

VETERANS & SENIORS COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

Minutes

A regular meeting of the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on December 14, 2006.

Members Present:

Legislator Steven H. Stern, Chairman
Legislator Jack Eddington, Vice-Chair
Legislator Cameron Alden
Legislator John M. Kennedy, Jr.
Legislator Elie Mystal

Also In Attendance:

George Nolan, Counsel to the Legislature
Ian Barry, Assistant Counsel to the Legislature
Richard K. Baker, Deputy Clerk
Verna Donnan, Budget Review Office
Holly Rhodes-Teague, Director/Office for the Aging
Tom Ronayne, Director of Veterans Service Agency
Roberta Monat, Retired Director JASA
Ruth Berger, Ombudsman Senior Long Term Care, Family Service League
Faith Valente, Co-Chair, National Association of Social Workers
John Sciacitano, RSVP Volunteer & Health Insurance Counselor
Sandra Butler, Senior Care Management
Richard Scher, SUNN Advocacy Committee
Alan Schechter, Peconic Bay Medical Center
Andrew Mitchell, Peconic Bay Medical Center
All Other Interested Parties

Minutes Taken By:

Diana Kraus - Court Stenographer

Minutes Transcribed By:

Denise Weaver - Legislative Aide

(THE MEETING COMMENCED AT 9:12 AM)

CHAIRMAN STERN:

Good morning everybody. Committee on Veterans and Seniors will come to order. Please rise and join us in the Pledge of Allegiance led by Vice-Chairman Jack Eddington.

SALUTATION

I'd ask everybody to please remain standing and join us in a moment of silence as we remember the very brave men and women fighting for us overseas particularly during this holiday season.

MOMENT OF SILENCE

Thank you. Good morning, everybody. We have a few items on the agenda this morning and several speakers to hear from. Thank you for everybody who have given me cards. What we're going to do today is I'm going to go through the cards but we're going to do it in the form of presentations. So we're going to move on from -- but before I go to presentations, is there anybody who has not handed in a yellow card who would like to speak this morning? Okay.

Seeing none, I'm going to start to go through the cards. And, again, we'll do it in the form of presentations. So when you come up you can take a seat at the table. And the first speaker this morning is Roberta Monat. Good morning.

MS. MONAT:

Good morning. I'm Roberta Monat. I'm a licensed geriatric social worker. I have worked in the field for 26 years. I recently retired after 24 years from JASA, Jewish Association for Services for the Aged, where I was the Director of Services for seniors in Suffolk and in Nassau. I am Chairperson of the National Association of Social Workers Committee on Aging in Suffolk. And for 15 years I was the Chair of the Elder Abuse Committee of Suffolk County Executive's Task Force on family violence. I live in Huntington and I'm now a senior myself.

I'm very much in favor of creating a Senior Citizen Task Force to look at the issues facing seniors today in Suffolk County. I'm especially pleased that as part of the resolution at least four public hearings will be held in Suffolk County. Policies are often made without input of the people who would be affected. So I applaud your efforts to include many facets of society. Issues facing seniors not only affect them but also affect the families. So addressing senior issues will have a widespread influence.

I have a few recommendations. Addressing the needs of seniors now and in the future, knowing that there is a large number of baby boomers already in their early 60's, one needs to start with prevention. There needs to be more programming for the younger senior in the communities stay healthy both mentally and physically including a concerted effort to get seniors to exercise, volunteer in their community and participate in lifelong learning and socialization. Patterns started in the 60's continue throughout life.

Overlooked for too long -- this is number two -- has been the mental health needs of seniors. While the Health Department has social work interns doing counseling with the elderly, there are probably less than a dozen social workers in the community who are in private practice to provide home

counseling to seniors. Almost 20% of seniors have depression and/or anxiety; yet only a small number are treated. Those seniors who are treated will have less health problems in the future. Not only is this a local issue but a state issue as funding needs to be provided for mental health services.

Pre-retirement workshops around the Country could provide information for seniors about positive aging programs, about caregiver services, long term care for themselves or their parents, as dissemination of information is often difficult. Follow-up on an individual level for seniors or adult children about long-term care issues should be provided by social workers who can help to assess their home situation and help them with their choices.

Number four. The availability of affordable assisted living is another critical issue as many seniors who could not remain at home but want to stay in Suffolk County near their family and friends cannot find affordable assisted living. I'm solely not overlooking the problems of affordable home care. Affordable housing, the need for more adult day care programs and transportation for seniors, especially across town lines, all these need to be better addressed.

These are difficult issues that concern us all. I would like to suggest -- and I think this is really most important -- that the task force be made up, not just of people in the field of aging, but business people, housing developers, university professors, health and mental health and community organizations and consumers as well. There's a crises coming. And the work of the task force is important to do now. And I would urge you to go forward with enthusiasm.

CHAIRMAN STERN:

Thank you.

MS. MONAT:

Okay.

CHAIRMAN STERN:

Thanks so much for being here today.

MS. MONAT:

Any questions?

CHAIRMAN STERN:

Yeah.

MS. MONAT:

Any questions?

CHAIRMAN STERN:

Do you have time for a question?

MS. MONAT:

Yes.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

Hi. Thank you for coming down. You said you served on it for 12 years; on the task force?

MS. MONAT:

15 years. I was the Chair from 1988 when the Suffolk County Executive Task Force on Family Violence was set up. For 15 years I was Chair of that Committee.

LEG. ALDEN:

That was on family violence?

MS. MONAT:

It was on family violence.

LEG. ALDEN:

So is there a that you know of a County Executive's Task Force on senior or aging?

MS. MONAT:

Well, when I retired -- I'd have to ask Holly.

CHAIRMAN STERN:

Yeah. I can answer that question for you, Legislator Alden. There is a Senior Citizen's Advisory Board that serves at the pleasure of the County Executive. In fact prior to my election, I had the pleasure of serving on that board for several years.

MS. MONAT:

No. But that's not the same thing. That's not the same thing. This is actually a County Executive's Task Force on Family Violence.

CHAIRMAN STERN:

Right. That's what -- right. That's what Roberta's talking about. Something different.

MS. MONAT:

Right. And Holly was part of that committee when I retired. I don't know -- is there still a committee?

MS. RHODES-TEAGUE:

There is a sub committee for elder abuse, and I sit on the --

CHAIRMAN STERN:

You can't do that without microphones.

MS. RHODES-TEAGE:

Our office does sit on the task force on Family Violence; that still exists.

LEG. ALDEN:

No. My question was if Ms. Monet knew about whether there was a task force on, you know, for seniors and seniors' problems; things of that nature?

MS. RHODES-TEAGUE:

At this time there's -- there's the advisory board.

LEG. ALDEN:

And that's all that exists?

MS. RHODES-TEAGUE:

Correct.

LEG. ALDEN:

So you're suggesting that when we look at this resolution 2513, that we model it on your experience in the violence? The --

MS. MONAT:

No. I was just, you know, in the beginning I was just talking about my experience, you know, in the field of aging. No, I think this needs to be separate. And I think that all facets of the community need to really be involved. Because you're not going to get affordable housing, affordable assisted living, if you're just talking to social workers and people in the field of aging. You need to have a broad spectrum of people who have an interest in helping seniors in the community. So I think this needs to be a new idea.

LEG. ALDEN:

Separate from the --

MS. MONAT:

Yes.

LEG. ALDEN:

-- because there is an advisory board for seniors.

MS. MONAT:

Yes.

LEG. ALDEN:

That exists right now.

MS. MONAT:

No. I don't believe -- no. I believe it should be a new task force that has new goals for a short term period of time.

LEG. ALDEN:

Okay. Just a short term.

MS. MONAT:

Yes. I think that resolution is six months. Correct? Six or eight months. Your resolution -- I think a report has to be given in. I was just a little concerned when I looked at the resolution that it didn't look to me that it had business people, university people and consumers. It was mostly people in the field of aging, you know, from the different towns. So I think my suggestion is to take a look at that.

CHAIRMAN STERN:

Sure. Well, the idea -- the vision here is to, of course, over the course of time and the task force goes until September, to bring in -- you have professionals from all walks including as you point out, a very important element, would be younger people, caregivers, those who are about to become caregivers, those who are about to enter retirement age and who need to plan in advance and leaders; not just seniors themselves but leaders, not just locally but with national reputations as well to talk about the kinds of things that we should be looking at here in Suffolk County and the kinds of things that are going on maybe in other parts of the state and other parts of the Country that we may be able to model, you know, a vision on going forward here for us locally.

MS. MONAT:

Right.

CHAIRMAN STERN:

So this goes to those who will makeup the members of the task force. But as we hold public hearings throughout Suffolk County, sure, the goal, the vision is to bring in leaders from all walks of life to give their important input.

MS. MONAT:

Right.

LEG. ALDEN:

I just had a couple of more questions if it's all right.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

You had mentioned before, too, and I think it's an important point that more coordination between towns or whoever it is because I know in my town in Islip they have a prohibition against taking people whether they're seniors or veterans outside the actual town limits, whether it means to a doctor's appointment or to get medicine or even go to a hospital. And your experience with that?

MS. MONAT:

Well, my -- East Hampton, as far as I know, is the only town that takes people across town lines.

LEG. ALDEN:

Yeah. I think you're right.

MS. MONAT:

If they have doctor appointments in other locations. I don't know why other towns -- as far as I know, the Town of Huntington also doesn't take people. So if you live in Commack and you live on one side in Huntington and your doctor's in the Smithtown side, no one's going to take you there. So I think that the town -- there needs to be more cooperation among towns. And I'm not saying that somebody from Huntington should go out to East Hampton. But if you're just across the town line to your next town, there needs to be some kind of cooperation between towns so that people can go to doctors wherever they need to go.

LEG. ALDEN:

I think that's a good point. Thank you.

MS. MONAT:

Okay.

CHAIRMAN STERN:

Roberta, thank you.

MS. MONAT:

Thank you.

CHAIRMAN STERN:

Thank you. And look forward to working with you on this project as we go forward.

MS. MONAT:

Okay. Thank you. Sure.

CHAIRMAN STERN:

Ruth Berger. Good morning, Ruth.

MS. BERGER:

Good morning, gentlemen.

CHAIRMAN STERN:

Ruth, could you just state your name and address for the record.

MS. BERGER:

I'm Ruth Berger for the Family Service League. I'm the Director of the Long-term Care Ombudsman Program in this County. We're an advocacy program for people who live in all kinds of long-term care facilities; nursing homes, adult homes and assisted living facilities. We have over 90 volunteers who go on a weekly basis to visit the people in long-term care facilities and have been able to resolve all sorts of problems.

I do sit on the New York State Aging Services Advisory Committee. I'm also part of the Long-term Care Community Coalition of New York State. And what I'd like to talk about this morning, rather than the band-aid quick fixes for the problems, which we all know about, it's transportation, it's affordable housing, and so forth, I'd like to talk about some of the high points of a White Paper that the Long-term Care Community Coalition put out very recently that will be presented to the Governor elect. Legislator Stern has a copy of that White Paper. I don't know if you've had a chance to read it. And you would have all had copies but my xerox machine broke down. I will mail them out to you.

This White Paper offers a vision, a new vision of long-term care. The process of empowering the consumers of long-term care, helping them to take control of the factors that determine their health and their lives and have power to make decisions and choices as well as empowering their formal and informal care givers is central to transforming the entire long-term care system. And I think that's really what has to be addressed.

The focus of the White Paper, let me just talk about a few points, is on consumers both their formal and informal care givers as the heart and focus of a long-term care system. The second is redesigning the care planning system to mandate individualized plans and enable consumers to remain in their own community if they choose to do so.

To rework the system of financing to support necessary changes including to make sure adequate housing and transportation are available. To develop and maintain a workforce that's well trained and supported to take care of the seniors in the community. And to try to meet the needs of the informal caregivers.

This ties in really with what the state has been talking about for the last three or four years; the point of entry. At what point does the senior enter the long-term care system? And I do believe that this P.O.E. as they call it, has been implemented. I think, if I'm not mistaken, Holly said that they are negotiating with the state because they will be the designated point of entry when it's actually implemented in the County. So I think what we need to look like is a total change in the system of long-term care. Thank you.

CHAIRMAN STERN:

Very good.

MS. BERGER:

And I will get copies of the paper to you.

CHAIRMAN STERN:

Thank you.

MS. BERGER:

Questions?

CHAIRMAN STERN:

Thanks so much for coming.

MS. BERGER:

Okay.

CHAIRMAN STERN:

And, again, looking forward to working with you as this process goes forward.

MS. BERGER:

Okay. Thank you.

CHAIRMAN STERN:

Thanks for being here. Faith? Faith Valente. Just state your name and address for the record.

MS. VALENTE:

Okay. Good morning, Legislator Stern, and all of the committee members. My name is Faith Valente. I'm a Suffolk County resident. I received my Masters in Social Work in 1975. I'm a psychiatric clinical social worker. I work in a mental health clinic and have a small private practice. I do home visits to people who have transportation problems. I'm happy to be here today because Pauline Valasquez and myself were planning to meet with the County Executive on the need to reassemble a multidisciplinary task force.

As you know the aging population is growing. There will be an ever present need to develop solutions without devastating the budget on both the state and local level. Delivery of service system issues. We need outreach to locate and access those in need of services be they mental health services for those with diagnosis such as depression, anxiety, dementia, alcohol, bereavement. Transportation; affordable, safe and easily accessible. Someone recently suggested this independent transportation network program that they have in Maine. I can leave this for you. It's similar to Able Ride, but there is some other differences.

Nutrition is necessary to maintain optimal immune system. Provisions for dietary requirements such as we have in place. Delivery of Meals on Wheels should be re-examined and possibly modified. Affordable housing to meet special needs. Affordable assisted living housing to meet needs. And affordable medication without difficult formulary and prior approval requirements that that practitioner's time away from the delivery of service. Often this is not a clerical task. Medication restrictions also put the patient at risk of not getting appropriate medication. This shifts, of course, from the insurance company to others like the small providers who have to absorb the costs. I -- let's face it, most people vote with their feet and would not be in treatment unless they really felt they needed it.

Affordable co-pays to ensure the delivery of service. Forms that are understandable, concise and have large print and are somewhat standardized. Service providers shortage such as home health aides and other service care providers. Living wage benefits for such providers. Geriatric mobile crises team should be reinvestigated for the whole County. Thank you.

CHAIRMAN STERN:

Thank you. Thanks so much for being with us this morning. And several critical issues that you listed, and I'm sure you're looking forward to examining each and every one of them. And, you know, coming up with a long-term plan for seniors here in Suffolk. Thanks so much and I look forward to having you be a part of the approach. John.

MR. SCIACCHITANO:

Good morning. And thank you for not trying to pronounce my name. My name is John Sciacchitano. I'm a volunteer with HIICAP with RSVP. I come to you with no particular expertise in either social work or legislative matters. I hope that my testimony today increases your understanding of how some of the institutions within the County are working and working well for seniors. I could speak for longer than you'd care to listen about the problems of seniors, but I expect you've heard it all.

Instead I'd like to address my remarks to the some things that are working for seniors, veterans, their spouses in Suffolk County. It is my hope that when and where you can affect betterment of these programs, you will. Long Island residents are linked to each other in the mainland by roads,

rails, bridges and ferries. Many seniors in this beautiful Island live in isolation, unable to connect with the community in which they live. There are existing institutions within the community that speak to that isolation. The libraries, senior nutrition centers, help lines, and non-profits who use the services of volunteers, speak to the isolation that is by far the most prevalent and profound problem for -- facing Suffolk seniors of all social and economic classes.

The local libraries are often the most assessable community facility for Suffolk seniors. No other entity in the County provides more service to the senior community than the public library. If you have any doubts of this, I implore you, visit your local branch during the day and observe. You'll see seniors there attending presentations, reading magazines and newspapers, researching and recreating on the internet with the help of the library staff. They're copying, borrowing and returning reading materials, using the magnifying readers; and most importantly, interacting with members of the community.

The senior nutrition centers offer a great deal more than nutritious food. They provide a venue for social interaction and community involvement. They deserve further development, especially since they're often the only links some seniors have with the wider community. The daily telephone reassurance and friendly visiting services provided by RSVP and other organizations, believe me, and I'm not overstating this, these are an emotional and sometimes physical lifeline for Suffolk seniors.

Counseling service and ombudsmen are an invaluable resource for Suffolk seniors. We live in an ever more complex world where we face difficult choices. Seniors, veterans, and others facing issues including isolation, abuse, financial hardship, failing health and caretaker responsibilities find assistance and solace in these services.

All the providers of the foregoing services that I spoke about relied on one degree or another on nonpaid volunteers; most of them seniors. Nonprofit and government agencies that offer opportunities to volunteer -- opportunities to volunteer provide an enormously valuable service; one that goes beyond whatever their mission statement agenda. As volunteers, seniors use mental and physical abilities that might otherwise atrophy in retirement, and often learn new skills and acquire knowledge that enrich their lives. Seniors employed in volunteer activities deal with the problems of aging much better than those who do not. Anything that will encourage effective, fulfilling volunteerism should be encouraged.

I have two requests of the committee that they -- things that they should consider. Please consider doing anything you can to establish a volunteer clearing house to serve as nonprofits and government agencies in the County. I would suggest an organization that would oversee two distinct and important aspects of volunteerism. The first aspect would be to establish a professionally run volunteer referral service that would match prospective volunteers and organizations requiring services. By employing a standardized application and evaluation process, the service could make realistic placements based on the qualifications, time restraints and interested applicants and needs of the agencies.

The second function of the clearing house would be to develop a directory of volunteers that could be called upon to provide service -- services that require specialized medical or first responder skills in the event of a major emergency. The directory would contain names and contact information for persons who could be called upon in the event of such an emergency should the existing pool of talent be exhausted or overwhelmed. The directory would contain names of retired and possibly off duty professionals whose credentials the clearing house had put through a vetting process to insure that they were competent to carry out professional emergency services. I'm confident that such a program would be a cost effective way to provide an invaluable source of extra help during such an event.

And finally, my last suggestion is about the essential transportation services that provide door to door transportation for seniors who have no other means of getting to essential services, namely medical appointments at doctors and hospital out patient services. Presently each of Suffolk's towns

provide service that is restricted to their geographic borders. And I'll correct that; some of them are not. This can and does cause extreme hardship for some residents who require transportation for medical reasons, to hospitals and professionals across town lines. My understanding is that there are insurance considerations that restrict the area in which the vehicles may be used. Anything that the County can do to enhance these services and to overcome these restrictions will be of great benefit to many seniors and veterans. Thank you for your attention.

CHAIRMAN STERN:

Thank you. Thanks so much for being with us today. Very good. Pauline Valasquez.

THE AUDIENCE:

I think she's sick.

CHAIRMAN STERN:

Oh. Okay. Sandra Butler.

MR. SCHER:

My name is Richard Scher. I'm here to lend moral support to Sandra.

CHAIRMAN STERN:

Welcome.

MR. SCHER:

If it's okay.

MS. BUTLER:

Good morning.

CHAIRMAN STERN:

Good morning.

MS. BUTLER:

Thank you, Mr. Stern for the opportunity to dialogue about the current and future needs of our citizens who are seniors in Suffolk County. Please allow me to introduce myself and my colleague. I'm Sandra Butler wearing multiple hats. I'm in private practice here. Senior care management as a geriatric care manager. And I was part of the start up team for the John J. Foley Adult Day Health Care Program at our County Nursing Home. And also the start up team at Peconic Landing, the Life Care Community in Greenport. Currently I am director of the Cold Spring Hills Adult Day Health Care Program in Woodbury. I am a Suffolk County resident.

With me today also is Dr. Richard Scher who is President of Care Connections in Nassau County. And we together are here representing over 500 members of professionals, business owners who are providing services and products to the seniors in Suffolk County, Nassau, Queens and Brooklyn through the senior umbrella networks that we represent. And we're here expressing their concerns about transportation issues, which already, as you heard, has been identified.

As we know like the rest of the country, of course, we're here talking about the aging community here in Suffolk County. And our increase has been dramatic outgrowing both the state and national statistics. I'm here talking about some facts that were drawn from the publication *Vital Signs*, which may be of interest to this committee, which was taken out of Adelphi University School of Social Work where many interesting statistics about the current status of Long Island, Suffolk and Nassau have been quoted in terms of their fact finding and their desire to be part of a bigger plan.

So the number of people age 55 and older, we know grew some 18% between the years of 1990 and 2004. And we have almost 700,000 seniors. And Nassau has some 14% over the age of 65

and Suffolk 12% over the age of 65 with the highest concentration being in the Towns of Riverhead and the Shinnecock Hills. In contrast we're also seeing a change in the aged 25 to 44% a year -- age group decreasing by 7% in the same areas.

So we're seeing that there could be a 64% increase in the elderly population by 2010. So I commend this committee for beginning to look at that need. And the concern is whether we are prepared for it. Are we prepared for it now or in the near future? If we want our seniors to age in place and if they are house rich and yet cash poor, what is going to happen to them as they lose their mobility and as we've already identified become more and more socially isolated?

And representing the advocacy committees of the senior umbrella network, Dr. Scher and I would like to present some information on our concerns specifically related to transportation systems. We are so concerned that we are in the process of some fact finding working with a report, which I have here copies for you all. A New York State survey, the operating expenses of vehicles for the elderly. And this is their executive summary. And I think you would find that interesting.

Please allow me to just quote some issues from this report. Transportation, as we know, is the key to maintaining once independence and the ability to assess the variety of community programs that have been quoted and the services and to remain in the community able to access all of that. And most of us do take transportation for granted until the day comes when you can no longer can do this.

I know from personal experience, my 93 year old mother living in Shirley recently about two years ago just realized that it was time to give up the keys and willingly did so. And suddenly the whole family was faced with now what do we do? All of us like many of you being busy in our lives, not having the time to try to make those doctor appointments, take her shopping and get her to her senior center. And fortunately she had the ability to try to negotiate the system only to find out in some cases where she might a ride to the doctor's appointment, there might not be the ability to get back again because they were filled. So it was a very vivid experience for us to say, you know, maybe the system could be improved.

The aging networks ability to provide transportation services has been hampered significantly over the years. Not necessarily because of the lack of vehicles, but because of the lack of operating budgets. And we know that there are -- is often through the generosity of our Legislators, the ability to have a vehicle donated through some funding source. However, the costs to continue to operate this vehicle is substantial. And there is for the most part no dedicated funding source for operational expenses. And we know that those operational expenses in today's world is very costly given the fact that especially in Suffolk County the cost of insurance, obviously the costs for drivers and perhaps benefits and the gas costs as well.

So what we're concerned about is that without the transportation, there may be a risk factor for our seniors who would rely on transportation for Meals on Wheels, dialysis, voting, even to get to the movies. To get to some of the social daycare programs, to get to the social security office, to do their grocery shopping, to visit a friend, to visit a spouse that's in a nursing home, to get to a senior center where they can socialize and be with other peers, to get to the library as we were -- as the prior speaker had mentioned. To get to the drug store, to do banking, to get to medical appointments, to go to the cemetery, to go to the post office, you know, just to be part of the community. Because we know that seniors who are isolated are a very high risk for medical issues, for depression, for the social isolation, which is a killer in itself.

So what we're asking this committee is to review, is there a dedicated funding stream for operational costs? Is there the ability to do matching funds? There is a federal 5310 Program that the handout makes reference to. Is there a study on transportation? I mean, I know just living in Suffolk County where I would see multiple vehicles doing regular transportation that are mostly empty, you know. Can we look at that? And, you know, try to coordinate a better effort especially crossing those town lines. And can we look for the feasibility of a group insurance program that would cover nonprofit

and community based seniors services.

So this is our concern. We bring it to the committee. Our advocacy group is looking to put on a conference in the spring to educate each other about these issues. And hopefully also identify who are the seniors that none of us are reaching, who are those home bound vulnerable individuals that we need to keep out of our health care system, that we need to keep viable for themselves and their families? And this is our presentation. Thank you.

MR. SCHER:

I just might add -- Again, I just might add, my name is Richard Scher. I represent the Senior Umbrella Network of Nassau. So essentially I'm here representing the Nassau organization. It's our desire to perhaps make this a bi-County conference, perhaps put together or bring together experts in the -- Legislators and so on and experts to have a conference in the spring. So again I'm here representing Nassau as well.

CHAIRMAN STERN:

Very good.

DR. SCHER:

And we're here on a fact finding mission.

CHAIRMAN STERN:

All right. Welcome. Thank you for being here.

MS. BUTLER:

Thank you.

CHAIRMAN STERN:

And critical issue obviously. And one that the hope is that we spend an awful lot of time on as we go through the next several months talking about transportation issues, which you correctly point out can literally make the difference between a quality of life and giving seniors the ability to maintain their sense of dignity and their independence, autonomy in the community and of course, also a very important safety issue for everybody else. If we all know, unfortunately that if seniors do feel isolated with the inability to get around then perhaps so many of them will take it upon themselves to drive when perhaps they shouldn't be driving. And of course that's a significant risk to everybody else who uses our roadways. So certainly we'll spend significant amount of time looking at that very critical issue. Legislator Mystal.

LEG. MYSTAL:

Good morning. This is an idea that was floated a long, long time ago. It's a combination of Share Ride and Adopt a Senior. It's virtually on the east end where you have a lot of home bound people who are not going to the city or not at work and they have vehicles, they have cars. And they do drive. And the program -- the idea of the program at the time was to enroll these home bound middle aged or pre-seniors who can drive to, more or less, adopt a couple of seniors around their neighborhood. And if the senior wanted anything, that they would go and pick that person up and provide the ride. And then we would have a network of people with vehicles who would go around and would volunteer their time and their vehicles to basically take the seniors to do -- what -- the thing that you were talking about, the post office, you know, the cemetery, library, wherever they wanted to go. And it was a combination of those two ideas. And I don't know what happened. It just died for some reason. But maybe it's time for us to look at it again to see if we can recruit a large number of volunteers to provide that kind of service.

MS. BUTLER:

Yeah. I agree, volunteers are essential and keep all of us going. The problem sometimes, however, with the drivers, you know, there is a big responsibility. And so maybe it's time we need to look at that and that the drivers be not volunteers but rather have been paid and they are insured and meet

all those criteria. And volunteers could be used in many other capacities.

LEG. MYSTAL:

Okay. Thank you.

DR. SCHER:

Excuse me, certainly again, what's rudimentary to this whole issue is funding either on the state level or on the county level. So just in terms of campaign to initiate more funding for this is very important up in Albany, certainly on the county level. So it would be wonderful to have all these different plans, but if there's no money to pay for that, that's a rudimentary problem. So we urge our Legislators to press for more funding for these issues in general for seniors.

LEG. ALDEN:

We just cut funding for seniors and for some community based programs. So you might be -- it might be falling on deaf ears, your plea here.

DR. SCHER:

Yeah. I understand. Perhaps generally understand the issues of budget and so on in the state, Medicaid. Right.

LEG. ALDEN:

-- cut funding for seniors and outreach programs. I can give you whole list if you want to see it.

DR. SCHER:

Right.

LEG. ALDEN:

It's almost shameful.

DR. SCHER:

Exactly. So perhaps again we should press to perhaps restore some of this funding somehow.

CHAIRMAN STERN:

Thank you. Thanks for being with us today. Mr. Clerk, can you please kindly let the record reflect that Legislator Kennedy who is not with us this morning has an excused absence.

MR. BAKER:

Okay.

CHAIRMAN STERN:

Andrew Mitchell.

MR. MITCHELL:

Good morning, Chairman Stern.

CHAIRMAN STERN:

Good morning.

MR. MITCHELL:

My name is Andrew Mitchell. I am the President and CEO of Peconic Bay Medical Center located in Riverhead. I'd like to thank Legislator Romaine for asking me to come today. And I'd like to just take a few moments to talk about what I recently read in the newspaper regarding the establishment of a satellite for the Veterans Services in the Riverhead area.

Perhaps I could begin by describing Peconic Bay Medical Center. We are the largest health care

facility on the east end. We are the largest nongovernmental employer on the east end. The hospital is undertaking its largest expansion project in the 55 year history of the institution. That project includes the building of an entirely new emergency center of over 10,000 square feet and 22 treatment spaces, a 40,000 square foot ambulatory and surgical pavilion located in the front of the institution.

This is in response to significant increases in the population within the region. I think many of you know that the east end and specifically the Riverhead area is one of the fastest growing areas of New York State. What is also interesting is it is the fastest growing region -- the fastest growing component of that population in the region is the near retirement and retired senior population.

In 2005 the hospital established a 20-year partnership with Stony Brook University Hospital. That partnership brings to the east end a whole series of new clinical programs and initiatives to address the needs of the population including having the same trauma surgeons and physicians that are staffing the emergency center at the only level one trauma center in Suffolk County University Hospital now staffing the emergency center at Peconic Bay Medical Center. We're integrating our radiology programs, other surgical programs and orthopedics.

With that as the background I would like to make the following alternative offer to the Committee and the County and the Veterans Administration. And that would be to locate this satellite facility that is being contemplated for the Riverhead area to serve the east end population to locate it actually on the campus of the medical center. We believe that this offers the veterans a great deal of additional access to medical services than if it were located over in the County Center where medical services are as we all know limited.

Our concept is to create a one stop shopping for the veterans if located on the campus of the medical center. We would also have the availability of all of our radiology services including advanced imaging, CAT Scan, MRI, senography available right there for the veterans, full laboratory services located again right there for expedited and emergent and urgent testing, nutritional and social support services through our existing programs, access to our specialists many of whom have offices either directly on the campus today or in office buildings very nearby the campus. We also operate the largest home health agency on the east end. And we'd be able to provide these services in an integrated fashion as well.

I think a number of the speakers have spoken about transportation services. And I think one of the challenges of locating a veteran's satellite facility over at the County Center is that when a -- any of these advanced ancillary services are required, it again creates a transportation issue.

And on the transportation issue, Peconic Bay Medical Center does operate its own wheelchair access van. We commonly go out and pick up patients to bring them into the facility for not only doctors' visits but as well for our imaging services and laboratory.

So not to belabor your time any further, in conclusion I would simply offer to the County Veterans Affairs Administration the opportunity to locate this facility on the campus. Given the construction that is going on, we are willing to reserve space for this program in the ambulatory building. And we would be delighted to be part of the process.

CHAIRMAN STERN:

Thank you. Thanks so much for being with us this morning. Approximately how much space would be available at the location for this purpose?

MR. MITCHELL:

We are building 50,000 square feet of additional clinical space. Within that envelope it would be reasonable for us to provide anywhere from 3,000 to 20,000 square feet.

CHAIRMAN STERN:

And you had mentioned that -- that you have the services of a van for transportation. That's one van?

MR. MITCHELL:

That is one van currently under a New York State Transportation grant; a second one expected as part of that grant as well.

CHAIRMAN STERN:

And is there a general rule of thumb as to the area that you're servicing?

MR. MITCHELL:

We basically cover on a scheduled basis the entire east end of the County running from believe it or not Yaphank out to Montauk and Orient Point.

CHAIRMAN STERN:

Vice Chairman Eddington.

LEG. EDDINGTON:

Yes. Thank you for coming. What did the Governor's Bergen Report -- Berger Report, what did they -- what was the implication for your institution?

MR. MITCHELL:

The Berger Report or what's called the -- actually the Commission on Health Care in the 21st Century recommended that the east end hospitals come under a unified governing structure. This is something that our institution has supported for many years. And actually approximately eight years ago was in place under what we called the Peconic Health Corporation. I think it's a recognition that with the population growth that's occurring on the east end and the limited resources today for reimbursement services, that to the extent services can be grown in an integrated way between the institutions as opposed to a competitive and duplicative way, that that makes sense. That was the recommendation.

LEG. EDDINGTON:

Would you see -- another question if you don't mind?

CHAIRMAN STERN:

Go ahead.

LEG. EDDINGTON:

Would you see would if this was able to happen with the Veterans Services, would there be any negative impact, do you think, or would that be positive?

MR. MITCHELL:

No, I don't think the two are related at all. I think there's a recognition amongst all of the providers in the region that the Riverhead area is a central location for many services and a vastly growing area in terms of population and senior populations. So perhaps, and again I can't speak for my colleagues at the other east end hospitals, but perhaps if we had this facility located at Peconic Bay Medical Center, it could potentially be an impetus to do something on a further satellite basis at Southampton and Greenport.

LEG. EDDINGTON:

Good. Thank you.

MR. MITCHELL:

Pleasure.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

Where exactly is your campus located?

MR. MITCHELL:

If you're familiar with Riverhead, we are on County Road 58 at the famous traffic circle.

LEG. ROMAINE:

Roanoke Avenue.

MR. MITCHELL:

Roanoke and 58.

LEG. ALDEN:

Are you under contract to run the Riverhead County Center?

MR. MITCHELL:

We do not run the County Center. We're under contract to provide all the professional services; the physician services at the County Center. We also have the distinct pleasure of providing most of the emergency services that come in from the Riverhead Correctional Facility.

LEG. ALDEN:

Okay. Has it ever been discussed with you the relocation of the County Health Center to your campus?

MR. MITCHELL:

It has not; but, again, we believe that trying to create an integrated health care environment in one location in the Riverhead area makes a tremendous amount of sense.

LEG. ALDEN:

Would you have -- physically would you have enough room to do expansion beyond the planned expansion that you have right now?

MR. MITCHELL:

The answer is yes. If it were to be something considered in the near term, we would look at how we would program the 20,000 square foot first floor of the -- of the surgical and ambulatory pavilion. In the longer term we have another space on the property that in our master plan is reserved for another 40,000 square feet of construction. With all of this we have also addressed parking needs which I know is a challenge. Valet parking services will be available at the institution, which again, when you're talking about the senior population is not insignificant.

LEG. ALDEN:

How long has your relationship been with the County for the services at the County facility?

MR. MITCHELL:

For many, many years. I would suspect decades. I've been at the medical center now six years. It's been for those six years. I would presume, it's been many more on top of that.

LEG. ALDEN:

Thank you.

CHAIRMAN STERN:

Legislator Mystal.

LEG. MYSTAL:

Have you done any kind of cost analysis to see how much money it would either save or we would expend if we were to re-locate or at this point to locate the satellite Veterans Affairs building?

MR. MITCHELL:

Unfortunately we have not. It was only this weekend when I read of this program in the newspaper that I first became aware of it. We have a pretty rough approximation of what the cost of rental space would be in our new building. We're not looking to certainly profit on this. We would do it on a cost basis. But we would be happy to sit down with the appropriate financial representatives of the County and the Veterans Affairs to look at whether this is a cost effective solution. Again, I think when you look at the fact that all of the ancillary services are located at the same campus, the need not to duplicate a lot of expensive medical technology such as x-ray equipment and laboratory equipment, that factors into the equation.

LEG. MYSTAL:

The reason I'm asking the question is because, of course, you know, if we locate the satellite office in our building, we don't have any costs even though we're talking about renovation for about a million dollars right now to do that. So that's why I would be interested to see a comparison of the two.

MR. MITCHELL:

Yeah, I would suggest to you that a million dollars of renovation is, in fact, a high cost.

LEG. ROMAINE:

For 2700 square feet.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

First of all, I'm not a member of this Committee so I thank the Chairman's indulgence for allowing me to speak. The issue of the east end VA clinic came to a head, I guess -- came to a head two weeks ago at the last Committee meeting when my resolution for a feasibility committee was up for a vote and this Committee generously voted it out to the floor. And at the time there was indication that the Executive was supportive of it. Although there was discussion that only 2700 square feet at that committee -- the minutes are verbatim minutes -- were available but they couldn't identify where in the building. And it kind of puzzled me. I thought that it might have been the methadone clinic. And there was some discussion that it might have been that, but they couldn't identify the spot. But they did say it would cost a million dollars to renovate 2700 square feet.

At the General Meeting, the Executive's representative, Mr. Zwirn, got up and opposed my resolution; said it was unnecessary because, in fact, the County Executive had been working on it for weeks, months. And that, in fact, he had a location. He identified it at that point as the methadone clinic, which we now know it isn't, and said they were going to take a tour. I asked Mr. Zwirn and he committed publicly before all 18 Legislators that I could go on that tour. And hopefully that Mr. Stern as the Chairman of Seniors and Vets could accompany.

The tour was held on Thursday. No Legislator was involved. In fact there were members of the press that were told not to let any Legislator know about the tour. But that's okay. The Executive can show the disdain that he has for the Legislature and we don't react. And the tour was taken with the VA representative. It was going -- it now is identified as the Sheriff's space. The Sheriff isn't supposed to move for another year, year-and-a-half because they have to move into the facility that we're going to build in Yaphank that isn't under construction yet.

Furthermore, it is at the opposite end of the building from the health clinic. It is on the second floor in a building whose escalator hasn't worked for 30 years. And the renovation costs are a million dollars. The wisdom of rushing into this so that you could claim credit -- and I'm happy to share

credit with the County Executive at any time because we certainly need his support if we're going to work in a bi functional method -- was premature. And I think that other options which is the reason this Legislature in its wisdom adopted this committee.

Mr. Mitchell who is the CEO of Peconic Bay Medical Center, better known previously as Central Suffolk Hospital, approached me. They're undergoing a 50,000 square foot renovation. And could make, as he mentioned today, anywhere from 3,000 to 20,000 square feet available and has all the diagnostic equipment in the hospital. So if there wasn't -- if a vet came in and needed some special service that wasn't available at that moment, that probably isn't available in our health clinic, they could get it at the -- by just walking down the hall. And I thought that there was a synergy here that made sense. I'm not saying that this is the end all or be all of everything, but I certainly believe that the feasibility committee should move as quickly as possible to have the Executive's representatives put forward their proposals, and to have the hospital put forward their proposal and see what other proposals are out there. Personally I am in favor of the hospital proposal just at first blush without examining costs because of the synergy that would exist there and the benefits that would enure.

I want to thank Mr. Mitchell because he came down at the last minute to offer this proposal. I think it's an intriguing proposal. And it has a lot of the things that the Executive's proposal, which was rushed very quickly, seemed to lack. It's not a question of only having space. It's where that space is located. And if anyone -- and all of us have tried to park at the County Center in Riverhead. You know there is no easy parking there for our VA. You know there is no handicapped accessibility to the second floor at this time. You know some of the weaknesses that are inherent. And you also know since we all voted for it that that building's undergoing a gut rehab.

So while it may be possible to get a photo op or press release, which some people have developed to a high art, the practicality of developing and delivering on a VA east end health clinic would not be possible for a minimum of two years in that building. So you can get the PR, but you don't have to incur any expense. And that seems to be a highly developed mantra, which leaves us empty in terms of results.

I think what Peconic Bay Medical Center has put on the table is a result oriented situation that is worthy of exploration. And now that that feasibility committee has passed, I'm waiting to see if the Executive has vetoed or it or not. The Executive has not communicated with me as to whether he has undertaken a veto and we'll have to wait 'til next week. And if there's a veto I would ask that it be overridden because I think that committee can do the yeoman work by asking the Executive to lay all of his cards on the table about the County facility, which I'm sure -- because he's had several months according to the testimony to consider -- he has us all prepared. And we'll ask Peconic Bay Medical Center to do the same because I think we should get the best possible facility that we can for our vets that is capable of serving the wide range of medical needs that sometimes these vets need who access the VA Medical Center. And I think the Peconic Bay Medical Center is an ideal location at least at first blush to provide that. Thank you, Mr. Chairman.

CHAIRMAN STERN:
Legislator Alden.

LEG. ALDEN:

I think alternatives are very, very appropriate at this point. And we also have to keep in mind that it's going on a second year since this Legislative body approved a digital mammography unit for the Riverhead Health Center, which as of today there hasn't been one bit of preparation to put that in there. And yet this body -- it's almost a year and a half ago -- approved the purchase and implementation, whatever it took, to put that unit in there because it's been demonstrated that the digital technology does save lives and it offers people a little bit better chance of early detection and early treatment.

So if we can't accomplish that on an Executive level -- and I think that the health center -- our

whole Health Department is dysfunctional. And really something that -- it's a crying shame that we aren't giving the type of procedures and equipment that would allow our veterans and other members of this society the opportunity for affordable health care and affordable ability to go forward with their lives.

And I'm going to bring up another subject that, you know, again -- maybe it's just outside of my district now but it serves the needs of four or five districts; the Bay Shore Health Center. As we sit here today, there is not one bit of progress towards reopening the Bay Shore Health Center. It's been closed for almost -- it's going on seven years now. And that is just -- that's a very, very bad statement to make to the people in Suffolk County. You have veterans who use that. The senior citizens that use that center and other centers and others that need that health center.

CHAIRMAN STERN:
Legislator Eddington.

LEG. EDDINGTON:

Yes. Let me see if I can say this without attacking anybody or pointing the finger. I applaud you for coming forward and giving us a possible solution. This is what we need from our professionals. And I would definitely want to hear more and support what you're talking about. It sounds like the right way to go. And I thank you for coming forward.

MR. MITCHELL:

Thank you, Legislator. I would also just like to comment that it really isn't our desire to create partisan politics over this issue. It's simply that being the largest health care institution in the Riverhead area, we believe we have something to potentially offer if the Veterans Affairs and the County wishes to take us up -- in other words, we want to be supportive.

LEG. EDDINGTON:
Absolutely.

CHAIRMAN STERN:

I think we all agree with Legislator Alden's comment that options are good; as many options -- realistic options as we can consider, of course, that's a good thing. And I applaud Legislator Romaine in working with you to bring this forward as another option that we can consider. And it is my sincere hope, and I think that as we go forward, that something as serious as serving the veterans of Suffolk County will go forward in a nonpolitical and very bipartisan atmosphere of cooperation. It is certainly an issue that is decades overdue. And I know that my colleagues would agree with me that we do need to work together to ensure that this is something that happens rapidly for our veterans. Thank you.

MR. MITCHELL:
Thank you.

CHAIRMAN STERN:
Holly.

MS. RHODES-TEAGUE:

Good morning everybody. I just wanted to thank everyone for their support over the past year. As the year comes to a close, you know, we've increased our services in the office this year. Our case management unit has expanded with extra funding from the state and County. And we've had a terrific year in terms of what we've been able to accomplish.

This morning was interesting listening to everyone. I think there's a lot of ideas out there, a lot of issues out there. We've worked on some. Some others are new to us. So, you know, there is a lot more work to be done obviously but we've had a great year and your support has been very helpful to us, so I wish everybody a happy holiday. Thank you.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

Holly, if we have money budgeted for the HEAP Program in '06, will that carry forward to '07?

MS. RHODES-TEAGUE:

We are contracted to DSS for the HEAP Program. DSS gets the federal funds. We process until the program closes. The program has closed in some years as early as March, April and gone further to June. As long as the -- the HEAP year starts I think November 1st and goes until whenever they run out of money. So it's like May, June usually.

LEG. ALDEN:

I'm just guessing, but I don't think we -- we're using much of it right now.

MS. RHODES-TEAGUE:

Our applications have been coming in pretty hot and heavy still. I mean, you know, there are people out there who still have the high heating costs. So they are applying for the funding. But in terms of when the funding runs out, it's usually sometime in the spring.

LEG. ALDEN:

But it's a -- it's not a calendar year, where the cutoff --

MS. RHODES-TEAGUE:

No. The program opens up November 1st. It closes out sometime in the spring.

LEG. ALDEN:

Thank you.

MS. RHODES-TEAGUE:

Okay. Thanks.

CHAIRMAN STERN:

Holly, thanks. Take care. Tom.

MR. RONAYNE:

Good morning, Mr. Chairman.

CHAIRMAN STERN:

Good morning, Director Ronayne.

MR. RONAYNE:

Well, I guess we've heard that we have conducted a visit to the east end for the purposes of establishing suitability of the space at the County Center. I guess all I can really say is that we've identified two locations within the County Center to the representatives of the VA. And they've inspected the space. They've expressed a desire to return to the space to do some followup, measuring, and identifying utilities and services and so forth. And we've agreed to cooperate with them on that.

I would say that we are at the point in the process now where there's not much more that we can do beyond waiting for the VA to respond to us and say the space is appropriate or not appropriate for their need. And whether they would be interested in pursuing going to another location and continuing to scout. I think that, you know, whatever options are on the table are on the table. But the VA is obviously a driving force in this process. So that's where we are right now. Is we're waiting for the VA to respond to us.

CHAIRMAN STERN:

And can you briefly just describe the two possible spaces?

MR. RONAYNE:

The first space is about 3,000 square feet. And that is old courtroom area, the old courtrooms and chambers. It was said a moment ago that is going to be used on a temporary basis as a swing space for the Sheriff's Department. We spoke to the sheriff's representatives at the building. They said that there was a March or April date. I believe they said it was a March or April date that they were going to be moving out of there. They're only in the process of just moving in now; so I don't know accurately what their time line is.

The second space that we visited was in fact the methadone clinic, which I think is just again it's somewhere between 2700 and 3000 square feet. One thing that was commented on by the VA was the fact that the space is already to some extent built out as a clinical environment, or exam rooms, or patient screening areas. There are administrative areas. And there's a common area for waiting and so forth. But, again, that being said, until the VA responds to us with regard to their impression of the space, there's not much I can add.

CHAIRMAN STERN:

And do you know whether or not -- I believe that the second space that you mentioned, the methadone clinic area, which to some extent is set up in that way but yet for renovations, am I correct in saying that the cost of renovations to that area, which in some way is already geared towards that type of environment would be about a million dollars?

MR. RONAYNE:

I wouldn't hazard to speculate on that. Having seen the space one on one now. I don't know how extensive or not extensive the renovations might have to be. Again, given the fact that we're -- I'm sure renovating a semi-medical suite versus an administrative office suite represents different challenges and different expenses.

CHAIRMAN STERN:

Sure.

MR. RONAYNE:

So I think at this point once the VA gives us a response as to whether or not the space is suitable or not, then I guess DPW would go back in and make a more refined assessment as to the cost.

CHAIRMAN STERN:

And do you have any idea as to a timeline when we might expect to hear back from the VA?

MR. RONAYNE:

The VA from what they're explaining to us, they have to conduct several more site visits. One site visit will have them bring their fire, health and safety representatives in to inspect the sprinkler systems, access, egress, things of that nature. Then they would have their engineering staff come in and determine what the requirements would be for mechanicals, electrical, plumbing, HVAC. So there are several more visits that have to occur. I would say certainly not any time in the very near future. Probably I would guess before we get a definitive answer from them on what they've seen, we're probably looking at February; February or March.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Thank you Mr. Chair. Tom, I'm pleased to hear I guess about these two spaces. But I guess I'm going to ask a couple of basic questions that are, you know, the obvious. First of all, I've been in

that methadone space myself before. My recollection is that waiting area that's there is pretty small. But even that notwithstanding, both the old chambers, which was Judge Catterson's chambers and a couple of other Supreme Court Judges that sat, were second story space. You know, we have to go back to the obvious again. The only way that people get to that second story is either stairs or that freight elevator that's in the back of the stacks. And my question would go to, there was no ground floor space that could be identified anywhere? I mean, our veterans, you know, in some cases are challenged to go ahead and walk, you know, on ground floor level.

MR. RONAYNE:

In many cases. I don't know that there was space identified on the ground floor. Ultimately whoever from DPW decided to show us the space that we were shown, determined that that they were the most appropriate based on -- and again, this is all based on the VA's request of us. We're not taking something and presenting it to the VA arbitrarily. They had identified certain requirements in their request in terms of square footage and certain other things that we responded to in identifying these two spaces.

LEG. KENNEDY:

All right. Well, then I guess what I'd ask you is is, you know, on behalf of us, on behalf of the committee, I would think that, you know, of course we want to advocate for this and see it happen. And I know Legislator Mystal just told me that there was an idea floated before, and I apologize that I was at another meeting so I wasn't able to hear some of that. But from our perspective here I would think that we would want to communicate that we would at least like to see the Space Committee or DPW take a look at the possibility of ground floor, even if that meant transitioning one of our own County entities for the purposes of going upstairs and freeing up ground floor space. Because again, I think, it's kind of ironic. Here we are, you know, advocating in portion to go ahead and open something up; and yet the practicality or pragmatic aspect of it is 50 to 60% of our veterans who are going to seek this service aren't going to be able to get up and down; are going to be relegated to a freight elevator.

MR. RONAYNE:

Again, I don't -- I can't offer you anything on the timeline but there was a discussion held with DPW regarding the removal of the escalator and the installation of the new elevator that's going in in that place. I don't know what -- I don't know what the schedule is on that.

LEG. KENNEDY:

I'll defer to my colleagues on that one. That's been 20 years folks have been talking about the escalator. Thank you.

CHAIRMAN STERN:

Legislator Mystal.

LEG. MYSTAL:

Good morning.

MR. RONAYNE:

Good morning.

LEG. MYSTAL:

Does the VA have some kind of requirement for assessability?

MR. RONAYNE:

Yes.

LEG. MYSTAL:

In looking at the space? And I think most of us who are familiar with the building in Riverhead, we all know that going upstairs is almost impossible for a 25 year old. The escalator hasn't worked in,

you know, since Moses crossed the Red Sea. You know, and the place we've been trying to renovate that. We've been talking about renovating it for years. And I just wanted to ask you the Director or the CEO of the Peconic Bay Medical Center made a presentation just now offering an alternative from anywhere from 3,000 to 20,000 square feet of space in a brand new -- because they're building it.

And I wanted to ask you, have you looked at any other alternative, number one. Number two, do you have any objection, does the VA have any objection of being located somewhere else besides our County building? And three, can anybody give me a definitive answer why -- well, that was a definitive. Can somebody give me a nebulous answer in terms of how long it would be before we could move somebody in there?

MR. RONAYNE:

Well, I know that there was other space in the Riverhead area that was identified late last year. And that was a set of modulars, essentially trailers that was temporary office and classroom space. They were preliminarily identified but they ultimately were not able to be considered because the possibility of pertaining a C of O for medical need would not have been possible. The construction would not have lent itself to us being able to get a C of O. That's when the Space Committee went back and reinvested and continued to look and found the two spaces that we looked at last week.

LEG. MYSTAL:

Mr. Zwirn, I know you are antsy. Go ahead, sir.

MR. ZWIRN:

No. I wasn't here earlier. I just was curious. During the Peconic Bay Medical Center, I understand has made an offer. Are they willing to donate space? Is that what --

LEG. MYSTAL:

No, They wouldn't be donating space.

MR. ZWIRN:

Oh.

LEG. MYSTAL:

They would be renting the space. One thing I asked them, have they done a cost analysis? We are talking about renovating some place in, you know, in that building in Riverhead at a cost of about a million dollars. And if I know government, when we say a million dollars, it's probably about two. And if we say it's going to take six months, it's probably about two years. You know, we can build the Empire State Building in about two years before we renovate a precinct. So, you know, that's how government works. It's not your fault, Mr. Zwirn. It's not the fault of anybody. It's just government works that way and for some reason.

So I'm trying to find out, you know, if we are going to have a VA clinic in the Riverhead Center, what is your projected time or range as to when you think we can move in there? Is it next year, the year after next?

MR. ZWIRN:

I think the plan was for next year in 2007. And I think the reason it was so costly is part because of the elevator upgrade. I think they were going to spend a lot of money making that elevator -- It's called a freight elevator; would become a lot more, I don't know, user friendly.

LEG. MYSTAL:

User friendly.

MR. ZWIRN:

I mean, yeah, user friendly. Because this all has to be proved. And a lot of the veterans coming in

are disabled. It has to be A.D.A. compliant. The Space Management Committee, you know, recommended the space. And that's one of the -- you know, we go through a process in the County. We just can't pick a piece of property and say that's great. So this -- the committee has met and they've recommended -- they've looked for space and this was the space they recommended. And I understand the VA has taken a look at it. And so far everything looks very good. And part of the problem is the County Exec's working on this for a while. And they're trying to get something open because they recognize that there is a need for this. So --

LEG. MYSTAL:

I do understand. I understand the attractiveness of the Riverhead Center because it's our center. We don't have to pay rent, you know, and that's --

MR. ZWIRN:

And it's good for transportation and everything else. It's a transportation hub. You've got bus service.

LEG. MYSTAL:

I do -- yeah. That's for me, very attractive to me because I don't have to spend the taxpayers money if I don't have to. By the same token, can we also look at -- I know you weren't here -- at least have somebody from the administration and from, you know, Director of Veterans Services, somebody at least look at the idea, you know, just mull it over in their head and kind of see if it's feasible?

MR. ZWIRN:

Well, you have a task force that you approved at the last general meeting. So I suppose you're going to do that anyway.

LEG. MYSTAL:

Well, we don't know if the Executive's going to veto it or not. So, you know.

MR. ZWIRN:

Well, it -- I don't know. I mean, I don't know if he will or he won't. I spoke at the general meeting and asked for it to be tabled because we did have a location. What we were concerned about was that we might lose, you know, any aid we might be able to get when we identify a location from the state or federal government saying, look, we have a spot and now we're looking for some federal and state aid for this veterans clinic as opposed to having us say, well, look we don't know where we're going to put it so give us some money so we can go find a place and then go build something. So we thought it would be a delay so we thought tabling -- at least at that stage and at this stage what the County Executive does, you know, with the veto is -- is --

LEG. MYSTAL:

Mr. Zwirn, I don't think it makes any difference whether we have a task force or not. The County Executive and his administration can certainly continue to look at, you know, different spaces, regardless of the task force.

MR. ZWIRN:

I think that because he'd like to get this thing going, I think he was happy with this space. As I said, it came from the Space Management Committee at Suffolk County Government. And it's available. And they're willing to put the money into it. And as I said at the general meeting, I don't think anybody would object to spending the money that it takes to improve the facilities, that it would be a first class health care clinic for Veterans of Suffolk County.

CHAIRMAN STERN:

Yes.

LEG. MYSTAL:

Thank you, Mr. Zwirn.

MR. ZWIRN:

Thanks.

CHAIRMAN STERN:

You know, going back to the comment that I had made before, you know, task force, no task force, veto, no veto, what Suffolk's veterans are expecting of us is someone pick up a phone and to take a look at all of these reasonable options. And we heard from the gentleman from Peconic Health Care Facility. It seemed like a reasonable option. That's not to say that that's going to be a way to go. That's not going to be -- to say that there aren't going to be four others that come over the coming weeks. But I think what Suffolk veterans expect from us, task force, no task force, whoever it comes from, that someone pick up a phone and start the process of seriously reviewing all of these available options. Legislator Eddington.

LEG. EDDINGTON:

Yeah. A couple of things. One is that this is a very important issue to me. I happen to have spent two months in a VA -- in a hospital during the Vietnam conflict and saw how it was operated. And, of course, I think about a few years later I saw a movie and I want to give you the visualization. And I'm short -- I can't remember the name -- but it's where the people are so frustrated that the guy drives a car right into the VA Hospital.

MR. RONAYNE:

Article Eight.

LEG. EDDINGTON:

What is it?

MR. RONAYNE:

Article Eight.

LEG. EDDINGTON:

Article Eight, yeah. So I have to tell you as I talked to my colleagues in the American Legion they're -- in a VFW, they're in their 70's. And they are telling me that it's a nightmare going to Northport. And it would be easier to go east. And now we're talking about doing it. But I'm hearing -- I see the lips moving and I hear the words, but I want to see it before that visualization comes true. So I'm hoping we're looking at all options. And we've had a real legitimate option today. And I want that to be considered seriously. I think what Legislator Mystal said is we have a million dollars that we're going to renovate. Well maybe this would be cheaper. And I'm hoping that the County Executive will at least look at that option.

MR. ZWIRN:

You're not -- maybe you are. Is the committee asking the County Executive to stop moving forward on the location in Riverhead at this time?

LEG. EDDINGTON:

Well, I can only speak for myself. I'm saying that we've been moving along. And now another option has been dropped in our laps. I would want that to also -- I'm not saying stop. I'd be willing to bet that the County Executive's Office can do more than one thing at a time. So this is just two things that you have to be looking at.

MR. ZWIRN:

It has to be presented -- has it been presented to Space Management Committee?

LEG. EDDINGTON:

Well, that -- yeah.

MR. ZWIRN:

I'm asking you. Has it been done?

LEG. EDDINGTON:

I don't know. I think we just heard it right now for the first time.

MR. ZWIRN:

Well, obviously it had to have an idea before it got to this committee meeting today. Has anybody presented it to the Space Management Committee before today?

LEG. ALDEN:

Can I interrupt that?

LEG. EDDINGTON:

Sure. I'll yield.

CHAIRMAN STERN:

I'm going to move on. Legislator Kennedy.

LEG. KENNEDY:

Legislator Alden's waited very patiently. The only thing that I want to add to the dialogue here is kind of what I said before, which is, you know, I have great faith and real credence in the Space Management Committee. Having said that, I'd feel much more comfortable if the Space Management Committee considered moving a County Office or entity able bodied and functional and move them to the second floor and considered ground floor space for our 70 and 80 year old disabled veterans who did what was necessary to have us have that building. Similar to my colleagues sometimes I have the same level of frustration I guess, although you'd never figure it.

The Space Management Committee needs to be urged to consider what's viable for the folks with need, not what's out there necessarily that they can cough up. Because as Legislator Mystal said, we'll wait for Moses to cross the Red Sea a second time before that freight elevator or anything else gets done. I'd rather see it ground floor.

MR. ZWIRN:

Certainly if you want the County Executive to slow down or stop, and I'm not suggesting that he will, he's trying to get this thing done so it can be done. You want to keep -- the more time you spend out there searching, the longer it's going to take. That's for certain.

CHAIRMAN STERN:

Very briefly, Legislator Alden.

LEG. ALDEN:

I think Legislator Eddington expressed our desire to have this expedited. And I have -- with all due respect to Space Management, I've been waiting more than six years for a location for the Bay Shore Health Center to be identified and to move forward on. So if the County Executive has to take over some of that function and maybe put somebody that's imminently qualified to go out there and get things done like yourself, Ben, I would -- we would all appreciate something like that. Because as Legislator Eddington put it, I think that our veterans deserve it and they're waiting for us to do something. And Legislator Stern expressed that also. And I'll save my other comments.

Tom, I'll call you because I have some questions about, you know, how our veterans use our health centers and things like that. And how the Veteran's Administration will work into that. But I'll call you at a separate time.

CHAIRMAN STERN:

Even more briefly. Legislator Romaine.

LEG. ROMAINE:

Yes. First let me say I have no questions for Mr. Zwirn whatsoever. I don't intend to engage him in dialogue since he's not a member of this committee. However, I will simply repeat what I said. Two weeks ago when my resolution came forward, the people in front of this committee that were testifying from the executive branch could not identify exactly where the 2700 square feet were.

Secondly, we discovered it's now going to be on the second floor at the opposite end of the building from the Health Department from a space, according to the newspapers that -- because we haven't been informed -- that it located -- occupied by the Sheriff's Office, which isn't planning to move until their facility in Yaphank is completed, which could be a year to a year and a half.

Thirdly, the second floor has no easy access. The escalator hasn't worked in 30 years.

Fourthly, that building, as we all know because we funded it, is under going a gut rehab, that will affect the ability of this area to be renovated and opened in a timely fashion; slowing us down. The selection, and that's why we need an independent committee to take a look at it, the selection -- and by the way, if my committee (sic) is vetoed, I will immediately ask this Legislature to ask the Budget Review Office to undertake that task because they're a nonpartisan entity, that -- and it needs to be undertaken. By selecting that site you might actually slow down this process, cost the taxpayers more. And by the way, guess who provides most of the medical services for the VA clinic? Stony Brook University Hospital, which also has a relationship with Peconic Bay Medical Center, so there's a synergy there.

Now the other thing is that the hospital as I made the point has many other abilities to treat other problems other than just being an ancillary clinic And could be full service with the same -- with the expense being picked up by the VA Hospital. And the rent for that facility may be picked up by the VA Hospital, because of all of these reasons. This is important to note.

As far as the Space Management Committee, the Space Management Committee only looks at managing County space. They don't look outside the County system at private sector space for something of this nature that would be run by a -- for the VA. So if it does, then obviously they're not doing their job by exploring the most obvious facility other than the County facility that's right at -- should be right at the edge of their nose. But I thank the Chairman. And I am finished.

CHAIRMAN STERN:

Thank you.

MR. ZWIRN:

If I can just make one correction. Space Management Committee looked all over Bay Shore. And I know Legislator Alden is correct in his comments. It took -- it has taken forever. But it's not because they didn't look all over. They couldn't find anything.

LEG. ALDEN:

Ben, if you want to go into this together --

MR. ZWIRN:

No, not today.

LEG. ALDEN:

-- we'll be here for hours and hours and hours. It wasn't a real good --

MR. ZWIRN:

My point is that they looked at property outside the County owned facilities.

LEG. ALDEN:

Right. If that's your point, Ben.

MR. ZWIRN:

That's my point.

CHAIRMAN STERN:

Very good. Okay. We'll move on into the agenda. First tabled resolutions.

TABLED RESOLUTIONS

IR 2115, A Local Law to Extend Protections to Residents of Planned Retirement Communities (Romaine) On the motion.

LEG. MYSTAL:

For the purpose of discussion because this is something that we've had -- I make a motion to approve.

LEG. EDDINGTON:

Second.

CHAIRMAN STERN:

Motion to approve by Legislator Mystal, Second by Vice Chairman Eddington.

LEG. MYSTAL:

Okay.

CHAIRMAN STERN:

On the motion.

LEG. MYSTAL:

On the motion. I would like that Mr. Brown -- is Mr. Brown in the -- yes. Mr. Brown, I know you've had some objection -- not objection, I'm sorry to -- not the kind of word you would use. You had some concern about -- on the issue of preemption on that law. And also the fact that the community that we are talking about is composed of two different kinds of housing. You know, one, you know, mobile homes and the other one stick and stone. Does this resolution -- what does the resolution do? Let's say we pass it, what will it do? Beyond the issue of preemption, which, you know, is a separate issue. What will it do for the people in that community in terms of those who own a mobile homes and those who own stick and stone?

MR. BROWN:

For the people now, it won't do anything for them. The law does not apply retroactively. And I cannot say, which is why I didn't raise any additional objections to Mr. Romaine or Mr. Nolan whether or not -- whether the law would withstand judicial scrutiny because you're talking about issues of whether it's -- whether some of the restrictions imposed upon the landlord are reasonable. And that's certainly -- reasonable is a debatable word, especially among lawyers. And that's a fact driven inquiry.

But right now the law, and I don't think that Mr. Nolan or even Mr. Romaine would disagree with me, the law will do nothing to rectify the problems that these people are facing. If anything what the community needs is a lawyer; not a law. Because it's a contractual relationship between the existing tenants. And the current landlord is using his power as a landlord and rights conferred upon him in the lease, at least according to the testimony of the people that came at the public hearing, to

essentially take away the property which they own. And a lawyer could probably bring an action against them, against the landlord either probably on an individual basis of each tenant making allegations of unconscionableness or unreasonable withholding of consent or imposing upon conditions on the assignment of the lease. But that the cases should be addressed on an individual basis by a lawyer.

LEG. MYSTAL:

Look -- this -- I don't want to monopolize this with -- the scenario that was represented -- this man or -- I forget if it was a man or woman -- whose mother had a house there, the mother was sick, took care of the mother; now the person cannot sell the house because if we sell the house, the lease will increase. Would this bill do anything about that?

MR. BROWN:

No.

LEG. MYSTAL:

It would not alleviate anything?

MR. BROWN:

No.

LEG. MYSTAL:

Okay.

CHAIRMAN STERN:

You want to say something? Counsel.

MR. NOLAN:

I just wanted -- the issue that was raised by the County Attorney's Office earlier went to preemption. Because the initial version had some language that referred to manufactured homes. So that language has been removed. And it will not apply to manufactured homes. So the preemption problem is -- has been dealt with.

In terms of whether this law will provide relief to people, well, the law provides a private right of action. And I believe, you know, if you're saying that lawyer will take a case and bring it, they can try to utilize provisions of this law. And then I guess a court will decide whether or not the law provides relief. If think it depends on the facts. I've said all along the law is, of course, perspective. If somebody has a lease right now and it says it's not assignable, then that will probably govern. But if it doesn't, this law may come into play and give people a right to assign their leases.

So I think the law at this point has been revised as much as we can revise it. And I believe it's good to go. We've dealt with the preemption issue. That's it.

MR. BROWN:

And I don't think that I disagree with you. I'm operating on the assumption that all of the existing tenants have a lease. Since none of us have seen the leases, except for perhaps Mr. Romaine, I don't know if George has seen all of the leases. But you're talking about 525 leases. I'm operating from the assumption that each tenant has a lease with an assignment clause in it.

CHAIRMAN STERN:

Counsel, thank you. Counsel, thank you. You know, we heard from area residents and I think for the most part area residents understand that this is a law that for the most part is prospective. That they may not ever see relief, certainly not the kind that they're looking for in a law, but perhaps may through a lawyer going forward. And keep in mind that there are significant elements of this proposal that, I think, sets the right tone in terms of rights and responsibilities for both landlords

and tenants going forward, particularly defining for the very first time here in New York State through a resolution what a planned retirement community is. And I think that's an important starting point for us as a County and certainly sets a model for the rest of New York State in that regard.

So there are significant elements of this bill that will have hopefully a very significant impact for our seniors going forward. And right now we have a motion to approve. And we have a second. I'll call the vote. All in favor? Any opposed? Any abstentions? Resolution 2115 passes. **(VOTE: 5-0)**

INTRODUCTORY RESOLUTIONS

Next on the agenda, **IR 2513, Creating a County-Wide Senior Citizen Task Force (Stern)** I'll make the motion to approve.

LEG. EDDINGTON:

Second.

CHAIRMAN STERN:

Second by Vice Chairman Eddington. On the motion. Legislator Kennedy.

LEG. KENNEDY:

Just a simple question, Mr. Chair. And I'll keep it brief. I see the hour runs late. I've gone through the resolution. I applaud you for looking to pull this group together and to focus on seniors issues. You probably better than most know, you know, the extent and the magnitude of the issues that are out there. But I'd ask you just simply, how will this group interact with or harmonize with our Suffolk County Senior Citizens Advisory Board? As you well know that board is appointed and convened and exists through the Older Americans Act. And is essentially the policy making body, I believe, for seniors matters throughout the County. So how do you see the two interacting?

CHAIRMAN STERN:

Well, I see them working very well together as this process goes forward. Prior to my election I had the pleasure of serving on the Senior Citizen's Advisory Task Force for a few years. And I'm very familiar with their charge under the law and the people who serve on it; and serve on it very well. And so certainly Holly from the Office of the Aging will be expected to participate in a significant way on this Legislative Task Force going forward. And we hope to have most, if not all of the members of that Executive Senior Citizen Advisory Board come to the public meetings and talk about the things that they're experiencing out in the community. And of course it would be the responsibility of this Legislative Task Force to take into account what they say and really bring them in and make them part of the process. So we're looking forward to actually a very significant partnership going forward. Thank you.

LEG. KENNEDY:

Okay. Good. Thank you, Mr. Chair.

CHAIRMAN STERN:

We have a motion and a second. I'll call the vote. All in favor? Any opposed? Abstentions? Motion carries. **Approved (VOTE: 5-0)**

LEG. ROMAINE:

Although I'm not a member of this committee, would the Clerk please record me as a cosponsor for this resolution.

CHAIRMAN STERN:

Okay. Any other business? Any other business? Motion to adjourn. Second. We are adjourned. Thank you.

(THE MEETING CONCLUDED AT 10:51 AM)
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