

**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, September 10th, 2009 at 2:00 p.m.

**MEMBERS PRESENT:**

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

**ALSO IN ATTENDANCE:**

George Nolan, Counsel to the Legislature  
Sarah Simpson, Assistant Counsel to the Legislature  
Barbara LoMoriello, Deputy Clerk of the Legislature  
Ben Zwirn, Chief Deputy County Executive  
Steve Tricarico, County Executive Assistant  
Linda Bay, Aide to Minority Caucus Leader Losquadro  
Paul Perillie, Aide to Majority Caucus Leader Cooper  
Greg Blass, Commissioner/ Department of Social Services  
Ed Hernandez, Deputy Commissioner/Department of Social Services  
Linda O'Donohoe, Asst. to the Commissioner/Dept of Social Services  
Dr. Humayun Chuadry, Commissioner/ Dept. of Health Services  
Matt Miner, Deputy Commissioner/ Dept. Of Health Services  
Grace McGaern, Public Information/Department of Health Services  
Margaret Bermel, Director of Health Administrative Services/DHS  
Katherine Hoak, Suffolk County League of Women Voters  
Wendy Darwell, Nassau-Suffolk Hospital Council  
Lynne Bizzarro, Chief Deputy County Attorney of Suffolk County  
Jerry Kremer, Indoor Training Association  
Collette Coyne, Collette Coyne Melanoma Awareness Center  
Katherine Hoak, Suffolk County League of Women Voters  
Adam Paus, Suffolk County League of Women Voters  
Kathy Malloy, Association of Municipal Employees  
Judy Pannullo, Executive Director/Suffolk Community Council  
Other Interested Parties

**Verbatim Minutes Taken By:**

Alison Mahoney, Court Stenographer.

**Verbatim Transcript Prepared By:**

Gabrielle Skolom & Alison Mahoney, Court Stenographer.

*(\*The meeting was called to order at 2:13 PM\*)*

**CHAIRPERSON BROWNING:**

We will start the Health & Human Services Committee meeting with the Pledge of Allegiance led by Legislator Barraga.

***Salutation***

And I would also like that we stay standing in memory of former Legislator John J. Foley. I have to say, with everything that's been going on with the Foley facility, I think we have an angel watching over us and will protect the John J. Foley. Thank you.

***Moment of Silence Observed***

Thank you. Okay, we have a couple of correspondence. We do have a presentation. However, Commissioner Greg Blass, I know you have to be somewhere so if you would like to come forward.

**COMMISSIONER BLASS:**

Good afternoon, Madam Chairman, Members of the --

**MR. PERILLIE:**

You have to keep it pressed down.

**COMMISSIONER BLASS:**

Okay, it's a new system. Good afternoon, Madam Chair, Members of the committee. I just wanted to advise you of two CN's that we have requested that the County Executive submit, which his office has indicated they would be doing so for your next meeting. Those CNs are in connection with a grant that we are receiving. The County's portion, the breakdown of figures for which Deputy Commissioner Hernandez will explain, went first to the County. We have ours. The other portions go respectively to Towns of Islip and Babylon. This is for the HPAP program, which is designed to enhance our efforts to get homeless persons into permanent housing.

In connection with that subject, I just wanted to tell you that our numbers are really bad. We have 27 families in motels now because we are oversaturated with numbers that we have not seen before. This applies to our sex offender trailer. It -- trailers. It applies to our shelters and it applies to all the housing arrangements and facilities that we have. This certainly is indicative of the times. We have done reasonably well in keeping a steady pace with moving the homeless into permanent housing and the HPA program, which Ed will explain to you in a minute, is going to enhance that.

What has not been studied is the influx of homeless in the first stage before they're able to enter into the programs for permanent housing. That's the difficulty, and motels are the worst thing. We do that as a last resort. We're steering away from them whenever we can because permanent housing arrangements become ultimately most difficult due to the fact that we are not able to supervise them as well and due to the fact that those are -- also present transportation problems for the youngsters of the families who need to get to school.

In any event, I will ask Ed to talk first about the two CN's of the program that we thank will assist our permanent housing arrangements, and then he'll give you the numbers that we have on the housing issue.

**DEPUTY COMMISSIONER HERNANDEZ:**

Good afternoon. I guess I'll start with the bad news and pass it on. Well, the good news first: A few months ago, you passed the appropriation or the -- Suffolk County getting about \$1.5 million in Federal stimulus money for the Homelessness Prevention Rapid Rehousing Program. What we're coming forward with the CNs for at the next section is the second component of that assistance. This is the 811 or roughly \$812,000 that Islip has been awarded under the HVRP stimulus money

and the \$510,000 that Babylon's been awarded. They both elected to give their money to Suffolk County to spend as part of the program. What we've done so far is we've sent out a request for application; we divided the County into three areas: The Islip/Babylon area because they have their own funding, Central Brookhaven and eastern Suffolk. We're happy to announce that the awards have been made in the three areas. Family Service League will be doing Islip/Babylon area as well as Central Brookhaven area and EOC, Economic Opportunity Council of Suffolk, will be doing the East End.

So this additional about \$1.3 million completes the total amount bringing it to \$2.8 million. This money, again, just to remind folks, is to obviously keep people out of homelessness and also get them into housing quicker. The money, we've only allocated minimal amount of money primarily for case manager and associated cost. Most of the money is going to go in the hands of the people that need the money, and we're going to be targeting people who would be -- have a good shot at becoming self-sufficient after the assistance and this money. So we're not just going to move people out and leave them in situations that they're going to get back into in six months. We're going to look for people who have been temporarily in dire straits, homeless, get them back on their feet again, and that way, this money will help them stay out of the homeless arena totally.

And in terms of the actual numbers, yeah, we're seeing homeless families numbers that we haven't seen since the days of the motels. So we're partially blaming the residual effect in the economy since Suffolk is also six to nine months behind it seems, because people are moving out to permanent housing in roughly the same numbers they have been moving out all along. I think it's just an influx of additional families that we're seeing as a result of the economy, and, you know, we're scrambling. The motels are on the west end of the County so -- and we're working on a number of ways to minimize the amount of -- length of stay of families in motels. Any questions?

**CHAIRPERSON BROWNING:**

There's 27 families now that are living in motels, right?

**DEPUTY COMMISSIONER HERNANDEZ:**

Thirty-seven actually with the additional today.

**CHAIRPERSON BROWNING:**

I mean, is this people that have lose their homes through foreclosures because of job losses? I mean, do you know a history on any of them? And I mean, are they -- were they all originally living here? Is it possible they came from somewhere else?

**DEPUTY COMMISSIONER HERNANDEZ:**

Two things: One, we see a lot of familiar names. People have been cycling in and out of homelessness over the past. There are some new folks. And, unfortunately, we have been seeing influx of people coming from out of state. We question --

**CHAIRPERSON BROWNING:**

Did you say you have or you haven't?

**DEPUTY COMMISSIONER HERNANDEZ:**

We have. You know, there is most of the times, or I'd all of the time, a connection to Suffolk County that gets them back here but we wonder ourselves if somebody is going to come from Michigan or Florida, South Carolina, why would they expect to come to Long Island and hope to find housing in our housing market given the rental situation? But there is some connection. They stay with family for a few days and then they end up in the homelessness, and they don't come up here directly to be homeless. They stay with friends and families for a while, which also leaves us scrambling for school transportation. As you know, we have a settlement to get people transported right away, and we have authorized, I think, 32 cabs this morning to get kids to school while the bus schedule catches up to them. It's a tough situation.

**CHAIRPERSON BROWNING:**

Do we -- I mean, say they came here, like you said, from Michigan or Florida and they just get here. I mean, do we charge to the state that they come from?

**LEG. BARRAGA:**

No.

**CHAIRPERSON BROWNING:**

Do we get reimbursement at all?

**LEG. BARRAGA:**

No.

**CHAIRPERSON BROWNING:**

Nothing?

**DEPUTY COMMISSIONER HERNANDEZ:**

You know, I'm not sure. I think most of the time they either -- well, the benefits are the same -- well, actually, benefits vary state to state so they would come here, they would apply for benefits, and if they're eligible, they would receive benefits from Suffolk County so those are not transferable.

**CHAIRPERSON BROWNING:**

John?

**LEG. KENNEDY:**

Yeah. I was also under the impression that it was the home state's rate for at least a period of time, 180 days, what have you, but we don't have to talk about that now. As you know, some of the homeless facilities are actually right in my Legislative District, one that's actually subscribed fairly well but also run fairly well. I'll give the department that. And I also probably am going to have to talk to you a little bit more about this whole hierarchy of housing issues from when the individual winds up dispossessed by the Sheriff to where they ultimately wind up engaged with us in different types of emergency housing. We have some that are indicative of like when a person is within the first 14 days, maybe, of having been put out in the street and then maybe they are going to move to another type of arrangement. Where are our agencies that we partner with on this bulge? Are we now beyond what the agencies can handle and we're dealing with it directly? Have the agencies had the ability to expand to accept our homelessness? How are we going forward with this?

**DEPUTY COMMISSIONER HERNANDEZ:**

We have been monitoring the situation very carefully. We have a shelter capacity for families roughly in the 200 to 295 family range. It all depends on family sizes. We have repeatedly asked shelters if they would like to open up additional facilities. We would be happy to accommodate them. We have only seen one new one open in the last year.

The other thing I can point out, this phenomenon, we were running numbers roughly similar right up to June when the numbers traditionally go down to the summer. This year, the numbers didn't go down. They continued high and started to go up, most recently in August and September. We're meeting with all the shelter providers the first week in October and encouraging them to open additional facilities because we don't believe that the motel model is a model that we want to use.

That being said, we have also coordinated with our Family & Children Services Division which has preventive services and we have asked them to get involved in the families in the motels to make sure that -- two phenomena that tend to happen once we're into motels in a large fashion that families get kicked out of shelters to get the motel rooms or that they, all of a sudden, staying with friends and family, find out were in motels and will declare themselves homeless. So we're working with preventive service to make sure that if a family ends up in a motel that they're going to be assessed in terms of what those needs are. Also we're not making long-term placements in motels.

We're trying to move them out of motels into shelters as fast as possible because there's also a turnaround within the shelter system.

**LEG. KENNEDY:**

And we had Mr. Lispina in front of us not too long ago and he spoke about some of the difficulties that the shelter operators encountered contractually and in some other areas. Are those the folks we're going back to now and encouraging them to expand beds or to do more with us?

**COMMISSIONER BLASS:**

I don't want to get into particulars about any individuals mainly because there's litigation now pending.

**LEG. KENNEDY:**

Oh, okay.

**COMMISSIONER BLASS:**

A lawsuit has been initiated by him.

**LEG. KENNEDY:**

By him individually or by that association?

**COMMISSIONER BLASS:**

By him individually and by his company.

**LEG. KENNEDY:**

Oh, I see. All right. Okay. No, I don't want to speak about the particulars with that at all. All right. Thank you.

**CHAIRPERSON BROWNING:**

Anyone else? Okay. Tom?

**LEG. BARRAGA:**

I just want to take a moment to thank you both for taking the time this past week to visit the Hamlet of Bay Shore and to speak with the President of the Chamber of Commerce and others down there concerning the homeless problem. I want you to know they very much appreciated that visit, especially at your level.

Just one quick question to clear my own mind. I guess the taxi cabs are necessary to transport the children to school because they're living outside the school district at this point if they're in motels?

**DEPUTY COMMISSIONER HERNANDEZ:**

Under Federal law, McKinney-Vento, children are entitled to education. They have the choice of going to the school districts where they're staying or stay in their home school district. If they choose to go back to their home school district, we must provide transportation. The issue of the taxi cabs came about over a settlement because it was taking a week or two to schedule bus runs once a family moved into a shelter, so there was a lawsuit, and as part of the settlement is that we would transport them by cab. A parent has to go along with them until the bus route can be arranged, and that's usually done within three to five business days. So as of Monday, the cab rides will be significantly reduced because all the bus runs have been scheduled.

**LEG. BARRAGA:**

So it's temporarily fix until the bus schedule can be adjusted?

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes. That's to ensure that children, at the option of the parents, do not miss school.

**LEG. BARRAGA:**

Motel occupancy by a family, what's the average length of time?

**DEPUTY COMMISSIONER HERNANDEZ:**

It's generally a short-term stay because, again, we don't like motel model and we try to as shelter space becomes available the priority is to get families out of motels into the shelter system where they're going to receive case management and supportive services.

**LEG. BARRAGA:**

But from the family perspective, do they prefer a shelter or a motel?

**DEPUTY COMMISSIONER HERNANDEZ:**

It really depends on the family.

**LEG. BARRAGA:**

All right. Thank you.

**CHAIRPERSON BROWNING:**

Legislator Gregory.

**LEG. GREGORY:**

Thank you. Thank you, Madam Chair. Excuse me if I -- if this question was asked. I had to step out for a moment. But do you have a approximation as to the percentage of an increase in homeless families in the County?

**DEPUTY COMMISSIONER HERNANDEZ:**

Last year at this time, we were in the 270-family range, 273, 279; I'm not sure of the exact number now. Now we're up to 332; that was Monday's number.

**LEG. BARRAGA:**

(Inaudible).

**LEG. GREGORY:**

Okay. Thank you.

**CHAIRPERSON BROWNING:**

You know, last -- one thing I noticed that some families in my district they were Section 8 tenants, the landlord wasn't paying the mortgage so they wind up getting evicted. Are you getting Section 8 families also, or does Section 8 take care of them?

**DEPUTY COMMISSIONER HERNANDEZ:**

I don't have exact numbers, but we have definitely gotten families, not only Section 8, but they have paid rent to a landlord and the landlord hasn't paid his or her mortgage payment and the house was foreclosed on. Those stories, I don't think is a large percentage but a definite percentage within the homeless families that we're seeing.

**CHAIRPERSON BROWNING:**

Okay. Well, thanks for the gloom. But again, I want to say thank you, Commissioner, because I know we have the Welfare-to-Work Commission, we're working on Sober House Task Force, and I very much appreciate your input because I know we're both on the same page, and so I certainly appreciate everything that you are doing with this. I know October 23rd and October 30th, I believe we have got those confirmed dates.

**COMMISSIONER BLASS:**

For the hearings themselves?

**CHAIRPERSON BROWNING:**

Correct. From 9-1, October 23rd, and I believe they're both on Fridays, October 30th.

**COMMISSIONER BLASS:**

Great.

**CHAIRPERSON BROWNING:**

Thank you.

**COMMISSIONER BLASS:**

Thank for taking us out of order, everybody.

**CHAIRPERSON BROWNING:**

Okay. We do have -- we have only two cards. I know we have a presentation, but I think I will let the cards go first. Wendy Darwell?

**MS. DARWELL:**

Good afternoon. Thank you, Chairwoman Browning, Members of the Committee. My name is Wendy Darwell. I'm the Vice-President and Chief Operating Officer of the Nassau-Suffolk Hospital Council, which is the regional association representing and not-for-profit hospitals here on Long Island. The Hospital Council's mission is to advocate for the interest of hospitals and their patients and to work for the betterment of health care in our communities.

I'm here today to speak in support of the Tabled Resolution 1223 which we find to be consistent with the mission of our organization and so we are pleased to offer our support for the bill. The legislation addresses the establishment of an online registry for advanced health directives such as living wills or health care proxies, do not resuscitate order. Advanced directives help insure that patients decisions about their health care are respected and carried out, even if the patient cannot speak for himself. These written documents can be as limited in scope as specifying that a patient doesn't want to be resuscitated if their heart stops or if they stop breathing, or they can be as specific as a long list of treatments that they would prefer to have or not have. What they do is provide loved ones who are often very distressed by the circumstances at hand put the patient's own guidance on the kind of care they would choose for themselves if they were able to do so. They also give health care providers the confidence that the patient's course of treatment is consistent with their own beliefs; their religious, moral and personal beliefs. However, these directives are only successful if they're accessible when needed.

Too often a family member or a family physician is told that there is a living will in existence but they don't know where it is; or even worse, the patient's designated family member is traveling away from home when there is a health crisis and they have no way of actually going home to retrieve the documents. The solution that's suggested by this legislation, the Assuring Your Wishes database and others like it help to resolve those common problems. The Assuring Your Wishes database non-profit initiative of United Hospice of Rockland County and is currently utilized in nine counties Upstate. Patients can voluntary file their advanced directives with the service, which scans and posts the documents online. Participants are provided with a unique log-in and a password that allows the advanced directive to be retrieved from any internet terminal anywhere in the world. The service then provides several wallet cards to the registrant which contains the information for distribution to family members and physicians. We found it to be a worthwhile service elsewhere in the State and hope that the County will take advantage of it.

**CHAIRPERSON BROWNING:**

Thank you. Next we have Jerry Kremer.

**MR. KREMER:**

Thank you, Madam Chair. I'll be very brief. I represent the tanning association. My company is Empire Strategies. I spoke before the entire Legislature recently on 1714-09 by Ms. Fisher, and I indicated in letters that I sent to all of you that the general rule of thumb that the Legislature can pass anything that is stronger than an existing State law, but in this particular case, the way the State legislation is drafted, it prohibits anything new being passed and the State has preempted the field, and that's my continuing belief. With respect to 1724-09 by Mr. D'Amaro, I've had some conversations with him. The State Health Department is promulgating new regulations having to do with signage in facilities. He indicated a willingness to negotiate the language of this legislation once it's reported out of committee. I intend to continue that discussion. There's nothing wrong with signage that gives people appropriate warnings. I would just like to see something that's in harmony with the State law and provides the appropriate notice to the public. Other than that, I have no other comments.

**CHAIRPERSON BROWNING:**

Legislator Kennedy has a question.

**LEG. KENNEDY:**

Thank you, Madam Chair. Mr. Kremer, I saw your letter, and I appreciate it, and I know your decades of service in the Legislature. This piece of legislation that we're talking about, the State legislation, is that atypical that there would be language at the State level with the statute that speaks about any other type of local enactment? I guess, to ask it another way, are you comfortable that this really speaks specifically about preempting any other action at a lesser level?

**MR. KREMER:**

I have to confess that in the 23 years that I spent in Albany, I never saw preemption statute that prevented you on go forward basis from passing something stronger. This bill specifically does.

**LEG. KENNEDY:**

So it's the safe statement to infer, then, that clearly the Legislature's intent was they did not want to see or wouldn't -- let's see --

**LEG. GREGORY:**

Nothing more restrictive.

**LEG. KENNEDY:**

Yeah, nothing more restrictive. To do so would, in all likelihood, not withstand a challenge at another level.

**MR. KREMER:**

Respectfully, that's my opinion. I don't think anything stronger by an jurisdiction in this State would stand up.

**LEG. KENNEDY:**

Okay.

**MR. KREMER:**

The idea was there are 62 counties in the State, and they didn't really want 19 different ordinances. And it was their feeling is, let's start out like this and see how it works, if it's endorsed by the local Departments of Health, and if there's some type of abuses, they will change it, but they wanted one state uniform law.

**LEG. KENNEDY:**

How long has the State legislation been in effect then?

**MR. KREMER:**

This once, since 19 -- since 2006.

**LEG. KENNEDY:**

Okay. And what is your association's sense with this? Are they able to -- have they embraced it; are they operating under these?

**MR. KREMER:**

I would say the vast majority of the establishments in Suffolk County are following the State law. A parent must be present, a parent must sign in the presence of the owner. That's been -- there are a couple who are not -- and candidly, I am having discussions with the various operators about a code of conduct within the industry here in Suffolk County, which would ensure a hundred percent compliance.

**LEG. KENNEDY:**

I would think that would be something that would be welcome. Thank you.

**CHAIRPERSON BROWNING:**

Any more questions? No? Okay, that's it. Do we have anyone else? Okay.

**MS. COYNE:**

Whatever. You would think I would know by now what the procedures are.

**CHAIRPERSON BROWNING:**

Collette Coyne.

**MS. COYNE:**

Good afternoon. Regarding your -- that last question, it is my understanding that the State law preempted local laws unless the Local Law was stronger, the time that Senator Fashillo drafted that law. Also, at that moment, there is a law in New York State that has been drafted to change the age from 14 to 18. I know for a fact from my own experience with speaking to teens, at least I've presented to over 9 or 10,000 teens this past school year and even at a Suffolk County teen training for peer education regarding melanoma, the comments from the teens were, "Oh, they never enforce them." The only thing that stopped the teens I spoke with from using tanning beds were the opportunity to look in my Dermascan machine which allowed them to see the damage beneath the epidermis that had come from UV rays and all their comments were, "Oh, my God. I'm never going to use another tanning bed." We know from the experts, the doctors, who have nothing to gain except lose patients if melanoma decreases that the beds increase your cancer risk. This is what we were told years ago regarding the tobacco. At the time, the tobacco lobby was very strong. It took a long time before the laws were passed. Had they been passed sooner, many lives would have been saved.

Since I was here at the last hearing, I received an e-mail:

"My name is Nicole. I'm a 21-year-old college student, and a little over 2 months ago, my doctor found melanoma on my back. I was sent to an oncologist who operated on me three days later because time is of the essence. I have a huge scar on my back and constantly have to be checked by the oncologist. I can't be out in the sun anymore. Now, I'm going to an eye specialist so they can monitor the pigment in my eye. Mrs. Coyne, I would really like to help in any way that I can to spread the word. I know so many girls on Long Island are very into tanning salons. I used to be one of them until a few months ago, and if I had known then what I know now, I would never have done it. Please feel free to contact me."

Legislator Kennedy has a constituent who is unable to be here today, Billy Snapp. Ten years later, he is still fighting melanoma, and actually, he defies statistics that somebody who is stage four lives so long.

There's another little note about Stephanie:

"Probably each year I went, like, 10 or 15 times. I started in my sophomore year; definitely when I went to college it increased. There were more reasons that you wanted to tan, probably 20 or 30 times a year." Twenty-five-years-old, she's undergone surgery for melanoma. "I didn't think it was going to effect me. I definitely didn't think it was going to effect me."

We know that the tanning beds effect particularly our young people. The report, recent report, anyone under 30 increases their risk by 75%. We have got to take a stand. The idea that people can go to the beach and get a tan, we're trying to educate that they won't each do that. However, tanning beds with their intense rays are far more damaging than spending a half an hour at the beach. Please consider this, and please realize certainly let older people make their decisions but for young people who think they're invincible and that nothing can happen to them, please safeguard them just as you have done with your tobacco laws. This is such an issue. I am hearing from people on a regular basis, younger and younger. It is now one in 55 and they have shown that the numbers have increased in these latter years when tanning beds became popular. This is an issue all over the world. I just received communication from the EPA yesterday, New South Wales, Victoria, South Australia, Western Australia have all tightened their legislation to prohibit anyone under 18. So it's not just here in Suffolk County we're looking at, but you can help the State just as you did previously when you passed your tanning restrictions. Prior to this, that law was sitting in the State for a couple of years and I got so frustrated, I thought, "Let me go to my local Legislators. Maybe they'll listen," and you did listen, and I am begging you, on behalf of the young women and the moms and dads who don't have a clue how dangerous these beds are, to pass this restrictive law so that it will help to educate them. Tanning, they have also proven, is addictive just as cigarette smoking is. I don't know what else I can say except this is such an important issue. Please, please give it your concern and consideration. Thank you.

**CHAIRPERSON BROWNING:**

Thank you, Collette. Thank you.

Okay, we shall go to our presentation. We have Dr. Mark Sedler, Director of Psychiatry at Stony Brook University and Catherine Hoak from the League of Women Voters to discuss the CPEP. If you would like to come forward here. You can come up to the table here, he has the computer set up for you.

Good afternoon. You can start whenever you are ready.

**MS. HOAK:**

I have to keep my finger on it? That's a built-in distraction. Our mental health system is comprehensive in its scope but is challenged by the great demands made on it, especially in the areas of emergency, inpatient and outpatient services and appropriate housing. Suffolk County's system is unique because we had three very large psychiatric institutions. One of them, Kings Park, was considered to be the largest mental health facility in the United States. There were wards to deal with mentally ill veterans and those with forensic problems. We can assume that clients who would have been placed there had are now residing in our jails, a far more expensive alternative. It is because of this reality that the League of Women Voters of Suffolk County became involved. We have a position in support of alternatives to incarceration, programs which provide much needed services for people who become involved with the criminal justice some because of their mental illnesses. In the 1980's, when New York State determined to close these institutions, their clients, most of whom were from New York city and elsewhere in the State and in the country, were disbursed on to the streets of Suffolk County. Because so many of the patients had been institutionalized for many years, sending them back home was not possible.

In addition, New York State was to send financial support to counties to deal adequately with the needs of these patients. Instead of dispensing with the funding according to the needs of counties, and Suffolk County would have been primary recipient of that funding, it gave the funding to all

counties regardless of need. This is equivalent to the Homeland Security sending funding to North Pole, Alaska along the same line as it did to New York City. We continue to suffer greatly from, what I would call, political shenanigans.

After the hospital closings, an emergency hospital system was developed around a comprehensive psychiatric emergency program, or CPEP, at Stony Brook University Hospital. True this is a State facility, but it provides services for County residents. CPEP was to be the centralized receiving hospital for the most serious situations. Over time, though, obviously limited space there along with delays in the necessary transfers to other facilities because of insufficient bed capacity has caused serious problems within that system. This has been compounded further by the additional reduction in beds for psychiatric patients as at St. Catherine's and Southside. Also there are growing needs for services.

Suffolk County has no County hospital as does Nassau. The Nassau County hospital has 130 beds for psychiatric patients essentially filled full time. In Suffolk, no matter what the crisis is, the thinking is to take the client to CPEP. Suffolk's system for dealing with mental health crises of its residents is fragmented. It has to deal with domestic violence, with drug and alcohol abuse difficulties along with wide assortment of other extreme problems. Community hospitals are not equipped to deal with many of these crises. Mental health housing is a critical factor within our system. This housing includes 368 community residents beds -- it's 24 hour per day supervision -- 192 CRSRO beds, or single-room occupancy with onsite supports; 8 service planning beds with the SRO residents that are specifically designated for temporary stay; 218 apartment treatment beds, that's apartment living with regular support visits; 1160 supported housing beds, apartment living with less frequent visits. Of the above beds, 129 are reserved for applicants coming directly from state operated housing. As of September 3rd, the current overall wait list is 403 people. Of those people waiting for housing, there are 79 homeless; 87 assistant movement, in other words, going from hospital to housing; 34 pending homeless; 203 inadequate housing, living with parents, families, sober housing, room and board, et cetera. Of all 403 on the waiting list, 94 applications represent families and couples; 36 require housing for individual with both mental illness and substance abuse problems; 8 need handicapped supports; and 3 require housing for both conditions of mental illness and mental retardation.

It's important to note that there are many people currently held in hospitals because there is no available housing for them. Outpatient treatment services are the least intensive level of services where hopefully people in crisis can walk into clinics and receive service. However, because demand greatly exceeds supply, only a fraction of the individuals requesting services at any one time can be accommodated. Priority has to be given to those referred by hospital emergency rooms and psychiatric units. Because of this lack of access, many people have nowhere else to go. As with physical health, when there is nowhere to go with relatively minor systems, one goes to the emergency room when in crisis. When mental systems increase and intensify, ultimately CPEP is often the only route to go.

Suffolk County, currently dealing with the deeply felt lack of adequate resources, is facing two additional inevitable crises. Additional adult homes will be closed because of their profound inadequacies. Far greater, though, will be the impact beginning October from the reform of Rockefeller Drug Law, and I heard of this great concern at the CJCC meeting I attended last week. The league is encouraged by your including CPEP in your Capital Budget. I and several other league members saw CPEP. We were startled and appalled by its physical inadequacies. We expect the expansion will provide the greatly needed upgrade in that part of our mental health system. Thank you.

**CHAIRPERSON BROWNING:**

Thank you. And Dr. Sedler?

**DR. SEDLER:**

Thank you very much for inviting me. I'm Dr. Mark Sedler, Director of Psychiatry at University Hospital for the last 15 years, and at the moment, I've also stepped in to act as Director of the Comprehensive Psychiatric Emergency program. And this is the front door to our psychiatric emergency program which is currently located in the old part of the hospital. Now, some of you who have been over to the University Hospital in the last six months or so have seen the remarkable renovations that resulted from the major modernization project, the new emergency rooms on the fourth floor of the lobby and surgical suites and many other things. Unfortunately, when that renovation was planned, there was little interest in responding to the pressing needs of the psychiatry service and particularly of the CPEP, and the plan at that time was simply to relocate, more or less, the existing program with a bit of enhancement. Fortunately, when our current CEO, Dr. Strongwater, arrived a few years ago, I found him much more receptive. So as a kind of aftermath to an already completed and ongoing modernization at University Hospital, I was able to obtain support for the initiative to do something substantial for this program.

What is the CPEP? Let me tell you a bit about what we do. We have had a CPEP at University Hospital since 1990. It was established as a result of New York State legislation in 1988 that basically recognized partly as a function of the deinstitutionalization and increase in complexity and fragmentation of mental health services that emergency rooms are being overwhelmed with psychiatric needs and there was really limited ability to deal with these demands, and as a result, a new concept was implemented that gave us increased abilities that don't exist in ordinary psychiatric -- in ordinary emergency rooms. We have a locked unit that's staffed 24 hours a day with doctors, psychiatrists, nurses, social workers, and we have the ability to hold people for up to 72 hours for evaluation in order to establish a diagnosis and an appropriate triage and other things as well, which I won't get into at the moment.

Since that establishment in 1990, we saw a rapid increase in our volume from 2000 encounters a year to about 6,000 encounters a year, which is more or less what we have been doing for the last several years, and over time CPEP became essentially the linchpin of the public mental health system in Suffolk County. As Catherine was saying, for all sorts of unmet needs in the County, the most expedient solution and directive is send that individual to CPEP. So, for example, in the wake of Columbine in Virginia Tech, every time a school child writes a morbid poem or draws a picture in art class with a noose, they're told by the school administration go to CPEP and get cleared before your child can come back to school. Individuals with all sorts of substance abuse and related -- the problems that go along with those difficulties find their way to CPEP when their behavior becomes disturbed. A very common thing occurs, of course, on the weekend when alcohol consumption is higher, individuals may express suicidal ideation or become aggressive, the police transport them to CPEP. These kind of things as well as domestic problems, family difficulties, children in crises and all of the course psychiatric illnesses, like manic depressive illness, schizophrenia and so on are all brought to us for evaluation from all sorts of agencies operated by the County, they courts, the Sheriff's Department, the police as well as nursing homes, the outpatient clinics in the community, private doctor's offices and so forth.

So we have become really a very much essential resource for the system as it is.

Here's just an example of a Suffolk County form that exists in the Sheriff's Department that shows how they've dealt with shortcoming in their services, which is at that time Riverhead jail, they only have very limited mental health services even though 20% of the inmates have active psychiatric problems. So if one of the individuals in the jail has been put on some sort of mental health watch, a suicide watch and then they're taken to court and they're released on bail or for other reasons, the Sheriff's Department has a directive to transport that individual to CPEP before they're released on their own recognizance, so this is simply a policy in place on the part of the County to deal with what they consider to be an increased risk and liability that exists in the Riverhead jail. And so it's not an uncommon thing that we have recently released prisoners who have no place to live, who have outstanding mental health issues, who have no money, who are brought to us from the court, and we're asked to pass judgment of on this individual's suitability to be returned to the County to the streets.

But as Catherine mentioned, there's an elephant in the room in Suffolk County, and some of you may recognize this facility, Kings Park Psychiatric Center, which along with Pilgrim and Central Islip State Hospital housed 33,000 patients in 1955. It made up 12% of the population of Suffolk County, and as a result, over many years the mental health this County developed alongside the existence of those facilities and, therefore, they provided all sorts of default services. Most importantly, they were the receiving hospital for uninsured patients, for Medicaid patients, sex offenders, violent patients, all sorts of problems that weren't psychiatric admission went directly to these hospitals. When they -- in the aftermath of the institutionalization, and when these hospitals closed in 1977 -- I'm sorry, 1997 and 1998, consolidating at Pilgrim, it left a huge gap in the service delivery system of this County because there was really no County hospital. There was nothing like Nassau County Medical Center in Suffolk County to step up to the plate and fill the gap. And as a result, and this slide is out-of-date, the only OMH presence now at Pilgrim Psychiatric Center has about 510 operating beds, whereas 10 years ago, there were several thousand.

Here, you can see that when the CPEP opened one of our chief functions was to screen patients for admission to the State facility, and you can see the decline in the census -- that solid line -- decline in sense us OMH facilities in Suffolk County after CPEP opened which is now reduced to the point of 500 patients. Here, the same thing can be said for Sagamore Children's Center. You can see that once it played a very active roll in Suffolk County in the treatment of children with psychiatric disturbance. They want out of that business in the mid 90s and no longer provides services to children. This -- Catherine Hoak made an interest comment that I'm not going to dwell on but just as national trend, deinstitutionalization of the mentally ill can be followed in parallel to a remarkable rise in the criminalization and increased incarceration of individuals. You can see the solid line on the top is over the years from 1928 to 2000 the total number of individuals institutionalized in the country, the rate per hundred thousand.

The next line shows the decline in the number of individuals who are housed in psychiatric institutions and then the bottom line, the small dots shows concomitant rise of individuals being housed in prisons. It's really quite of striking graph that's published in the New York Times a few years ago. And so we see that the impact has been in State prisons, Federal prisons, in jails, there's very high incidence of mental illness. Here, in Riverhead jail in Suffolk County, out of the 17 or 1800 inmates, about 20% are identified to have psychiatric disorders, although I'm sure that the actual rate is much higher.

Now, what I want to show you here, to give you a little appreciation for what's going on, is the top line shows that in the CPEP, we admit about 30 -- 25 or 30% of the individuals who brought to us for evaluation. That is they go to hospitals. You can see on the top line that over the years that number of admissions hasn't changed very much. What's changed is the bottom line, which is the number of patients going to the State facility. So the gap between those two lines as of 2000 shows the numbers of the patients requiring psychiatric admission to go somewhere else because the state facility no longer exists to accept that volume of patients. Unfortunately, this is the problem. While they close these state facilities, the actual number of psychiatric beds in the surrounding community hospitals did not increase. In 1990, there were 188 psychiatric beds in all of the community hospitals combined. Today, there's 198. So we have about 10 more psychiatric beds to make up for what amounted to about 80 admission per month that were going to Kings Park before the closure.

And this is what's created the crisis in CPEP because the patients come to us at an increasing rate, but we have nowhere to send them. The inflow has been constant, but the outflow has been dramatically interrupted, and this has produced capacity problems. We've expanded three time since we founded the CPEP at significant cost to University Hospital, I might add. But in the last several years, for a variety of other reasons in addition to the State issues, there have also been issues involving closure of sober homes, the adult homes, increased homelessness, a variety of other factors which seem to have been a tipping point to where we suddenly started having to go on diversion, so you may have heard this expression. It really is a very important factor in the overall mental health system. So let me just explain what it is. What happens is we have fixed capacity in our CPEP. It's a locked unit. It has so much square footage. We have discovered in the past we

can really only house so many patients safely before they represented a danger to themselves, to other patients and to the staff, and that's about 14 to 16 patients. When we reach that limit, we basically have to notify the police precincts to take transports of psychiatric patients to the nearest 939 hospital, that is hospital that has a psychiatric unit like Southside, Brookhaven, St. Catherine's and Mather and so forth.

This produces a very significant burden on those hospitals they don't have CPEP. There's not necessarily well-staffed at all hours to absorb that demand, and so it's a problem for these other hospitals, and it really is not the most efficient way to handle these issues, but the CPEP can only do so much in its current configuration.

Now, let me show you a few pictures to give you a graphic feel for the interior of our units since what this discussion is about that I approached the County Executive a year and a half ago and asked for some capitol support for the expansion that I was looking for at the hospital. This is a typical board. The one on the left -- you can see the box checked on top. It says "On." It means we're on diversion. That's a list of patients in the psychiatric emergency room who are currently being evaluated and housed in our very limited space. We have about 3500 square feet. We basically have two bedrooms. Now, each of these bedrooms is actually designed to house two patients, so that means that technically, we should be out having four patient at most sleeping in the CPEP. On almost any given night, we have 10 or 12 patients sleeping in the CPEP. We have one bathroom for these patients; no overnight children's facilities, even though 20% of our patients are children.

Here is the waiting area outside the CPEP where the police sit and in that room that you can see with the light on is where individuals who have been transported, the police, are handcuffed, and they're handcuffed those chairs while they wait to be seen in CPEP. This is our nursing situation which can be very busy and crowded. This is our only evaluation room where we are able to bring patients in for interviews. The reason I included this is I wanted you to take a look at the furniture to understand that this is a very dangerous place, that probably in the past, many of these individuals have been housed in local precincts where they would be watched by police carrying weapons and being able to deal with the violence that's often associated with the problems we encounter with psychiatric illness combined with substance abuse. Over a period of years, we struggled to find furniture that could not be ripped from the floor and used as a weapon. We went through countless desks and chairs. These metal chairs have been bolted to the floor with eight inch bolts, and finally, we have found something that lasts, but it's been a challenge.

Here, you can see this is one of the rooms that was designed for two patients, but as you can see, we don't have beds in them; we have stretchers because on any given night, we may have four or five stretchers occupied in one room for the men and in another room that's identical, four or five women on stretchers. This is a room where our social workers and our residencies or two of my residents work. We have five or six people working this room typically. As I mentioned, we have about thousand kids come in a year, and that includes children five years old, six years old, seven years old for a whole host of problems which I could detail for you. Here is the children's room. This is our only children's facility. I blocked out their faces, and sometimes we'll have four, five, six kids spending the night in this room. Here, you can see that -- we didn't have children. These are not children. This was overflow from the other rooms where we had so many patients we couldn't house them in the other rooms, so these are adults sleeping in the children's room one night when it turned out we had no children.

This is our seclusion room where patient are restrained. Again, this is the kind of volume we're talking about on a busy night. This is the one bathroom that is available to all those individuals. And this is the floor plan for the new CPEP, which we have designed over the last several months with Urbahn Architects, and I think we've come up with with an outstanding new facility which will have the ability to house significantly more patients. There are three double rooms, four single rooms. There's bathroom and shower facilities, four of them and much more extensive capacity for observation and management of a whole variety of things. One striking feature is that whole left

corridor is a separate entrance for children and a separate area to domicile the children so they're not housed in the same area as psychotic adults, intoxicated adults and other patients that might come in on the other side where the police entryway is. There's a separate area in the upper right-hand corner for the police to maintain custody of the patients that they transport and a separate triage for those patients.

This, for those of you who are familiar with the new building, this is where it would be sited is at the -- it will be adjacent to the new construction at University Hospital and would be cited right there in that parking area. The cost of the hospital, originally when I went to Dr. Strongwater, they did a napkin estimate of about three million. He said, "Okay. I think we can handle that." Then when the construction and architects got involved, we quickly discovered it was going to cost quite a bit more which led me to seek some capital support from OMH and from Suffolk County, and I made a presentation similar to this to the County Executive about a year and a half ago, and that presentation was the antecedent to the events that led to my coming here today.

One other point simply to be made is that psychiatric services are unfortunately not enormously profitable for -- you know, so given the sentiment that the hospital, you know, really has responsibility to do these things themselves, one of the reasons I've encountered resistance over the years is this is report from the HANYS, the Health Association -- Hospital Association of New York State, that shows in the third bar from the bottom the conference of psychiatric emergency rooms across the State tend to lose money as do the adult psychiatric units, which is the bottom bar, so when I go to hospital administration looking for enhanced facilities, these are the realities that I'm forced to contend with, and as a result, it's led me to look for some alternative sources of support even though the hospital has been extremely supportive of this venture.

So the justification for the request is that the CPEP has become absolutely the critical linchpin and safety net for the public mental health system in the County. We have no public hospital in Suffolk County. We interface with many, many other County agencies, and they depend on us for their essential functions, and, indeed, the new facility will include specific areas dedicated to Sheriff's and Police Department function. Okay? Thank you for your time.

**CHAIRPERSON BROWNING:**

Thank you. You know, I keep going back to this, and Ed's sitting back there and, you know, the sober home issue, and I think with closing of Kings Park -- Catherine, you live in my District. You know what's going on. You know with closing of Kings Park, they made absolutely no plan. It's like they opened the floodgates and said, "Do whatever," and that's how we wind up with sober homes, and I heard certain organization that have opened up homes, some of these non-profit organizations that say, you know, "It's a home for people with mental health issues, but they don't have substance abuse problems," and I keep saying, "That's bull. It's not true. I know they do." You know, and there's really nothing being done for these people, and it drives me crazy to say, you know, this is not rocket science. I mean, how long does somebody stay in the CPEP? Like a client comes in, how long do they stay there, the longest amount of time they'll spend?

**DR. SEDLER:**

Well, you know, the situation really is we see a range of problems. Some people arrive simply looking for a refill of their prescription, in which case they may not even enter the unit, we'll take them into a private office and take care of them rather quickly; they may be in and out in an hour. If it's busy, there may be a wait of several hours to be seen. Once they come in, depending on the situation, the evaluation can take up to three days, but the real problem that we run into is some -- let me give you two examples. A very common presentation is someone comes in intoxicated with a blood alcohol level of 250, and while they were intoxicated they make various, you know, inflammatory statements -- they're going to kill themselves, they're going to kill someone -- so the Police bring them to us. We have to let them sober up before we can really assess the situation, so that takes 24-hours -- 12 to 14 hours. And then the person may say, "I'm fine. I don't even remember doing it." We talk to the family, we let them go if we feel it's safe. So there's that sort of

problem.

But the real challenge we have is that there's a significant number of people who come in and we're not able to stabilize them in a day or two, they require a psychiatric admission but there's no bed. We only keep about 25% of the admissions at University Hospital. We just have one adult unit and one child unit. If we're full, we look to other hospitals to provide a bed for the patient, and many times they're all full. So occasionally someone may remain many days waiting for a bed to open up at a community hospital and we really don't have any alternative; we can't release them because they're too sick and there's nowhere for them to go.

Another thing that occasionally happens is individuals are sometimes abandoned to us. For example, mentally-retarded adults that are living with elderly parents who have become aggressive sometimes are dropped off and the family refuses to take them back. And because they're not in the psychiatric system, an individual of that description really is in the OMRDD system and there's no -- since they closed Long Island Developmental Center, another thing which I left out but which was a major impact for us when they closed LIDC it's a real problem placing individuals of that category and sometimes they may remain in the CPEP for many days while we struggle to find a place for them. So it's variable.

**CHAIRPERSON BROWNING:**

And how many -- okay, you have to discharge them from CPEP and they need to go to a psychiatric ward in a hospital. How many psychiatric wards do we have in hospitals here in Suffolk County?

**DR. SEDLER:**

Well, you know, the thing about -- we really have --

**CHAIRPERSON BROWNING:**

Is your mike on?

**DR. SEDLER:**

I'm sorry, what?

**CHAIRPERSON BROWNING:**

Is your mike on?

**DR. SEDLER:**

Yes, I'm sorry.

**CHAIRPERSON BROWNING:**

Oh, there you go.

**DR. SEDLER:**

The Article 28 hospitals, the general hospitals that have psychiatric units are Huntington, Southside, Stony Brook, St. Catherine's, Mather Brookhaven and Eastern Long Island Hospital, they all have one unit; except for Stony Brook, we have two, we have an adult and a child unit. Actually, Mather, I guess, has an adolescent unit. But in general, for the adult programs, there's no ability to compartmentalize, which is a critical part of having a large hospital. For example, in Nassau County, the Nassau University Medical Center has 130 beds, they have many different wards that they can use to separate out different categories of patients. In Suffolk County, a major challenge is that we have to think about how we can manage different types of patients ranging from 18 year-old adolescents to 80 year-old individuals who may be frail and vulnerable in the same setting.

In Suffolk County, we also have access to the two Article 31 hospitals, South Oaks and Brunswick. And in a way, they're really very critical because they do have some compartmentalization and they have geriatric units and they have adolescent units and so forth, they have substance abuse programs; they're a critical resource. One problem is that as private hospitals or even, you know,

as not-for-profits but essentially private hospital, Article 31, they're not permitted to take Medicaid beyond age 18. So they can take kids on Medicaid but they can't take adults on Medicaid because of the so-called IMD exclusion at the Federal level. And of course, they're not particularly interested in take uninsured patients either. Well, 25% of the patients in CPEP are uninsured. So we really have a problem when we have an uninsured patient needing hospitalization, they really aren't going to end up at Brunswick or South Oaks. Even getting them to another community hospital is a challenge, and often times they have to wait until a bed opens up at Stony Brook. So those are some of the complexities of the placement issue.

**CHAIRPERSON BROWNING:**

We have some problems. Legislator Barraga?

**LEG. BARRAGA:**

I've seen figures several years ago indicating that the State Prison System was estimated that 15 to 20% of those incarcerated in the system had serious psychiatric issues and really belonged in some sort of an institutional setting to treat them, and many of those persons were really not equipped to deal, from a psychiatric perspective, with these inmates. And it was almost an off-shoot, you know, now we have them in the prison system where they really belong in the psychiatric system, but the large institutions are no longer available to keep the appropriate treatment.

I remember in the 60's and the 70's, and I worked for Pfizer Pharmaceuticals, and one of the promotions I got was to be a psychiatric rep and my job was to go in to Central Islip and Kings Park, Pilgrim State, and those were the years when you had eight to ten or 12,000 inpatients, and see psychiatrists and detail them on psychotropic drugs. And yet when we got to the early 70's, that's when Rockefeller turned around and for strictly a budgetary perspective he began the dumping process, and for many, many years many hamlets on Long Island witnessed these patients run in the streets and the Counties and towns were totally ill equipped to deal with these individuals. Now today, if you see a person who is diagnosed with say acute or chronic Schizophrenia and you need someone, you feel that this person has to be hospitalized for six months, nine months, a year, they're really -- it's a real challenge because you really don't have the institutional setting to send them to.

**DR. SEDLER:**

Well, the way the system works at the moment is that the OMH operated facilities, which is to say Pilgrim in Suffolk County, is designated to an intermediate care facility. So the only way they gain access there is to first be admitted to a community hospital, for example, at Stony Brook or St. Catherine's. And then after 30 days, if the individual still needs care, an application can be submitted to Pilgrim for transfer, and this is a rather laborious process. It is possible to transfer individuals from the community hospital to Pilgrim for longer term care --

**LEG. BARRAGA:**

But it seems incredulous --

**DR. SEDLER:**

But we can't admit them directly.

**LEG. BARRAGA:**

-- when you think about it, though. Even if they're accepted approval, your inpatient population at Pilgrim is 500 individuals.

**DR. SEDLER:**

Right.

**LEG. BARRAGA:**

I mean, are you telling me -- you're not telling me. But it's just inconceivable when you have a million five hundred thousand or between two counties, while in excess of three million people, that

long-term care is limited to 500 or 750 or a thousand beds at a former mental institution. I mean, it's just not feasible at all. There has to be literally several thousands of people in Nassau and Suffolk County who need long-term care and they need hospitalization. It's just shifting them around from a community hospital to this group to that group, and like you've said, often beds aren't available. It doesn't seem to make a lot of sense to me. It doesn't make a lot of sense to you either.

**DR. SEDLER:**

Well, you know, I believe that actually one of the major -- there are a variety of reasons for deinstitutionalization, not to mention the scandals of Willowbrook and other, you know, horror stories which put a very bad light on these large facilities so that they became viewed by the public as dangerous and unsavory places, so that was part of it. But actually, a very important thing that really kicked off this deinstitutionalization was Medicaid, which arrives in 1965, suddenly the states that had been financing 100% in their State facilities, the care of these individuals, had the opportunity to share that cost with the Federal government. But they couldn't do it by keeping them in the State facility, they had to move them into community hospitals. And that really I believe was the major driving force for moving the patients out of State facilities into community-based care, because now these individuals were eligible for Medicaid support and Medicaid financed care; it changed the economics dramatically.

**LEG. BARRAGA:**

I would agree. And when you really take a look at most of these situations, it's always about the money. But the reality is when you have several million people, you should have one or two institutions that are capable of taking the individuals in for long periods of time.

**CHAIRPERSON BROWNING:**

John?

**LEG. KENNEDY:**

Thank you, Madam Chair. Doctor, I want to thank both you and Catherine for being here. I know that both of you have worked long and hard on this issue, we've talked about it at length.

The expansion will now take you to the ability to accommodate eighteen, twenty people? How is it -- how is the expansion going to help the immediate issue that you have right before you right now?

**DR. SEDLER:**

There are two issues right now; one of them is capacity and the other is the humanity of the care that's being delivered. I personally feel that the current situation is simply inhumane, that people are being housed under conditions that you would not want your family member to be confined in. And the new facility will take the CPEP to the same level of functionality and decency that you see in the rest of that major modernization project at Stony Brook, I think it was going to be a very nice, very functional facility.

The capacity will be increased, and I believe instead of fourteen patients we probably will be able to more comfortably house twenty patients or so; it's a little hard to know exactly until you get into it. But that is not -- and if this is your -- this is not going to solve the problem in Suffolk County. It will probably reduce our diversion rate to where my hope is that that's a far less frequent event, and I do see that as a hardship on other community hospitals, I'd very much like to ameliorate that situation. So I think it will help. But of course, having a bigger CPEP, a bigger emergency program isn't going to replace the lack of community psychiatric beds, the lack of housing for the chronic mentally ill; these are other issues that will continue to be problematic.

**LEG. KENNEDY:**

I think that's an important thing. And I'm hoping that with our Health Department, as we go

forward, we're going to be able to talk about the systemic issues that we have in mental health delivery throughout the County at this point. You point out that we have several stress points, I guess, and bottlenecks, and ultimately far too many people that wind up left on park benches or in train stations or in bus stations or what have you until they do get picked up by the Police. And as my colleague mentioned, money is at the root of this often times as well, as we all know, we're all in fiscal strife.

I would also like to compliment you, I know that you worked intimately with the Police Department to help reduce some of that wait time that we have when there were EDP transports, but that's still, I guess, a work in progress as well. And Catherine, thank you. I mean, the league always points out with great clarity issues that we have before us. So thank you.

**MS. HOAK:**

Just as a lay person, it just seems to me -- because this is all overwhelming, but it seems to me a logical way to go about finding some solutions would be to look at the populations that we're -- that we're really responsible for that are among us, and figure out what the needs are, realistically, and then work to see what kind of -- you know, what can be done with what we have, you know, to set something up but to do it logically starting with where the need is and what the realities are and then to go from there to how -- I mean, we do have many facilities, maybe there are things, you know, improvements or changes that could make -- could be made that would make a significant difference. I just find it outrageous that in this civilized place, that we have people living in such in humane circumstances, and it's not their own -- you know, it's not their own fault, it's not anybody's fault, but I think that these issues just need to be addressed realistically.

**CHAIRPERSON BROWNING:**

Thank you. I think at some point, and I think the State needs to step up and do some more, because --

**MS. HOAK:**

Yes.

**CHAIRPERSON BROWNING:**

And the political will is not there to do it because it costs money, like they say; it costs money and taxpayers say they don't want to pay for it. But I can tell you in my district, you know, I see what the results are of not having the right facilities, I see that in my district in certain areas. So I think my constituents would love to see us do something more about it and I think the State really needs to step up and do more and put more money into this.

**MS. HOAK:**

But I think so much money is going into this disorganized system.

**CHAIRPERSON BROWNING:**

Right.

**MS. HOAK:**

I mean, we're blowing millions of dollars with emergency rooms and all kinds of haphazard ways of dealing with, you know, such prominent issues.

**CHAIRPERSON BROWNING:**

And slumlords.

**MS. HOAK:**

I'm not so sure that -- you know, maybe initially, to set things up, it would be more expensive, but, you know, I think ultimately if you're helping people to walk around in a normal life, or as normal life as they can, that it would be essentially less expensive.

**CHAIRPERSON BROWNING:**

I think you're right. I think you're right. And I know that it's -- I see it myself, the State is paying money to DSS and just shoving it out there and they're really not spending it right and I think things can be done better. But we appreciate it. We actually -- John and I were saying, we do have the sober home meeting will be coming up and I think certainly what you've got to say would certainly be very helpful, so we'll be in touch with you for that one. Thank you.

**DR. SEDLER:**

Thank you.

### **Tabled Resolutions**

**CHAIRPERSON BROWNING:**

So we will go on with the agenda and we'll start with IR Tabled Resolutions, ***IR 1223-09 - 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.

**CHAIRPERSON BROWNING:**

Okay, motion to table. I'll second that. All in favor? Opposed? Abstentions? ***Motion is tabled (VOTE: 5-0-0-0)***.

***1290-09 - Adopting Local Law No. -2009, A Local Law to enact a grading policy for food establishments (Losquadro)***. I believe there's still a public hearing, right?

**MR. NOLAN:**

You are correct.

**CHAIRPERSON BROWNING:**

Okay. Motion to table for a public hearing.

**LEG. KENNEDY:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Kennedy. All in favor? Opposed? Abstentions? ***Motion is tabled (VOTE: 5-0-0-0)***.

***IR 1714-09 - Adopting Local Law No. -2009, A Local Law to prohibit the use of tanning facilities by minors (Viloria-Fisher)***. Do I have a motion?

**LEG. GREGORY:**

Motion to table.

**LEG. EDDINGTON:**

Second.

**CHAIRPERSON BROWNING:**

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

***IR 1724-09 - Adopting Local Law No. -2009, A Local Law to further enhance and strengthen the Colette Coyne Melanoma Awareness Act (D'Amaro)***.

**LEG. GREGORY:**

Motion to approve.

**CHAIRPERSON BROWNING:**

Okay. I know that there was some request to table it, but I don't know that the sponsor is -- okay. So if there is any question, I guess we'll let it go out of committee anyway. 1724-09 is Adopting a Local Law to further enhance and strengthen the Collette Coyne Melanoma Awareness Act. There was a motion to table by Legislator Gregor?

**LEG. GREGORY:**

Motion to approve.

**CHAIRPERSON BROWNING:**

Oh, to approve? I'm sorry. See? I did it again.

**LEG. BARRAGA:**

I'll second it.

**CHAIRPERSON BROWNING:**

That was a motion to approve and a second by Legislator Barraga.

All in favor? Opposed? Abstentions? *It's approved (VOTE: 5-0-0-0).*

**1737-09 - Accepting and appropriating \$255,048 in 100% grant funding from the New York State Office of Temporary and Disability Assistance to the Suffolk County Department of Social Services for the Health Care Jobs Program (County Executive).** I'll make a motion to approve and place on the Consent Calendar.

**LEG. KENNEDY:**

I'll second the motion. And on the motion, can I just ask somebody from the Health Department, because this -- is this where it's going to? I'm sorry, DSS; Ed, do you know anything about this? I'm just curious as to where these folks are going to go to work, that's all.

**DEPUTY COMMISSIONER HERNANDEZ:**

This is to provide stipends to get people training, I believe at \$8 an hour in various health professions.

**LEG. KENNEDY:**

Home Health -- PCA's, Home Health Aides?

**DEPUTY COMMISSIONER HERNANDEZ:**

Yeah, those general type professions, yes.

**LEG. KENNEDY:**

And what are we doing, we're funding a training school or are we funding the individual students to go out and get their own training; what are we doing?

**DEPUTY COMMISSIONER HERNANDEZ:**

It's subsidized employment opportunities. So if somebody is willing to sign on, there's money that's available to help with the training.

**LEG. KENNEDY:**

So the facilities themselves will actually --

**DEPUTY COMMISSIONER HERNANDEZ:**

I believe so.

**LEG. KENNEDY:**

Okay, fine. All right.

**CHAIRPERSON BROWNING:**

Okay. So we had a motion and a second by Legislator Kennedy.  
All in favor? Opposed? Abstentions? *It's approved (VOTE: 5-0-0-0).*

***1757-09 - Authorizing that Resolution No. 348-2009 be rescinded which appropriated 100% State Aid from the New York State Office of Mental Health to Brookhaven Memorial Hospital Center (County Executive).***

**LEG. KENNEDY:**

Madam Chair, I --

**CHAIRPERSON BROWNING:**

Can we have the Commissioner, or could you -- does anyone have a response on this, what this is about?

**MS. BERMEL:**

Good afternoon.

**LEG. BARRAGA:**

You have to press the button.

**CHAIRPERSON BROWNING:**

Margaret, there's a button on the base.

**MS. BERMEL:**

Thank you. Good afternoon. Margaret Bermel, Department of Health Services. This resolution was previously adopted to accept and appropriate 100% State aid which would we funds passed through to Brookhaven Hospital.

After the resolution was adopted, it came to our attention that it would require a 100% County match of the \$316,000. Our Director of Mental Hygiene had contacted the State and advised the State that we did not have the local funds to match. Consequently, the State opted to issue a Medicaid supplement which would pass the funds directly thru Brookhaven Hospital, taking the County out of the pass-thru function.

**CHAIRPERSON BROWNING:**

You want to make a motion?

**LEG. KENNEDY:**

I'm sorry, Madam Chair. Can I ask -- Margaret, what is Brookhaven Hospital's -- did they undertake any kind of predatory work for this? This is for the purposes of an out-patient mental health clinic, or is this for mental health services right within the hospital itself?

**MS. BERMEL:**

This was for the mental health services within the hospital. It would have been the DSH funding and we would have accepted the funds and passed them thru the hospital, which we had done in the past without any local County match. But the State had determined that there should be a County match, they had not advised us previously, we did not budget the County match. So rather than have the County fund the match, the State determined that they would provide the additional funding to the hospital through a Medicaid supplement and they would pass the funds directly to the hospital instead of to the County and then the County would pass the funds thru to the hospital.

**LEG. KENNEDY:**

I'll yield to Legislator Eddington.

**LEG. EDDINGTON:**

I would feel much more comfortable if there was somebody here from Brookhaven Hospital saying, "Oh, yeah, it's going to -- we're going to get the same funding." Because my concern is that they budgeted it in and now they're not going to get it.

**MS. BERMEL:**

We do have correspondence from the State indicating that they are going to issue the funding, and that was part of the backup to the resolution.

**LEG. EDDINGTON:**

I hate to sound critical, but I've been three and a half years here and I would like to always ask all the parties. So that I'm hearing one side, I would like to hear from Brookhaven Hospital saying, "Yes, it's a go and everything is good," and I don't have that. So until I can talk to them, I'm going to ask to table this.

**LEG. KENNEDY:**

I'll second the motion.

**CHAIRPERSON BROWNING:**

Okay. Any other questions; no? Okay, I guess we'll table it for one cycle, get a response from Brookhaven. So the motion was Legislator Kennedy, second Legislator -- no, sorry; Legislator Eddington made the motion, second by Legislator Kennedy. All in favor? Opposed? Abstentions? ***It's tabled (VOTE: 5-0-0-0).***

**MS. BERMEL:**

Excuse me, Madam Chair? While I'm here at the podium, I just wanted to note that we have a CN that we would like to request for Tuesday to accept and appropriate H1N1 funding in the amount of approximately -- the award is approximately \$1.2 million, so I wanted to bring that to your attention.

**CHAIRPERSON BROWNING:**

Okay. Actually, I was going to have the Commissioner come up when we were done with the resolutions.

***1759-09 - Appropriating funds for the Brownfields Program, Gabreski Airport APDD site (CP 8223) (County Executive).*** I'll make a motion to approve.

**LEG. BARRAGA:**

Second.

**CHAIRPERSON BROWNING:**

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

***IR 1760-09 - Appropriating funds for the Brownfields Program, former Canine Kennel site at Gabreski Airport (CP 8223).*** Same motion, same second, same vote. ***Approved (VOTE: 5-0-0-0).***

***1782-09 - Accepting and appropriating \$433,506 in 100% grant funding from the New York State Office of Temporary and Disability Assistance to the Suffolk County Department of Social Services for the Transitional Jobs Program (County Executive).*** I guess I'll make a

motion to approve and place on the Consent Calendar.

**LEG. KENNEDY:**

I'll second.

**CHAIRPERSON BROWNING:**

Second, Legislator Kennedy. I guess this is something similar, Ed?

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes.

**CHAIRPERSON BROWNING:**

Okay. All in favor? Opposed? Abstentions? Okay, the *motion is approved six (VOTE: 5-0-0-0)*.

Commissioner Chaudhry, come on up.

**COMMISSIONER CHAUDHRY:**

Good afternoon, Madam Chair.

**CHAIRPERSON BROWNING:**

Commissioner, yes. You know, I have to say, I was disappointed to hear that you have chosen to move on. It's certainly been a pleasure to work with you, sitting on the Board of Health with you, and I have to tell you, I'm disappointed to hear you're leaving us. And we'd like to know, do you have a date or what's going on?

**COMMISSIONER CHAUDHRY:**

Thank you, Madam Chair. Thank you, everyone, for this opportunity.

I didn't have formal remarks, but I did want to take this opportunity to thank all of you, collectively and individually, for interacting in such a collaborative fashion over the last two and a half years. This was not something I was necessarily seeking, someone had sought me out a few months ago, actually, and the more I learned about it, it was a national opportunity. I'm not at liberty to go into detail, but it's any day now, so probably by Monday or Tuesday I can go into more details, but I will be moving outside of New York State.

I leave with mixed feelings because I really enjoy my job and I've enjoyed interacting with not only all of you, but also the community and this fine County that we have. You know, I think about history, I think about Alexis DeTocqueville's Democracy In America which talks about the role of local governments in this nation, and that's going back years and years ago. And Suffolk County, certainly with its Legislature, it's Executive Branch, really all parties including community-based organizations, collectively that's an example of what you can accomplish if you work together and I've seen that firsthand over the last two and a half years. I didn't know what I was getting into at first, coming into public service for the first time, but it really has been a pleasure working with all of you. This will likely be my last meeting, but I will still be engaged, you know, I still have family here and it's been a pleasure working with all of you. And I leave with, as I say, mixed feelings.

**CHAIRPERSON BROWNING:**

Well, I have to say, I will miss you. And I know that we had some issues that we were going to be working on, so, you know, I guess I'm going to have to carry it on with someone else. But you have been a great asset to the department and you will truly be missed, and we appreciate everything you've have done.

**COMMISSIONER CHAUDHRY:**

Thank you very much. And I will -- thank you. And I will do what I can to make sure whoever my successor is, that they carry on with all the good things that we've done over the last two and a half years, whether it's the Division of Preventive Medicine, some of the workplace wellness activities

we've done. We have been busy these last several months in planning for H1N1. And I was pleased to last week formally, you know, have our plan in place for the fall and the winter; of course, anything can happen, but we wanted to be prepared.

You know, we have very good folks -- as you know, as all of you know -- who have been in the department, have been in the County for, in some cases, decades who bring a wealth of experience. And I've been very fortunate to work with all of them, including my senior staff, many of whom you work with often, all of you, whether it's my Deputy Commissioner Matt Miner or Margaret Bermel, Director of Administrative Services, Richard Myer, my Assistant Commissioner and so many others.

**CHAIRPERSON BROWNING:**

John?

**LEG. KENNEDY:**

Doctor, I just wanted to, as we shared before personally, I also, with my colleagues, share misgivings with seeing you go. I know that you -- I got the sense that you really didn't know what you were getting into when you jumped in, but then again, I can say been there, done that. Nevertheless, I've enjoyed collaborating with you and I think you left a strong print on the department, and it is testament with your support staff; I can say they always are accessible, as you've always been.

One request I would have of you is, as you just heard earlier today, we have systems in this County, as hard as we work, that still need serious attention, not only the mental health delivery service, but also the drug and alcohol services as well. We're hosting next week fourteen school Superintendents in the Islip area, specifically about the heroin epidemic. I would just ask you if there's any to-do list that you can leave to your successor, that you please have those items on it as areas that desperately need focus in our County.

**COMMISSIONER CHAUDHRY:**

Absolutely. Thank you for the kind remarks, Legislator Kennedy. There's lots of issues. And, you know, in the last two and a half years, I think working together we've accomplished a great deal and left a positive impact on the residents of this County, or at least tried. But you're right, there's many areas still that need work, some will not have easy fixes, overnight fixes, but there opportunities out there and you have to look for them and you have to work together with others. That's one of the things that certainly has left an imprint on me, is the power of working collaboratively and coming up with ideas and how far that can take you.

**CHAIRPERSON BROWNING:**

DuWayne?

**LEG. GREGORY:**

Thank you, Madam Chair. I, too, wanted to thank you for your service. You've done a great job and we wish you much success. We're all -- we were just joking over here. You had said national input, so we're thinking, well, we don't have a Surgeon General, so maybe --

*(\*Laughter From Panel\*)*

But whatever it is, we wish you much success. And I'm sure you -- you know, you left us better off than what we were and I'm sure you'll do tremendous things where you're going.

**COMMISSIONER CHAUDHRY:**

Thank you, Legislator Gregory. I leave with a very positive image of what public service can do and can accomplish, and this is something that will stay with me and it's something I will certainly pass on to my children as well. It's something that everyone should think about. Thank you.

CHAIRPERSON BROWNING:

Jack?

**LEG. EDDINGTON:**

Yeah, I want to thank you also. And I just want to complement you on your leadership style, having been here for other Health Commissioners. You're leaving a group of people behind that I have seen an impact that you've had. Matt and Margaret, you know, are accessible I think more now than they ever were, and I think that's attributed to your leadership, and I just hope and pray that the next person that comes can be the same type of leader you were. So thank you for your service.

**COMMISSIONER CHAUDHRY:**

Thank you very much, Legislator Eddington. It's been a pleasure working with you.

**LEG. BARRAGA:**

I just want to take a moment to also express a thank you. I think you've done an excellent job in the time period you've been here. You have very positive leadership qualities; it's the County's loss and someone else's gain. And as we spoke earlier privately, I hope it works out well for you because you indicated that you will be basically away from home for about a year because you have a son or a daughter in the 11th grade and you don't want to transfer them over. That's never easy being away for that length of time, but I'm sure you'll get through it and I hope the new job is all that you expect it to be.

**COMMISSIONER CHAUDHRY:**

Thank you very much, Legislator Barraga. Thank you.

**CHAIRPERSON BROWNING:**

Thank you and good luck.

*Applause*

We didn't make a motion. I make a motion to adjourn.

**LEG. EDDINGTON:**

Second.

**CHAIRPERSON BROWNING:**

Second by Legislator Eddington. We are adjourned.

*(\*The meeting was adjourned at 3:50 PM\*)*