

**Joint Health & Human Services and Veterans & Seniors Committees**

**of the Suffolk County Legislature**

**Operating Budget Meeting**

**Verbatim Transcript**

A Special Joint Meeting of the Health & Human Services and Veterans & Seniors Committees of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on Monday, October 19, 2009, at 1:30 p.m., to discuss the matter of the Operating Budget.

**MEMBERS PRESENT:**

Legislator Kate Browning, Chair, Health & Human Services Committee  
Legislator John Kennedy, Vice-Chair, Health & Human Services Committee  
Legislator Steven Stern, Chair, Veterans & Seniors Committee  
Legislator Jack Eddington, Vice-Chair, Veterans & Seniors Committee  
Legislator DuWayne Gregory, Member of Health & Human Svcs. Committee

**ALSO IN ATTENDANCE:**

George Nolan, Counsel to the Legislature  
Sara Simpson, Assistant Counsel to the Legislature  
Gail Vizzini, Director, Budget Review office  
Craig Freas, Legislative Analyst, Budget Review Office  
Barbara LoMoriello, Deputy Clerk, Suffolk County Legislature  
Linda Bay, Aide to Minority Leader  
Brendan Chamberlain, County Executive's Office  
Allen Kovesdy, Budget Office, County Executive's Office  
Gregory Blass, Commissioner of Social Services  
Edward Hernandez, Deputy Commissioner of Social Services  
Linda O'Donohoe, Department of Social Services  
Matthew Miner, Deputy Commissioner of Health Services  
Holly Rhodes-Teague, Director of Office for the Aging  
Geri Walsh, Chairperson/South Brookhaven Health Centers Advisory Council  
Frank Sinisi, Pronto of Long Island  
Dale Moyer, Acting Director/Cornell Cooperative Extension  
Terence Smith  
All Other Interested Parties

**Verbatim Transcript Taken By:**

Lucia Braaten, Court Reporter

***[THE MEETING WAS CALLED TO ORDER AT 1:41 P.M.]***

**CHAIRPERSON BROWNING:**

Good afternoon. We'll start the Health and Human Services and Veterans budget hearings with -- we'll start with the Pledge of Allegiance, led by Legislator Stern.

*(\*Salutation\*)*

And I think we'll start with the -- we are going to start with Vets and Seniors. I know we have more cards, most of the cards are for Health and Human Services, so we will start with Vets and Seniors. And, Holly, if you would like to come up.

**MS. RHODES-TEAGUE:**

Hello. I'm happy to be here today. Our budget is just over 16 million dollars that we're requesting. We do receive a fair amount of reimbursement from New York State. I believe the budget that we have will be sufficient for what we need for next year. We're keeping meal counts the same and we're trying to provide the same amount of services, so I'm hoping, you know, that we have your support for the budget.

**LEG. STERN:**

Sounds good.

**MS. RHODES-TEAGUE:**

Okay. You know, but we -- you know, we're very happy with what we've -- you know, what we put in and what we're recommending, getting recommended, so --

**LEG. STERN:**

Very good.

**MS. RHODES-TEAGUE:**

All right?

**LEG. STERN:**

Thank you.

**MS. RHODES-TEAGUE:**

Thanks.

**CHAIRPERSON BROWNING:**

Thank you, Holly. And next we'll -- I guess now we're on Health and Human Services. Commissioner Blass, if you'd like to come up.

**COMMISSIONER BLASS:**

Good afternoon, Madam Chairman, Members of the Committee. I have taken the liberty of distributing an outline of our comments on the budget. I want to thank you for the opportunity to address the Committee on the important issue of the 2010 County budget.

This year the Department has seen firsthand the adverse impact of recession and the impact it's also had on Suffolk's families, children and individuals. Our DSS centers serve as the emergency rooms of our economic assistance, and we've seen economic pain and injury in record numbers. Many families have seen their lives changed in ways never imagined. The demand for assistance has grown across almost all program areas. However, through the infusion of the Federal stimulus funds and new management initiatives, we've been able to meet the increased demand for services and come in well under the adopted 2009 budget.

Another important benefit was your support for additional staff in the '09 budget. Last November the Legislature added new positions in food stamps and Medicaid so that we could reduce processing

times and settle the Maryann C. class action lawsuit. I'm pleased to report that our processing times have improved, even as the request for services reaches unprecedented levels.

If you'll take a look at the estimated budget in millions compared to the 2009 adopted, we're pleased to report that the '09 adopted versus the '09 estimated budget shows that net costs of the Department are approximately 19% less. This is a 50 million dollar differential which is comprised of both increased revenues and reduced expenditures. This doesn't mean that services have been reduced. In fact, the number of individuals served went up significantly. Take HEAP, for example. HEAP payments, our fuel assistance program, were issued to 25% more households. Food stamps are now provided to almost 39,000 households, which is an increase of over 7,000 in the first eight months of this year. In August, over 144,000 people in Suffolk County had Medicaid coverage, which is an increase of 13,000 individuals. In fact, we are reaching the point where approximately 10% of the Suffolk County population will be on Medicaid. The increased cost of these programs will not be found in the County budget, as they are Federal and State expenditure increases.

There are two major economic assistance programs, the Family Assistance and Safety Net, for which the County shares financial responsibility. This year the number of households served through these programs has increased by approximately 7%, meaning it went from fifty-seven hundred cases, almost fifty-eight hundred cases to sixty-two hundred cases. The program costs will exceed the adopted appropriations by 6.6 million. These increases were more than offset by reductions in several areas. First, there's been a very significant reduction in the Medicaid cap payment as a result of economic stimulus dollars; and secondly, the foster care and institutional placement costs have decreased by 8.7 million dollars, and we've achieved this through enhanced preventive services and increased placement of children, not in institutions, but with family members. That makes a big difference, not only in savings, but in the positive outcome of the cases. The savings from the lag payrolls of approximately 3.2 million are also factored into the 2009 estimate.

If you'll take a look at the 2010 recommended budget compared to 2009 adopted in millions, this chart compares '09 adopted to '10 recommended. Expenditures are projected to be 35.6 million dollars less than the '09 adopted budget, which is a 14.2% decrease. The 2010 budget maintains the economic assistance programs needed during these tough financial timings.

On the expenditure summary, if you'll take a look, the expenditure summary is a listing of the various programs and expenditure categories in the DSS budget in descending order of cost. The largest reduction is the Medicaid CAP payment. It's a direct result of the increased Federal reimbursement funds received under the stimulus funds.

In 2009, we'll receive 44.2 million dollars in FMAP funds, and 2010, we will receive 46.3 million dollars in FMAP funds, and in '11, we're expected to receive 7.1 million dollars FMAP funds, for a total of 97.6 million. All other program costs are relatively stable, with no program exceeding a growth rate of 3%.

We get to the issue of staffing. The overall authorized staffing level will increase in 2010 from 1,782 full-time staff to 1,787. The recommended budget includes, first, a new preventive services team in the Family and Children's Division, consisting of eight staff. The new team will allow our Family and Children's Services Division to expand their preventive services and enhance our newly organized policy of placing children with family members. This will ensure children receiving quality care, and also continue the reduction of costs for foster care and institutional placement. I am respectfully requesting the Committee's support for these new positions.

The staffing in the Department and the next chart, which is the number of filled positions, staffing has been stable over the last four years, with the exception of the Medicaid Division. This staff level has allowed the Department to maintain and in some areas increase the services we provide. The increase of 109 staff in Medicaid over the past year has allowed for a significant decrease in the processing times it takes to determine Medicaid applications and the settlement of the class action

lawsuit that I mentioned before.

I also want to say that the Department is extremely grateful to the Committee for the support that it has given the Department in this budget process, and also to the County Executive, who has consistently supported the staffing requests that this Department has been making since I became Commissioner with your support. I want to thank him and you for that, because it has made a big difference in this Department's ability to make the difference it has in the lives of so many.

The requests we have and the status of the Department's fleet concerns vehicles. We have too many employees using their own vehicles on what I would respectfully submit is an obsolete system of reimbursement for mileage. It doesn't add up and compare favorably in many instances to where employees who do extensive field work in investigations of fraud, in investigations of child abuse, in investigations of so many other areas. There are instances where we have shown that vehicles can make more of a savings to the taxpayer than the reimbursement process.

Vehicles authorized for the Department's fleet is now down to 56, and the actual ones in service are really down to 54. In consultation with the Budget Office of the Executive's Office, we've -- we're requesting that five vehicles be added to the omnibus resolution, if at all possible. We need two minivans, which will replace decommissioned vehicles. They're used by Family and Children's Services, specifically by CPS, to transport children. One sedan is need for our Special Investigative Unit, which is used by a staff to conduct investigations into allegations of fraud and abuse of Medicaid and other programs by clients. One sedan is needed for our Housing Division. This vehicle will be used by staff performing housing inspections, and also to transport homeless clients to find stable emergency housing. One sedan is requested for the Disabled Clients Assistance Program, where staff will transport disabled clients to secure SSI benefits, which is another major activity of the Department.

I'd also invite your attention to a recently added transfer of expense -- expenditure for after care for the Foster Care Program when children age out of foster care and are no longer eligible to be in foster care. This was originally in the Youth Bureau. It's been transferred at their suggestion, and with our support, to add onto our after care program, which is operated by the Timothy Hill Children's Ranch, which is funded by TANF funds through June 30th of 2010. And, of course, this is reimbursed at the rate of 63.7%.

I want to thank you very much for your attention. I repeat the gratitude of the Department for this Committee's support. And I'd be very pleased to answer any questions that you may have.

**CHAIRPERSON BROWNING:**

Yeah. You know, when you talked about the foster care, I think it's great that kids are actually getting to stay with family members rather than go to some strangers. But my question is, is because, you know, the one thing that sticks in my mind, and it's really not so much of a budget issue, more of a concern, you know, if mom's not being a good mom and she's going to live with the aunt or the grandparents, and, you know, my concern is are they being monitored if the child -- you know, the child or the children are with the grandmother or the aunt, you know, are they being strictly monitored to make sure that the mom isn't getting access to the kids the way she shouldn't be, or the father? It was more of a safety issue than, like I said, than a budget issue, you know, because it's great to save money, but are we -- I'm concerned about safety.

**COMMISSIONER BLASS:**

Sure. And it relates to a program that is being budgeted, so it's a very appropriate question in that respect as well, Madam Chairman. And I would say that the court order of foster care requires a strict provision that the case workers who supervise the child and the household where the foster care is taking place requires a strict provision of what contact, if any, and under what circumstances, whether supervised or whatever, visitation, that the biological respondent parent in the neglect case will have. So that's a long way of saying that there is a court mandate that requires the Department in every foster care case to monitor what's best for the child, whether the child's getting treatment,

if that's required, or contact the child's having with relatives, sibling visitation, and many other factors. So the answer, the short answer is, very definitely, yes, there is a follow-up and a monitoring that occurs.

**CHAIRPERSON BROWNING:**

And you have the adequate staffing to make sure that that's getting done?

**COMMISSIONER BLASS:**

Yes, because once the case gets to court, the CPS is -- takes it from there and has actually brought it there. And I would also point out that the Executive has very carefully followed a policy that he's instituted of automatically backfilling positions when they become vacant in the CPS teams.

**CHAIRPERSON BROWNING:**

Okay. And I know Legislator Gregory has a question. I do want to talk about the cars, because I know I had some conversation with Gail about it. But, DuWayne?

**LEG. GREGORY:**

Thank you, Madam Chair. Just going through your chart, I'm just a little confused about your authorized staff levels. Since 2009, authorized staff was seventeen hundred and eighty-two positions, and then 2009 recommended staff is seventeen hundred and eighty-seven. So how many vacancies do you have?

**COMMISSIONER BLASS:**

We're at approximately a vacancy rate of, if you take out Medicaid -- let me start with Medicaid. Medicaid has some vacancies because of moving into the facilities that have been rented out, especially to accommodate them. As those facilities become available, we have one move that's occurring this week, then we will have a -- I think all the adequate positions filled. Our vacancy rate is about 10% without Medicaid being counted in, and if you count in Medicaid, mindful of that point I just made, it comes to about 12%. We consider that to be reasonable. It has a lot to do with an attrition rate that arises from retirements and transfers and promotions, but the vacancy rate, as I would say, non-Medicaid is about 10%.

**LEG. GREGORY:**

Okay. So that's 10% from this seventeen-eighty-seven, so about 180 positions?

**COMMISSIONER BLASS:**

Yes, between 180, 190, yes.

**LEG. GREGORY:**

Okay. And of those, do you have a percentage as to how many are reimbursable?

**COMMISSIONER BLASS:**

When you say "reimbursable", you mean what rate did they get? Almost all of them --

**LEG. GREGORY:**

Well, I know there are various rates, but there are positions that are at least --

**COMMISSIONER BLASS:**

Yes.

**LEG. GREGORY:**

-- somewhat, you know, reimbursed by the State.

**COMMISSIONER BLASS:**

Ranging from as low as 30 to 40% to as much as 100%, depending upon the program.

**LEG. GREGORY:**

Right. So is that a large percentage, half, or 25%; do you have an idea.

**COMMISSIONER BLASS:**

Of how much the reimbursement rate is for each?

**LEG. GREGORY:**

No, just overall, how many are reimbursed?

**COMMISSIONER BLASS:**

Oh, almost all of them.

**LEG. GREGORY:**

Almost all, okay.

**COMMISSIONER BLASS:**

Yes.

**LEG. GREGORY:**

All right.

**COMMISSIONER BLASS:**

At some rate.

**LEG. GREGORY:**

At some rate, right, and then I'm sure it varies. Okay. And do you have an idea which departments or units have more vacancies?

**COMMISSIONER BLASS:**

Well, we are working on some -- for instance, we have approximately 45 personnel assigned to our technology, Information Technology Unit. Of those 40 to 45, we have about 12 vacancies. We haven't had a vacancy filled in that unit for quite sometime, but we need to catch up with them because of the need to have these management efficiencies put into effect due to technology.

I can also report to you that -- okay. The total for CBA vacancies, the Client Benefits Administration, is 35. Medicaid, the total now is 64. Again, we're in the process of filling those. We're using some -- one example is the center -- the situation in the centers is being made more manageable by a {my full view} technology that is making the lines move faster, because staff have a faster access to their records. So not all of our issues of meeting our obligations can be answered with staff being filled. We also have other initiatives that can help address the very serious problem that's not only causing us -- causing the County to find it difficult to fill all staff positions, but also explains why we're overwhelmed with applications for Medicaid, for HEAP, which is about to start November 2nd, for food stamps, and so many other programs. The same condition is creating both difficulties, filling staff and meeting program obligations. But we contend that we're very pleased with how we've been able to accomplish it, to juggle the different considerations, which the County Executive also has to address, and somehow accomplish doing more with less, as we think we have been.

**LEG. GREGORY:**

Okay. And you brought up I.T. Is your I.T. falling under the County Executive's initiative to consolidate I.T.? I know there's Probation and some others.

**COMMISSIONER BLASS:**

So far, no, because of the unique role that they play, and because many of those positions are reimbursed.

**LEG. GREGORY:**

Now, just to touch vehicles, just so that I understand, you have 56 authorized and you have 54 in service, but you're requesting five. So is that five over the in-service, or are you looking to replace five of the in-service, or is there five on top of the authorized?

**COMMISSIONER BLASS:**

Five on top of the authorized. I believe --

**LEG. GREGORY:**

So 61.

**COMMISSIONER BLASS:**

I believe one -- on top of the in-service, because I believe one was decommissioned.

**LEG. GREGORY:**

Okay. So we're looking at a total of 59.

**COMMISSIONER BLASS:**

Yeah.

**LEG. GREGORY:**

Okay. All right. That's all I have, Madam Chair.

**CHAIRPERSON BROWNING:**

Okay. Legislator Stern.

**LEG. STERN:**

Thank you, Madam Chair. And good afternoon, Commissioner to you and your staff. It's good to see you.

**COMMISSIONER BLASS:**

Thank you.

**LEG. STERN:**

I have a question about the cars. On the last page of the handout, this is on Page 10, regarding the request for five additional vehicles, I understand the request for the vehicles because they are looking to, among other things, you know, be available for transportation, transportation of children, transportation for those with special needs. I think that's pretty clear and understandable, and I'd like to be able to take your request back to the Budget Working Group when we have a conversation about appropriations. By question is about the one sedan needed for SIU, which, according to the explanation, isn't necessarily to be used for transportation of anybody other than the driver necessarily. I'm wondering what the need is for a special vehicle for that purpose.

**COMMISSIONER BLASS:**

Special Investigative Unit is in the nature of surveillance in their fieldwork. They are responsible for investigating and determining whether a fraud has occurred by a provider, such as a pharmacy, or a caregiver, or a recipient of Medicaid, such as a patient who is alleging to be used -- to be using more in the way, or using less activity and actually accomplishing more, and, therefore, not deserving the disability that they require. So there's a lot of fieldwork in SIU, and I believe there are only two vehicles, if I'm not mistaken, assigned to them. There's only one -- there's only one available. There were two and there's only one. So SIU does a significant amount of fieldwork and we're convinced, from our analysis, that to reimburse them with mileage is counterproductive and inefficient.

**LEG. STERN:**

So it's certainly a cost issue, but quite possibly a safety issue as well, the safety of the investigator out in the field?

**COMMISSIONER BLASS:**

Absolutely. If the investigator, who is sometimes doing quite -- it sounds unusual, but sometimes they're doing quite dramatic fieldwork, if they're in their own vehicle with their own license plate, it's not -- it's not prudent.

**LEG. STERN:**

Commissioner, did I understand correctly when you had said that -- was the percentage of 10% of Suffolk County residents are receiving some type of Medicaid coverage?

**COMMISSIONER BLASS:**

New York is way a ahead of even California, which has three times our population. California is -- spends far less on Medicaid than New York does. There are some proposals pending in the State Legislature which may change things, but if it goes on the rate that it's going now, we're probably by this Spring, the latest, we're probably going to reach 5,000 new applications a month. We're already in the mid 4,000 range. It only can be described as an amazing increase in those seeking Medicaid. And Yes, I did say that approximately 10% of the population of Suffolk County is now on Medicaid. And New York has done an interesting thing where it seems like one hand doesn't know what the other is doing. They are providing more and more funds to prospective patients, and yet, at the same time, they're closing down aid to hospitals, aid to behavioral treatment facilities, so that there is plenty of chance to have the means of access, but there's less and less chance for access to service this. But that's only one of the many problems with the State's administration of Medicaid. We could go on for a long time about it, but the bottom line is, yes, we see New York as surging way a ahead of other jurisdictions larger than we are in the expenditure of Medicaid.

**LEG. STERN:**

Well, no doubt, that's because of so many challenges that so many Suffolk County families face during these times. But is it also due to the fact that in New York we have a Medicaid Program that provides coverage well beyond, you know, the bare basics, you know, under Federal Law? I guess my question here is, is it because the challenges are so much greater here in our area than they might be in other parts of the country, particularly California, or because the rules here in New York provide for more people being eligible under our more generous Medicaid program here in New York.

**COMMISSIONER BLASS:**

Child Health Plus and family programs for Medicaid are now going to raise the age, gratuitously. It's not mandated and it's not really practiced in most other states, or if any -- of any that I believe, to -- from I believe age 19 to age 20 and then 21 in the series of moves over the next year or two. So we're expanding the population that's eligible, we're limiting by order of the State, we're limiting the means test that is done to grant Medicaid applications and to recertify. Recertification is far more -- far less scrutinizing than it used to be and is becoming less so, which means that more people are staying on Medicaid than might otherwise be the case, and who in the same situation in other states wouldn't.

**LEG. STERN:**

Commissioner, would have -- and if you don't have it now, that's fine, maybe you can get it to us at some point, but would you have a breakdown of that 10%, what percentage utilizing children's benefits, what percentage utilizing just community-based Medicaid services, what percentage utilizing in coverage an institutional care setting? It would be interesting to have that breakdown.

**COMMISSIONER BLASS:**

I'll certainly get that to you, Legislator.

**LEG. STERN:**

Thank you.

**CHAIRPERSON BROWNING:**

Legislator Eddington.

**LEG. EDDINGTON:**

Yes, good afternoon. I wanted to talk about homeless families and individuals. I look at the chart on Page 999 and it looks great, how it's gone down from 709 in January '03 to May, where it's -- '09, where it's 464. However, I'm getting reports that it's spiking. Could you tell me what's the numbers as of -- if we had another little thing there that said October, what would we see -- what would we see in that box?

**COMMISSIONER BLASS:**

Let me turn this over to Dr. Hernandez, our Deputy Commissioner, and our Acting Division Administrator for Housing.

**LEG. EDDINGTON:**

Excellent.

**DEPUTY COMMISSIONER HERNANDEZ:**

As of this morning, we had 372 families that are homeless, 67 of which are in motels. We have approximately 192 singles that varies night to night in homelessness. The total number of homeless people has exceeded fourteen hundred. This spike started in mid August and hasn't really slowed down yet.

**LEG. EDDINGTON:**

You said fourteen hundred?

**DEPUTY COMMISSIONER HERNANDEZ:**

That's total number of adults and children that are homeless, both in families and singles.

**LEG. EDDINGTON:**

Okay. Am I interpreting this wrong? Because the chart in May said 464, and now you're saying fourteen hundred. That's a huge difference, or am I misinterpreting this?

**DEPUTY COMMISSIONER HERNANDEZ:**

I'm sorry, I don't have the chart in front of me, but --

**LEG. EDDINGTON:**

This is families? Families -- no, it's families and singles.

**DEPUTY COMMISSIONER HERNANDEZ:**

They may have counted the number of individual units and then --

**LEG. EDDINGTON:**

Okay, maybe that's it. Okay. I'm just a little confused because that's just not like a slight spike, that's, you know, going off the cliff.

**DEPUTY COMMISSIONER HERNANDEZ:**

I just need to repeat for the recorder. They may have taken the total number of families, which may have been around 300, plus 170 or 80 singles.

**LEG. EDDINGTON:**

Yeah, it actually says families, 263, but there could be 1,000 individuals in that family. Okay. So that really -- we're not really comparing apples and apples, then, okay. At the very least, we're admitting that it's spiking, and you have 57 people now in motels.

**DEPUTY COMMISSIONER HERNANDEZ:**

Sixty-seven.

**LEG. EDDINGTON:**

What did I say? Sixty-seven. Oh, okay, sixty-seven. What proactive strategies is the Department taking to deal with this increase? Are we just going to put them all back in motels?

**COMMISSIONER BLASS:**

We are intent upon developing a stronger system of moving homeless families from the shelter stage into the permanent housing stage. That has been reasonably consistent and, to the credit of our Housing Division, at a level of between 30 and 40 families per month. With the program, which I'm going to ask Deputy Commissioner Hernandez to describe to you, we are going to enhance that process, hopefully, to raise the permanent housing placements or movement, assisting in the movement, facilitating permanent housing, to a it higher level than 30 to 40. It's a program that the Legislature just approved. It's in harmony with a couple of the towns and the East End, and the -- while we're consistent with the level of the permanent housing that is reached, the problem is the exponential increase in the intake of homeless families, particularly since we were -- our housing stock on the shelter -- on our shelter facilities started to become at full capacity, and we started -- of necessity, to start using motels. A lot of -- we suspect a significant number of persons and families who had up until now not become homeless due to the generosity of relatives and in some instances friends, realizing that now motels are an option, have chosen to move to motels. Motels are an unwieldy type of housing to shelter homeless persons in. They don't allow for the same supervision. They don't allow as close contact, and we're not as successful in getting them into permanent housing as we are when they're in a supervised shelter setting, so -- but the program that I'll ask Ed to describe to you will explain how that will, hopefully, enhance the permanent housing level.

**LEG. EDDINGTON:**

You know, you used words like "intent" on developing and "enhancing". Those are reactionary words. I'm talking about, if we saw an economic crisis, I mean, you know, I think there are some givens when we have an economic crisis. Crime goes up, unless you're a certain place, you don't believe it, but crime does go up, and people lose their homes. Now, this isn't news, and, yet, we're talking about now developing. And I'm questioning whether maybe you didn't have enough staff or funding to anticipate this, because, I mean, I don't think you have to be a rocket scientist to figure out we were going to have a problem and now we have a problem. And the 67 people living in motels are in the worst conditions and unsupervised at best, like you're saying. So, I mean, describe the program you're going to have, but how are you going to -- look down the road. Let's say if it's going to double or triple. What are you doing to be ready for that?

**DEPUTY COMMISSIONER HERNANDEZ:**

Well, first, it's hard to control certain factors that are not within our control. The foreclosures have provided a loss in rental units. The increased code enforcement in town has put a lot of landlords on the run or out of business, reducing the number of units that are available through -- that are typically available to our clients. So there are certain fundamentals that we have absolutely no control over. But that being said, what are we doing? We just received a combination between Islip, Babylon and Suffolk County, 2.8 million dollars in homeless prevention rapid rehousing money, we're going to be targeting people who are situationally homeless that, with that assistance, can become self-sufficient. Again, there's rental supplements there, there's homeless prevention money to help people getting evicted in the first place. So we're going to attack it from the outside before they even get into the homeless system.

In terms of the motels, we are developing new shelter beds so that we can put less people in motels. We're also beginning to -- well, we've assigned case workers to work directly with the families, but, as the Commissioner described, a lot of the families all of a sudden that were in the motel business have shown up that haven't traditionally been homeless in the past. So working closely with our Family Children's Division, preventive services, to make sure that, you know, the children are getting all the services that they need, and to, hopefully, assign preventive workers to some of the families to get them moving forward. It's not just a free ride in the motel, they need to do what

they have to to become housed once again.

**LEG. EDDINGTON:**

I appreciate that and it sounds like a good approach. And part of the reason I'm asking the question is when I knock on doors and I hear people say, "How come you guys aren't doing something about it," they're not talking to you, they're talking to me. So I want to be able to say, "We are doing something, in fact," at the latest early -- at the latest, early intervention, and that sounds like a good approach. Thank you.

**CHAIRPERSON BROWNING:**

Yeah. When you talked about some homeless families, obviously, the foreclosures is one of the problems. And you mentioned that family members -- taking in family members. Does DSS assist -- you know, rather than them having to go stay in a motel or find a rental, does DSS assist that family, even if a family member takes them in?

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes. And case-by-case basis, we can make an exception if a family can take somebody in. Obviously, we're not going to pay the same rate as a shelter, but enough to compensate the family for feeding and, you know, the extra costs that are involved in housing that family.

**CHAIRPERSON BROWNING:**

Okay. And getting back to the cars, I know I got this list from you of a number of employees and their mileage. I was trying to figure out, because I know there's dollars, miles and full year -- do you have a copy of this in front of you?

**COMMISSIONER BLASS:**

Yes. Not in front of me, but I remember it.

**CHAIRPERSON BROWNING:**

Okay. Because it says, "Total employees, 761; total employees over 1,000, \$1,000." And that's in mileage compensation?

**COMMISSIONER BLASS:**

Yes, and that.

**CHAIRPERSON BROWNING:**

Right. So you've got 194. So what I'd like to figure out is -- I don't know if you got this, Gail. I'd like to give this to Gail so she can look at it, because, obviously, whatever we're paying in mileage, if it's cheaper to buy vehicles, it just seems to make sense, you know.

**COMMISSIONER BLASS:**

Those are examples. You'll have a CPS worker who sometimes will not be in the office for days because of field work that goes from the beginning of working hours into overtime, as well as workers who are going back and forth to their office or to the courthouse and then back out into the field again. And remember, this -- as you know, this is a gigantic county, geographical area to cover.

**CHAIRPERSON BROWNING:**

Yeah. Because I -- \$4,000 was four employees; \$3,000, 19; \$2,000, 57.

**COMMISSIONER BLASS:**

And these are --

**LEG. BROWNING:**

And then 194 at \$1,000. So, you know, do the math, it's a lot.

**COMMISSIONER BLASS:**

These are figures from January, January until, I believe, the end of September.

**CHAIRPERSON BROWNING:**

Okay. I know -- does BRO -- I know we talked a little bit about it and I actually reached out to Gil Anderson about the motor pool. Is there a way -- obviously, they need -- now, that was the question was what types of vehicles, how many sedans versus vans. I know I spoke with Roland. He had told me that there are times when you need a van, that DPW will lend you one. But, you know, I think we seriously need -- I'm very concerned about the Investigators. You know, we have talked about that with Probation Officers using their own vehicles and, you know, the safety of the workers is definitely a very important issue. But, BRO, did you -- Gail, did you get anymore information?

**MS. VIZZINI:**

No, just the options that I shared with you. I know that the -- I did talk to the Deputy County Executive for Finance. We thought we might collaboratively approach Public Works and see if there's any pool vehicles that can be reassigned in terms of the short term. That's really more her purview than mine. But, if there was no other alternative, you know, if we can't reassign, if we can't purchase the Labor Department vehicles that will come off lease in March, which they're a good deal, we would have to add -- I believe our estimates are \$42,000 in Family and Children's Services for the two minivans. And it's our understanding that there is reimbursement for this, so the net cost would be 25,809. And then we believe that we'd have to provide for two additional sedans and one unmarked vehicle for the investigative person. I don't have the dollars on that, but usually sedans are around 15 to 20, depending on how they're equipped.

**CHAIRPERSON BROWNING:**

So there is reimbursement, too, for some of these vehicles, so they wouldn't be 100% us.

**MS. VIZZINI:**

For Family and Children's Services, yes.

**LEG. BROWNING:**

Okay.

**COMMISSIONER BLASS:**

Madam Chairman, if I may interrupt, there's also a hardship issue when it comes to the employees themselves, because they incur these increasing expenses out of pocket up front, and then it takes approximately 30 days for the Department to process the vouchers. Then they go to Audit and Control, which can take between 30 and 60 days more. So you're asking an employee to go without the money that they spend on this, sometimes at entry level salaries, for up to 90 days, and for the sampling that -- and that's what that list is that we provided you, that's just a sampling. We think that for those who we could -- if we could develop some internal system where the heavier users will have more access to the vehicles than those who use vehicles less, it would, I think, be very -- go a long way towards alleviating that hardship.

**CHAIRPERSON BROWNING:**

I think you're right. Does Budget Review -- Gail, do you have any comments on anything to do with the -- with what the Commissioner has said and the budget?

**MS. VIZZINI:**

I think the Commissioner provided a very good overview of his Operating Budget. I just would like to summarize a few of our significant findings, which basically appear on Page 20 and 21 of our report in Summary Findings section. The FMAP Federal stimulus money provided about 97.5 million dollars of relief for Social Services and Medicaid over a 27-month period. And, of course, our concern there is that that money will be ending in 2011 with a projected 39 million dollar fall-off from 10 to 11.

Due to the economic downturn, of course, it's evident that you have unprecedented increases in demand for services, food stamps, Medicaid, emergency services, housing, much of what you've been talking about. The number of filled positions in Social Services is -- you know, again this was based on when we did our report, 1,549 out of 1,782. In 2003, they had a vacancy rate of 6.4%, that now, as the Commissioner indicated, is well over twelve point -- our figures are 12.4% vacancy rate.

The Commissioner requested and we are very supportive of the eight new positions for the CPS Preventive Team. We think that not only will that be a step in the right direction, it will also hold down costs, and we actually make recommendations where we believe that there may be some surpluses in institutional care.

We have -- despite the fact that we have some concerns in terms of the sales tax revenue, which was discussed at length in Budget and Finance, we do make recommendations for augmenting salaries in several areas of Social Services, inclusive, but not only in the Accounting Division for, you know, prompt payment, technology, client benefits, Adult Protective Services. Significant permanent salaries should be added to Family and Children's Services, CPS.

We point out that the increase turnover savings this year has made it very difficult for Housing and Adult Employment Services to function, in our opinion. We also recommend about \$362,000 for housing -- for the, you know, staff of housing. And, as I indicated, we have the recommendations in regards to the vehicles.

**CHAIRPERSON BROWNING:**

Okay. I'm wondering if our -- Legislator Kennedy has just walked in, so do you have any questions for -- on DSS issues?

**LEG. KENNEDY:**

For DSS, yeah. Where's my lunch. No. My only question is, is it goes to the surplus food issues. And I haven't seen what's included in the County Executive's budget yet. I know that last year we worked to expand the amount associated for the emergency shelters, and I'm wondering whether or not you've got a significant amount in there, and what your -- what your opinion is about the benefit, I guess, of working with multiple different providers. We have Long Island Cares, and I know we also have Island Harvest, I believe it is. And my understanding is, is that they perform somewhat different functions, and they operate for fixed-base soup kitchens, they also operate in shelters. How do we sort this out?

**COMMISSIONER BLASS:**

I don't have the figures in front of me, but I know that Budget Review Office just brought them up on the screen, as they are capable of doing almost anyway. But there was an increase in the proposed -- the recommended budget from the County Executive for Long Island Cares, and we're very much in support of that. Our food pantry situation, we operate, I believe, eight different food pantry distribution sites, four of which are in our centers, and they are not by any means oversupplied. We are seeing a great demand.

The issue with food pantries is that they don't operate like soup kitchens, as you know, because they don't have food that's readily consumable. We do see a decline in the number of facilities that are able to provide space for soup kitchens and the like, and we're very concerned about that. So it's getting to be a point of not supply but distribution that is beginning to show signs of faltering and we're very concerned about that. But, as far as the increment in the budget, we had, one, as you said, with your assistance, of course, and this Committee's last year, we have this again from the County Executive's initiative this year, too, and we're expecting that would be adequate. Our concern is that we're just working on three different facilities this week who have told us that they are losing their space. The church, in one instance, is closing, and we're in a process of trying to find an alternate site for them near where the population was that they served. And again, it's a

sign, a tragic sign, a very compelling sign of the times that they are seeing record numbers in every one of them that we've communicated with.

**LEG. KENNEDY:**

And again, I guess the other thing that I'll ask you is, and I don't know if this is something that you can speak to directly or if it's more of a comment or a conversation that comes from parish outreach coordinators or other folks, is there a difference or do you see any kind of contrast between Long Island Cares and Island Harvest, as far as what they deliver, how it can be held, how far does it go? You know, in an environment where, you know, we're literally trying to make buffalos cry, is it the money working as efficiently as it could between these agencies?

**COMMISSIONER BLASS:**

I have a very open mind to exploring that question. As from the perspective I have now, I have seen no lack of efficiency on their part. Island Harvest and Long Island Cares are excellent organizations. We're proud to be associated with them. They've done an excellent job in responding to the increase in demand. But if there are shortcomings or other issues that need to be developed or raised, I'll certainly explore them with you and the Committee, by all means.

**LEG. KENNEDY:**

The only other issue, Madam Chair, and again, I apologize if this is something that the Committee's covered before, what kind of movement are we seeing with the shelter providers towards bringing on additional beds to address our homeless?

**COMMISSIONER BLASS:**

I'll turn that over to Deputy Commissioner Hernandez. How are you doing, Ed?

**DEPUTY COMMISSIONER HERNANDEZ:**

All right. I did answer this question before, because Legislator Eddington asked questions about homelessness, but we are in the process of opening two additional shelters and a number efficiencies in terms of operations to try and reduce the number of families in motels.

**LEG. KENNEDY:**

Two shelters means how many beds?

**DEPUTY COMMISSIONER HERNANDEZ:**

Approximately 30, so we're talking about eight, nine families, depending on family size.

**LEG. KENNEDY:**

Okay. And what does that do towards your total number of hotel-based homeless folks right now, what's that number?

**DEPUTY COMMISSIONER HERNANDEZ:**

Right now, we have 67 families now in hotels.

**LEG. KENNEDY:**

Okay, 67 families. And what do we use -- what is a family, is that three persons, four persons?

**DEPUTY COMMISSIONER HERNANDEZ:**

A family -- any family is an adult and a child, or multiple adults, multiple children, so it varies from a family of two to --

**LEG. KENNEDY:**

So we could have 120 to 1,000, or what? How many people? How many people?

**DEPUTY COMMISSIONER HERNANDEZ:**

The total number of homeless people we have is over fourteen hundred in all. I'm talking about

families and singles right now.

**LEG. KENNEDY:**

Okay. Of that fourteen hundred, how many of them are being housed in motels?

**DEPUTY COMMISSIONER HERNANDEZ:**

I don't have an exact count on the number of individuals in motels, but figure 67 families, and they're probably in the four to six range, because the small families we can usually squeeze in here and there in shelters, so several hundred.

**LEG. KENNEDY:**

We have several hundred in hotels right now?

**DEPUTY COMMISSIONER HERNANDEZ:**

That's correct.

**LEG. KENNEDY:**

Okay. And we're going to create 30 beds to take care of homeless folks?

**DEPUTY COMMISSIONER HERNANDEZ:**

There's part of a number of initiatives, and I'll repeat for the Legislator --

**LEG. KENNEDY:**

No, no, no, don't repeat.

**DEPUTY COMMISSIONER HERNANDEZ:**

No, no.

**LEG. KENNEDY:**

Uh-uh. I'll read the -- I'll read the transcript. I do not want you to have to repeat for me at all. My point is, is if we have that many homeless folks in hotels -- and what do we pay a hotel per person per day on average?

**DEPUTY COMMISSIONER HERNANDEZ:**

It varies between 90 and \$120.

**LEG. KENNEDY:**

Okay. And what do we pay a shelter provider per person per day?

**DEPUTY COMMISSIONER HERNANDEZ:**

Between 70 and 90-something dollars, depending on the shelter.

**LEG. KENNEDY:**

So, are you saying that we could have a person in a hotel and in a shelter for the same price if we were on the high end of the shelter provider and the low end of the hotel, 90 bucks? There's no difference?

**DEPUTY COMMISSIONER HERNANDEZ:**

The difference isn't in the room, the difference is what comes with the \$90.

**LEG. KENNEDY:**

The gamut of services that are associated with the shelter provider.

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes, absolutely. Right now, in motels, we're using our existing case work staff to service the families in the motels.

**LEG. KENNEDY:**

Okay. Let me try this another way. Is it a true statement that it's cheaper to have a homeless person in a shelter than it is in a motel, generally speaking?

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes.

**LEG. KENNEDY:**

Okay. So would we, "we" meaning the County, be in a better economic position if we had more shelter beds negotiated?

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes.

**LEG. KENNEDY:**

Okay, good.

**DEPUTY COMMISSIONER HERNANDEZ:**

Can I provide some detail to that answer? Okay, because --

**LEG. KENNEDY:**

If you must.

**DEPUTY COMMISSIONER HERNANDEZ:**

Well, several years ago, we had the Tier 2 proposal on the table that never went anywhere because there were no families in motels and the money --

**LEG. KENNEDY:**

Yeah. Several years ago I wasn't a Legislator either.

**DEPUTY COMMISSIONER HERNANDEZ:**

And the money disappeared. But the other -- the other instance is you just can't open a shelter. A shelter has to have a certain number of bedrooms. These are generally located in residential neighborhoods and it's not that easy to open a shelter. We've had several agencies try several times, without any luck, to open additional shelter beds because, for one reason or another, they couldn't secure the place or, you know, there were issues that were going on with landlords to get shelters open. So it's not a question of just saying, "Open a shelter," and we can open it, we have to find the right place and work out the right deal, which we've been working on for months now.

**LEG. KENNEDY:**

I understand. I'm not trying to be glib or flip, I'm just merely trying to go towards -- at a time where we're seeing increased numbers of individuals losing their jobs and losing their houses, you do not have to be an economist to predict that we're going to have greater numbers of people that are coming to us for some place to live.

**LEG. EDDINGTON:**

Rocket scientist.

**LEG. KENNEDY:**

There we go.

**LEG. GREGORY:**

Read the transcript.

**LEG. KENNEDY:**

Okay. I'll read the transcript. Thank you.

**CHAIRPERSON BROWNING:**

Okay. Allen, I think the food pantry issue, was that what you were coming up on?

**MR. KOVESDY:**

Yes, ma'am. Page 1,002 in the County Exec's budget shows that the County Executive added \$100,000 to food pantries. They're spreading 20 new food pantries throughout Suffolk County as an increase of 34%. So, if you look on Page 102, it lists every specific food pantry. Twenty of them got \$5,000 each and it's spread geographically through the County. So it's there, if any --

**LEG. KENNEDY:**

Food pantries or soup kitchens, Allen?

**MR. KOVESDY:**

I don't know. It's -- I think it's food pantries. This goes from Saint Joseph's Parish, Lighthouse Mission, Saint Mary's Outreach, Greater Sayville Food Pantry, Sag Harbor Food Pantry.

**LEG. KENNEDY:**

This is funding that the Exec has included?

**MR. KOVESDY:**

An extra \$100,000.

**LEG. KENNEDY:**

Really?

**MR. KOVESDY:**

Yes, sir.

**LEG. KENNEDY:**

Okay. All right. That's good to know, and we'll talk about that in particular. Thank you.

**MR. KOVESDY:**

You're welcome.

**CHAIRPERSON BROWNING:**

Legislator Gregory, you had a question?

**LEG. GREGORY:**

Yes. Of concern for me is our ability to pay our vendors. You know, there are a lot of vendors and contract agencies that we use to provide services that we don't provide. You know, they do God's work, as we refer to it, but we have to make sure that we process the paperwork in time so that we can give them man's money to do God's work.

And I see that BRO has recommended adding some positions to the Accounting Department so that we can process the paperwork quicker. And I've had, actually, agencies contact my office about, you know, taking 60 to 90 days to have -- to get payment for services provided. Are you not in agreement about BRO's recommendation to add account clerks to the Accounting Department?

**COMMISSIONER BLASS:**

By way of background, the increase in staffing that the County Executive has provided for and the backfilling of Client Benefits Administration Division, which handles the centers, which handles the programs like food stamps and the like, have allowed that division to increase very quickly its activity, combining with overtime, and including overtime on Saturdays, voluntary overtime, and their workload has enlarged significantly upon our Accounting Division. The number of vouchers that

the Accounting Division has received from CBA has spiked very quickly. We requested and were granted the backfilling of three account clerk positions approximately 60 days ago. Ironically, but not atypically, as we filled those, three positions left in retirement and promotion. So we just had three more, one senior account clerk and two account clerk positions approved. We went to the County Executive and, as I said before, he's been very responsive to the needs of the Department at times like this, and we did receive approval for those three positions. They're just starting and we expect that the timeframes for voucher payments for vendors will be accomplished.

We have to remember that when the Legislature chose to approve a Local Law for the vendors who deal in child care, we have devoted our resources to making sure it's always within 30 days for them. This has, though, created a second priority, unfortunately, for the timeframe for other vendors, but we're catching up with them as well, and I think the payment timeframes for them will show significant improvement over the next few weeks.

**LEG. GREGORY:**

Okay. So prior to the three retirements, you were requesting three more positions?

**COMMISSIONER BLASS:**

And we just got them approved again.

**LEG. GREGORY:**

Okay. So you were six in the hole, you made up the three, but you're still three behind.

**COMMISSIONER BLASS:**

No, we were -- we were three in the hole. We lost three --

**LEG. GREGORY:**

Right.

**COMMISSIONER BLASS:**

And then we asked for three again and got them.

**LEG. GREGORY:**

So you're where you were originally.

**COMMISSIONER BLASS:**

No.

**LEG. GREGORY:**

Yeah.

**COMMISSIONER BLASS:**

Not exactly originally, where -- when we had those three that were vacant, they had been vacant for a while. And then, when we got them filled, others retired, other account clerks went into a promotion and in retirement.

**LEG. GREGORY:**

Yeah, but pretty much you're status quo. Even though you had three vacancies, you sought to get them filled and then you lost three, and you got those three filled, but, yet --

**COMMISSIONER BLASS:**

When we had those filled, they were filled for the first time in a long time. So, in terms of its effect, its impact on time frames, we were then in the position to catching up, because the vacancies, those three vacancies were no longer vacancies. Those three longstanding vacancies that had endured for a while were no long vacancies.

**LEG. GREGORY:**

But the bottom line is you still would like three more positions.

**COMMISSIONER BLASS:**

Yes.

**LEG. GREGORY:**

Okay. All right. And, if you know on top of your head, if you know, what is the average time frame that we're processing vendor payments outside of child care or daycare?

**COMMISSIONER BLASS:**

In other words, what is the consequence of the Local Law that requires us to pay child care vendors within 30 days? I'll ask Pat Clark, our Division Administrator for Accounting, to answer that.

**MS. CLARK:**

Hi. Once we had changed our procedures to make sure that all child care providers were paid within 30 days, the other vendor payments were averaging about 45 days for quite sometime. There's been a two-prong problem the Commissioner described, our Client Benefits' effort, and just a general increase in workload, and we're now at approximately 65 days.

**LEG. GREGORY:**

Okay. So, if we were to have a Local Law that all our vendor payments were made in 30 days, would you have the staff to do that?

**MS. CLARK:**

Not at this time.

**LEG. GREGORY:**

Okay. All right. Thank you.

**CHAIRPERSON BROWNING:**

Any other questions? Go ahead.

**LEG. KENNEDY:**

One of the things that we had talked about throughout, whatever it was, last year, the year before, when we were talking about the child care providers, Ed, you remember this, I think, Ms. Clark, you remember it, too, that effort to try to work with your accounting group, so that as they took civil service tests and scored up on the hierarchy, that you might make an effort to try and work with Civil Service to reclass a position up. Clerk typist, two senior clerk typists, two principal clerk typists, with the -- or with the eye towards retaining that institutional knowledge that they gain, while at the same time acknowledging, as every civil servant, you know, has a desire to better themselves by taking tests. Is that something that's been able to go on, or, conversely, if I were to ask it simply, how's your retention rate? Are you able to hold folks in that Accounting Unit?

**MS. CLARK:**

Well, we have had some promotional opportunities within our Accounting Unit, but, for the most part, the entry level position in Accounting is an account clerk and they can -- the career opportunities present themselves in a variety of ways. We have lost staff to other departments in the senior account clerk title. We've also lost a considerable number of staff to the Social Services Examiner series as a result of hiring in Medicaid and Client Benefits Division. So it's an excellent promotional opportunity for our staff, so it's kind of counterproductive to staff retention.

**LEG. KENNEDY:**

Okay. So then let me ask the next question. Am I reading more into this, then, or is there a certain skill set that they acquire when they come into that Accounting Unit for vendor reimbursement? Is

there particular knowledge that they learn or that they get, or could pretty much any clerk typist do the job?

**MS. CLARK:**

Well, there's specific knowledge that they learn on the job in Accounting and in the processing of payments, but one of those skill sets is familiarity with the client benefit documents that are prepared by the eligibility workers, and so that's one of the reasons that they're so -- this is such a good opportunity for them to become examiners, which is a much higher grade.

**LEG. KENNEDY:**

It's Grade 16, I believe, right?

**MS. CLARK:**

Correct.

**LEG. KENNEDY:**

And so an account clerk is Grade 11.

**MS. CLARK:**

Right.

**LEG. KENNEDY:**

Have you looked at -- I mean, it's kind of like we're chasing our tail in an effort to fulfill vendors' needs and moving up the time frame and bringing folks in, but having them work only to the point where they lateral out. Is there anything that can be done systems-wise to bolster or look for some desk audits, something to anchor or stabilize this unit?

**MS. CLARK:**

Well, it's an entry level position, and I'm not going to tell you that it's not a skill set that needs to be learned, but we've had very much success hiring account clerks off the civil service list when we have the opportunity to do so, and in two to three months time they're up and running as account clerks.

**LEG. KENNEDY:**

So it's not an issue, then.

**MS. CLARK:**

So I would encourage them to seek promotional opportunities when they become available to them, just on a personal basis, so I think -- I think backfilling --

**LEG. KENNEDY:**

As any one of us always would. I'm not suggesting that a civil servant shouldn't take tests; quite the contrary. As a matter of fact, I always encourage it. I just go to my own experience when we had the bookkeeping unit out in County Clerk's Office where it was not uncommon to have a person come in who had, let's say, some experience with the I.R.S. or out in private sector, and they were fairly tuned in to that accounting and reconciliation function to begin with, and they may have gone from, you know, either the account clerk or the clerk typist all the way up to senior or a principal, and, yet, still remain within that core seven or eight individuals who did the function.

**MS. CLARK:**

Well, whenever possible, we have looked for a senior account clerk and principal account clerk titles in that unit, so it goes both ways, they stay with us in a higher title or move on.

**LEG. KENNEDY:**

Okay. All right. Thank you.

**CHAIRPERSON BROWNING:**

Okay. Thank you. You know, I know we have a lot of people here, some are I believe contract agencies. You know, I did look at -- I don't have the paperwork in front of me. Colonial Youth in my district, it was drastically cut, and I know the services they provide in my district, as I know Pronto's here -- I don't know if, Commissioner, you can stay, but I hope someone can stay when they speak to respond, because the services they provide and the economy that we're in, again, we save money by having them. So, if we cut their services, what are we doing? So, if someone is able to stick around and listen to them and maybe you can respond.

**COMMISSIONER BLASS:**

Everybody will be remaining. I have to go to a meeting with Veterans Affairs about services they provide in our centers, but I'm going to be coming back after that.

**CHAIRPERSON BROWNING:**

Okay. Thank you. I just want to make sure somebody can stick around.

**COMMISSIONER BLASS:**

Yes.

**CHAIRPERSON BROWNING:**

But I think that's it for now. I appreciate you coming in. We'll be in touch if there's any other questions. And I guess we have -- Matt, I know you're here, Mat Miner from Health Department. If you'd like to come up, I don't know if you're on a time issue. I don't like to keep you guys away from work, so if you want to come up and if you have any reports, or if anybody has any questions, and then we'll get to the cards.

**MR. MINER:**

Good afternoon. Both Dr. Mermelstein and Margaret Bermel are sick today and that's why they're not here, otherwise they would certainly be attending, but both are ill. To my right is Diana Wier. She's our principal financial budget person. Between the two of us, we hope to be able to address any questions that you may have. We didn't prepare a formal report. We've read -- had an opportunity now to read BRO's report, as well as the County Executive's budget. And, you know, we believe, while the recommended budget is tight, we believe we can operate within the budget.

**CHAIRPERSON BROWNING:**

Question? Okay. Legislator Gregory.

**LEG. GREGORY:**

I always -- I hear about, what is it, I guess the Food Sanitarians, the people that inspect -- do the inspections for restaurants? I always hear concerns about how long the process takes. Have we increased the staffing levels in that department, that area?

**MR. MINER:**

In terms of inspection or in terms of plan review?

**LEG. GREGORY:**

Whatever -- whoever does the inspections, they get them operating and generating revenue for the County. I think it's inspections, because they come back and they'll say, well, you have to change, you know, add, I don't know, a stove, or something like that or whatever. I don't know if that's plan review or --

**MR. MINER:**

That's generally plan review --

**LEG. GREGORY:**

Okay.

**MR. MINER:**

-- when the applicant submits his or her application, and there is a -- there's a coordinated review between the Office of Waste Water Management, if a sanitary system is involved, and our Food Protection Unit. We have combined resources there to try to do like a peer review, co-review, so they're not -- we're not sending them to Waste Water and then back to Food, where it's reviewed simultaneously. We do encourage a pre-application conference at both locations and we're in the process of actually putting together a pamphlet or brochure, kind of dos and don'ts to help applicants through the process. But many times they come, unfortunately, without their design professional, or they retain a design professional who's unfamiliar with the Sanitary Code. And there is an education process, and that's why the pre-application conference would avoid a second or a third round of omissions that have to be then corrected by the design professional. But we do look -- you know, if an application is in and is complete, we can process it very quickly. It's when the design professional that the applicant retains is unfamiliar with the Sanitary Code that it does tend to delay the process.

**LEG. GREGORY:**

Do we have an idea on -- I guess on a general application how long it takes to process it and how our process is compared to other municipalities, maybe Nassau, Westchester, and how they process the same applications, on average.

**MR. MINER:**

One, I think our Sanitary Code is probably different, more stringent than Nassau and Westchester. I don't have the exact numbers. I can provide that to you.

**LEG. GREGORY:**

All right. That's all, Madam Chair. Thank you.

**CHAIRPERSON BROWNING:**

Legislator Eddington?

**LEG. EDDINGTON:**

Yes. I wanted to ask you a question about the John J. Foley Center. As I look at the analysis, it seems that 95% of the authorized positions are filled, so the work staff is there; is that correct?

**MR. FREAS:**

I don't believe that's for the Foley facility, sir.

**LEG. EDDINGTON:**

Oh, okay. You know, you're right. I was reading the wrong thing. Well, let me ask you about the Foley Center, then. What did -- what's recommended for the Foley Center right now, as your understanding?

**MR. MINER:**

There's a budget to continue operations next year.

**LEG. EDDINGTON:**

Yeah.

**MR. MINER:**

All right. And we staffed approximately 280, 282 full-time employees, and then we supplement that with per diem CNAs, per diem LPN and agency nurses where we have to. But we are able to operate, we are adequately staffed, and we've been able to reduce the deficit down somewhat, in part due to IGT funding. There is a concern on the Health Department's side with respect to the State and continued funding of IGT and other State Aid, State revenue that we receive for Foley with the Governor's proposals and potential cuts.

**LEG. EDDINGTON:**

I mean, right now, there's an RFP out, I believe, right, or for the sale of the center?

**MR. MINER:**

It's for the lease of the facility, and responses are due back next week.

**LEG. EDDINGTON:**

Okay. See, my concern is that if we don't fund it and staff it adequately, then we can say it's not working effectively so we should sell it. So I want to make sure that it's staffed and funded.

**MR. MINER:**

It is staffed adequately, and I think we'll see by the financials that we've been able to improve operations there.

**LEG. EDDINGTON:**

Correct.

**MR. MINER:**

Although, you know, future State cuts would significantly -- potential cuts would significantly impact the operation and the bottom line of Foley. But it is, Foley's staffed for next year, it is staffed right now. And we have a census today of 258, so we've been on bed hold consistently since April 8th of this year.

**LEG. EDDINGTON:**

Great. Thank you very much.

**LEG. KENNEDY:**

Matt, do you know -- let's go back to Foley specifically. How much of the energy recommendations have been picked up there at this point? Are you aware what kind of progress Public Works has made?

**MR. MINER:**

There were 18 recommendations that are in various stages. We actually will be discussing that at our next Oversight Committee meeting, which is later this week. I know Presiding Officer Lindsay participates in those.

**LEG. KENNEDY:**

Yeah.

**MR. MINER:**

I don't have that detail, but I can provide that to you. Many of them have already been implemented, some of the easy ones that could either be done inhouse by Foley personnel or by inhouse DPW staff. Some of the more complicated ones require design and RFPs and they're in various states, and we can provide the Committee with an update.

**LEG. KENNEDY:**

How many contracts do you have in place now, approximately?

**MR. MINER:**

Contracts for?

**LEG. KENNEDY:**

The insurance contracts, the insurance relationships.

**MR. MINER:**

I believe it's seven or eight.

**LEG. KENNEDY:**

Okay, which is significantly more than where we were at this time last year, I would imagine, right?

**MR. MINER:**

Yeah. We've been working very hard to implement all of the recommendations that HMM had put forth in its findings, and that's in part why we were able to reduce the deficit. We haven't seen a lot yet from the implementation of all these contracts we've had a number of contracts in place for several months. But, nonetheless, we've been able to maintain census. And we now have Empire Plan, which is the plan that the County employees utilize.

**LEG. KENNEDY:**

Census has been phenomenal for quite sometime. As a matter of fact, I know it's been in bed-hold status since probably what, April, April or May?

**MR. MINER:**

April 8th. And.

**LEG. KENNEDY:**

Yeah.

**MR. MINER:**

We've been working with the hospitals. They've been supportive. Our Administrator, Lowell Fein, has been out there with his staff.

**LEG. KENNEDY:**

I know he has.

**MR. MINER:**

We've been at some fairs. We've been working very hard to improve the operation. But again, you know, if IGT money goes away, or further State cuts, we will be significantly adversely impacted.

**LEG. KENNEDY:**

Okay. Thank you.

**CHAIRPERSON BROWNING:**

Okay. BRO, do you have any comments?

**MS. VIZZINI:**

Just a brief overview of some of the findings in terms of the Operating Budget. The recommended budget includes the closure of the Central Islip Health Center. It's anticipated that the patients will be incorporated in the Brentwood Health Center. There is -- the level of turnover savings is tantamount to a hiring freeze implicit in the recommended budget for the Department. Based on our projections, most of the divisions will not be able to hire new staff, unless somebody leaves. And in many cases there are not sufficient appropriations in certain cases to fill -- to continue to pay the existing filled positions. It's probably because they anticipate the departure of certain people in those appropriations. We are no longer receiving revenue for the Medical Examiner or the Division of Emergency Services, so there is a decrease of 4.9 million dollars in State Aid related to those two functions.

The organizational department -- organizational structure, rather, of the Department is not consistent with our Administrative Code, so we're recommending that somebody needs to take a look at that, and we probably need to update the Administrative Code to reflect the actual departmental operations.

We touched upon Foley. We'd like to just point out that because of the IGT revenue, there would have been a fund balance, probably on or about four-and-a-half million dollars at the end of 2009. The way the budget is presented, we are paying back the General Fund. This is an item that's highlighted in the County Executive's narrative, and as a result, the General Fund transfer to subsidize the skilled nursing facility is under a million dollars.

We're making some recommendations in particular to restore funding for the psychiatrist in the -- the contracted psychiatrist in the methadone program because of the growing problem with opium-based substance abuse. We make some recommendations to abolish some longstanding vacancies. And we have a methodology whereby some of the reductions in the clinics, the contract for Central Islip reflects a savings of a million dollars. The mobile mammography is discontinued, reflecting a savings of about \$800,000, and the Dolan Center is reduced significantly. In our review, we have a methodology, should there be some consideration towards restoring funding for Dolan, that it be predicated on the historical funding trends.

**CHAIRPERSON BROWNING:**

Legislator Stern.

**LEG. STERN:**

Yeah. Thank you, Madam Chair. Could you go through that, by the way, a little more specifically regarding the Dolan Center and what your recommendations are?

**MS. VIZZINI:**

I'm going to defer to Craig.

**MR. FREAS:**

We recommended restoring funding for the Dolan Center to about two -- okay -- funding of \$559,000 to the Dolan Center, which would bring it to about 2.85 million, 2.9 of our share of their total budget. We used the methodology where we kind of compare Dolan to one of the centers that the County is licensed for. Bear in mind that Dolan's license is owned by Huntington Hospital. And then we brought -- using Dolan's funding based on what they would have received -- what the net cost to the County would have been, we then brought them forward using national healthcare expenditures to the 2010, and that's where we come up with our increase.

**LEG. STERN:**

Thank you.

**MR. FREAS:**

You're welcome.

**CHAIRPERSON BROWNING:**

Anybody else? Okay, John.

**LEG. KENNEDY:**

Can you speak a little bit about the psychiatrist with the methadone program? I don't understand. Is that somebody who is -- certainly, 56,000 isn't a full-time psychiatrist if it's a person who's part of our staff. Is that somebody that we see on a fee-for-service basis with an agency?

**MR. FREAS:**

That's correct, sir, it's a fee-for-service contract. It augments our psychiatrist currently on staff, I believe four of whom are eligible for retirement as we speak, meaning they could leave any time they want. And we felt that considering the fact that we do seem to have a problem with opiate abuse in the County, that it would be imprudent to reduce the contract and not have this psychiatrist on call for the methadone services.

**LEG. KENNEDY:**

Okay. Can I shift? Matt, can you -- do you have anything in particular on this, then, with the methadone operations? Do you know anything about this psychiatrist?

**MR. MINER:**

This particular increase, no. I'd have to review with Mental Hygiene on the 56,000.

**LEG. KENNEDY:**

All right. I've got an interest in it for a number of reasons. One, obviously, you know, in Smithtown, in my Legislative District, this has been a tremendous spike and is a concern, is a concern for all of us. Secondly, what I've heard through the grapevine is, is we're not taking any new patients into our methadone programs, we're capped. Equally, we're also -- the only way we're getting people into our community mental health clinics is through hospital-based referral. They're not accepting direct contact anymore from the public. We tried to work with a constituent last week and encountered a problem there.

So, clearly, I'm concerned about this, and then I'm also concerned in a greater aspect about the capacity for these programs to be taking additional individuals in. Okay? Thank you.

**CHAIRPERSON BROWNING:**

Okay. Well, I think that's it. I guess, if you can stick around, we do have some people. I see the first one is going to be about the Brookhaven Health Center and the Dolan. And I know that there is probably at least three of them, maybe, that you may have to respond to, or I'd like you to maybe respond to. So I appreciate it. Thank you. So the first card I have is Geri Walsh. Okay. I should make mention that for the budget hearings, everyone does have five minutes to speak, rather than our usual three.

**MS. WALSH:**

Good afternoon. My name is Geri Walsh.

**CHAIRPERSON BROWNING:**

Hold down the button and bring it closer to you.

**MS. WALSH:**

Okay. How is that?

**CHAIRPERSON BROWNING:**

Better.

**MS. WALSH:**

Okay. My name is Geri Walsh and I'm the Chairperson of the South Brookhaven Health Centers Advisory Board. I'd like to revisit something that I brought up last week at the hearing that is the potential retiring of the mobile mammography van. It was suggested by one the Legislators that if transportation, which is the major, a major issue for the people who visit our centers, if that could be taken care of, would we then not object to it. And I said, yeah, that sounded like a good idea. But when I thought about it, I thought, well, what -- in what way could we help the transportation. We certainly cannot provide taxi money for people to go out to Riverhead from the Patchogue or the Shirley Centers. We could provide bus tokens, but I got a hold of a Suffolk County bus schedule and it is very, very time consuming. As a matter of fact, about 55 minutes from Shirley to the Riverhead facility, which was stated as being the underused facility. An hour and twenty minutes from the Shirley -- from the Patchogue Center; this is each way. The numbers just at the South Brookhaven Health Centers, 6,000 women should be receiving mammograms. Year to date, I believe the figure is fourteen-ninety-three. If we don't keep that mammogram, mammography van going, we're not saying to the women, "Your health is important." We're not saying, "Let us help you get the preventive care and the diagnosis that you need." We're saying, "Well, we'll just put up a few more obstacles." And that's truly my concern.

Right now, the other suggestions that someone made, I don't know if it was at the hearing, was a bus, a special bus, let's say, to go from the centers and go out to the Riverhead facility, and that also is simply going to discourage women, in my opinion, because they would have to spend the entire day waiting for the whole busload of women to finish their exams and come back. So I just would urge that you rethink it and look into some of the figures and -- but let's consider that this is something that's really necessary to women's health. Thank you.

**CHAIRPERSON BROWNING:**

Let me ask you a question, because I know the Shirley Health Center in my District, Brookhaven Hospital is where they want to contract with. Did you say the bus schedule from Shirley to Brookhaven?

**MS. WALSH:**

No, I didn't. I was talking about the suggestion that they go to Riverhead. Now, yes, they are talking with Brookhaven, but, to my knowledge, there is no agreement right now. The other consideration is the van itself. If I recall correctly, the gentleman from the Budget Office said the van had about 110,000 miles on it. I'm told that it could go 300,000 miles. So my question -- because it's diesel. I don't claim to understand that, but I'm told that. So my question, also, would be why would we retire it prematurely? Perhaps revisit when it actually is on its last legs?

**CHAIRPERSON BROWNING:**

I know. And I think, too, the concern was the analog versus the digital and providing the better quality mammogram for the patients, rather than going to the analog and maybe not -- giving a false negative, and that is a concern.

**MS. WALSH:**

Well, first of all, the centers that they were talking about where Brentwood was included, Brentwood is analog, it's not digital. The Coram and the River -- the Coram and the Riverhead Centers are digital. I'm told that it really affects maybe 1% of the people that would have -- yes, they would have to come back and they would -- because they don't get the results right away. But, still, the fact is we want women to have these annual mammograms, and I think that the more obstacles we put in their way, the fewer women are going to -- are going to do it.

**CHAIRPERSON BROWNING:**

Craig, could you -- Brentwood has analog and not digital?

**MR. FREAS:**

At this time, the Brentwood machine is an analog machine. In our review we recommending moving the Riverhead machine to Brentwood in order to maximize the utilization. Brentwood currently -- the total capacity of the system, Riverhead, Coram and Brentwood together right now, is such that we could accommodate all the women who require mammograms who are currently patients of the health centers. We looked at this. You know, I know that we've spoken before and we looked at this separately from the Executive's Budget Office and both sort of came to the same conclusion. The -- I don't think the van will be -- services of the van will not be eliminated until the Brookhaven contract was in place. My impression, based on a request for an RFP waiver, was that the mammography services would be provided by Brookhaven Memorial Hospital in the event that the van services were eliminated.

**CHAIRPERSON BROWNING:**

So you're moving the --

**MR. FREAS:**

We recommended that --

**CHAIRPERSON BROWNING:**

You're considering moving from Riverhead to Brentwood --

**MR. FREAS:**

We recommended, that's correct ma'am. We recommended moving the Riverhead machine, which is a digital machine and is underutilized at the Riverhead Center to Brentwood, and then contracting for the East End. There are three different facilities in the mammography -- in the -- excuse me. There are three different mammography facilities in Riverhead that could accommodate the Riverhead and the East End patients. We already contract with Southampton Hospital for mammography services with them. And we also have a model at -- Tri-Community also has a contract with a local radiologist to receive mammography services and does not utilize the van.

**CHAIRPERSON BROWNING:**

Okay. Matt's here, too. Because, granted, if you're going to move the Riverhead to Brentwood, you're going to do consider contracting with the hospitals. And, again, you know, to talk about, well, we're going to contract with them, but we don't know if we'll have the contract before this budget's complete. So, what if we don't have a contract? And we don't have a contract, we don't have the service available, and then we won't have a van. So that's my major concern, is that we need to have something in place.

**MR. MINER:**

Sure. Just first, on Brookhaven, we have a contract that's in draft between the two parties and everybody is in agreement, we're just finalizing it. Again, it doesn't need to be in place until the van is phased out in January. So it will be in place. Brookhaven Hospital, we met with the Chief Operating Officer. They have agreed to the terms and it's just going through the contract process. But we fully expect to have that signed within the month, well in advance of any discontinuation of the van.

With respect to the east end hospitals, there is no plan today to move Riverhead's machine to Brentwood. We would like to do that based on a utilization. We concur with BRO on that, it makes more operational sense. We have had discussion with the three east end hospitals, Eastern Long Island, Peconic and Southampton, to allow our residents, our patients to go to those three sites, as well as a location, a satellite location in East Hampton. The hospitals have all agreed in principle. Again, we will not relocate that machine at Riverhead to Brentwood unless we have and until we have all contracts signed, until we execute them.

**CHAIRPERSON BROWNING:**

Okay. And Geri mentions about the van and the mileage issue. I'm not a mechanic, I don't know if anybody here has any experience in mechanics. The van, 108,000 isn't a lot of miles, it could go much longer?

**MR. MINER:**

The van may. The X-ray machine has already been replaced once. It was supposed to have a useful life of ten years, it lasted six. It's now on I think year 8. So, you know, there are other considerations there, plus the cost to provide that mammogram via the van. And we discussed this at previous committees. It's between 300 and \$350 per mammogram. The contracts with the hospital, including any type of transportation arrangement, would be significantly less.

**CHAIRPERSON BROWNING:**

John.

**LEG. KENNEDY:**

Matt, have you had any conversation with Saint Catherine's yet?

**MR. MINER:**

Not yet, sir.

**LEG. KENNEDY:**

Okay. What can we do to initiate that? I was there at the health fair on Saturday and we talked at length about this and you have a breast care center up there. Perhaps maybe we can find, you know, something that's going to be a suitable alternative again.

**MR. MINER:**

The hospital president, who's in charge of all three hospitals of Catholic Charities, I will reach out to him to see what we can do.

**LEG. KENNEDY:**

CHS? Okay.

**MR. MINER:**

Yeah. {Bill Ellison} is the CEO of the three hospitals.

**LEG. KENNEDY:**

Yeah. I think Saint Catherine's would be inclined to, you know, enter into some kind of arrangement, particularly where they have something set up there. But, you know, again, absent any kind of degree of assuredness, you know, it puts us into that difficult area. And mind you, I concur that we should be promoting the digital, you know, technology and, you know, if there's a way to provide the care and not necessarily have to have it be, you know, to that significant expense per screening, we ought to pursue that. But I don't think we should abandon this until we've gotten some of those arrangements in place.

**MR. MINER:**

Again, we have two digital machines today that have sufficient capacity to take all of our mammographies, but because of distance in travel, we are looking to partner with the hospitals. We have an agreement in principle with Brookhaven. We are working on the four east end -- or four east end locations, the three east end hospitals. We have an arrangement already with Good Samaritan for NLK. So many of those arrangements are already in place and we will finalize and we'll have a system in place before January, should this budget go in effect.

**LEG. KENNEDY:**

Okay. We're all the same mind with that, because the transportation aspect is always the one, just as this young lady shared with us, is the one that becomes the stumbling block.

**MR. MINER:**

That's exactly why we're partnering with the local hospitals.

**LEG. KENNEDY:**

Okay. Thank you.

**CHAIRPERSON BROWNING:**

You know, give you a scenario. In my district, say I have somebody from Mastic Beach, you know, they know the mammogram van's going to be at the Kohl's Shopping Center or Neighborhood Road in Mastic Beach and they don't have transportation to get to Brookhaven Hospital, that's my major concern, and they're not maybe a health center patient.

**MR. MINER:**

Well, they would need a referral to have a mammogram, whether they have the van or not, so that the primary care provider is going to have to make a referral. And what I shared last time with the Committee was of the fifteen hundred mammograms that we performed, fourteen hundred were for health center patients. So by -- vast majority are health center patients and we would make transportation arrangements. In those cases where there are not, we would work with our social workers to provide transportation.

**CHAIRPERSON BROWNING:**

Okay. And Geri had asked about, you know, what kind of transportation. Is it going to be in the form of a bus, is it going to be taxi service that's going to be provided? I mean, have we decided what's going to be done there?

**MR. MINER:**

Typically, we would provide bus tokens, but we can look at that.

**LEG. BROWNING:**

Legislator Stern.

**LEG. STERN:**

Yeah. Thank you, Madam Chair. In general, how much lead time is usually given to members of a particular community that the mammography van is going to be in a particular location, because we know that, yes, a referral is necessary. I'm just wondering how, how that works, and, Matt, you bring up that number. By far, the overwhelming majority is -- at the health centers, as opposed to the mobile mammography van, I mean, the time that it takes for someone to receive notice that a mammography van is going to be in a particular location, then to have to go to the doctor, wherever that doctor might be, to get the referral, then to be able to participate in the screening that's going to be provided at the mobile unit, I'm wondering how many people can actually take advantage of that opportunity?

**MR. MINER:**

General lead time on announcement, I know we do post our schedule and where the mammography van's going to be. And I know some of the Legislators do publish that information in their press clippings and whatnot. Again, by having them at the health center, we can facilitate all that. And if they need -- if they have transportation issues, they probably also have a lack of a primary care provider. So it's in their best interest to get to our health center to get not just a mammography service, but primary care services.

**LEG. STERN:**

In general, how far in advance do those notices go out to members of the community if it's something that your office is involved in?

**CHAIRPERSON BROWNING:**

I can respond. You know, I do --

**LEG. STERN:**

How far in advance does it go?

**CHAIRPERSON BROWNING:**

Yeah, I do get the mammography van into my District. And, generally, we'll call at the beginning of the year and schedule some dates. When we had our newsletters, I would have them advertised in my newsletter, or we'll notify local churches, the library, and just get the message out that way. So people do get the notice plenty ahead, you know, so that they can go get their -- and if they call that they want a specific date, your office has to schedule the appointments. So, when they call, we do notify them that they have to get the referral.

**LEG. STERN:**

When they call first, or if they make the inquiry, it's at that time that they are advised that they have to get the referral first? I guess my question is how often do people show up at the site not knowing that they do need to have a referral in order to --

**CHAIRPERSON BROWNING:**

They have to make an appointment.

**LEG. STERN:**

-- get the screening?

**CHAIRPERSON BROWNING:**

No. They have to make an appointment to go to the van, so they can't just show up at the van.

**LEG. KENNEDY:**

You know what, Madam Chair, but Legislator Stern does bring up a good point. It's -- in early October, we cosponsored with Long Island 2 Day, and at that time we had -- we did publications through fliers and things like that. We had about a three-week lead time. We did have information on the flier about the requirement for a script. That notwithstanding, we did have four women who came that day who were without script. So, you know, there's an issue here that we have talked about, and there's an overlying cost issue, but, ultimately, if we elect to go ahead and want to continue the function, then we need to talk about better staffing of that van to have an NP on the vehicle to issue the script so that if we do get a women who comes without having had it previously written, she can be seen and taken care of, because it's almost worse than having no screening to have it there and to have a woman come and then to have to turn her away. That's truly, you know, nonproductive and government at its worst.

**MR. MINER:**

Again, by having them come to the health centers where they're going to get a complete physical and be given the proper care is really the best solution. Again, and I know it was raised, the technology, we have digital at two sites, and all the hospitals that we are partnering with have digital capability. The lead time with the analog system is considerable and there is a better technology available to us that -- at a cheaper cost. And yes, there are some transportation issues, but I think they are issues that we can resolve to provide a better product to the residents of the County.

**LEG. KENNEDY:**

Madam Chair, maybe I could do this, and, Matt, if it's all the same to you, when we have our next regular Health and Human Services Committee meeting, could you let us know what kind of progress is being made as far as setting those contracts up with the various hospitals, obviously, Saint Catherine's in particular, and Stony Brook I would be interested in as well. I know Stony Brook has a facility and they will take women in without insurance, but I'd like to know about the progress with Saint Catherine's. And then, also, to make certain that that script issue is addressed as well in the contractual arrangements with the facilities, with all the hospitals.

**MR. MINER:**

Well, they would have a referral from us, and that's how we would compensate the hospital. We would refer them over, so that would take care of itself. In terms of Saint Catherine's and the other hospitals, I believe the Committee meets on Thursday. I'll do my best to have an answer before Thursday, but --

**LEG. KENNEDY:**

Not this Thursday. We're not meeting this Thursday, are we?

**CHAIRPERSON BROWNING:**

No.

**LEG. KENNEDY:**

No. We have a --

**MR. MINER:**

All right. I got my weeks mixed up. Okay.

**LEG. KENNEDY:**

Yeah, no. We have a ways to go.

**MR. MINER:**

Okay.

**LEG. KENNEDY:**

I'm not asking you to turn yourself inside out for two days. But let's make certain that then -- I understand if patients from health centers are now merely finding another place that they can go to to obtain the mammogram, then we're missing some of the people, some of the women we're attempting to get in putting the van out there. Again, all of the ones that I saw --

**MR. MINER:**

But 95% of the mammographies are health center patients, consistently.

**LEG. KENNEDY:**

Okay. You and I need to talk a little bit about this, I guess, off line.

**CHAIRPERSON BROWNING:**

Okay. Is that it? Okay. Thank you, Geri. We appreciate you coming in again.

**MS. WALSH:**

Thanks.

**CHAIRPERSON BROWNING:**

Next is Terence Smith. Okay. You can go ahead.

**MR. SMITH:**

Okay. Good afternoon, Legislator Browning, Legislator Stern. Thank you for the opportunity to be here. I just wanted to comment a little bit on the Dolan Family Health Center.

First of all, I'm gratified to see the BRO recommendation of a range of funding which includes up to 2.872 million for the Dolan Center. As you know, in 2009, we had a 3 million dollar budget for the Dolan Center. Funding is definitely moving in the right direction. Had we had to try to offer the same level of 30,000 visits next year with County Executive's recommendation of 2.3 million, there would have been disastrous consequences at the health center, and there would have been some severe, severe layoffs.

As you know, in 2009, we have already trimmed our budget to live with the allocation from the County. There was a, after the year got started, I believe a \$237,000 reduction of our budget. We did that by reducing every nonessential staff we could, and I believe we lost about five people. We have come in pretty good this year. There has been a little bit of additional revenue available through the sale of the Suffolk Health Plan, which provided fairer reimbursement to all of the health centers, I believe.

I wanted to comment briefly. I've just seen and heard reference to BRO's methodology for normalizing or giving equity to the funding for the various health centers. I will tell you that I have a copy, which -- of a speech that the Health Commissioner gave here, I believe it was either February of 1993 or '94, where Dr. Hibberd described the difficulty in getting access to care if you were from northwest Suffolk, and how we desperately needed a health center for the people of northwest Suffolk. I was attracted to that challenge.

I've been at Huntington Hospital and helped to start the Dolan Family Health Center; I've been there for 14 years. I call your attention to that, because in the BRO explanation of the methodology, you may be misled. There's a reference to an 8.1% growth when you look at the average annual rate of

growth in County funding. But when you keep in mind that there was no County health center prior to 1995, and there was tremendous unmet need, we went from 14,000 visits in 1996, our first full year of operation, to 30,000 visits two years ago. So, if the County wanted Huntington Hospital to partner with its public health mission, one would expect that there would be some unmet need which would need to be funded. And we have done that with hospital contributions, with a wonderful partner with Department of Health, and we have achieved that growth largely through the support of the Suffolk County Legislature, and I thank you for that.

Even with the upper range of the 2. -- almost 2.9 million dollars for 2010 that's recommended for the Dolan Center, if none of our expenses for 2009 change and we get that level of funding, Huntington Hospital's share would be still around \$800,000 to support a 30,000 visit health center. So we were very happy that we avoided the disasters that were in the recommended proposed County Executive budget, but we still have a lot of work to do to be able to continue to offer 30,000 doctor visits a year and deliver about 380 babies a year at Huntington Hospital. So I thank you and I thank BRO for all their hard work, and I hope we can continue to meet the needs of northwest Suffolk. Thank you.

**CHAIRPERSON BROWNING:**

Thank you. And I guess thank you, BRO. No questions? No? Okay. Thank you. Next is Frank Sinisi from Pronto. Barbara, if I could ask, I have four cards, and one, two, three and five. I don't know if there's a number four card.

**MS. LOMORIELLO:**

Let me check.

**CHAIRPERSON BROWNING:**

Sorry. Go ahead.

**MR. SINISI:**

Good morning. Good afternoon, I should say. I wanted to thank you, first of all, for allowing us to be here at this particular meeting, at this budgets meeting. You know, we're very appreciative that Pronto is scheduled to receive \$20,808 from the County's 2010 budget. However, our original budget for 2009 was \$86,457 and was cut to \$64,843. This loss of funding is due to the termination of the pass-through funding from the State under the Community Optional Preventive Services Program, which is known by COPS. We realize that the State budget will not be restoring this funding in 2010, and, therefore, we must appeal to you, the County, to amend Pronto's current County budget to 140,000, which will help to restore the program's service and to rehire -- to rehire personnel we had to terminate. We terminated four people this year and we also cut back on hours.

In order to adjust to this year's decrease in services, I said we cut employees and so forth and work schedules. In the last three quarters, we served over 37,500 individuals and expect the busiest months are yet to come. Usually, the last three months of the year are busiest for us. We are confident that the combined efforts of our dedicated staff, volunteers and faithful donors will help us to meet the needs of our clients and our organization in the last quarter of 2008.

I have attached for your review Pronto's program statistics for 2008 and 2009 which will show you the breakdown of our services and total numbers of people we assist each month. These stats also will serve to justify our projection of the numbers of people we expect to assist during the last of '09 based on the numbers served in the last quarter of '08.

In the last three month -- in the last three months of '08, we gave Thanksgiving turkeys out to people. We gave 137 turkeys to soup kitchens and such, and 700 turkeys to families, and that's including everything from soup to nuts. That served approximately 4,500 people just for Thanksgiving holidays.

And we also provided toys for over twenty-four hundred children. Plus local organizations and

foundations that needed toys for the Christmas holiday. We anticipate these numbers will increase sharply for 2009 due to the large number of individuals who are already coming to pronto to register for Thanksgiving and Christmas. That's what we started just about two weeks ago. We pre-registered people for Christmas and the Thanksgiving holiday so we can know exactly what we have to do.

I have attached a copy of DSS letters explaining the State's commodities distribution program showing the budget's restrictions and the program and pronto under COPS. Copy of Pronto's 2009 budget and copy of the County's 2010 recommended Operating Budget are also attached for your review. These documents show the Pronto funding is changing from 64,843 in '09, to 20,808 in funding for 2010. In reality, based on the increase in number of individuals we serve, Pronto needs to be funded at \$140,000 from the County. Please find also included in your packet documentations describing all of Pronto's services and programs. Thank you for your continued support, and God bless you.

**CHAIRPERSON BROWNING:**

Thank you. I'm looking here at the budget and there's three different items on the -- for Pronto. Can you explain why the three -- it's listed as three separate items, all Pronto?

**MS. VIZZINI:**

I'm not exactly sure what you're looking at, but there are three line items in the Operating Budget for Pronto. One is Pseudo Code HYU1, which was a very small amount of money. There was nothing past 2008 actuals, there was 3,654 actual. That was in DSS Community Services Administration. The 2010 recommended budget includes 20,808 for Pronto. I think it's in Minority Affairs. It's Activity Code H1V1 or HIV1. The program in question is in Social Services. It's A-N, as in Nancy, U1, wherein '08 the funding was 85,931. They're estimated to spend the 64,843 this year, and there is no funding recommended for the continuation of the program. It has something to do with the fact that there's no longer State Aid available for the nature of the outreach services. Perhaps, if DSS is still here, they could explain that.

**CHAIRPERSON BROWNING:**

I think that might be a good idea. Is there anybody -- because if you don't get -- is it that you're not going to get the State funding, because I know I've talked to Cornell, you don't get -- if you don't get the County funding, you don't get the State funding. Is that -- that's correct?

**MR. SINISI:**

That's correct, yes.

**CHAIRPERSON BROWNING:**

Okay. DSS?

**MS. CLARK:**

Hi. Well, I'm sorry, I don't know --

**LEG. BROWNING:**

Frank Sinisi.

**MS. CLARK:**

Sinisi. As Mr. Sinisi explained, the contract with the Department of Social Services was previously funded through a program called COPS, CO C-O-P-S, Community Optional Prevention Services. The program was eligible for reimbursement. I believe it was 63.7%. And in the State budget that was adopted for '09-10, that funding has sunsetted. And the reason for the reduced estimate in 2009 spending and the lack of funding in the 2010 budget is directly related to that absence of that funding.

**CHAIRPERSON BROWNING:**

Okay. So what -- and let me understand, because I know you -- right now, you're saying you want to get like 20,000. You have --

**MR. SINISI:**

That's correct.

**CHAIRPERSON BROWNING:**

There was sixty-four that you got last year.

**MR. SINISI:**

That's right.

**CHAIRPERSON BROWNING:**

And you got --

**MS. SINISI:**

As a matter of fact, we're still waiting for July, August and September. We've already spent that part of the budget. We're waiting for that return to help us get through the --

**LEG. GREGORY:**

Use the mike.

**CHAIRPERSON BROWNING:**

Push the button.

**MR. SINISI:**

Is it okay now?

**CHAIRPERSON BROWNING:**

Yeah.

**MR. SINISI:**

Yeah. We're waiting for July and August and September's payments, so we've already spent that money and that's what we have left for the rest of the year, coming from that particular program through DSS.

**CHAIRPERSON BROWNING:**

So, of the 64,000 that you receive from the County, did you receive additional money from the State based on that 64,000?

**MR. SINISI:**

No, we have not.

**CHAIRPERSON BROWNING:**

You didn't receive anything?

**MR. SINISI:**

No. The only thing we receive -- the only thing we receive from the State, where they had a couple of grants from Owen Johnson for -- you know, they were \$50,000 each, and from Phil Ramos a grant just came through. Thank God, because now we can get a couple of trucks rolling properly. We're able to get a grant from Phil, so we can go out and get a truck, a new truck, and cargo van.

**CHAIRPERSON BROWNING:**

So you're basically.

**MR. SINISI:**

But that's the only grants that we get from the State.

**CHAIRPERSON BROWNING:**

Federal money, do you get any Federal money at all?

**MR. SINISI:**

Just recently we received a grant from Steve Israel for \$97,000, which we can start writing this month on it.

**CHAIRPERSON BROWNING:**

Okay. I guess, Allen, you have a --

**MR. KOVESDY:**

Yes, thank you. The gentleman explained it very well. Last -- the State cut it in the budget. The County, to help all the COPS groups, fast-forwarded their money, so instead of getting a small amount for 12 months, we gave them their full amount for 9 months. That's why they don't have any money for the last quarter of the year. It's an unfunded mandate, and the County's policy is when the State comes -- cuts something and it becomes an unfunded mandate, the County drops it, and that's exactly what happened to them. We had -- we knew this was coming. We had asked all the agencies to try to lobby their State representatives to get the funding put back. On top of that, the Governor Paterson's proposal that he just put out a few days ago, lists similar type cuts to nonmandated programs, so we had that concern also. But we did fast-track the money for Pronto in 2009 so they would have money to keep their program going for nine months. And no funding is left, and it's an unfunded mandate. And the policy of the County has been that we don't -- if the State cuts the money, we don't put it back in. Again, you're the policy-makers, the ultimate choice is yours, but that has been the general policy of the County.

**CHAIRPERSON BROWNING:**

Thanks for that. One of my questions for you, Frank, is of the money that you're -- okay. You're only going to receive 20,000, and the money that you don't receive, I mean, what kind of services are you providing, and if you're not able to provide the services and you close your doors and you tell them, "I'm sorry, we're closed," where are those people going to go? And, you know --

**MR. SINISI:**

Well, this year we probably will be serving at least 50,000 people, that's the way it looks. As of the first three quarters, I think the number was about 37,000, close to 40,000. Where are these people going to go? I don't think Pronto will ever close its doors. We have enough people. They have a volunteer, they just come in. We have our staff now. I don't know how they're doing it, they work 45 and 50 hours, and they're not -- it's voluntary overtime work, which they're not getting paid for. So we have a good group and a good staff that are working very hard at it. We won't close down. We happen to -- thank goodness we own the building, we own the property and the building, and we have a small -- a small monthly fee that we have to pay to the bank a little mortgage. But that's why I'm here today, at the request that the State -- I mean, the County come through in carrying our budget with their budget's money that we need, put it into the County's budget.

**CHAIRPERSON BROWNING:**

Yeah. I know you've no intention of closing. I'm kind of hypothetically speaking. If you were to shut your doors, I mean, how many of those people will wind up going to DSS? And --

**MR. SINISI:**

Let me tell you something --

**CHAIRPERSON BROWNING:**

-- filling up the DSS Office?

**MR. SINISI:**

DSS, DSS sends their people to us. That's a fact. I'm not kidding. DSS sends their people to Pronto.

**CHAIRPERSON BROWNING:**

Well, there you go.

**MR. SINISI:**

So, if we all of a sudden start sending 50,000 people over to DSS, I don't know what you're going to do about it, but I can't see us closing. We have -- we have other, you know, private corporations, the banks and different funding, different funds and foundations, and what have you, that we have about -- I'd say about a dozen grants already have been written and put into them, which I know we'll get a few of them. How much, I don't know. They'll give upon the requests we have made. I expect we put something on a CHIPS program for the Federal Government, which we're hoping for something. And I expect we'll get something through the State. I have a meeting tomorrow with -- the throat is going. I have a meeting tomorrow with Senator -- I have a meeting with Senator Foley about 2010's budget, and also meeting with Phil Ramos, so I believe we'll get something from the State.

**CHAIRPERSON BROWNING:**

Well, I wish you all the luck in the world, because if you do, call me.

**MR. SINISI:**

Okay, will do.

**CHAIRPERSON BROWNING:**

Because I'm dying to know how they're going to help you. Any questions? No questions? Okay. Well, Frank, thank you again for coming in.

**MR. SINISI:**

Thank you. Thank you very much.

**CHAIRPERSON BROWNING:**

And we'll see how the Working Group can help you. Next, we have Dale Moyer Cornell. Wherever you want to go.

**MR. MOYER:**

Good afternoon. I'm Dale Moyer, currently serving as the Interim Executive Director of Cornell Cooperative Extension. And I apologize to Legislator Gregory because I talked about similar things this morning. But this afternoon I'm here because of January 2009, we became under the oversight of the Department of Health Services. Prior to that, we were under the oversight of the Planning Department. Anyway, I'd like to thank you for your support in the past few years, several years. Cornell Cooperative Extension feels privileged to have been a partner with Suffolk County for 92 years.

Individuals and families turn to Cornell Cooperative Extension for help with chronic diseases, prevention management, and nutrition education, as well as human development and parent education. There are basic principles of 4-H. We help young people deliver the life skills and reach their full potential. We work with the County's nearly 400 million dollar agriculture and marine industries. These heritage industries also help or support the 4 billion dollar tourist industry, especially on the East End. In addition, we operate the County Farm in Yaphank and the Peconic Dunes Camp, along with managing the SOAR project, which is a juvenile day reporting program. As you can see, we provide very diverse programming throughout Suffolk County. We all have faced challenges this past year, and I guess we're going to continue to face them in this coming year as the County and our nation adjusts to economic uncertainties.

In 2009, County budget organization was cut nearly a million dollars in funding. The cuts were mainly direct at two program areas, 4-H Youth and Development and Family Health and Wellness. These cuts resulted in 15 layoffs and reduction in hours of ten staff members, so it significantly impacted our organization. However, with the help of determined staff and volunteers and supportive friends, we pulled together and have been able to continue modified programs in the Family and Youth Services. However, we are not confident we can continue these programs if we face another year without funding.

In the County Executive's 2010 proposed Operating Budget, no further cuts were suggested, except the previously agreed upon 10% reduction in water quality funding. The proposed funding is consistent with the 2009 levels; therefore, there is no funding for Family Health and Wellness and our 4-H Youth Development Programs.

In the Budget Review Office recommendations, BRO recommended deleting our water quality projects. BRO has requested the Department of Environment and Energy to present an assessment of our programs to the Legislature. We, at Cornell Cooperative Extension, have provided extensive reports to the Department of Energy and Environment, and also to the Department of Health Services regarding our achievements and the financial records of these water quality programs. It is my understanding that the Department of Environment and Energy is preparing a report which will be submitted to BRO and the Legislature tomorrow. I respectfully request that the Legislature fund our water quality programs as per the recommended by County Executive Levy.

Our Administration and Board of Directors have met and discussed our financial issues extensively, and we have studied our budgets closely and determined the minimum funding that would enable us to keep our Family and Youth Programs intact for 2010. I'm here today to respectfully request the Legislature help our families and youth get the information they need to be a healthy environment for County residents and restore partial funding to our Family Health and Wellness and 4-H Youth Development Programs. This funding, which represents a portion of our core funding, which we received in 2008, would enable us to bring in more than 1.2 million dollars in other funding for next year. This funding would make it possible to offer other services to residents of Suffolk, and many of whom are limited-resource families and youth.

We are looking forward to working with you to assist in solving the County's financial challenges, at the same time maintaining services to the businesses and residents of Suffolk County. Thank you.

**CHAIRPERSON BROWNING:**

Thank you. And we have a question. Legislator Eddington.

**LEG. EDDINGTON:**

Yeah. I chair the Equestrian Task Force, and at our last meeting, they all kind of yelled out the same thing, that Long Island is the number one agricultural county in the State. I said, "Okay." And then they said, "And the County Executive is cutting the only program, the 4-H Youth and Development and Farm Education Program that we have." And I said, "Not me, him." But, in my background, I can see that as an alternative to drugs, getting kids involved. What do you think is the rationale of the County Executive to be cutting that program?

**MR. MOYER:**

Well, just to remind you from 2009, it was originally in the 2009 County Executive's budget to fund the 4-H and the Family Consumer Science Program at the time, now which is Family Health and Wellness. It was the Legislature that cut the 4-H program for 2009, and he did not reinstate that from the cut from the Legislature that was done last October.

**LEG. EDDINGTON:**

Oh, I apologize. I didn't take the blame. I'm going to have to go back and -- and go back with my red face and say, "Sorry."

**MR. MOYER:**

That's okay. I appreciate your support of the 4-H Program.

**LEG. EDDINGTON:**

Good. We'll have to talk to the Working Group about that, then.

**CHAIRPERSON BROWNING:**

I was talking to DuWayne. My husband was a 4-H kid. He had the calves in Nebraska. He did the raising the calf and all that good stuff, which I know he loved it. Curious, though, with the 4-H. I mean, where do the kids come from? Are they generally like more towards the east end of the Island, I mean, entire Suffolk County?

**MR. MOYER:**

We have 4-H programs, what we call traditional programs, which are clubs in the community, and they can range all the way from Amityville to Southold, you know east end, west end, and they will do projects, not necessarily what you think of the traditional animal showing projects. There's photography, there's baby-sitting courses, there's other kinds of classes, and gardening and so forth, that can be applied to the suburban youth. So they come throughout all the -- all the areas of Suffolk County. But we also have nontraditional 4-H programs that are conducted at the County Farm in Yaphank, but also at schools, where we bring the program to the schools. One of the most popular one is the chick incubator project, where they bring in the eggs, the fertile eggs in an incubator, and over 21 days they watch them develop, and, all of a sudden, from an egg you have this nice little chick, which is a life skills type of program which we kind of promote within our 4-H group and program area.

**CHAIRPERSON BROWNING:**

I apologize, because when I think of 4-H, I think of the pictures of my husband with his calf, and I think more farming when I think of 4-H programs. Jack, did you have another question?

**LEG. EDDINGTON:**

No. I've already learned quite a bit.

**CHAIRPERSON BROWNING:**

Okay. No more questions? Okay. Thank you.

**MR. MOYER:**

Thank you.

**LEG. BROWNING:**

And is there anyone else in the audience who would like to speak on the budget? No? Budget Review, anymore comments?

**MS. VIZZINI:**

No.

**CHAIRPERSON BROWNING:**

Excellent. I do actually have a couple of questions. I did look at the budget. Colonial Youth was last year 92,000 and change, this year it's down to 54. It's like a 38,000 reduction. Is that in the day care area? I mean, what is this --

**MS. VIZZINI:**

I would have to look into that for you.

**CHAIRPERSON BROWNING:**

Okay, because I know it's a major drop for them. Also, Lifeline Mediation, they were at 163 and this

year it's down to 33. So I'd like to find out some more about that reduction, too.

**MS. VIZZINI:**

Off the top of my head, anything that the Legislature may have restored last year, of course, is not included in the recommended budget, so that could be part of the explanation, but we'll look into both of those things for you.

**CHAIRPERSON BROWNING:**

Okay. I appreciate it. Anybody else have any questions? Anymore.

Questions? With that, I guess we're done. So the budget meeting is.  
Adjourned. Thank you.

***[THE HEARING WAS ADJOURNED AT 3:50 P.M.]***

***{ } Indicates Spelled Phonetically***