevention and Rapid Rehousing Program is part of the American Recovery and Reinvestment Act of 2009, commonly known as the economic stimulus funds. HUD has been authorized by Congress to dedicate funds for preventing homelessness, as well as rehousing individuals and families who have become homeless. The guidelines just came out in March. Basically, there were entitlement communities throughout the country. The formula -- the money that was in the Act was allocated throughout the entitlement areas, and they had a threshold of \$500,000. If the area was slated to receive less than \$500,000, that money was taken and given to the states.

In Suffolk County we were fortunate. Suffolk County Consortium, which Joe oversees, is getting a little over 1.5 million dollars. The Town of Islip was getting -- oops, I have my numbers here -- \$840,000, and Babylon Town, \$526,000. So when Commissioner DeMarzo talked about pooling funds, it's a little under 3 million dollars that we'll be getting as a result of that. Huntington was another entitlement area within the County of Suffolk, but they didn't meet the threshold, so they were not given an allocation.

There are several ways we can do that, because we cover Suffolk County through the consortium and the money. And also New York State OTDA received 25 million dollars to distribute around the state. And one of their priority populations are the areas that did not receive an allocation of funding. So what is this money going to do? It's a delicate balance of --

MS. DEMARZO:

It's a difficult thing to use two hands and talk.

MR. HERNANDEZ:

Funding is targeted to two discreet populations, those at risk of homelessness, and those who have already become homeless and are in need of rehousing assistance. Fortunately, as you all know, the

HUD definitions of homelessness are very strict, but in terms of the people who -- the homeless and prevention activity, HUD loosens the guidelines. So now new populations that are people who are doubled up, people who wouldn't -- I'm sorry. Households that are -- as I said, it wasn't a polished presentation. The guidelines are very broad for the at-risk populations, so doubled up, people being discharged from correctional facilities, your nontraditional homeless folks that are really in danger, really need the money, are eligible for this money.

The rehousing money where assistance in paying rent and other activities will still be more strict guidelines as per -- for HUD. So it's really those people who are out on the street living in emergency shelter or living in housing fleeing domestic violence are the main populations eligible for the rehousing money.

So what kind of money is going to be handed out, how are the funds going to go. Financial assistance, and again, no money is going to be distributed to consumers. All the money is going to be distributed either to landlords, third parties, utilities, or whatever. So under financial assistance short-term rental assistance is allowed. You can pay up to three months rent. Also median term rental assistance from four to 18 months. You can provide a rental supplement for up to 18 months basically to help somebody obtain permanent housing. Security deposits, utility payments, rent and utility arrears of up to six months. Moving costs, motel or hotel vouchers. So those are the eligible activities under that.

Under housing relocation and stabilization service there is housing related case management provided. So we're not just handing out the money, there'll be some ongoing services that are provided. Outreach and engagement to try to identify the population in need out there. Housing search and payment to help people find the housing, and legal services for eviction prevention for renters.

Another key component is data collection activities. It's very important that the money be properly accounted for and reported back to the Federal Government. So the Federal Government is mandating the use of their HMIS, Homeless Management Information System. Part of the HUD money that comes down through the continuum of care every year to Suffolk County, those agencies that receive that funding are already on the homeless management information system, and the people receiving money through the HPRP will also have to use the system. So we're allowed to purchase computer hardware and software, we're allowed to fund data collections staffing costs, and the costs associated with operating the HPRP. That will give us an opportunity to not duplicate where the money is going, see where the money is going, and how effective it's going to be, and allow us to get a better handle on what's going on.

What's not eligible. First of all, this is for homelessness and homelessness prevention. There are separate funding pots for foreclosure and mortgage assistance. So no payments will go towards mortgage or foreclosure prevention. So payments, as I said, to consumers is directly prohibited. Money cannot go to clothing and grooming, home furnishings, pet care, entertainment, worker educational materials, general training of staff, credit card bills and consumer debts, construction or rehabilitation care -- I think it's car repair, someone has a typo here -- and transportation costs, food, medical, or dental care, or financial assistance, or services to pay expenses eligible through other ARRA programs. Again, they're not looking to duplicate money, so if someone is receiving a Section 8 voucher they're not going to be allowed to double dip in terms of getting the HPRP money.

Now, very tight time frames here from the start up to the end. Basically, the money has to be contracted for by September 30th. Even tighter deadlines, the community development agencies, as Commissioner DeMarzo mentioned, are the actual entities getting the money, so that money has to be -- they have to amend their consolidated plans. The deadline for that is May 18th, so the process has already begun. The proposed amendments are online. We're in a comment period right now, and by May 18th the documents will be submitted to the Federal Government.

Now, HUD has until July 2nd to approve those plans, and I believe it's a 14-day period if they don't

like something to allow for amendments. So here we are in July 2nd and the money is going to be approved, you know, based on the plans that were submitted. So basically, we can prepare by July 2nd, but until we get actual word from the Federal Government, we can't really act. So between July 2nd and September 30th a process has to be developed to distribute the funds, and I'll talk about that in a second, and those funds have to be committed to by September 30th.

Obviously, we all know the County processes in terms of distributing funds, so we have to move a little bit quicker. So what we've done is we're developing what we call a request for applications to send out to interested agencies. There's a number of criteria. Rather than having 50 or 60 different entities, local parish outreaches, small not-for-profit agencies all having their hands in the pot and trying to account for where the money went and how it gets distributed, we set up a series of criteria for agencies and we divided the County into three basic areas. Since Islip and Babylon came in with their money we targeted the Islip/Babylon area, we targeted Central Suffolk County, and that may extend into Huntington to distribute funds there, and the East End. We are looking to fund three agencies that will distribute the money. They'd have to have the capabilities to account for the money, to write checks out to the people that come in, to have a place for people to come and apply for the money and be able to hire case management staff to monitor the program and have the fiscal systems in place for the accountability that we need.

So it's a very quick process. We need to get 3 million dollars allocated in several months, so -- but it's wide-reaching. And, as the Commissioner said, it's up to 50% of the area median income. So, for a family of four we're going a little under \$50,000. So we're able to reach populations that wouldn't traditionally be reached by the Department.

And, also, what we found when we did the MIHEAP Program was that when people came in for the additional benefits they qualified for the basic benefits. So this might be an area where we can even help more people. As they come in, we'll find out. They might not even know they're eligible for food stamps that may have higher income guidelines. We see a large benefit. We don't know where it's going to end up, but there's a concerted effort. We're working through the local continuum of care, which is the group of agencies that meet around the HUD funding that we get every year. So it's a quick process and I don't know if I've covered everything, but I'd be happy to answer any questions that you may have.

CHAIRPERSON BROWNING:

One of my questions is it's Federal money, it's HUD money, and generally when you think of the Federal money it's Section 8. Why did they not choose to expand Section 8 and use the money for Section 8 and not give it -- and give it to DSS.

MR. SANSEVERINO:

I would suspect that Congress wanted to put their own stamp on a program to directly impact homelessness and that's why they did that. There actually -- I don't think there's any money in any of the stimulus bill for Section 8 monies. It's just the way they put the programs together.

CHAIRPERSON BROWNING:

You know, the target people you're -- the people you're targeting are the lower income working families, right, that are now having a hard time paying the rent.

MR. SANSEVERINO:

That's correct.

CHAIRPERSON BROWNING:

So isn't that what Section 8 is?

MR. SANSEVERINO:

I have to agree with you, yes. I mean, you're basically being allowed in this program to create -- to make short-term rental assistance payments, which is similar to the Section 8 program. However,

they did not choose to put this into the Section 8 funding, they created a whole new program. Actually, what they did was they took formulas that are used for allocating community development funds and used those formulas to get the money out, and then any resemblance between the Community Development Program and this program is purely coincidental. I mean, there's absolutely no relationship at all, but they're running it through Community Development offices.

MR. HERNANDEZ:

Section 8 also is a longer term program. Once you receive a voucher, until your income exceeds the guidelines, you have Section 8, there's portability, you can move anywhere. I believe this money is targeted for short-term assistance and targeted towards specific areas so that people will stay within those areas and be able to get back on their feet again.

CHAIRPERSON BROWNING:

But I think this short-term problem is not going to be a short-term problem, it's going to be a long-term problem, which is why I'm saying.

MR. HERNANDEZ:

Just to address that a little bit, you know, we talked about this and, first of all, we don't want to see the money go out. If somebody is in a situation that isn't salvageable, we don't want to see the money go out and just leave the person in the same situation and just delay the inevitable. We see this as an opportunity where somebody may be in a circumstance where they might need a little assistance to get back on their feet, they may have lost a job, and be able to help them through a retraining period. We're hoping that the money we give out, especially in rental assistance, by the time the money is done, that these people would be self-sufficient. We're not just looking to through the money out there to anybody who needs it. We are really looking to target it to people who will be able to become self-sufficient by the end of the process.

MS. DEMARZO:

And the case management component of this, the reason we are doing three agencies, we want to make it centrally located to where people are. The case management is going to link them to other services, the Department of Labor receiving their WEEA monies, put them in touch with DSS, put them in touch with other resources in the community that can assist them with food needs, training needs. So it is with the goal of meeting their short-term need and hoping that the economy does improve such that their level of income increases.

CHAIRPERSON BROWNING:

You know, it's just that I see Section 8, it's functioning, it's been working, and, you know, you're telling me that some of this money is going to go to software, you know, staff, and we're now -- I don't want to say wasting money, but it just seems like it's somewhat of a waste, that we're not putting that money in the program that exists and runs and let them expand what they're doing. It just doesn't make sense to me, but that's government.

MR. HERNANDEZ:

No, we've been very conscious of that and we've been very stingy with the staff. We're not going to allow an agency to hire more than one case manager. We preliminarily met with a number of agencies to throw it about and agency C, three million dollars, they are going to come up with a whole budget and staffing. It's -- no. You'll get a case manager. This money is really targeted to the people who need it. We personally feel, and we've discussed this internally, that we're not going to waste a lot of money on staffing. We want to get as much money out to the people who need it as possible.

CHAIRPERSON BROWNING:

Thank you. John.

LEG. KENNEDY:

Ed, the central region is going to be what, Brookhaven and Smithtown?

MR. HERNANDEZ:

Yeah. Generally Brookhaven, Smithtown, Huntington.

MS. DEMARZO:

I think that you need to understand what -- we're doing it -- where they're located, but you can go anywhere. If you are in Smithtown and you are closer to the physical location of the facility in Islip/Babylon, you can go to Islip/Babylon. The way they charge it back we'll deal with it. But one of the things we want is we want a site in the East End, we want a site in Brookhaven, and we want a site in the Islip/Babylon area because they are providing it. So we think that you would be able to go to any site. So Smithtown could go to the Islip/Babylon site, Huntington could go to the Islip/Babylon site, and, you know, it's universal access.

LEG. KENNEDY:

The other piece that I'll say is, again, just like our protracted discussion before about food stamps, or night hours, or whatever it is, there is the normal information distribution network that we all follow, but it seems like, especially if we're trying to reach numbers of peoples quickly, maybe we need to move to some of these non-traditional types of things. As much as I speak to you, parish outreach coordinators call me, and they call me for everything under the sun. And they don't care where the individual lives, if it is in Alden's District, Beedenbender's District, my District, Ann Kelly calls me with everything. So will you then be distributing this information to them as well?

MR. HERNANDEZ:

Yes. There's money for outreach, publicity and outreach. We're going to give it the red carpet treatment in rolling it out. We're going to let all the agencies know. As I said, we are linked into the continuum of care, which is over 30 agencies. We're going to use the networks, press releases and everything else to make people aware that this funding is available.

CHAIRPERSON BROWNING:

Okay. Thank you for the information. And I guess we're going to the agenda now. I almost forgot we had it still. Okay.

I.R. 1223 - Directing the Suffolk County Department of Health Services to establish an online healthcare directives registry for Suffolk County Residents (Gregory).

LEG. GREGORY:

Motion to table.

LEG. KENNEDY:

Second.

CHAIRPERSON BROWNING:

Okay. Motion to table, Legislator Gregory; second, Legislator Kennedy. All in favor? Opposed? Abstentions? Motion is tabled. ***(Vote: Tabled 5-0-0-0)***

I.R. 1227 - Adopting a Local Law to clarify membership requirements for the Child Protective Advisory Board (Lindsay). That was closed right?

MR. NOLAN:

Uh-huh.

CHAIRPERSON BROWNING:

Okay. I'll make a motion to approve.

LEG. GREGORY:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Gregory. All in favor? Opposed? Abstentions? Motion is approved. **(Vote: Approved 5-0-0-0)**

1288 - Establishing the Next Generation Citizens Advisory Board (Presiding Officer). I guess I'll make that a motion to approve and --

LEG. KENNEDY:

Second.

P.O. LINDSAY:

Don't include me.

CHAIRPERSON BROWNING:

Okay, Bill, what are you doing here? So what is this, Bill?

P.O. LINDSAY:

Pass it, but don't include me, the next generation.

CHAIRPERSON BROWNING:

Okay. I made the motion to approve.

LEG. KENNEDY:

I seconded it.

CHAIRPERSON BROWNING:

Second, Legislator Kennedy. All in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0)**
Okay. Bill, you're covered.

1290 - Adopting a Local Law to enact a grading policy for food establishments (Losquadro). I'll make a motion to table for Public Hearing.

LEG. KENNEDY:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Kennedy. All in favor? Opposed? Abstentions? It's tabled. **(Vote: Tabled for Public Hearing 5-0-0-0)**

I.R. 1300 - Declaring the second week of May as "Youth Arthritis Awareness Week" in Suffolk County (D'Amaro). Motion to approve, Legislator Gregory; second, Legislator Kennedy. All in favor? Opposed? Abstentions? Okay. Motion carries. **(Vote: Approved 5-0-0-0).**

I.R. 1347 - A Local Law banning e-cigarettes in Suffolk County (Cooper). I'll make a motion to table for Public Hearing.

LEG. KENNEDY:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Kennedy. All in favor? Opposed? Abstentions? It's tabled for Public Hearing. **(Vote: Tabled 5-0-0-0)**

I.R. 1352 - Establishing a policy to aid families seeking child care assistance (Lindsay).

Motion, Legislator Gregory; second, Legislator Eddington. All in favor? Opposed? Abstentions?
Motion carries. **(Vote: Approved 5-0-0-0)**

1355 - Designating the second week of February as "Duchenne Muscular Dystrophy Awareness Week" in Suffolk County. Do I have a motion?

LEG. GREGORY:

Motion.

CHAIRPERSON BROWNING:

Motion, Legislator Gregory.

LEG. BARRAGA:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Barraga. All in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0)**

I.R. 1360 - Amending the 2009 adopted Operating Budget to accept and appropriate additional 100% State Aid from the New York State Office of Mental Health for a Cost of Living Adjustment (COLA) and to transfer funding from Maryhaven Center of Hope to Federation of Organizations for the provision of transportation services (Co. Exec.). Do I have a motion? Legislator Eddington, second Legislator Gregory. All in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0)**

CHAIRPERSON BROWNING:

I.R. 1361 - Amending the 2009 Adopted Operating to accept and appropriate -- oh --

MR. NOLAN:

No. The other one put on the Consent Calendar.

CHAIRPERSON BROWNING:

Oh, we couldn't do it?

MR. NOLAN:

Yeah.

CHAIRPERSON BROWNING:

Okay. **I.R. 1361 - Amending the 2009 Adopted Operating Budget to accept and appropriate 100% additional State Aid from the New York State Office of Mental Health to Brookhaven Memorial Hospital Center (Co. Exec.)**

LEG. GREGORY:

Motion and put on the Consent Calendar.

CHAIRPERSON BROWNING:

Motion to approve, Legislator Gregory, and to put on the Consent Calendar; second, Legislator Eddington. All in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0)**.

1390 - Accepting and appropriating a 100% reimbursed grant from the United States Department of Housing and Urban Development for a Homeless Prevention and Rapid Rehousing grant and authorizing the County Executive to execute agreements (Co. Exec.)

LEG. KENNEDY:

Motion.

CHAIRPERSON BROWNING:

Motion by Legislator Kennedy. Consent Calendar?

MR. NOLAN:

Yes.

CHAIRPERSON BROWNING:

Place on the Consent Calendar. Second, Legislator Gregory. All in favor? Opposed? Abstentions? Motion carries. *(Vote: Approved 5-0-0-0)*

I.R. 1408 - To amend Resolution No. 882-2008, creating an Oversight Management Committee for the John J. Foley Skilled Nursing Facility (Pres. Officer).

LEG. KENNEDY:

Motion.

CHAIRPERSON BROWNING:

Motion by Legislator Eddington; second, Legislator Kennedy. All in favor? Opposed? Abstentions? Motion carries. *(Vote: Approved 5-0-0-0)*. With that we have no more business.

LEG. BARRAGA:

Madam Chairman, can I make one more statement? Just a side-bar.

CHAIRPERSON BROWNING:

Sure. Go ahead.

LEG. BARRAGA:

I have sat through three committees now with the new audio system and the microphone system. I like it in many respects. I think it works a little bit better than the old system. I like the shape of it. But certainly having to sit here and push a button down and hold the button while you speak, that, to say the least, is a very old technology. I mean, I would think that the people from Shure, that's the manufacturer, should be able to come back and allow us to push the button, speak, and then when we are finished we push the button again. Or if people are concerned about the microphone being live after we speak, I'm sure the technology is not that great to have the microphone disconnected after a 30-second period after the member finishes speaking.

But I can see problems with this from the standpoint of people testifying before us, from the standpoint of the stenographer. I've never seen such a system like this where you have to literally hold and restrict yourself, you know, as you're speaking. A lot of people speak with their hands. A lot of people use notes. It shouldn't be a big deal to change this so that when you hit the button you speak, and when you finish you hit it again and it's off. Thank you.

CHAIRPERSON BROWNING:

Can you help us out with that, Bill? And actually, you know, what? You had a really good idea that when you hold the button and after 30 seconds it cuts you off. That works for me.

LEG. BARRAGA:

When you're finished.

CHAIRPERSON BROWNING:

Even when you're speaking. I guess we had --

MS. ALLONCIUS:

Can I approach the committee?

CHAIRPERSON BROWNING:

Okay. Debbie Alloncius from AME, if you'd like to approach the Committee, yes, you may.

MS. ALLONCIUS:

Debra Alloncius, speaking on behalf of AME. I find it kind of absurd that we're going to take 300 of our members and keep them on these night hours when you took six TA applications for working families over 12 weeks. That's less than a half an application a week. And in 12 weeks you took 15 food stamp applications. There's got to be something wrong with this picture. You're making 300 -- 300 people's lives are turned around to handle 21 applications. I would hope that you're just not going to fluff this off, you're going to do some serious thinking about it.

CHAIRPERSON BROWNING:

No, and I think that was said here. I think I said it, Legislator Barraga said it, was that, you know, we're still trying to get the message out, and if the message is not getting out and people are not responding, then we're wasting our time and then we need to go back to what we did in the past.

MS. ALLONCIUS:

And but to look at also HEAP as, you know, maybe the panacea for taking these applications, that opens in November, so why are the members going to be, you know, working the whole summer, etcetera, one night a week when -- it just -- I don't see the rationale for taking 21 applications and to turn everything topsy-turvy is insanity.

CHAIRPERSON BROWNING:

I understand.

MS. ALLONCIUS:

And you have had time. And I've talked to agencies and they're aware. So I'm not -- I'm just not following this, it's just not making sense.

CHAIRPERSON BROWNING:

I understand what you're saying, but I think, too, that, you know, we have working families who traditionally have never needed assistance, never gone for assistance, and I think maybe some people, because they've never had to ask they don't know that the services are available to them, and sometimes it's pride that prevents them from going. And if you're working you can't go during the day, you know, you can't take the time off your job to go to DSS. So, you know, I think what we're trying to do is to give them an adequate time to get the message out. And we all agree, if it is not working, then you stop it.

MS. ALLONCIUS:

And that's understandable. The food stamp applications, since they all can be done online, and you do not have to have an application, you don't have to have a face-to-face interview, so now you are down to six applications in 12 weeks that made any sense as far as reaching the community that you were trying to reach. That's my only point. But thank you for the time. I really appreciate it.

CHAIRPERSON BROWNING:

We will be looking at it. So I think we are adjourned.

[THE MEETING WAS ADJOURNED AT 4:14 P.M.]