

HEALTH & HUMAN SERVICES COMMITTEE

of the

SUFFOLK COUNTY LEGISLATURE

VERBATIM TRANSCRIPT

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on December 16, 2010, at 2:00 p.m.

Members Present:

Legislator Kate Browning - Chairperson
Legislator Vivian Vilorio-Fisher - Vice Chair
Legislator John Kennedy
Legislator Jack Eddington
Legislator Tom Muratore

Also In Attendance:

George Nolan - Counsel to the Legislature
Sarah Simpson - Office of Counsel to the Legislature
Rene Ortiz - Chief Deputy Clerk of the Legislature
Craig Freas - Budget Review Office
Ben Zwirn - County Executive's Office
Steve Tricarico - County Executive's Office
Paul Perillie - Aide to Majority Leader
Marge Acevedo - Aide to Presiding Officer Lindsay
Jack Caffey - Aide to Presiding Officer Lindsay
Josh Slaughter - Aide to Legislator Browning
Jessica Proios - Aide to Legislator Muratore
Greg Blass - Commissioner/Department of Social Services
Cheryl Felice - President/AME
Dot Kerrigan - 4th Vice-President/AME
Dr. Jeffrey Reynolds - Heroin and Opiate Epidemic Advisory Panel
Kristie Golden - Heroin and Opiate Epidemic Advisory Panel
Jack Hoffman - Heroin and Opiate Epidemic Advisory Panel
Kathy Liguori - Suffolk County Welfare to Work Commission
Dr. Mark Sedler - University Hospital
Christopher Destio - Employee/John J. Foley Nursing Home
Phil Enright - NY Rep/Drug Test Your Teen
Kathy Liguori - Vice-Chair/SC Welfare-to-Work Commission
Dr. Alan Groveman
Teri Kroll
Phyllis Henry - Neighborhood Aide/Department of Health
And all other interested parties

Verbatim Transcript Taken By:

Lucia Braaten - Court Reporter

[THE MEETING WAS CALLED TO ORDER AT 2:07 P.M.]

CHAIRPERSON BROWNING:

Okay. We will start our Health and Human Services Committee. If everyone could please stand for the Pledge of Allegiance, led by Legislator Eddington.

(*Salutation*)

Okay. We do have a presentation, but we have a public portion. We only have two cards, so I'll do the public portion first, and the first speaker is Christopher Destio.

MR. DESTIO:

Good afternoon, everybody, and happy holidays to our honorable Legislators here.

First of all, my name is Chris Destio, a soon-to-be unemployed County worker of Suffolk County. I received my pink slip just a few days ago, and I'd like to say happy holidays to you, also, Mr. Levy. These notices could have been sent out just the following Monday after Christmas and it could have been -- reached us before the new year, but no. They were sent out just to put more fear and anguish to the lives of the Foley staff. The fear and hysteria that he's put on these residents of our facility, words cannot explain. You really need to see it for yourself, to stop by the Foley Nursing Home.

In my opinion, it's not over just yet. But today I'd really like to speak here just as a taxpayer, not an employee no more. The County, Mr. Levy, wants to sell bits of the facility one by one. A lot of this equipment that he wants to sell is from the State grant money that we received. Some of it has never been used, such as the beds, the Barre beds, and the PT equipment. So the garage sale will be -- the garage sale, that will probably dump this new equipment at at least 50% of its original cost. We're talking about hundreds of thousands of dollars of equipment that was never used to be sold at our garage sale here. And as we speak, too, there's a new patio being built on the fifth floor, or whatever it might be, the new electronic door, and this week, hopefully, they will be doing -- redoing the lobby, a complete makeover with some of that grant money.

My question I'm asking the Chair here and the rest of the Legislators is that why are we still putting money in this facility if we plan on closing it? This is State grant money. You know, shouldn't this be stopped? Shouldn't we be looking at this? I have a problem with that. I mean, I can't understand. We're planning on closing this facility and we're still using taxpayer dollars, pumping money into it, and by, what is it, April, they're supposed to be shutting down. I just -- I'm sorry. I just -- there's a problem with that.

And, once again, I thank the Legislators for everything they've done for us. Good day.

CHAIRPERSON BROWNING:

Yeah, Chris, don't go anywhere. Legislator Viloría-Fisher has a comment or question for you.

D.P.O. VILORIA-FISHER:

Chris, you know, it really breaks my heart that when I go home and I pick up my mail, most of the mail I'm getting are Christmas cards from people. For you to be getting that in your mail, it's so sad.

And earlier this week there was an editorial in Newsday about J.J. Foley, and the quote by the County Executive was, "I won," and I think that that speaks volumes about his priorities. I agree with you, and I'm sure that our Chairwoman will have more to say about the equipment and the money that has been spent. But we've really been working and we'll continue to work for J.J. Foley

to continue to operate for the most fragile members of our community and for you to keep your job. And I wish you very happy holidays.

MR. DESTIO:

Thank you.

CHAIRPERSON BROWNING:

And I think, Vivian, your right. I mean, I just received a button, "Ask me about the thirty-one cents for the Foley Nursing Home." Thirty-one cents per year per household is what that four million dollars. So, to say that these people who are disabled, and many of them with no other place to live, are a burden on each and every one of us, they're a burden on the community, they're a burden on Suffolk County taxpayers, at thirty-one cents a year per household, I think it's shameless.

And I know that there's all kinds of antics going on in that nursing home right now. The vote was not there to sell it, the vote was not there to close it, and the Health Department has yet to weigh in. And the comment, "I won," it was clearly -- you know, this is not a person of compromise or, you know, thinking about it. I have an 81-year-old mother. My sister is preparing to take her in, and thank God she has somewhere to go. I just think that each and every one of us should be looking at do I have a family member who could potentially need to be in a nursing home, or, you know, what if it was my mom? What if it was my family member? And maybe if some people had a bit more of a heart, they would dig a little deeper and take a little bit more concern.

And, again, somebody said to me just this past week that, you know, John J. Foley Nursing Home survived the Depression and it can survive this also. So I have no doubt in my mind that things can be turned around, even though the County Executive thinks he won. But to say that, I just think it's cold, cold-hearted. And just, you know, what is this? Was -- this is a vendetta against somebody or something? I don't know. You know, I know he never had the best relationship with John J. Foley himself and I sometimes wonder, is it more of a personal issue than a monetary issue? I really do question his motives at times. So with that, I apologize for rambling, but these are my constituents and I am not going to give up on them. I have another speaker, Kathy Liguori.

MS. LIGUORI:

Hello. My name is Kathy Liguori. Can you hear me?

CHAIRPERSON BROWNING:

Yep.

MS. LIGUORI:

Okay. I'm here to represent the Welfare to Work Commission. I'm the Vice Chair of the Suffolk County Welfare to Work Commission. And last May, the Welfare to Work Commission released a detailed report titled "Recovery for Whom? The Urgent Need for Safe and Effective Sober Homes in Suffolk County." And based on a full year of research, public hearings and focus groups, our report outlined a scandal of rogue sober homes, which are unsupervised and unregulated by the New York State Department of Alcohol and Substance Abuse Services. And these particular rogue sober homes, run by unscrupulous landlords who want nothing more than to collect government rents, allow the open and unrestricted use of alcohol and drugs by their residents who are supposed to be in recovery. The result is widespread relapsing by these residents.

We want to say that our Commission welcomes the work of Dr. Jeffrey Reynolds and his Opiate Advisory Panel that is calling attention to the epidemic of drug abuse in Suffolk County. And our Commission had the privilege of having Dr. Reynolds speak to us at our November meeting where he outlined the Panel's concerns about the lack of adequate prevention and treatment programs in Suffolk. And we just wanted to say that our Commission is eager to work with Dr. Reynolds and his

Panel, especially in addressing their goal of limiting the number of relapses and providing recovery programs that truly work. Thank you.

CHAIRPERSON BROWNING:

Thank you, Kathy. You have a question for --

D.P.O. VILORIA-FISHER:

Sorry.

CHAIRPERSON BROWNING:

We are going to have a presentation, if --

D.P.O. VILORIA-FISHER:

Oh, okay.

CHAIRPERSON BROWNING:

Is that what your question is going to be?

D.P.O. VILORIA-FISHER:

The question was about the details, because I know that you've been working on this --

CHAIRPERSON BROWNING:

Yeah.

D.P.O. VILORIA-FISHER:

-- with the Commission and I was just wondering about the details.

CHAIRPERSON BROWNING:

No, the panel is going to do a presentation now.

D.P.O. VILORIA-FISHER:

Terrific. Okay. Thank you.

CHAIRPERSON BROWNING:

So thank you, Kathy.

D.P.O. VILORIA-FISHER:

Thanks, Kathy.

CHAIRPERSON BROWNING:

And with that, do we have anyone else in the room who would like to speak before -- okay. If you would like to bring your -- if you can come up to the podium, introduce yourself, and we'll get you a card. Okay, go ahead. And I don't know your name, but you'll be next.

MR. ENRIGHT:

Thank you very much. I did fill out a card. I did fill out a card, I don't know where it disappeared. It's probably a conspiracy, maybe. Anyway, I just wanted to say something about the finding and recommendations of the Opiate Advisory Panel. Is this an appropriate time to do that or shall I come back? Is this okay?

D.P.O. VILORIA-FISHER:

Yes.

MR. ENRIGHT:

All right. This is the first time I had a chance to look at the recommendations and -- on the prevention side, which is of great interest, at least to me personally. The recommendations, Number 8, 9 and 10, deal with -- deal with drug testing. I believe that the drug testing piece of the prevention effort is probably the most important piece, and that finding a way to really break the heroin epidemic in Suffolk County. Those recommendations, 8, 9 and 10, are absolutely terrific. It certainly acknowledges the benefits of drug testing and the potential to help solve the problem, and the potential to prevent and discover and even stop substance abuse in many cases. What needs to be done, and maybe it will be done since we have those recommendations, we have to get the information out there to the public just to make the recommendations, without getting the information out there, without telling the public and the parents how they go about getting the drug testing done to answer all those questions. We need to get that out there, that's key, we just can't just say it.

And I would suggest, and I have done that in E-mails to the HHS Committee, as well as the whole Legislature, that we maybe follow the example of the a HIV/AIDS Testing Day that is every year and extremely successful. That we follow the example of the breast testing awareness day, and a number of others, and that we would incorporate into maybe whatever these recommendations are that we have and designate a drug awareness testing month. And by doing that, we can get the information out that's going to be really needed and make these recommendations, 8, 9 and 10, more effective. And by doing that, we can bring in a lot more -- a lot more parents, we can bring in a lot more agencies. And I'm just going to recommend again that somebody here, I don't know how you do it politically or the way it works, have somebody present a resolution. Maybe HHS can do it, right here today. I can't think of a better time than to designate a drug testing month. Perhaps maybe we can designate April of 2011. That would coincide with the Alcohol Awareness Month that's going to be developed across the nation. This is the time to do it. It fits in with the program, it fits in with these recommendations.

And I just want to say that, and thank you very much, and thank the Advisory Panel, too, for acknowledging the need for drug testing of some sort and getting it into the process. Thank you.

CHAIRPERSON BROWNING:

Thank you. You have a comment or --

D.P.O. VILORIA-FISHER:

No, just what I was just saying to you.

CHAIRPERSON BROWNING:

Okay. We have another speaker, if you would like to come forward and you can introduce yourself, and he has a card.

MR. SEDLER:

Thank you very much for the opportunity to speak. I'm Dr. Mark Sedler. I'm Chair of Psychiatry at University Hospital and the School of Medicine at Stony Brook.

Some of you who were here at the meeting in September of last year, 2009, will recall I made a presentation to this group about the major modernization project for the CPEP at University Hospital and I wanted to just give you a quick update.

In November of 2007, I had first approached the County Executive's Office in search of some capital support for what turned out to be a kind of end -- end stage reconsideration of the major modernization project at University Hospital. Many of you who have been there have seen the dramatic improvements in the physical plant, the new emergency room and lobby and so forth, labor

and delivery. But the CPEP, which is really a critical safety net service for the County, had been neglected in the original plan, had not been budgeted for, but our new Chief Executive, Dr. Strongwater, when he arrived, recognized this was something that needed to be addressed. And among my charges, I was asked to see if I could find some additional support for what had been a rather substantial and anticipated cost of about 10 million dollars. And so I approached the County Executive and the Legislature hoping to receive some capital support, and, thankfully, one million dollars was secured in this current Capital Budget.

Just for those of you who need a quick reminder, the CPEP, which is the Conference of Psychiatric Emergency Program, was found here in 1990 as a function of New York State legislation. And after the closure of Central Islip and Kings Park and the downsizing of Pilgrim, we found ourselves in Suffolk County with the extraordinary shortage of capacity in the mental health system. And the CPEP, which is open 24 hours a day, seven days a week, has become the default service and really sort of the service of last resort for virtually every mental health service in the County. And among -- actually, our most substantial users are the Suffolk County agencies, the Suffolk County Police Transport, about 50% of the patients who arrive. We receive transports from the Riverhead jail, from the Sheriff's Department, from Child Protective Services, and we have extensive interactions with many County agencies.

The demand has been so overwhelming that although we've updated the physical plant three times, we were in desperate need of a new facility. And last year, when I came, I presented the drawings and details of that facility. I'm pleased to let you know that on June 24th, we commenced our ground-breaking for this new facility. Some of you, Commissioner Tomarken and John Kennedy, were in attendance for that event. And we are now expecting completion of the project this summer and hope to open our doors in September.

I just wanted to encourage everyone to continue their support, since we have not yet achieved the final spending resolution for this capital project, but it's absolutely essential for us to achieve our objectives. I think it's a very important service. Twenty percent of our patients are children. More than half of our patients have comorbid alcoholism and substance abuse, and it's really something that is very worthwhile. Thank you.

CHAIRPERSON BROWNING:

Thank you, but don't go anywhere. Legislator Kennedy has a question.

LEG. KENNEDY:

Well, I wanted to thank Dr. Sedler for coming, Madam Chair. And, also, I wanted to thank Legislator Vilorio-Fisher, in whose Legislative District Stony Brook lies, and who actually has been an early and consistent and ardent supporter of the psychiatric services that are provided by Stony Brook. Dr. Sedler has worked very, very diligently to streamline and help to expedite the evaluations that go on for -- the last time I looked at it, I believe that there were upwards of 6,000 EDP evaluations, emotionally disturbed persons evaluations, which is, I hazard a guess, probably the busiest CPEP function, possibly outside the City of New York, throughout the whole state. It is unparalleled the demand on the facility and, quite candidly, as Dr. Sedler said, very forward thinking to look at the new facility that's going to be opened next year. And, quite candidly, I think it's a measure of the commitment on the part of the County Executive's Office and this body to step forward with this Capital Budget commitment. And we are here at the last committee meeting of the year for a capital expenditure for this year.

And while I'm told there may be some last-minute minor technical changes, I asked Dr. Sedler to come, and it's my intention to make a motion to move this out of the committee. And I'm going to engage in dialogue with the County Executive's Office so that we can make sure that this commitment is followed through. But I wanted to thank Dr. Sedler for being here, for being so

diligent, for working so expeditiously with Commissioner Dormer and Deputy Inspector Bergold to really be cognizant of the needs on the behalf of our law enforcement, and, for that matter, the needs of the patients, and I thank you for that. And thank you for being here.

DR. SEDLER:

Thank you.

CHAIRPERSON BROWNING:

Okay. Legislator Viloría-Fisher.

D.P.O. VILORIA-FISHER:

Thank you, Madam Chair. And thank you, Dr. Sedler, for being here, and thank you for the tour that you had given me so that I could better understand the function of CPEP. And just as a matter of fairness, in his remarks, the Doctor mentioned that 50% of their traffic comes from our agencies, our Suffolk County agencies. So you are, in fact, acting as a de facto County agency. You're providing us with the ability to perform our functions.

DR. SEDLER:

Exactly.

D.P.O. VILORIA-FISHER:

And so this is just a matter of fairness. I wish we could put more into it, but at least we should get this out of committee today, have it before the full Legislature on Tuesday, move it forward, because it has been languishing for too long. In fact, it's -- we have revisited this several times with another iteration of the same capital program. So I will be seconding that motion to move it out of committee so that we can look at it as a full Legislature on Tuesday. And if there has to be some minor tweaking, we need to have this money certainly committed to you so that it's not lost into the -- you know, into the abyss at the end of the year.

DR. SEDLER:

Thank you.

D.P.O. VILORIA-FISHER:

Thank you very much.

CHAIRPERSON BROWNING:

Thank you, Doctor. And with that, we have no more speakers at this time. I will ask Dr. Reynolds -- oh, we got another card. I mean, I could do the presentation. I know that we have someone who'd like to speak and I can allow them to speak after the presentation, if need be. Okay. Well, I guess what I'll do, Legislator Kennedy, is ask, and you want to make the motion to pull it out of order?

LEG. KENNEDY:

Madam Chair, yes. In deference to Dr. Sedler's busy schedule and then -- and knowing that he's got things to attend to, I was going to ask if we could -- I would make a motion to take I.R. 1820 out of order and bring it before us so we can consider it and move it forward.

CHAIRPERSON BROWNING:

Okay. I'll second that. And with that, it's on the floor. So we have a resolution, ***1820 - Appropriating funds in connection with the Stony Brook University Hospital Comprehensive Psychiatric Emergency Program (CP 4018) (Kennedy).***

D.P.O. VILORIA-FISHER:

If I may, Madam Chair. Renee, I should be a second on that.

LEG. KENNEDY:

And I'm going to make a motion to approve, then, and --

D.P.O. VILORIA-FISHER:

Second.

LEG. KENNEDY:

Thank you, Legislator Viloría-Fisher.

MS. LOLIS:

And, Madam Chair.

LEG. KENNEDY:

I know that the County Attorney's Office wants to speak.

CHAIRPERSON BROWNING:

Okay.

MS. LOLIS:

Gail Lolis, Deputy County Attorney. We've been advised this week by Bond Counsel that this particular resolution does not contain the requisite language that he requires, and, thus, a bond will not be issued based upon the language of this resolution. It was amended, the SEORA was resolved, but there was other language that was not contained that Bond Counsel requires. It is my understanding the intention is, as dialogue is still ongoing between the County and the hospital as far as the underlying agreement, that assuming that language is agreed upon, then a CN will be presented on Tuesday in order that this can go forward.

CHAIRPERSON BROWNING:

Well, if he's going to put a CN on Tuesday -- and, I guess, waiting for George to see if he would like to weigh in on this. Somebody want to sing?

D.P.O. VILORIA-FISHER:

Well, Madam Chair, my contention is that we approve this out of committee so that it's before the full Legislature, so that we're certain that it's on the agenda. This is our last meeting of the year and we don't want this to --

CHAIRPERSON BROWNING:

Sure, we can do that.

D.P.O. VILORIA-FISHER:

-- be lost. And if the CN comes in, then we can withdraw this and replace it with the CN.

CHAIRPERSON BROWNING:

If there's a conflict of any kind.

D.P.O. VILORIA-FISHER:

Right.

CHAIRPERSON BROWNING:

Okay. The -- Legislator Kennedy did make a motion and there was a second, Legislator Viloría-Fisher. All in favor? Opposed? Abstentions? **(VOTE: Approved 5-0-0-0)**

Okay. So it will be on the floor for next week, and if there is any conflict or concerns, I guess then what we will do is see if there's a CN. We can withdraw.

D.P.O. VILORIA-FISHER:

We can go ahead with the CN.

CHAIRPERSON BROWNING:

Right, right. I see -- I did have a card. Cheryl Felice, President of AME, came in. So we're slowly, but surely, waiting for you here, so if you'd like to come in and --

D.P.O. VILORIA-FISHER:

I have a question for Cheryl.

CHAIRPERSON BROWNING:

And don't go anywhere afterwards, because there is a question for you.

MS. FELICE:

Thank you very much, Chairwoman Browning. And I apologize that I was all over the County today. Nevertheless, I did want to be here to clarify some misconceptions that perhaps the Legislature or some Legislators are under from AME, and I'm here to hope to clarify that and alleviate any confusion.

This has to do with our position over J.J. Foley. And I would just like to remind the Legislature -- I would just like to remind the Legislature of a message that was sent in writing to all of you on July 8th, after the Board of Directors unanimously approved to offer no concessions from a specifically segregated portion of our AME membership and that was would be the members of J.J. Foley. We offered at that time to offer no concessions and not to get in the middle of the battle between the Legislature and the Suffolk County Executive, and also chose not to take a position on the sale of the facility out of our deep admiration and respect over the late John J. Foley, and we allowed the two parties to wage that battle between them. At that point, we did make our intentions known to both the County Executive and the Presiding Officer that it was our desire and goal to work towards seeking transfers of our AME members at the J.J. Foley into other vacant positions throughout the County and saving their hard-earned pensions.

On August 17th, 2010, we believe the County Executive had secured the necessary votes to sell the Foley facility, and the J.J. Foley members, while saddened and disheartened, the majority were ready for that conclusion. The sudden, abrupt and unknown decision to seek a public benefit corporation came as a complete surprise to AME and our members at J.J. Foley. Sadly, confusion reined and the vote to sell Foley did not take place that day, and the members, who are your employees, were left in limbo.

Throughout our fight over the Foley facility, we regret, I apologize, that neither the County Executive, nor the Legislature, took the necessary steps to secure a full and comprehensive New York State audit of the Foley facility with special regard to the issue of proper Medicaid reimbursement to prove that we -- what we believed all along, that the J.J. Foley Skilled Nursing Facility was left to be woefully mismanaged and could have, in fact, been a profitable entity for the County. I would ask at this time for the Legislature and the County Executive to come to a resolve that provides the remaining workers at J.J. Foley and all the other employees now that will be affected by bump-and-retreat, as the slated layoffs will indicate, with a clear direction over whether

it will be the unemployment line or the -- the bread line or the unemployment line. Whether or not these County workers would be applying for food stamps and Medicaid benefits themselves is something -- is a decision they are going to have to make, because no health insurance benefits are attached to unemployment insurance payments. The daily discord on J.J. Foley status in the County budget is a battle that must end. Sell it, save it, but for everyone's sake just settle it.

CHAIRPERSON BROWNING:

Does anyone have any questions?

D.P.O. VILORIA-FISHER:

Yes.

CHAIRPERSON BROWNING:

Other than we are going to save it. Go ahead, Vivian.

D.P.O. VILORIA-FISHER:

Cheryl, I just have a question regarding the role of the -- of AME. We're told that employees are receiving pink slips. And you, as the body that protects the workers, I'm wondering how you're reacting to this, given that there has been no sign-off by the New York State Department of Health. Are you seeking legal redress? What is going on vis-a-vis the legality of sending out these notices without having had an approval for closure of the facility?

MS. FELICE:

Well, the legalities of sending out a layoff notice has to do with the budget and the fact that the budget approved and abolished those positions with the results of the County Executive's veto of the measures that the County Executive took. So, in our opinion, the County Executive is following the terms and conditions of the contract with respect to the budget. If the Legislature abolishes positions, then the County Executive is required by the contract to send out those notices within 60 days. The fact that the approval from the State has not been received by the County is something that this union has been saying for more than four years is something that was going to be necessary, and we believe in the responsibility of the Legislature to hold accountable the terms and conditions of the Mary Hibberd Law. The Mary Hibberd Law is what outlines the necessity for the approval from the New York State Department of Health. And since that wasn't given, we believed at the time, and testified on behalf of our members, that the hearings, the public hearings on closing and/or selling J.J. Foley should have never been closed, but it was. And the fact that the Legislature made that decision is something that you had decided to do all on your own, the collective body had done all on your own.

The issue right now, and in making our intentions known to both bodies, to both branches of government, that we were working to get as many people transferred from J.J. Foley into like or similar positions in the County is an effort that is still ongoing with this organization and the County Executive's people through the Office of Labor Relations. And so it is my hope and goal that we won't see anyone laid off as a result of this action, that they will perhaps go into other jobs and still remain employed in Suffolk County, and still keep their health insurance benefits and their pension benefits. But the issue over the fact that the layoff notices went out, in our opinion and in our legal opinion, is consistent with the fact that those positions were abolished in the budget.

D.P.O. VILORIA-FISHER:

Thank you.

MS. FELICE:

Thank you.

CHAIRPERSON BROWNING:

So, Cheryl, let me ask you, talking about the Mary Hibberd Law. I have spoken about that and that I feel that maybe that has not been followed. Have you -- I mean, you're saying the public hearings were closed, and have you taken any action on the fact that you believe the County has not followed the Mary Hibberd Law.

MS. FELICE:

We take action every time we come to this Legislature and are offered the opportunity to speak with you. There's no reason -- and the Board took the action in July, that we mentioned to you earlier in my statement and also in the letters that were sent to you. We made a collective decision that the fight was going to be between the two branches of government. I would ask the same question. Have you taken an action? Has the Legislative body taken an action? And the answer to that is no. So we don't have -- we only have a certain amount of resources with AME, so the resources that we had was to work to get people employed and get them into other jobs, if and when the facility was going to be sold and/or transferred, and that's what we're doing, that's our goal. So we don't want to spend good money after bad to fight a lawsuit that the two co-equal branches of government can't seem to agree on. So who are we arguing with, are we arguing the Legislative branch or the Executive Branch? In the meantime, we're going to take the path to keep people employed.

Our fight is not over the facility, although we respect and have a great deal of pride over the facility and the services that have been delivered there, I had my own family member there, but our goal as an organization and a labor union is to make sure that people get jobs. And if we have a commitment to get those people employed, then that's the commitment we're going to follow and that's the action we're going to take.

CHAIRPERSON BROWNING:

Okay. And I will tell you, the action that we took was against the sale. And me, personally, I voted for the budget to keep them in the budget. However, it did fail by one vote for the override. We did have 11 votes to support the budget. However, we didn't have that 12th vote. Again -- oh, I'm drawing a blank on what I was going to ask you. I'm totally drawing a blank. Maybe I'll remember later.

MS. FELICE:

Thank you.

CHAIRPERSON BROWNING:

Anyone else? No. Thank you, Cheryl. Oh, I know what I was going to ask you. Sorry. You said that you've been working on replacing -- finding positions throughout the County for other -- for employees from John J. Foley. Is there going to be a bump-and-retreat if you have to fill -- you know, you have many senior employees at John J. Foley. I mean, first of all, how many positions can you get filled from John J. Foley? And how many -- you know, how many people will potentially be laid off through the bump-and-retreat if you have that?

MS. FELICE:

Well, those are all questions that I believe the Legislature should be equally important -- equally interested in finding out and having those answers before the votes take place. But, nevertheless, you know that it does involve the Office of the Department of Civil Service. They have to do an analysis of seniority, last held permanent positions. They also have to now analyze if anyone is serving in a volunteer position that has certain retention rights and/or bump-and-retreat rights. They have to analyzed if there's veterans issues that have to be considered. So my last conversation with Civil Service yesterday was that analysis is not complete yet, and that analysis -- we will not be able to determine exactly how many people will be affected until that analysis is complete, and we are all reliant upon the Department of Civil Services to get that done.

CHAIRPERSON BROWNING:

And bump-and-retreat will be in effect if you have --

MS. FELICE:

That's by law.

CHAIRPERSON BROWNING:

Okay. Thank you. Okay. With that, I apologize.

MR. ZWIRN:

Can I speak? It's up to you.

CHAIRMAN BROWNING:

Okay. Come on, Ben.

MR. ZWIRN:

Yeah. I wasn't going to speak on this, but I think I can set the record straight.

I know Legislator Vilorio-Fisher is concerned about the approval of New York State on a plan. The plan is the transfer of patients, it's not any other -- anything other than that. And I've been advised that there are 440 vacant beds at nursing homes across Suffolk County at the present time, and there have been inquiries from a number of those facilities to be able to bring in some of the patients from John J. Foley. We don't think there's going to be a problem transferring the patients and we expect the approval from the State to come very shortly. So there's not going to be a long, drawn out process with respect to that.

The other thing with Civil Service, they are going through the bump-and-retreat process, which will take effect, and, you know, the people have already been moved out of John J. Foley, personnel. I think the budget personnel, the I.T. personnel have been moved out, have been moved to other parts of the Health Department. So the County is moving forward in the closure of Foley, which, you know, the County Executive would have rather seen it sold rather than to see it close, but when that didn't happen -- and part of the delay with New York State's approval on the transfer plan was that they wanted to make sure which direction the County was going in. They wanted to know that closure was the plan that we were going to act on, and they weren't going to give us an approval until we had that final vote at the meeting, at the last General Meeting. I think the County Executive, despite everything that's gone on, he'd still rather see the facility sold rather than closed, but we may have already crossed that bridge, and everything else is taking -- it's taking on a course of its own.

I know there have been some rumors that the facility's going to be saved. Once the patients are transferred out, and when you get down to just a handful of hard-to-place patients, the State has in the past in other communities, other counties, other municipalities, worked with the municipality to try to place anybody who's hard to place. But already we have received inquiries from other facilities that want patients to fill their beds, so we don't expect this is going to be a long process, and it's already been undertaken. The layoff notices have gone out. As I said, some personnel has already been moved out of the nursing home.

CHAIRPERSON BROWNING:

So you've already moved people out of the nursing home to other locations?

MR. ZWIRN:

Personnel, not patients.

CHAIRPERSON BROWNING:

No patients? Okay. I just want to make sure that's correct. And you cannot move anyone until the State approves it; am I correct?

MR. ZWIRN:

That we would move, that's correct, but we expect that to come very, very shortly, now that they know that closure is the plan of the County.

CHAIRPERSON BROWNING:

The plan of who, the County Executive and the Legislature or the County Executive.

MR. ZWIRN:

Well, the County Executive and the Legislature through the budget process by not funding the positions for the full year.

CHAIRPERSON BROWNING:

Okay. Thank you. Hopefully, we're done with that. We have today Dr. Jeffrey Reynolds, Chairman of the Heroin Opiate Advisory Panel, and also the members of that panel, if you would like to come forward, and you have --

DR. REYNOLDS:

I made it up here, finally.

CHAIRPERSON BROWNING:

Yeah, you made it up, finally. We only had two cards when we started. So you have completed the recommendations. You have a presentation for us on the -- your findings and what your recommendations are. And if you would like to start by introducing everybody who's here and maybe -- I know that there's more than three of you, but if you'd like to put on the record the names of everyone who sat on the panel.

DR. REYNOLDS:

I can do that. And several of those members are here today. You know, before I do that, I do want to thank all of you for giving us the ability to sit together and come up with these recommendations. As you recall, earlier this Spring you all voted unanimously to put together the panel. You charged us with I think a pretty serious undertaking, and I think that we've done that undertaking justice. And the result of six months worth of hard work today is reflected in a document that spans 50 some-odd pages and 48 recommendations. If you don't yet have a copy of the document, I'll ensure that you get one before you leave today. And I think our goal here this afternoon is to go through some of the highlights of the document.

The panel composition you guys essentially determined in your authorizing legislation. And, again, I think a lot of those folks are here today, but Cari Besserman from Phoenix House; Elaine Economopoulos from Horizons Counseling Center and the QC of Suffolk County; Ed Ehman, who's the Superintendent at the Smithtown School District, but who represented the Suffolk County School Superintendents Association; Art Flescher from the Suffolk County Division of Community Mental Hygiene; to my right, Kristie Golden from South Oaks Hospital; to my left, Jack Hoffman and the Panel Vice-Chair from Eastern Long Island Hospital; Janine Logan from the Nassau-Suffolk Hospital Association; Pam Mizzi from the Suffolk County Prevention Resource Center; Dr. Patrick O'Shaughnessy from Saint Catherine of Sienna; myself; Lisa Lite-Rottman, who's the Director locally of the New York State Office of Alcoholism and Substance Abuse Services, otherwise known as OASAS; and then John Venza from Outreach House. I think you guys picked a great group of folks to do this. I think we worked well together and I think the proof is in what we've produced.

Before we formally begin, I do want to say, you know, special thanks are in order to Susan Eckert, who works for Lynne Nowick, who was just phenomenal throughout this entire process and we couldn't have done it without her. And, really, we had a short time frame to work in and Susan certainly helped to make that all possible, so we very much appreciate the support that we got in the way of staffing.

Our process, I think, this afternoon will be I'll give you kind of the overview of what we've done. Kristie's going to speak about our prevention recommendations. Jack is going to speak about our treatment recommendations. I'll cover the recovery and -- recovery support recommendations, and then we'll conclude and we'll try to do this in a fairly quick amount of time and still do justice to what we've done over the course of six months. The process that we used included not only our internal deliberations, and, presumably, we were all chosen because we come to the table with a level of expertise around the topics that we were talking about, but we also ensured that there was room, adequate room for public input into our process. And we held two public hearings that included, I guess, a total of 50 or 55 folks who came and testified. We received written testimony from folks who wanted to submit that anonymously via E-mail or through some other means. And I'll tell you, the testimony at both public hearings was very, very compelling, in some cases pretty tough to listen to. Some of the folks who came and testified are actually here in the room today. It included parents of young people who are knee deep in addiction. It included parents who have lost young people in Suffolk County due to overdoses. It included young people in recovery themselves who talked about the challenges of accessing services and the challenges of accessing their recovery post treatment. And I think each and every one of those stories is incorporated somehow in here in the final recommendations.

As we set out, you know, for all of us there were some things that were givens for the dozen or so of us sitting around the table, but that we wanted to re-emphasize, and that really, I think, underpinned our approach to coming up with the concrete recommendations. One of those things was that prevention, screening, treatment and recovery support have to all be woven together, although we have taken a siloed approach to say prevention, treatment and recovery recommendations. The reality is the more we can integrate those things with each other and integrate them within the Long Island community, the better off we're going to be.

Although it is heroin that brings us to the table and heroin that's gotten the attention in the press over the course of the past couple of years, we recognize the fact that alcohol, the use of marijuana, and the use of other drugs figure prominently into heroin addiction. And, quite frankly, when heroin has run its course and we're on to the next drug that impacts our kids, we still need to deal with the fundamentals of addiction and adolescent access to services. So, for us, we took a broader approach in -- within the recommendations you'll see things that are not specific to heroin, but that are related to the larger picture. A great example of that is some of the recommendations we've made around stronger enforcement of the Social Host Law specifically as it relates to access to alcohol for minors.

You know, it's our belief that substance abuse is preventable, but that requires all of us coming together, including parents, school and treatment providers, as well as non-profits and communities. The individuals and families in recovery are a critical part of this equation. Very often they're not part of these discussions, very often they're not part of program development. You've got a heck of a lot folks out there in Suffolk County right now who have been impacted first hand by this crisis and the overall crisis of addiction and they ought to be part of our efforts to find a solution.

Finally, in terms of just the over-arching principles, we were, I think, pretty cognizant as we did this that we exist not only in the midst of the heroin crisis, but a fiscal crisis. And in some cases, those two things collide, because there are whole bunch of things we should be doing that we recognize that are going to wind up becoming difficult conversations because they take money, that's the

reality. And then, as we looked at things that should be happening and things that could be happening, the recommendations are not cost neutral, it's going to cost some dollars. Our belief, though, and there's a large amount of data behind this, is that the money that you invest in evidence-based prevention, the money you invest in providing treatment on demand, and the money you invest in providing support to young people to maintain their recovery is money well spent and, ultimately, it saves lives.

So those were some of the key things that really undercut all of our recommendations and it's through that lens that we looked at each of the areas.

I'd like to turn it over to our Vice-Chair now, Jack Hoffman. Actually, let's start with Kristie Golden to talk about our prevention recommendations, and from there, we'll go into the treatment recommendations.

MS. GOLDEN:

Hi. I'm Dr. Golden from South Oaks Hospital. And I just wanted to start by mentioning that there are different aspects of prevention. There are prevention services that are considered school-based, some are considered environmental strategy, some are family-based, and so on, and you'll find the detail of that in the report. But the reason why I make that distinction is because they work independent of one another, but they also work together, and that's the more important piece, that you can't have one without the other for prevention to really be successful. So with that, I'm just going to run through the recommendations. I'll try to touch upon each one briefly.

First recommendation, create and maintain a public education campaign to reduce the incidents of drug and alcohol use, problem -- and problem gambling in the community, and maintain a resource center for parents and professionals alike. Suffolk County was very forward-thinking, along with the New York State Office of Alcoholism and Substance Abuse Services, to fund the creation of the Prevention Resource Center recently, and that is one aspect of what can be done to help educate the public through that resource center. However, we, as a panel, felt that there needed to be much more in the way of public education, some type of public education campaign that would be delivered routinely, not only in the instances where our awareness has been heightened, but on a continuous basis, particularly on a go-forward annually basis.

Second recommendation speaks to encourage and provide the support necessary to schools to adopt evidence-based substance abuse prevention services for all students, K through 12. Evidence-based prevention are approaches that are used, or that can be used, that have shown to be most effective to have the best outcomes. We have a lot of schools on Long Island that are doing some type of prevention work and we commend them for all of that, but many of them are not using evidence-based approaches for a variety of factors, sometimes simply because the staff have not been trained appropriately. So we recommend that there is support that comes along with the -- providing the training and being able to encourage the schools to use those evidence-based approaches.

Recommendation three, acknowledge and address the misuse and diversion of prescription drugs. Just to touch on that, we talked about educating physicians, talked about the reclamation of the drugs in the instances where the events have already occurred. We've had hundreds of people coming and bringing drugs back in that have been sitting in their medicine cabinets is another recommendation that speaks to that as well.

Next one, support and encourage health care provider and consumer education as it relates to pain management, opioids and other prescription medications. There's a lack of information, really, as to the effect or the potential addictive qualities to opiates. And even in the medical community, Dr. O'Shaughnessy from Saint Catherine of Siena also pointed this out, that there's a lot of physicians

that are not fully informed or fully aware of the potential misuse of those types of medications, including not just the medical -- not just medical doctors that practice in the health care arena, but also dentists that are making prescriptions for the same types of drugs.

Again, recommendation five, to continue to cosponsor unused prescription drug reclamations, as I mentioned before.

Recommendation six, call upon federal lawmakers to pass legislation requiring all pharmacies to accept unused and/or expired medications from consumers and to dispose of them safely. That, again, speaks to the reclamation efforts and being able to have multiple locations, multiple times, always accessible to the public for those medications to be turned in.

Recommendation seven, promote the use of technology to track prescriptions and health care records. Of course, as we move into the electronic medical record age, we do have on Long Island what is called LIPIX, the Long Island Patient Information Exchange, which is a group of providers that are working together with the intent of being able to exchange medical information and so on. And one of the most important things to be included in that is medications, prescriptions, and so forth, so that there can be a better tracking of when and how patients are prescribed opiates, and a better -- a better awareness of the physicians that are prescribing them, in the event that there's more than one prescribing the same drug for the same patient.

Recommendation eight, continue the distribution of free drug testing kits to parents and promote drug testing as a prevention and screening tool. That speaks for itself. There's a little more detail in the report.

Recommendation 9, support drug testing and what's referred to as SBIRT, or Screening, Brief Intervention and Referral to Treatment, as routine parts of physicals and well visits conducted for those under the age of 18 in the primary care settings. Right now, it's not common practice for physicians to actually conduct screening or to even have a dialogue about drug and alcohol abuse in the primary care setting. This is an imperative for primary care physicians, and I think that's recognized across -- across disciplines, including the American Academy of Pediatrics. So the panel felt it very important and strongly recommends that there's work to be done in encouraging primary care physicians to become involved in that.

Recommendation ten, require and routinely conduct drug testing as part of sports physicals in schools. Again, in your report there's a little bit more of an explanation as to that, but, again, it speaks to when a child is going for a physical with their primary care physician, particularly if it's for a sports physical to participate in school, that that should be a routine part of that physical.

Recommendation 11, develop a strategic plan to monitor County-wide data related to population level change, and the prevalence and incidents of drug and alcohol dependence and abuse beyond what currently exists, and monitor savings associated with that change. Right now, there is a host of data that is collected through different County agencies, including the Sheriff's Department, the Police Department, and so on, the County Division of Mental Hygiene, etcetera. What we have found over the course of the last six months, and even prior to that in the implementation of the Prevention Resource Center, is that data is not collected equally across townships and across villages or regions of the county and that makes it difficult to measure change. So we strongly encourage that there is a concerted effort to look at the data that's being collected and create some type of system where data is collected in the same manner across jurisdictions, so that it can be compared for County-wide change in, say, for example, you know a reduction in underage drinking arrests, and so on.

Recommendation 12, encourage townships to promote the value of community-based coalitions that work collaboratively with individual school districts and other adjacent communities to support the development of community-based -- excuse me, community-based models of prevention. There are coalitions that exist throughout the counties, not as many as we'd like, but there are some that are up and coming. Some are based out of the schools, some are based out of communities, and so on, but there is not an equal and concerted effort across all of the areas of Suffolk County to help build these coalitions. So we would like the Legislature to encourage the townships and promote within those townships to support coalitions that exist and to be a part of the activities that go on routinely.

Recommendation thirteen, strengthen the existing statute and support the more active and effective use of the Social Host Law. Jeff mentioned that before, so I won't get into detail on that, but there is a narrative in the report.

Recommendation 14, recognize commercial merchants who get involved in prevention activities. I think right now there is some effort throughout the county where merchants become involved with coalitions where they can acknowledge that they will not sell to minors, that they're on board with the concept of prevention. There's not very much that can be done to acknowledge them in place right now, so we would encourage that merchants are acknowledged more or awarded or rewarded more in some manner for having clean inspections.

Recommendation 15, create a fair plan to utilize and equally distribute asset forfeiture dollars resulting from drug and alcohol-related arrests and convictions to carry out prevention efforts throughout Suffolk County. The asset forfeiture money is used in a variety of ways right now. We'd like to request that the Legislature take a look at that and see if those funds can be used for prevention efforts specifically.

Recommendation 16, develop a tax on all alcohol sales to support treatment and prevention services, and ban all sales and displays of drug-related paraphernalia. This is legislation that has been created and passed in other areas of the country. We'd like the Legislature to take a look at that.

And last of the prevention recommendations, number 17, explore the use of the Suffolk County Police Department's drug sniffing canine unit for school locker inspections. The Police Department has this service available that has been useful, very useful, so they are encouraging, as well as the panel, that the school districts take advantage of these available services. Thank you.

MR. HOFFMAN:

Hello. My name is Jack Hoffman.

CHAIRPERSON BROWNING:

You need to use the mic.

MR. HOFFMAN:

I need to use the mic. And I am Jack Hoffman. I'm Behavior Health Director for Community and Provider Relations at an Eastern Long Island Hospital. We have a full continuum of care, psychiatric services, in-patient rehab, and detox.

So we're going to start our conversation on prevention with detox, because that's very much the topic that was on everybody's mind when this panel was enacted. And the belief is that detox services are the primary services needed in order to help adolescents. Parents are in crisis. Parents want a place to take their child. Parents want a place where they can take and leave their child in a secure location where they can step away from the chaos and the family can resume some sort of organized living for a short period of time. That is not what detox services are about.

Detox services is an acute medical unit where someone is removed medically from a substance, which abrupt cessation of that substance will lead to seizure and death. And there are only three kind of substances that require that. One is alcohol, one is benzodiazepines, which means sedatives such as Klonopin or Valium, and the other is barbiturates, which are rarely used these days. As you will note, heroin is not one of those subjects.

According to ASAM, the American Society on Addiction Medicine, detox for heroin is not required because cessation of heroin will not lead to seizure and death. So, for parents, this is a very confusing proposition. They want somewhere to go. They want somewhere to take their children in their fear that that child will be taken in, housed and treated. Unfortunately, detox isn't that service. And detox is really not often utilized for children, because they haven't been using significant substances over a period of time to require any level of treatment. They can stop using. Now, the reality is, when you stop using heroin, you feel really lousy, like the worst flu you've ever had in your life. Now, you're not going to die, but you might want someone to shoot you in the head.

So, part of the our recommendation is that we really look at creating a partial place that individuals can go that is safe for 24 to 48 hours for observation, where they can be looked at, where screening, brief intervention and referral can take place, so these children then can be moved on to the correct treatment, which may be in-patient and may be out-patient, which also leads to another recommendation that we need more out-patient and in-patient resources for adolescents. They exist, but there aren't enough. We need more help with that throughout the county.

Now, there is a question about involuntary placement of someone in treatment. All treatment today under the Office of Alcohol and Substance Abuse Services, OASAS, all treatment is voluntary, meaning anybody can be admitted and go out the back door immediately, we can't stop them. But there is a question that we might want to explore, involuntary treatment. There was a Florida Marchman Act that we're not making the recommendation to be enacted, but we do encourage you to look at that act and see how it sits with you and what you might find useful within it. We also want to expand a comprehensive plan to expand the outreach education and supportive services for families. Families have so many questions about addiction that they don't know where to go. They don't know what to do when that child comes out of treatment. What are they supposed to do? Am I supposed to hide all the alcohol? Am I supposed to breathalyze them every hour on the hour? We need to help them have that information. We also need to help them have that information about what treatment they should be going to, be it in-patient, be it out-patient, and in some rare cases detox.

And as well, there is a Pennsylvania Act called 106 that was set into motion in 1989, it was set in to improve care. The basis of that Pennsylvania Act means that referral for care comes from a doctor. A doctor writes a script that this individual needs out-patient care, or this individual needs in-patient, or this individual needs detox, written by a doctor on a prescription pad and then the insurance companies must pay for it. We encourage you very much to look at that Act. It would mean a great deal in terms of changing the nature of treatment within Suffolk County.

Now, there are many other recommendations along this line. We need to increase training, we need to ensure that school behavioral health integration models include -- exist so that we can include more treatment, perhaps within schools. We want to also establish regulations that would allow for harm reduction, especially working with adolescents resist and rebel against the concept of complete abstinence. It's effective to say, if someone was drinking out of a glass that was broken and covered in blood and filth, would you give them a clean glass to drink with to also prevent other infections? That's the nature of harm reduction. So let's look at their heroin usage and not concentrate so much on making them stop everything in the world. We want to reduce the immediate danger, that's harm reduction.

Now, the last point that I want to put to you in treatment is we must create a plan to address fatal overdoses. Now there is a plan going on now where people and sheriffs and police are educated on the use of naltrexone, which is an immediate reactive agent to stop an overdose of heroin. But there are other factors that add to these overdoses. For one thing, for a period of time, an individual can be using a certain level of heroin, they stop usage for whatever reason, they come back to it at a later week, two weeks, three weeks, and they use the same level of heroin, they overdose, they die. We need tremendous education within the schools, within the communities, for families to understand the nature of this addiction, so that we can stop these unnecessary and senseless deaths.

Excuse me while I flip a page. Lastly, we'd like to ask for a one-time research grant to study the level of care and link the stay data so that we can honestly know what the trends and treatment admission and outcomes are. This has not been done. This would be a very good thing for you all to pay attention to you. Thank you very, very much.

DR. REYNOLDS:

So the last segment of this is our recovery recommendations, and those recommendations really get to, you know, how do we, once we've gotten a young person down the path of recovery and through treatment, how do we help them maintain that recovery, and at a time when we're seeing relapse rates that are very, very high? Just because of the nature of the disease, we found several areas that the County can look at in order to improve the conditions. In fact, at one of our meetings, Kim Laube from HUGS said, you know, it's almost as if, you know, our kids are swimming in a pretty polluted pond in terms of access to alcohol and access to drugs and everything else, and we pull them out when they get in trouble for a period of time, and that time is pretty short, and then we drop them right back in, and wonder why they begin to have a hard time again. And I think it's a great metaphor and really captures where we're at in terms of our culture.

Similarly to the detox question, the detox question, you know, we said, "Look, we don't think detox is the answer." You need another model of care. You need to add something to the continuum. This is a similar kind of thing, that as we look at kids that are coming out of 30, 60, 90-day placements, they're immediately, back in the same household, typically with the same friends, the same family, the same school, the same neighborhood, the same everything, and there's no transition for some of those kids. And so we're actually suggesting a look at a model that would include some transitional residential programs for kids who have successfully completed treatment, who are looking to fully integrate back into the community, where they could have access to ongoing recovery support, could be in a sheltered environment, and could navigate their way back into their lives, their pre-treatment lives.

Secondly, and Kathy Liguori was here earlier, we support the recommendations of the Welfare to Work Commission. And as we look at how we maximize our investment and treatment, and what happens to folks post treatment, dealing with the sober housing issue is a huge one. And, as we watch folks who wind up in substandard houses, who wind up using substances, who wind up incarcerated again, in essence, we are taking our investment, not only in those individuals, but a financial investment in treatment and throwing it out of the window. We absolutely need to address this issue, so we support their recommendations.

There's a couple of others here. One of the ones worth noting is almost every other area of New York State, including Upstate, New York, has what are called recovery community centers. That is places where young people in recovery can go to attend a meeting to relate to other kids, to have something to do besides hanging out behind a 7-Eleven and drinking. As we have a huge number of kids on Long Island that are struggling on Long Island, it makes sense to look at something we looked at a long time ago, certainly, we should look at it now. Beyond that fact, we are also one of the few regions nationwide that doesn't have a recovery school. I recently visited Minnesota, and

within the area I was, there were half a dozen recovery schools that are focused on recovery for kids, make sure that kids stay safe, and have really created a culture and a climate around recovery. In the report, there's actually a quote from someone who runs a recovery school that said, you know, imagine if we dealt with adults the same way and essentially said to them, "Look, you have a drinking problem, we'll put you in the rehab, and then we're going to take you and put you right back into a bar and you need to be there every day without necessarily picking up and drinking again." In a lot of cases, that's what we do with kids when we send them back into school. So, for some kids, we need to look at the option of recovery schools.

For a lot of these young people, and as you transition out of your teens and hit into your mid twenties, we've seen a lot of young people who are able to find the miracle of recovery, are having a good life, and in this economy can't find a job. If you start using when you're 15 and 16 years old, in a lot of cases development stops, education might have stopped, which means that you're now 23, post treatment, sitting home, unable to find a job, which we all know can be a prescription for a relapse and for bigger and better things. So we need to do a better job of addressing the vocational needs of kids.

There's a recommendation here that you guys asked the New York State Division of Human Rights to spearhead a renewed statewide effort to address discrimination against people in recovery that could be coordinated locally by the Suffolk Human Rights Commission. Neither body has forcefully taken on discrimination against people in recovery, or addressing the stigma that keeps a lot of folks out of treatment. It's something that we should address, particularly as we talk about young people who are real susceptible to bias, and peer pressure, and everything else. We need to change the way we think about young people who go into -- who go into treatment.

Then we had another category, which there's just three recommendations, and these were recommendations that didn't fit neatly into other categories. First one focuses on addressing potentially a new wave of HIV, Hepatitis C, and other infectious diseases among adolescent substance users. It's been a long time since AIDS was at the top of the agenda. As we look at an increasing number of young people who are not only injecting, but making decisions, sexual and otherwise, while under the influence, we are potentially looking at a whole new wave of HIV infections among young people. If you already look at some of the young people coming into treatment, the HepC rate is about 25%. We need to do a better job at talking with them about blood borne pathogens, including HIV and Hepatitis C.

Another recommendation is to require consumer participation on local planning bodies, committees, and require county-funded non-profits to detail how consumers, including kids, participate in program design and agency governance. There's a whole bunch of things that might sound great to me as an adult and as a parent. I'll tell you, we have a Youth Advisory Board at our organization and nine out of ten ideas that sound great to me sound terrible to them. That's pretty instructive, it means that if we really want to reach those young people, they need to have a voice in what we're doing, they need to have a voice in the materials we design, and how we do outreach and how we treat kids.

And then, finally, there's a recommendation around recipients of county funds really becoming more engaged with their employees, their volunteers and their clients about the whole range of addictive behaviors, including tobacco use, alcoholism, drug addiction, and problem gambling. You know, in -- within these recommendations there are a whole bunch of things that you guys have control over, probably an equal number of recommendations where you may not have control, we're talking about State legislation or Federal legislation. We are prepared to put together kind of the bullet list of things we think you could do immediately, but this body has been very proactive in encouraging others to do things. And we know, you know, for example, you guys voted unanimously three or four months ago to support the Good Samaritan legislation to deal with overdoses. That kind of

thing goes a long way in terms of us being able to influence policy in Albany.

So, in putting together the recommendations, we did leave ourselves six months, in which we're still together, to be able to work towards implementation of these recommendation. So the mind set was not that we produce these recommendations, we hand you off a document and wish you luck and ride into the sunset. The hope was that we could share the document with you, engage in ongoing dialogue, and then all of us work together to find ways to implement those recommendations over the course of the next six months. I think some of them are real immediate things, some of them are longer term, but I think, at the very least, the recommendations give us, and frankly you, a roadmap for moving ahead in a way that is likely to fill some of the gaps and likely to help some of the families that are out there, and ultimately save the lives of Suffolk's young people.

So, with that, that's the cliffs notes version of what's in the full document. I think we are prepared to answer and questions that come up. And, as I said, there are several panel members in the audience as well who, if you ask questions the three of us can't answer, I think they'll be happy to jump in.

CHAIRPERSON BROWNING:

Well, first of all, I want to say thank you, Dr. Reynolds, and the entire panel, because, as I said earlier, that you put your heart and soul in it, because you people, you live this every day. And there are a couple of questions, but there was one when you -- at the beginning, when you talked about encouraging and providing school support. You know, my school district that my son goes to, William Floyd, they started already where they have a program that comes into the school and to help the kids, and I think this is what you're talking about. I'm totally drawing a blank on the name of the organization that's doing it with them.

LEG. KENNEDY:

Phoenix House.

CHAIRPERSON BROWNING:

No, it's not Phoenix.

LEG. KENNEDY:

Not Phoenix?

AUDIENCE MEMBER:

Daytop.

CHAIRPERSON BROWNING:

Daytop. Thank you. It's -- so Daytop is in the William Floyd School District. And, you know, how would you respond? Because, I can tell you, as soon as parents found out that Daytop was in the school, I got phone calls from parents saying, "How could they let this happen?" They were adamantly opposed to Daytop being in the school, and I'm thinking, you know, you have to be running around with blinders on if you don't realize that we have a problem in our school district. And I appreciate that, you know, our School Board President, I mean, he works for Seafield, gets it, understands the need, and our Superintendent, who has been phenomenal on this issue, but that -- how do you respond to parents when they say, "We don't want this, because we might be encouraging something," or "We're going to get kids from other school districts." What do you say to them, because I was lost for words.

DR. REYNOLDS:

You know, the panel spoke about this, not specific to that particular model, but did speak about the need for us to be more creative. I mean, in a lot of regards, we've set this up so that treatment is a place where kids go that requires them getting there, requires the parents getting them there. And there are several folks, particularly out in the Riverhead public hearing, who spoke about the difficulties in accessing treatment; that even if there's a will, there's not a way to get there. So I think models like that should be encouraged.

As far as the parental piece, I think, you know, one of the things that's happened over time, I think increasingly parents have begun to understand that there's a need for this. Of course, it's not their kids, it's the other kids who potentially have a need for this. That's not going to take away from, or doesn't kind of eliminate -- parents are always going to bang the drum, "Why this?" "Why this?" "Are schools going too far?" I think, in that case, educating parents about what the program is and what it isn't, because I think some of the stuff that I saw in the press did not accurately portray what was actually going on, it didn't clarify some of the limitations of the program. I think it's an educational process, and I think the more schools can engage parents along the way, as opposed to saying, "All right, there's a new drug treatment center, the good districts and the districts that are doing this well kind of have had a number of parental forums, have had an ongoing dialogue with parents about what's going on in the community and the need for care.

I know one of the criticisms from that particular program was, "What's it going to cost to me as a taxpayer?" The reality is it's not going to cost taxpayers anything, but that needs to be kind of put out there. And I think this was a new initiative, and I think, over time, parents will get the message and understand the potential value of this.

CHAIRPERSON BROWNING:

Okay. I probably --

MS. GOLDEN:

I just wanted to --

CHAIRPERSON BROWNING:

Go ahead.

MS. GOLDEN:

I was going to just add to that and say that, in part, when -- in that particular recommendation you're referring to, is actually a prevention-based recommendation, but it speaks to what ultimately comes in the way of treatment, and that one of the things that I've encouraged people to do that have faced that same situation in the past is, when -- if you look at all the Federal and State recommendations around treatment and the direction that prevention and treatment need to go, there are what I referred to before as these evidence-based approaches, or best practices, if you will, for what works best for prevention and treatment, and not just for the child who's using, but for the kids that surround that child and the families that surround that child. So, if a parent comes to you and says those words, or has those issues, I think a response can also be that, "If this is what's saying works best to prevent your child from using in the future, or to be there for your child, should they have a problem, wouldn't you want that to be in place for them?" It's like any treatment, any medical treatment. If you have a terminal illness, you're going to want to go to the best place to get the best service, and you're not going to settle for any argument to that, so -- and this is the same case. So, if they want to prevent their child from using, and they want to have access to services in case their child should ever need them, this is the most appropriate and the best approach to that.

CHAIRPERSON BROWNING:

Well, I'll try at that. But I can tell you, I was getting the, "Not my kid." You know, never say never. Legislator Eddington has a question.

LEG. EDDINGTON:

Yeah. It's nice see you again, Jeff. I'll tell you, I spent three hours this morning talking about a bomb-sniffing dog, very down. You guys have really excited me.

As you might know, I spent thirteen years working as -- in a drug treatment and counseling facility with the Northeast Regional Training Center and in over thirteen states from '81 to '93. I loved it, because I felt like I was doing something every day. When you interacted, you felt like you did something, you helped somebody. But I also remember the words of Jesse Jackson. It costs more to put somebody in jail than to send them to Yale, and we're back to the same thing.

You know, I worked with Dr. Edwards from Adelphi University. We established a whole comprehensive treatment plan or a prevention plan based on the Harvard Review that said you have to have a comprehensive, not one program, and we did, the family, and looked for alternatives. We worked with the community, we talked about an education plan, other services that can be provided, and it was great, until '94, and then the funding, like everything else, kind of slackened off. And now we're surprised that 15 years later there's huge, you know, problems. And here you are, coming back now with -- you've got a solution. I mean, that works, we know it will work, and we'd like to see it in practice. What do we have to do to support you? Because Kate's telling you what parents will say, "Oh, it's not in my neighborhood."

I did a parenting workshop in a school district once, which I think is the paramount prevention program, parenting education. They called me in, asked me to do a workshop. Do you know, it was only the principal and the PTA president that showed up. They said, "Well, we don't have that problem in our area, but we thought maybe some parents might like to hear about it." What are we going to be able to do to really get you going? You got the plan. How do we help you implement it?

DR. REYNOLDS:

I could say a couple of things. You know, there's snow predicted for Sunday night. All right? We don't know how much, but we all know if there's a significant amount, the County's going to find a way to get the snow plows out, the State's going to find a way to get the snow plows out. We're going to say it's a natural disaster, we have to respond, we don't have a choice. We don't have a choice when it comes to this either. We have a natural disaster on our hands. It's the perfect storm of a reduction in youth-oriented services, too many mandates on schools, and cheap access to heroin. It's all come to a head. The heroin crisis gives us a unique opportunity to address this. We've always had a crisis of addiction among kids, it's been there since the beginning of time. Heroin scares the heck out of people and gives us an opportunity to look at it. My fear is, as you watch the attendance at heroin forums drop and drop and drop, that when you call something a crisis, people have a very, very short attention span. And if we don't solve it in a short amount of time, we put it on that list of insolvable things, and it just becomes an every-day reality that we're going to lose 300 kids a year on Long Island to overdose. We can't let that happen. This is this opportunity to change that. I think --

LEG. EDDINGTON:

I hear you talking, and that -- but that frustrates me, because, you know, in Suffolk County, all of a sudden, you heard about our Heroin Task Force. Well, if you went to see where all those Police Officers are now, some of them are back in the Fifth Precinct, some are -- you know what I mean? It's like, whoosh, we're there and you're here now. And I know you're saying this is the time, but unless we have some strategies to really implement it, I find that I'm afraid that we're going to talk

about it and beat it to death and say we're going to do this, and then the County, the State and the Federal Government will just go away.

DR. REYNOLDS:

Having you guys as allies is really important. I'm going to give it to Jack in a second. Having you guys as allies is real important. And, honestly, you guys have the best policy document in the world, it's called your budget. And in that budget you make a whole series of strategic decisions. We haven't come out and said, "We want you to designate "X" number of dollars for X, Y and Z, but we've identified some real clear service needs and some gaps in services that should be addressed as part of your budget process. And also, look, every time you guys come out strong on something, including putting this panel together, it gives us the opportunity to raise the profile of the issue so that we reach another five parents out there, and some of in the audience who have said, "Yes, I've had this problem, too."

MR. HOFFMAN:

I think the part of the issue is solvable, is one of our recommendations, is about a study coherently be done about where are the arrests? What is the need for service beds? You know, how many reports -- requests are there for detox beds? The more that we can diffuse the fantasy that it's not in my backyard, the further we move it forward. And it has always been historic that whatever you decide to discuss with adolescents, the first response is, "If you talk about it, then they'll do it." You know, we used to have this about suicide prevention, that you can't talk about it, because that will convince somebody to go have suicide, you know, which is not the truth. And so we have to continually come back to this. And I agree, that that parental forum, which I've done also, you know, to five people, but we can't stop there. We have to keep pushing through the PTOs, the PTAs. Those are places that we have to make in-roads. The Family Anonymous exists out there, which is huge support for families, and these are the places that we begin to do that. The more that we have brochures, the more that we have information to hand to individuals, the more that we begin to break down those barriers.

MS. GOLDEN:

I also want to say that you're not alone as a Legislature. There's a whole host of people, including all the individuals on this panel, that are committed to this process, and that within that longer document that you have in front of you, there are very specific recommendations as to how you can actually make this happen and how you can take the next step by convening other panels, by making certain recommendations. So that's a really important thing, that this can't be done by just the Legislature alone, it has to be --

LEG. EDDINGTON:

I'm sorry, I didn't get a copy of that yet, so --

MS. GOLDEN:

We'll expect that you read it in the next three-and-a-half minutes.

*(*Laughter*)*

LEG. EDDINGTON:

I'll take your word for it. You're making me feel better, that you've already taken care of some of my concerns. I just didn't see it and I didn't know.

CHAIRPERSON BROWNING:

Okay. Legislator Viloría-Fisher.

D.P.O. VILORIA-FISHER:

Thank you very much for that very informative presentation. I have a couple of questions, and if they're answered, I haven't seen the report yet. Thank you very much, Carol -- I mean, Susan. If they're answered in the report, just refer me to it, because we've been here a long time and we have a whole agenda to go through. But I have a couple of just very basic questions, and first a comment.

I have a Teen Pregnancy Task Force, and so much of what you're saying is exactly what we're saying in the Teen Pregnancy Task Force. And the first word you said was "integrated", which we keep looking at that. You have to look at the whole person, the whole need, the community as a support system, and how do we educate, and all of these other issues. And I think we have to look at -- when we've talked about teen pregnancy, we've also talked about substance abuse, and you have to talk about domestic abuse -- domestic violence, and child abuse, and gangs, and all of this. It's like a big Venn diagram, right, it all comes together. And so these are all needs that we have.

And I'm going to say something very cynical, but it's very important that I say it, Jeff, because of the comment you just made. We know how important this is, but it's unfortunate that in this political climate, when we look at the budget, there are those who look at it and say, "Nix on the parenting programs, and nix on the youth after-school programs." Kids -- why do we have to put money into some -- you know, some youth program where the kids are playing basketball? So we have a shout out there, a scream that's going on across our country saying, "Smaller government, no taxes," and the holy grail is no taxes, no taxes. That's a reality. And there are those of us who push these programs and it's a hard fight.

But to my specific questions. With the reclamation issue, the recommending for the reclamation at pharmacies, I know that these are very controlled substances, and that the pharmacist has to have -- keep a record of how they are dispensed, how much is coming in, how much is going out. So, is there a process? When people are bringing these drugs back to the drug store, there are, I guess, federally designed forms that people have to fill out, how much they're returning and who is accepting it? Is --

DR. REYNOLDS:

Yes.

D.P.O. VILORIA-FISHER:

Because I know when we've tried to have them, and Susan and I were at a program where -- you know, hand in your prescriptions, and there had to be a Police Officer present for that. So is this already -- there's a model for these reclamation programs at pharmacies, is what I'm asking, basically.

DR. REYNOLDS:

There is, and it's a potential model, because federal law right now precludes pharmacies from being able to take meds back. What you eluded to is there is a DEA process and there's DEA oversight of all these drug reclamations. There, however, is a bill out there that's supported by the Pharmacists Association, a Federal bill that would allow pharmacies to take these back. And whereas you and I might look at and say it's likely to cause an undue burden on pharmacies, pharmacists have actually stepped up and said, "We're happy to do this, because the collateral damage on the other side is too significant." Some of you know that the pharmacy right up here has been held up a couple of times and now has a big sign saying, "We don't carry OxyContin or Vicodin. So the pharmacists have said, Yes, we're ready, willing and able to do this." There's a Federal bill that would change the -- change the statute so that they could accept it, and we think that ought to happen. It then means that you can drop them off any time, any place almost, because they're 24-hour pharmacies.

D.P.O. VILORIA-FISHER:

Okay. Just another two more quick questions. The LIMIX, I think you referred to, that's the Long Island Medical Information Exchange --

MS. GOLDEN:

LIPIX.

D.P.O. VILORIA-FISHER:

LIPIX? Okay, sorry. I didn't get the acronym when you said it quickly. Are there HIPAA restrictions on that, or is this just where we're talking about pharmaceuticals only and not the patients? I wasn't certain when you described that program.

MS. GOLDEN:

I can't speak to it as an expert, for sure, but I can explain it to some degree. The Long Island Patient Information Exchange is what's called a RHIO, or a Regional Health Information Organization. It's a collaborative effort among a number of providers. It's being run out of North Shore LIJ, I believe. They come together, and it's a -- it's a way of setting up a system among individual practitioners, as well as hospitals and nursing home, etcetera, to be able to exchange patient information, so that when a patient presents in one setting, they can access health information from a referral source or from another setting, and it's all driven around being HIPAA compliant, among other things. It's something that's being supported nationwide with the intent of eventually medical records or facilities being interoperable, meaning being able to exchange information back and forth, so that we, as individuals, when we go from one facility to the next, we can authorize the access to this information for the provider who's treating us.

D.P.O. VILORIA-FISHER:

Thank you. And the last think, Dr. Hoffman, I got a little confused when you gave a kind of technical definition of the word "detox", because we see that as, you know, detoxification of anybody who's on any drug. Why did you go to such lengths to give us such a very specific and narrow definition of detox? Is it because places that call themselves detox centers can only do that function for alcohol and, I think you said, barbiturates and they can't do heroin? Is that why -- I wasn't certain of why you went to such lengths to explain that.

MR. HOFFMAN:

For clarification, I'm a licensed clinical social worker, not a doctor. However, the reason that I went into it is many people believe that there's a detox for cocaine, or a detox for marijuana, or a detox for sleeping pills, or a detox for LSD. There isn't. There is no medical procedure to remove those people from those substances, because you can just stop them and you won't die. You'll feel bad, but you won't die. Detox is outlined by the Office of Alcohol and Substance Abuse Services as a discreet medical procedure to address three substances. Now, you can be detoxed from heroin, but it is not required of that facility, it is an elective detox, in a way like an elective procedure. Some insurances will pay for it, some Medicaid will pay for it, but it is -- often, parents come to a detox demanding that their child be detoxed from heroin because they went out and used heroin last night. Use of one night does not constitute a detox. Going out and drinking too much one night does not constitute a need for a detox. It is usage over a period of time that has developed a level of tolerance within the body that, therefore, someone needs a detox. Does that help answer your question?

D.P.O. VILORIA-FISHER:

And so you're talking about what insurance will cover and not cover? I mean, is that part of the issue?

MR. HOFFMAN:

Insurance will cover and not cover, and also legality. We cannot admit someone into a hospital detox unit unless they are showing signs of withdrawal, because otherwise we're admitting them under false pretenses. If they're in detox, they have to be showing signs of withdrawal or imminently going into withdrawal.

D.P.O. VILORIA-FISHER:

Okay. Now I understand why you had to define it so carefully, because is it billable to the insurance companies, and can you have an admission.

MR. HOFFMAN:

Yes.

D.P.O. VILORIA-FISHER:

Okay. Thank you.

DR. REYNOLDS:

And does that child need it. Parents call for detox the same as in-patient treatment or something else. So it's also kind of educating parents about when you need detox and when you don't, what's the difference between detox and in-patient rehab, and that kind of thing.

D.P.O. VILORIA-FISHER:

Thank you.

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

Thank you all for compiling this, and I'm eager to read it. And I sat here with Legislator Eddington this morning about the three hours of the bomb dog, and, actually, I perpetuated some long discourse about the firing range. And, you know, what we're looking at in here in many ways, I guess, is probably as lethal as bombs or guns for our young people in particular. I'm eager to look at the report, but I'm also very eager to talk with you and to engage in dialogue with our Health Department about the ways that we deliver support to the drug and alcohol treatment community, and the ways that we subscribe to conventions that I think may no longer be relevant when we attempt to categorize individuals that are addicted, and particularly adolescents. I think we are losing any meaning by trying to categorize treatment for an individual up to age 19, because, as the father of four children between 25 and 34, I don't know that 19 necessarily is a magic cut-off anymore. A 26 or 27 or 28-year-old, post recovery, may be as ill equipped to function and cope and suspect to relapse as what an 18 or 17-year-old was a generation ago. And if we're committing precious resources, I think it's incumbent on us as a governmental planning entity to expand our horizons somewhat, so that our dollars are effective in the methods that we deliver treatment. And that's where you can advise us and help us.

We've got to shake up the mix some, because the conventional silos under which we've always delivered these methods of treatment aren't cutting it anymore. As you pointed out, Dr. O'Shaughnessy and all our ER docs give us the opiate overdose stats that are rising exponentially, and dead children or dead kids increasing doesn't equate to an effective model on our part. So we need to kind of look at this and commend you for the hard work that you've done, but we have to kind of reflect it inwards towards us, too. Because the other thing you pointed out is, is there's costs associated with this, there's no doubt about it, but in the realm of the budget that's allocated next year, it's probably incumbent on us to take a look at what we've committed to at this point and say it's got to be value added. If what we're doing now is not maximizing the effective level of

treatment, then we got to take a step back from it and move to what does work. So that's where I'm happy to hear that your group will stay intact for at least another six to eight months, and, hopefully, may guide us some as we go through this process. I appreciate it. Thank you.

*(*The Following Was Transcribed By Diana Flesher-Court Reporter*)*

DR. REYNOLDS:

You know, one of the recommendations we made relates to the county health centers and implementation of SBIRT those county centers. But another recommendation really focused on and says that over the course of time we've built an addiction delivery system incrementally and added onto it and added onto it. And now might be the time where we take the wholesale look and say, okay, over the course of two or three decades, maybe even more than that, what is that we built? And does it all continue to make sense and how does it work together and are there big gaps in the system, are there redundancies? And certainly the Division does a great job at contract management, but it might make sense just to take a wholesale look and say, you know, from beginning to end, what's here and what do we need and what changes do we need to make as a result of shifts in the demographic or shifts in drug patterns or shifts in the area.

LEG. KENNEDY:

Thank you.

CHAIRPERSON BROWNING:

Okay. You know, it's funny, talking about drug tests, and I was at my doctor's office and the nurses telling me that now some of his patients when they come in, and I believe it's insurance companies, I actually spoke with Dr. Tomarken to find out if we were doing it in our health centers, but, you know, he has patients that come in, some of them are are cash-paying patients, some of them on insurance. And if they are getting prescriptions for Vicodin or Oxycontin, that now they can give them a drug test before he gives them a prescription. I thought that was pretty interesting. I think it's a great idea because there's a fear that obviously we know there's people that go to the doctors, they get that prescription but they're not using it and they're selling it. And, of course, that's the kids who are eventually going on the heroin. So I think we need -- I do see a lot of what you have here will require state legislation. I mean I met with some parents, family members in my district who have lost their family members to heroin. And we talked be a pre-paid cell phone coming up bill. I think I've spoken to you about it. Hopefully that'll be ready for the January vote.

But, again, pharmacies, you go to one pharmacy and you can take a prescription to one pharmacy and you can go to another one and the other pharmacy doesn't know you got a prescription.

DR. REYNOLDS:

And they should.

CHAIRPERSON BROWNING:

And there needs to be a central data base.

DR. REYNOLDS:

Do you know there actually is a central data base?

CHAIRPERSON BROWNING:

Where?

DR. REYNOLDS:

New York State gets funding. It's called the Prescription Drug Monitoring Project. And every state has them. New York State has one. The problem is it's limited to physicians. Pharmacists don't

have access to it. It's only updated on a monthly basis, which means that if I doctor shop and do it pretty quickly within a span of a month, I'm able to get a away it. That's a real easy fix. Update the data base as frequently as you should and give pharmacists access to it. Doctors will say we're getting paid \$7 a visit as it is. We don't have time to hit the data base every time we think something's going awry. Pharmacists should be part of that system.

CHAIRPERSON BROWNING:

Absolutely.

DR. REYNOLDS:

And so there actually is some federal legislation and some state legislation that would open this up to pharmacists and force the state to do the updates that they should. So in a lot of cases we're saying, "Boy, if only we had this data." You know what? We have it. Enhance the data base, increase the access to it while protecting patient privacy and we'll deal with a big piece of this problem.

CHAIRPERSON BROWNING:

I think so. With that any more questions? No? Okay, well, there are no more questions, but I can't thank you enough. This is, as you were talking I'm getting to look through the report. And I think it's great. And, again, I thank you for supporting the Welfare to Work Commission and what we've been doing on the Silver Home issue because I tell you, it joins with this and the need to make sure that we have good recovery homes and safe places for our kids. Because I know they can't always go home as soon as they get out of detox. So we need to make sure that they're being take care of. I know our Commissioner's here. Our RFP is hopefully coming out soon. So I'm looking forward to doing some good stuff and it's all about our kids. Thank you.

DR. REYNOLDS:

Thank you.

MR. ENRIGHT:

May I just make a quick comment, please, if I may?

CHAIRPERSON BROWNING:

I guess, hurry up and come up. But there's a lady by the name of Teri, I did want to ask her if she'd like to come up.

MR. ENRIGHT:

Okay, I'll be very quick. As far as money is concerned, if some of these things -- I'm sorry, it's Phil Enright. As far as money is concerned, if some of these recommendations are implemented, you will get back the money tenfold, tenfold coming from where money is being used now to solve the problem, number one.

Number two, that gentleman, I think it's Mr. Eddington says, "What do we do? How do we do it?" Well, we have 18 Legislators and they each have their own district. If I was a Legislator in my district and people came to me and kids were dying, I'd get these findings and I'd go into my district, I'd consult with the task force and say, "Look, which ones do you want me to do? And I'll go into my district and I'll report back to you once a month as to the progress we're making. We have 18 Legislators. They're good meat and solid people that can go into their own district and be -- almost be responsible for what they do in their districts so we all of a sudden have another army. Thank you very much.

CHAIRPERSON BROWNING:

Thank you, Mr. Enright.

And, Teri, are you still in the room? If you want to stand there. You can go ahead and introduce yourself, your full name.

MS. KROLL:

My name is Teri Kroll. I'm --

CHAIRPERSON BROWNING:

Do you have your hand on the button?

MS. KROLL:

I thought I did. Do I now?

CHAIRPERSON BROWNING:

Hold the mike up so we can hear you better.

MS. KROLL:

Is that better? My name is Teri Kroll. I'm a parent of one of those kids; passed away a year-and-a-half ago. I work with LICADD and PUSH after the fact. Unfortunately I didn't know all of this before the fact. And I read through this while everybody was speaking. And I just have a comment on the parent awareness and getting this into the high schools. It just seems to me that it's not a money issue; it's a no-brainer. It's not a tax issue. But unfortunately parents don't see the -- don't see the need for the awareness. They're in denial. And it just seems to me that in their generation -- I'm 52 years old. I have a lot of parents that said to me when my son was in the throes of recovery and when we found out he was an addict, "Oh, you know, I did drugs when I was younger, but it's not -- it's changed." They don't realize it. So they think a little bit of pot or a little bit of coke is okay and their kids aren't going to get in trouble.

So it just seems to me that if parents are made aware that this is like immunizing your children. Your children go to the doctor when they're born and they get immunized against mumps and measles and chicken pox and everything else. Well they need to be immunized against drug abuse. And the way to do that is by awareness and education. So why not just start with the PTA? It doesn't cost us anything to contact the PTA and work on their emotions. It just seems to me to be a no-brainer.

Timothy was involved with -- my son, was involved with prescription drugs. So I'd just like to speak to that aspect of it also. Prescription drugs are given for pain management. And I don't know maybe I'm a little old school, but a little pain never hurt so everybody should feel a little pain. I don't like that zero to ten scale when you go into the emergency room and they say, "What's your pain scale? We'll manage your pain. What's your pain scale? We'll give you something." "I don't want anything." "Oh, but, Mrs. Carrell, you have to take something." "No, I don't want it because I'm aware, I understand."

People don't ask questions about prescriptions. When Timothy was prescribed the first prescription that led to his addiction, I didn't ask any questions. I thought the doctor was going to handle Timmy's pain, his headaches. I thought that was going to be the answer to our problems. And a year-and-a-half later I found out it wasn't the answer to our problems; it was the crux of our problems.

And finally I would just like to say that when you get a prescription for a controlled substance, you get the prescription from the doctor, you drop off your prescription at the pharmacy. You don't have to pick it up. Anybody can go pick up that prescription. And as I found out since Timmy past away, you sign for the prescription. I thought I was signing because someone's going to say, "Oh,

so who picked up his prescription?" That's not what I'm signing for. I'm signing away my right to understand the ramifications of the prescription if it's not taken properly. So I thank you for listening to me.

D.P.O. VILORIA-FISHER:

Thank you.

CHAIRPERSON BROWNING:

Thank you, Teri. And we're sorry for your loss and we appreciate that you would come and speak out on the issue. So, Jeff and the panel, I want to say thank you very much. And I know we'll be talking some more.

*(*The Following Was Transcribed by Alison Mahoney-Court Reporter*)*

CHAIRPERSON BROWNING:

Okay, **resolution 2015, Directing the Department of Social Services to close the sex offender trailer in Westhampton (Schneiderman)** I know that we are still waiting for something to happen on the sex offender issue with CHI; however, I would like to make a motion to discharge without recommendation.

D.P.O. VILORIA-FISHER:

I'll second that, Madam Chair.

CHAIRPERSON BROWNING:

Do we have a second? All in favor? Opposed?

LEG. KENNEDY:

Madam Chair, hold on. We're on 2015?

D.P.O. VILORIA-FISHER:

Correct.

CHAIRPERSON BROWNING:

2015.

LEG. KENNEDY:

I thought at the last Committee meeting we had heard that we are under litigation at this point regarding that. And as such that it was the recommendation of the Department that we take no action on either of these resolutions.

CHAIRPERSON BROWNING:

Okay. We have two trailers. And, you know, the one -- there are two bills here: One for Riverhead and one for Westhampton.

LEG. KENNEDY:

Okay.

CHAIRPERSON BROWNING:

I mean should we discriminate? The Westhampton one's an overflow one. And I think to be honest with you we need -- the plan to move ahead and close one of those trailers at least, and to do the program that Department of Social Services has been required to do and the time frame has ended, I think, it's appropriate and it would be the right thing to do, to at least move one resolution.

LEG. KENNEDY:

And I appreciate that, Madam Chair, but I may just -- you know, we're at this for six hours now. And maybe I'm not recalling it properly. I see that the Commissioner is here from Social Services. I don't want to beat the dead horse. All I want to do is just ask. Is there a lawsuit in place? And was it the Commissioner or the County Attorney's Office recommendation that we take no action because there's an active suit under way? That's all. Could I pose that question, Madam Chair, to the Commissioner?

CHAIRPERSON BROWNING:

Yes, go ahead.

LEG. KENNEDY:

Sure.

COMMISSIONER BLASS:

With the Chair's permission -- am I coming across? With the Chair's permission, I would remind the Committee that the Westhampton facility was where we placed the trailer that was equipped in accordance with an Administrative Law Judge's decision. And that instigated an action by the Town of Southampton for a temporary restraining order, which was granted after a hearing. The preliminary injunction was granted. And the directive of the injunction according to the language therein was that no no action was to be taken with respect to the trailers beyond what is currently in use, which is to use the smaller trailer as an overflow facility.

So in harmony with the input from the County Attorney's Office the Department is sharing the understanding with the Committee that legislative action to do anything would be very likely contrary to the provisions of the restraining order -- I'm sorry -- with the preliminary injunction. And that is why -- one of the reasons that this was tabled the last time it was brought under consideration.

LEG. KENNEDY:

Okay. Thank you, Madam Chair. And based on the comment, I'm going to have to -- I'll make a motion to table; because to do anything else we're in direct contravention of a court order.

CHAIRPERSON BROWNING:

I think we're just in a constant limbo, and we need to move the other plan ahead. And that's why I said let's -- I feel it's necessary to do something. And, you know, the voucher system, we're not doing it. We know that.

LEG. KENNEDY:

Agreed.

CHAIRPERSON BROWNING:

And the other plan needs to move forward.

LEG. KENNEDY:

Well, but also I think at this point there -- the litigation I don't think will go on forever. And I believe that the Commissioner and/or the County Attorney's Office will advise us -- what do we know? Where is it at this point?

CHAIRPERSON BROWNING:

Okay. Well, I guess we have a motion and a second to table.

LEG. KENNEDY:

Yes.

CHAIRPERSON BROWNING:

And we have a motion to discharge and a second. So I guess tabling takes precedence. We did have -- Jack, we had a motion Legislator Kennedy, second was Legislator Eddington. I guess we'll call -- Ben, did you need to speak?

MR. ZWIRN:

Well, the only thing I would say is that I would agree with Legislator Kennedy, we have to put these people somewhere. And if you close the Westhampton trailer, I mean that was the one that was, as the Commissioner stated, was equipped with the showers and that they -- to comply with the court order. Legislator Romaine's bill was tabled on the floor; Legislator Gregory has a bill that will be in public hearing next week about extending the requirements of, you know, exclusionary requirements of where you could put these things. Interestingly enough CHI, we were looking at an industrial area in Legislator Gregory's district at one time. And now with his new legislation he's proposing, that area where CHI was going to put it will be excluded.

So we're getting mixed messages. It's a very difficult problem. I would ask you to please -- we want to close these trailers, too. Our plan was the voucher plan, was not something the Legislature wanted. We get it. But until we have something else in place, we'd ask you to just, you know -- what is the Department suppose to do? What direction do they go in if they no place to put these people or there's no voucher system? There'd be no trailers. These people are going to have to be placed somewhere.

CHAIRPERSON BROWNING:

Okay, Vivian?

D.P.O. VILORIA-FISHER:

Before we go ahead and vote, I was speaking with Legislator Schneiderman. And you can understand his position.

MR. ZWIRN:

Absolutely.

D.P.O. VILORIA-FISHER:

Both of these being in his district. And his contention was that one of these trailers only has seven people in it and couldn't they all go into one trailer. And, Commissioner, I'm just asking you for the data on this.

COMMISSIONER BLASS:

The trailer at the Riverhead jail parking lot holds eighteen beds. That has been full virtually since the fall; since the beginning of the fall. The trailer at Westhampton holds eight. That's the one that we're allowed to use. The one that has the equipment on it pursuant to the Administrative Law Judge's decision also holds eight but has showers and toiler facilities and whatnot. That use is in suspension because of an injunction from another Judge.

So if you close the one that we're allowed to use, setting aside the complication that might be encountered because of the injunction being violated, you're limiting our capacity to eighteen. And we have been overcapacity at the trailer in Riverhead; therefore, using the one at Westhampton consistently for overflow, the one that we're allowed to use. And if you close that, we are faced with the law that the Legislature in its wisdom shows to enact with regard to motel's management, being required to notify publicly any use of motel rooms by occupancy by any registered sex

offender. So that has served to eliminate most motels. And the Legislature further in its wisdom has chosen to now if it proceeds in this fashion eliminate the overflow, where they already eliminated most motels, if not all of them. And we'll have 18 beds for population that has been consistently above since the beginning of the fall. So we ask the Legislature in its wisdom to share with us what alternatives will be made available? Because we don't know of any. And, again, that's aside from the legal complication of the injunction.

D.P.O. VILORIA-FISHER:

I just wanted to share the information with you about the numbers that were in each trailer because I wasn't certain if I had gotten the correct information.

CHAIRPERSON BROWNING:

I guess we had a motion and a second. Did you get those, Renee?

MS. ORTIZ:

Yes.

D.P.O. VILORIA-FISHER:

I just wanted to ask Counsel a question. An injunction would mean we can't have any action; right?

MR. NOLAN:

Well, I have not seen the injunction so I don't know what it prohibits us from doing. I don't know if it stops us from discontinue use of the trailer. I don't know if somebody else in the County Attorney's Office who has reviewed it can point us to the language in the papers that would indicate we should not close the trailer. Is there some language to that effect in the order?

MR. BROWN:

My understanding is that it maintains status quo.

MR. NOLAN:

Dennis, do you have the papers by any chance?

MR. BROWN:

I do not. I do not. Gail's been actually overseeing it.

MR. NOLAN:

So the Court ordered said that the way you understand it is that we could not discontinue using the trailer?

MR. BROWN:

It stays status quo but that's my understanding. We'll actually have to see the papers ourselves. I could get back to you on that.

D.P.O. VILORIA-FISHER:

You know, Legislator Kennedy, I'm listening to you and I'm listening to the Commissioner. And this is a very difficult position to be in. I was hoping that we could have passed Legislator Romaine's resolution. But the problem with that was that he was anticipating a veto and so it needed 12 votes. So the Legislature in its wisdom did not pass that because of the anticipation of a veto. That would be the way to go which is to go with the CHI plan or whatever other groups are coming in with a plan.

That being said, the motion that was made by the Chair was to discharge without recommendation so that one of these could be before the full Legislature so that the full Legislature can look at what's going on. And I think that it would behoove us to have somebody from the County Attorney's Office come before us with the language of the injunction so that we could be fully apprised of what's going on. And perhaps there could be a movement on the part of the County Executive's side of the street to assure us that we probably don't have to have enough votes to override a veto so that we can accept the CHI plan or whatever other plans are out there to do this so that we can get beyond this impasse.

MR. BROWN:

If I may, Legislator Browning, I'll make sure I get the papers.

D.P.O. VILORIA-FISHER:

I know we look alike but I'm Fisher.

MR. BROWN:

I meant through the Chair. But what I'll do is I'll make sure I get the papers.

CHAIRPERSON BROWNING:

That's okay.

MR. BROWN:

And I'll follow up with George by the end of the week.

CHAIRPERSON BROWNING:

John?

LEG. KENNEDY:

I want to table.

CHAIRPERSON BROWNING:

You still --

LEG. KENNEDY:

I have to say that I'm still --

CHAIRPERSON BROWNING:

Okay, let's call the vote.

LEG. KENNEDY:

Right. The underlying issue is vexing to say the least. And as a matter of fact the anticipation or not of the veto, actually my rationale for going to the motion to table on this is, is much simpler actually to be honest with you. When a Judge says take no action, that's pretty straightforward and simple, until such time as they give an ultimate decision.

As far as where the matter is between an order, an interim order, an appeal or what have you, that much I agree, we don't know. But I have every reason to believe what the Commissioner and what Mr. Brown have said is binding upon our ability to act Legislatively. And that in this case a court really is telling us time out, you can't really take any kind of action other than, you know, until we dispose of it before us. So that's my rationale for a motion to table.

CHAIRPERSON BROWNING:

Okay. So we had a motion and a second. All in favor? Opposed? I'm opposed. Okay. Two opposed. So I guess the motion to table carries. So it's tabled. **(VOTE: 3-2-00. LEGISLATORS BROWNING AND VILORIA-FISHER OPPOSED)**

*(*The Following Was Taken and Transcribed by
Lucia Braaten - Court Reporter*)*

2016 - Directing the Department of Social Services to close the sex offender trailer in Riverside, Town of Southampton (Schneiderman).

D.P.O. VILORIA-FISHER:

Motion to table.

CHAIRPERSON BROWNING:

Motion to table. Second? I guess I'll second it. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 5-0-0-0).**

(2034) - Adopting a Local Law, establishing a Food Police Council for Suffolk County (Schneiderman).

D.P.O. VILORIA-FISHER:

Motion to approve.

MR. NOLAN:

I think the -- it's a public hearing?

CHAIRPERSON BROWNING:

Was the public hearing closed?

D.P.O. VILORIA-FISHER:

Oh, I'm sorry. We still have a public hearing. Sorry.

CHAIRPERSON BROWNING:

Oh. I guess -- so you made a motion to table for a public hearing.

D.P.O. VILORIA-FISHER:

Yes.

CHAIRPERSON BROWNING:

Okay. Motion to table for Public Hearing, Legislator Viloría-Fisher; second, Legislator Eddington. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled for Public Hearing 5-0-0-0)**

INTRODUCTORY RESOLUTIONS

2145 - Adopting a Local Law to regulate the sale of tattoo equipment in Suffolk County (Barraga). I'll make a motion to table for public hearing; second, Legislator Eddington. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled for Public Hearing 5-0-0-0)**

2156 - A Local Law to alert consumers to health risks associated with energy drinks (Nowick). I'll make a motion to table for public hearing; second, Legislator Muratore. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled for Public Hearing 5-0-0-0)**

CHAIRPERSON BROWNING:

2157. And I'm seeing Dominick Ninivaggi is here. Poor guy sitting here. I'm just realizing we have something in front of us for you. **2157 - Approving the Vector Control Plan of the Department of Public Works Division of Vector Control, pursuant to Section C8-4(B)(2) of the Suffolk County Charter (Co. Exec.).** I'll make a motion to approve.

LEG. KENNEDY:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Kennedy. Anybody have any questions for Dominick, since he sat here all this time?

D.P.O. VILORIA-FISHER:

I just --

MR. NINIVAGGI:

I'll be happy to answer any questions you have.

D.P.O. VILORIA-FISHER:

Hi, Dominick. By the way, I thank you for sending over that peer reviewed paper --

CHAIRPERSON BROWNING:

Your mic's not on.

D.P.O. VILORIA-FISHER:

-- that you had put together, and I took a look at it, actually.

MR. NINIVAGGI:

Oh, good.

D.P.O. VILORIA-FISHER:

Yes. Didn't read the whole thing, I just read the Executive summary, because it was a little long. But, Dominick, I just wanted to ask you just a couple of questions regarding the use of larvicide, as opposed to adulticides, and whether we have maintained a level of the use of adulticides? Has it been -- has it dropped? And how do we compare, let's say, with surrounding areas with the use of that?

MR. NINIVAGGI:

Okay. Our use of larvicides has been pretty level over the last year or two. It tends to rise and fall with tidal conditions and rainfall, but that's been pretty steady. The use of adulticides tends to rise and fall with West Nile Virus activity. There's a minimal level as a result of salt marsh mosquitoes in certain areas, particularly Legislator Browning's district.

D.P.O. VILORIA-FISHER:

She gets all the bugs there.

MR. NINIVAGGI:

But we do have -- we had a very high level of West Nile Virus activity in 2010, and the approximately 57,000 acres we treated was about -- was far above what we normally do, about double what we would normally do. But, again, it was like --

D.P.O. VILORIA-FISHER:

How does that compare proportionately with Nassau County, let's say?

MR. NINIVAGGI:

Nassau --

D.P.O. VILORIA-FISHER:

Because I don't think that they have as a robust a larvicide program as we do, do they?

MR. NINIVAGGI:

In general, they have a smaller program, they've got a smaller program in terms of larvicide. They don't do as much work in the salt marsh for larvae. They had a very high level of West Nile activity and a higher level of human involvement than we had. My understanding is the latest number of human cases of West Nile in Suffolk County was 19. The number I'm hearing for Nassau County is about 54. Considering we have about the same number of people in it, the interesting thing is we treated a total of 57,000 acres for adult mosquitoes, mostly in response to West Nile Virus. I don't have their total figures, but I know that they treated 77,000 acres by air in the course of two nights. So they did relative -- they basically ended up having to do very large areas of the county, while we had a more targeted response.

D.P.O. VILORIA-FISHER:

Just so that members of the Committee know, a few years ago, there was a great deal of push-back regarding our Vector Control program, and Dominick really, with a group of other scientists, laid out the case that effective use of larvicide helps us to reduce the adulticides that we have to use. And, as you know, the adulticides are much more virulent and dangerous. And we may be comparing apples and oranges, but it seems to me Suffolk geographically is much larger than Nassau County, and you're saying we used 54 -- we covered 57,000 acres, and in Nassau County, they covered 77,000 acres. And so I'm sure there are other factors involved, but I think, since we made the decision to go ahead with the plan that you had so carefully laid out, we have had to use comparatively fewer or less adulticide because of our wetlands management programs and our larvicide program, and using much less toxic substances.

MR. NINIVAGGI:

You know, our overall program is primarily preventive in nature. When you're spraying for adult mosquitoes, basically, you're reacting to a problem that you would have liked to have prevented. So, yes, prevention works. And you'll never get rid of all the mosquitoes in Suffolk County, nor would you want to, but I think that we're trying to strike a good middle ground in how we run our program.

D.P.O. VILORIA-FISHER:

I wanted to put that on the record, and thank you. And I'm happy to make a motion to approve.

CHAIRPERSON BROWNING:

Okay. So we had a motion to approve and a second, I believe.

MS. ORTIZ:

There's already a motion.

CHAIRPERSON BROWNING:

Yeah, we had the motion.

D.P.O. VILORIA-FISHER:

I made the motion twice, Dominick.

CHAIRPERSON BROWNING:

And we had a second. And, Dominick, I'm hoping you have somebody. I know the last time I called you, you were answering the phone yourself. I'm hoping you have somebody to answer your phones these days.

MR. NINIVAGGI:

We have somebody right now in the Civil Service temporary program. She leaves in a few weeks. I'm hoping that we can hang onto her. I know there is a position in the budget for me in 2011, so, knock on wood, we will continue to have the clerical staff we need to do all the paperwork associated with the job.

CHAIRPERSON BROWNING:

Well, I hope to -- somebody just knocked on the wood for you.

D.P.O. VILORIA-FISHER:

Thank you, Dominick.

CHAIRPERSON BROWNING:

So thank you, Dominick. So we have -- we did have a motion and a second. All in favor? Opposed? Abstentions? It's approved. **(VOTE: Approved 5-0-0-0)**

2163 - Amending the Adopted 2010 Capital Budget and Program and appropriating funds in connection with the Water Quality Model - Phase V (CP 8237) (Co. Exec.). I'll make a motion to approve.

D.P.O. VILORIA-FISHER:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Viloría-Fisher. All in favor? Opposed? Abstentions? It's approved. **(VOTE: Approved 5-0-0-0)**

2195 - Amending the Adopted 2010 Capital Budget and appropriating 100% State Grant Funds from the New York State Department of Health and the Dormitory Authority of the State of New York to the Suffolk County Department of Health Services for construction and renovations for the Mental Health Integration Project (CP 4043) (Co. Exec.).

D.P.O. VILORIA-FISHER:

Motion; Consent Calendar.

CHAIRPERSON BROWNING:

Motion to approve, Legislator Viloría-Fisher, and place on the Consent Calendar; second, Legislator Eddington. All in favor? Opposed? Abstentions? It's approved. **(VOTE: Approved 5-0-0-0)**
2197 - Accepting and appropriating 100% Federal grant funds passed through the New York State Division of Criminal Justice Services to the Department of Health Services for a DNA Burglary Backlog Reduction Initiative (Co. Exec.).

D.P.O. VILORIA-FISHER:

Wow. Same motion.

CHAIRPERSON BROWNING:

Whatever that is. Same motion, same second, same vote. **(VOTE: Approved 5-0-0-0)**

2198 - Amending the 2010 Adopted Operating Budget to accept and appropriate 100% Federal grant funds passed through the New York State Department of Health to the Suffolk County Department of Health Services for the CDC Expanded HIV Testing Program (Co. Exec.).

D.P.O. VILORIA-FISHER:

Same motion.

CHAIRPERSON BROWNING:

Same motion, same second, same vote. **(VOTE: Approved 5-0-0-0)**

2210 - Adopting a Local Law to ban the sale of energy drinks to minors in Suffolk County (Nowick). I'll make a motion to --

MR. NOLAN:

Table.

CHAIRPERSON BROWNING:

-- table, public hearing; second, Legislator Eddington. All in favor? Opposed? Abstentions?

It's tabled. **(VOTE: Tabled 5-0-0-0)**

And I do apologize, that we have Commissioner Blass and Commissioner Tomarken. Do you have anything you would like to report or --

D.P.O. VILORIA-FISHER:

Don't we have two more?

CHAIRPERSON BROWNING:

No. I thought they were tabled -- they're subject to call.

D.P.O. VILORIA-FISHER:

Oh, I'm sorry.

CHAIRPERSON BROWNING:

Subject to call.

COMMISSIONER BLASS:

I just wanted to advise the Committee, Madam Chairman, of a CN. I also want to apologize for the sarcasm of my wisdom remarks. I was -- the issue gets to me sometimes, I apologize for that.

I do have a CN that I asked to be distributed for accepting and appropriating a 100% funded State grant for CPS. This will be submitted on Tuesday. However, if it's the Legislature's pleasure, we could do it by regular process. However, the funds have to be spent by March. And, again, the State was very slow in approving us for this, so that's why it's available now. And it will be used because we are at our peak season for CPS reports since the school year started. That's why we applied for it and we were found eligible. But our stats in CPS still remain very good. We still have almost the exact number of average caseloads per caseworker. Our intake is under control, our overdue reports are very much under control, but this will be very helpful to deal with the spike that we've had.

CHAIRPERSON BROWNING:

Okay. Well, we won't say no to money.

COMMISSIONER BLASS:

Right.

CHAIRPERSON BROWNING:

I appreciate it. Dr. Tomarken, do you have anything you would like to report, comment on?

DR. TOMARKEN:

No.

CHAIRPERSON BROWNING:

No? No questions, I'm assuming. So with that, we make a motion to adjourn; second, Legislator Vilorio-Fisher. So we are adjourned.

*(*The Meeting Was Adjourned at 4:17 p.m. *)*