

**HEALTH COMMITTEE**  
**HUMAN SERVICES COMMITTEE**  
**VETERANS & SENIORS COMMITTEE**  
  
*Of the*  
**Suffolk County Legislature**  
  
**2014 Joint Operating Budget Meeting**  
  
**Verbatim Minutes**

A Special Joint meeting of the Health Committee, Human Services Committee and the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature, 725 Veterans Memorial Highway, Smithtown, New York, on Tuesday, October 22, 2013 at 1:30 P.M. to discuss the matter of the 2014 Operating Budget.

**MEMBERS PRESENT:**

***Legislator William Spencer - Chairman/Health***

*Legislator Kate Browning - Vice-Chair/Health & Vice-Chair/Human Services*

*Legislator Robert Calarco - Member/Health*

*Legislator John Kennedy - Member/Health*

***Legislator DuWayne Gregory - Chairman/Human Services***

*Member/Veterans & Seniors*

*Legislator Al Krupski - Member/Human Services*

***Legislator Steven Stern - Chairman/Veterans & Seniors***

*Legislator Sarah Anker - Vice-Chair/Veterans & Seniors*

**MEMBERS NOT PRESENT:**

*Legislator Tom Barraga - Member/Human Services & Member/Veterans & Seniors*

*Legislator Ric Montano - Member/Health*

*Legislator Tom Muratore - Member/Veterans & Seniors*

**ALSO IN ATTENDANCE:**

*Legislator Wayne Horsley - Deputy Presiding Officer/District #14*

*Legislator Tom Cilmi - District #10*

*Legislator Kara Hahn - District #5*

*Renee Ortiz - Chief Deputy Clerk/SC Legislature*

*Claire Mangelli - Aide to D.P.O. Officer Horsley*

*Debbie Harris - Aide to Legislator Stern*

*Kellianne Sacchitello - Aide to Legislator Muratore*

*Catherine Stark - Aide to Legislator Krupski*

*Mark Malizia - Aide to Legislator Spencer*

*Tom Vaughn - County Executive's Office*

*Robert Lipp - Director/Legislative Budget Review Office*

*Roz Gazes - Assistant Director/Legislative Budget Review Office*

*Diane Dono - Budget Analyst/Legislative Budget Review Office*

*Craig Freas - Budget Analyst/Legislative Budget Review Office*

Health/Human Services/Veterans & Seniors Operating Budget - 10/22/13

Dr. James Tomarken - Commissioner/Department of Health Services  
Margaret Bermel - Director of Health Administration/DHS  
Diane Weyer - Finance Division/Department of Health Services  
John O'Neill - Acting Commissioner/Department of Social Services  
Traci Barnes - Assistant Commissioner/Department of Social Services  
Ken Knappe - Finance Division/Department of Social Services  
Holly Rhodes-Teague - Director/Office for the Aging  
Joanne Kandell - Office for the Aging  
Tom Ronayne - Director/Veterans Services Agency  
Frank Krotzschinsky - Director/Office for People With Disabilities  
Reverend Roderick Pearson - Youth Services Coordinator/SC Youth Bureau  
Pat Policastro - Youth Services Coordinator/SC Youth Bureau  
Vito Minei - Executive Director/Cornell Cooperative Extension  
Meryl Cassidy - Executive Director/Response of Suffolk County, Inc.  
Deborah McDonald - Response of Suffolk County, Inc.  
Lorraine Pergallo - Executive Director/Response of Suffolk County, Inc.  
Jay Gardiner - Chair/REMSSCo - Suffolk's Regional Emergency Medical Services Council  
Dr. Jeffrey Reynolds - Long Island Council on Alcoholism & Drug Dependency  
Joseph T. Volacka - Administrator/Dolan Family Health Center  
Richard Koubek - Chair/Welfare-to-Work Council  
Janene Gentile - Director/North Shore Youth Council  
Joseph Lecci - Executive Director/Lifeline Mediation Center  
Dan Nolan - Lifeline Mediation Center  
Tabitha Dixon - Lifeline Mediation Center  
Craig Brennan - Client Programs Coordinator/Long Island Association For AIDS Care  
D. Ray Ward - Chief Program Officer/Long Island Association For AIDS Care  
Jessica Totino - Long Island Association for AIDS Care  
Harriet Adams - Long Island Association for AIDS Care  
Rick Brand - Newsday  
All Other Interested Parties

**MINUTES TAKEN BY:**

Alison Mahoney - Court Reporter

*(The meeting was called to order at 1:34 P.M. \*)*

**CHAIRMAN GREGORY:**

Good morning, everyone. Welcome to this afternoon's joint Health, Human Services and Vets & Seniors Budget Hearings. I ask all Legislators that are present to please come into the auditorium, and we will start off with the Pledge of Allegiance led by Legislator Hahn.

***Salutation***

Do we have any cards, Madam Clerk? At the request of the Chair of Vets and Seniors, we're going to ask that Tom Ronayne, Director of Veterans Services, come forward. And is Holly around?

**DIRECTOR RHODES-TEAGUE:**

I'm right here.

**CHAIRMAN GREGORY:**

You're on deck; we'll get you guys in and out.

**DIRECTOR RONAYNE:**

Good afternoon.

**CHAIRMAN GREGORY:**

Good morning.

**DIRECTOR RONAYNE:**

Good afternoon. How are you?

**CHAIRMAN GREGORY:**

Good, good. Do you have any comments, words that you want to state about the budget?

**DIRECTOR RONAYNE:**

Well, my strategy has all been blown out of the water. I never anticipated being first, but I'm going to start off by saying that we're actually quite happy at this point in time. We're in a place right now where our staffing I think is quite adequate, our impact in our region to the community has been enhanced by the recent increase in staff, and I am very grateful for the assistance of everybody in the Legislature and certainly the County Executive for bringing us to this place.

**CHAIRMAN GREGORY:**

Okay, great. Anybody have any questions? I see Legislator Stern --

**CO-CHAIR STERN:**

No questions.

**CHAIRMAN GREGORY:**

No questions? Okay. All right, all is good.

**DIRECTOR RONAYNE:**

Wow.

**CHAIRMAN GREGORY:**

Thank you, Tom. Holly.

**DIRECTOR RHODES-TEAGUE:**

Going like this today, that was the fastest I've ever heard of you. Well, I'm going to echo Tom; my budget is quite good for us. I believe we could provide the service that we need to provide next year and I hope you support it. Any questions?

**CHAIRMAN GREGORY:**

Okay. Any questions?

**LEG. CALARCO:**

Fantastic.

**DIRECTOR RHODES-TEAGUE:**

Thank you so much.

**CHAIRMAN GREGORY:**

Great, thank you. I'm going to keep the happy dance going, I don't know, we'll see.

*(\*Laughter\*)*

Acting Commissioner O'Neill is here with us.

**P.O. HORSLEY:**

These are good times.

**CHAIRMAN GREGORY:**

Actually, maybe I should -- I should hold off. Come down, no, come down, John. You can keep the seat warm. I just saw Reverend Pearson here, I'm sure he's -- we'll get him after you.

**ACTING COMMISSIONER O'NEILL:**

Good afternoon, Health and Human Service Committee members. I'm happy to say that I feel that the budget that we presented and was recommended is a fair budget. Like anywhere else, we have increasing caseloads in Medicaid and SNAP, but we're seeing some declines in Safety Net and TNAF. So we feel that based on what was submitted and recommended, we feel comfortable.

I would like to thank BRO, Director Robert Lipp for his nice comments regarding the tightening up of the DSS budget, it's very appreciated. The staff did a lot of hard work this year in trying to present a budget that was fair.

**CHAIRMAN GREGORY:**

Okay. Now that you mentioned BRO, they do have some concerns about staffing levels, I think mostly in relation to the Medicaid Unit. We're obviously under a settlement, we have time constraints that we have to meet with. What is your response to those concerns?

**ACTING COMMISSIONER O'NEILL:**

As far as the Medicaid Unit, our average days of process is down to 21 days. It actually has done a great job. Off the top of my head, I believe back in around 2008 it was somewhere around 80 something days, so we actually did an excellent job. Last year on average for 2012, the days to process was roughly 24, 25, if I recollect correctly.

The other part of it was the SNAP caseload; that caseload has increased dramatically since the stipulation started. Let me just say that we've increased the percentage there to well into the 80's, and since February this year we've been in excess of 90% plus in processing those cases as well, those applications actually. So very good news on both fronts there. I really can't go into any more detail than that, obviously, because it's a legal matter.

**CHAIRMAN GREGORY:**

Right, but it's based on mandatory guidelines, right?

**ACTING COMMISSIONER O'NEILL:**

That's correct.

**CHAIRMAN GREGORY:**

And those positions, I think in the past we funded them because they're a hundred percent reimbursed.

**ACTING COMMISSIONER O'NEILL:**

The Medicaid are, yes; SNAP is something less than a hundred percent.

**CHAIRMAN GREGORY:**

Okay. So I guess the question would be if we're not at a level where -- what I guess you're saying is you're at a level where you feel that there wouldn't be any concerns regarding a settlement.

**ACTING COMMISSIONER O'NEILL:**

That is correct.

**CHAIRMAN GREGORY:**

Okay.

**ACTING COMMISSIONER O'NEILL:**

Again, there's a legal matter, so I'm limited to what I can say in a public forum. But again, I am very happy and pleased with the amount of progress that we've made in Medicaid. I'm pleased with SNAP as well, but Medicaid has been excellent, and SNAP we've made significant progress this year getting well above 90%.

**CHAIRMAN GREGORY:**

Okay. And there are some movements. There's SIU and some others are being consolidated or moved to a different line in the budget?

**ACTING COMMISSIONER O'NEILL:**

What we did is we felt it was prudent and more transparent if we took the Support Services personnel, SIU, other types of training areas that support the entire DSS organization and broke that out and kept the DSS administration, if you will, the Commissioner's Office for lack of a better term, separately so that folks can see specifically where the vacancies are so that we're not filling top level positions and ignoring other positions. So it brought out the transparency.

**CHAIRMAN GREGORY:**

Legislator Hahn has a question.

**LEG. HAHN:**

How about CPPS workers?

**ACTING COMMISSIONER O'NEILL:**

We're actually at lower caseloads this year on average than in prior years. The average workload caseworker, case per worker is about 12. It's slightly down -- down as low as 9.8 a couple of months ago.

When school comes back in there's always a lot of reports, so it's a seasonal variation, but we are more than adequate there. You may recall --

**LEG. HAHN:**

There was a point in time you were at 16.8.

**ACTING COMMISSIONER O'NEILL:**

That's correct. The caseload --

**LEG. HAHN:**

Where are you now?

**ACTING COMMISSIONER O'NEILL:**

Twelve.

**LEG. HAHN:**

Okay. Cause the State recommends 12 to 16, and you're down to 12.

**ACTING COMMISSIONER O'NEILL:**

That's correct. On the services caseload, same thing, we're about 16.

**LEG. HAHN:**

How large is the team for the FAR, Family Assessment Response?

**ACTING COMMISSIONER O'NEILL:**

We're actually just rolling out the second team, so we're dividing the County in two halves, east and a west end Suffolks so we can get to more cases so there will be efficiencies there as well. So

between the two teams, there's roughly 15 people.

**LEG. HAHN:**

But you are filling that second team.

**ACTING COMMISSIONER O'NEILL:**

It's already filled, the training's already completed.

**LEG. HAHN:**

Okay.

**ACTING COMMISSIONER O'NEILL:**

We had the State come in and train us in August and the team is being formed and should be out some time in the next couple of weeks, if not out already this week.

**LEG. HAHN:**

And Foster Care?

**ACTING COMMISSIONER O'NEILL:**

Foster Care, the cases hit an extremely low in 2012, well below 700, we're about 720, 25, in that range right now. So it's higher than it was in the past but, again, we were at kind of record lows, as we call it, over the last five or six years, but well below the highs that we had seen previously.

**LEG. HAHN:**

Okay. And Adult Protective Services?

**ACTING COMMISSIONER O'NEILL:**

APS, it's an increasing trend line because the County, the demographics, it's an aging demographic. So those caseloads continue to grow slowly and we have adequate staff in terms of -- I believe for APS, the caseworker ratio to the cases is roughly around 17 or 18, off the top of my head.

**LEG. HAHN:**

You have a hundred new referrals a month, okay, and they're growing. But you don't think you need extra workers in that?

**ACTING COMMISSIONER O'NEILL:**

They're growing at a slow rate right now, but over the next five to ten years you will see a much larger increase, again, because of the demographics. The aging of the baby boomers will have a direct impact on APS.

**LEG. HAHN:**

How long is the training for them? Like how soon do we need to start preparing for that trend line that's growing?

**ACTING COMMISSIONER O'NEILL:**

The Division Administrator, Dennis Nowak, does a great job cross-training folks, so he's constantly moving folks between CPS and APS after a couple of years to avoid burnout; in CPS it's a high burnout. So he does cross-train throughout so we can plus and play pretty quickly.

**LEG. HAHN:**

I think that's a real important piece to this that I think you're very much on top of and I appreciate that. Thank you.

**CHAIRMAN GREGORY:**

Did you finish?

**LEG. HAHN:**

Yes.

**CHAIRMAN GREGORY:**

Oh, I'm sorry. Legislator Calarco.

**LEG. CALARCO:**

Good afternoon. I have a quick question for you, probably not so quick, but. We're going through the budget cuts now line-by-line, especially those affecting service agencies, and there are certainly a multitude of contract agencies that come under your division, your department, and a number of them provide some pretty important programs in terms of foster care and child support and various activities that really help keep our numbers down. And I know you were just talking about some of those -- those caseloads that we have in CPS and the caseloads we have in Foster Care and how we've been really managing that very well, and I think some of that comes from these agencies. So the question to you is do you have any concerns regarding some of the cuts that have been proposed by the County Executive in order for those agencies to continue to meet their mission, or at least the mission we're contracting with them to provide, and the potential impact of that negatively impacting our caseloads on our County staff.

**ACTING COMMISSIONER O'NEILL:**

I don't see any impact in terms of negativity to caseload growth or lack of services to the DSS clients based on the reductions.

**LEG. CALARCO:**

Okay.

**CHAIRMAN GREGORY:**

Okay, Legislator Cilmi.

**LEG. CILMI:**

Thank you, Mr. Chairman. Commissioner, thanks for being here. I just have a couple of questions. With respect to your budget and to just kind of piggy-back onto what Legislator Calarco was asking about with respect to contract agencies; do you know what your budgetary allocation is for contract agency funding in your department?

**ACTING COMMISSIONER O'NEILL:**

Not off the top of my head, no.

**LEG. CILMI:**

Is that something that you could put your fingers on relatively quickly, Robert?

**MR. LIPP:**

Yes (*Brief pause*). Not that quickly, I need a minute.

**LEG. CILMI:**

While Robert's looking for that, I'll skip to my next question. Could you talk to us about fraud and abuse of the services that you provide and what your department is doing to mitigate that? If you've been able to kind of assign a number, a dollar value to it?

**ACTING COMMISSIONER O'NEILL:**

I'll call up Traci Barnes who is here today, she could speak to that, she has SIU under her purview. But the high level is we actively engage in waste fraud and abuse exercises. We are currently part of a demonstration project, one of a few selected counties in New York State. There have been several recoveries this year totaling well over, I'm sure, hundreds of thousands of dollars, but I'll Traci speak to the details of those. But we take -- we take waste fraud and abuse very seriously in DSS. We want to make sure that we're providing the best services possible, the most efficient way possible at the lowest cost to the taxpayers, and the more money that we can free up to provide services to Suffolk County residents in need the better.

And if we can return some of that back to the taxpayer in terms of collections, we're all for that.

**ASST. COMMISSIONER BARNES:**

Good afternoon. Traci Barnes, Assistant Commissioner. SIU has taken on a number of initiatives, as Acting Commissioner O'Neill has mentioned. One that we're actively involved in now is the child care provider fraud, and it's an area that we weren't able to go into before because of lack of resources. We obtained a grant earlier this year that passed through this Legislative body that gave us \$100,000 to really get into this area and to expand on some of the initiatives that we wanted to, because we believe that there was a lot of fraud in that area. There weren't enough checks and balances in place and it did prove that there were a number of providers as well as clients that were participating in fraudulent activities.

We have referred this year about 44 cases to the District Attorney for prosecution. I'm trying to think of the number off hand, because we just sent a commendation letter to District Attorney Spota because his staff has really been instrumental in bringing dollars back to the County in restitution payments. It's amazing, when pressed, people can provide you \$14,000 in restitution payments right away. I would say we're probably over a million dollars in restitution payments that have come back to the County, or there is an agreement in place that payments would be made over time back to the County.

**LEG. CILMI:**

Thank you for that. Do you -- in the SIU unit, do you use in-house staff to do those -- to do that function, or do you contract out with other agencies to do that function, or how is it performed?

**ASST. COMMISSIONER BARNES:**

Currently we have a hybrid right now. We do have DSS staff investigators on board investigating welfare fraud, and we also have a vendor who is also assisting in investigating fraud.

**LEG. CILMI:**

Okay. And you said you've been able to identify about a million dollars worth of -- yeah, that computer screen is kind of in the way, isn't it? I see your eyes popping over there.

**ASST. COMMISSIONER BARNES:**

*(Laughter)*.

**LEG. CILMI:**

About a million dollars worth of savings as a result of some of the findings?

**ASST. COMMISSIONER BARNES:**

Restitution payments.

**LEG. CILMI:**

Restitution payments.

**ASST. COMMISSIONER BARNES:**

The savings is probably in the millions, because we do -- once we have identified fraud, either the case is closed, so there's cost savings and cost avoidance going forward, so there's actually cost avoidance and there's real dollars. The million I was speaking of was the real dollars that would come back.

**LEG. CILMI:**

Okay. But you think there are millions more, potentially, in cost avoidance.

**ASST. COMMISSIONER BARNES:**

Oh, definitely. Absolutely.

**LEG. CILMI:**

So tell -- talk to us about the resources that you have available to you in performing those functions. Do you think that there's more waste and abuse and fraud out there that you could -- that you'd be able to identify if you had more resources to identify them, or do you feel you do a pretty good job of, you know, looking at the whole picture and finding all of it?

**ASST. COMMISSIONER BARNES:**

Of course you can't find all of it. But certainly, I had mentioned about the child care fraud grant, one thing that we did purchase with those funds was a software, LexisNexis software which expands our investigatory abilities tremendously, tremendously. And without really having to leave the office, so to speak, we can get a lot of information verified without going out, you know, to an employer, so to speak, and verify that they were employed; we can pull it up right on the computer screen. So technology has helped us a lot.

**LEG. CILMI:**

Uh-huh. Do you find yourself ever saying -- I'm sure you get questions from folks all the time about this issue. I mean, we all have fears that there's rampant waste and abuse in the Public Assistance system, altogether. You know, I hear stories all the time and I happened to be on-line in a supermarket recently and somebody in front of me was paying with one of the cards and, you know, she had a Coach pocketbook and a rock on her finger like you wouldn't believe, and I thought to myself *Geez, this is a little ridiculous, you know?*

So what latitude do you have in determining if there is fraud and abuse? What sort of controls are there that -- because I know a lot of what you do is controlled by other levels of government, the Federal and the State government. So what sort of latitude do you have in terms of looking for that waste and abuse and fraud?

**ASST. COMMISSIONER BARNES:**

As you mentioned, the State does set the parameters, so to speak, of our abilities to investigate clients. For example, we have a front end detection system. And although a client may present in what we believe as expensive items or assets, there's only specific targets or recommendations, you know, that we can look for in order to refer the case to SIU for investigation. You know, it just really can't -- it has to be more than just they appear to not need.

**LEG. CILMI:**

Right. So when somebody submits an application for Public Assistance, is any of that, the information that they include in their application, is it verified or is it taken at its face value?

**ASST. COMMISSIONER BARNES:**

No it's verified.

**LEG. CILMI:**

Through what means?

**ASST. COMMISSIONER BARNES:**

It depends. You know, if they're giving us, you know, pay stubs, you know, we verify their -- you know, their employer, their salaries and that kind of information.

**LEG. CILMI:**

Okay. Okay, thank you. Robert, did you get an answer to --

**MR. LIPP:**

We're sharing the microphone. Okay, so the contract agencies are recommended at \$8.95 million, which is down 455,000 from the 2013 estimated amount. So 8.9 and the previous two years, this year and the previous one, was a little over nine million.

**LEG. CILMI:**

Okay. And -- Commissioner, can you give us a thumbnail sketch of the breath of services that those contract agencies provide to the County?

**ACTING COMMISSIONER O'NEILL:**

Sure. Some of the services they would provide would be on the family children side, it would be services for maybe domestic violence victims, it could be services for homemaker services. You may have a young mom who needs help, never had the opportunity to cook for a child, you know, care for a child. On the TNAF side, if you will, on the Client Benefit side, it may be somebody that's even a food pantry that we had provided money for in the past.

**LEG. CILMI:**

When you do your budget request to the County Executive's budget staff, how do you go about determining which of those contract agencies to recommend and which not to recommend? What sort of accountability is there in place for these agencies?

**ACTING COMMISSIONER O'NEILL:**

So I'm going to answer in two parts. The first part is the budget comes with guidance, okay, so we have to, so to speak, follow guidance, if you will; that's just part of the normal budgeting process. There needs to be parameters in place that departments need to follow.

**LEG. CILMI:**

Guidance from the County Executive's Office?

**ACTING COMMISSIONER O'NEILL:**

Correct. Right, from the Budget Office, County Exec's Budget Office.

**LEG. CILMI:**

Like for guidance such as *find us 10% of savings* or something like that, as an example.

**ACTING COMMISSIONER O'NEILL:**

Correct.

**LEG. CILMI:**

Okay.

**ACTING COMMISSIONER O'NEILL:**

Then to your second point is most of our contracts, I won't say all because I'm sure if I said all then you'd find one that doesn't, but most of our contracts do have some sort of performance metrics in

them, and then we're constantly evaluating our vendors against metrics. Quite frankly, they're rudimentary in some cases, in some cases they're much more refined. However, we are moving to a more -- a refined basis in terms of measuring contract performance and having performance metrics in there that makes sense standardized, they're standardized across similar types of services. But when they -- but when we're preparing our budget specifically, to answer the question further, we will look at a vendor's performance; if the vendor is not providing an acceptable level of service, we will not renew that contract.

**LEG. CILMI:**

Okay, that's good to hear. I think that's all my questions. Thank you very much.

**CHAIRMAN GREGORY:**

Okay. Anyone else? No other questions? Okay, I think that's it. Thank you, Acting Commissioner O'Neill.

**ACTING COMMISSIONER O'NEILL:**

Thank you very much. I appreciate it.

**CHAIRMAN GREGORY:**

All right. I thought I saw Dr. Tomarken. Anyone from the Health Department?

**COMMISSIONER TOMARKEN:**

Right here.

**CHAIRMAN GREGORY:**

Yeah, I thought I saw him. Good afternoon, Commissioner.

**COMMISSIONER TOMARKEN:**

Good afternoon.

**CHAIRMAN GREGORY:**

How are you? We're just getting -- I was going to say Doctor Commissioner (*laughter*).

Legislator Spencer, we're at the Health portion of the meeting now and I will turn it over to Legislator Spencer at this point.

**CO-CHAIR SPENCER:**

Good afternoon, everyone. Thank you for taking the time out of your schedules. And Commissioner, thank you for being with us. And if you could kind of take a few moments and just give us a sense of just your budget and the recommended budget and just what your concerns are, and hopefully you're happy with everything.

**COMMISSIONER TOMARKEN:**

Thank you. Yes, we are happy with the overall budget. We do have some variables that we may not have a lot of control over. One is the EI situation, early intervention and the payment out of the State's fund, and the ability of the State to withdraw funds from our -- from that account. So there's some uncertainty there. It's gotten off to a rocky start, as you may well have read about in the newspapers.

We also are in discussions and negotiations regarding FQHCs for our health centers, so those are variables that will change overtime.

The Jail Medical Unit is another variable that will change as intake is opened at both facilities on a full-time basis. So we do have some issues that will change over the year, but all in all we think we have a budget that we can work with.

**CO-CHAIR SPENCER:**

Excellent. And is there -- I know some contingencies that certain things take place over the course of the year, I think that -- do you have a sense in terms of as we look at the sale of the Foley or the health centers or some of the things that revenue may have been anticipated, and depending on how fast things happen or don't happen, could make a significant impact and a lot of those seem to kind of rest within the Health Department. Do you have a sense in terms of looking at the overall budget and the direction that is being proposed, does it seem that there's a reasonable timeline for these things to take place in order to appropriately budget?

**COMMISSIONER TOMARKEN:**

Yes. For instance, with the health centers, we have one large fund that can be used either in the transition of the -- can be used for both the transition of the health centers to an FQHC, or continue to staff it and fund it as County organizations, and the fund is flexible enough to work both ways simultaneously, so that's one.

The Jail Medical Unit, we've established a different model, rather than having two full-time pharmacies, for instance, we will have dispensary and a pharmacy, at least that's the plan. Our Jail Medical Units will be slightly different so that staff can rotate between the two, so we won't need as many people as we originally thought. We think -- we hope the EI issue will be resolved and become more predictable, and we're hoping that once that gets settled then we will be able to finalize the amount that's needed in our escrow account.

**CO-CHAIR SPENCER:**

Thank you. Legislator Cilmi has a question.

**LEG. CILMI:**

Thanks, Mr. Chairman. Thanks, Commissioner, for your presentation.

I had asked a question of Commissioner O'Neill, to what extent do contract agencies play a role in providing the services that his department provides. I'll ask you the same question; do you know off the top of your head, and I asked Robert to look at it as well, what the monetary commitment is from the County in terms of contract agencies in the Health Department?

**COMMISSIONER TOMARKEN:**

Maybe I can get that number from Mrs. Bermel who's in the back, if she can give us a good estimate.

One thing to keep in mind is we have two different types of contract agencies; some that work directly with us that we actually use, and others that the funding comes through us but they don't work with anybody within our department, they're a standalone entity, they have their own service they provide and they get funded, and it's usually funded in the Omni budget. So, but we do have a large number of contract vendors that we work with and they have -- we try to maintain our relationship with them. And they have been cut slightly, but it's a big part of the department and needed to deliver the services that we do.

**LEG. CILMI:**

So that leads to two questions, then. First of all, is on those that you work closely with, those agencies that you work closely with, what level of accountability do you have them adhere to and what drives your decision-making process in terms of what to ask for with respect to funding for those agencies when you go in and do your budget proposal to the County Executive's budget staff?

**COMMISSIONER TOMARKEN:**

Well, generally each contract that we have has an accountability part of it and it varies depending on the type of service that they provide. But we continually do review that on an ongoing basis, because we need to know how the money is being spent and whether or not we want to continue with them in the future. So we do have accountability parts to every contract.

**LEG. CILMI:**

Are they meaningful or are they, you know, ministerial in nature?

**COMMISSIONER TOMARKEN:**

My overall impression is that they're meaningful. I mean, there may be some that aren't, but I have to -- we have so many, I couldn't give you chapter and verse, but I think looking at -- take, for example, the health centers. We have very stringent -- we do, as well as the State -- productivity parameters, and we also have to be in compliance with State requirements for delivering health care services. In our early intervention, we have many regulations and rules we have to follow from the State, etcetera, and so there's very few that are lone wolves out there doing whatever they want. We have it in the contract, we review them on an ongoing basis. In the Bureau of Public Health Nursing we contract out a lot of services. We are constantly looking at the contract to make sure that they're in compliance because, again, not only do we have to keep them in compliance, they have to be in compliance with State regulations.

**LEG. CILMI:**

Okay. Did you guys come up with an answer for me, before I get into my next question?

**MR. LIPP:**

Yes. So if you look at all contract agencies 4980 in the Health Department, it comes -- it's recommended at 58.4 million, almost 60 million.

**LEG. CILMI:**

And what was the -- that's the recommended for 2014?

**MR. LIPP:**

Correct.

**LEG. CILMI:**

What was the estimated for 2013?

**MR. LIPP:**

Seventy-one point four million, and Margaret could explain the difference.

**LEG. CILMI:**

That would be terrific.

**MS. BERMEL:**

Thank you, Robert. Margaret Bermel.

**MR. LIPP:**

Leave it on.

**MS. BERMEL:**

Okay. Margaret Bermel, Department of Health Services. One of the differences in the 4980s are in accordance with the ADH, we backed out all the Omni funds, and we also reduced the contract agencies by the reduction as called for in the ADH. So that accounts for most of the difference. Also in the 4980s and 4100, in-patient care, the health centers operated by the hospitals were backed

out of that number.

**LEG. CILMI:**

Okay. With respect to what you're referring to as the Omni --

**MS. BERMEL:**

Just to -- to further continue, in 4101 the health centers were budgeted in the 4980, in 4101; they were taken out of 4100/4980 and they were combined in the aggregate in 4101/4980.

**LEG. CILMI:**

Okay. Maybe I'll ask Budget Review to just comment on that and about the numbers specifically for the health centers. But that's a very small universe, so let's just skip over that for a second and go to the other contract agencies that may have been this year in the budget as a result of the Omnibus budget resolution that we passed last year.

So there's -- it looks to me like there's about a \$13 million or so difference, it's a significant amount of money. We spend quite a bit of money all together; \$71 million is a lot of money we spend on contract agencies.

One of the reasons that I have been so opposed to the way we do this whole Omnibus process is that, you know, as a Legislator, I have a business background. I don't know really the first thing about providing for child care or drug and alcohol addiction services, it's not -- just not my -- other than what I've been able to gleam as a Legislator and talking with different folks, I don't have the expertise to determine whether or not an agency is, you know, effectively providing the services that we ask them to provide at a reasonable cost. So, you know, while I may think, you know, this agency or that agency, just from an anecdotal point of view, does a good job, or maybe they provide services within my district, that doesn't necessarily mean that they're, in the grand scheme of things, doing the right thing by the residents of Suffolk County.

So I would much prefer the department, in this case the Department of Health Services, to recommend, you know, the host of agencies necessary to perform the functions that we believe are priorities in Suffolk County. For example, one of the agencies that was cut, at least to some degree, out of the budget was LICAD; and I know Mr. Reynolds is in the audience and will speak to us a little bit later about that cut. But drug and alcohol addiction is a tremendous, tremendous problem in Suffolk County, as it is, I would suspect, throughout Long Island and probably the country. For the department to not fund services that deal with that problem to me is irresponsible. And I'm not blaming you for it, it's a policy decision that, you know, you figure the Legislature -- well, I'm not sure that you figure, somebody figures the Legislature's going to put the money in there. So why -- you know, *why not put out a budget that eliminates it and we can say we saved X-amount of money and, you know, we know the Legislature's going to put it back in anyway.* So, but, frankly -- although I like Jeff Reynolds and it appears to me that LICAD does a terrific job, I can't really, you know, come to a very -- you know, a conclusion based on -- based on education or experience in that field, you know, but the Health Department obviously has lots of experience in that field because it's what you're dealing with on a day-to-day basis.

So with respect to the 13 or so million dollars that has been cut out of the budget in anticipation of the Legislature putting it back in, I would suggest to you that -- and my colleagues may disagree, I don't know, that it's more appropriate -- the request would be more appropriate coming from the department that has the expertise to oversee, you know, these services, the provision of these services. Can you comment on that at all, Doctor?

**COMMISSIONER TOMARKEN:**

I agree. I mean, I think that that's a much better method than assuming somebody else is going to pick up the slack, so to speak, or whatever. And it would also give people a bit more predictability in their budgeting, these agencies like LICAD, which we do work with and is a very good and

supportive agency. So, yeah, I don't think this is the best method that is being used now.

**LEG. CILMI:**

And not only that, but you could have a dialogue with the agency throughout the course of a year and, you know, if you need to tweak certain things about the way they're providing the service, you can tweak certain things. And then when it does come time to ask for funding in the budget, at least you have a level of confidence that you've either, you know, been able to work with this agency and they're responding to the needs of our residents or not. Because this way there's no accountability whatsoever, it's -- you know, we're all kind of trying to decide, *Yeah, they're pretty good. You know, Jeff seems like he does a good job.* And Jeff is only one of, you know, probably a couple of dozen agencies that I guess have been cut.

**COMMISSIONER TOMARKEN:**

I would just comment that we don't ignore each other for the whole year and then, you know, the weekend before -- we don't sort of deal with it like that.

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

It's an ongoing, and if we thought that an agency was not doing its job, we would make it very clear that we would not --

**LEG. CILMI:**

I'm sure you would.

**COMMISSIONER TOMARKEN:**

So I just don't want it to be misunderstood that it's as if we don't have any oversight or conversations --

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

-- or interaction throughout the course of the year.

**LEG. CILMI:**

Uh-huh. So let's talk about that just a little bit further, if you'll extend me a little bit of --

**CO-CHAIR SPENCER:**

Tom, let me ask you a question, if I could. And definitely, it's your Legislative prerogative. One of the things that DuWayne and I did, because we had the Commissioners kind of come up and give us remarks. We have cards, but some of the people that came -- they took their afternoon off, wanted to come and give their three minutes on the record and a couple have to leave. Is there any chance that we could -- there's only like 12 cards and that would take us like 24 minutes, and let them, especially ones that have to leave, and then if you want to get more in-depth with the Commissioner, could I do that? Can you find a juncture where we could bring this back on-line?

**LEG. CILMI:**

Yeah.

**CO-CHAIR SPENCER:**

Is that okay with you, or do you want to just finish up this little --

**LEG. CILMI:**

Let me just ask one final question, if you don't mind.

**CO-CHAIR SPENCER:**

Absolutely.

**LEG. CILMI:**

And then I completely understand; I may have some questions for those folks as well. So in the scope of that \$13 million, Commissioner, is a variety of different types of services. Drug and alcohol addiction is one of them, but there are many others, I would imagine.

And I won't ask you now, maybe we can do that later, to come back to us and talk to us about the scope of those services. But I want to make sure that when we're doing what we're doing back here with the budget, that -- and it would be nice if the County Executive's Office, when they propose a budget to us, propose it in such a way that we make sure that we're at least covering the bare minimum of services necessary in any, you know, particular area. You know, that we're not -- you know, that we're not -- we haven't totally ignored suicide prevention, for example, in the budget, in hopes that the County Legislature will put something back in there. We haven't totally ignored drug and alcohol addiction. But I don't think you can make that -- I don't think you can -- I don't think you can make that statement now, right? I mean, we pretty much -- anything that was in the budget as a result of Omnibus last year was basically removed from the budget this year, without respect to whether or not there's any coverage, if you will, in the budget for that particular type of services; is that fair.

**COMMISSIONER TOMARKEN:**

I think by and large that's a fair statement.

**LEG. CILMI:**

Okay. Thank you. Thank you, Commissioner, I appreciate it. Doc, thank you very much.

**CO-CHAIR SPENCER:**

Thank you, Legislator Cilmi. I appreciate you letting me interfere.

Commissioner, we're going to go to the public, but Legislator Hahn wanted to give you something to think about for when we bring you back up. So, Legislator Hahn.

**LEG. HAHN:**

Yes, just because everybody has been waiting. And so I, too, wanted to focus in on mental health, drug and alcohol addiction services and understand how this budget prioritizes what is an epidemic that is continuing, and I'm not sure that I see that priority in some of the decisions that were made. So I want -- I kind of would want that explained, but I'm also concerned about the Division of Environmental Quality, so I'll want to talk about some of those items when we get to it, but I do want to hear from the public. So thank you.

**CO-CHAIR SPENCER:**

Thank you. Commissioner, so will you be able to stay with us for a little while?

**COMMISSIONER TOMARKEN:**

*(Nodded head yes).*

**CO-CHAIR SPENCER:**

I appreciate it. Thank you, Margaret, appreciate it.

Our first speaker is Richard Koubek, and he's talking about the budget for the Welfare-to-Work Commission. Hi, Rich. How are you?

**MR. KOUBEK:**

I'm good. How are you?

**COMMISSIONER TOMARKEN:**

Very good, thanks.

**MR. KOUBEK:**

Richard Koubek, I'm the Chair of the Welfare-to-Work Commission and I'm here to talk about the DSS staffing. And it appears I'm putting sort of a dark cloud over the statements made by the Commissioner, but let me get to our position.

In 2008, in October of 2008, the Commission sent a report to you, to the Legislature, and we documented chronic understaffing at DSS. And five years later, today, we're pretty disturbed that the BRO analysis of the 2014 Recommended Budget yet again projects DSS staffing shortfalls. And I'm going to quote the BRO, and this is a tone quite different from Acting Commissioner O'Neill; BRO said, *"These shortfalls will, quote, further burden a department overwhelmed with mandated responsibilities with its dwindling workforce strained beyond their limits in too many service areas."*

As we -- the Commission reported to you in our poverty report last year, between 2008 and 2011, DSS monthly caseloads rose dramatically, from a low of 39% increase in Medicaid to 109% in food stamps, and yet their staffing went down and it remains down. And so with -- as the BRO reported, with the press of services on DSS, we are concerned that the staffing as projected in the current budget for 2014 will cost DSS additional positions. And this has result, apparently, from inflated \$7 million in turnover savings that's going to cost them \$1.2 million in permanent salaries. So we're, therefore, recommending what the BRO recommends, which is to take -- they found \$573,000 -- they're recommending \$573,000 from two million they found in savings, and that these be applied to what BRO considers to be permanent salary shortfalls in Family, Children and Adult Services, Client Benefit Administration and Child Support Enforcement.

The other thing the BRO recommended, and we strongly support this and you have all received a letter from us yesterday, is that the County Executive appoint a permanent Commissioner at the first opportunity. So with that, we thank the BRO once again for their excellent report and we lift out for your consideration their recommendations. And while the department is satisfied with the budget, apparently BRO has a different take and so does the Commission. Thank you.

**LEG. CILMI:**

Mr. Chairman?

**CO-CHAIR SPENCER:**

Yes. Tom.

**LEG. CILMI:**

Can I ask a question.

**CO-CHAIR SPENCER:**

One moment.

**LEG. CILMI:**

How are you, Rich?

**CO-CHAIR SPENCER:**

Thank you. Legislator Cilmi has a question for you.

**MR. KOUBEK:**

Oh, I'm sorry. I turned my back.

**LEG. CILMI:**

That's okay. The pale guy over here.

*(\*Laughter\*)*

**MR. KOUBEK:**

You've got to get to the beach.

**LEG. CILMI:**

Yeah, I know, I've got to figure out how to get to the beach more often, I guess.

**MR. KOUBEK:**

It was a warm October. Not many -- this is the last day, probably. Anyway, sorry.

**LEG. CILMI:**

So with respect to your last statement about appointing a Commissioner as opposed to an Acting Commissioner, I just wondered if you've had a good relationship with Mr. O'Neill, if he would be somebody that you would recommend, you know, that we fill that position with or what; is that something that you can say?

**MR. KOUBEK:**

No.

**LEG. CILMI:**

No. Okay.

**MR. KOUBEK:**

I have a good relationship with him, but the recommendation needs to come from the County Executive. But we're working fine together.

**LEG. CILMI:**

Okay.

**MR. KOUBEK:**

And I feel for him. I mean, he's got a lot of decisions that have to be made, and when you're a permanent -- permanent, you have a little more leeway to make those decisions.

For example, the Commission spent three years developing a new ADA policy, excellent policy, and we had to give it to an Acting Commissioner; I felt sorry for him. I mean, we finished, we had the full support of Commissioner Blass, we had the full support of the department and we presented him with this excellent document and kind of prayed for him, like what do you do with a change in policy of this significance when you're Acting Commissioner. One example of how, you know, the County Executive needs to make a decision.

**LEG. CILMI:**

Do you think that -- and that's not -- never mind, that's not a fair question to ask.

We spend a lot of money in our Department of Social Services; in fact, it's by far the largest department within County government. If you added up our health budget and our Public Works budgets together, they still don't equal what our Department of Social Services' budget is. Has your group identified any potential areas for savings in that department, or do you just see the increased need and, therefore, the need for us to increase staffing to serve that increased need.

**MR. KOUBEK:**

You know, that's a great question. We don't micromanage the budget to find savings, but one of the things we focus on are the revenue streams that would make it easier for them to deliver the services. The needs are there, you know, we've spoken to you so many times, to the Legislature about the working poor and the near poor and the new poor; these are real needs. But when you find situations like the State slashing our child care allocation through a formula maneuver that needs to be fixed and they don't fix it, that's the kind of thing we focus on.

**LEG. CILMI:**

How much does that cost us? Just out of curiosity.

**MR. KOUBEK:**

I'd have to check on that.

**LEG. CILMI:**

Are we talking about millions of dollars or hundreds of thousands of dollars.

**MR. KOUBEK:**

Yeah, yeah, I do know the number. Over the last, I think, four years it's totaling about \$5 million in CCBG, Child Chare allocations.

**LEG. CILMI:**

So roughly a million dollars a year.

**MR. KOUBEK:**

Yeah.

**LEG. CILMI:**

Have we spent any time, do you know, talking to the State about that?

**MR. KOUBEK:**

We? I know the County Executive has. I know that every member of the Legislature signed a letter we recommended to the Governor, I think it was last summer, 2012, calling for a change in the formula. Yes, the answer is yes.

**LEG. CILMI:**

Okay. What's been the response?

**MR. KOUBEK:**

Nothing that I'm aware of.

**LEG. CILMI:**

Well, that's a shame.

**MR. KOUBEK:**

Yeah.

**LEG. CILMI:**

It seems to me we have to do a better job of communicating, then, with the Governor and the State Legislature.

**MR. KOUBEK:**

Yes. We've also involved the State Legislators who represent Suffolk County. So the State Legislators are on board, the County Executive has been talking to the Governor, we've been writing to the Governor, you've been writing to the Governor, but nothing has happened.

**LEG. CILMI:**

Interesting. Well, I understand he's going to be down here sometime soon for some campaign-related events, maybe that would be an appropriate time. Thanks for your testimony.

**MR. KOUBEK:**

Okay, thank you.

**CO-CHAIR SPENCER:**

Thank you, Dick. Appreciate it.

**MR. KOUBEK:**

Okay, thank you.

**CO-CHAIR SPENCER:**

For those of you who just joined us, it's 2:30 and Public Safety Budget Hearing is supposed to start at 2:30, so that will follow immediately after Vets and Health. So we're going to continue with our cards. Vito Minei, Cornell Cooperative Extension.

**MR. MINEI:**

Yes. Thank you, Doctor. Thank you, Legislator Gregory. I'm Vito Minei, Executive Director of Cornell Cooperative Extension. I spoke this morning at a joint committee, so I think I'm going to change gears a little bit because a lot of what I've heard is pretty thought provoking.

I didn't have time this morning to thank the County Executive and his budget people as well as the Budget Review Office with regard to our -- the recommended budget for Cooperative Extension. It's in your red packets and you'll see, if you look to the right-hand side, that we're looking at a recommended budget of a 5% cut from last year which amounts to about a \$133,000 reduction. Now, we consider this a reasonable reduction in the context of all the other cuts that are being considered. But I'd also ask you to think, when you're looking at balancing the budget and possibly making other cuts, that you keep in mind where CCE has been over the last three or four years. Three years ago, while other contract agencies were being cut 5%, several of our programs, two of our programs in particular were totally defunded, we sustained a 15 to 20% cut. So if we look back just three years and look at the current recommended budget, we're down about \$600,000. And on the upper right-hand side of our letter head, you'll will see our four-part mission, which I think aligns very neatly with priorities for the County with regard to parenting and communities, fostering economic development, preserving the environment and promoting sustainable agriculture. So we're kind of holding our own, but we're relieved by the recommended budget, but obviously with cuts we're not on the rebound.

I actually want to use the remainder of my time to possibly try to address some of Legislator Cilmi's questions and some of your others. And I'll use some examples from the two Commissioners here. You heard about the SNAP Program, the Supplemental Nutrition Assistance Program. Well, Cooperative Extension, through Social Services and through the Food Stamps Program, provides SNAP education. And from my observation, admittedly anecdotal, I share your concern; are there abuses in the system. But what disturbs me even more when you observe the clientele coming in

for this education is more and more of them seem to be working poor. These are not slackers, these are not people living off the largesse of the Federal and State government. I see people truly hurting coming to this education.

And what's even more remarkable to me in 2013 is how much education people need. They know with their food stamps they can buy thousands of calories of junk food. It's all our obligation, and we take it to heart at Cooperative Extension, is to try to guard -- guide them to more wholesome diets. So I've heard other elected officials say, *Gee, if it comes down to a budget question of providing the money to a food pantry or to SNAP, I'll do it, but I think I'll cut off the education.* I can show you any of number of testimonial letters that thank us for the idea of steering people to more wholesome food and helping these working families, who are in poverty, be able to put a wholesome meal on the table.

You also asked, Legislator Cilmi, about parameters and metrics, and I think Dr. Tomarken really went to the heart of that issue. Not only is it the responsibility of your agencies here to decide, but we at Cornell Cooperative Extension get our research base from the university and international input on various issues. But the one you're dealing with, I saw a market change in priorities from Cornell and they're really trying to address more and more the problems of adolescence. And it's just remarkable how they change, the drug of choice, just addictive behavior that carries the gamut from self-inflicted wounds to tattooing to drug abuse. And what Cornell, our parent, wants us to do is get not only into the very important long-term behavioral changes, but also into intervention. So we'll be dealing more and more with the children themselves as well as the very important parent education, and we also educate others.

The thing you hear all the time is a program we're very active on, bullying and cyber bullying. That problem just won't go away and we're trying to address it. So my point to you, Legislator Cilmi, and the rest of the Legislators are there are also self-imposed parameters of evaluating. Who are you reaching? What kind of media are you using?

**CO-CHAIR SPENCER:**

Vito, I'm sorry, your time is up. I apologize.

**MR. MINEI:**

Okay, I just wanted to thank you for your time and I want to thank the County Executive for recommending the budget and BRO for sustaining it.

**LEG. CILMI:**

Could I just ask a quick question, Doc?

**CO-CHAIR SPENCER:**

Absolutely.

**LEG. CILMI:**

Mr. Chairman?

**CO-CHAIR SPENCER:**

Absolutely.

**LEG. CILMI:**

Vito, in your experience -- you've been at Cornell now for how long?

**MR. MINEI:**

Three and a half years.

**LEG. CILMI:**

And you were with the County for long before that?

**MR. MINEI:**

A million years (*laughter*). Thirty-eight years.

**LEG. CILMI:**

Thirty-eight years.

**MR. MINEI:**

There was an environment before I got to the Health Department.

**LEG. CILMI:**

In your experience, and you talked about the increased needs for Public Assistance and the working poor and how more and more of the folks that you're dealing with are working poor. What do you think is -- what do you think is -- are the two or three major causes, components to that issue?

**MR. MINEI:**

Boy, I wish I had a quick answer for you. But I --

**LEG. CILMI:**

If you don't have a quick answer, then we probably should talk privately, because I don't want to belabor.

**MR. MINEI:**

I'm going to just quickly spin it for you.

**LEG. CILMI:**

Sure.

**MR. MINEI:**

I'm on the Regional Economic Development Council, and more and more we hear from educators, *We need our youth to be educated in science and other things*, but for us at Cooperative Extension, not only do we want to encourage and have children enjoy these kinds of things, but we start at the core of the family. And we believe before you can talk about economic development, before you can talk about enjoying science, you really have to have a sustainable family core, and that would be my best quick answer for you.

**LEG. CILMI:**

I like that answer very much. Thank you.

**MR. MINEI:**

Okay, thank you.

**CHAIRMAN GREGORY:**

Thank you, Vito. Appreciate it. And we appreciate what you do at Cornell. Thank you.

Our next speaker, Deborah McDonald.

**MS. McDONALD:**

Good afternoon.

**CO-CHAIR SPENCER:**

Good afternoon.

**MS. McDONALD:**

My name is Debbie McDonald, I'm here today on behalf of Response of Suffolk County. I've been a volunteer at Response since 2001. I work on the hotline, training new volunteers and serve as Chairperson of the Board of Directors. My friends and colleagues spoke to you two weeks ago about our services, our impact on the community and our finance. We are here again today to ask that you restore the \$47,000 that was removed from our budget.

Last year we handled more than 20,000 calls. We gave 333 presentations to more than 10,000 youth and youth-involved adults. We answered roughly 1,000 calls on the lifeline, which is a national suicide prevention network. We responded to 869 on-line calls, mostly from teens and young adults. We do this work and more with 70 volunteers who offer 15,000 hours of service, which we estimate has a value of \$400,000. We have three full-time employees and several part-timers. We have faced and dealt with cuts totaling \$100,000 in the last three years. As Board Chair, I have been involved in all of the decisions made to accommodate this reduced funding. Although we're a soft-spoken bunch, we are fierce in our determination to serve the weakest and most vulnerable of our neighbors.

We have cut wherever we can. We're not a fancy place; our furniture is donated, our equipment is old, we take out our own garbage, bring in our own scrap paper and do our own repairs. With each cut we have reduced staff to protect our programs. Fewer people are doing more and more. If this money is not restored, we will have to look at cutting programs that serve and save our children and our neighbors. Please restore our funding and help us continue to provide these vital services to our community. Thank you.

**CO-CHAIR SPENCER:**

Thank you. We appreciate it, and we definitely are taking a hard look at that.

**MS. McDONALD:**

Thank you.

**CO-CHAIR SPENCER:**

Meryl Cassidy. Good afternoon, Meryl. How are you?

**MS. CASSIDY:**

Hi. I'm fine. How are you?

**CO-CHAIR SPENCER:**

Very good, thanks. Thank you for your patience.

**MS. CASSIDY:**

No, it was an interesting discussion. I actually feel the need to also address some of the questions, but I'll restrain myself. But in addition to the oversight we get from the Suffolk County Youth Bureau, we have our own oversight, we're accredited by a National Accrediting Agency that holds us to very high standards.

So response is here again. We were here two weeks ago, as Debbie said, to reiterate our concerns, and also because we realize that it's getting down to the wire if we are to prevent a dire outcome. As you may recall, this is funding through the YDDP contract of the Youth Bureau, \$47,033. It may not seem like a huge amount of money to you, but to us it's eliminating an entire funding source. And as Debbie said, we've already sustained \$100,000 in cuts over the past couple of years, and we've adapted.

I think this -- if this is eliminated, it really will be the tipping point for us. I think it would force us to eliminate services and, you know, it's the lesser of two evils; we'd have to probably eliminate services to our on-line program, and those are very, very at-risk youth who are going on-line

because they're -- you know, they're self-injuring or they are very -- talking about -- they're at very strong risk of suicide. And we'll have to cut our Community Education Program.

But I want to make sure you understand the vital role we play. Our crisis lines provide a very unique point of access for Suffolk County residents experiencing any type of crisis. Because our help is as close as the telephone or a computer or an i-phone or a tablet, we're able to serve many, many more people at less cost. We reach people who are not in traditional treatment. The fact that we're free and confidential helps ensure community-wide access. Over our 40 plus year history, we've trained thousands of college students who go on to make contributions in the fields of medicine, education, human services, so we're paying it forward in countless ways every day.

We collaborate with our CPEP; I'm very proud of this collaboration. Thirty percent of people who make a suicide attempt reattempt within the three months following a hospital admission, so CPEP is referring people who have been to them after an attempt and we stay with them and do follow-up work for three months to make sure that they don't reattempt. Our Deputy County Executive has been quoted as saying that *while these, the contract agencies, certainly handle a lot of critical functions for us, it's important that County funding should not become a part of these groups base-line budgets*, and I know that's a sentiment shared by many of you. But I would like to say that isn't this the essential role of government, to provide for the neediest, the most vulnerable? If you agree with that, then I think we should be able to rely on this funding. We need this funding as a base. We, of course, write grants and fund-raise and look at fee-for-service and collaborate, but we need this as a baseline.

*(Beeper Sounded)*

If Suffolk County -- is that a beep to tell me that I'm done?

**CHAIRMAN GREGORY:**

Yes.

**MS. CASSIDY:**

Oh, okay. Well, let me just say that if Suffolk County loses Response, there will be a gaping hole in the system, and it's a hole that is difficult to measure with any metrics or outcome measures that you use. And if you or someone you love one day finds that you're in a state of crisis and you need a safe place where you can be listened to and given the time and space to figure out your own next best steps, well, then all I can say is that I hope that when that time comes, Response is there for you. Thank you.

**CHAIRMAN GREGORY:**

Thank you. We have Legislator Browning wants to ask you a question.

**MS. CASSIDY:**

Yes. Hello.

**LEG. BROWNING:**

And to give you a little more time, though. I don't know if I missed it; did you tell us how many calls you have received say in the 1-year period?

**MS. CASSIDY:**

Over 20,000.

**LEG. BROWNING:**

Twenty thousand. How many volunteers each night?

**MS. CASSIDY:**

Oh, on a given night? We have an aggregate of about 70 volunteers, but on any given shift there are two people on the hotline, two people on the support line and two people on-line.

**LEG. BROWNING:**

Okay. No, I'm just, you know, curious because you're saying you've handled 20,000 phone calls, and these are mostly suicide calls?

**MS. CASSIDY:**

About 40%.

**LEG. BROWNING:**

Okay. And, you know, again, I think you know my position on this issue and how important I feel about your services. You know, I certainly would like to know how many -- there's nothing better than having somebody to reach out to.

**MS. CASSIDY:**

Uh-huh.

**LEG. BROWNING:**

And to prevent a possible suicide. And knowing that you are the only hotline for people to call, I certainly believe there's a true need for you, along with Joe's project which was another one that was zeroed out.

**MS. CASSIDY:**

Yeah, yeah.

**LEG. BROWNING:**

But I -- you know, I think it would be nice to know how many of that 40%, you know, how many potential suicides have been avoided because of what you've done.

**MS. CASSIDY:**

Yeah, thank you. And, you know, Lorraine is going to talk after me about some specific work, but we're doing much follow-up work with people so that we can get a handle on just that. We know we've saved them that night, but we want to put safety plans in place for them so that they're going to be good, you know, moving forward.

**LEG. BROWNING:**

I thank you. And I am on the Budget Working Group, so I will definitely be keeping you on my radar. Thank you.

**MS. CASSIDY:**

Thank you.

**CHAIRMAN GREGORY:**

Legislator Cilmi?

**LEG. CILMI:**

Hi, Meryl. Did I hear you say, maybe not today, some other time or maybe I heard somebody else say that suicide is the leading cause of death among adolescents?

**MS. CASSIDY:**

No, it's the leading cause of death globally in the developed world, superceding any other cause of death. But for young people -- for college students it's the second cause of death.

**LEG. CILMI:**

Second, okay.

**MS. CASSIDY:**

For 14 to 24-year olds, it's quoted as either the second or the third depending on what statistics you look at.

**LEG. CILMI:**

So for college students, what's the first?

**MS. CASSIDY:**

I believe it's accidental.

**UNKNOWN AUDIENCE MEMBER:**

Drowning, trauma.

**MS. CASSIDY:**

Trauma? Trauma.

**LEG. CILMI:**

Okay.

**MS. CASSIDY:**

And it's an under-reported statistic, as we know.

**LEG. CILMI:**

Okay. Do you know, in the budget as it's been proposed, is there any funding for suicide prevention or crisis counseling services?

**MS. CASSIDY:**

Not in the unique way that we offer it, but certainly all of our mental health and behavioral health providers that we work with do a certain amount of crisis Intervention in their work, they have to. But in the unique way that we provide it, 24/7, on the phone or on-line? No.

**LEG. CILMI:**

Okay. All right. How many -- how many agencies do you think provide that service among the scope of services that they provide? If you had to hazard a guess.

**MS. CASSIDY:**

I don't know. I've been very proactive, I've been -- I and some of my colleagues on the Suicide Prevention Coalition have gone out and trained them so that they can at least be somewhat proficient in the assessment of suicide risk and safety planning. I would hope that it's part of every behavioral health provider's repertoire. It should be just as -- some of our colleagues in the recovery field will always assess for drug and alcohol use, you're always going to assess for risk of suicide, but there's no one else that does it -- you know, that provides that immediate free access 24/7 in the ways that we do it at Response.

**LEG. CILMI:**

Yeah. To some extent I understand your point, that everyone should be at least capable of, you know, dealing with a situation when it presents. But on the other hand, there is something to be said for specialization.

**MS. CASSIDY:**

Uh-huh, uh-huh.

**LEG. CILMI:**

And, you know, to the extent that XYZ agency is charged primarily with, let's say, I don't know, providing housing or medical services for homeless folks, let's say.

**MS. CASSIDY:**

Uh-huh.

**LEG. CILMI:**

If that's their primary charge, to have them committing resources to crisis intervention or suicide intervention may not be the best use of their resources.

**MS. CASSIDY:**

Correct.

**LEG. CILMI:**

And conversely, when we have agencies that are focused on suicide prevention crisis intervention, then it seems to me that those are the agencies that we should be relying on to provide that service because more than likely, you're best capable of providing those services.

So --

**MS. CASSIDY:**

I would agree. Most people get to the point of assessing somewhat the level of risk and then referring either to us or to a hospital or a psychiatric setting so that they can get a more in-depth assessment of level of risk.

**LEG. CILMI:**

So --

**MS. CASSIDY:**

There are many, many people out there who are low-to-moderate risk who need ongoing support and safety planning, and that is one of our areas of expertise.

**LEG. CILMI:**

So it presents sort of an interesting challenge for contract agencies in general, because as their funding declines as a result of budgetary challenges in government, right, they try to make themselves more valuable. And I guess one of the ways to do that may be to expand the scope of services that you offer so that you can say to government, *Look, look at all of this that we do and, therefore, give us more money.*

**MS. CASSIDY:**

Right.

**LEG. CILMI:**

But, I mean, the fact is there's less money. So to me, that's a delusion of their services when they do that.

**MS. CASSIDY:**

Yes.

**LEG. CILMI:**

I would much prefer to take the resources that each of the five or six, or however many other agencies are out there doing some crisis intervention. I'd rather take the resources that they're utilizing and devote them towards an agency like yours that's focused on that, because you know it so well and because it will allow them to focus on their core missions, whatever they may be,

whether it's homelessness, whether it's drug and alcohol addiction, whatever it is, child care. Anyway, thanks for your perspective. I appreciate you being here.

**MS. CASSIDY:**

Okay. Just in a quick response to that, that's one of the reasons why we encourage agencies to utilize this as a resource in that way, as either to consult on a case or to refer family members to us who are concerned about a loved one so that we can -- we can help with the assessment piece and the follow-up.

**LEG. CILMI:**

Thank you, Meryl.

**CHAIRMAN GREGORY:**

Okay, thank you. Just to remind everyone, we're about 15 minutes, 20 minutes over schedule and we have nine more speakers. Lorraine Pergallo? Did I pronounce that correctly?

**MS. PERGALLO:**

Yes.

**CHAIRMAN GREGORY:**

And on deck is Jay Gardiner.

**MS. PERGALLO:**

Hi. I am Lorraine, I'm also with Response and I'm a volunteer, counselor and community educator. You received all of the data and details from Debbie and from Meryl about what Response is and how vital it is to the community, and I was asked to come here and just give the perspective of a counselor, what type of work we do out there, and I thought I would do that through just one or two examples.

The first that came to mind really is a father in our community calling up the hotline, recently, about two weeks ago, really distressed over the condition of his son. This son really has a change, a significant change in behavior, this distresses the father and he needs somebody to talk through that with. So his fears about his son's depression, his suspicion about drug use now contributing to this son's aggressive behavior and his lack of attention to school and family was of grave concern. The father shared with us the outburst, the domestic violence, the overwhelming concern that he has for the son's safety and the safety for others.

As a counselor with Response, using their methods, we're really able to contribute by helping to lower the anxiety and get this father to the point where he can actually talk through what the current situation is and the options that are available for him. Very, very helpful techniques that we're able to use and many positive results step from this, beyond just his call in to us. It required a lot of work on combining community resources to provide him with the therapy and the support groups that he was looking for to get through his situation. There was third party outreach, so with his permission, I reached out to the son who was able to engage with me and really participate in his own treatment and recovery, and the whole family was involved. Many good things resulted from this, and this call -- this type of call is far too common out there. Not all end well, but all of these callers are really seeking this type of support and they deserve it and that's what we provide over at Response. So it is a very critical service that we're providing to the community.

In addition, as a community educator, just this past month alone I've been in front of over 650 middle and high school students, talking about the key issues in our society. We're talking about depression and suicide prevention and bullying and self-injurious behavior. These are things that are critical to get out in the open so we can identify those people at risk and let them know that there are services available for them. It's a lot of work that we do at Response, I'm proud to be a

part of it, that's why I volunteer, and I hope that you'll consider really what we do as you consider restoring our funding. So thank you.

**CHAIRMAN GREGORY:**

Thank you. Ray Gardiner? Excuse me, Jay Gardiner. And on deck, Jeffrey Reynolds.

**MR. GARDINER:**

Good afternoon. My name is Jay Gardiner and I am the Chair of Suffolk's Regional Emergency Medical Services Council. On behalf of our members and our constituencies, I'm here today with regard to a very serious need for full-time Medical Director in our County's Emergency Medical Services System.

REMSCO is a New York State statutory oversight body for the EMS system in Suffolk County. We're comprised of 30 representatives from public and private sectors including doctors, nurses, fire departments, ambulance corps, police, etcetera. The Division of EMS is responsible for organization and training and ongoing coordination of the entire EMS response in this County. A hundred and ten different agencies and over 5,000 providers from EMT basic through paramedic. The proper functioning of that division is critical to the health and the well-being of all our residents.

It must be stressed that the EMS Division is part of the Department of Health, not Department of Fire, Rescue & Emergency Services. This is a critical distinction since the oversight of a medical physician is a legal requirement for delivery of emergency medical care. We have been without a full-time EMS Director for several years. It is our opinion, and one that is shared by nearly every emergency medicine expert, including Dr. Mark Henry, Chair of the Department of Emergency Medicine at Stony Brook, that an EMS system that responds to 125,000 calls per year requires the advisement and oversight of a physician who is expert in both emergency medicine and EMS. The County has attempted to fill this position but has been unsuccessful. This failure has resulted in the appointment of a part-time Medical Director for Suffolk County who holds several other responsibilities within the Department of Health.

Now, our current Medical Director has fulfilled his duties with professionalism and dedication. However, it is the opinion of our council that the scope of responsibilities are far too broad and much too complex to be handled by a part-time physician. Ironically, the Suffolk County Police Department maintains a full-time Medical Director while the EMS, who handles 125,000 calls for help a year, does not.

There are few municipalities in the United States that I think I would call from an EMS perspective due to the size and the amount of populous in Suffolk County, a municipality that lacked full-time medical direction. This need for continuous quality improvement is justification alone. And also, we need to minimize the potential liability for litigation and minimize the occurrence of negative events in our system. Our system has been an early adopter and an innovator of modalities.

We can talk about our past Medical Directors who have all been board-certified, emergency physicians with training and EMS. We recognize that one of the challenges of the government is to provide the competitive salary needed to attract a qualified individual. This challenge is most difficult in light of the budget constraints. However, we do believe the issue can be handled -- I'm just about done -- with several different strategies, including collaborating with regional health care institutions to absorb a portion of the cost to this role.

I'm here on behalf of our council and many of the emergency physicians from our hospitals. We stand ready to work with your committee and both understand and develop solutions to this issue. Thank you for your time.

**CHAIRMAN GREGORY:**

Hold on, Mr. Gardiner, you have Legislator Calarco and several others ready to ask you questions.

**LEG. CALARCO:**

Hi, Jay. How are you? A couple of quick questions. Did the County -- I think you answered this, but the County once had a full-time Medical Director in EMS?

**MR. GARDINER:**

We've had several full-time Medical Directors, and they have both been responsible for changes that have been hailed as quite forward, including the automated external defibrillators which we're familiar with now, we were the first County to actually have them on the ambulances. And the response time issue; if you remember the response time issue, it was all over Newsday and the papers that ambulances were not getting to the patients in time. Thanks to Dr. Jeanne Alicandro, we were able to put that response protocol in place and we don't see it in the papers anymore.

**LEG. CALARCO:**

And it's your understanding that we haven't been able to fill that position because of a cost factor? We just aren't competitive and then we've given up even trying?

**MR. GARDINER:**

Yes. I do believe it's totally a cost factor, it's not going to be cheap to get a full-time Medical Director, but we have potential solutions.

**LEG. CALARCO:**

Okay. And when you mentioned the -- what is it, 127,000 calls; is that what you said?

**MR. GARDINER:**

Approximately; it's growing every year, obviously.

**LEG. CALARCO:**

And the Medical Director that we have now who's part-time, and he does a very good job, as we know, given his constraints, time constraints with everything else he must do -- it's his responsibility to actually oversee each and every one of those calls and review if there is a potential issue involved and make sure that proper medical procedures are followed?

**MR. GARDINER:**

Every life support provider, and directly every advanced life support provider, operates under the license of the County Medical Director, the EMS Medical Director. So it is his responsibility or her responsibility to oversee this entire quality control issue.

**LEG. CALARCO:**

Who's reviewing the bulk of those cases now?

**MR. GARDINER:**

Our staff of the Department of Emergency Medical Services who are, although quite talented paramedics and administrators, not physicians.

**LEG. CALARCO:**

Okay. Thank you.

**CHAIRMAN GREGORY:**

Legislator Kennedy.

**LEG. KENNEDY:**

Mr. Gardiner, thank you for being here. And I agree with you that the EMS Medical Director plays a critical role, and I'm glad that you brought out the point that actually every one of our EMTs, AMTs and paramedics are operating under that physician's licensure.

Speak to me a little bit, if you would, about the Narcan Program, the Narcan pilot. I believe that is something that actually, while it is being done in collaboration with the PD, isn't it the Health Department that actually obtained consent for the pilot to go ahead? It's shared between PD and your emergency responders; isn't that correct.

**MR. GARDINER:**

Yes. The pilot program for Narcan administration by basic EMTs and police was an innovation in Suffolk County. It was approved by the State and it's been very successful, it's now going to be made into a permanent program. Although you hear about the Police and saving lives through Narcan, Naloxone, which is the generic name of the drug, has been used by our system for many years, and now it is in use by the EMTs. So the reality is more lives will be saved by this innovation.

**LEG. KENNEDY:**

Well, and that's a critical point to kind of stay with, because I know there are additional departments that want to come in to go ahead and get trained up so that they can carry it on their rigs and be able to go ahead and administer it, and they would do that through coming to you folks at EMS?

**MR. GARDINER:**

That's true; yes, through our department. It's part of -- it's part of the protocols that are administered by our department. Well, actually by Department of EMS, we're the oversight body.

**LEG. KENNEDY:**

Let me ask you in a broader term. You've spoken about the EMS Director; what about the allocation of funding and compliment of staff for that division, the EMS Division in the 2014 budget? Does REMSCo have an opinion on it, or have you had a chance to see it?

**MR. GARDINER:**

We could always -- we do more -- actually, this division does more with less. We could always use more staff, but I believe we have to start at the top by having a full-time Medical Director for the unit.

**LEG. KENNEDY:**

Last question, I guess. We're fulfilling our responsibility now with one of our other general physicians from the Health Department, which I'm glad to hear. As a matter of fact, I did work with Dr. Alicandro -- Alicandro, I'm sorry -- with the paperless PCR. But -- so it's your sense that -- I guess we saw this with our ME just recently. Our top level for a physician is not attracting somebody who has the speciality that would fit in what you're saying we need, an emergency care doc?

**MR. GARDINER:**

You are correct.

**LEG. KENNEDY:**

Okay. Thank you.

**CHAIRMAN GREGORY:**

Thank you. Jeffrey Reynolds. And on deck, Janene Gentile?

**DR. REYNOLDS:**

## Health/Human Services/Veterans & Seniors Operating Budget - 10/22/13

Good afternoon. I'm Dr. Jeffrey Reynolds from the aforementioned Long Island Council on Alcoholism and Drug Dependence. And Legislator Cilmi, I want to thank you for your comments; I like you, too. And Legislator Hahn, I want to thank you as well for raising the issue of addiction.

Three years ago, after going it on our own without County funding for 55 years, we came to the County and the County came to us and we had a conversation about the unmet needs in this region related to Suffolk County's prescription drug crisis. At that point we proposed a set of services that were designed to fill some of the existing gaps in the existing infrastructure and deal with some of the spillover folks who are looking for help, so we took a contract with Suffolk County for \$35,000. To put it in some context, government funding accounts for about 6% of LICAD's one and a half million dollar budget, so most of our money is privately raised. Which means that as I'm standing here I should be out raising money in the community and not begging for our contract to be made whole, especially since the services we contracted for we've delivered and gone above and beyond.

So there's four things that the County pays for. One is pre-treatment groups for young people who are not yet treatment ready or whose level of use, including daily marijuana use, doesn't rise to the level of requiring formalized treatment; we said we'd serve a hundred folks through that program, so far we've served 386. Second, we said that we would work with families in support groups who are struggling with an addicted loved one, we'd help guide them to decisions that are going to benefit their loved one, help get their loved one into treatment; we said we'd serve 200 families, through the end of last month we served 280. We said we'd do clinical evaluations of young people who present with prescription Opiate addiction; we said we'd do 25 of those, we've done 79. And then finally, we said we'd do crisis interventions on young people who are suffering with addiction, perhaps have suffered an overdose and are willing to make some changes in their lives; we said we'd serve a hundred folks, through the end of last month we had served 131. So the totals there, we said we'd serve 425 families with unique and distinct services; so far, through the end of last month -- keep in mind we haven't counted in this quarter, we've served 876, more than twice what we promised.

When we figured out that folks who are being rescued with Narcan or not being linked up with treatment, Legislator Hahn and I had a conversation, we had a conversation with the Health Department and we agreed, at no cost to the County, to go ahead and call those folks and make an outreach and make that offer of treatment so that they didn't become an eventual fatality; again, at no cost to the County.

When Sheriff DeMarco asked if we would come into the jail on Friday mornings and run support groups for young people so that we don't see a rise in recidivism, we said yes, we'd do that again at no cost to the County, and my clinical director has been doing that every Friday morning for two hours.

I guess my main point here is Suffolk County is in the midst of a historic crisis. I've been in public health for twenty -- for 25 years, I've never seen it this bad. We contracted for what I consider to be a relatively small amount of money to provide services. We've done more than twice what we were asked and then some. This needs to be a partnership between Suffolk County and contract agencies such as LICAD.

I will tell you, and I know that my time is up so I'll stop, but I'll tell you that the \$35,000 we get partially funds a social worker. There is no overhead, there is no rent, there is nothing else in there besides that social worker. If we don't get restoration, I will need to, on December 31st, lay that person off, I won't have any choice. And the families that we're serving -- so far, year-to-date, 876 -- I'll need to tell them to find someplace else to go. That would be unfortunate given the overdose fatalities in this region.

We're saving the County money, but more importantly we're saving residents lives. So I hope you'll

all fight for restoration as part of the Omnibus resolution.

**CHAIRMAN GREGORY:**

Thank you, Doctor. You had a question? Legislator Cilmi.

**LEG. CILMI:**

Thanks, Jeff, for your testimony. In addition to all of those services that you talked about, though, your agency does a heck of a lot more. I mean, you're out there at different presentations in our school districts about, you know, the dangers of drug abuse and heroin particularly, right?

**DR. REYNOLDS:**

Yes.

**LEG. CILMI:**

Talk to us a little bit about that.

**DR. REYNOLDS:**

So, so far this year we've reached more than 20,000 young people ranging from K to 12 about the dangers of drug and alcohol use. You know, for me as an addiction professional, it's somewhat frustrating because I know that -- there's a couple of things we know about addiction; one is that substance abuse is a hundred percent preventable. And we know that even if we have to stretch to get into some of those districts, given some of their other pressing concerns, that it's absolutely worth doing. Those requests for programs have increased exponentially, as have the demand for services. So what I gave you is exclusively what Suffolk County pays for. I think I mentioned last time that I was here, last month we served 750 families; that's up from 100 just four years ago. There hasn't been a commensurate increase in funding. And that, by the way, was a record in our 58-year history; we've never served as many people. The month before it was 733, the month before that it was 720. I will tell you that these months are not typically our biggest months; typically it's November, December and January given the nature of substance abuse and family gatherings. So I'm worried about heading into the winter months given what I'm seeing in the community, what I'm seeing in our caseload.

**LEG. CILMI:**

So as we provide funding, as some of us talk about the pervasiveness of the drug and alcohol problem in our County and beyond, what's causing the rise in drug abuse and in alcohol abuse?

**LEG. CILMI:**

A whole bunch of things, but there's three things that we haven't gotten serious about. And as -- we talk about the Opiate crisis as being a new phenomenon; it's not that new. The New York Times ran a front page story in 1996 about heroin on Long Island. Three areas where it's broken down; we're not doing what needs to happen as it relates to prevention education, whether we're talking schools or families. We're not having these conversations, and when we are, we're focused on Oxycontin, Vicodin and Heroin and we sometimes forget about the dangers of alcohol and marijuana that, in the context of Opiates, seem far less serious.

Secondly, if you call for treatment today, odds are you're going to be told to call back in four to five weeks. Treatment on demand needs to become a reality. When somebody finally makes it over that hurdle and says *You know what? You're right, I have a problem*, which takes a long time to get there, we need to make sure that treatment is available for those folks. It's less available now than it ever has been before.

And then the third thing, and this came up last week at the sober homes meeting, we don't do much

to support those folks who have made the changes in their lives and we don't do much to support them in their recovery, especially when it comes to young people.

Those are the areas in which we're falling down. And I'll tell you, Suffolk County needs a game plan for dealing with this problem. Every time I come before you I tell you it's getting worse and worse and worse, and I tell you a fresh story about a new funeral I went to.

You know, last year the fatalities between Nassau and Suffolk were 370; you know, this year, odds are they're going to be greater. And when we talk about fatalities, we overlook all the other stuff that goes along with addiction that may not result in immediate fatality, but that causes families to live in turmoil.

**LEG. CILMI:**

I know many of us here talk in our communities about these problems, talk to our children about these problems. Do you think that that's effective? Do you think that the more folks in elected office talk about how significant these problems are and the human cost associated with drug and alcohol addiction, that it has an impact?

**DR. REYNOLDS:**

I think it does. You know, when we go out and do programs and I get introduced at a school, the kids pretty much know exactly what I'm going to say. And most of us know that the impact of those kind of discussions, which rely heavily on fear, quite frankly, are not sustained, behavior changes don't sit there. But as a community, if you guys get out and talk about this, if we see other community leaders speaking out about it, it broadens the nature of the message, it helps get the word out. Parents who may not listen to me might listen to you and vice versa. And I think this is a conversation that in the craziness of everyday life, sometimes gets lost. But I'm amazed at how simple it is when parents say, *Look, I don't know what to say. You just feed them a few lines and say, How about if you said this or how about you try this? Okay, I can do that.* So very often -- it's not rocket science, but it's a matter of reinforcing to a parent kind of what the issues are.

The fact that, you know, I'm now seeing 11 and 12-year-olds who are taking prescriptions out of Mom and Dad's medicine cabinet should scare the heck out of all of us. That means those conversations need to happen earlier.

And the answer is not throwing, you know, a thousand high school students into an auditorium for a guy like me to scare them for 45 minutes; that doesn't work. What does work is talking with our kids when they're younger. I have a 7-year old, we already have conversations about alcohol and medicine. Those conversations need to happen earlier and parents need some guidance about how to have the conversations.

**LEG. CILMI:**

It's daunting. It's daunting, because I see what you see. I was about to ask you about the median age, average age of, you know, of folks who are calling you for -- you know, or parents of folks who are calling you for services. And I see, in the communities that I represent, that that average age seems to decrease every single year. And at the rate that it's going, it won't be long before I start to hear about elementary school kids experimenting with alcohol. Although it seems -- it seems like our elementary school kids, interestingly enough, get the message and there's a maturity of understanding at that level of how destructive and I think our -- whether it's parents or the schools, talking about these issues at that level has an impact at that level. And then somewhere in the middle school years there's, you know, a disconnect, the train comes off of the hitch and they say, *You know, we know we heard all that stuff when we were in elementary school, but, you know, addiction's not going to happen to me. I'm not going to get into a drunk driving accident.* So I'm not sure -- you know, other than continually talking about it, I'm not sure how else -- how else to deal with it, other than to enlist the help of organizations such as yours. So thank you for

the good work that you do. And I know it's frustrating continually coming to us and every other level of government for funding, but -- and I wish it wasn't the case. I wish, as I said earlier, that the County Executive had included funding for your agency and for drug and alcohol abuse in the budget, because it should be a priority. And the fact that it's not included in the budget shows to me a lack of understanding of the seriousness of this situation, and that's unfortunate.

**DR. REYNOLDS:**

I agree.

**LEG. CILMI:**

Thank you.

**CHAIRMAN GREGORY:**

All right. Legislator Browning.

**LEG. BROWNING:**

No, just real quick. I think two years ago, Jeff, we spoke and I was the one that initiated --

**DR. REYNOLDS:**

Yes.

**LEG. BROWNING:**

-- making sure the funding was there for you. And the reason why I did this was because of constituents and the needs of constituents and wondering who do I go to and how do I get the help for my constituent. LICAD is where we went, and every time we called LICAD, my constituents got help. So, you know, I can only say enough thank yous, because we all know your agency, what you do, and you are the go-to organization when it comes to helping your constituents, and especially the kids in need of rehabilitation.

So again, I'm on the Working Group and I'll be working to get you back in the budget.

**DR. REYNOLDS:**

Well, thank you. Thank you for that. Thank you for your kind words and thank you for spearheading this at the outset. You know that we had approached the previous administration and said, Look, this is a huge problem, it ought to be a priority, and there wasn't a level of responsiveness there and there was here, and I can only hope that that message resonates across the street a little bit more as we think about the priorities moving ahead. So thank you again for everything you've done, I really appreciate it.

**LEG. BROWNING:**

You're welcome.

**CHAIRMAN GREGORY:**

All right, we've got to move on. Janene Gentile, and then on deck, Joseph Lecci.

**MS. GENTILE:**

Hi, Joe Lecci. Hi. My name is Janene Gentile, I am the Director of North Shore Youth Council and the segway comes at a right time here. I want to thank you all for inviting us for this forum.

My agency has been around for 35 years. I've been the Director for 22 years. I'm a contract agency for the Suffolk County Youth Bureau. We are a free-standing, non-profit agency. We are a prevention agency. When we spoke today about the kids that need rehabilitation, we are the agency that help kids before they get there. We have 11,000 kids in our catchment area; we service Rocky Point, Miller Place, Shoreham-Wading River, and the Mount Sinai/Port Jeff area.

We are there before they fall. We create jobs, we create teen recreation and this funding cut would definitely impact the teen recreation. We speak about middle school children. Our middle school kids have put together surveys, they serve on our board. What do kids want to do in our community? Not all kids are getting high. Not all kids are involved in destructive behavior. We're there to help and maintain programs for kids who aren't getting high. We need the programs out here, the kids who are already involved with substance abuse.

On our brochure -- and I'm -- I'm going to take my three minutes to support Response hotline. The Response hotline is the second number on our brochure. Narcan, we serve on the task force for the Substance Abuse Task Force of Suffolk County. All of us give and give and give. The money that you put into our budget, we go beyond that. We are the agencies that keep our communities safe and sustainable. We are the agencies that work with the schools, partner up with other free-standing agencies. Please, do not cut Response, do not LICAD, we need these agencies. We need our prevention agencies. Thank you very much for your time.

**CHAIRMAN GREGORY:**

Thank you. Joseph Lecci. And on deck, Craig Brennan.

**MR. LECCI:**

Hi. I'm Joe Lecci representing the Executive Directorship of Lifeline Mediation Center. And Dan Nolan, my colleague, is with me; between the two of us as educators and administration, we have 80 years in.

I'd like to speak very plainly about our organization and quickly. You know, everyone communicates, but very few connect. And I'm here today with Dan to say we have an oversight. The oversight is -- and we apologize, especially to my Legislators in our communities. Longwood School District is the largest district, as you know, geographically in the State of New York, 52 square miles. We service over 12,000 enrolled youngsters. We have a problem of 350 homeless kids right now, two years ago it was 250. The problem that I'm approaching today is that this is the Longwood Lifeline Mediation Center. We represent the school district. As you read the letters, you'll see it from the Superintendent to the Board of Education, to every member. I'm remiss, and I apologize for that, over the past few years trying to figure out why; why, why, why we get such a reduction every year when we're servicing such a large community from every area you could think of. We do the homeless, we do all the necessary pieces that coop -- that you've heard today and more about our programs, getting students jobs. The homeless situation is really serious in our area. And, you know, I don't want to take up the time, but I'll say it this way; did you ever have your WiFi disconnect and you couldn't figure out how to fix it? Well, I had that happen again the other day, and I'm not a tech person, but all he said was *unplug everything*, and I said *okay*. Now he said, *plug it back in*; I said, *You really think it's going to work*, and I did that and we got back on-line. And I said, you know, I'm here today to say we've got to unplug somehow, but I'm here to reconnect and we're trying to save our programs. We are not a level of salaries. I come to you without a salary, so does Dan as my board president. And we're not heavy at any level. All of our monies go to our mentors and the program. Thank you. Dan?

**MR. DAN NOLAN:**

Just to add quickly, because I know we're under the gun with time. I understand the financial constraints that you folks are under; being in administration for so many years, we totally know where you're at. What we ask is for you to, you know, take a second look, pass out that olive branch and hopefully find a few more dollars so we can support these kids.

Some of the kids I'm talking about in our day-care. We have a latchkey program where we house 50 children in the morning, when their parents drop them off at 6:30, seven o'clock. We feed them,

we house them, we educate them, and then we bus them to school. They come back to us at three o'clock and they stay till six or 6:30, again, where we offer mentorship and counseling and food and snacks and things of that nature. So the number is growing consistently, as you've heard throughout the audience. And once again, I just want to thank you for your support and ask that you take a second look and hopefully find a few extra dollars, and we just thank you for your time.

**CHAIRMAN GREGORY:**

Okay. Thank you.

**LEG. KRUPSKI:**

Wayne, may I?

**CHAIRMAN GREGORY:**

Yes. Legislator Krupski.

**LEG. KRUPSKI:**

Excuse me, gentlemen? You said that you help the children and the students find employment; how do you do that?

**MR. LECCI:**

We did that through Jubilee Jobs which I brought in when I was an administrator in the Longwood High School in 1993, and I retired in '98. And what we did is actually picked it up down in Washington D.C., it was a program that was working where I would go personally and I would say, *You have a job for these kids*, and they would say, *"Oh, yes, send me five kids."* I said "Really?" And what hooked up is I said, *"If you hire them, you're hiring me. We'll monitor their grades, we'll monitor their attendance,"* and the turnaround was better than 60%.

I started out that program where we recruited 50 kids that would come into the office. By the time we were -- when I was leaving and we still keep the program, it was up to 220 kids getting employment. As of today, to be totally frank and candid, of course with the job market the way it is, that has been a block for us, but we still get jobs.

One of the main emphasis for us is to work one-on-one; that's the only way you're going to change these young peoples lives.

**LEG. KRUPSKI:**

I'm glad you're making that effort, because I've found that over the years the school-age children that have worked for us -- and I know my children included, myself included when I was that age -- you know, it gives them a sense of responsibility, a sense of empowerment.

**MR. LECCI:**

Right.

**LEG. KRUPSKI:**

Their grades are fine, they learn to organize their time.

**MR. LECCI:**

Uh-huh.

**LEG. KRUPSKI:**

Like I said, the responsibility, they have to show up on time, they have to be dressed appropriately, do they need boots if it's raining, do they need a hat, you know, if it's sunny. And it's better than an after-school program maybe that gives them a coloring book or something, because this is really something that teaches them life lessons. So I'm glad that you're --

**MR. LECCI:**

Thank you.

**LEG. KRUPSKI:**

I'm glad that you're doing that. It's really important.

**MR. LECCI:**

And it is, and you'd be surprised how you get the merchants to come on board where you think everything is so tight, that there are things available out there.

And lastly, the three-on-three basketball program that we're in collaboration with the PAL, we've been doing that for years. We took that concept from Harlem and from Detroit, we employed that, we have the high school gym every Friday night, we get it in late spring and we run a program there. The turnaround statistically with that program with kids that should be playing ball in the Section 11 system but didn't have the grades or the average attendance to attend those and try out for those competitions, we turned around better than 40% of the kids that attended that. We averaged about 160 kids in that program and we ended up around 80 kids that finished it three-on-three. And that again served as a purpose for us. I actually had some business people that would put some of the kids through Suffolk Community College, they paid for them. They would come down and offer -- you know, this kid is making it, let's do something. He turned it around, you know. So there are things like that. I wish I had more time to talk, but --

**MR. DAN NOLAN:**

Just close with the feeding program.

**MR. LECCI:**

The feeding program; go ahead, Dan.

**MR. DAN NOLAN:**

Just to close quickly, we -- originally our organization was offering meals-on-wheels type of thing at Thanksgiving and Christmas. We then decided, we're only doing it twice a year, let's do it every month. At this point now, through volunteers and people that we have working with the organization, on a monthly basis we average 400 to 450 meals which go out to the local agencies and go out to some of the surrounding neighborhoods, we go to Bellport, we just don't stay in Middle Island. So we've got things up and running and we just appreciate your support.

**CHAIRMAN GREGORY:**

Thank you.

**LEG. KRUPSKI:**

In season, I hope you're using local food to feed these families.

**MR. DAN NOLAN:**

Yes we are. We're using some of the local butcher shops that are helping us out and some of the local restaurants offer us donations so that we can purchase discounted food. It's heated, it's packaged, we have people that deliver it immediately and we have people to cook it and everything else, so it's all health certified and just a wonderful program.

**LEG. KRUPSKI:**

Thank you.

**CHAIRMAN GREGORY:**

Legislator Browning, quickly, please.

**LEG. BROWNING:**

Yeah, just real quick. Joe, I guess one of the things that I don't think you really reinforced and said very strongly was about your connection with the Longwood School District.

**MR. LECCI:**

Yes.

**LEG. BROWNING:**

And I know we recently -- well, it's almost two years ago. We sat down with our Police Department about the program that you have with {Dan Tomajeski} with the school district.

**MR. LECCI:**

Yes.

**LEG. BROWNING:**

-- on gang prevention and alternatives for youth.

**MR. LECCI:**

Late afternoon program.

**LEG. BROWNING:**

Right. So I just -- I was a little disappointed that I didn't hear enough about that, because I know that's a program I've learned about the kids that you've actually saved and got them on the right track. So, again, you are Longwood School District's lifeline.

**MR. LECCI:**

Yes.

**LEG. BROWNING:**

And, you know, I know that you have I think one, two, three, four, maybe five Legislators who have your school district and the people that you take care of within their districts.

**MR. LECCI:**

Yes. And I apologize again for not making it clear enough, looking back in time. Such an oversight, you know, assuming that everybody knew we are Longwood. So I hope you consider that in comparison to some of the other districts. Thank you.

**LEG. BROWNING:**

Thank you.

**CHAIRMAN GREGORY:**

Great, thank you. Craig Brennan. On deck, Jessica Totino.

**MR. BRENNAN:**

Good afternoon. I'll try to be brief. My name is Craig Brennan and I'm the Client Programs Coordinator at Long Island Association for AIDS Care. One aspect of my position is to oversee the Suffolk County Education Service Manager. That individual is responsible for providing HIV testing and education to 18 to 34-year old college-age students throughout the County. She's also responsible for providing linkages to services and outreach in specific target areas where there is a high incidence of infection. She also distributes health education information and literature as well as providing prevention education, risk reduction education and condom distribution.

Thirteen to 24 is the fastest growing age group with new infect -- with new HIV infections.

The increased prevalence of HIV among this population affects various risk factors and barriers to

prevention, including sexual risk factors, substance abuse and lack of awareness. Poverty and out of school youth and the coming of age HIV+ children as well. In the United States, people between the ages of 13 and 25 are contracting HIV at the rate of two every hour. At least half of all those HIV infections in the U.S. are among people under age 25. The LIAAC Education Service manager also provides the BASICS curriculum, which is Brief Alcohol Screening and Intervention for College Students. This is a harm-reduction model and basically makes college students aware of the dangers of binge drinking and the connection between binge drinking and HIV risk. Five hundred college-aid students have either tested for HIV and/or learned harm protection techniques because of this program since September, 2012. LIAAC has received funding for more than two decades. We are being cut approximately \$154,000; without this funding this program ceases to exist.

Losing this funding could also affect our AIDS hotline. Five thousand Suffolk County residents contacted the hotline in 2012 for the following reasons; HIV information and education, referrals to various internal programs such as HIV, ATV and STI testing; case management, education, nutrition services and financial assistance. Referrals to external resources like housing, medical, and mental health care and transportation and entitlements are also referrals that we make. As well as crisis intervention and suicide prevention. Without this service from Suffolk County, service delivery through the hotline would be severely impacted, perhaps even resulting in the collapse of the HIV hotline.

**CHAIRMAN GREGORY:**

Thank you for your time.

**LEG. CILMI:**

Mr. Chairman?

**CHAIRMAN GREGORY:**

Legislator Cilmi has a question for you.

**CO-CHAIR SPENCER:**

We have a question for you.

**LEG. CILMI:**

I'm not sure if it was you that was at our General Meeting recently talking about -- was it? Was it you?

**MR. BRENNAN:**

Yes, it could have been.

**LEG. CILMI:**

Okay. Because I had asked a question at the point about your administrative cots relative to the overall budget of your programs and I hadn't heard back from anybody. I was still curious as to what that number was.

**MR. BRENNAN:**

Okay. Harriet Adam, she'll address that for you.

**LEG. CILMI:**

Oh, terrific. Thank you.

**MS. GORDEEN-ADAMS:**

I'm sorry you received -- we sent that certified, I'm sorry you had not received that as of yet?

**LEG. CILMI:**

It may just have escaped my desk.

**MS. MAHONEY:**

Please state your name.

**MS. GORDEEN-ADAMS:**

Harriet Gordeen-Adams, Chief Officer for Care Coordination. That's 15% of our budget. For administrative costs you were asking?

**LEG. CILMI:**

Yeah.

**MS. GORDEEN-ADAMS:**

Fifteen percent. I have a copy of the letter, if you would like me to submit it to you.

**LEG. CILMI:**

That would be terrific. Is it itemized where the money goes?

**MS. GORDEEN-ADAMS:**

I'll let you see if it meets your satisfaction.

**LEG. CILMI:**

Okay, thanks very much.

**MR. BRENNAN:**

Thank you.

**CHAIRMAN GREGORY:**

Jessica Totino; and on deck, D. Ray Ward? I hope I'm getting that right.

**MS. TOTINO:**

Good afternoon. I'm also from the Long Island Association for AIDS Care and I am Jessica Totino and I'm the Director of Client Services. First, I just want to take this opportunity to thank the Legislator for giving me and my agency and all of the other good agencies here today the opportunity to again speak about the proposed budget cuts, excuse me.

So I'm responsible for the oversight of the services that are funded by Suffolk County at LIAAC and these include an HIV information education and resource hotline, as well as the program that Craig spoke about that targets college students. Without continued funding in 2014, it would be impossible to ensure the delivery of these services to Suffolk residents. For the past two decades, our toll-free hotline has served as the entry point for all of LIAAC's direct services and prevention initiatives providing Suffolk County community, the Suffolk County community access to a wide range of social health care and HIV related services. This year alone, LIAAC's hotline has fielded 4100 calls from individuals residing in Suffolk County, and 200 Suffolk County residents have become case-managed clients of our agency.

In the last decade, LIAAC has received approximately 100,000 calls from Suffolk residents requesting assistance with various needs. These callers have been linked internally to LIAAC programs such as HIV testing and case management, as well as to external resources available throughout Suffolk County, which we heard about some today. Without funding, our hotline would be unable to continue at the capacity that it currently operates and Suffolk residents may be deprived of the continued support and assistance that has been provided by the hotline and has empowered thousands of Suffolk County residents to overcome any barriers that they had faced.

I respectfully request that LIAAC's funding be restored so that we can make certain that all of

Suffolk is able to maintain the quality of life that they are entitled to. Once again, thank you for this opportunity to speak today and for all of the support that Suffolk County has given to LIAAC over the years.

**CHAIRMAN GREGORY:**

Thank you. D. Ray Ward?

**MR. WARD:**

Good afternoon, Members of the Legislature. My name is D. Ray Ward, I'm the Chief Program Officer for Long Island Association of AIDS Care. I would like to thank you for taking the time to -- in the past weeks, to listen to the importance of restoring LIAAC's funding. LIAAC's Suffolk County grant is very much cost effective. For every -- for every dollar that is spent, 30 cents is reimbursed back to the County from New York State. The two staff-only grants are 100% dedicated to the grant. And as you heard, you know, annually we get a lot of consumer calls that are triaged through the hotline and there's thousands of consumers who are educated and receive health communication and public information with materials, and over 8,000 client services are delivered each year.

To continue to fund LIAAC, that means that clients will continue to receive the help that they come to rely upon through the restoration of the Suffolk County grant. Once again, I would like to thank you for listening to the importance of restoring LIAAC to the Suffolk County budget. Thank you very much.

**CO-CHAIR SPENCER:**

Thank you, Sir.

**CHAIRMAN GREGORY:**

The last card is Joseph Volacka?

**MR. VOLACKA:**

Good afternoon. As some of you may know, I am the new Administrator of the Dolan Family Health Center which is a privately run health center that has had a community partnership with Huntington Hospital and the Suffolk County Department of Health since its inception in October of 1995. This model of care has been a cost effective strategy which has additionally brought in additional Article 6 revenue into Suffolk County in the amount of about \$480,000 annually.

As some of you may know, I also had the opportunity to be the Administrator of both the Shirley and the Patchogue Health Centers over the last eight years. The difference between the two models of care are very clear. The Dolan Health Center is a net contract, the hospital is at risk. The Dolan Health Center bills and retains all revenue. We participate in multiple health plans, do not seek County assistance for Capital requests, do not seek County assistance for building lease or rent expenses and we cover our own malpractice expenses. We also have a fully-functioning EMR which has provided great aid in enhancing and capturing our revenue since its inception in 2008.

I'm here today to represent the Dolan Family Health Center and ask for your support to receive -- to restore the \$248,000 in County funding which was reduced from last year's private -- last year's previous budget. The Commissioner of Health is moving all health centers now to a private model. Upon our review of the Commissioner's 2014 requested budget, the Commissioner had requested \$2.4 million, which was only a 3.1% reduction. I believe he truly understands the model of care that we're delivering with a minimal expense to the County. I respectfully disagree with the reduction being recommended by the County Executive in the amount of \$248,000 which is a 10% reduction from the previous year. Pretty much to Legislator Cilmi's point earlier that the Commissioner of Health has an idea of what is truly needed for health centers and for private models.

Dolan has seen a reduction over the last eight years, roughly 19.6%. If we are reduced again, we will be reduced down to 27.6%. Privately operated models of care at this time should be embraced and not hurt during these trying times. January 1st, 2014, the Affordable Care Act rolls out and it is believed that the uninsured population will diminish as they sign up for low-cost, affordable health care. The concern today is that the under-insured population may grow as low cost health plans selected may not cover all the required services.

*(Beeper Sounded)*

I'm just about finished, if I may. Under-insured individuals will impact the health center as they will have high deductibles and high out-of-pocket expenses and will not be able to cover certain non-covered services. I would just appreciate your continued support of the Dolan private model for 2014 and request full funding in the amount of the two million four hundred from the previous year, which is the same amount that was adopted in '13. 2014 is a time not to reduce expenses -- not to reduce funding to the private model, yet to embrace with all the external market forces. I just thank you for your time, your attention and your support. Thank you.

**CHAIRMAN GREGORY:**

Thank you. Legislator Cilmi has a question for you.

**LEG. CILMI:**

How are you?

**MR. VOLACKA:**

Good.

**LEG. CILMI:**

This is the last speaker of the meeting?

**CHAIRMAN GREGORY:**

Yes, and we're an hour and ten minutes behind.

**LEG. CILMI:**

Okay. So I apologize that you're the last speaker because you're going to get the jackpot question.

**MR. VOLACKA:**

Okay.

**LEG. CILMI:**

And it's somewhat rhetorical. I don't really expect you to have an answer; although, if you did, I would really appreciate it. But the question is so what would you expect us to do? We have a limited pot of money and we have so many needs to serve in our County. Where would you like us to get the money to support an increase in your -- in the proposed budget for your agency?

**MR. VOLACKA:**

Well, we're just looking for the same amount of funding as of last year.

**LEG. CILMI:**

I understand.

**MR. VOLACKA:**

And I understand the issues that are facing everyone at this time. But we're moving into a model of care, we're moving away from fully-funded health centers, we're moving into a private model, and we are a private model. And, you know, with that, we would suspect or expect that somewhere

along the line there should be some kind of exit strategy for these plans over a course of time. And I think that is kind of something that we would need to at least put in place and not just start to reduce our budgets over a course of time without having an opportunity to plan and make good decisions for the future.

**LEG. CILMI:**

I asked you that question, and it's a question I've asked from time to time of other folks who have come up and talked to us about the needs that they serve and budgetary challenges and whatnot. Because it's a question that most of the folks who come to the podium there don't really think about and it's something that we have to think about, because everyone who has spoken today has spoken passionately about the services that they provide and the need to restore funding and, you know, all too often we get accused of not hearing, and it's not that we don't hear, it's just that after all is said and done, we do have limited resources. So I want you and everybody else in the audience to appreciate the fact that, you know, we have to make decisions based on the fact that there are limited resources, and so giving more to you necessarily means taking from somebody else. And that's a -- you know, that's something that we sign up for as Legislators, it's very challenging, which is one of the reasons why I suggested before to the Commissioners that we have them tell us what they think is in the best interest of service provision in the County as opposed to us trying to make those decisions as individual Legislators. But thank you very much for the work that you do and thanks for your testimony.

**MR. VOLACKA:**

Thank you.

**CHAIRMAN GREGORY:**

Okay. Thank you, sir.

That is all the cards that we have. Is there anyone in the audience that did not fill out a card that would like to come forward and speak, please come forward now. If not, seeing none, we stand adjourned.

**CO-CHAIR SPENCER:**

Earlier I had indicated we would bring back up Commissioner Tomarken. Because of the lateness of the hour, I'm hoping that Legislator Cilmi, I had made a promise during the meeting, but please forgive us.

**LEG. CILMI:**

That's fine.

**CO-CHAIR SPENCER:**

We're an hour and ten minutes behind for Public Safety and we could maybe take that discussion off-line, and I'd be happy to facilitate that.

**LEG. CILMI:**

Yeah, I can reach out to Dr. Tomarken and ask him the questions I was going to ask. Thank you very much, Doc. I appreciate that.

**CO-CHAIR SPENCER:**

All right. Thank you.

*(\*The meeting was adjourned at 3:42 P.M. \*)*

*{ } - Denotes Spelled Phonetically*