

HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, November 13, 2014 at 2:00 p.m.

MEMBERS PRESENT:

Legislator William Spencer - Chairman
Legislator Kate Browning - Vice-Chair
Legislator Robert Calarco
Legislator Monica Martinez
Legislator Rob Trotta

ALSO IN ATTENDANCE:

Presiding Officer DuWayne Gregory
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant Counsel to the Legislature
Craig Freas - Budget Review Office
Elizabeth Alexander - Aide to Chairman Spencer
Bill Shilling - Aide to Legislator Calarco
Greg Moran - Aide to Legislator Trotta
Tom Vaughn - County Executive's Office
Lisa Santeramo - County Executive's Office
Dr. James Tomarken - Commissioner/Suffolk County Department of Health
Dr. Richard Koubek - Welfare to Work Commission
Kathy Liguori - Welfare to Work Commission
Own Durney - Department of Health
All Other Interested Parties

MINUTES TAKEN BY:

Lucia Braaten - Court Stenographer

(*The meeting was called to order at 2:00 p.m. *)

CHAIRMAN SPENCER:

Good afternoon. It's now two o'clock. We're going to begin the Health Committee meeting. My name is Dr. William Spencer, Chairman of the Health Committee. I see we have visitors with us today. We welcome the Graduate Nursing Class that's with us, and we appreciate you being here and taking part in our government process.

So we'll begin the meeting. If we could stand and have the Pledge of Allegiance, to be led by Legislator Martinez.

(*Salutation*)

We're going to ask you to remain standing. If we could have a moment of silence for the men and women who are fighting abroad to protect our liberties.

(*Moment of Silence*)

You may be seated. We have a quorum on the committee, I see. Okay, that's fine. Do we have any cards, Mr. Clerk? Anyone that wishes to be heard, or open for public comment? Going once. Seeing none, what I would like to do, we have two presentations today. We have Mr. Richard Koubek from Suffolk County Welfare to Work Commission, and also we have Mr. Owen Durney, who will be talking about falls prevention.

But before we go to our presentation, I'm going to ask, we have one -- we have a very short agenda, and we have a couple of appointments. And the first one I'd like to ask if we could take out of order is approving Robin Mayr to the Suffolk County Disabilities Advisory Board, and Robin is here with us. So I'm going to ask for a motion to take ***I.R. 2001 (Approving the appointment of Robin G. Mayr, LMSW to the Suffolk County Disabilities Advisory Board - Group D (Cilmi))*** out of order.

LEG. TROTTA:

Second.

CHAIRMAN SPENCER:

Okay. All those in favor? Opposed? ***(Vote: Approved 5-0-0-0)***.

Okay. We have this before us. I'm going to make -- ask if Robin could come forward, if we could assist her. I'm going to make a motion to approve. May I have a second?

LEG. MARTINEZ:

Second.

CHAIRMAN SPENCER:

Second by Legislator Martinez. Good afternoon, Robin. Thank you for being here.

MS. MAYR:

Thank you for inviting me.

CHAIRMAN SPENCER:

Thank you. You are with Legislators Calarco, Trotta, Martinez, and Legislator Browning will be with

us shortly. We have our Counsel, who's in front of us. I understand that you have limited sight.

MS. MAYR:

Yes.

CHAIRMAN SPENCER:

So thank you for taking the time and coming out and being before this committee.

What I would ask that you would do, if you could take a couple of moments and just introduce yourself with any information that would be important, and tell me why you would be interested in serving on this particular Board, the Disabilities Advisory Board.

MS. MAYR:

Well, by trade, I'm a social worker. And aside from myself having a disability, I have, in my family we have autism. And I feel -- I've been going to the Board sporadically for a year-and-a-half, starting, I guess, 2012 or '11, I can't remember. And then in the last year-and-a-half, I haven't missed a meeting. And I feel that -- basically, I kind of feel that with my disability, I haven't had the opportunities that a lot of people have now. And the reason that the opportunity -- the reason that there are opportunities now are because there are Boards like this that help to inform the community that people with disabilities are still human beings, they're still people. They can do basically the same things that everybody else can do, and it doesn't matter if they're in a wheelchair, or if they use a white cane, or if they can't speak clearly because they have autism.

Now, I've been going to the Board and they know me there, and I can speak, I can make a comment, but I really don't have a voice to advocate. And since that's my job, is taking what I've learned at the Board and bringing it back to parents who need help with navigating the system, understanding it, and being able to fight for it without their own voices, because they just don't have the wherewithal to do it, that's what I do. If I'm -- if I just attend the Board meetings, which I would do anyway, I don't have a real voice. I can't improve the system, I can't make changes. So that's why I want to be appointed to the Board, so that I can actually have a voice to bring back to the community.

CHAIRMAN SPENCER:

Well, first of all, thank you for your willingness to take time out of your personal schedule and step up and do this. The Disabilities Advisory Board really plays a major role in terms of guiding us as Legislators, and to make sure that we have the appropriate policies to protect our constituents with disabilities. And I think that you have a lot to contribute with your own personal experience, and that's why I support your nomination.

Any of my colleagues have any questions? No? No. So we have a motion and a second.

MR. RICHBERG:

Who was the motion?

CHAIRMAN SPENCER:

I made the motion, and it was seconded by Legislator Martinez. We'll call the vote. All those in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0).**

Congratulations, Robin, it is passed unanimously. Does she have to appear?

MR. NOLAN:

No.

CHAIRMAN SPENCER:

No, you don't have to. This committee approval is contingent upon it being passed at the General Meeting. I anticipate that you will have no issues whatsoever, but you don't have to approve -- to attend the General Meeting on Tuesday. So thank you very much, we appreciate your time. And we wanted to kind of get you in and out, but if you want to stick around, enjoy some of the meeting, then we'll welcome you to stay. Thank you.

MS. MAYR:

Thank you very much for having me. And I will be staying, because my SCAT bus doesn't come until 3 o'clock.

*(*Laughter*)*

CHAIRMAN SPENCER:

Very good.

MS. MAYR:

Thank you very much, I appreciate it.

CHAIRMAN SPENCER:

You're welcome.

MS. MAYR:

I hope I'll be able to serve this County for a long time to come.

CHAIRMAN SPENCER:

Fantastic.

MS. MAYR:

In any way. In any way. Thank you.

CHAIRMAN SPENCER:

Thank you. I'm going to -- we just have another four -- five resolutions, so we're just going to cover our agenda, so that we can spend some time with our presentation.

TABLED RESOLUTIONS

So Tabled Resolution: ***I.R. 1736 - a Local Law to ban the sale of personal care products containing microbeads in Suffolk County (Hahn)***. We're going to make a motion to table. The sponsor has a competing bill to examine the effects of microbeads. So may I have a second?

LEG. TROTТА:

(Raised hand).

CHAIRMAN SPENCER:

Second by Legislator Trotta. All those in favor? Opposed? Abstentions? I.R. 1736 is tabled. ***(Vote: Tabled 5-0-0-0)***.

I.R. 1852 - Directing the Department of Health Services and the Division of Planning to evaluate the health and economic impact of banning personal health care products containing microbeads (Hahn). We'll make a motion to approve, seconded by Legislator Martinez. All those in favor? Opposed? The motion is carried. ***(Vote: Approved 5-0-0-0)***.

I.R. 1860 - Declaring August 1st as "Lung Cancer Awareness Day" in Suffolk County (Kennedy). Who'll make a motion to approve? By Legislator Browning.

LEG. MARTINEZ:

Second.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Seconded by Legislator Martinez. All those in favor? Opposed? Abstentions? Motion is carried.
(Vote: Approved 5-0-0-0)

I.R. 1941 - Establishing a Parks Rx Program and Advisory Committee (Hahn). A motion by Legislator Calarco, seconded by Legislator Browning. All those in favor? Opposed? Abstentions?
(Vote: Approved 5-0-0-0). You wanted to be listed as a cosponsor?

LEG. CALARCO:

Uh-huh.

CHAIRMAN SPENCER:

Legislator Calarco would like to be listed as a cosponsor. Did we take the vote on that one?

MR. RICHBERG:

(Nodded yes).

CHAIRMAN SPENCER:

Okay, it passed unanimously. All right.

I.R. 1948 - Approving the reappointment of Ronald J. Gaudreault as a member of the Suffolk County Board of Health (Spencer). I'll make a motion to approve.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Second by Legislator Browning. All those in favor? Opposed? Abstentions? ***(Vote: Approved 5-0-0-0).***

He doesn't have to appear. He's a reappointment, he served, and he's a member in good status on the Board of Health, and he has expressed a great desire to continue to serve on the Board of Health.

I.R. 2001 we've already covered. So that's the end of the agenda. So I'm going to go back to our presentations.

So I'd like to welcome Richard Koubek from the Welfare to Work Commission. And I had a chance to meet with Richard privately. They're doing some remarkable work, and he's come to share those results. Welcome. How are you?

MR. KUBEK:

Good. How are you?

CHAIRMAN SPENCER:

Good. It's nice to see you again. So, if we could, I think, for the purpose of kind of bringing us up to speed, Dick, if you could give us maybe no more than 15 minutes of a formal presentation, because then usually there's questions that will follow. Is that fine? That gives you chance a chance to --

MR. KOUBEK:

Sure, that's fine.

CHAIRMAN SPENCER:

All right. Do you have slides?

MR. KOUBEK:

No, we do not.

CHAIRMAN SPENCER:

No, you don't. Okay. All right. The floor is yours. Thank you.

MR. KOUBEK:

I just want to make certain that George Heintz and Ellen Ellis, are they here? Okay. They're from the Department of Health, Dr. Spencer, and they were supposed to be here to join us. I don't know why they're not, but we'll get by. You can hear me?

LEG. BROWNING:

A little closer.

MR. KOUBEK:

Closer, okay.

CHAIRMAN SPENCER:

You're perfectly capable of giving us everything we need, so I don't feel we've lost anything by having you, so we're --

MR. KOUBEK:

Okay.

CHAIRMAN SPENCER:

Even though they're not here, but thank you.

MR. KOUBEK:

Just for the record, I want to say that we were supposed to be joined by George Heintz and Ellen Ellis of the Health Department's Early Intervention Programs. I don't know why they're not here. We had a conference call with them yesterday; they were going to co-present.

So let me just give a little overview, I think some of you have heard this already, as to how we came about preparing this report. As with our Poverty Report, we spent a lot time in public hearings. We had two public hearings, eight hours of testimony, 26 academic experts, child care specialists, government officials, members of the public. We had 11 focus groups with 55 parents and providers, and 126 parents completed another complex survey. And out of this came our report with these core conclusions about child care and early learning.

One is that the research is indisputable that early interventions and quality child care are critical for

the future performance of children in school and even later in life. Eighty-five percent of brain development occurs prior to the age of five. So we're talking about a critically important period in a child's life.

The second core conclusion is that, and this is not going to be a surprise to any parent or grandparent in the audience, that child care is very expensive. It runs about \$13,000 for a quality program, 26,000 for two kids. That's about what it costs to go to the State University system for a year. And because of the cost structure, both the high cost of Long Island, and generally in our child care, quality child care and early learning right now is available to people who are affluent. People who are struggling, middle class people and working class people, really have a serious issue. You've heard us before, we've mentioned this over and over again, we are not properly funded by the State for the subsidy for working poor parents. We're still trying to get that subsidy corrected. It's a flawed formula, but that is a continuing problem that we uncovered.

And lastly, the core conclusion is that it's a very complex industry. It's very difficult to understand, it's very difficult to negotiate as a parent. There are multiple funding streams, there are multiple regulations, there are multiple programs, and they overlap and they compete. And there's a lack of a coordinated system, which is why we have recommended the creation of a Child Care Commission that could try to pull together data and information and some insights.

Our purpose today is really to talk about only five pages of a 70-page report, and that's an area that came as a surprise to me as a professional educator, and that is the early childhood educational needs of children with special needs. As a teacher, as a high school teacher, I was very aware of special education, the demands it placed on the system, the opportunities it offered for students, the stress it caused to the system, and the benefits that were accrued by high school kids. You know, just to put what we're about to say in context, nationally, it costs two to three times as much to educate a child with special needs as to educate a child without special needs. And when I saw them, I taught 11th and 12th grade in Plainview-Old Bethpage, which was a school district known for a very good special ed program. So we had parents moving into that school district, who knew their kids had special needs, so they could get a special quality program. We had reached the point where the State was looking at Plainview-Old Bethpage and saying, "You're exceeding what the norm ought to be for designated children." We were up at one point at around 17, 18, 19%, so they told us that's too high.

My point being the special needs administrators and teachers are in a quandary. You know, they want to provide for the children who have special needs, but the State is saying correctly, "You've got to be very careful who gets these programs and who gets this assistance." And so you have to meet certain criteria, which I had hoped that Mr. Heintz and Ms. Ellis would have really provided you with some detail about, but it's very, very complex.

So, you know, when you look at the preschool kids, the stress is even greater. When I saw them at the high school level, most of the students were pretty well already designated, and their parents were y accepting of where they were going. And in the case of Plainview, the pressure was on to get more and more services. But with preschool kids, in some cases there's a resistance, which we talk about in the report, denial. You know, the parent begins to see developmental delays, doesn't want to hear about it. Or the parent realizes there are development delays, and then comes the pressure, "Let's get every possible service we can. Let's get as much as we can from the system." And the State is saying, "Well, we have standards, very, very clear standards." You have to have 30% disability in certain -- you know, in two areas, 20% in one area. It's really a very complicated system.

So, having said that, we looked at this complex system, sub-system within child care. Interestingly, it's the only portion of our report that's subdivided. It got so complicated, it has subsections. And

so we have not that many recommendations. We're really here today to raise awareness about the complexity of taking kids with special needs in an already complicated system, like preschool and child care, and saying, one, you need to be tested; two, you need to get special programs; three, not everybody can get these programs; and four, there are going to be enormous expenses entailed.

So with that, I'm going to turn the microphone over to Kathy Liguori. This is her field and her expertise.

MS. LIGUORI:

Thank you. Special needs preschool children with developmental delays, physical or intellectual disabilities present unique challenges to their families and to child care providers. Oftentimes, it's the child care program who informs the parent that their child is developmentally on track, and when that child is not, that is the hardest news to deliver. We see their child at their worst of times and at their best of times. But when the signs of developmental delays emerge, parents are sometimes reluctant to refer their child for an evaluation. They experience mixed emotions, and when they eventually accept this information, they're lost and overwhelmed, because they do not know where to begin to seek the help. A properly trained child care provider can help guide them, but this is not always the case. And without the experience, without the awareness, and without the training, the child care provider is not equipped to handle this, to properly handle this, and oftentimes the child is expelled and moves on to another, and then another daycare program. The pressure on the child care provider while caring for that child is immense. Not only do they want to try to help this child, but the other children in the program are being affected, and their parents become very upset, too.

It's a long process to help a child get evaluated. Sometimes it takes six months.

Our County Department of Health has some very good resources for these families. We have the Division of Services for Children With Special Needs, and that division has programs for early intervention, for children from birth to three, for preschool education, for children three to five, and then a program for children with special health care needs. I knew this, but it wasn't until I attended a training class hosted by the Early Direction Center, and it was led by George Heintz from the Division of Services for Children in Suffolk County, that I clearly understood so much more. And the chance of meeting him came right at the time when we were crafting the section of the report.

In the Welfare to Work Commission report, we state that over 4,000 children per year are referred to early invention services, yet only 1600 of them currently receive services. This does not include the preschool children. The services that are available for these children, if, if they meet the criteria established by the State and Federal Government, there's a lot of children that are -- that need services in some form. These criteria of children is a 33% delay in one area, or 25% delay in two developmental areas, or the child has to be diagnosed with a condition that leads to a developmental delay, and we speak more specifically about that in our report. But what happens to the children who still have delays, but do not meet the criteria? There's a whole population of these children, and more and more of these children are being affected by the heroin and drug epidemic. Some are born addicted. Some are born with drugs in their body. We clearly know the effects of drug abuse on the brain of adults. We've had Dr. Stephen Dewey present for all of us. But I don't think that we've begun to look at the effects that drugs that have been used on the brains of these little children. What are the effects of drug use on a child's brain development?

I care for some of these children that do not qualify yet for these -- for special needs. Some of them are either in the foster care system or referred by CPS. Their parent might be drug users. The post traumatic stress on these children is significant, and I think the County, as a County, we can do a better job at meeting the needs of these children, and that we can start with training. The first step is often the hardest, and this is one of the tasks that we recommended in our Child Care Commission Report, would be to conduct a forum of providers overall, anyone that's serving

children, and coordinate those services. Or we've recommended the Child Care Commission and they would be tasked to do such a thing, putting the right people together to make recommendations to you, even as simple as asking you to sponsor a resolution for a mandated training class for contracted child care providers on identifying special needs of children, or how to navigate through the process, possibly offered by webinar, low cost. It makes sense, but we're not doing anything.

Child care is an \$804 million industry on Long Island, employing almost 10,000 people, caring for tens of thousands of children. Our public education system requires so much more of these children, more than ever before, yet, we allow the industry that provides the foundation to learning to operate in programmatic silos. I feel that Suffolk County in this industry has special needs, and it's time think progressively, because in the blink of an eye, the children will have grown, and we will need to do everything that we can to keep them from moving off Long Island.

We have many experienced and knowledgeable people who serve in this -- serve children in this County, and it makes sense to bring those people together to work as a commission that would provide you with the information that you need to make well-informed decisions. Who will recommend policies and procedures for developing a coordinated quality child care early learning system? It has to be you. There's so much expense. Transportation expenses for these children is \$8,000 a month to transport a special needs child back and forth. I think we can talk about that. I think that when you have children, families coming to you, to a child care provider in desperation because they cannot find proper adequate child care to meet their child's needs that are so, so special, so unique and health-care-related. It's very difficult for a child care provider to take vitals of a child because they're epileptic and they need -- they need Diastat treatment and they need oxygen, and they're supposed to care for all of the other children. How can they do that without having a properly coordinated directive?

So we do have work to do, and I think that if we are able to put this Child Care Commission together, we have a way and means. So thank you.

CHAIRMAN SPENCER:

Thank you very much for that presentation. I have a couple of questions. And I think, first, I wondered how did the Welfare to Work Commission kind of get involved in this? But one, I guess, very compelling fact that you see is that the average cost of child care is \$15,000 per child, and if someone has two children, and the average income is \$22,000 a year, 30,000 per child care, you can just see that there's a major disconnect there that makes it almost impossible to be able to do. But with that, I understand kind of the relevance. How did this issue come before the Welfare to Work Commission? How did you all get involved?

MR. KOUBEK:

We are charged with advising you, the Legislature, on policies, specifically about people leaving welfare into the workforce. What we discovered early on and what some of us knew all along is that when you leave welfare, you don't necessarily become self-sufficient, in fact, in most cases you don't become self-sufficient. So we began to early on, created in 2003, to look at the kinds of supports that working poor people would need once they've left welfare, or people who are in danger of falling into a reliance on public assistance, and we came up with categories of supports. At one point, we looked at affordable housing; critical. We've looked at public transportation, and we're supportive of the efforts, for example, to get Sunday service, successfully get Sunday service, and extended service, and we thank you for your most recent effort in that department, and we looked at child care. It's critical, because the theory of welfare to work is you go to work. Well, how do you go to work if you've got kids and you can't put them in child care?

CHAIRMAN SPENCER:

Well, it's really important for the members who are here in the audience. A couple of things that is important is we're talking about the Suffolk County Early Intervention Program, and within Suffolk County, we have about 4,000 -- there's 100,000 kids who are less than five years old in total, but about 4,000 participate in this Bureau of -- or this early intervention program, and they're divided up into three components as far as what we fund. Their only intervention program is from birth to three years old. There's the preschool special education program, which is from three to five years old, and then we have the children with special health care needs, and that is from birth to 21 years old. And so we know that that's the major issue, because we have a 2.7 billion dollar budget, but within the Department of Health, along with this -- this program alone is a \$170 million program. And part of that is -- even transportation costs, we spend over 30 -- close to \$27 million in transportation costs.

So what we're trying to do is figure out ways that we can, one, for 4,000 children, we see that half of that money that we receive comes from the State, which is approximately 75 to \$80 million, and the rest of it we supply through our County Government. So what we're looking for a way is to make sure that we maximize the quality and the resources for our children. And we see that it's not necessarily an issue of how much money that you have in the program, we have similar numbers as to Nassau, but their budget is a lot bigger.

So this is a really very important issue, and your report is very -- just relevant in the recommendations here. So let me ask you this: With the report that you're presenting here, you've told us, you know, really focus in on five pages for recommendations. Can you come to us, as Legislators, and give us one specific thing that we can do now that would change it? Is there a particular policy that we could enact, or you mentioned forming this commission, is what you're looking for. Is there any -- is there a -- is this something that you're looking to do with the Executive's Office? Is this something you're looking for a Legislator to sponsor? Is it already in progress? Tell us what we can do as a result of all the hard work that you've done.

MR. KOUBEK:

Child care is just one of the areas of focus for the Welfare to Work Commission, and it has become consuming. It's so complicated. It's eating up huge blocks of our time. And we deal with many, many issues, Medicaid, and job training, and educational opportunities. I can go on and on of what we do. So as we got into the complexities of the industry, as laid out in the report, we said what you really need is another commission that would be similar to Welfare to Work. And, I mean, I would suggest it to be a Legislative commission, you know, with assigned seats, that would take on the responsibility of trying to pull together all of these loose ends, and advise you, as we have done on other policies, welfare to work.

We already have a committee that deals with it, but the -- see, the other -- the other piece of this, and the Kathy may want to talk about it, is we decided in this report, Doctor, that we were not just going deal with the working poor; that, just as we did with our Affordable Housing Report, this is an issue that affects people earning up to \$80,000 a year, you know, the baseline for paying your bills here on Long Island. So we looked at poor people, working poor people, and even middle class people and their difficulties accessing quality child care.

So, you know, the charge of Welfare to Work is welfare to work. And this is such a huge industry that we felt it warranted a separate commission connected to us. We'd have a seat on it, but, you know, that would -- it would be the sole responsibility of that commission. We understand, we've come to learn that the Legislature has lots of commissions and task forces and they all don't do what they're supposed to do. I'm on a learning curve about that. We work very hard, we assumed everyone else did, so -- but now we're learning there are dozens and dozens of these. I think we would be vested as a standing commission to make sure the new commission worked.

CHAIRMAN SPENCER:

Well, I'm glad that you're bringing this forward. I had been looking at my own Special Education Task Force that was looking at this issue. But on this committee, our Human Services Chair, Monica Martinez, I know is working, just really putting this all together, and, you know, I'm looking forward to working with her. But she's here, and I know this is a big interest of hers, and she had -- will, I'm sure, shed some light on kind of what her effort is.

LEG. MARTINEZ:

Thank you, Legislator. I had the meeting with Dr. Koubek and Kathy regarding a proposed commission for child care learning and early intervention. We are in the middle of drafting, we are in the middle of putting it together. Definitely, things have to be vetted out before putting it forward. I, as an educator, completely understand where you're coming from, which is why I'm taking great pride in this, and, therefore, it needs to be done perfect in order for our children to be serviced even better than they already are.

So when presented, I do hope that I have the support of my colleagues, because I think it is very important that we do move forward in providing early education for our children, though we also have to be mindful of the task, you know, that the commission will be given, okay, and expect results. And we also have to be mindful that there will be at some point some sort of fiscal impact, that we also need to consider that moving forward.

CHAIRMAN SPENCER:

Thank you. I look forward to working with you on that, as we've already had some preliminary conversations. Legislator Browning.

LEG. BROWNING:

Yeah. A couple of things. You know, I appreciate you putting this together for us. And when I look at it, and when you start talking another Task Force, I kind of cringe a little bit, because, you know, it takes months and months and months of getting together, coming up with ideas, and I feel like it's, you know, the mice on the wheel, where you just keep spinning. And to be honest with you, I think this is a report that should be going to our State representatives, because we know that the money for the child care, that we are shortchanged when it comes to early education, when it comes to universal pre-K. Where is that money coming from? It's coming from the State. And, you know, to create another task force to discuss something that we know it's going to ultimately wind up having to go to the State for more funding. You have this, and I think it's time to now take it to them and say, "Here we go, we're proving that we need more money." And, you know, so I'm kind of hesitant to say do another task force.

You did mention in here, I noticed you mentioned about using a company support for child care as criteria for awarding IDAs. Have you -- have you reached out to the IDA yet? Because, I mean, I don't think that's necessarily a bad idea. I mean, I look at some of the companies that -- there's an industrial park in Shirley, that a lot of the people that live in my district work there. And is there a possibility that child care is an issue for them? I don't know if they're getting, you know, any IDA support, but, you know, again, I don't think this is a bad idea to consider child care for those IDA grants or tax abatements. So --

MR. KOUBEK:

May I --

LEG. BROWNING:

How did that go with the IDA?

MR. KOUBEK:

Yeah, two responses, Legislator Browning. One is I think the existence of a County commission can do the spade work necessary when you make the case with the State. I mean, our report makes it clear, we've got to go to the State. And we actually are a little tough on the State repeatedly in here for underfunding us with the Child Care Block Grant. But you're right, I mean, anything that comes out of, for example, universal pre-K is going to be the State. And we point out in here, New York City got -- I mean, the State -- the State took a step, just to illustrate, toward universal pre-K. Here's how they did it: They gave 300 -- what was it, \$300 million to New York City?

CHAIRMAN SPENCER:

Yeah.

MR. KOUBEK:

And then 40 million to the rest of the State.

MS. LIGUORI:

And nine million -- oh, I thought you meant child care.

MR. KOUBEK:

No. So, you know, that's -- we're not off to a good start here, are we? So it's good to have a commission that would do this kind of work that we've done here, so that we can prepare, and prep, and make the case with the State, that's what.

Secondly, on the IDA, actually, if you recall our poverty report, we called for an IDA tool that would look at granting IDA benefits to companies that provide a menu of supports for working poor people, and we really had a fascinating meeting. David Calone, we presented to David Calone of the Suffolk Planning Commission, he loved the idea. He got us together with Anthony Manetta, who liked the idea. We put together a committee with some really interesting people who have worked on that concept. You know, what would you ask of a company coming into Suffolk County getting an IDA benefit in return? What could they do for the working poor, like child care and a whole bunch of things in there, training opportunities.

We developed a tool, and we were ready to go with the tool, but then Mr. Manetta stepped aside. And then we were ready to go again with the tool, and then the incoming IDA Director isn't quite seated yet. So we have a tool ready to go, and in it is not only child care, but about -- we have about 12 or 13 possible considerations that could be factored into granting an IDA, in terms of what are you, the company that's getting a tax break, going to do for the working poor? But that's got to wait until the IDA gets --

MS. LIGUORI:

And to add --

LEG. BROWNING:

Why does it seem to take so long?

MR. KOUBEK:

What's that?

MS. LIGUORI:

To add on to that, with all the years of trying to do this advocacy work for child care, and certainly working along with you, Legislator Browning, with regard to the child care development block grant,

we have heard repeatedly after we -- I wore holes in my shoes meeting with every State Legislator; that without the support of our County Executive, and driven by our Legislature, they're the people that we -- they want to hear from, not someone like myself or Dick. The Commission would provide you, as Dick said, do the spade work to provide you with the information, the data, the numbers, all of that, so that you could properly go to those political allies and ask, because they're going to listen to all of you first.

LEG. BROWNING:

I can't necessarily always agree with that, because I think sometimes it's better coming from you. And, you know, Kathy, you know, when you're wanting to get that message out, what do you do? You speak with your parents who have children in your daycare, and you reach out to the daycare providers, and, you know, who is a better voice for this issue than the consumers, which I know that you rally them up, and through the Child Care Council, they get rallied up to start, you know, e-mails, letters, whatever. And if they're not listening to them, I don't think they're going to listen to me as well. Do you know what I'm saying? I think you're just going to have to keep those parents rallied and keep the message going to them. And I know that we have -- you know, we have some new people coming into Albany starting January, but it's time to start putting the boots on the ground, doing the emails, the phone calls, the letters, whatever you can.

CHAIRMAN SPENCER:

Thank you. Legislator Trotta.

LEG. TROTТА:

I had a question. You said we spend \$179 million on 4,000 kids?

MS. LIGUORI:

No, there's more children.

CHAIRMAN SPENCER:

It's a ballpark within the whole division, but it's -- the numbers are -- yeah.

LEG. CALARCO:

What is?

LEG. TROTТА:

Yeah, what is that? I mean, it's 44,000 a kid.

CHAIRMAN SPENCER:

I know, I know. It's --

LEG. TROTТА:

And what I'm reading here, it says 4,000 children are referred, and 16 -- about 1600 are receiving services.

MS. LIGUORI:

Sixteen hundred is early intervention services, not preschool education, so there are many, many more preschoolers.

LEG. TROTТА:

So how many kids are we spending \$179 million on?

MS. LIGUORI:

I'll grab my calculator.

CHAIRMAN SPENCER:

Actually, Budget Review, would you look up that for me, just to make sure my numbers are -- how much do we spend in the Bureau of Special Needs? We'll have that number in just a moment, but it's -- well, it's -- I know.

MR. FREAS:

The Children With Special Needs Program is about 130 million in expenditures, with the addition, for example, daycare or whatever. I'm sorry, I'm on the DSS component. It might be that high, but just the health services component is about 130 million, and we get about 78 million in offsetting revenue.

LEG. TROTТА:

How many kids is the 130 million servicing?

MR. FREAS:

Just a second. That's what I -- about 6,000 in 2013 for early intervention services.

CHAIRMAN SPENCER:

So it's not as bad as you thought.

LEG. TROTТА:

Divided by 16.

LEG. CALARCO:

A hundred thirty million divided by 6,000.

MR. FREAS:

Six.

LEG. TROTТА:

That's 21,000.

MR. FREAS:

Six thousand.

LEG. TROTТА:

What do these services entail for \$21,000?

CHAIRMAN SPENCER:

We do everything. What happens is that in Suffolk County, you have -- you pay taxes here, and if you feel that your child has a particular issue, you can take them to the school district to be evaluated. And so we wind -- the school district winds up charging that back to the County. And then if they are given occupational therapy, or speech therapy, or whatever services, that money is also charged back. But a lot of that is pass-through money coming from other sources. We're just kind of a conduit. But it's still a lot of -- it's still a lot of money, but it encompassed a lot within the taxes that people are paying within Suffolk County in the individual towns. But that's one of the -- that was my concern when I first heard that number, too.

LEG. TROTТА:

That's a lot of money.

CHAIRMAN SPENCER:

It is.

MR. KOUBEK:

Sixty/forty. It says 60% is covered by the State, 40 by the County.

CHAIRMAN SPENCER:

Forty, yeah, so that's --

MR. FREAS:

It depends on the particular program, but that's about right.

CHAIRMAN SPENCER:

It's mind-boggling.

LEG. TROTTA:

It's all tax money, though. It's all --

MR. FREAS:

Sure, you could -- yes, it's all -- it's all --

LEG. TROTTA:

I don't subscribe to the State --

MR. FREAS:

No.

LEG. TROTTA:

-- the Federal, the County. It's all taxes, it's all coming from us.

CHAIRMAN SPENCER:

I would love to work with you on that issue. That was my -- when I came on, and that's why I formed this Task Force to look at it, to see if we are spending this money in the most appropriate manner to help our kids.

LEG. TROTTA:

Did you follow like five kids and just see what you're getting in money? I mean, that's the way I would look at it. I would pick five kids indiscriminately and see what they're getting for \$21,000 a year. I mean, you would think it would be pretty intense what they were getting for \$21,000.

MR. KOUBEK:

Yeah. Well, again, the representatives from the department that administers the program are not here. They could really answer your question, Legislator Trotta, and maybe you'd want to invite them back to get that answer, but I'll speak anecdotally as a teacher. I saw the benefits that special needs kids got at the high school level, and the changes were just incredible in terms of opportunities. They had -- you know, when I left teaching in the 1990s and what kids might not have had when I had begun teaching. So I'm sure there's all kinds of longitudinal studies demonstrating the benefits, but no one can deny the cost. It doubled -- a special needs kid typically doubles the cost of education.

CHAIRMAN SPENCER:

I look forward to working with you on that issue, Legislator Trotta. Legislator -- Presiding Officer

Gregory.

P.O. GREGORY:

Thank you, Mr. Chair. Okay. So there's the EIP, which we discussed, but you're more focused on the child care portion of those kids, and I guess the EIP, they would qualify for EIP. They said if there are -- what are the criteria? Because you said not everyone qualifies. So the 4,000 that refers, 1600 that qualify?

MS. LIGUORI:

For Early Intervention Program, those children need to have a 33% delay in one area of development, and the developmental areas are physical, communication, cognitive, social, and emotional, and adaptive areas; or it would be a child that has a 25% delay in two of those areas; or children that are diagnosed with a condition, a medical condition that leads to a developmental and/or educational delay like autism or Down Syndrome.

P.O. GREGORY:

Okay. So the school or a doctor, or who makes that determination?

MS. LIGUORI:

The parent would, depending on the age. If it's an early intervention child --

P.O. GREGORY:

Right.

MS. LIGUORI:

-- up to two-and-a-half.

P.O. GREGORY:

Right.

MS. LIGUORI:

They would go to -- they would have to make a referral to Suffolk County Early Intervention Program.

P.O. GREGORY:

Okay.

MS. LIGUORI:

They also would need to have some form of prescription from their doctor to show that diagnosis as well. If they're three to five, they would have to apply to their school district, take all of their tax information, their proof of residency, etcetera, and go to the school district. From there, they have, I believe, 30 days to evaluate a child, and then another additional 30 days from there to make their determination.

P.O. GREGORY:

But schools, from my experience, schools are in some instances reluctant to do that because of the cost, at least that's my experience.

MS. LIGUORI:

Interestingly some of those children from 3 to 5, it is not the school districts that pay any for those services, it's the County. The County and the State share the cost of the program 60/40, the State --

P.O. GREGORY:

School age.

MS. LIGUORI:

For the preschool age.

P.O. GREGORY:

Right.

MS. LIGUORI:

Yes. So the school districts do not, they just provide the services. And then oftentimes, when the children enter into kindergarten, the parents will declassify them, because they don't want them classified in the public school system. But then it's not until they're in third grade that then they end up having to be evaluated again and start with special needs again.

P.O. GREGORY:

Right. So, from your perspective as a child care provider, your hands are tied to some extent, because if you're not aware of the needs of the child, how can you work -- how can you be a part of the plan to help develop those child -- to address those needs, right; is what you --

MS. LIGUORI:

Yes. A day in our life would be that the child is exhibiting behaviors, biting, kicking, scratching, frustration. And I want to also touch on the eight -- the gap between two-and-a-half to three, where that is when the developmental needs of a child really start to flourish, and we do start to see problems with their speech or other areas. So we have to have that conversation with the parent, and we have to protect the other children. We have to gingerly take care of it with making sure that the parent is doing their part. If the parent doesn't do their part, we can't work harder to help that child than the parent is willing to help them. And if they're not, the parent is not cooperative, we're then left with no other choice to disenroll that child.

However, from an ADA perspective, we have to be very careful on how we track that, including developing our own internal intervention plan with the parent to say, okay, at our expense, we're going to provide a shadow for this child. At our expense, we're going to make sure that we have an extra staff member in there. If, you know, the parent has their own obligations, we have goals and outcomes for that child. It might be bringing in a pacifier, it might be, you know, doing other things that help that child, many different options to help that child grow out of that stage per se. But if they don't, then that's when the evaluation process comes. And when they're in that young age group, it's very hard to determine, is it just a natural stage of development and the child will grow out of it, or is there a real situation going on? And oftentimes you won't find that out until they enter into preschool and you have to start all that over again.

But when a child is two-and-a-half, early intervention will not accept them for evaluation, you must wait for the preschool evaluation. And if it's summertime, between April and September, you can really, really become very frustrated in trying to get that evaluation to happen, because it doesn't, school is closed. So what happens to those children?

P.O. GREGORY:

So I'm trying to understand the -- from the -- I understood the recommendation is to establish a commission. But it seems like part of -- there's a stigma, there's a stigma attached. Parents are concerned about that, obviously. There's no requirement for the parents to report any condition of the child to anyone. So that would be a big help. That would have to be done, something at the State level. So how do you really -- and to me, that seems to be the biggest problem from a child care provider perspective. Someone should notify you of the status of a particular child so you can develop your own plan and how to, you know, work with that child, so they can, you know, progress

in their -- in their -- in a time in the child care setting prior to school. So how do you change that? What's the commission's powers to -- or expectations in changing that? To me, it seems like an educational awareness. This is -- you know, the benefit of a parent getting all partners, all stakeholders involved in a process, you shouldn't be concerned about stigmatization. You know, the main priority should be about getting the services that your child needs.

MS. LIGUORI:

I think that the commission could be charged with a public -- developing a public awareness campaign, putting the right people together with all of the knowledge and experience that it takes to properly execute that, and to put together a training for the providers, so they really truly understand what it takes to see all of the indicators, the behaviors, the antecedents that take place before the behaviors and the outcomes, and what you've done to try to track it, looking at all the patterns. Oftentimes they don't know that. They're there and caring for the children within their groups and they're doing the best that they can. They have -- if the ratio is five to one, one child is emerging with developmental delays, they're oftentimes just performing in a safe mode. They're doing the best that they can at their level of awareness and we need to raise that awareness. And I think by getting that word out, that public education and the training for them would be beneficial.

I truly believe it should come from the State perspective, just like they have mandated child abuse and maltreatment training. That's part of the criteria. But all I can do today is come before you. I can't ask you to make State changes, I can ask you to make County changes. And maybe we can make a change of -- to request training for child care providers that are contracted. That's a start, it's a step in the right direction. And from that, we move forward, we progressively move forward one step at a time. It's a good idea, and I think people will jump onto it.

P.O. GREGORY:

Thank you.

MR. KOUBEK:

When Legislator Browning was Chair of Human Services, you may recall that the Commission worked with the Legislature to come up with a pilot program to train child care providers to recognize signs of physical abuse and emotional abuse, and it's very similar here, Presiding Officer Gregory. One of the things I learned, again, you know, in my experience, I met students at the end of their careers, you know, their public school careers, but we learned about benchmarks. And very often parents don't even know what the benchmarks are. Sometimes they panic, you know, because particularly boys might be a little slower in speaking, and it's -- and there's a panic that sets in, "Oh, my God is it autism? What happens?"

So knowing the benchmarks, both for parents and especially for the child care providers, is critical. Where are you supposed to be at a particular age, and if you're not, does it mean that you have a disability, or you're just a little slower in reaching the benchmarks?

So, as we did with the Child Protective Services, you know, this new commission would oversee maybe working with the Health Department, as well as the Child Care Council, providing the kind of trainings we did for CPS. What did we train, about 100, 150 providers to recognize the signs of abuse.

CHAIRMAN SPENCER:

Okay. Thank you very much. We really -- this is a huge topic. Thank you for your work and what you've done. You've got really a lot of Legislative commitment and buy-in on this particular issue. And you can see that once you kind of get us going, you know, we could kind of get into a very detailed discussion, and we're going to have those conversations. But thank you for being here, I appreciate it.

I have another presentation. I feel terrible about that presenter who came and I rescheduled him, and he's been very, very patient. But we wanted to definitely take the time and make sure that we addressed these issues in the Health Committee. Thank you.

MR. KOUBEK:

Thank you for the opportunity, and we look forward to working with you as well.

CHAIRMAN SPENCER:

Absolutely. Thank you.

MS. LIGUORI:

Thank you very much.

LEG. CALARCO:

Thank you.

CHAIRMAN SPENCER:

You're doing a great job.

So our next presentation, and this really, I think, couldn't come at a better time, I have -- actually, I see Mr. Vaughn at the podium, so he usually represents the Administration. What -- do you have something you need before I start my next presentation?

MR. VAUGHN:

Yes. And thank you very much, Mr. Chairman, I do appreciate the opportunity. We just wanted to be clear. There must have been some type of miscommunication this afternoon about having Health Department staff be here and present for this presentation. I do regret that they were not. We would be happy to have them available, if the committee does have additional questions. This is actually a topic that is pretty near and dear to my heart as being a student that had -- went through high school with learning disabilities, and the benefits that I received through my high school at Eastport I will be forever grateful for, because I certainly think that they certainly helped make a difference in my life, and I am very appreciative of the people who took the time to help me with those things. So we will be happy to have whomever you would like appear, whenever you would like to have them appear, to continue this conversation on this important topic.

CHAIRMAN SPENCER:

Thank you. Thanks, Tom. Thanks for that information.

So Owen Durney, who's been extremely patient, someone I've worked with. He's represented in front of the Department of Health. But, Owen, you could not have a better audience today. Owen is going to give a presentation regarding falls prevention. And I mentioned earlier that we're joined today by a class, but I wanted to just acknowledge Monica Caravella, who is an Assistant Professor of Nursing at Farmingdale State College, and she's here with her class. And it's amazing how this all ties in, because Monica is a dear friend of mine, and we're connected through her husband, Sal, who is my children's pediatrician. But, also, Sal sits on my Commission that we're looking at, the Bureau of Children With Special Needs, and he's contributed a lot. So it's great that you see the same faces doing good things in Suffolk County. So, Monica, thank you for being here.

And Owen, what better audience to have, to have 30 graduate nursing students who are with us, who are RNs. And so I'm sure they can appreciate in their everyday task. This is always a major issue, I know, in nursing, falls prevention. So, Owen, thank you for your patience. And you have slides?

MR. DURNEY:

Yeah. Okay. So, yes, I do have slides. Thank you, Legislator Spencer. Actually, it really is a good segue. We start off with the young population and talking about their needs, specifically, children with special needs. I do have a son who suffers with autism, so that was actually a very interesting conversation that you had. I took a lot out of that. I also have a son, older son who Aspergers. So I, too, understand the importance of that issue. And now we're segueing into senior citizen population and some of the programs that we have available to them.

So I appreciate the opportunity to speak with you today. My name is Owen Durney. I work in the Health Department, Suffolk County Division of Preventive Medicine. There are a couple of different components to preventive medicine, falls prevention is one of them. We also have the Office of Health Education, which is involved in school-based education programs, as well as smoking cessation and tobacco enforcement. I'm sure you're all familiar with that with your recent passage of the increase in the smoking age. So that is one side of our division. The other side is the Bureau of Public -- the Bureau of Public Health Nursing, which is a certified home health agency, and we provide services to -- you know, home health services to predominantly our Medicaid population.

And so the purpose of our division is all about prevention, so -- and preventing, or, you know, prevention and intervention, and the ability to educate, as well as intervene, so that health issues don't become more -- more problematic. So falls prevention fits right into our -- right into our division.

So how did -- how did falls become a problem in terms of -- certainly in Suffolk County? By the way, I did hand -- did you all get the handouts that you could follow along?

LEG. BROWNING:

Here.

CHAIRMAN SPENCER:

Thank you.

MR. DURNEY:

Good. So, among older adults, falls are the leading cause of injury-related deaths, okay? And we'll get to why that's relevant to Suffolk County in a second. But falls-related injuries are largely preventable, and again preventive medicine, preventive -- this is a preventive issue.

Each year more than one-third of adults aged 65 and older sustain a fall, and each year more than one-half of those over the age of 80 sustain a fall. And in many cases, senior citizens suffer one or more falls before they actually realize that they need some sort of help, that this is something that -- you know, that there's a behavior change that needs to take place.

So, in 16% of older U.S. -- the older U.S. population have fallen at least one time in the past three months, and 31% have sustained an injury that resulted in a visit to a primary care provider, or restricted a person's activity for one or more days. And oftentimes that's not even a primary care provider, it's normally the emergency department of one of the local -- the 11 hospitals in Suffolk County, which, of course, drives up the cost of health care.

Women older than 85 have an 83% annual risk of falling, and women have fallen -- have more fall-related injuries than men. Women also tend to outlive men, so I think that that's part of the reason why --

CHAIRMAN SPENCER:

They live longer than we do. We're not around to fall.

*(*Laughter*)*

MR. DURNEY:

Well, we'll get to that in a second, too, Legislator. So, in Suffolk County, if you look at our County, and you're all very familiar with the demographics, I'm sure, of your districts. So we have one of the fastest growing senior citizen population rates in New York State, actually in the country, but certainly of a suburban county of our size, one of the largest in the country, as well as in New York State. So, between 2000 and 2010, and this is all based off of census data, there was a 20.5% increase in senior citizen population rates. The two years following that, just in two years, was 7 1/2%. So 28%, almost 30% increase in this population, aged 65 and older, in 12 years. This is faster than any other age demographic in Suffolk County. And, by the way, it's not going down either, okay? The second highest age demographic, which is 40 to 65, they're -- that increase is 7%. Every other age demographic is flat or negative. So this is a significant population in Suffolk County that we're targeting with these particular intervention programs.

So falls in older adults often result, obviously, in death, right? They can also result in disability, nursing home admission and home health care services. So nursing home -- rather, disability often leads to either nursing homes, or whether it's acute care or long-term care in a nursing home, or home care services, the significant health care costs to the taxpayers are significant in Suffolk County, in New York State, and the Federal Government. The Federal Government, by the way, is taking the lead on -- and New York State, and Suffolk County, and I'll get to that in a second, too. We are all taking the lead on intervening to reduce falls, not just because, obviously, it leads to healthier lives and people's improved health, but, also, because it does reduce the costs of care, and, of course, the family caregivers.

So, when I was listening earlier to the presentation about children with disabilities, and, again, having -- being familiar with that as a caregiver of a person with a disability, I can tell you that there are significant costs when it comes to wages that are lost, time from work, out-of-pocket costs that are not covered. This also relates very -- as well to senior citizens. With senior citizens, you have children of these people who are taking time off from work because they have to make sure that mom has the right care or dad has the right care, they're missing time, or they're pulling out significant out-of-pocket costs. Even though they're covered with Medicare and Medicaid, some, or Medicare, most, there still are loopholes and things that aren't covered that people need.

So, obviously, in addition to being independent and staying independent, living an independent life, there are significant financial burdens as well that are being avoided with falls prevention.

So, just to run down the quick factors that are related to falls, there are internal and personal related, so these would be things like gait and balance, medical conditions and history. There are external environmental factors that I'm sure that most of us are familiar with, those are the things like throw rugs, and, you know, make sure that you have grip handles in the bathroom and in the bedroom, and that kind of thing. And then there's situational factors, which are economic, educational, cultural situations, as well as community. So some communities are much more responsive than other communities, and depending on the level of education and the economic demographics, people are much more responsive than others. So we're trying to target everybody, regardless of what those situational factors are.

By the way, as far as external home environmental factors, home safety, where do you think is the most common place that people fall? So I'm asking you guys, making sure you're paying attention out there.

LEG. TROTTA:

Stairs.

MR. DURNEY:

What do you think is the most common place in the home that somebody suffers a fall?

P.O. GREGORY:

Kitchen.

LEG. TROTTA:

Bathroom or stairs.

MR. DURNEY:

Bathroom or stairs.

LEG. CALARCO:

Bedroom.

MR. DURNEY:

Legislator Calarco, you won the prize. It is actually the bedroom, and that's because most people are comfortable in the bedroom. That's where they -- you know, we think of bathrooms, we think of stairs, we think of those things. The kitchen is another area, but, yeah, the bedroom is one. And it's important, though, that people understand that it's not just one room, or the other room, or one area, or "I'm okay, I'm safe in my home, but it's out there." What we do is we demonstrate to our participants that it's every -- you know, every place you need to be aware of risk for falls.

So, in Suffolk County, we have worked with community organizations and providers, and I understand that we -- I was rescheduled after -- I was supposed to be here in September, but since September I have even more news, which is good news, with our community partnering organization. So I'm glad to come here in November to be able to share that with you.

So what we have developed is we basically have developed a continuum of different people, different groups that interface and interact with senior citizens. So what we did is we created the -- or coordinated the falls -- what we call the Falls Prevention Program Continuum, okay? So there are different parts of that where we connect the importance of falls prevention in every aspect of our seniors' lives, and we do that through working with people who interact and interface with them.

So comprehensive falls prevention education programs are researched-based, and what they essentially do is they help seniors understand that these are preventive measures that are relevant to their quality of life. They address the issues in a positive way, not in a negative way, to help them understand the risk associated with falls, and they focus on interventions that are life-enhancing to help them develop strategies that are relevant to their unique circumstances in order to remain independent. Oftentimes what happens is, and I think this happens a lot, not just with falls, say, but with almost anything, is why -- you know, what we do is the approach that we take is more of a negative approach; "Don't do drugs." You know, "If you fall, you're going to die," you know, that kind of thing, you know, "Stay out of the hospital." But what we want to show is, is that these are relevant activities, not to avoid negatives, but to enhance the positives. By avoiding falls, you're going to -- you're going to remain independent, you're not going to be in a nursing home, you're not going to have home health care coming to your house every other day or every day. And so what we've developed are programs that actually enhance the positives more than the negatives.

And so the continuum is Staying Independent for Life, which is a two-hour program. It's a two-hour falls prevention program that we offer in any community that will have us. We've been in every community in Suffolk County just about, every town except Shelter Island, and I actually want to go to Shelter -- no, not me personally, but I want to get out there just to be out in that area. But we have been out east, we have been out west. I have two people, actually, 1.5, because the other person is -- devotes some of her time to some other things, who do these programs.

So Staying Independent for Life is a two-hour program. Stepping On is a more enhanced seven-week program. And then we've also this year, with collaboration with the YMCA from Suffolk County, actually Long Island YMCA, implemented a Tai Chi program, which is even more comprehensive, it's a 12-week program. So Staying Independent for Life is a two-hour session. It's a concise overview of falls and how they can be avoided, and it covers all the factors that I just presented, internal, external and environmental. It focuses on home and community safety. It demonstrates exercises. Participants don't actually conduct exercises, it demonstrates exercises. And what we do is we offer this program at libraries, nutrition centers, senior living complexes, as well as centers of faith, which I'll get into in a -- well, I'll get into now, I might as well.

What we've noticed is, is that ways to reach the minority community -- because we noticed that the overwhelming demographic of people, when we collected data, was Caucasian women. It was like 90% is Caucasian women, so -- and the only time that you ever saw a man there was when, and I'm not kidding, when the wife dragged the man to the -- or the spouse, or whoever, dragged him to the program; that this is something that's important, because, like I said, you know, they don't necessarily care about falls, but -- so one of the things that we did is we really wanted to figure out how do we reach out to other communities that may not be aware of this, or not understand what the significant -- what the significance is of falls prevention. So we've been working with faith-based organizations. We actually met with Reverend Pearson from the County Executive's Office, as well as Dr. Pigott, who's the Director of Office of Minority Health, and Reverend Pearson, who's the Director of Human Services, and how we can generate strategies to offer it to as many different cultural groups as possible. So we have made that effort to focus on or to reach out to centers of faith, as well as these other areas.

And, basically, what this two-hour program serves is a more comprehensive -- it's a comprehensive overview that introduces the seven-week program. You're not going to get people to commit to a seven-week program right off the bat. Sometimes you have to introduce in a smaller version, introduce what it is that they need, why they need to make a longer commitment, and it's also, obviously, designed to create awareness about the problems related to falls.

So the second part of our program is the Stepping On Program, which is a two-hour session over seven weeks, and, again, it's designed to educate senior citizens to learn about falls and the risks associated with falls, but it's much more comprehensive. In this case, they actually practice the exercises, they do the exercises, and it's two hours a session for seven weeks. They spend some of them that time literally doing strength exercises and gait -- you know, balance exercises. And it also brings in people from the community, sometimes people that they know who can discuss how these issues relate to falls, which things like vision, medications and the importance of exercise.

And this is the curriculum for Stepping On. I'm not going to read it. You know, you have copies of it, you'll see what it is. But, essentially, as you can see, it's very -- it's much more comprehensive. So where the first program is two hours that covers all of this, this is seven weeks that covers these different issues.

And then this year we started a partnership with the YMCA and -- Long Island YMCA. There are five YMCAs in Suffolk County. We have brought our programs to their facilities, and they have brought

their programs to some of our classes. And so Tai Chi is a one-hour session, however, it's over 12 weeks, and it focuses again on core balance exercises, not the other factors, just the balance. And it also is available to a wide range of people who have different abilities. So, if somebody can't necessarily step -- you know, stand up, they can still do it from their chair, if they need to.

So the overall goal of this is to get them kind of fired up with the two-hour program, and then create a cohort that moves through the seven-hour -- the seven-week program and into the 12-week program, although, you know, you don't have to do it. You could do a Tai Chi Program and take a Stepping On Program. There's no -- you know, it's not like a prerequisite, but what we want to do is move people from one -- create that awareness, and in creating that awareness, they kind of funnel through these different programs.

We've reached out with various community partners. We have all the major hospitals in Suffolk County. I was in recent contact with Stony Brook University Hospital, as well as Catholic Health Systems, and they are interested in actually bringing some of these programs into their facilities. So we are very early on in those discussions, but we are planning on doing that in 2015.

We also are able to train people. Stepping On is a CDC evidence-based program, but it also -- it requires a license that has to be provided. Right now, New York State has that license, so we work in cooperation with New York State. However, we are working with expanding those programs into the various hospital systems in Suffolk County, at least in Stony Brook, as well as in Catholic Health. And we also have other community partners as well, AARP, the County Exec's Office. The County Executive has a collaboration with AARP where they created a community or a committee for aging -- it's called the Aging Friendly Committee in Suffolk County, which we are also a part of, and we've been discussing with them about implementing falls prevention, and various other groups.

Saint Joseph's College and their nursing program, actually, is very much a partner of ours. They actually -- they provide Staying Independent for Life, the two-hour program, on their own. It's part of their Bachelor program, part of their clinical requirement. So we work -- we've been working with the local colleges and universities, as well as the hospitals, and the YMCA, of course, and other community-based agencies. So we have a good foundation of groups that we work with to deliver these programs and to continue with our mission.

So, if you have any other questions, you have our numbers and our emails. And, also, I don't know if -- I wanted to be able to show you that we have a website. So this is on our Health Department website, and it has all different -- you know, obviously, information about our different programs for anybody who's interested, a run-down of basically what I just explained to you, as well as we also post our calendar up there, upcoming events. So, for example, if anybody were to call a District Office and wanted to know what, you know -- what events are going on in what areas, we can -- they can go to that website.

So, as of now, we're pretty much phasing out. We take about a two-month break, and then we're going to be rescheduling our -- excuse me. We're going to be rescheduling our -- we're going to be rescheduling our programs starting in about February, because we have a training for Stepping On at the end of January, and then in February we're going to be rescheduling. So we will have a new calendar with all of the -- with all of the new dates. This goes back to the fourth quarter of this year.

CHAIRMAN SPENCER:

Owen, thank you. That was really important information. When is Falls Prevention Month?

MR. DURNEY:

Falls Prevention Month was September, but in my world, every month is Falls Prevention Month.

CHAIRMAN SPENCER:

Certainly.

*(*Laughter*)*

MR. DURNEY:

But, you know, normally, it's September. And then I think there's also in May, is a Senior Citizen Awareness Month, or something, so we kind of get involved in that kind of stuff as well.

CHAIRMAN SPENCER:

It's great for us to know the work that the Department of Health is doing on this issue. I know that you make this a very personal issue that you've become an expert. Is there any things that we can do, as Legislators, as far as changes in policy or education, things that we can do to promote this issue?

MR. DURNEY:

Well, again, I just gave you the website address. I can certainly provide you with any, you know, material, if you need to distribute, so if you have constituents that are interested in programs in your areas.

You know, right now, this is a -- it's a very -- well, we have a very small grant from New York State that covers our OTPS costs, okay? That's going to be up in a couple of years. And other than that, it's a minimal cost to the County, which is very good news to do what we do. And, like I said, we're working on developing interest with community partners. So, if there's anything that the Legislators can help us with, that would be it, is that you, obviously, have ties to your community. If there's a part of your communities that you think are not being served, or for whatever -- or are not getting the information, absolutely let us know, and we can definitely, you know, either schedule something in that area, or make sure that people who do already have something in that area, we can make sure that people are aware of it.

CHAIRMAN SPENCER:

Sure.

MR. DURNEY:

You know, connect the community with us, that's basically it.

CHAIRMAN SPENCER:

I guess there's also, and you can ask -- I'm curious to see if you've heard anything, but I would imagine, you know, as our health care gets better and people are living longer, a lot of times our physical bodies can exceed our mental capacity. And so this is a major issue in situations where you have someone that has some altered or compromised mental capacity. So there may be a role, and I don't know if you know of anything out there, where technology could play a role, where -- you know, I think as I was going through my residency program in, you know, the hospital where you had someone that may have had advanced dementia, a lot of times these patients were restrained, or they had to have one-on-one care. And, you know, we have cardiac monitors and things of that sort. But I imagine that there will be a time where there may be a small clip or a button that we could place that would alert us if this person was getting out of bed, or something, I don't know. Have you heard of any technology or advances? What are -- and since we have a nursing professional here with us, are there initiatives in hospitals? I know it's something we've struggled with in terms of when you're making -- give an order to restrain someone, or provide one-on-one care. Is there any other advise or technologies that we can utilize?

MR. DURNEY:

Well, I mean, obviously, we're all familiar with the commercial. When I was a kid, obviously, it was kind funny, the "I've fallen and I can't get up" commercial. Now I hate that commercial, because it makes fun of a very serious situation.

CHAIRMAN SPENCER:

Sure.

MR. DURNEY:

Being now that I'm involved in falls prevention, I actually get very upset with that commercial. But -- so the technology that I obviously -- we're all aware of is that lifeline type technology, the medallion that you would press if you're in a state of emergency.

There are different -- you know, there are different parts to that question. So there are people who are generally healthy who don't think that falls relates to them until it happens. There are people who are somewhat healthy who fall a few times and then they finally come around and they go, "Oh, you know, maybe I should check out" -- you know, "Check this out." And then there are people like, you know, in hospitals. And once you've gotten to the hospital and you've suffered a fall, or you're in that kind of a situation, that's a very different type of situation.

As far as technology, other than the lifeline, the only other thing I can think of is the internet, which, as senior citizens tend to be -- like younger people tend to be more -- you know, senior citizens -- you know, as people get older and become more internet savvy, so to speak, the information that we can get out there on the internet, and the resources that they have to make themselves aware of what's going on, and the interventions and the other -- and the programs that are available, those would be those -- the types of, you know, technology I can think of. I mean, we're going to be developing and improving upon that website, we're going to be promoting that.

But, ultimately, it's really word of mouth, and it's the importance of providers to also be involved, and maybe this is somewhere else where the Legislature can -- you know, if you have hospitals in your districts, or providers in your district, where this is something that people that we get so far, people already understand that it's an important issue. It's the people who go to the doctor and may not understand it's an important issue, but they get referred from their doctor, or they get some advice from their doctor, that, you know, you need to really take a look at what we're doing, you know, with what we have going on. And that's what we're working on with Stony Brook and with Catholic Health Systems, is to develop a more referral-based system, so that they hear about falls prevention from their doctor, they hear about falls prevention from their son and daughter, they hear about falls prevention on the radio, they hear about it on the TV, and then they go, "Oh, my God," you know, and then they finally understand that it's an important issue, so

CHAIRMAN SPENCER:

Presiding Officer.

P.O. GREGORY:

Thank you, Mr. Chair. Thank you, Owen, for your presentation. So do you make efforts to reach out to the children, like the caretakers, so this is, you know, signs that we should be watching out for; if mom or dad falls, you know, may be a symptom of something bigger? Do you do those presentations as well or --

MR. DURNEY:

Actually, that's -- you're one -- like maybe three steps ahead, yes. The answer to the question is at this point, no.

P.O. GREGORY:

Okay.

MR. DURNEY:

But one of the conversations that we had, we've been in touch with the Stony Brook Trauma Center, and they have a collaboration, you know, they're -- we talked about collaborating with the School of Social Work, and they have a program that is -- focuses on training caregivers.

P.O. GREGORY:

Okay.

MR. DURNEY:

So this would be one area where we would actually want to be part of that training. So, at this point, no, but that's definitely something that we're looking at for next year.

P.O. GREGORY:

Okay, great. Thank you.

CHAIRMAN SPENCER:

Any other questions? Owen, thank you very much. You finally made it. We look forward to moving forward and, you know, working with you. Thank you.

MR. DURNEY:

My pleasure.

CHAIRMAN SPENCER:

Thank you.

MR. DURNEY:

And I just wanted to say happy Veterans Day, and thank you to anybody who has served. I wouldn't be talking about falls prevention or anything else if it wasn't for our veterans.

CHAIRMAN SPENCER:

That's true.

MR. DURNEY:

So thank you.

CHAIRMAN SPENCER:

Absolutely. Are there any other issues, correspondence, any other business before this committee? Seeing none, we will adjourn. Thank you very much.

*(*The meeting was adjourned at 3:30 p.m. *)*