

**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, September 29, 2016 at 2:00 p.m.

**MEMBERS PRESENT:**

Legislator Bridget Fleming - Vice-Chair  
Legislator Robert Calarco  
Legislator Monica Martinez  
Legislator Leslie Kennedy  
Legislator Robert Trotta

**MEMBERS NOT PRESENT:**

Legislator Cilmi  
Legislator Spencer

**ALSO IN ATTENDANCE:**

George Nolan - Counsel/Suffolk County Legislature  
Sarah Simpson - Assistant Counsel/Suffolk County Legislature  
Amy Ellis - Chief Deputy Clerk/Suffolk County Legislature  
Robert Lipp - Director/Budget Review Office  
Craig Freas - Budget Review Office  
Michael Pitcher - Aide to the Presiding Officer  
Elizabeth Alexander - Aide to Legislator Spencer  
Liz Sutton - Aide to Legislator Fleming  
Alyssa Turano - Aide to Legislator Hahn  
Dr. James Tomarken - Commissioner/Suffolk County Department of Health  
Katie Horst - County Executive's Office  
Nancy Mariano - Friend of Karen  
Nancy Olsen-Harbich - Cornell Cooperative Extension  
Jessica Schreck - Cornell Cooperative Extension  
Dolores Welch - Public Health Nursing  
Trisha Eiden - Public Health Nursing  
Sharon Lieberman - Public Health Nursing  
Diane Schmidt - Public Health Nursing  
Vicki Cohen - Public Health Nursing  
Maria Bune - Public Health Nursing  
Pat Schecher - Public Health Nursing  
Elizabeth Alicea - Public Health Nursing  
Florence Mayer - Public Health Nursing  
Nina Kennedy - Public Health Nursing  
Mary J. Finnin - Advocate for Public Health Nursing  
Nancy Marr - Public Health Nursing  
Alison Abrams - Public Health Nursing  
All Other Interested Parties

**MINUTES TAKEN BY:**

Lucia Braaten - Court Stenographer

**(\*THE MEETING WAS CALLED TO ORDER AT 2:00 P.M. \*)**

**VICE-CHAIRPERSON FLEMING:**

Good afternoon, everyone, and welcome to a regular meeting of the Health Committee. Chair, Doc Spencer, is ill today, he has an excused absence. So, as the Vice Chair, I'll run the meeting, and ask us all first to stand for the Pledge of Allegiance, led by Legislator Trotta.

**(\*Salutation\*)**

Thank you. Legislator Cilmi also has an excused absence today. I have no correspondence today, but I do have a number of yellow cards. So the way we do this is three minutes at the podium to speak on any matter that you'd like. Hold on just one second. So I'll call the yellow cards in order, if you'd just come to the podium for your three minutes. Dolores Welch.

**MS. WELCH:**

Good afternoon. My name is Dolores Welch, I am a Public Health Nurse. I am representing the Bureau of Public Health Nursing in Suffolk County. We are the County's visiting nursing program. We are now eliminated from the budget. We take care of the most vulnerable population in Suffolk County. Our major focus is maternal child.

At this time, I want to address the issue of addiction. In relation to our Bureau and our major population, addiction is a major, major problem. In Suffolk County, every family is affected by this terrible addiction epidemic, not just the poor and indigent population. They are wives, husbands, children and our friends. Suffolk County has been identified as the highest number in the entire state.

In the Bureau of Public Health Nursing, there's been a huge increase of numbers of addicted mothers and babies we have visited in their homes. These are crucial skilled nursing visits in the home. Since 2010, there has been a 900% increase of babies affected by substance abuse. In addition to withdrawal issues for the infant, there is also a major safety issue as well in connection with the addicted mother having no support system once she leaves the hospital. This postpartum period is precisely the time when a woman is ripe for a relapse.

According to an NBC series prepared by Reuters, the number of addicted babies in this country has increased five-fold, one baby born every 19 minutes. Babies are in serious danger. Nationwide, since 2010, 110 infants have died from preventable deaths. These are mothers now incarcerated, which was cited by those mothers, no one was there for them. These are what the mothers said. Once discharged from the hospital, they were home alone with no support. Thankfully, this has not been the case in Suffolk County.

Public Health Nurse skilled nursing visits in the home have been identified as bridging the gap between the hospital discharge and Child Protective Services and can save infant lives, to prevent incarceration of these mothers also. Public Health Nurses are the support system to these mothers and babies in keeping them safe. Thank you.

**VICE CHAIRPERSON FLEMING:**

Thank you. Second is Trisha Eiden.

**MS. EIDEN:**

Hello. My name is Trisha Eiden and I'm a Public Health Nurse for Suffolk County. Throughout the years as a Public Health Nurse, I have provided services for various patients, maternal child, developmental screenings, prenatal, diabetic care, wound care, asthma education, pediatric cancer patients, newborns exposed to substance abuse, and now newborns exposed to the Zika virus. We

also provided on-call services during the Ebola scare. We provide services throughout Suffolk County and provide services that other agencies will not. I have visits in Bellport Health shelter, Medford shelter and Ronkonkoma Phoenix House Maternal Child Program. We also provide court-ordered public health nursing visits in homes.

One of my court-ordered home visits, I followed a ten-year-old girl and a six-year old boy monthly. I provided services to their mother also. One home visit the mother was slurring her speech and her blood pressure was very high. I immediately called 911. The mother had a mini-stroke and now is on hypertensive medications. I was able to help provide her with services that she needed.

We provide an Edinburgh Depression Questionnaire to prenatal and postpartum mothers. On one of my home visits for postpartum, the mother completed the questionnaire and received a very high score. The mother had difficulty speaking to her family about how she was feeling, but was honest and hope to me. I was able to help her by providing her with a followup appointment with her doctor, and helped her set up an appointment with a therapist. I also followed her as a Public Health Nurse closely, and was there for her as she needed. The patient was very appreciative of the help I provided to her. This is just one story, but I have many visits where I've identified patients with postpartum depression and have been there to help them and the patients to receive the proper services and followups as needed.

I have had multiple visits with postpartum mothers and on many occasions have helped identify hypertension and preeclampsia in patients. On these visits I called the doctor and the patient is able to start on the proper medications as needed. I also helped set up followup appointments with the patient, and I followed the patient closely to make sure the blood pressure is under control. This prevents patients from being readmitted into the hospital and preventing -- I'm sorry. This prevents patients from being readmitted into the hospital.

The ICHAP Program, which is an Infant Child Health Assessment Program, is a government-granted program, which we, as a Public Health Nurse, provide developmental screenings to infants up to three years old. We do home visits right after birth, three months, 6 months, 12 months, 18 months, 24 months and 3 years. During this program, we follow premature infants, newborns exposed to substance abuse, newborns exposed to Zika virus, failure to thrive, and these are just to name a few. Throughout this program we are able to help identify developmental delays and get early intervention services provided to these children.

These are just a few stories and services that we provide. As a Public Health Nurse, we provide our community with great nursing services. I myself reside in Suffolk County and I wouldn't choose another career. I love my job and I care for -- and I care that we provide for our community. We become involved with families and watch children grow throughout the years. We have a great rapport with our patients and their families. Please keep the Public Health Nursing services for our community. Thank you.

**VICE-CHAIRPERSON FLEMING:**

Thank you. Sharon Lieberman.

**MS. LIEBERMAN:**

Hi. I am also -- my name is Sharon Lieberman, one of the Public Health Nurses. I'm not very good at public speaking. I'm going to make this short and sweet.

Living in Suffolk County, in a blink of an eye, your life can be turned around in a second, and sometimes people end up in situations where they didn't plan, and some people are forced to live in housing that's substandard that no one would want to live there. There's also very high areas where there's a high concentration of sex offenders, and, unfortunately, sometime the people just

don't have the money, they're forced to live in those conditions. There's a lot of the regular certified home health agencies, they won't go in and provide the services into these areas, because there is a high risk of crime, and, you know, there's a lot of issues. We go into those areas, regardless.

We get referrals sometimes from -- I particularly get from Coram Hudson River where a patient has disappeared. I had an elderly man who just lost contact. He had no family. He lived in one of those houses that was full of sex offenders and no one else wanted to go in. We went in and found him, and to make a long story short, tested his blood sugar. It was over 450; ended up having to call 911. He got sent to Brookhaven Hospital. We worked with the social work discharge planners and he was -- they were going to look into getting him long-term placement.

There's just -- there's so many stories. Just recently, I had a baby affected by Zika and severe microcephaly. This poor child is never going to have a chance at a normal life, and G2 dysphagia, going in, helping the mom, making sure she knows the medications, helping her with the tube feeding pump. The baby can't take a bottle. This is a new -- a mother with newborn baby that never expected to have these issues, and we just provide support to these families that other agencies won't go in and give the support.

In addition, like we said, we do have a Child Find Program where the moms are -- you know, the babies are born addicted to heroin. And, you know, hopefully, most of the time the moms are getting treatment in the end. But when we go in, there's also CPS, and they feel like they're very watched, and they feel like everyone's criticizing them. We provide that support for them, where you could tell in the first visit they're a little skeptical, but then you build a rapport with these people and they feel safe with us and then we keep going back. They know we're not there to hurt them, we're there to help them, and we help to guide them with their children, and just giving them simple little tips on how to take care of their babies, because a lot of them don't have any support of parents or other family.

So I just -- I love my job. You're helping the underserved people. And, you know, people just really need to think that in the blink of an eye, you easily could be one of those people, and people don't plan to be in those circumstances, and they still need our help, they're human beings.

**VICE-CHAIRPERSON FLEMING:**

Thank you.

*(\*Applause\*)*

Diane Schmidt.

**MS. SCHMIDT:**

Hi. My name is Diane Schmidt. I'm a registered nurse working in Public Health Nursing for the past 35 years. This is an extremely worthwhile organization, division.

Throughout the years, I have primarily worked in Riverhead out east. I cover the Shinnecock Reservation, the Poospatuck Reservation. Agencies do not go in there. We get phone calls from the discharge planners from the hospitals saying, you know, "We called the covered agency that will take this patient, but they're refusing to go." We go in and we service these people, and we are highly respected from the people in the areas that we go into.

Multiple gunshot wound victim in Hampton Bays, he has insurance, but nobody will go into his home. Multiple wounds where he could have developed infection. We teach the family, we support them, you know, and then we discharge them. We don't hang onto people or anything like that, that is,

you know, not necessary. Victims of violence, Bellport, two young men, machete attacks, almost decapitated head, almost a decapitated hand. Nobody would go into this home. We go in and it's wound care. And, you know, they -- we provide the support, we prevent the infection, we prevent the rehospitalization, we connect with their support services for transportation, things that they wouldn't know how to do. And you think that the hospitals, the discharge planners, the social workers would do that. They're overwhelmed, they call us. We're the ones who have to connect with the appointments, the medical transportations. There's many phone numbers in, you know, the directory that aren't even working anymore. We're the ones who reconnect these people to their health care and prevent, you know, further, you know, issues.

This is such a worthwhile department and it would be a shame to see Suffolk County lose this. Thank you.

**VICE-CHAIRPERSON FLEMING:**

Ms. Schmidt, if I could just thank you for your comments. And if I could just ask a question. Obviously, there's very compelling testimony from all of you so far. I wonder if you could just describe a little bit, if you can. When you said the covered agencies won't respond to these particular locations, what's the protocol on that? How does -- how do you get the call? And are you -- is your -- does your department require that you respond to a call where it's a dangerous situation or --

**MS. SCHMIDT:**

No, they do not require it.

**VICE-CHAIRPERSON FLEMING:**

So how does -- how does it work in terms of the protocol.

**MS. SCHMIDT:**

We get -- usually get a call from the hospitals. They have discharge planners. Our supervisor takes the referral. We cover all of Suffolk County. In all my 35 years, I have never felt unsafe, except for one situation where there was a pit bull in the home. And the gentleman was told that he had to put the pit bill away while I was visiting, doing the care of his mother, cardio pulmonary evaluation, teaching her her medication. It was limited visits, but during one of those visits, that dog did get out of that room. I was told by my administration, you know, if it's an unsafe situation, you leave, you do not have to go back there. And he was told that he had to remove the dog from the house while I went back, because I still had two more visits to go making sure that this woman, you know, was independent. But I have never felt that I was told that I had to go into a situation. Every --

**VICE-CHAIRPERSON FLEMING:**

I guess my question was you said covered agencies won't respond. So how does that happen, that somebody's insurance covers a certain --

**MS. SCHMIDT:**

A hospital -- a hospital, Peconic Bay, they had called. They had a woman who just suffered a heart attack home. She needed vital signs, medication teaching, teach her daughter. I mean, we don't go in for an extremely length of time on the Poospatuck Reservation. And the agency that took her insurance, the nurse was afraid, she refused to go. And the agency told the discharge planner that they would not be able to send a nurse. So the discharge planner has a relationship with Suffolk County Public Health Nursing, and she calls our office to see if we are able to go, you know, into this situation and take care of this patient, and we do.

And, you know, I don't walk into these things not knowing how dangerous these areas could be. So

we do it as -- I go in at eight in the morning when everybody primarily is sleeping, you know, and we service the care. The Dominican Sisters, a lot of times out east, they won't go into the Shinnecock Reservation. They did not go into the gunshot wound in Hampton Bays, and this is the areas that they cover, because -- and even it wasn't an unsafe situation. I mean, we go into lots of different communities. This was straight off of Main Street in Hampton Bays, but because of the diagnosis, they just didn't want to be bothered.

**VICE-CHAIRPERSON FLEMING:**

Well, I doubt the nuns just didn't want to be bothered --

**MS. SCHMIDT:**

Well, not that they didn't want to be bothered.

**VICE-CHAIRPERSON FLEMING:**

But I certainly appreciate --

**MS. SCHMIDT:**

Yes.

**VICE-CHAIRPERSON FLEMING:**

-- that there are some needs that you feel would not be met.

**MS. SCHMIDT:**

They didn't want to put -- take the situation.

**VICE-CHAIRPERSON FLEMING:**

Thank you. I appreciate your comments.

**MS. SCHMIDT:**

Okay. Thank you.

*(\*Applause\*)*

**VICE-CHAIRPERSON FLEMING:**

Vicki Cohen.

**MS. COHEN:**

Good afternoon. My name is Vicki Cohen. I'm a Public Health Nurse with the Bureau of Public Health, and I'm here today to speak on behalf of my fellow nurses here, PHNs, my Supervisor, Alison Abrams.

The reason we're here is because we're concerned and because we're not in the proposed budget. We're supposed to be slated to be cut out. And I just want to let you know, most people do not know what we do out in the community. We are with -- you know, all over Suffolk County, you know, not just the poor areas, the rich areas, you know, the opiate epidemic, you know, the heroin. We, like a lot of the fellow nurses before me said, you know, we see their babies, but we do so much more than that. You know, we're in there and we're -- we see the families. We're not like other agencies who go in and they're in for 15 minutes and they leave. We're there sometimes for an hour assessing the situation, teaching, making appointments, calling.

I have a patient, a little boy, he has leukemia, and the mom is like overwhelmed. I went in, he had pain. He came home with medications, but no pain medications, so I had to call his doctor, get on the phone and say, "This little boy has pain, he's 11 years old. Can you prescribe something?"

And you think he came from a hospital, he came from a cancer clinic in Stony Brook, but they didn't -- they left that out. Okay, things happen. But as a nurse, I went in, did my job, and got him on some kind of pain medication to ease his pain. You know, come on, leukemia? But most people do not know what we do and that's part of our job.

Also, I had a case with, you know, the gang situation in Suffolk County, the two girls that were murdered, alleged murdered by gang members in Brentwood. I had a machete attack in Bellport, a 15-year old boy. You know, this is the type of cases we go in on, and I just wanted to bring that up.

Again, I love my job, and I'm here today to fight with my girls, my guys. But just so you know, we're in this for the fight. Thank you.

*(\*Applause\*)*

**VICE-CHAIRPERSON FLEMING:**

Thank you, Ms. Cohen. I might have a little trouble with this handwriting. Marcia Bunk?

**MS. BUNE:**

Maria Bune. Nurse's handwriting.

**VICE-CHAIRPERSON FLEMING:**

I thought it was the doctors that were supposed to write badly.

**MS. BUNE:**

Oh, and NP. Good afternoon. My name is Maria Bune, and I'm also here to represent the Bureau of Public Health Nursing. In the past, the Bureau has been on the chopping block. I was there 2003, 2009, and 2012, but it was determined that we were too vital to be eliminated. Remember, we won nationally recognized awards in infant child, as well as hepatitis B programs. That was a national recognition. It was determined that we were too vital to be eliminated, once again, three times, and that was before the addiction epidemic. At this time, no other home health agencies are providing these services in Suffolk County.

We go to areas that other agencies do not go to. We go to sober houses, homeless shelters, and underserved communities from Amityville to Montauk and Orient. Our program consists of professional registered nursing care for chronic disease such as asthma, CVD, diabetes, hypertension, child abuse/neglect, wound care, prenatal and postpartum care, that's high risk, such as gestational diabetes, substance abuse, breast feeding, postpartum depression, uterine and c-section infections, postpartum delivery, hypertension and hypoglycemia, women needing support in caring for their newborn, health assessment of well and compromised newborns, and the Child Find, and also inborn metabolic screening followups. And there are other concerns with eliminating the Bureau from the budget, as our scope goes beyond the maternal child patients that I just discussed.

Scientific evidence proves that medical errors are the number three cause of death. The highest incident of rehospitalization is the time between hospital discharge and prior to receiving followup medical care. There is a push to get it right as patients leave the hospital. Enter home health nursing visits. Besides suffering and death, readmissions to the hospital are costly. The New York State Department of Health, along with Suffolk County, have identified certain zip codes where people are at highest risk for these costly frequent hospital admissions and readmissions. We have been partnering with Stony Brook University Hospital for over 30 years in providing optimal care in those communities that have been identified as having the highest health care needs. These communities are Brentwood, Bay Shore, Central Islip, Mastic/Shirley, Bellport, Riverhead, Hampton

Bays, Wyandanch, Amityville and Patchogue. These are the areas with the biggest health care disparities and have the highest number of Medicaid, managed care or uninsured people. This is --

**VICE-CHAIRPERSON FLEMING:**

Ms. Bune, I appreciate it. Your three minutes are up --

**MS. BUNE:**

Okay.

**VICE-CHAIRPERSON FLEMING:**

-- so if you could wrap up, please.

**MS. BUNE:**

Okay, sure. This is where the poor and indigent areas exist, this is where the gangs exist. This is the very areas we as public health nurses serve, and this is where other agencies do not go.

**VICE-CHAIRPERSON FLEMING:**

Thank you.

**MS. BUNE:**

Thank you. And here are our pamphlets of what we actually do.

**VICE-CHAIRPERSON FLEMING:**

That's helpful. Thank you. We could pass them around. Pat Schecher.

**LEG. TROTТА:**

Can I ask her a question?

**VICE-CHAIRPERSON FLEMING:**

Of course. Ms. Bune.

**LEG. TROTТА:**

I mean, this is a generic question.

**MS. BUNE:**

Sure.

**LEG. TROTТА:**

You're not in the budget. Did they say where you're going? The Jail? It would be a very crowded Jail.

**MS. BUNE:**

Probably. I don't -- do we know where we're going?

**MR. FREAS:**

Most -- Legislator Trotta, most of the positions from the Bureau -- yeah, there you go, giant head. Most of the positions from the Bureau are transferred to the Jail Medical Unit in the recommended budget.

**LEG. TROTТА:**

So is it transferred into the Jail budget, or is it just transferred --

**MR. FREAS:**

The Jail Medical Unit is within the Department of Health Services budget, again, in the recommended budget, which you guys have yet to dispose of. The most -- most of the Public Health Nurses are transferred to the Jail Medical Unit.

**MS. BUNE:**

I'm sorry, but I just want to say that that would probably be the plan. And what about those patients that we're taking care of now? There are no babies, there are no -- there are no high risk postpartums, or none of these programs are in the jail.

**LEG. TROTТА:**

We'll work on that. I just want to know what his idea. They're going to --

**MR. FREAS:**

Right. I'm just telling you what the budget says.

**LEG. TROTТА:**

So the budget says they're going to the Jail.

**MR. FREAS:**

Yes.

**LEG. TROTТА:**

Okay. So they'll be very healthy prisoners, is what you're saying, probably.

**MS. BUNE:**

Very healthy.

**MR. FREAS:**

I --

**LEG. TROTТА:**

All right. This has happened before and we've gotten around it, so okay. Good luck.

**MS. BUNE:**

And I just wanted to add that these nurses -- I have 21 years, and these nurses are very, very well knowledgeable of this particular -- these programs and this particular population. So you're going to be sending them to a place where -- again, their specialty is here, they stay.

**LEG. TROTТА:**

To the County Executive, to Katie, are they expecting some kind of health crisis in the Jail?

**MS. HORST:**

Not that I'm aware of.

**LEG. TROTТА:**

Okay, thanks.

**MS. HORST:**

I also don't know what the funding -- what the position needs are in the Jail Unit.

**VICE-CHAIRPERSON FLEMING:**

No. Actually, I think -- did you have a question, Monica?

**LEG. MARTINEZ:**

Well, I think I had a question for BRO, if he doesn't mind. And I know -- thank you, Ms. Maria, for coming up. And thank you for all of you who go out every day and helping our residents of Suffolk County. And I know that a lot of you do a lot of work in my neighborhood, which is Brentwood, Central Islip and North Bay Shore, so thank you.

This question is for BRO. I know that they said they've been on the chopping block a couple of times. Were the funds fully reinstated. So let's say, for example, whatever the budgetary line was, and they were cut down, were they restored to full amount? So let's say, for example, in 2012, when they were on the chopping block.

**MR. FREAS:**

This year, since the positions were just transferred, there's no -- there are no layoffs, or even though the bureau is abolished in the -- in the recommended budget. In 2012, is there anybody left who was here? You. 2012, the positions were put back into the budgets of the -- a number of the Public Health Nurses would have actually been laid off. 2009, I believe that, again, the positions -- the division was abolished that time. I don't know 2003 off the top of my head. I would have to look at that one a little bit. This year's a little bit different, because they still exist fully -- they still exist funded within the budget, the positions do. Their medical supplies and some of their -- and that's their big nonpersonnel cost is their medical supplies and their computers and software. Those lines are out of the budget right now, but --

**LEG. MARTINEZ:**

Could you tell us how much the County portion is for this bureau?

**MR. FREAS:**

I'd say the County portion is probably 75% of the total cost of the -- of the division. I don't have their cost report available, but looking at the budget, I'm thinking about 500,000 in reimbursement. And their cost, including their benefits, which, of course, are not in their budget, but are included within the other places in the General Fund, it's probably \$2.1 million.

**VICE-CHAIRPERSON FLEMING:**

This is a good beginning of a discussion. I just wanted to make note for everybody that, you know, we're about to go into Operating Budget hearings. So that you know, on Tuesday, October the 18th, at 11:30 a.m., we will have an Operating Budget hearing, and there will also be later that day at 1:30 a joint budget hearing for Health, Veterans, Seniors and the Consumer Committees. So that's at 11:30, and at 1:30 on Tuesday. And, obviously, there's a lot of discussion to be had, and we'll have an opportunity to do that at that time also. Do you have more questions for --

**LEG. MARTINEZ:**

No, thank you.

**VICE-CHAIRPERSON FLEMING:**

So Ms. Schecher.

**MR. LIPP:**

One other thing, if you don't mind.

**VICE-CHAIRPERSON FLEMING:**

Sure.

**MR. LIPP:**

I'm not sure if this was spoken about already, because I was in a different room, but I've had conversations actually during the day today with Craig and a few days ago. The big question moving forward is to what extent would we have to increase costs to the budget to restore this function, and we're working on that. It's not as a simple answer, but that's really what it comes down to, how much or not, and that information will be provided to the Working Group soon.

**VICE-CHAIRPERSON FLEMING:**

All right. Thank you so much. We do -- we have quite a few cards here for Public Portion, and then we do have a presentation and an agenda. So, Ms. Schecher, we met at the vending machine.

**MS. SCHECHER:**

We met at the vending machine.

**VICE-CHAIRPERSON FLEMING:**

Welcome.

**MS. SCHECHER:**

Are we allowed to have water in the Legislative building?

**VICE-CHAIRPERSON FLEMING:**

Yeah, and I said yes.

**MS. SCHECHER:**

Yeah, bring it in.

**VICE-CHAIRPERSON FLEMING:**

Yeah. So you have three minutes at the podium.

**MS. SCHECHER:**

Thank you for the opportunity to speak on behalf of the needs of the citizens of Suffolk County and Public Health Nursing. I have been in the Health Department as a Public Health Nurse for over 40 years, and have a sincere belief in the mission and for our services. I, obviously, am on the tail end of my own career. And if I didn't believe so strongly in the mission of Public Health Nursing, I wouldn't still be here, and I wouldn't be advocating today.

The budget of our County reflects how we see and how we meet the needs of the vulnerable citizens of our County, and Public Health Nursing has always been that safety net. If it were not for others -- you know, other people are not willing or able sometimes to help. We spoke about, you know, the safe neighborhoods and why other agencies -- the other agencies are excellent, the home care agencies in the County are excellent. It's not to take anything away from them, it's more their -- the type of patients sometimes are a little more complicated, difficult, we want to call them unsafe, and so that's why there's always been a need for Public Health Nursing to fill in the gaps. So it's not -- sometimes they can use staffing issues and different things just because of the type of scenarios, so that we get calls from Stony Brook, Peconic Bay, Good Samaritan, because of the type of patients that we do see.

I thought I might just give you a couple scenarios, I know the other nurses did, and just to elaborate a little bit more. The type of referrals was a 17-month old baby that was coming out of Stony Brook at night. It was a Thursday night before the snowstorm, February 4th and 5th of, you know, this past year. The baby diagnosed with pneumonia was being returned to a mother who had lost a baby to foster care. She had no permanent housing, but she was going to stay with the father of the baby for the weekend and then go into the -- you know, DSS for emergency housing on the

Monday. Her medication -- she was discharged at night on the Thursday night before the snow was getting worse, and the medications weren't called into the drug store. They're electronically done now, so a lot of times the patients don't know just where they're going. The one medication needed to go to the other CVS, because that was a 24-hour CVS. Did a whole lot of trouble shooting and calling the HMO for the Medicaid to get it covered. The Public Health Nurse went out in the snow, were able to get -- CPS and foster care were both involved, but they weren't able to get there because of the -- the snow was getting worse on this Friday. So that the baby was able to prevent a readmission, because the nurse went out of her way. CVS went out of their way to give it to the nurse so they could get it to the baby.

We get referrals from Child Protective Services. Most of the time it's mothers that are compromised in different ways, be it drug abuse and mental health issues. It's not that the other private agencies -- this particular mother had a premature baby. North Shore LIJ's home care was going to go in their for a few visits, but the mother needed more. She was -- she was 17 and she had no good support systems. Depression screening was done. As Trisha had mentioned, the depression screening, it's unbelievable the number of patients that we're identifying with depression, which you'll hear across the news all the time. Our population is very high, high number of people with depression, so that's another case. I'll give you one more quick one. Is that the thing for three minutes?

**VICE-CHAIRPERSON FLEMING:**

Yes, it is.

**MS. SCHECHER:**

All right.

**VICE-CHAIRPERSON FLEMING:**

Just if you want to just --

**MS. SCHECHER:**

I'll just do medication, medication errors. MEDState just came out with a report today that they're saying that one in five parents who meted out liquid medication are not doing it accurately, are making mistakes. Our caseloads, some mothers have a language barrier, as well as education. The nurse went to the home. We had to put it on the weekend, because the medication wasn't -- the mother couldn't get the medication. Some of these dosages -- this was a 16-week-old baby in Brentwood that needed .27 of a CC to measure out, and the mother had been giving actually double dose. So the nurse went on Saturday to see it. These are the kind of things that -- you got it.

**VICE-CHAIRPERSON FLEMING:**

Okay.

**MS. SCHECHER:**

Thank you.

**VICE-CHAIRPERSON FLEMING:**

Thank you.

**MS. SCHECHER:**

And we're worried about who is going. It's not so much about the jobs as much as the services that really are needed in the County.

**VICE-CHAIRPERSON FLEMING:**

Understood. Thank you. Elizabeth Alicea.

**MS. ALICEA:**

Hi. My name is Elizabeth Alicea, and I work for Suffolk County Department of Health. And I just wanted to tell you about a specific case that I worked on.

A young girl, 17 years old, came out of the hospital with her infant. And it was a routine case, but I noticed that the bilirubin was high, it was a 10. So before I went on other cases, let me get a bili check, call the clinic and get them to get an appointment the next day. And I was going in the next day to make sure that the bili was checked. When I went in, the mother looked at me and said -- and at that time, Southside Hospital was promoting breast feeding and not giving formula. They used to give formula to the mothers that were going home, but this case, they were just -- they were limiting the formulas given to the mothers. When I got in, the mother did not have formula. She looks at me and she says, "You know, I've been trying to breast feed my baby, but I haven't been" -- "no milk has been coming out, so my baby gets very little milk." And I realized, this baby hasn't eaten for the past 20 hours. Oh, my God. I, you know, immediately said, "Well, let's see." I started to give her breast feeding techniques to try to release the milk, but I went out. She had no bottles, no formula, nothing. I had an appointment that day already scheduled, because I realized the bilirubin was high. Went out, got the bottles, got the formula, got her bottles. She was only 17 with very little support. Taught her how to feed the baby. Got the baby breast feeding, and gave her techniques to get the breast milk flowing.

Then I called the doctor, told him exactly what happened. The baby had lost weight, because the baby is supposed to eat every three to four hours, right, or every three hours. And they took the baby, weighed the baby, and they monitored the baby very closely and so did I. Eventually, the baby ended up doing very well. But these are the cases that we handle. If that had not happened, this baby would have dehydrated and could have had serious problems. So I just wanted to let you know what we do. Okay? Thank you.

**VICE-CHAIRPERSON FLEMING:**

Thank you.

*(\*Applause\*)*

Florence Mayer.

**MS. MAYER:**

Good afternoon. My name is Florence Mayer. I have been a Public Health Nurse with Suffolk County for approximately 20 years. The first 18-and-a-half I worked at Brentwood Family Health Center, and this last year-and-a-half I've been out in the field. I'll have to say, being out in the field has been a pleasure. I really enjoy the people, the patients that I meet and their families. I see the tremendous support that this particular unit does out there.

Just two things really that I want to touch on, because so much else has already been touched on. The one thing is because of the rapport between the Public Health Nurses and these people that we serve, mainly underserved people, poor people, not necessarily not intelligent people, but people from different countries, speak different languages, mainly Spanish in our case, I think, at least in my experience, and they don't really -- it's the medical community and the hospitals and whatnot is a little chaotic. Things, everything's moving so fast.

And I know this one girl that I served, a client, she -- I saw her as a postpartum patient with her baby, built a rapport with her, and then my time was over there. She was doing fine. Five months

later, fairly recently, I got a call from her about domestic violence. I did remember her after thinking about it a bit. There was no signs of that while I was in the home, but she felt comfortable enough with me and I guess I was her only contact. She lives in one small -- one small bedroom in a house, and has the baby, the six-month old now, and her -- the father of the baby, not a -- I believe actually they are married. Anyway, she doesn't have family in the area, just them, and nobody else to reach out to. Even in the house she lives in, I said, "Well, what about these people here, can't you talk to them about this?" She just -- I guess she didn't feel free to, but she felt free to talk to me. I ended up reopening the case. My supervisor gave me that permission to go in as a public health. It's not a paying patient, but, in this case, we deemed it as being very necessary, and was able to give her a lot of information on how to work in this situation, what to do, what not to do, and just tools.

The other thing I'd like to say is just because, like I mentioned before with the medical atmosphere in hospitals, everything is so busy, that when a lot of these people with the Spanish language, or I'm sure other languages, are discharged, they don't really know what's happening. I have a patient right now, I go into that home, and the medication she's been sent out on for her high blood pressure, which was -- she was preeclamptic the last three months of her pregnancy, was not in the home when I came. I came to check it to make sure it was right, to make sure that she was taking the right dose. It wasn't even there.

**VICE-CHAIRPERSON FLEMING:**

Thank you. Thank you, Florence. That was the --

**MS. MAYER:**

That was my short.

**VICE-CHAIRPERSON FLEMING:**

The "ding" means it's the three minutes.

**MS. MAYER:**

Okay. Thank you.

**VICE-CHAIRPERSON FLEMING:**

Thank you. Nina Kennedy.

**MS. KENNEDY:**

Hello. My name is Nina Kennedy. I have worked for the Suffolk County Department of Health Services as an RN for 20 years. I started working at HELP-Suffolk; as you know, is a homeless shelter in Bellport that houses families. This confined community of families consists of parents who have problems with substance abuse, mental health illnesses or financial hardships, trying to raise their children and cope in society. At the time the clinic was opened, we provided health care to both adults and children as needed. When the clinic closed, I was transferred to Family Planning. We provided women with gynecological health care, medications and counseling, as well as introducing new pregnant women to prenatal care.

I then was transitioned to the Riverhead Health Center, where I worked in many areas of the clinic in health care. Many of my coworkers and myself were RNs who provided comprehensive care and followup to many patients with chronic illnesses, such as asthma, diabetes, hypertension, tuberculosis, just to name a few. When the clinic closed last year, I was transitioned to Public Health Nursing, where I'm working now.

This week I made a home visit at HELP-Suffolk where I used to work for Child Find, ICHAP, which is Infant Child Health Assessment Program. This is a New York State Health Department program

wherein Public Health Nurses visit infants and children considered at risk for developmental delays, in order to ensure that these children receive appropriate health, social and educational services.

I visited a mother and her three-month-old daughter and 15-month-old son. She also had three more school-aged children. The family could no longer afford housing and now resides at HELP-Suffolk. Her 15-month-old son is having seizures frequently. She is very overwhelmed and feeling alone. I was able to give her children assessments in growth and development, encourage her in her parenting skills, and teach her seizure precautions. Her son is not speaking a word, and we discussed early intervention possibilities.

All my previous job sites have closed in the Health Department. The Public Health Nursing Department plays a vital role in the continuity of care to the very vulnerable population. It is so disheartening to watch the Suffolk County Department of Health spiral down to minimal care and eventually no care to our Suffolk community. What will happen to the people in this community? We are creating a very dangerous, volatile environment with increasing numbers of sick and unstable individuals who need help. In the end, taking away our medical support will cost our County a lot more money.

**VICE-CHAIRPERSON FLEMING:**

Thank you. That --

**MS. KENNEDY:**

I am very blessed to be a part of this dedicated group of professionals who serve our County.

**VICE-CHAIRPERSON FLEMING:**

Thank you, Ms. Kennedy. I'm going to have a little trouble with this, because I can't read the handwriting. Mary J. -- is it Finnin?

**MS. FINNIN:**

Finnin. Good afternoon.

**VICE-CHAIRPERSON FLEMING:**

Good afternoon. Sorry. I seem to be the only one who doesn't --

**MS. FINNIN:**

My name is Mary J. Finnin. I'm a retired Public Health Nurse from Central Islip, and I'm on this Legislative Committee for Patient Advocacy, so I'm here today to advocate for the patients and for health care in Suffolk County.

Year after year the County Administration has removed health services and health positions from the budget, and I know they throw you a bomb and tell you to make sure it doesn't ignite and that puts you in a bad position. However, you know, I think it's -- I'm asking, I guess at this point after seven years, I'm begging the Legislators to listen to what we're saying. We're professionals, we deliver health care, we deliver it in the community and public health, and prevention is the cheapest method of maintaining services. If you cut these services, it only increases the cost when they -- you have drug abuse, they end up in the Jail and then you need more positions in the Jail. So, if we could do prevention, then we don't have to spend all the money taking care of them in the Jail.

When you put people in the Jail, you've got to maintain them 24/7, food, shelter, health care, everything, and it just -- it's an encouragement to say, if you can't get health care in Suffolk County, do a little something that gives you three months in the Jail, you'll get 24/7 health care, and food and shelter. So we don't want to go there, we want to do the prevention.

You know, we're looking at budget proposals that, you know, cutting this program, which is so critical to the community, and we're dealing with violence and drug abuse, and all kinds of infectious diseases. We need those services in the community. And if you're going to cut that, why don't you cut some of the money that you're giving to HRH when you're building a free building over in Patchogue with public taxpayer money? That's a private enterprise. If they want a new building, let them buy it and pay for it themselves.

You know, we funded other things. Well, HRH is an example. We gave them, gave them in taxpayers' money our buildings, our equipment, the business, and they reap, you know, all of the income. If they don't make the income they anticipated, we subsidize them with taxpayers' money, but we lay off our workers that have been doing a noble, very great service to this community for 50 years. It doesn't make sense.

If you're not going to cut the positions, quote, unquote, where's the savings? You know, you're just cutting services for people. You know, what's down the road? You're kicking the can down the road. What's going to happen in January? Is this just, you know, a make people feel good, "Oh, don't worry with about your job"? You know, it's more than that. We're worried about the services and the services not provided.

**VICE-CHAIRPERSON FLEMING:**

Ms. Finnin.

**MS. FINNIN:**

Yes.

**VICE-CHAIRPERSON FLEMING:**

It's three minutes.

**MS. FINNIN:**

Okay. Well, I just -- you know, I think the nurses have described some of the things that they do. I'll be at the other meetings. But I think in terms of the cost, this is not a cost effective approach for the taxpayers. It certainly is not good for the patients and the health of the community that we serve.

**VICE-CHAIRPERSON FLEMING:**

Thank you very much.

**MS. FINNIN:**

And I'm saying that as an advocate for the people of Suffolk County.

**VICE-CHAIRPERSON FLEMING:**

Thank you.

*(\*Applause\*)*

Nancy Marr.

**MS. MARR:**

Hi. My name is Nancy Marr and I am not a Public Health Nurse, never have been a Public Health Nurse, but I worked for 21 years in North Bellport and I saw the need for the kind of work that they do, particularly when they could bring news about the public health services to community meetings, so we would know what kinds of things had to be improved.

But Public Health Nursing is a specialty practice within nursing, as you know, and now we've heard what everybody does. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of health. This includes advocacy, policy development and planning, and it addresses the issues of social justice.

It seems strange that we would be doing this now, just when medical professionals are beginning to realize the importance of the many roadblocks that individuals experience when they attempt to improve their health. Physicians and clinics are being asked to consider environmental and family factors, as well as physical and medical ones, and are looking toward developing integrated service models that can help patients find the support and resources that can help them deal with chronic diseases or first time parenthood. And, as you know, hospitals are being told that they will be fined if patients readmit, because they don't get the kind of followup services, and hospitals are trying very hard to develop them slowly, and public health nurses are part of that system of resource.

In Suffolk we have been trying to cut back on Public Health Nursing. I objected many times when we cut our health center system, and I'm on the current Advisory Council for the Hudson River Program in Patchogue and Shirley. But if Public Health Nursing is cut out all together, who will take on the responsibility of reaching out to patients who are vulnerable, geographically and emotionally isolated, and who try to overcome their medical problems by relying on emergency care and other expensive treatments, all by neglecting their health? Thank you.

**VICE-CHAIRPERSON FLEMING:**

Thank you, Nancy.

*(\*Applause\*)*

I had a -- I had someone who asked to speak last of the Public Health Nurses. Is there any other Public Health Nurse who would like to be heard, or anyone else on this issue? Then Alison Abrams.

**MS. ABRAMS:**

Hello. I'm the Director of Public Health Nursing, and I feel so proud right now to be able to be the Director of this great group, and who has told you so many wonderful stories. And I had some great stuff prepared for you, but I'm just going to synopsis -- give a quick synopsis, because they really all said it. They -- we are a service that's invaluable. We don't really cost all that much money. And on top of that, we actually have been trying to improve ourselves. We go with the Continuing Performance Program, the Performance Management Program, to make sure that all our systems are up to date, so we function and be as efficient as we can within these hard times and these hard things that we really do.

I was a Nurse Practitioner at Foley and I saw all those things that have happened, like they mentioned all the other programs that went behind. And the year after that we closed, there was more heartache, people died at a much higher rate than they had ever died before. I see -- I was in the health centers, I was in Family Planning, I was in all those other groups as well, and each thing that you see close, there's an effect in the health of the communities. It's just not a really good thing.

So, in closing, I would like to say we respectfully request that you hear our voices and consider our program. I am sure that you can see this as a vital and valuable program, and it puts other people at risk if it's not here. So I ask you, how can you close this department, which costs so really very little and does so very much? Thank you.

*(\*Applause\*)*

**VICE-CHAIRPERSON FLEMING:**

Thank you very much, and thank you for all that you have done for the community as the Director, and to all the nurses, everything that you have done.

I do just want to reiterate, first of all, we have a General Meeting on Wednesday. Tuesday is Rosh Hashanah, so there's no -- it's been moved to Wednesday. Public comment portion is at 9:30, so you could definitely come and speak on any topic at that. So, if you want to be heard, that's an opportunity. And then, again, there's an Operating Budget hearing on Tuesday, the 18th of October, at 11:30 a.m., and then there'll be a joint committee meeting of Health, Veterans and Consumer Affairs at 1:30 on that same day, Tuesday, the 18th, and comments would be welcome at any of those.

And I think Legislator Martinez and others have brought up very good questions, and those questions need to be answered, and we'll be pursuing that further, particularly in the Budget Working Group. So I would welcome, I'm sure we would all welcome hearing from you, and, you know, being able to have this discussion in a robust way that really addresses those concerns. But thank you very much for your service. I hope that you hear that, how we are very grateful. And we will then move on.

Is there anyone else who would like to be heard in Public Portion? I don't have anymore cards, but anyone else is welcome to come to the podium. Okay, good.

So we do have a presentation today, the Diabetes Education Program of Suffolk County with Cornell Cooperative Extension. We have a 2016 update. So if Jessica Schreck and Nancy Olsen-Harbich are here, you can come on up and take a seat at the table there.

Hi. Good afternoon. So my understanding -- I am guest chairing for Doc Spencer, who can't be with us today because he himself is sick. I'm afraid a pediatric medical practice sometimes exposes you to some dangers that he has succumbed to for today, but we'll see him back soon. But, in the meantime, I very much appreciate your coming in to talk to us about the Diabetes Education Program. And I understand the presentation is about ten minutes long?

**MS. OLSEN-HARBICH:**

Yes.

**VICE-CHAIRPERSON FLEMING:**

Okay. Well, thank you. You have the floor.

**MS. OLSEN-HARBICH:**

Thank you very much, Legislator Fleming. Good afternoon, all. My name is Nancy Olsen-Harbich. I am the Program Director for Family Health and Wellness out at Cornell Cooperative Extension of Suffolk County. As most of you know, Cornell Cooperative Extension serves the County in providing research-based educational program in a lot of different areas.

I have given you each -- have they gotten their packets? You have a red packet? Okay. In there you can read everything you've ever wanted to know about Cornell Cooperative Extension. Today we're going to be focusing in on our Diabetes Education Program. And it's very interesting to listen to the Public Health Nurses talk about the budget cuts over the years and the fights over the years. The Diabetes Education Program has been in those same years, 2009, 2012.

It's been a hard time in this County for a long time, and we believe that our Diabetes Education Program provides an essential service for people who are both living with the disease of diabetes,

which is very difficult, but also in trying to prevent people from living with that disease.

I brought with me one of our dieticians in the program, Jessica Schreck, who is going to present to you just a few slides to give you a little bit of a taste of our program.

**MS. SCHRECK:**

Hello. Thank you for listening to our program and our brief update. So just a little background. We were started in 1999 with a collaboration with the Suffolk County Department of Health. It was initially created to meet the underserved populations of the County. However, since we are a go-to resource for so many different program areas, Cornell, we reach all populations, all demographics throughout the County, and we're happy to do so. We are a team of registered dieticians or registered nurses. We also, many of us, are certified diabetes educators, and if you're not familiar, that's a separate credential that allows us to be considered an expert on diabetes. It's a lot of -- more tests and schooling and continuing education credits, so we maintain those just so we keep current.

Currently, we're operating in six of the HRH health centers. We have -- you know, we're very -- we worked very closely with them with the transition, and we remain on that team, seeing the same patients. We provide one-on-one intensive counseling in those health centers, and I'll go over what that entails in a little bit. But part of what we do is evidence-based. We're fortunate to be affiliated with Cornell University Upstate and we have such wonderful resources. So everything that we speak to other professionals about, other community agencies about, residents, patients, it's all evidence based on current standards, and that's really important in health care in general, just to make sure we're on the ball and we're saying -- debunking any myths.

I love Google, but it's kind of a catch 22 with some things my patients say, and so we always stress, you know, what we're saying is current and up to date.

So some of the counties that we've been are many of the districts that you guys are Legislators of. We've been in Copiague, Patchogue, Greenlawn, Riverhead, Selden, Elwood, Smithtown, Brentwood. We've been all over the County and we really strive to meet all the needs of the County.

So what we do in the health centers is one-on-one individualized care. And it's interesting. I see so many different patients, it's so individualized. I've seen everything from, unfortunately, four-year-olds that are prediabetic that are out there more than you would think, gestational diabetics. We see diabetics that have been diabetic for ten years. And we're all people here and we all have doctors, and we know how health care could be really overwhelming, and we like to take the time. We're given the time through this wonderful program to sit down with them and make it less overwhelming. We go over glucometer use. I find that that's the most challenging thing for our patients, and so I keep a meter in my drawer, and I'll show them, "Look, it doesn't hurt, it's okay," and they feel more at ease with that. We go over insulin injections and management of medications.

Again, I think this is kind of similar to what Public Health Nursing said. It's overwhelming for these people with new diagnoses, and it's really important that we create a rapport with them.

And there's no cure for diabetes. There's no cure at all, and it's prevention is key, prevention of progression of symptoms. And so we create an individualized plan of care with them that works for them and their needs. Whether they're -- they work full time, they work 70 hours, they're students, they're children in classrooms, we work with them.

So what does that mean to Suffolk County specifically? So the prevalence is just at epidemic proportions. Everyone here I'm sure knows someone who's diabetic. And it's about 25.8 million in the United States, you know, some of it undiagnosed, another 79 million prediabetic. But for Suffolk County alone, the New York State Department of Health estimates that 7.9% of our

population in our County is diagnosed with diabetes. So, ultimately, that goes down to the cost of health care, and that's, you know, what's important to look at. It's about 245 billion in total cost of diagnosed diabetes in the United States. That's through direct medical cost and indirect medical cost, decreased productivity. And it's been -- after adjusting for all these different factors, someone with diabetes is 2.3 times higher at medical expenses, so it's costly.

But the sad thing is, and I think the push in health care is coming towards prevention, a lot of these complications are not only fiscally devastating, but, you know, health devastating in families is with proven diabetes prevention, management steps, and that's what we do in our County.

So this is an outcome of a patient. I like to humanize it. I actually get to type up the semiannual reports and all the numbers we send to you folks, and I'd like to just -- want to bring a human aspect to it. So I won't go through this all in depth, you do have it in your folders, but, you know, me personally, I see mothers that are gestational diabetic. I get to know them their whole nine months. They come in after they have the baby and show me their newborn, and it's so gratifying and it's so wonderful. I get kisses from my little old ladies like once a week thanking me, and they've been diabetic for ten years, and we just get to have that time to sit and talk to them. And I know their grandchildren's number -- names and their ages, and they bring their lab reports like almost like report cards, like "Look, my numbers are better, I'm doing good with my diabetes." And so, you know, we can't put a number to that. It's such a human aspect, what we're doing, and it's very rewarding for us.

Just the other day, I actually did a program in Bridgehampton School District, at the request of a very busy school nurse who sees the whole district, about juvenile diabetes, and I was so happy I did it. I had the Assistant Superintendent thank me, that the current evidence-based recommendations were something they hadn't heard. They were doing things a little old-fashioned, and it actually opened up a dialogue to help these kids living with diabetes be in the classroom more, and that's something that I was just -- I walked out of there so happy to hear that, you know, they needed my program that I did, and they're going to change how they do things in the schools, so these kids don't feel a stigma, and they don't lose class time, and they're involved, and it was very, very helpful.

And I can go on and on and on about happy stories, there's so many of them. But for time sake, our staff has positioned ourselves to be a go-to resource in the County. I've worked with many of those lovely ladies that spoke to you before. We've done in-services for them. We in-service HRHCare, other community volunteers. We've implemented self-management courses under the Stanford University curriculum. Those are wait-listed, actually, everywhere we offer them throughout the Suffolk County. So the need is there, and the need for diabetes education continues to grow. The resources necessarily do not, and that just shows true with the numbers that we get for our classes. There's always wait lists.

We have developed our own curriculum based on evidence research, and we are working with Suffolk Care Collaborative's DSRIP Program. So, again, being current on all these recommendations, we've really -- going to go to resource, not for the residents -- not only the residents of Suffolk County, but other vested community agencies and entities we work with very closely.

So our impact is very high. I've worked in health care for ten years, and when I do these reports every -- semi-annually, I'm always amazed. If you look just in 2016 alone, we've reached so many different residents, and that is with only 3.2 full-time equivalent employees, which is to me nothing short of a miracle. The small team we have, the impact we're able to do in the County, but that's because we're very passionate, dedicated and efficient staff members that love what we're doing, and so we function very efficiently to serve the residents and the needs of this County.

So our future plans, you know, like I said, while the need for diabetes self-management is increasing, reliable community resources are not. And part of our future plans is leveraging with other existing programs. It's not just Cornell that does diabetes education, we work with Northwell, we work with Suffolk Care Collaborative, Nassau-Suffolk Hospital Council. We work with so many different agencies and entities that are -- have the same goals we do. And we are starting to target those high risk areas, hopefully getting more bilingual classes going. So we have a lot of future plans.

And so we just want to thank you and -- for your past support and hope for your continued support for this invaluable program. We've had some funding cuts for a year, but the need is rising, and it's just so crucial to the residents for this program -- for the residents of this County that this program continues to do what we do, and we love what we do. Thank you for your time, again, and for having us here.

**VICE-CHAIRPERSON FLEMING:**

Well, thank you very much for coming. I could speak personally. When I was on the Southampton Town Board, actually Susan Wilk, who is now retired, but she was in your position, Nancy, I think. Was she --

**MS. SCHRECK:**

She ran the Diabetes Program and had a lot of different coalitions related to diabetes.

**VICE-CHAIRPERSON FLEMING:**

Right.

**MS. SCHRECK:**

We miss her very much.

**VICE-CHAIRPERSON FLEMING:**

I bet you do, because we actually started a farmers -- a youth-run farmers market in an underserved area of the community, a food desert, where they had no access to fresh produce, and it was right in line with your Diabetes Program. And Susan really helped us, and the Cornell Diabetes Program really helped us get up and running, which is fantastic, because young people really had no access to fresh vegetables. And if you want to talk about prevention, you know, it was a really good, good use of your very spare resources. And I can tell you that that farmers market is still thriving. They're doing -- they're doing very, very well. Just had their seventh -- their seventh season, yeah. So thank you for that. I know you do great work.

Is there anyone who has any questions for the ladies from Cornell? Yes, Legislator Kennedy.

**LEG. KENNEDY:**

Thank you for coming, Ladies. I just want to make a statement. I attended the last session of one of your programs. I was kind of hoping that it would be more diversified age-wise. And I assumed that when you came, the open program would have a small attendance. I was pleasantly surprised. It was huge, and I got to the last meeting early. And prior to their graduation and completion, they asked the individuals -- they had given them homework, and you asked the individuals to come up with their treatment plan, their plan. And I listened one by one as people from -- I think the one gentleman said he was 86, all the way down the line were able to reiterate everything you had taught them, or almost everything, and a decent treatment plan.

As a nurse for 29 years, and now hearing that it's only three-point-something staff, what you do is close to miraculous.

**MS. SCHRECK:**

Thank you.

**LEG. KENNEDY:**

Keep up the good work, Ladies. Thank you.

**MS. SCHRECK:**

We actually get participants of these classes like crying on their last day, and that's why we created a supplementary, because they didn't want to stop, and they make friends in these classes. And, you know, there's letters also in the folders just of people that were so happy with the classes that were offered. Part of -- you mentioned diversifying the demographics. That's part of the work we're doing with DSRIP, as well as the Suffolk care -- the Nassau-Suffolk Hospital Council. It's really important that we do meet all of the demographics in this County, and so they are working on a resource referral for Medicaid and Medicare patients to go to our classes. So that was very important for our future endeavors, that we meet all of the different demographics.

**LEG. KENNEDY:**

Should be mandatory.

**MS. SCHRECK:**

You know what, unfortunately, it's challenging to get some people to come to classes, but that's coming from actually the State and Medicaid. They are offering incentives for patients to come, and so we're getting creative, but it will happen. Thank you.

**LEG. KENNEDY:**

Thank you.

**VICE-CHAIRPERSON FLEMING:**

Thank you. Seeing that there are no other questions for you, thank you very much for coming in, and good luck to you.

We have another presentation today from Friends of Karen. September is Childhood Cancer Awareness Month. So since we have one day left in September, we'd like you to come up, if you could. Nancy is the Regional Director of Friends of Karen. This is Nancy Mariano, and she'll be presenting on the educational and support services that are available through the organization. Nancy.

**MS. MARIANO:**

Thank you. I just want to comment on Childhood Cancer Awareness Month. We were just in Washington Square. We've been all over the place. We were with Randi Kaye on top of a rooftop in Tribeca last Thursday celebrating -- it's probably the wrong word to use, celebrating Cancer Awareness Month, but in our world that we live in -- and Friends of Karen is not just about cancer. Even though 95% of our children have cancer, it's anything life threatening. Cancer really doesn't care what month it is, it doesn't care who you are, it doesn't care how much money you have. It absolutely doesn't care how much money you don't have. And I'm going to show you a quick film to better -- and I apologize, because many of you have seen this before, if you were on the Education Committee. It just brings you closer to some of our families.

**(\*Video Presentation\*)**

**MS. MARIANO:**

Thank you. Last year we helped 1679 children.

**VICE-CHAIRPERSON FLEMING:**

Just pull the microphone over to you.

**MS. MARIANO:**

Last year we helped 1679 children, and we lost 72 precious children, and one is too many. And on that film that you just watched, all the children are doing well. Except for the one young man that had brain cancer, the children are all doing very well.

So I have to assume that some of you maybe not know the history of Friends of Karen. I'm going to go through it pretty quickly, because the folder you have has a lot of the information, plus I spoke to all of you a couple of weeks ago in my three-minute quick speech.

Friends of Karen was formed 38 years ago and because of one girl named Karen. And she was going to die in the hospital, she was terminal, and she wanted to come home. She was 16 years old and wanted to make that choice. And the family, after selling their home, remortgaging their home, selling their soul to do anything they possibly could to bring her home, still weren't able to do that. So a neighbor went around and raised money and Friends of Karen was formed as a nonprofit. And fast forward now, over 14,400 children have been helped over the last 38 years.

We have our own staff of social workers and sibling support specialists. We have our children in 24 hospitals. And what usually happens, you know, a mom will take a child, children of birth through 21 years of age that we help, will take them to a pediatrician, their child is sick. In almost every case they are sent to an emergency room and where the diagnosis of usually cancer is told to a family. There is nothing worse than a family hearing the words, "Your child has cancer." I hope you only have to imagine it. And what happens then is the family is advised to call Friends of Karen, and a social worker will be assigned to that family. The social worker, our social worker will stay with that family from the time of diagnosis to, hopefully, cure. When that doesn't happen, the social worker will stay with that family through bereavement, will have them move forward with their lives.

We also realized over the years in this program, this part of the program has expended so much because our Sibling Support Program is as important as the other things that we do, because a lot of people don't think about the siblings. You know, the sick child is going to get their medical treatment, they're going to get the gifts, they're going to get all the attention. Meanwhile, the siblings are left like that little boy saying he wouldn't go into his brother's room, because he thought cancer was catching. And they're not being educated. A lot of times our social workers have to tell the family, "You have to tell your other children that your child has cancer." "No, I don't want them to know it's cancer." They're going to hear it anyway. So we have to really educate and take the fear of cancer out of it and out of the family, because cancer is so treatable now. It's amazing what's going on.

Our social worker will take the family and find out what they need, emotionally, financially, and advocacy. Those are the three things we do. We pay the bills from mortgages, to transportation, to sibling support, to camp, to car payments. We spend about \$100,000 a month. We do not give the money to the families, we pay the bills for all the reasons. It's not that the families -- the families want to do anything possible. They want to take a trip to Disney, or whatever, and they're going to come back and their lights are going to be out, so we make sure that that doesn't happen. We take care of everything, so the family can move forward during this very, very difficult time.

I just want to make sure I don't go over. When a family is diagnosed, we give them what's called a GO bag, GO meaning "Get Organized". They have to be organized. This is a long term. This could be -- could be six years for brain cancer, children with brain cancer. They have to realize that

this is a new way of life, this is the new you. They -- we will give them books and educate them on what to do. We give them back to school information, how to reenter into the school system. We give them dolls for the little ones that the hair comes off, so they have a little friend that is going to go through the baldness with them. So this GO bag, besides envelopes with stamps to send the bills to us so we could pay them, and Dunkin' Donut coupons, and everything you need to know about the world of cancer, from the sites on the internet of who to contact and who to talk to, and what parents can help you because they've gone through it. We really give them this whole thing.

We have the ability to talk to our children in any language through the internet, but we also have -- our social workers are bilingual, our Sibling Support Specialists are bilingual. The worst thing that happens and that we see is when a family is in the hospital, and the only one that could speak English is the child that's being treated. And how awful it is, is that 15-year-old child that has to interpret to the doctor what the doctor is saying. That's horrendous, so we make sure that doesn't happen.

We have a Best Buddies Program where we actually go into the home and we do back to school, and we do homework, and we do testing preparation, because the mom, as busy as she is, she can't even do homework with the siblings anymore. So Best Buddies is a whole new program and it's all based on volunteers.

We raise all our funding ourselves. I shouldn't be saying this, because I'm going to be asking how to get back in the budget, but we do. The event at Tribeca that we just had, we raised a half a million dollars. We don't depend on any one source of money. We work very hard on making sure we raise that money. Eighty-three cents of every dollar goes directly to our family. We just received for the eighth year in a row a four star rating from Charity Navigator, the highest rating you can get, which puts us in the 2% of all the charities in the country. We're very proud of that.

And I want to -- I want to read this quote, and I was really hoping to share this with Dr. Spencer, and I will mail it to him, because he's part of the Northwell System. But a man that's on my board, his name is Dr. Jeffrey Lipton. He's also on the Stand Up to Cancer Dream Team. Some of you might have seen the telethon that they have. They're always doing Master Card. So Dr. Jeffrey Lipton says, "Our outcomes are unquestionably enhanced by the support our patients receive from Friends of Karen. Every day in the hospital we celebrate the partnership between Friends of Karen and our division on behalf of our patients and their families." Dr. Lipton is also a member of my Advisory Board. He invited me, and I was able to spend a whole day of research with him with his International Doctors and Research Team from Paris and all over to try to see, and I want to share this with you, that there is a light at the end of the tunnel for cancer care, especially pediatric.

We were in the budget for many years, from 2005 to 2011. We started out in 2005 with 111,000, and we ended up in 2011 with 81,000, and then we were cut completely out of the budget. So I'm here also not only sharing our work, because many things I heard here, especially when they mention children with leukemia, I'm saying call us. You know, make sure we know about it, this is what we do. You know, you don't need to worry about those families, we're here to take care of it. But we also -- and Social Services will call us when a child dies, a child is sick. We've been burying the children for the County, because there was no money from the family.

So we could use your help. We would love to partner with you, like we do with many -- oh, thank you so much -- with many corporations. And, you know, I don't know any more than how to ask for that support and help. We're in every of your areas. We have children, unfortunately, everywhere. And I would love to be able to get your support and help. Does anyone have any questions? Does anyone have any questions?

**VICE-CHAIRPERSON FLEMING:**

I don't see any questions, but I think that's based on the fact that your presentation was so thorough. And we really do appreciate all the services. It's quite -- it really is emotionally challenging to watch what some of these families go through. So to know that you're there to help them is really very reassuring, and I'm so glad we had the opportunity to hear from you. Thank you, Nancy.

**MS. MARIANO:**

Thank you so much. Good luck to all of you. I applaud all of you for the work that you do, for sure.

**VICE-CHAIRPERSON FLEMING:**

Thanks for reaching out to us. Okay. So we're going to move right on to our resolutions.

**TABLED RESOLUTIONS**

The first section of resolutions we consider are the Tabled Resolutions. So beginning with ***Resolution Number 1598 - Adopting a Local Law to register retailers of liquid nicotine in Suffolk County (Cilmi)***. I'll make a motion to approve this.

**LEG. KENNEDY:**

(Raised hand).

**VICE-CHAIRPERSON FLEMING:**

Seconded by Legislator Kennedy. All in favor? All opposed? Any abstentions? So moved. ***(Vote: Approved 5-0-0-2/Absent: Legislators Spencer and Cilmi)***.

***1760 - Adopting a Local Law to regulate animal rescue organizations operating in Suffolk County (Martinez)***. Legislator Martinez, your --

**LEG. MARTINEZ:**

Motion to approve.

**VICE-CHAIRPERSON FLEMING:**

I'll second the motion to approve. All in favor?

**LEG. KENNEDY:**

On the motion.

**VICE-CHAIRPERSON FLEMING:**

On the motion, Legislator Kennedy.

**LEG. KENNEDY:**

Question to the sponsor. I love the bill, it's excellent. I just don't like the \$100 fee.

**LEG. TROTTA:**

That's what I just said.

**LEG. MARTINEZ:**

So the bill was amended because there was no fee, and I had colleagues advised that they would like to see a fee, so --

**LEG. KENNEDY:**

I know of some rescue organizations that are quite small and \$100 would feed the animals that they are saving. Is there any way that we can get a reduction in the registration?

**LEG. MARTINEZ:**

It's every two years. I mean, if it's -- I don't mind. You know, the last thing I want to do is hurt a group that is trying to do the best that they can. So I will motion to table.

**LEG. KENNEDY:**

Okay.

**LEG. MARTINEZ:**

So if you're okay with 50, we can do 50.

**LEG. KENNEDY:**

Fifty is fine.

**LEG. MARTINEZ:**

All right. So --

**VICE-CHAIRPERSON FLEMING:**

I'll second. Oh, you want to second the motion to table, Leslie?

**LEG. KENNEDY:**

Yes.

**VICE-CHAIRPERSON FLEMING:**

All in favor? All opposed?

**LEG. MARTINEZ:**

Hold on. Sorry. But then that would be -- so it would be 100 for two years.

**LEG. KENNEDY:**

For two years, not 100 a year.

**LEG. MARTINEZ:**

Yes. No, it's --

**LEG. KENNEDY:**

I thought it was 100.

**LEG. MARTINEZ:**

Hold on a second, let me get the bill.

**LEG. KENNEDY:**

Which is the same, yeah. Thanks, Monica. I'm a little slow today, but --

**LEG. MARTINEZ:**

Hold on, just let me get the bill.

**LEG. TROTТА:**

No, it's two years.

**MR. NOLAN:**

It's two years.

**MS. SIMPSON:**

It's two.

**LEG. TROTTA:**

So why don't we make it \$50 for two years?

**LEG. KENNEDY:**

Right.

**LEG. TROTTA:**

We are feeing our citizens to death.

**LEG. MARTINEZ:**

And I believe the -- I believe the same cost is the same, for the permit I think is the same. That is pretty much uniform with other permits that are in the County.

**VICE-CHAIRPERSON FLEMING:**

And there are, after all, administrative costs with any new program, so you're certainly going to have to account for those, the staff time on that, if nothing else.

**LEG. KENNEDY:**

There are. No, no, no. There are small rescue organizations where the individuals take in no more than two animals a year, because they're taking them in into their homes, into their basements. They're part of larger organizations. So if each one of them had to pay \$100 every other year, that would be a stretch, because it's a stretch for them to have two animals to take care of, to feed and get vet -- get spade and to do other things. And remember, veterinary costs are -- they're fairly expensive. And when you're doing it on one, two, maybe three additional animals on top of to your own with the family, and whatever, in today's economic circles, \$100 is a lot of money.

**VICE-CHAIRPERSON FLEMING:**

Legislator Calarco.

**D.P.O. CALARCO:**

If I'm not mistaken, the intention of this bill is to make sure that we are registering these organizations and making sure that they have the feasibility and viability to provide the services that they're claiming they're providing. I know that we don't want to be onerous on entities, and we're trying to find reasonable rates at which to do that. But if an organization cannot afford \$50 a year or \$100 biannually to register with the County to do this service, then I have a great concern that they have the financial viability to even provide the service in the first place, and perhaps maybe they shouldn't be getting certified.

**LEG. TROTTA:**

If I may respond to that, through the Chair.

**VICE-CHAIRPERSON FLEMING:**

Legislator Trotta.

**LEG. TROTTA:**

Whether or not they have the money to do it should be irrelevant. Whether or not they waste the money on a fee is the problem, because I don't care if the guy is a multi-millionaire and doing it. If

he can use that money for something else to better the dogs or the animals that he's doing or taking care of that them, that's the point.

**D.P.O. CALARCO:**

We have had multiple instances in this County where people have taken animals into their home because they feel they're doing the right thing for the animals and they end up having 50 cats in their home, 20 dogs, and it's --

**LEG. TROTТА:**

That's a different story.

**D.P.O. CALARCO:**

It's deplorable conditions. Those people certainly can't afford to take care of those animals, shouldn't have all those animals in their home. And I think that's part of the intention of this bill, because some of those people feel that they're being rescue -- that they're rescuing these animals and they're giving them proper care. And I'm sorry. Just like we have certain financial responsibilities that we expect any licensed operator who is a home contractor, what have you, to have so that they have the resources and wherewithal to provide the service that they're telling the public that they're going to be able to provide, we need to also make sure that people who are providing these rescue services have the wherewithal to provide those services. If they're just taking animals in and saying that they're acting as a shelter and they're a rescue and all they're doing is bringing animals into their home that they can't really afford to take care of, I don't think they should be taking those animals into their home, and we should have more reputable -- we should have organizations with the financial resources to do that.

**LEG. TROTТА:**

So paying more money for the registration fee will ensure that?

**LEG. CALARCO:**

If you can't afford \$50 a year, you probably can't afford to take care of the animal.

**LEG. MARTINEZ:**

The problem is right now that the rescues are not even regulated, not by New York State, by no one. So this would -- this would ensure that the rescues are regulated by the Department of Health. And for those of you who obviously have, you know, your animals and they become part of the family, some of these organizations, what they're doing is that they are selling, they are giving their dogs away without proper notification, without proper documentation, without the proper shots, without, you know -- and some of these families are obtaining these animals that end up dying in their homes and there's really no repercussions for any of these rescue organizations that have given these animals away.

So, you know, one of the things that I tried to do, I did work with the rescues. It's not like this was a bill that was just put out there. I did meet with the rescue organizations. We sent letters out to them as well notifying them of what we were doing. And, as I recall -- as you recall, last cycle, we had people come up, you know, to speak, actually on behalf of it, there were really no objections.

So, you know, I would like to move forward with this bill. It is \$50 a year, equaling \$100 every two years. So I -- look, you know that I would work with anyone, and I tried to make things easier for people, but --

**VICE-CHAIRPERSON FLEMING:**

But, if I may, I think we can answer one of Legislator Kennedy's questions from Counsel, the question being if a rescue -- if a rescue organization has a number of foster families, who's

considered the permittee? In other words, can the -- is it the rescue organization as a whole that pays the \$50 fee per year, and then the foster people do not have to, or would you have -- incur those costs across all the foster people?

**MR. NOLAN:**

I think it would just be the central organization. The way we define animal rescue in the bill, it talks about an organization that's caring for animals in a centralized facility, or in foster home, or a network of foster homes. So I think it would be the centralized animal rescue organization that would pay the fee that would have to get the permit.

**LEG. MARTINEZ:**

Again, it's not the homes that are taking them in.

**LEG. KENNEDY:**

Okay. Because I know -- I know of organizations where there are -- is one centralized organization. And because they cannot, they do not unto themselves have enough money for a building, or whatever, they foster out to 50 or 100 families who take one or two dogs, and those individuals end up paying for the spaying, the shots, etcetera. So to put a \$50 burden, you know, on those individuals would be horrendous.

**LEG. MARTINEZ:**

And I agree. But, at the same time, we don't know who these people are who are giving these dogs away, and they need to be held accountable as well if they are giving animals that are not in good health. So I would like to reenter my motion to approve.

**VICE-CHAIRPERSON FLEMING:**

I think that motion to second stands.

**LEG. KENNEDY:**

(Nodded).

**VICE-CHAIRPERSON FLEMING:**

So all in favor? All opposed? Any abstentions? Thank you.

**LEG. MARTINEZ:**

Thank you.

**VICE-CHAIRPERSON FLEMING:**

1760 is approved. *(Vote: Approved 5-0-0-2/Absent: Legislators Spencer and Cilmi)*

**INTRODUCTORY RESOLUTIONS**

Moving into Introductory Resolutions. **1772 - Adopting a Local Law to enhance enforcement of smoking restrictions at multiple dwelling buildings (Martinez).**

**LEG. MARTINEZ:**

Motion to approve -- all right. Yes, motion to table for public hearing.

**VICE-CHAIRPERSON FLEMING:**

I'll second the motion to table for public hearing. All in favor? All opposed? Any abstentions? 1772 is tabled for public hearing. *(Vote: Tabled for Public Hearing 5-0-0-2/Absent: Legislators Spencer and Cilmi)*

**1806 - Amending the 2016 Operating Budget to accept and appropriate additional Federal and State Aid from the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) to various contract agencies for a Cost-Of-Living Adjustment (COLA) (Co. Exec.).**

**LEG. KENNEDY:**

Motion.

**D.P.O. CALARCO:**

Motion.

**VICE-CHAIRPERSON FLEMING:**

Motion from Legislator Calarco, seconded by Legislator Kennedy.

**LEG. TROTТА:**

Quick question.

**VICE-CHAIRPERSON FLEMING:**

And a question by Legislator Trotta.

**LEG. TROTТА:**

What is the COLA for this year; do you have any idea?

**MR. FREAS:**

On a -- as a percentage basis?

**LEG. TROTТА:**

Yeah, percentage.

**MR. FREAS:**

No. I think it would vary just a little bit agency to agency, depending on what costs are targeting and COLA --

**LEG. TROTТА:**

It's not like based on --

**MR. FREAS:**

I would think, yeah, it could be 2%. I can't tell from this, from the money that's moving around.

**LEG. TROTТА:**

I thought it was like government --

**MR. FREAS:**

Give me one second.

**LEG. TROTТА:**

Government agency.

**MR. FREAS:**

This is all -- I've got -- hold on.

**LEG. TROTТА:**

He's almost done.

**VICE-CHAIRPERSON FLEMING:**

You're all good, then?

**MR. FREAS:**

Yeah. It looks like it's under -- frankly, from what I have, it looks like it's under 1%. This looks like a one-tenth of 1%.

**MR. NOLAN:**

Exactly, that was my point. Thank you.

**VICE-CHAIRPERSON FLEMING:**

All right. I have a motion and a second. All in favor? All opposed? Any abstentions? That is approved. **(Vote: Approved 5-0-0-2/Absent: Legislators Spencer and Cilmi)**

**1807** is withdrawn. **1808 - Accepting and appropriating 8% New York State and 92% federal pass-through grant funds from the New York State Department of Health in the amount of \$122,066 for the Children With Special Health Care Needs ("CWSHCN") Program administered by the Suffolk County Department of Health Services, Division of Children with Special Needs and to execute grant related agreements (Co. Exec.).** Motion by Legislator Calarco to approve and place on the Consent Calendar. That's seconded by Legislator Martinez. All in favor? All opposed? Any abstentions? Okay. That is approved. **(Vote: Approved 5-0-0-2/Absent: Legislators Spencer and Cilmi).**

Yes, put -- adjourn to the Consent Calendar. Thank you.

**1809 - Accepting and appropriating 100% grant funds from New York State Department of Health in the amount of \$35,921 for the Maternal and Infant Community Health Collaborative ("MICHC") Program administered by the Suffolk County Department of Health Services, Division of Patient Care Services for a Cost-Of-Living Adjustment (COLA)(Co. Exec.),** which, thanks to Legislator Trotta, we now know. Is there a motion?

**D.P.O. CALARCO:**

Motion to approve and place on the Consent Calendar.

**VICE-CHAIRPERSON FLEMING:**

Motion by Legislator Calarco to approve and place on the Consent Calendar, seconded by Legislator Martinez.

**LEG. KENNEDY:**

On the motion.

**VICE-CHAIRPERSON FLEMING:**

On the motion, Legislator Kennedy.

**LEG. KENNEDY:**

Dr. Tomarken, is he still here? No. Is there anybody that can answer? Does Public Health Nursing -- is it involved with this? We're letting them go and we're giving them money.

**MS. CULP:**

Good afternoon. Jen Culp from the Health Department. The Maternal Infant Community Health Collaborative is a New York State grant funded program. It's a program through our Division of Patient Care, and is run in partnership with Good Sam, with Community Health Workers. It's not

nurse -- it's not clinical work, it's support.

**LEG. KENNEDY:**

Thank you.

**VICE-CHAIRPERSON FLEMING:**

Okay. Thank you. No Home Rule Messages, no tabled. Oh, I'm sorry. 1809, I have a motion and a second. All in favor? All opposed? Any abstentions? The motion carries. **(Vote: Approved 5-0-0-2/Absent: Present: Legislators Spencer and Cilmi)**

We have no Home Rule Messages, we have no Tabled Subject to Call resolutions, so I will say we're adjourned, and have a lovely afternoon.

***(The meeting was adjourned at 3:43 p.m.)***