

**HEALTH COMMITTEE**  
**OF THE**  
**SUFFOLK COUNTY LEGISLATURE**

**Verbatim Transcript**

A regular meeting of the Health 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 Thursday, October 3, 2013 at 2:30 p.m.

**Members Present:**

Legislator William Spencer - Chair  
Legislator Kate Browning - Vice-Chair  
Legislator Rob Calarco  
Legislator John Kennedy

**Members Not Present:**

Legislator Ricardo Montano

**Also In Attendance:**

D.P.O. Wayne Horsley - District #14  
Legislator DuWayne Gregory - District #15  
George Nolan - Counsel to the Legislature  
Sarah Simpson - Counsel's Office/Suffolk County Legislature  
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature  
Craig Freas - Budget Analyst/Legislative Budget Review Office  
Paul Perillie - Aide to Legislator Gregory  
Michael Pitcher - Aide to Presiding Officer  
Tom Vaughn - County Executive Assistant  
Dr. James Tomarken - Commissioner/SC Department of Health Services  
Timothy John - Cornell Cooperative Extension  
Dinah Castro - Cornell Cooperative Extension  
Dr. Zahrine Bajwa - Cornell Cooperative Extension  
Patricia Penna  
Karen Boorschtein - Family Service League  
Jean Carroll - Family Service League  
Donna Altonji - Family Service League  
Gregory L. Noone - Thursday's Child  
Kerry Thomas - Thursday's Child  
Jesica Totino - Long Island Association for AIDS Care  
Harriet Adams - Long Island Association for AIDS Care  
D. Ray Ward - Long Island Association for AIDS Care  
Craig Brennan  
Michael Stoltz - Clubhouse of Suffolk  
Mitch Pally - Long Island Builders Institute  
Pamela Johnston - Victims Information Bureau  
All Other Interested Parties

**Minutes Taken By:**

Lucia Braaten - Court Reporter

**CHAIRMAN SPENCER:**

We're going to go ahead and begin the Health Committee. I'm going to ask all members who are on the Health Committee to come to the horseshoe at this time.

If we could please stand for the Pledge of Allegiance, to be led by Legislator Browning.

*(\*Salutation\*)*

If we could please remain standing so that we can remember those who are again fighting abroad.

Also, we want to remember, this is Breast Cancer Awareness Month, but let's have a moment of silence again for our troops and just those government workers who aren't working at this time.

*(\*Moment of Silence\*)*

You may be seated. So welcome to the Health Committee. And we've had quite a hiatus over the summer, and also with the passing of our Presiding Officer, and we've had some disruption. Today we have a very long committee. I have approximately 16 cards of those wishing to be heard, so we want to give everyone that opportunity. But we also have a lot of appointments. And what we tried to do, out of respect of those who have taken time out of their schedules, who have come here to be approved for appointments, we're going to take them out of order and go to our agenda.

So are there any -- I see Mr. Probeyahn's here. Mr. Probeyahn? Okay. Are there other appointments who are here? You could come forward. All the appointments, if you could come up at this time. And what we'll do is we're going to take your resolutions out of order. And if you wish to remain and stay, that would be fine, but I want to do that.

So I'm going to ask for a motion to take *I.R. 1735* out of order.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Second. All those in favor? Opposed? Abstentions? We have I.R. 1735 before us.

*I.R. 1735 - Appointment Roy Probeyahn as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (County Executive).*

**LEG. BROWNING:**

Motion to approve.

**CHAIRMAN SPENCER:**

Motion to approve. I'll second that motion. Mr. Probeyahn, welcome. Thank you for taking the time and being willing to serve. Is there anything that you would like to say just with regards to your appointment, your desire to serve? If you want to take 30 seconds and say hello, or you don't have to say anything, it's your choice.

**MR. PROBEYAHN:**

Well, thank you for the welcome. And I've been a resident of the County in the Town of Brookhaven for 40 years, and I've been serving this County as a volunteer for over 20 of them, and I'm happy for this appointment.

**CHAIRMAN SPENCER:**

We appreciate your willingness to serve, and we look forward to working with you.

We have a second -- I mean, we have the motion and a second. All those in favor? Opposed? Abstentions? The motion is carried. (**Vote: Approved 3-0-0-2/Not Present: Legislators Montano and Kennedy**)

Mr. Probeyahn, it has to go before the full Legislature, it's out of committee. You do not have to appear, so thank you so much. You don't have to come out to Riverhead on Tuesday. Thank you.

**MR. PROBEYAHN:**

Thank you very much.

**LEG. BROWNING:**

Renee, can I cosponsor, please?

**CHAIRMAN SPENCER:**

Thank you, Roy. Good afternoon. Can you tell me your name, please?

**MR. HALEY:**

Yes. John Haley from Seafield Center.

**CHAIRMAN SPENCER:**

John Haley. Okay. Thank you, John. And I'm just trying to -- 1734. So I'm going to make a motion to take **I.R. 1734** out of order.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Seconded. All those in favor? Opposed? Abstentions? We have the motion before us. This is **approving the appointment of John Haley as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (County Executive)**. Do I have to say that every time? Same motion, same second. All right.

Mr. Haley, would you, please -- would you like to have a few words of greetings, or share with us why you're interested in serving?

**MR. HALEY:**

Just, you know, being at Seafield for 28 years now, I've been working in substance abuse treatment all of my professional life. And the individuals who serve on the Board with me, it's been a great experience. I've been appointed -- I think this is my fourth time, and they do great work and they're great people. So it's just an honor to be on the Board, and I'm happy to give my time.

**CHAIRMAN SPENCER:**

This is your fourth time serving on this Board?

**MR. HALEY:**

I've been on this Board since it started, so I'm not sure how --

**CHAIRMAN SPENCER:**

These are -- these are reappointments, so we have them down as appointments. So I just want to

check that. I see that --

**MR. NOLAN:**

They were amended.

**CHAIRMAN SPENCER:**

They were amended?

**MR. NOLAN:**

They were amended.

**CHAIRMAN SPENCER:**

Okay, they were amended. All right. You didn't have to come, but we're glad that you did.

**MR. HALEY:**

I got called three times to make sure I was here.

*(\*Laughter\*)*

**CHAIRMAN SPENCER:**

I think in the legislation it was down as an appointment, all initial appointments, but I do appreciate you coming. I'm sorry that you had to take the time out. But it's always nice to see and know that you're out there working and helping us out. Thank you.

**MR. HALEY:**

Thank you.

**CHAIRMAN SPENCER:**

The motion and the second. All those in favor? Opposed? Abstentions? The motion carries. Congratulations.

**LEG. BROWNING:**

Cosponsor, Renee.

**CHAIRMAN SPENCER:**

You do not have to come on Tuesday. Thank you.

**MR. HALEY:**

Riverhead is closer for me.

**LEG. BROWNING:**

Yes, it is.

**CHAIRMAN SPENCER:**

Oh, gosh. Well, thank you.

**LEG. BROWNING:**

Renee, cosponsor, please.

**CHAIRMAN SPENCER:**

Hello, sir. How are you?

**MR. PIGOTT:**

Good afternoon, Legislator. Dr. Spencer, how are you, sir?

**CHAIRMAN SPENCER:**

I'm very good, thanks. Could you tell us your name and what your --

**MR. PIGOTT:**

I'm Gregson Pigott. I'm with the Suffolk County Department of Health Services.

**CHAIRMAN SPENCER:**

I know who you are very well. Thank you for telling us. And you're *I.R. 1743 (Approving the appointment of Gregson Pigott as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec).* And I'm going to make a motion to take 1743 out of order.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Second, all right. All those in favor? Opposed? Abstentions? The motion is before us. And I make a motion to approve. May I have a second?

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco. Mr. Pigott, hello. You're an appointment. You did have to appear, right?

**MR. PIGOTT:**

Yeah, this is my first time on this Board.

**CHAIRMAN SPENCER:**

Okay. Well, thank you. Would you like to give us a few words of greetings or just what your intent is and your interest?

**MR. PIGOTT:**

I'd say since August of 2011 I have been a clinician at the Huntington Methadone Clinic, so I think in that role I've seen a lot in the substance abuse field, and I think I have something to contribute to this Board.

**CHAIRMAN SPENCER:**

I believe you do, too. Your reputation is well-known. Your work has really benefitted Suffolk County for a long time, and we are very fortunate to have you. Thank you.

We have the motion, the second. All those in favor? Opposed? Abstentions? The motion is approved. *(Vote: Approved 3-0-0-2/Not Present: Legislator Kennedy and Legislator Montano)*

Thank you again. Does he have to appear as a new appointment?

**MR. NOLAN:**

You do not have to appear on Tuesday in Riverhead. Thank you, Mr. Pigott, appreciate it. Good morning, or good afternoon.

**MS. EPIFANIA:**

Good afternoon. Christine Epifania from Alternatives Counseling Services.

**CHAIRMAN SPENCER:**

Okay. Christina, I see you are I.R. 1740 *(Approving the appointment of Christine Epifania as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec))*. I'd like to make a motion take that out of order.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco. All those favor? Opposed? Abstentions? We have it before us. And I would like to make a motion to approve.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Seconded, okay. Ms. Epifania, would you like to say hello?

**MS. EPIFANIA:**

Hello.

**CHAIRMAN SPENCER:**

Hello.

**MS. EPIFANIA:**

I appreciate being appointed to this Board, and look forward to particularly bringing the issues of the East End of Long Island here. Alternatives has been there for 40 years, I haven't, and I look forward to serving with all of my colleagues and yourselves.

**CHAIRMAN SPENCER:**

Well, you give us some geographic diversity. It would have been easier for you to appear in Riverhead.

**MS. EPIFANIA:**

I realize that.

*(\*Laughter\*)*

**CHAIRMAN SPENCER:**

You still have to come in for the committee, and I appreciate you taking the time.

And with that, I'd like to move on the motion. All those in favor? Opposed? Abstentions? That motion is carried. *(Vote: Approved 3-0-0-2/Not Present: Legislator Kennedy and Legislator Montano)*

Congratulations. Thank you.

**MS. EPIFANIA:**

Thank you.

**MS. GARCIA-MARMO:**

Good afternoon. Elba Garcia-Marmo.

**CHAIRMAN SPENCER:**

Elba Garcia. Your resolution is I.R. 1742 (*Approving the appointment of Elba Garcia-Marmo as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec)*). I'd like to make a motion to take it out of order.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Seconded by Legislator Browning. All those in favor? Opposed? Abstentions? It's out of order. We have it before us.

Motion to approve by -- and seconded by Legislator Browning. Good afternoon.

**MS. GARCIA-MARMO:**

Good afternoon.

**CHAIRMAN SPENCER:**

Would you like to make a statement?

**MS. GARCIA-MARMO:**

Certainly. I would like to thank the Board for this nomination to sit on the Board as a -- as the Director of Suffolk Task, which works with the individuals involved in the Criminal Justice System, and who have a substance abuse disorder, and also co-occurring disorder. I believe I have the qualities that you are looking for to assist you.

**CHAIRMAN SPENCER:**

Well, thank you, especially you being someone willing to volunteer your free time, which is so precious, to kind of help for the greater good of our County and community. We appreciate your willingness.

With that, with the motion to approve and seconded, all those in favor? Opposed? Abstention? Congratulations.

**MS. GARCIA-MARMO:**

Thank you.

**CHAIRMAN SPENCER:**

The motion carries. All right. Hello.

**MS. ECONOMOPOULOS:**

Hello. Elaine Economopoulos.

**CHAIRMAN SPENCER:**

Let's see. Elaine. 1741 (*Approving the appointment of Elaine Economopoulos as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec)*). I'd like to make a motion to take 1741 out of order.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second, Legislator Calarco. All those in favor? Opposed? Abstention? We have the motion before us. I would like to make a motion to approve.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Seconded by Legislator Calarco. Would you like to say a few words?

**MS. ECONOMOPOULOS:**

I simply want to say thank you. I still consider it an honor. It is a reappointment for me. I have been serving for the past 8 years and I couldn't be prouder than to represent the stakeholders in my field.

**CHAIRMAN SPENCER:**

Well, again, you've done that well, and thank you for continuing to serve. Thank you.

All those in favor? Opposed? Abstention? The motion carries. Congratulations. **(Vote: Approved 3-0-0-2/Not Present: Legislator Kennedy and Legislator Montano)**

**CHAIRMAN SPENCER:**

And last, but certainly not least.

**MS. CAREY-SHAW:**

Barbara Carey-Shaw, and I work at IGHL.

**CHAIRMAN SPENCER:**

Okay, Barbara. I'd like to take IR 1736 --

**MR. NOLAN:**

Thirty-seven.

**CHAIRMAN SPENCER:**

Oh, 1737. Oh, the other one. 1736 is another Barbara. Okay. **1737(Approving the appointment of Barbara Carey-Shaw as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec)** out of order; seconded by Legislator Browning. All those in favor? Opposed? Abstentions? I'd like to ask for a motion to approve; seconded, Legislator Browning. The floor is yours.

**MS. CAREY-SHAW:**

I just want to say I also am honored to serve on the Board. I've been working the field of developmental disabilities for 30 years and it is my honor to continue to serve. So thank you for the appointment.

**CHAIRMAN SPENCER:**

It is our honor to have you, and thank you. And with that, all those in favor? Opposed? Abstention? The motion carries. Again, congratulations. **(Vote: Approved 3-0-0-2/Not**

**Present:** *Legislator Kennedy and Legislator Montano).*

**MS. CAREY-SHAW:**

Thank you.

**CHAIRMAN SPENCER:**

Thank you to all the appointments. Again, I'm glad we were able to kind of get you taken care of, and we look forward to your service.

Going back we are now at the public comment, and with correspondence before the public comments. And we'll ask the Commissioner and also the Administration to comment on these, but we have been getting -- Legislator Browning has passed on to the Health Committee several pieces of correspondence that have come from Foley Nursing Home residents who have written with regards to various concerns, and reaching out to us, and we have -- we have those e-mails that are being distributed to the members of the Health Committee. And I'm going to ask Tom if -- Mr. Vaughn, later on, we'll come back to this, but we did want to comment on -- we were supposed to be setting up through the Health Department kind of an agency to assist constituents with regards to just health care issues and placement issues. And with this, if you could just give us a brief -- or you could tell us -- you can get back to me what the status is on that. Actually, if you want to do that now, that's fine.

**MR. VAUGHN:**

I'll get back to you on that, Legislator.

**CHAIRMAN SPENCER:**

Thank you. Is Commissioner Tomarken with us yet? The Commissioner will be here. Okay, I'll get to the Commissioner. Thank you, Tom, I appreciate it.

So our first card -- and again we have 16. So what we're going to do, just for those who have never had a chance to testify or give a statement, we have a three-minute time limit, and that's just to allow everyone an opportunity to speak. I know that there are a lot of contract agencies who are here with -- who provide health services, and who are looking at the budget and who have concerns, and there will be a Health Committee budget hearing. The Legislators will be again putting in our kind of response to the budget, and some of these things will be addressed. So I know we're going to start that process today, but you will have another opportunity, and we do have our Legislative Budget Review underway.

So first speaker is Patricia Penna, who's representing herself, and the topic, "upstep". Hello.

**MS. PENNA:**

Good afternoon. I'm just going to read a statement that I've written and get it over quickly.

**CHAIRMAN SPENCER:**

Push the button, please, and just turn on your mic and it will stay on when she pushes it.

**MS. PENNA:**

Sorry about that. Okay. I'm currently a Public Health Nurse for Suffolk County. I started in this position June 3rd, 2013. I was previously a Medical Services Specialist for Department of Social Services. I am part of the group of nurses that pursued for over three years the upstep that former Commissioner Blass agreed should have been implemented in July of 2010. Thanks to the tenaciousness of my colleague, Ellen Dougherty, a nurse who spoke here previously on behalf of the Medical Services Specialist and the assistance of this Legislature, the upstep was granted in an MOA dated July 16th, 2013, effective July 1st, 2013. My name was listed on the MOA, but I did not get

the upstep. Agreed, I am no longer an MSS. However, I ask you to recall that this upstep was supposed to have been implemented in July 2010. Had it been implemented at that time, I would have received the upstep.

We had been told that we would not -- that we would get the upstep when the MSS starting position was upstepped, but we did not. Former Commissioner Blass was surprised to hear this. He told us he thought we had -- excuse me -- already received the upstep. He suggested we pursue the position -- the issue with the union. We pursued it with the union for about three years with no resolution, much frustration, and a lot of time passing.

When the MOA was finally being written up, Ellen Dougherty advised Mr. Finland, Vice President of AME, that I was moving to Health Services. He said to let the MOA go through, and if there are any problems, it would be dealt with later. Well, later has come and I cannot get Mr. Finland to speak to me. I have called him many times on his cell phone, at the AME Office, I have texted him and emailed him. He had an assistant call me, and while she truly seemed sympathetic, she does not seem to have full understanding of the grade step system. She said she spoke with the union attorney and was told that he didn't know if I would be entitled to the upstep and she seemed to be leaving it at that.

I've spoken to both Legislator Cilmi and Legislator Calarco about this issue and they suggested I come here before the Legislature today. Legislator Cilmi spoke with Jen McNamara, Acting Director of the Office of Labor Relations, on my behalf and she said that the MOA was written in a way that did not entitle me to the upstep. I believe she told Legislator Cilmi that had the MOA been written differently, I could have been included and received the upstep with the group in July. I communicated this information to Legislator Calarco and he seems to believe that an additional MOA may be written that could entitle me to the upstep.

Ellen Dougherty told me she had written a thank you letter to the Legislature, and that she advised and had written that I had not gotten the upstep. She told me that she received from Legislator Kennedy a copy of a letter he had written to Ms. McNamara on my behalf, but I don't know if he received a response at this time.

**LEG. KENNEDY:**

No.

**MS. PENNA:**

No. Since I have been unable to have a conversation with Mr. Finland, I contacted President of the AME, Mr. Farrell. I was finally able to speak with him yesterday. I told him about the conversations I had had with Legislator Calarco and Legislator Cilmi, and I also advised him that Legislator Kennedy had written a letter on my behalf to Ms. McNamara. He stated that he would speak with Ms. McNamara about the possibility of writing a new MOA that would entitle me to the upstep, and he asked me to call him Friday, tomorrow, to see what she would say about that.

**CHAIRMAN SPENCER:**

I'm sorry to cut you off. Your three minutes is up. I do have a question for you. How many people fell into that situation? I saw the letter.

**MS. PENNA:**

That didn't get?

**CHAIRMAN SPENCER:**

That didn't get it. You're the only one, okay. Well, that's something that we should be able to address. And, you know, it is something that you -- you're right, later has come. And as we were

dealing with the entire issue, we appreciate the -- we were able to facilitate that, and we will reach out on your behalf.

**MS. PENNA:**

Thank you so much.

**CHAIRMAN SPENCER:**

You're welcome. Thank you.

**MS. PENNA:**

Appreciate it. Thank you.

**CHAIRMAN SPENCER:**

Next speaker is -- let's see. Oh, Ms. Boorshtein. Hi. Thank you. Family Service League. Okay.

**MS. BOORSHTEIN:**

Good afternoon. I'm Karen Boorshtein, President and CEO of Family Service League. And thank you for giving me the opportunity today to tell you how critically important funding is to us and the clients we serve who represent all 18 Legislative districts.

In today's tough and terribly challenging economic times, not-for-profits need the Legislature's help more than ever. People who never thought they would need assistance are reaching out to us for help. Indeed, the faces of clients have changed and continue to change. Whether it's for assistance, for emergency services, to increase mental health needs, substance abuse, people are hurting and we are finding ourselves in some of the most stressful times that human service organizations face.

The proposed budget by the County Executive eliminates \$40,000 from our mental health services. No one needs to remind you that given the mass tragedies we've all seen on the news, now is not the time to cut back on mental health treatment. FSL operates five mental health clinics throughout Suffolk County, from Bay Shore out through Westhampton Beach. A cut of \$40,000 will translate into 400 fewer therapy sessions or medication monitoring visits with our psychiatrist. We simply cannot afford to reduce mental health.

Please don't allow the budget to be balanced on the backs of some of the most vulnerable residents. Untreated mental illness can have devastating effects for an individual, family and a community. Untreated mental illness can lead to job loss, unneeded emergency room visits, and hospitalizations, and much more.

One of the additional programs offered under our umbrella of behavioral health is our suicide post-vention program called Joe's Project, where staff respond onsite within a few hours when there's been a suicide. Staff-mobilized teams provide information, counseling and ongoing subsidized counseling to families. In this year alone, to date, we provide and responded to 21 suicides in 16 different towns across Suffolk County, and also providing subsidized counseling for 11 families, totaling 40 people.

This initiative has been supported by a number -- for a number of years by the Legislature. Most recently, late Presiding Officer Bill Lindsay championed this effort, and I'm well aware that most of you around the horseshoe have been supportive of this program as well. Thirty-five thousand dollars will restore this initiative. So all of this funding is needed to help us so we don't have to turn people away who truly need our help. Without your help, we'll not be able to continue our suicide prevention program to help families in the wake of a loved one taking their own life, or to help someone who has mental illness to get the proper clinical treatment they must have in order to

remain stable. Thank you.

**CHAIRMAN SPENCER:**

Karen, thank you. And I -- members of the Board, former Legislator Jon Cooper has also reached out to us, and we'll be working with this. We have a longstanding relationship that we go through this process every year. You know, your reputation of your organization and your personal reputation does carry a lot of weight, and, you know, we'll be working with you.

**MS. BOORSHEIN:**

Thank you.

**CHAIRMAN SPENCER:**

Thank you.

**MS. BOORSHEIN:**

Thank you.

**CHAIRMAN SPENCER:**

Our next card is John Carroll, also Family Service League -- Jean Carroll. Jean Carroll, okay.

**MS. CARROLL:**

Good afternoon. I respectfully request that the funds for Joe's Project be restored to the budget.

On June 14th, 2009, I lost my son to suicide. It was an unimaginable tragedy to my family. Following his suicide, I sought help from professionals. I have a good health plan, and my husband and I both work, and we were unable to obtain any help for myself, for my sons, for my family. All of the agencies that we called, we were wait-listed on, and I called everyone in my GHI book and couldn't find any help. I called the church, I called everyone I could think of, and I just couldn't find help.

I did something I'm not proud of. I got very depressed one night and I, too, took a gun and held it to my head because I felt so hopeless and so alone. And at that moment I remembered the Suffolk County police officer that had come to my home, that had closed my son's case and told me about Joe's Project. I went and got the postcard that he left and immediately called Joe's Project. I was crying on the phone, but I was immediately connected with a counselor. The counselor knew what to say, when to speak, when to listen. She convinced me to put the gun down and that there would be hope. Within 24 hours, Joe's Project representatives were at my home. There were two counselors, and they told me that they would help me through this. I was living minute to minute, hour to hour. I didn't know how I was going to get through it, but they gave me hope.

Joe's Project saved my life. Joe's Project helped me to become the person I am today. And I thank you for supporting the project in the past, because without them, I wouldn't be here. Joe's project helped me get back on my feet. They gave my family the counseling that they needed. They gave me the support that I needed to return to work, to become a respectable member of society again. They taught me how to be a mom again. They were there for me 24 hours, seven days a week.

When I returned to work as a schoolteacher, my counselor offered to get up at 5:30 in the morning and make the trip with me. One weekend my family was away and my counselor said, "What are you going to do without your husband home? What are you going to do when you wake up in the middle of the night?" I said, "I don't have a plan." She said, "You can call us 24 hours."

Thanks to Joe's Project, my two boys' lives weren't destroyed. My 17-year-old son -- my

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15-year-old son at the time went on to Smithtown and formed an anti-bullying program to help the Town. He's now a junior at UVA College. None of this would have been possible without Joe's Project.

My oldest son was so inspired by Joe's Project that he is now majoring at Stony Brook in social work to help other individuals cope with things that we've endured.

I want to thank you in the past for your support with Joe's Project. I hope that no mother, no family has to go through what I went through. But in the event they do, I pray that Joe's Project will be around to help them. Thank you.

**CHAIRMAN SPENCER:**

Jean, we're going to do everything we can. I see you're having a lot of pain.

**MS. CARROLL:**

Thank you.

*(\*Applause\*)*

**CHAIRMAN SPENCER:**

Donna Altonji. You're next.

**MS. ALTONJI:**

Hi. Good afternoon. That's going to be very difficult to follow. I'm also with Family Service League, and I'm also here to represent Joe's Project.

And I want to give you another family's life story, which just drastically changed a few months ago when a woman, who took her ten-year-old daughter into the city to see Miss America, got a call on the train saying that her husband had taken his own life. He had hung himself in the garage, and her seven-year-old Down Syndrome son is the one who found him.

So, when I went to her house, we spoke, and a tremendous amount of self-blame, what if, why, what should we have done, what should we have done differently, how could he have? And that's a common thread in every home we go to. Post-vention is prevention. So, when we go to these homes and we work on how do you get through this, we're also making sure that the people who are going through it are safe.

When I have a little seven-year-old Down Syndrome boy take me by the hand in his garage and say, "Daddy hanging," and you don't know how -- what he knows, what he doesn't know. You only hope he can forget, but he keeps bringing it up five months later. When you have ten-year-old girl who doesn't know that's how her father died, and you work with the mom to teach her how to tell this youngster that her father took her own life -- his own life. That's what we do. We offer support at a very core level. It's the best social work I've ever done in my life. It's the most important social work I've ever done in my life.

This same family, the mom took her son off the school bus yesterday, and it's a special needs bus, so there's an aide and a driver, and the bus driver, she said, got off the bus with her son, and her first reaction was, "Oh, no, who did he bite, who did he hit?" And she got off the bus to say, "I just wanted you to know, he was talking about his dad and saying, 'My daddy died.'" And the mom said, "I really felt the need to tell the driver what had happened in case he mentions the hanging part." So she said to the driver, "He saw his father in the garage hanging," and the bus driver turned around and said, "I found my father in the garage hanging last year."

It is a public health crisis right now, and Joe's Project is doing whatever we can. In social work, there's a "Think Globally, Act Locally" slogan and that's what we're doing. We're trying to make the difference here where we live in our communities, and I respectfully request that you reinstate the funding for it. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Really, extremely just profound testimony. And, you know, it's definitely -- we hear you. Kerry Thomas, representing Thursday's Child.

**MR. THOMAS:**

Good afternoon. My name is Kerry Thomas and I'm from Thursday's Child. I wanted to acknowledge Family Service League. We work with them on a regular basis to coordinate services. We refer back and forth to the agency. I am well aware of the important work that they do.

I'm here today to plead with the Legislature to restore funding to Thursday's Child in support of its mission to develop, to coordinate and to provide services to people living with HIV and AIDS. The AIDS epidemic has changed, but AIDS -- although AIDS is no longer a visible crisis or a death sentence, it has become a hidden issue, but it's still a serious issue. It is a life-threatening condition. For those who live with this disease, they live with a daily medication regimen that can be very challenging. With the latest -- even with the latest advancements in treatment, some people do not respond well. There are often severe short-term and long-term side effects to these drugs that must be taken for the rest of one's life.

Many people have difficulty accessing their lifesaving HIV care. As a supportive service agency, Thursday's Child helps many of our Suffolk County residents living with HIV gain or maintain their access to medical care. Providing this supportive assistance to our community is the right thing to do. It's a moral imperative. We know this. We know you in the Legislature know this. I want to give you some points of information in order to help you make the case in order to restore our funding.

We understand that times are tough financially, but I want you to be aware that Suffolk County, everyone in Suffolk County is a stakeholder in this issue. In some communities the rate of HIV transmission has been increasing due to the prevalence of those living with the disease. The seriousness of AIDS has fallen off the radar in some cases and many have become complacent, so we're seeing infections rise in some communities.

When Thursday's Child does community outreach, we are out there to raise awareness. We speak to communities who are at risk to provide this health literacy on a regular basis with the goal to link those who are HIV-positive, but unaware of their status to care, as well as assist those who are at risk of HIV infection stay disease free. Risk reduction counseling and linkage to care are key for stemming the tide of the epidemic. We have hope that the next generation can be an AIDS-free generation. The fight against AIDS has come so far, but it's not over, and it is not time to pull out the resources.

The best research in the field projects a mathematical model for the end of HIV and AIDS, which can be achieved by early identification and treatment of the disease. The original paper from researchers at Johns Hopkins University concluded that for every 100 persons identified and made aware of their HIV status, at least eight new infections are avoided.

Let's be clear about the public health benefit here. Fifty percent of all new HIV infections are the result of one in five HIV-positive individuals who are unaware of their status. Once someone is in effective HIV treatment, they are 96% less likely to pass the virus on to someone else.

So I know I'm out of time, but I want to thank you for your support. Suffolk County can't afford to cut this important service, so I thank you very much for your support.

**CHAIRMAN SPENCER:**

Kerry, thank you for your selfless work. Legislator Gregory has a question for you.

**LEG. GREGORY:**

And I promise I'll be quick. I'm just curious because I don't know the statistics. For those that know that they're infected, how many of those go on for treatment?

**MR. THOMAS:**

There's different numbers nationally than statewide. I believe we have better numbers statewide, because, historically, New York State has put a fair amount of resources into the issue. I believe nationally it's about only one in four individuals who are on treatment. For the State, I think it's about one-third, or maybe about 40%, getting closer to 50%. There's a lot of people who are out of -- out of care. They may --

**LEG. GREGORY:**

That knowingly -- not those that are infected, that they don't know they're infected, but those that know that they have contracted the disease have gone on to treatment. I imagine it's not 100%, but what is that percentage?

**MR. THOMAS:**

I'll look up the numbers to be sure, but I'm pretty sure those who are aware of their status, but not on treatment. I would want to look at the numbers as far as those who are intentionally not on treatment, as per their doctor's plan, and those who are out of treatment because they're not compliant. I would have to look up that information.

**LEG. GREGORY:**

Okay. I was just curious. Thank you.

**MR. THOMAS:**

Thanks.

**CHAIRMAN SPENCER:**

Legislator Kennedy has also a question of Kerry.

**LEG. KENNEDY:**

Kerry, thank you for the visit to my office, you and Greg, and you do great work. My question is simple. If you're not there, where else will the people that you serve, your clients, where else would they get what Thursday's Child gives them?

**MR. THOMAS:**

Well, also, thank you for your time meeting with us. We appreciate this discussion, because it's a very important issue. And, honestly, I'm not sure where they would go. We're the only supportive service -- supportive service agency dealing solely with the issue of HIV and AIDS.

**LEG. KENNEDY:**

Now, wait, wait, wait. You know I'm hard of hearing, so say that for me one more time.

**MR. THOMAS:**

We are the only agency in Suffolk County that solely deals with the issue of HIV and AIDS as a supportive service agency.

**LEG. KENNEDY:**

Thank you very much.

**MR. THOMAS:**

Thanks.

**LEG. KENNEDY:**

Thank you for being here.

**MR. THOMAS:**

Thank you.

**CHAIRMAN SPENCER:**

Thank you, Kerry. I have Jessica Totino, also speaking with regards to Long Island Association for AIDS care. And Harriet Adams and D. Ray Ward are on deck with the same topic.

**MS. TOTINO:**

Good afternoon. My name is Jessica Totino, and, as Dr. Spencer stated, I am representing the Long Island Association for AIDS Care. I am the Director of Client Services there. And I, too, am here speaking in response to proposed budget cuts.

LIAAC houses a number of life-enhancing services, including an HIV information hotline, and a program that was introduced last year that targets college students in Suffolk County, and has made almost 500 students aware of their HIV status through rapid HIV technology -- testing -- excuse me -- technology, and provides these students with education and harm-reduction techniques so that they may continue to protect themselves and others from HIV transmission.

Suffolk County funds both of the aforementioned programs, and without continued funding in 2014, LIAAC's ability to deliver these services would be severely impacted. For the past two decades our hotline has served as the entry point for all of LIAAC's direct services and prevention initiatives. In 2012, approximately 5,000 members of the Suffolk County community called our hotline to receive assistance with various psychosocial needs. It is through our toll-free hotline that we are able to ensure that Suffolk County community members and clients alike are directly linked to a wide range of social services, health and HIV-related services. These callers receive linkages to internal programs such as HIV testing, education, nutritional services, and other STI testing, as well as to external providers. LIAAC subscribes heavily to the "No Wrong Door" policy, guaranteeing that each caller that passes through our hotline is provided access to all services that they are entitled to.

Our hotline staff has in-depth knowledge of HIV-related housing, transportation, medical and mental health care, nutrition, legal and education resources in Suffolk County, as well as the intake procedures for these providers, so that we may be easily -- so that we may easily refer the callers to the most appropriate agency. Without funding, the hotline would collapse and Suffolk residents would no longer have access to this vital service.

Additionally, the hotline serves as a resource for the residents of Suffolk County when they are experiencing a crisis situation, as all hotline staff is trained in crisis intervention, including suicide prevention techniques.

LIAAC's hotline truly serves as a safety net for Suffolk County residents, which becomes especially important during these uncertain times. As individuals struggle to regain their financial independence, LIAAC's hotline has seen an influx of calls from Suffolk residents requesting assistance obtaining basic necessities such as medical insurance, housing and food. Without the

availability of our toll-free hotline, Suffolk County residents would not be able to receive the support and assistance provided by the hotline that empower them to overcome any barriers they may be facing.

I respectfully request the LIAAC's funding be restored so that we may make certain that all of Suffolk is able to maintain the quality of life that they are entitled to. Without funding through Suffolk County, thousands of Suffolk County residents would be denied the vital programs and services that we were once able to offer. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Now just -- I'm going to ask you one quick question, and this goes back to Kerry. Just so that we can make sure that we're clarified, because Legislator Kennedy just said, "Kerry, are you the only agency that provides HIV support services?" Now I just need, just so that -- I can see that Thursday's Child and the Long Island Association both have budget issues. So just if you could distinguish the two agencies. I know you're the hotline, but, you know -- and just for the record, because this is also being broadcast. We hear, "We're the only agency that does this," and then the next speaker is a different agency that does HIV and AIDS support. I think I know the difference, but I'd like to hear it from you and even perhaps Kerry to just distinguish between your two organizations.

**MS. TOTINO:**

Sure. You know, I will speak on behalf of LIAAC and our services. I don't want to, you know, speak for somebody else's agency.

So at LIAAC we provide a multitude of services for HIV-positive, as well as the chronically ill. We offer HIV case management. We offer HIV, Hepatitis C and STI testing. We offer education for providers, general community, and the residents of various facilities such as treatment facilities or mental health facilities. We do a -- we have a curriculum that is HIV centric. However, it does touch upon other areas that are closely tied with HIV, such as drug use and Hepatitis A, B, C, so on and so forth. We have a Medicaid care coordination program, which actually Harriet is the direct oversight of, so I don't want to misspeak. I'm sure she can speak more about it. We also have a mobile testing unit that goes out and does rapid Hepatitis C and HIV testing, in addition to the hotline, which I have spoken at, you know, length about today, so --

**CHAIRMAN SPENCER:**

Now, do you guys -- when I look at the two agencies, and again, I'm looking to fight for you, okay?

**MS. TOTINO:**

Thank you.

**CHAIRMAN SPENCER:**

So let me just preface that, I'm looking to fight for you. Do you guys talk? Do you communicate? Do you differ geographically? I mean, there's got to be some -- what's the -- do you share overhead costs? What's the connection?

**MS. TOTINO:**

We do work as --

**MR. NOONE:**

We have a different mission. We're absolutely --

**LEG. KENNEDY:**

You got to come up. Come on up.

**MR. NOONE:**

I would absolutely speak in favor for LIAAC and --

**MS. ORTIZ:**

We need you on the record. You need to be on the microphone.

**LEG. GREGORY:**

Certainly. Greg Noone, Program Manager for Thursday's Child. I absolutely speak in favor of restoring LIAAC's hotline funding, as it is one of our most important resources for referral and information services for people with HIV and AIDS. When we speak to Thursday's Child being the only AIDS service organization dedicated, it is only dedicated to serving only this targeted population. LIAAC is a sister agency and we've worked well together for much of the past 24 years, working very much in tandem for a joint purpose. However, this is -- we only serve this population. That is Thursday's Child's only mission statement, that is very simple and direct, to coordinate, to provide services to people living with HIV and AIDS on Long Island. That is our only mission and reason of existence.

**CHAIRMAN SPENCER:**

Well, what you both do is very important. And, again, I'm looking for ways to support you, not to -- you know, so I just wanted to just make sure that I clarified that briefly. So thank you. Thank you, both.

**MR. NOONE:**

And I would back up there, and I'd hope that LIAAC's funding is absolutely restored.

**CHAIRMAN SPENCER:**

Thank you very much. Harriet Adams.

**MS. ADAMS:**

Yes, sir. So, in continuing with the conversation, my name is Harriet Gourdine Adams. I serve as the Chief Officer for Care Coordination at Long Island Association for AIDS care.

We have been the recipient of this funding for over 20 years, and LIAAC has been privileged to serve the residents of Suffolk County since 1986. This funding is essential for the support of our agency hotline. Suffolk County callers access all programs and services through our toll-free telephone number funded by Suffolk County budget.

The hotline staff provides, as Jessica already stated, over -- support for over 5,000 community callers. The staff is trained for crisis intervention, extensively educated to provide information on HIV and other sexually transmitted infections, crisis counseling and suicide prevention awareness.

Recently an agency called our hotline when a blood donor learned that they were HIV-positive. It was through our reputation in the County and established agency collaborations that referrals and linkages to medical care were provided. It was seamless. Without this funding, the hotline will not be staffed. Please consider reinstating the budget. Thank you.

**CHAIRMAN SPENCER:**

Very strong and direct. Thank you, Ms. Adams, appreciate it. And it looks like Mr. Ward is going to continue the dialogue.

**MR. WARD:**

Yes. My name is Ray Ward. I'm the Chief Program Officer of Long Island Association for AIDS

Care.

As you heard, that we have been the hotline, and the education service program has been in existence for over 20 years. And we do see a lot of clients who call in for services. And the hotline essentially has become or is a lifeline that Suffolk County residents use to access services. And, you know, so this hotline actually helps with the health care disparities that exist among residents in Suffolk County. And the education program, it helps to ensure that people have better outcomes as far as their health is concerned. And it's essential that LIAAC's funding is restored so that residents can continue to use the hotline and rely on all the other services that they can get access to and have this as a lifeline. And so that's why I'm here today to ask you to restore our funding. Thank you very much.

**LEG. KENNEDY:**

Can I ask just one question?

**MR. WARD:**

Yes.

**CHAIRMAN SPENCER:**

Mr. Ward, Legislator Kennedy would like to ask you a question, please.

**LEG. KENNEDY:**

Yes. Thank you. Thank you for being here, sir. And, again, I know the good work that LIAAC does directly, too. And I commend you for your collaboration with Thursday's Child, because I believe what you do is you really have a continuum or a bundle of services ultimately that infected folks with HIV and AIDS then get or receive.

But here's my question to you, very simple. We were given a budget that actually was lauded as having -- reduced by 22 million what was recommended from prior years, and, unfortunately, in going through it, it looks like many of the categories of services were affected. And so, unfortunately, yet again, we're going to be put in the position of trying to go ahead and balance out and attempt to do restorations, and, yet, at the same time, do many adjustments.

So my question to you is very simple. If this funding cut was to be sustained, the funding cut that the County Executive identified, what would be the consequence? What would happen?

**MR. WARD:**

Well, the consequence is that the thousands of residents who call the hotline to get information about health, to access services, to receive medical referrals, supportive housing referrals would be cut, because we're the only established, you know, hotline in Suffolk County.

**LEG. KENNEDY:**

Okay. So it's very clear there would be a very distinct, measurable and very real elimination of a critical service; is that how you'd characterize it?

**MR. WARD:**

Absolutely, Legislator.

**LEG. KENNEDY:**

Okay, sir. Thank you, I appreciate it.

**CHAIRMAN SPENCER:**

Thank you, Mr. Ward. We are -- we still have another 10 cards to go, so we'll have at least another

half hour of testimony. The next speaker is Craig Brennan, and representing himself.

**MR. BRENNAN:**

Good afternoon. I have to apologize. I filled out the card in error. I am actually with LIAAC. I'm the Client Program Coordinator there, and I work under Jessica. And I'm the direct supervisor of the individual that works under Suffolk County doing the testing for HIV and Hepatitis.

And, again, I don't have anything prepared, but I just want to say that what we're trying to do at this point is to reach out to college-age students to help prevent a disease from spreading and going any farther than it is at this point, so it's a valuable tool for education.

And, again, I apologize, I don't have anything prepared, and I would just appreciate if our funding continued. Thank you. Thank you very much.

**CHAIRMAN SPENCER:**

Still effective testimony, even without a prepared statement. Thank you. Next is Gregory Noone, Thursday's Child.

**MR. NOONE:**

Go raibh mile maith agaibh, mo chara. Trathnona maith. Good morning, or good afternoon, my friends.

The New York State Department of Health website states, "Acquired Immune Deficiency Syndrome is the late stage of HIV disease. Medications can help people living with HIV and AIDS live longer healthier lives. Some people have lived for more than 20 years and have taken medicines for more than a decade. Not everyone's disease progresses or responds by medications in the same way. AIDS has serious health consequences and it can could interfere with the quality of life and there is no cure.

The most recent survey data tells us that nearly 3,000 people in Suffolk County are living with HIV and AIDS. I am here today to plead with the Legislature to restore the funding to Thursday's Child of Long Island. I am here to tell you that Thursday's Child AIDS Services Access Program has been an unqualified success. In fact, we have doubled the County's investment in our agency, and brought in over \$100,000 in Federal funding to provide direct services to Suffolk County residents. Continued Federal assistance is dependent upon your help.

For the past five years we have met or exceeded our service goals set out each year on behalf of the Suffolk County Department of Health Services. Our newest program and HIV positive early intervention service is showing successes. We have identified over a dozen Suffolk County residents diagnosed HIV-positive. They have been linked to lifesaving medical care, have been assisted to navigate the complex social and medical service system. They have been provided basic HIV facts and literacy. We have assisted in obtaining social services, health insurance, housing, transportation. This, my friends, is part of the solution to the AIDS crisis.

Too, other agencies represented here today are integral to helping us along with LIAAC and Family Service League. I speak highly of them also.

The Federal Centers for Disease Control estimate that over 25% of people who are HIV-positive are not aware of their status. The goals of early intervention are clear and the evidence is overwhelming. HIV infection rates remain stubbornly high due to those who are unaware of their HIV status. Recent studies show that when a person knows his or her status and gets treated, HIV infection rates can drop by over 95%. Now is the very time to put more resources into this public health threat, not end them?

Thursday's Child humbly requests that you allow us to continue to serve our neighbors in need. We ask that you restore funding. We ask on behalf of the nearly 3,000 Suffolk County families affected by this health crisis, who do not have the ability to speak for themselves, so many that continue to live in the long shadows of fear, stigma, intolerance and shame, but there is little to be shameful of. HIV is a medical condition that is life-threatening and of which there is no cure.

Over 80% of our clients live with fixed incomes. Many do not have adequate shelter, many are food insecure, many need guidance, as they feel overwhelmed when newly diagnosed. And many have gone on to live productive healthy lives. Our tales are indeed cautionary, but many of those offered a caring compassionate hand at Thursday's Child have returned to health, many have returned to a clean and sober life, many have returned to school, and, proudly, many of those whom we have helped have returned to work and self-sufficiency.

Thursday's Child is much more than an information and referral agency, although those are very, very important. We toil behind the scenes to offer dignity and hope. Thursday's Child is unique in that it is the only nonprofit that remains dedicated to serving only this targeted population. Please allow us to do what we do best, serve our neighbors in need and help bring about an end to the AIDS crisis. Thank you.

**CHAIRMAN SPENCER:**

Thank you, sir. Any questions, comments?

**LEG. BROWNING:**

Tagra liomsa. Go raibh mile ma agat a chairde.

**CHAIRMAN SPENCER:**

What?

**MS. ORTIZ:**

What is she supposed to do with that?

*(Laughter)*

Michael Stoltz. Michael Stoltz. Hi, Michael. How are you?

**MR. STOLTZ:**

Good, Dr. Spencer. Good afternoon, everybody.

**CHAIRMAN SPENCER:**

It's that time of year again. It's nice to see you.

**MR. STOLTZ:**

Nice to see you, too. Where would I distribute materials?

**CHAIRMAN SPENCER:**

To the Clerk.

**MR. STOLTZ:**

My name is Mike Stoltz. I'm the Executive Director of Clubhouse of Suffolk, the Mental Health Association of Suffolk, and Suffolk County United Veterans. And I'll tell you that as of the 1st of the year, we will be rolling out a new name. The three organizations have merged, but I can't tell you what that name will be.

In any case, I'm not here about any particular funding, but I certainly do want to remark about how profound the testimony that is before you from Thursday's Child, LIAAC and Family Service League's Joe's Project. Certainly, we're in the mental health business, and any time there fails to be early information, and support, and intervention, whether it's for families affected by, individuals affected by AIDS, HIV, or for families who are -- family members of those who have committed suicide, if you don't intervene early and often and properly, you wind up in a more complicated traumatic kind of situation and now entering into the mental health system, which, as we all know, in Suffolk County is underfunded and still operating with long waiting lists.

The reason I'm here is not about particular funding, but to tell you that next week, starting Sunday, is National Mental Illness Awareness Week. It runs from the 6th to the 12th. And while in the past we used to have one singular event where we brought in someone who had serious mental illness, someone in the public limelight, we've changed that, especially stimulated by the events that have been in the news and distorted in the news, where there have been mass murders associated with people who were untreated, undiagnosed, un -- without intervention.

With -- this year we'll be hosting or we facilitated -- 35 events will be occurring from Sunday to the following Saturday. Those include health fairs, films, community discussions, grand rounds discussions, all sorts of forums, and I'm here specifically to invite you, invite your staff members. There are events from Amityville all the way out through to the East End, to be a part of those. And the aim of our work through this week is to be able to remove the misunderstanding and distortion that arises from these rare and tragic murders where basically -- unfortunately, the only public debate and public focus we've had has been on gun control and not where it should be on treatment, rehabilitation and early intervention. The facts are these mental illnesses are common. One in four people within any one year will suffer a mental illness. Two, with treatment and support, people recover. That is what we rarely see when we only talk about tragedies and trauma. And three, prevention and early intervention. It's critical for all mental health conditions, as critical for mental illnesses as it is for any kind of physical conditions.

So I invite you to -- on the green card, it has a website that lists -- directs you to 35 events; [www.miaweek.org](http://www.miaweek.org). Please support events that are close to you or events that touch you. And if I could be of any help, you can certainly call our office. That will help you get more direct introductions to those events. Thank you.

**CHAIRMAN SPENCER:**

Thank you. It's definitely been a lot of loss of mental health care facilities, and we really have to also be mindful of that.

Mitch Pally. Hi, Mitch. Good afternoon. From LIBI.

**MR. PALLY:**

Good afternoon. I apologize for talking about something much less important than what everybody else has been talking about today, but it is on the agenda, so I just wanted to remind -- as I said at the County Legislative meeting last week, County Resolution 1607, introduced by Legislator Horsley, which would provide an option for builders and developers in regard to water meter installations is a very important issue for us in regard to water meters and how they're done. Both the Suffolk County Health Department, and Walter Dawydiak is here from the Health Department if you'd like to ask him directly, and the Water Authority itself have both signed off on the legislation, and we would urge the Legislature to approve it both today and at its full meeting on Tuesday. With that, you can go back to much more important issues. Thank you.

**CHAIRMAN SPENCER:**

It's an important issue, also. Thank you.

**MR. PALLY:**

Not as important as theirs.

**CHAIRMAN SPENCER:**

Absolutely. Thank you.

**D.P.O. HORSLEY:**

Doc, just a quick question. Could you maybe explain just what it is? Maybe that's what -- what is the rationale?

**MR. PALLY:**

The ration -- the water meter is -- there are requirements in the statute that in certain cases you're required to provide individual meters as opposed to a general meter. This will provide an option in certain circumstances to allow you to do either. It does not in any way impede upon the water quality, which -- and that's why the Health Department has signed off, nor does it impede in any way in the amount of water, which is why the Water Authority had signed off. It just makes it easier in certain circumstances to allow a developer to have an option as to what to do to make it easier to accomplish it in a much quicker period of time.

**D.P.O. HORSLEY:**

Does it drive up costs?

**MR. PALLY:**

It does not do either of those two things to anybody in that regard, no.

**D.P.O. HORSLEY:**

Right. Okay. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Mr. --

**D.P.O. HORSLEY:**

Whatever.

**CHAIRMAN SPENCER:**

Mr. Horsley, I almost maybe was going to attach a title to your name.

**D.P.O. HORSLEY:**

Whatever.

**CHAIRMAN SPENCER:**

Thank you, Mitch.

**MR. PALLY:**

Thank you.

**CHAIRMAN SPENCER:**

Appreciate it. Pamela Johnston.

**MS. JOHNSTON:**

Hi. I hope it's okay if both of us are here. I'm Pamela Johnston, Executive Director of VIBS, Family Violence and Rape Crisis Center. Marlene Gregory is the Director of our Rape crisis program. So, if you have questions that I can't ask -- answer, she can.

Since the 1970s and until 2012, the Suffolk County Health Department provided rape crisis funding to VIBS. When I came to VIBS in 1987, that contract was just over \$80,000. Over the years, we weathered cuts to the program. In 2011, the funding was \$51,353. In 2012, our advocates provided court accompaniment to 173 victims of sexual assault. We provided therapy for 41 sexually abused children under the age of 13, and counseling to 202 adult and adolescent survivors of sex crimes. With some overlap with these statistics, 259 victims underwent forensic exams at the sexual assault nurse examiner sites at Good Samaritan, Peconic Bay Medical Center and Stony Brook Hospitals. This year, the number of SANE exams is more like one a day, especially this summer it's been very high. The oldest survivor was 87 years old, and the youngest was eight months old.

Unpaid volunteered emergency room companions from VIBS accompanies these survivors, and on the following day, a VIBS advocate reached out to each one, following up at intervals to offer further services and support. VIBS coordinates the SANE Program, which is a partnership, including the District Attorney's Office, the Police Department, and the three hospitals. VIBS role is to recruit and train forensic exams -- examiners, primarily nurses. These activities are supported by mostly Federal funds channeled through New York State and Suffolk County Probation Department. However, what we are really lacking is adequate funding for counseling and prevention.

VIBS is committed to provide immediate crisis counseling appointments to survivors of rape and sexual assault, but the loss -- I'll go fast -- but the loss of funds in 2012 and 2013 results in delays in providing more long-term counseling. The reinstatement of our rape crisis funding from the Health Department would enable VIBS to provide timely ongoing trauma-informed counseling following the initial crisis appointment. The lost \$51,353 would restore a full-time social worker to provide trauma-informed counseling for rape victims.

Rape is notoriously underreported, even more so than domestic violence is. More outreach would improve reporting. A hundred thousand dollars would enable us to restore the counseling position, plus a much needed educator for outreach and prevention.

**CHAIRMAN SPENCER:**

Thank you. I'm so sorry. I have to kind of keep it fair for everyone, but I appreciate it.

You know, again, the rape counseling -- and, you know, it's amazing when we hear issues of HIV, and suicide prevention, and rape counseling, and, you know, Family Service League. I mean, these are really very important social programs that go really to the fabric of our society in helping our most vulnerable. And it's one of the most difficult jobs that we have as Legislators, is to be able to say, you know, suicide versus rape versus, you know -- so we'll do our best to make sure that we try to, you know, support everything we can.

**MS. JOHNSTON:**

As you know, Dr. Spencer, many people who feel so distraught because of suicide, when you look back at their family background, there's been incest and rape in their family background. So what we're hoping for is to help a three-and-a-half-year-old who's been incested by the uncle, before they get to the teen age where they might then resort to suicide. So we would appreciate anything that you could do for us.

**CHAIRMAN SPENCER:**

Really an important point. No, thank you for what you do, and we'll do everything we can to try to address your needs. Thank you.

**MS. JOHNSTON:**

I really would appreciate it. Thanks.

**MS. GREGORY:**

Thanks for the opportunity.

**CHAIRMAN SPENCER:**

Thank you. That concludes our Public Portion. And, again, we'll have another opportunity as we get to the Health Committee budget hearings, and so we'll work together to try to see what we can do to really fulfill our responsibility to our constituents, so thank you all.

With that, I do have a presentation from the Family Health and Wellness Council of Suffolk who's here, we appreciate it, from Cornell Cooperative Extension. And we're very familiar with Cornell and all the great work that you do, and thank you for taking the time. And, you know, usually if you'd like to give us five, ten minutes of formal presentation and then we'll have some questions.

**MR. JOHN:**

Thank you, Dr. Spencer. I just -- and Members of the Committee, my name is Tim John. I'm an Extension Educator. I used to be a Program Director, but I've retired and I've come back a little bit part time to help Nancy Olsen Harbick, who asked me to be here today. And we just want to thank the Legislature, too, for their support of Cornell Cooperative Extension, especially Family Health and Wellness Program. And we have a number of initiatives, but we have two staff members who are going to do different, but related, presentations.

One of our strategic initiatives is addressing the idea of -- addressing the issue, rather, of childhood obesity in particular, but just overweight and obesity in general. And there's been some good news lately coming out from the CDC and the Robert Wood Johnson foundation. New York State has actually started to lower the rate, the incidents of childhood obesity and overweight, and some other states as well. And some efforts like what we're doing, as well as many other places where they're doing both educational efforts and environmental changes and other kinds of things, to effect lifestyles, especially children's lifestyles.

So I want to introduce Dinah Torres Castro, and she's going to talk about one initiative. By the way, both of these, your support, your County support helps us leverage other dollars on both of these projects that actually are supported by the State and the Federal Government. So Dinah is going to talk about NAP SACC.

**MS. CASTRO:**

Good afternoon. By now, most of us are aware that childhood overweight has become an academic in the United States, with 33.6% of children described as overweight or at risk of being overweight. Among children age two to five years, approximately 26.2% are now included in this group. That's nearly triple the rate found in the early 1970s. Children who are obese by the age of two are more likely to be obese as adults, and are, therefore, more at risk for adult health problems such as heart disease, Type II diabetes, stroke, several types of cancer and osteoarthritis.

When you look at the facts that 82% of American children under the age of six are in child care outside of the home while their parents work, and we have this all-time high prevalence of obesity among preschool-aged children, it makes sense to consider the opportunities that child care facilities can provide in the fight to reduce childhood obesity. Cornell Cooperative Extension's Family Health

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and Wellness Program is facing this challenge through our Creating Healthy Places to Live, Work and Play in Suffolk County through their NAP SACC initiative. We are creating healthier child care environments for Suffolk County's children.

So what is NAP SACC? It's the Nutrition And Physical Activity Self-Assessment for Child Care Program. It targets child care policy practices and environmental influences on nutrition, physical activity and screen media behaviors in small children. NAP SACC uses an organizational assessment of 19 concerns in the areas of nutrition, physical activity and screen media policies, practices and environments to identify the strengths and limitations of the child care facility. Following the self-assessment, a health care consultant, such as myself, works with the child care staff to set goals for change and develop plans for follow-up actions to improve their practices. Collaborative goal-setting is followed by nine hours of staff training and targeted technical assistance to promote organizational change. NAP SACC continues to provide technical assistance to the child care center long after the staff trainings are completed and the action goals have been met. This is to ensure that the child care center's commitment to improving nutrition, physical activity and screen media in their environment continues to evolve.

NAP SACC is part of our multifaceted program called Creating Healthy Places to Live, Work and Play in Suffolk County. This program is funded by the New York State Department of Health and is currently actively implemented in the Towns of Riverhead, Brookhaven, Babylon, Southampton and Islip at no cost to the County. NAP SACC has been presented in 14 child care centers in Suffolk County, and as of today, 11 of these centers have successfully completed their trainings, making a variety of changes to improve the nutrition, physical activity of the children in these centers, and the environment where these children go for child care.

Our primary goal is not just to provide the training to the staff who interact with the children and teach them about healthy eating and the benefits of active play, but to create changes in the child care environment that will naturally reinforce the goals of the program and ultimately make a difference in the lives of the children. For example, we're making it easier for them to promote water as the beverage of choice for themselves and the children in the classroom and on the playground. We've provided water pitchers for the classrooms and water coolers for playgrounds. This poster is part of the Choose Water Campaign that you might see in local stores in and around the Riverhead area. We're providing parent education programs to all of these centers so the parents can also do their part in making educated choices about their children's nutrition, activity choices and screen time. We provide technical support for the centers beyond the duration of the NAP SACC Program, assisting centers with ideas on how to get the children moving and actively playing in classrooms or outside. We supply centers with musical CDs, beanbag games, and what we call the activity kit that they earn as an incentive for completing their trainings. Each activity kit contains a parachute, hula hoops, different sized balls, scarves, rhythm sticks and more.

The Riverhead Country Day School was the first child care center to participate in our NAP SACC training, and the impact of their program is highlighted in the success story that's included in the folders we passed out. In this picture we have one of our NAP SACC consultants standing by one of our favorite garden projects, the green bean teepee. As the vines grow around the framework, they formed a teepee, creating a secret hiding place for the children to play in.

So thank you for your time. We appreciate the opportunity to demonstrate to the committee how supporting our Family Health and Wellness Programs helps us make a difference in the lives of children, starting with forming healthy habits that will last a lifetime, and reducing the cost of health care to the County. Thank you.

### **CHAIRMAN SPENCER:**

It's really a great program, because it focuses on changing the culture and changing attitudes early,

where you can kind of instill that -- those good habits in children. And it's so much easier to lose the weight or not put on the weight to begin with if you establish these healthy activities and things of that -- and I think this program would be important when we look at a lot of the way that we're building communities. And you should be in touch with Vision Long Island as they look at the concept of smart growth in our communities. And there's one of the things, a very important article that talks about, as we are designing our towns, and things of that sort, that if we put like ball fields, and gyms, and activities, and nutritious food, and things like that, in accessible places, then there's a much better use therein, you know, and then -- but promoting those habits by changing really the parenting. But, in addition to changing the parenting, you really have to have these children have access to facilities and to healthy foods, and it makes a huge difference.

And sometimes, when we're looking at a budget, we're looking at these great agencies that are going out and fighting issues that are already happening, but the prevention is -- I can't overstate enough how important that is, so thank you for what you do, appreciate it.

**MS. CASTRO:**

You're welcome.

**MR. JOHN:**

And I just want to comment, Dr. Spencer, what you mentioned. Our Project Coordinator for Creating Healthy Places, because many staff are involved, actually is connected to a lot of those committees like Vision Long Island. They -- she's involved with Riverhead Alternative Transportation Committee, and has really done a lot to try to connect to other groups doing the same sort of thing around smart growth and built environments.

Our second presenter is Dr. Zahrine Bajwa.

**CHAIRMAN SPENCER:**

As the Doctor is coming forward, Legislator Browning actually has a question.

**LEG. BROWNING:**

No, I'm fine.

**MR. JOHN:**

Oh, for Dinah?

**CHAIRMAN SPENCER:**

Actually, she's fine.

**MR. JOHN:**

Oh, okay.

**CHAIRMAN SPENCER:**

She'll answer after this. She's okay.

**LEG. BROWNING:**

Go ahead.

**CHAIRMAN SPENCER:**

She said go ahead. Okay.

**MR. JOHN:**

Thank you.

**DR. BAJWA:**

Thank you, Legislator Dr. Spencer, and Members of the Health Committee. I am Zahrine Bajwa. I represent Cornell Cooperative Extension, and I really love my work, what I do. What I'm going to really present to you is two of the programs that are federally funded, but are implemented through Cornell Cooperative Extension.

Okay. So the two federally funded programs, one is SNAP-Ed, which is the food -- which was formerly known as the Food Stamp Nutritional Education, and is implemented through the Office of Temporary Disability in New York State -- I know it's a very busy slide -- and it is called Eat Smart New York. How many of you have ever heard of Eat Smart? Oh, no? That's -- it's what SNAP-Ed was called, but it's called Eat Smart in New York State. So, see, I provided an educational moment today. And the other program that has been for nearly 45 years in Suffolk County is the Expanded Food and Nutrition Education Program, and it came out of Congress through trying to relieve poverty, and to give help to families with young children, and Cornell Extension has had this program since that time in 1969.

So now the big question is why do we need nutrition? So, looking at this car, if you said if you cared for your car like you do your body, would it look like this? So that is why the importance is -- and then I just want you to see those three things that are there, that the 70% of deaths are related to some kind of chronic disease, and 75% of spending is on health care, and we also know that this burden of health care keeps growing. So, just as we talk about what is happening, these two programs are a preventive program. They provide in our County, things that we can do to prevent.

So one of my favorite quotes is "Healthy eating is associated with reduced risk for making diseases" -- "for many diseases, including several of the leading causes of death: Heart disease, cancer, stroke and diabetes. And most of you already probably know, but what is the underlying theme is that the nutrition is a very integral component of prevention of these things, so that is why we are in that business of -- so the goals of these two programs are similar. What they provide is that they help families make healthy food choices within a limited budget, because these people are either on food stamps or extremely low limited budget. We are wanting them to increase the consumption of fruits and vegetables, decrease the consumption of sugar, sweets and beverages. In other words, decrease soda and all, and promote water, be a little more physically active, and help participants postpone or prevent nutrition-related chronic diseases.

The way we do this program, and that is very, very different and novel, is that these have come out -- these programs actual delivery came out of Cornell University's research, and it is evidence-based the way these programs are delivered. So mostly the end of the program's goal is to have a behavior change. It is not just to deliver a message, but the intention is that after we have reached our audience, we have worked with them for a couple of weeks, the people would have changed some behavior and adopted some of the habits and the messages that we are giving. So we, in our -- in our class, we usually do a group, we do some media messages, we do wonderful teaching, and all our program is bilingual.

So one of the things we do -- we teach people is how to be a smart shopper, how to do -- these are actually -- you know, one of our educators is teaching a bilingual class, how to see how much sugar is in a label. So she's actually conducting that, then food preparation, and the other slide is about physical activity for people. So these are all parts of the class that we conduct. And then we promote healthy snacks, and, of course, the fast food was always the apple. And then we do youth programming. Youth programming is a big component of ours and has always been. We work in schools, out of school, and 4-H clubs, community centers. And, again, the focus is on nutrition, food safety, food preparation skills and physical activity.

One other component that we work during the summer is the Farmers' Market Nutrition Program that Cornell has, and the focus of this program is to promote the vouchers that are given to WIC mothers, and seniors, and people who have EBT cards. So our educators this summer, with our Suffolk County dietic interns, went into the farmers' market and tried to provide recipes and promoted the use of fresh fruits and vegetables, tried people to -- and then the next component that is a very popular component during the summer is our food preservation and canning. And part of that food insecurity and food distribution is how to preserve the produce that you have, and so we provide these classes in the community. Presently, the classes are only held in the Riverhead office, because that's the only place we have a functioning kitchen, but we are always hoping for collaborations with other places where they have a certified kitchen that we can use.

So these are just some grand pictures that we have from our finished product from our food preservation, extremely popular, very, very -- it has made a come back, and we have -- this is, you know, how we are doing the strawberry preserve and all that.

So let's come to the program success. In all these years, we have reached -- just in 2012 we reached nearly 4,000 people, and what we're trying to do is we do a pre- and post-test evaluation of our participants. And on the right side column, you'll see the impact of how people have -- it is self-reported in those forms of how that change has happened. So this program has success, you know, has really impacted people's lives and made a difference in what they're doing. So a made a little dent in how people are doing.

And this is just some quotations, as the program's success, of how people have related to the program and what they have said. And on the right is a picture of all our graduates. Everybody gets a certificate in the end from Cornell, which is -- because some of the participants have not ever gone and finished even high school. So this certificate has helped. We have success stories where they have gone on to become advocates at Head Start, or in the school cafeteria, or find a job. So it has always helped them that they have been able to, and sometimes just for their self-esteem, that they have been able to finish something, and complete it, and get a certificate is really remarkable. So you see some of them saying all these things. And we do a 24-hour food recall as our pre-test, and here is a little sample of somebody who was able to reduce the amount of sugar, increase whole grains, and increase their knowledge on what is a healthy lifestyle.

So that's it. Thank you. I went really fast because I wanted to cover everything. Any questions?

**CHAIRMAN SPENCER:**

No. You did a great job. And one of the things that I feel, as a physician, that we need to do, we look at so many, again, support services that are treating after the fact. And what these programs do, and it's not -- it's not a one-to-one relationship. If you can stop one child from getting diabetes with the money that it costs for fresh fruits and exercise incentives and you compare that to a lifetime of treatment, when we look at the burden on just our health centers and things of that sort, there's no comparison. It's an investment in the future. Every time that we take a child or a family and we stop them from getting diabetes, and we stop them from becoming obese, I really think that that's good government. That's great government. We're really making -- laying the foundation for the future. But that's again just my own personal, I guess, preventive health care, sort of, I guess, angle or what I believe in. But, anyway, excellent presentation.

**DR. BAJWA:**

Thank you very much.

**CHAIRMAN SPENCER:**

Legislator Browning now I think has a question.

**DR. BAJWA:**

I just wanted to say something to Legislator Dr. Spencer. We worked on the energy drinks also. We have enough of our educators, and that's a big thing, you know, to educate youth. We work in a lot of schools, because I think that is so important to bring that message to the youth, because a lot of times you get a lot of, you know, negativism from them. Nothing -- it doesn't -- and we have real testimony from people who have been affected from it. So it is -- it is really powerful to do that thing.

**CHAIRMAN SPENCER:**

Thank you.

**DR. BAJWA:**

Thank you.

**LEG. BROWNING:**

Yeah, just real quick. I know, Dinah, it was good to see you again, when you came in to see me. But talking about the EBT cards, I don't remember if I asked you, Dinah, but teaching people how to use the EBT cards so that they can get more for what -- you know, with what they've got. Are you doing that also, Dinah, when you do your program?

**MS. COSTA:**

No, it's Zahrine.

**LEG. BROWNING:**

But Dinah doesn't?

**DR. BAJWA:**

No, it's our program.

**LEG. BROWNING:**

It's your program.

**DR. BAJWA:**

We have the two programs that do. And, definitely, that is a big component of one of our lessons on smart shopping.

**LEG. BROWNING:**

Right.

**DR. BAJWA:**

And presently, in October, we will be doing all the Stop & Shop, because that is the agreement for Office of Temporary Disability in New York State that funds the SNAP-Ed. The funding comes from USDA, but it comes through ODTA to the DSS to Cornell, you know, as they implement this, you know, this long way to Jose, but, you know, it's still the way that it comes.

And we're doing these three messages that we will be working in the grocery stores on improving our -- "*Rethink your Drink*" is promoting water, promoting making half your plate fruits and vegetables, and be active is the third. So these are the three big campaign messages that are going to be in -- promoting in Suffolk County for just in the grocery store for the month of October, but for the rest of the year for the entire County.

**LEG. BROWNING:**

And one last thing, 4-H Program. It's something that I've always tried to support, especially when it came to our budget, because I always think about the pictures I see of my husband when he was little with his 4-H calf. And, you know, I know it's something that he always loved, was being involved in the 4-H programs. How well do -- you know, how well is the 4-H Program working for Cornell, because I know that you haven't been receiving that much funding.

**MR. JOHN:**

Well, we're -- Family Health and Wellness, I actually work a little bit -- I'm in the Family Health and Wellness Program, but I'm also the chair of a team that we have, a youth development team, so I know a lot of what's going on.

The other thing, 4-H is near and dear to me, because I was a camp director at the 4-H camp here in Riverhead for many years. I grew up in 4-H. I married a 4-H'er. In fact, I'm the oldest of ten and four of us met our future spouses at the 4-H camp, so it's -- and we're all still married, which is pretty amazing. So it's a -- yeah, I love the 4-H Program. It struggles a little bit. You know, some of it's the funding, and some of it, it relies on volunteers, and that's a challenge nowadays, is getting the commitment from volunteers, but it's a great program. It has -- I mean, the content has adapted to all the new realities, but it's got great stuff for kids to do.

The 4-H Clubs, the clubs that are in existence, when I -- I helped judge. I volunteer to judge their public presentations. These kids are amazing. You know, when they're in high school and they do their public presentations and then go on to State Fair, they're really -- they're really amazing.

**LEG. BROWNING:**

Are you still -- because I know you did have it on the West End all the way out to the East End, but has it been cut back on where you're doing it?

**MR. JOHN:**

You know, it's still all over the County. It's based at the County Farm.

**LEG. BROWNING:**

Right.

**MR. JOHN:**

I mean, that's where -- that's where a lot of the 4-H staff are located. But it's all over -- you know, they attempt to do it all over the County, so --

**LEG. BROWNING:**

Okay.

**MR. JOHN:**

But it's a great program.

**LEG. BROWNING:**

Thank you.

**MR. JOHN:**

I want to make one last comment. Thank you all for your time and attention. It's a long day and you have tough jobs. But I just wanted to say that one of the slides on the food preservation, Maryann Birmingham, who is certified for the food preservation by Cornell University, was featured recently in New York Times, a big feature article with her picture. It's great. We're kind of proud of her for making that connection with a reporter who came out and interviewed all the people in the

canning classes and the food preservation classes and wrote a great article.

**LEG. BROWNING:**

Thank you.

**DR. BAJWA:**

I was going to attempt to give you a physical activity break. Maybe all of you would stretch and sit down again. So it's a long afternoon, but it's optional. Thank you very much.

**MR. JOHN:**

Thank you.

**CHAIRMAN SPENCER:**

Thank you, Doctor. Thank you for the presentation, we appreciate it. And we'll continue to work together and to keep our community healthy.

With that, we are going to go to our agenda. I'm going to ask if Commissioner Tomarken will come up to the table. We have a couple of questions. Thank you.

So we're going to go with our Tabled Resolutions.

*(1559-2013)Prioritizing and examining the transition of existing County Health Centers to Federally Qualified Health Center model(Browning).* Legislator Browning?

**LEG. BROWNING:**

Motion to approve.

**CHAIRMAN SPENCER:**

Motion to approve prioritizing and examining the transition. Second on the motion? I'm going to make a motion to table.

**LEG. CALARCO:**

I'll second the motion.

**CHAIRMAN SPENCER:**

All right. All those favor? Opposed?

**LEG. BROWNING:**

Opposed. *(Vote: Tabled 3-1-0-1/Opposed: Legislator Browning/Not Present: Legislator Montano)*

**CHAIRMAN SPENCER:**

*I.R. 1599, Establishing a new fee policy for County Health Centers (Calarco).* Legislator Calarco?

**LEG. CALARCO:**

Motion to approve.

**CHAIRMAN SPENCER:**

Motion to approve.

**LEG. BROWNING:**

I'll second it.

**CHAIRMAN SPENCER:**

On the motion?

**LEG. KENNEDY:**

What are we going to do? Are we raising the fees, lowering the fees? What are we going to do?

**CHAIRMAN SPENCER:**

Well, I think --

**LEG. BROWNING:**

The fees are too high.

**LEG. CALARCO:**

To the question, what the resolution does is it looks to move us back to the fee schedule process that we had implemented for years and years and years, and only changed about two or three -- two-and-a-half years ago where we required applicants, before a person could qualify for the sliding scale fee schedule, they had to prove that they were not qualified for Medicaid based on the income levels. And this eliminates that prequalifier before somebody could get into the sliding scale.

So they still are paying based on their ability to pay, and they must prove their income levels, but what it doesn't do is it doesn't say you have to go and actually get a Medicaid denial letter before we'll allow you to apply for -- to have the sliding scale apply.

I know the Administration has made the point that this is a clear example of why the FQHC model is an important model to move to, and I don't necessarily disagree with them, because at the center in Coram, they aren't allowed to require that Medicaid denial letter for us. That is part of being an FQHC status, is that you're not allowed to deny somebody the sliding scale fee schedule for any reason, and so that's something that we used to do. There are other things we can do to help make our health centers a little bit more self sufficient in some manner, but I know we are in a transition period.

**LEG. KENNEDY:**

My only question with this is -- and I agree with you, we should not be denying people treatment if they present and they don't have the Medicaid denial.

**LEG. CALARCO:**

It's been a 30% drop, at least a 30% drop across our health centers in terms of number of patients being seen.

**LEG. KENNEDY:**

But will the Health Department center staff, for the time period that we're still operating, at least facilitate application or encourage? At one point we actually were putting DSS folks right in our health centers, weren't we?

**DR. TOMARKEN:**

Yes.

**LEG. KENNEDY:**

So how do you perceive --

**LEG. CALARCO:**

And the resolution directs them to continue to do that, to not only require them, that they hand out the Medicaid applications, encourage people to apply and get into Medicaid, but also, if they were to take a little bit more of a proactive approach, and they could have done this as early as this past January, of finally starting to negotiate with other Medicaid HMO providers, because our exclusivity period expired with the former Suffolk Health Plan. And I know it's gone through a couple of iterations of organization. We could have had entities like Fidelis and some of these other providers there. And they have advocates whose job it is to sign people up into Medicaid, because it increases their rolls and increases their profitability. So we could have done that, and the resolution directs them to do that as well, that as they negotiate with those entities, to bring those advocates into the centers.

**LEG. KENNEDY:**

Okay. So then, through the Chair, if I can, then, Dr. Tomarken, how do you perceive being able to implement or comply with the reso?

**DR. TOMARKEN:**

I have a few comments. We're mixing apples and oranges. People who have insurance are not the people we're talking about in Legislator Calarco's bill.

**LEG. KENNEDY:**

Yes.

**DR. TOMARKEN:**

We're talking about uninsured people who don't have access to Fidelis, or Neighborhood, or anything else like that.

The assumption that the reduction in visits is due strictly to the fee schedule is really not a complete picture. We have lost -- and I'll run through this quickly. We had a 6.8 million dollar cutback in State funding that represented 8.4% cuts over two years in '11 and '12 from the State, Article 6 funding.

**LEG. KENNEDY:**

Right.

**DR. TOMARKEN:**

Okay? Those losses, which included 238,000 for Riverhead and 212,000 for Tri, required us to cut staff, and when you cut staff, you cut availability of visits.

**LEG. KENNEDY:**

Sure.

**DR. TOMARKEN:**

So there were staff reductions at the hospital, there were staff losses due to early retirement incentive, layoffs and attrition. We are now using part-time and contract people to fill those voids. So it is not fair to say that the -- all the losses, all the decrease in visits is due to the fee structure. We support the idea of an FQHC fee structure. We're in discussions with entities to try to move in that direction. And, as you can see in the budget, it's planned for the first quarter or first half of next year. I don't think that this is going to allow an increased number of people to access care, because if somebody comes to the health center and they can't pay the fee, we work with them. We say, "Okay, pay what you can." We put it on sort of an account and we try to meet their needs.

**LEG. KENNEDY:**

Well, let me ask you there, Doctor. So, if somebody comes to the health center and, you know, they have something that obviously requires treatment then, it's not something that's, you know, "I got a little lumbago or something," you know, I have what may look like tuberculosis or something, you know, when your medical assessment requires immediate treatment, does the issue of ability to pay factor into whether they receive the treatment or not?

**DR. TOMARKEN:**

It should not. It should not, in the sense that if they -- if they're assessed to require a certain amount of payment, but they can't make that payment, then they should be dealt with in as kind a way as possible in terms of working with them, just like we would work with the patients prior to this new policy that came into effect a couple of years ago. You know, whatever you were on the sliding scale, this is what you are assigned to, but tell us what you can -- what you can pay and we'll try to work with you.

**LEG. KENNEDY:**

There's a lot more for us to talk about, but certainly not at 25-after-four, after being in this chair all day long. But towards FQHC, and, through the Chair, I'm going to ask Dr. Spencer to specifically request that you advise us where we are in the process negotiating specifically for which centers.

And, interestingly, you said with entities. My assumption has been that it would be Mid Hudson. But then again, I don't know. There are other FQHC providers out there. I don't want you to answer it today, but some time before we get into the middle of this budget morass, I want to know how real is that projection from the Executive's Office that we're migrating several centers over to FQHC status.

And I think what you're saying to me is Legislator Calarco's resolution sounds like it's pretty good intentioned. You don't agree with the drops. You know, I don't know, maybe there's something in between. I think the fact that, you know, we flipped our price for the X-rays, price for the med panels and all that other stuff, I think -- I know that affected patients' attendance, and I know that's been a process to work out, too. All things being equal, I'm inclined to support Legislator Calarco's position. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Legislator Calarco, and then Horsley.

**D.P.O. HORSLEY:**

I just want to see if there's a fiscal on it.

**MR. FREAS:**

Mr. Chair, Doctor Chair.

**CHAIRMAN SPENCER:**

Yes.

**MR. FREAS:**

Yes, there is a fiscal on this bill, and it more or less backs up what Commissioner Tomarken said, and I'm going to quote from the bottom of the first page of it.

"In 2011-2012, after the implementation of the current policy, cash collections averaged about 1.965 million annually, which was an increase of about 55% over of the previous four-year average, despite a 14.3% decrease in visits from 2010 to 2011, and another 32% decrease from 2011 to 2012. While the decrease in the visits in 2011 can be attributed more to the change in the sliding

fee scale policy and not to insufficient visit capacity, a more significant decrease was seen in 2012, which occurred because of the decreased visit capacity due to loss of staff at the health centers. The increase in cash collections was due to the increase in the sliding fee scale, more aggressive collection efforts by the health centers, and some changes in throughput procedures to facilitate collection." Basically, we started to consistently ask people for -- to pay us something, as Dr. Tomarken said, on a more regular basis.

The other thing about the fiscal that we had a concern, while we felt that the bill probably had no fiscal impact, here's the problem: There's no -- there's no excess capacity at the health centers at this point. So any visit -- any visit or any patient who comes in and is going to go on a visit necessarily more or less has to replace another visit. So, if that visit, even at this policy, which again is the policy that FQHC has used, if we get paid \$35 or \$75 for that visit where we're getting paid for an insured visit of \$100 or \$125, or whatever -- or it's a managed care patient who we're getting 25 or \$30 a month for, that visit necessarily costs us money because we just can't -- we're not collecting the same amount. So, in that sense, the policy may have a negative fiscal impact.

**CHAIRMAN SPENCER:**

Legislator Horsley.

**D.P.O. HORSLEY:**

No, that's -- I guess that's what I want. I'm not sure I understood it. The bottom line to that was?

**MR. FREAS:**

The bottom line to that is, is we don't have any extra room at a health center for another patient who might pay \$75 or \$35. So, if we have a patient who comes in who we say can pay \$35, he may be replacing someone who we're already receiving a higher amount for.

**CHAIRMAN SPENCER:**

I'd like to -- when I look at this piece of legislation, and I'm concerned if I feel that there are people that aren't getting health care and then going untreated because of -- just of financial issues. And I think that a question that I would like to ask Dr. Tomarken is that we say, "Well, maybe there are other reasons the visits have dropped." But as a result of the current policy, as far as you are aware of, what would be the number of people that would actually be turned away or denied care based on our current fee policy?

**DR. TOMARKEN:**

I don't have that specific number, but we -- as I said earlier, we try to work with every patient that has a financial difficulty, so I can't give you that number.

**CHAIRMAN SPENCER:**

So -- and, again, I -- definitely knowing Rob to introduce great legislation, and I try to definitely always give him the benefit of the doubt because he's a great colleague. I think my concerns with this, when I look at the negative fiscal impact, but not seeing necessarily the positive side of -- that if we were going to put this in place and then all of a sudden we were going to see people getting health care, but if it's a capacity issue -- and my other concern is that when we look at the landscape, that everything is going to shift with the exchanges opening two days ago. That's going to shift our uninsured population.

**DR. TOMARKEN:**

No, the exchanges do not compensate for people who are not -- who are undocumented. They do not qualify for the exchanges.

**CHAIRMAN SPENCER:**

But not all of our uninsured population is undocumented, so it's usually more -- it is --

**DR. TOMARKEN:**

You're right, not everyone, but I think a very significant percent is.

**CHAIRMAN SPENCER:**

Legislator Calarco.

**LEG. CALARCO:**

I've got a couple of points to make, because, you know, I didn't come up with the idea of doing this out of thin air, or because I felt altruistic, although I do sometimes. You know, I came up with this because I go to my -- I go to my health center meetings and I listen to the Advisory Board, and I listen to the administrators of the health center. And one of the first things I heard from them over a year ago, and when I first came onto the Health Committee I started asking the question about this particular issue, Dr. Tomarken, and I kept being told, "We're looking at it," "we're looking at it," and that was all I ever got out of you.

But the administrators made a very specific point to tell me that they were one of the most efficient health centers we had in the network; that their doctors were busy right up until when we put this policy in place. And what they have seen is that their doctors are not that busy anymore, that they have excess capacity. So, Craig, I'm not sure who you spoke to in terms of getting your information, but that was directly from the administrators of the health centers.

**MR. FREAS:**

I'm looking at reports system wide, and I would agree with you, that Patchogue and Shirley are among the more efficient centers in the system. But if I'm looking not by health center, but on a --

**LEG. CALARCO:**

Okay.

**MR. FREAS:**

-- on the system as a whole, I'm going to stand by.

**LEG. CALARCO:**

I can't speak to the other health centers, I don't know about them as well. I know about the ones that my -- that are in my community. And so they have made the specific intention of pointing out to me that they have become less efficient because of the policy change that was implemented. And then they followed up with me about the issue, because I know Dr. Spencer brought up the issue about undocumented individuals. But the pure fact of the reality is, is a lot of these individuals who are undocumented, who are day laborers, also lack the capacity to document their income. So they're paying the maximum fee because they can't prove that they shouldn't be paying the maximum fee. But what they can't do is prove that what we're getting instead is there's a number of people who simply don't have the capacity to apply for Medicaid.

And I signed people up for Medicaid. I've done that. I did that for a year-and-a-half when I was in the County's Office for the Aging. I could tell you that when I came across that little old lady who didn't have a birth certificate anymore, who didn't have her marriage license anymore, signing her up for Medicaid was not exactly an easy ordeal and it took quite a while to get done, not to mention the backlog we have in the DSS centers in getting people enrolled in Medicaid. So, instead of allowing these people to have access to the sliding scale, which apparently we've increased the minimal fees on, which I wasn't even aware of that, we are telling these folks, "Sorry, you have to pay the maximum fee. I don't care that all you get is Social Security and you don't have enough

money to pay for this, because you can't prove that you don't qualify for Medicaid," even though, you know, they might only be right on the cusp of the denial, but they just can't get their paperwork together. And some of these people, especially those with mental health issues, maybe don't have the capacity in and of themselves to do it.

Now, certainly, if we negotiated with some of these other health insurance HMO providers that do the Medicaid HMOs, we probably could get some advocates in the center to do it, so it wouldn't be us having the center, all Social Services advocates into the centers to do it, but it would be an ability for us to carry that out to get these people enrolled, to get more revenue coming into the health centers, and to make sure we actually accomplish the mission. So, instead of having a 40% drop in the number of people coming into our health centers, we'd actually have some people getting the care and meeting the mission of the health centers.

Now I don't think that we shouldn't be moving towards the FQHC model. I understand that there's a need for us to do that. I understand that there's a need for us to find a more efficient and cost effective way of providing health care. And I could appreciate the circumstances you're in, Dr. Tomarken, but we cannot as a policy just say, "Well, you know what, we can't afford it, so just let the hospitals bear the brunt in the emergency rooms," and that's what's happening, because you've been in the health care industry for a long time, and especially in public health. You know that when you tell an individual that it's \$75 to come in for a visit, regardless of the fact that you try to work with them, that's going to discourage them from coming back for a visit. And, in fact, you see those numbers as well. The people who are doing the follow-up visits are reduced as well, because they're not going to come in if they can't afford to pay for it, even if we do say, "We'll work with you."

So that's why I put the resolution in, and, you know, whether my colleagues support me or not, and I know there's a potential for a fiscal impact, and so I can appreciate that we want to be fiscally responsible about this, but if we don't deal with it now, we better deal with it in the budget.

**DR. TOMARKEN:**

I'd just like to comment, that when this change in health center policy came out in May of 2011, we were opposed to it. We -- I sent a letter, an email with a copy of the previous County Executive's letter to every member of the Health Committee and received no response. So this is an issue that we have not neglected, but we have tried to get some input on and we haven't been able to.

We agree, and that's one of the reasons that we support the FQHC, that the scale is too high, and that we would like to see a scale in which people did not have to be discriminated against if they didn't have a Medicaid application on file. So what we're saying now is that, and in these particular circumstances, at this particular time, when we're moving towards an FQHC, this may be redundant, and this may be achieved by negotiations being successful with an FQHC, and then potentially avoiding any financial difficulties. But in principle, we support the FQHC model of financial remuneration for patients who are underserved and do not have financial means.

**CHAIRMAN SPENCER:**

To BRO, just I know it's impossible to quantify the fiscal impact, but if you just took the years afterwards, you gave percentages in terms of the increase, is there -- could you give me an estimate, a hard-dollar figure in terms of what we saw in increased revenue? Can you give me an estimate of what the potential --

**MR. FREAS:**

We increased revenue by about a million dollars a year by implementing this policy, 54% over the previous four-year average. In other words, we collected about a million, but 900 -- between 900 and 50,000, and about a million from 2007 to 2010 inclusive, and then in -- once we implemented it

in '11, we spiked up to about 1.9 million, average of '11 and '12, after the implementation of the new policy.

**CHAIRMAN SPENCER:**

I think that that makes it difficult when I look at a million dollars and I look at those agencies that were in here. And just, you know, I see Legislator Calarco's point, but when I put that into the actual -- not realizing that if those numbers are having other confounding variables with regard to the decreased capacity and I look at a real million dollars, it makes it a little difficult for me to be able to support it.

**MR. FREAS:**

It's understandably a very complicated thing. You know, programmatically, you know, if we're looking to -- for our highest value outcomes, I would agree with the intent of the bill and with Dr. Tomarken, but I can't quantify -- I can't quantify an outcome at this time anyway. The fact remains that we're making -- we're making more here. I mean, maybe there's the potential if we keep the scale as is, but change the policy, if Legislator Calarco's correct, that at certain health centers we do have excess capacity. Again, I looked at the system globally and found that we really had decreased capacity significantly, then it would go. But, as it stands now, I think there's a substantial risk that there would be a negative. I think there's a risk of a negative fiscal impact.

**CHAIRMAN SPENCER:**

I have Legislator Gregory, and then Tom has a comment, and I have no more speakers; I can see from the audience maybe a comment. But Legislator -- I'm sorry. When we're debating, we're not -- I apologize. We're not able to entertain hands from the audience. Okay. Legislator Gregory.

**LEG. GREGORY:**

Yes. I know the hour is late, so I promise I'll be short. I think what I heard was, and it's kind of disturbing to me, I have Tri-Community in my district, as well as MLK, and we've seen a decrease as well. But I think what I heard you say, Dr. Tomarken, is the decrease -- you attribute the decrease more to not the increase in the rates, but just the staffing, right?

**DR. TOMARKEN:**

I can't say one is more than the other. I think they're all -- they're all factors, and I can't -- you never know why a patient may not show up or come to the health center. And it may be because they know that they're going to have to -- they'll be assessed for a certain amount of money, or that they have to wait longer for an appointment. I don't have the answer. I think these are just factors that play into the reason that the numbers have dropped. I'm not attributing any one particular factor more than the other.

**LEG. GREGORY:**

Okay. I misread you, then, a little bit, or misheard you, or understood you, because my immediate response would be, well, if we know patient visits are decreasing because of staffing levels, then we should increase staffing levels. And I guess the horse is kind of out of the barn since we're moving slowly to, or fastly, or whatever, moving towards FQHC model. So I would hope now that maybe we can address that issue with our negotiations, ensure that they have the adequate staffing levels, so that we know that there's a certain number of people that we should be treating or have been treated in the past that have dropped off. They're either going -- not getting the visits that they should be getting, or waiting to go to the hospitals and the emergency rooms, and, in that case, we're paying four times the amount. Craig, you had a --

**MR. FREAS:**

Let me -- I used the Health Department report that we've had available to us for quite some time about -- two separate ones; appointment status summary reports, which are typically referred to

their -- by their acronym in the department, but not on the record of the Legislature, and then the encounter manager reports, which also -- which is another way of checking visit counts in an individual health center, just to make sure that -- and then some information that was provided separately by the Department regarding the cash collections, which was an important aspect of looking at it from a fiscal standpoint.

The decrease in -- the initial decrease in visits from 2010 to 2011, through the end of 2011, corresponds very quickly with the raise in the sliding fee scale. The second decrease happens in mid 2012, which is when the layoffs and the budget mitigation measures began to occur. Is correspondence necessarily causation? No. In some cases it is. Very frankly, if we have less providers, we have less visits, period, as you just said. There's just no way we can get around that.

And for a long time, when -- over the last -- as long as I have been working for Suffolk County, until the last, say, three years, we were able to avoid the decrease in visits, more or less because any budget cut to a health center typically resulted in not necessarily a layoff, but attrition of support staff, even health sport staff or nonprovider health staff, like, you know, a nurse would retire and we wouldn't replace her, or a medical record clerk would retire and we wouldn't replace her, and so forth. Over the last two or three years, when we've lost providers, either in the contract centers or in the County-run centers, we simply haven't been able to replace them, there hasn't been the finance for it.

So just the simple fact that if you have less doctors, you do less visits, is pretty obvious, you know, and the capacity is relatively fixed at a certain amount of visits per doctor, even though some centers are more efficient than others.

**CHAIRMAN SPENCER:**

Tom.

**MR. VAUGHN:**

Thank you very much, Dr. Spencer, I appreciate the opportunity. I think that Legislator Calarco is correct, We do feel that this is an issue that is best addressed through our move to the FQHC model.

The other point that I would offer is -- and I think that this debate has certainly highlighted this, there are very few things in the County, and I think that we all know this, that you can touch one thing and not have multiple other unintended or possibly intended outcomes, and I think that this -- changing this fee schedule certainly does not happen in a vacuum. And I think that the best place to address this is through the budget process, where you have more of an opportunity to really look and examine what the other possible impacts could potentially be if this is a decision that the Legislature wishes to go forward with. Because, as we have discussed today, is it the capacity, is it the fee? Is it if we are bringing in more money, is that more money than we want or we need to be bringing in? And if we decide to lower that fee, what are the ramifications of no longer having those revenues available? And, as I said, I don't think that any of this occurs in that vacuum, and would hope that this would be something that could be worked out through the budgetary process that we are currently in the middle of.

**CHAIRMAN SPENCER:**

All right I have no further speakers. We have a motion to approve and we a motion to table. Tabling motion goes first. On the motion to table, all those in favor? Opposed?

**LEG. CALARCO:**

Opposed.

**LEG. BROWNING:**

Opposed.

**LEG. KENNEDY:**

Opposed.

**CHAIRMAN SPENCER:**

All right. The tabling motion fails.

Next, the motion to approve, all those in favor? Opposed? Abstentions? Motion carries. **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**

We're going to continue on with our agenda.

**1601 - To appoint member to the Early Intervention Task Force, Salvatore Caravella, M.D. (Spencer).** He's unable to appear until November. Motion to table. Second by Legislator Kennedy. All those in favor? Opposed? Motion is tabled. **(Vote: Tabled 4-0-0-1/Not Present: Legislator Montano)**

**1607 - A Local Law to improve uniform drinking water distribution system standards in Suffolk County (Horsley).** Legislator Horsley, what would you like us to do with this?

**D.P.O. HORSLEY:**

I'd like to approve it, but I'm not on the committee.

**LEG. KENNEDY:**

I'll make a motion to approve.

**CHAIRMAN SPENCER:**

Motion to -- second by Legislator -- motion by Legislator Kennedy, second by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is approved. **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**

**I.R. 1679 - To appoint member to the Teen Pregnancy Advisory Board, Lawrence Philips (Spencer).** I'll make a motion to table. Lawrence will appear in November. All those in favor? Opposed? Abstentions? Motion is tabled. **(Vote: Tabled 4-0-0-1/Not Present: Legislator Montano)**

**MS. ORTIZ:**

Can we get a second?

**CHAIRMAN SPENCER:**

Oh, I need a second.

**MR. NOLAN:**

Legislator Browning.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Browning, She seconded.

All right. **I.R. 1692 - Establishing guidelines for the use of Methoprene in Suffolk County**

*(Schneiderman)*. Motion to table this at the request of the sponsor.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second. All those in favor? Opposed? Abstentions? Motion is tabled. **(Vote: Tabled 4-0-0-1/Not Present: Legislator Montano)**

**Introductory Resolutions: I.R. 1722, and that is to amend the task force to optimize early intervention for children with special needs (Spencer).** That's just changing the deadline for the report, extending it. I'll make a motion to approve.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Thank you, Legislator Browning. All those in favor? Opposed? Abstentions? Motion is approved. **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**

***I.R. 1733 (Approving the reappointment of Kathleen Riddle as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (County Executive)***, which is the reappointment of Kathleen Riddle as a member of the Suffolk County Disabilities Board; did not appear, but does not have to as a reappointment. Motion by Legislator Browning, seconded by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is approved. **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**

1734 we did; 1735 we did.

***1736 (Approving the reappointment of Barbara Townsend as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (County Executive)*** is a reappointment, and that is approving Barbara Townsend as a member of the Disabilities -- Community Health and Mental Retardation, Developmental Disabilities Board. I'll make a motion to approve, seconded by legislator Calarco. All those in favor? Opposed? Abstentions? Motion is approved. **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**

I.R. 1737 was done.

***I.R. 1738(Approving the appointment of Kathleen Brown as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec.)*** is an appointment, and that person has to appear. That's approving Kathleen Brown as a member of the Community Mental Health. And motion -- do we have a motion to table. It's a new appointment. Motion to table; seconded by Legislator Browning. All those in favor? Opposed? Abstention? Motion is tabled. **(Vote: Tabled 4-0-0-1/Not Present: Legislator Montano)**.

***I.R. 1739 (Approving the reappointment of Doris Wagner as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec.)*** is a reappointment, and that's Doris Wagner, as a member of the Suffolk County Community Mental Health and

Disabilities Board. Motion by Legislator Browning, second by Legislator Spencer. All in favor? Opposed? Abstentions? Motion is approved. **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**

1740 and 41 we've already done; 1742, already done, and 1743.

***1744 (Approving the reappointment of Kathleen Herz as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec.)*** is a reappointment and that's Kathleen Herz as a member of the Mental Health and Disabilities. Motion, Legislator Browning; seconded by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is carried. **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**.

***1745 (Approving the appointment of Lou Ann Rinde as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec.)*** is an appointment, and that person has to appear, did not appear, that's Lou Ann Rinde.

**LEG. BROWNING:**

Motion to table.

**CHAIRMAN SPENCER:**

Motion to table. All those in favor? Seconded by Legislator Spencer; motion by Legislator Browning. All in favor? Opposed? Abstentions? The motion is tabled. **(Vote: Tabled 4-0-0-1/Not Present: Legislator Montano)**

***1746 (Approving the appointment of Robert Detor as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (Co. Exec.)*** is Robert Detor, and it's an appointment, so it has to be tabled. Same motion, same second. All in favor? Opposed? Abstentions? Same vote. **(Vote: Tabled 4-0-0-1/Not Present: Legislator Montano)**.

***1747 (Approving the reappointment of Norma Downey as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (County Executive)*** is a reappointment, appointing Norma Downey. Motion to approve, second by Legislator Browning. All those in favor? Opposed? Abstentions? **(Vote: Approved 4-0-0-1/Not Present: Legislator Montano)**

I see no other business before this committee. This committee is adjourned.

**(THE MEETING WAS ADJOURNED AT 4:41 P.M.)**