

HEALTH & HUMAN SERVICES COMMITTEE

VETERANS & SENIORS COMMITTEE

Of the

SUFFOLK COUNTY LEGISLATURE

2012 Joint Operating Budget Meeting

Verbatim Minutes

A special joint meeting of the Health & Human Services Committee and the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Monday, October 17, 2011 at 1:30 p.m., to discuss the matter of the 2012 Operating Budget.

Members Present:

Legislator Kate Browning - Chairperson/Health & Human Services

Legislator Vilorio-Fisher - Vice-Chair/Health & Human Services & Member/Veterans & Seniors

Legislator Jack Eddington - Member/Health & Human Services

Legislator John Kennedy - Member/Health & Human Services

Legislator Steven Stern - Chairman/Veterans & Seniors

Legislator Sara Anker - Vice-Chair/Veterans & Seniors & Member/Health & Human Services

Legislator Ed Romaine - Member/Veterans & Seniors

Members Not Present:

Legislator Lou D'Amaro - Member/Veterans & Seniors

Also In Attendance:

Presiding Officer William Lindsay - District #8

Marge Acevedo - Aide to Presiding Officer Lindsay

Jack Caffey - Aide to Presiding Officer Lindsay

Bobby Knight - Aide to Presiding Officer Lindsay

Christina DeLisi - Aide to Legislator Schneiderman

Susan Lieneu - Aide to Legislator Anker

Gail Vizzini - Director/Budget Review Office

Craig Freas - Budget Analyst/Budget Review Office

Diane Dono - Budget Analyst/Budget Review Office

Laura Halloran - Budget Analyst/Budget Review Office

Eric Kopp - Chief Deputy County Executive

Ed Hennessy - County Executive's Office

Holly Rhodes Teague - Director/Department of Aging

Dr. James Tomarken - Commissioner/Department of Health Services

Janet DeMarzo - Deputy Commissioner/Department of Health Services

Len Marchese - Director of Management/Department of Health Services

Margaret Bermel - Director of Health Administration/Health Services

Diane Weyer - Administration/Department of Health Services

Liza Wright - Administration/Department of Health Services

Dr. Yvonne Milewski - Suffolk County Medical Examiner/Health Services

Bob DeLagi - Acting Director/Emergency Services-Dept of Health Services

Gregory Blass - Commissioner/Department of Social Services

Ed Hernandez - Deputy Commissioner/Department of Social Services

Linda O'Donohoe - Assistant to the Commissioner/Dept of Social Services

Traci Barnes - Personnel Director/Department of Social Services
Ken Knappe - Finance Director/Department of Health Services
Holly Rhodes Teague - Director/Department of Aging
Tom Ronayne - Director/Veterans Services Agency
Susan Erickson - Veterans Service Agency
Vito Minei - Executive Director/Cornell Cooperative Extension.
Mary Finnin - Health Center Advisory Council
Terrence Smith - Administrator/Dolan Family Health Center
Debbie Rimler - Dolan Family Health Center
Danielle Asher - Community Advisory Board/Dolan Family Health Center
Ruth Delcol - Federation of Organizations/Foster Grandparent Program
Jay Gardiner - Suffolk REMSCO
Edward J. Boyd - Suffolk REMSCO
Peggy Boyd - Vice-President of Advocacy/Family Service League
Dr. Jeff Steigman - Pederson-Krag Center
Anita Fleishman - Pederson-Krag Center
Dr. Richard Koubek - Chair/Welfare-to-Work Commission
Richard Meyer - Association of Municipal Employees
Dr. Jeffrey Reynolds - Executive Director/Long Island Council On Alcoholism and Drug Dependence
Janet Walerstein – Department of Social Services Commissioner's Advisory Council &
Child Care Council of Suffolk
Councilwoman Susan Berland - Huntington Town Council
All Other Interested Parties

Minutes Taken By:

Alison Mahoney & Diana Flesher - Court Reporters

*(*The meeting was called to order at 1:44 PM*)*

Health & Human Services Operating Budget Discussion

CHAIRPERSON BROWNING:

Okay. My apologies for being late, a little late. We did have -- Susan Berland is not here, Councilwoman? No. Okay.

UNKNOWN AUDIENCE MEMBER:

She'll be here in a couple of minutes.

CHAIRPERSON BROWNING:

She'll be here shortly? Okay. What we will do, I know, Dr. Tomarken, you have a presentation for the budget. If yourself and --

D.P.O. VILORIA-FISHER:

What about the public; do they go first?

CHAIRPERSON BROWNING:

I think we're going to do the presentation first.

D.P.O. VILORIA-FISHER:

Okay.

CHAIRPERSON BROWNING:

Is there anybody that has a time issue that would not be able to stay for the entire meeting, would like to be able to speak who signed a card? No? Okay, then we've covered that part.

So Dr. Tomarken, if you would like to bring up yourself and whoever else you want to bring.

Okay, Dr. Tomarken, if you want to go ahead when you're ready.

COMMISSIONER TOMARKEN:

Good afternoon. Thank you for giving us the opportunity, the Department of Health that is, to present our analysis of the 2012 recommended budget. I'll move through this as expeditiously as possible.

The severe magnitude of the 2012 recommended budget reductions make the current level of services unsustainable. The public expects services from government provided in a timely and professional manner. The story behind the numbers is that services cannot be provided at the level the public is accustomed to. What are the impacts of these services to the public? We have two categories, we have the service impact and then the public impact.

*(*Legislator Kennedy entered the meeting at 1:49 P.M. *)*

Autopsies will be delayed; DWI testing will be delayed; permits will be delayed; restaurant inspections will be delayed; patient exams will be delayed. EMS training will be delayed; this will impact grieving families, impaired drivers will be let go. Business and homeowners will be affected by the delays in permits; food-borne illnesses may increase due to the lack and decrease in inspections; individual and community people will be involved by delays in patient exams, and ambulance workers may not be fully trained.

The public health will be compromised. For years the department has been doing more with less. The recommended budget forces the department now to do less with less. The tipping point will be reached in 2012. From Water Quality to Mental Illness to Disease Control, the public health again will be compromised. Public health will be reengineered in Suffolk County driven by budgetary constraints and not by public needs, health needs and planning.

This chart is a representation of the declining authorized and filled positions since 2007. And as you can see, every year the number of positions authorized and those actually filled have -- are quite different, so we've never been able to use all the positions that we were authorized to use.

The staffing attrition from 2010, the status of the early retirement positions as of October, 2011. We had 84 retirees from the department. We were approved to hire 34. And that's a little deceiving on that number because those were 34 people based on the 20% of their salaries, and these are new hires, inexperienced people replacing very, very experienced people, so they are not the equivalent. We actually were able to hire four new staff, so there was only a 5% backfill of a supposed 20% allocation.

The recommended 2012 budgets -- sorry, *positions to be abolished*; 113 filled positions, another 100 vacant positions, another 245 positions from John J. Foley Nursing Facility, which is a total of 458 positions to be abolished. We've also had grant positions abolished in the recommended budget. There are 18 grant-funded positions; I won't read through them all, you can see them, but these are important people throughout the department.

Staff challenges of the recommended budget. The 2012 recommended budget will include a two-phased staffing impact which will create further loss of productivity in the department. Phase I, the John J. Foley abolishments, will impact the department through the bump and retreat mechanism; per the recommended budget, this phase is scheduled for November of this year. Phase II, the 2012 abolishments of the 113 filled positions; per the recommended budget, this begins in January, 2012. And if you look at the historical trend in the General Fund, the difference between the adopted versus the actual, you can see that there's always been a gap between the adopted budget and actually what we were allowed to spend. And if you look at the last two points under the requested and recommended, that gap is now at approximately a \$30 million gap and it's the largest we've had so far.

The major cuts, beginning with -- the total Health Services budget is approximately \$30 million. Eleven, almost eleven and a half million comes from permanent salaries, another million from hospitalization for jail inmates, another 360,000 from Early Intervention Program, another five million for the Physically Handicapped Preschool Program, another --

MS. BERMEL:
Mandates.

COMMISSIONER TOMARKEN:
Yeah, these are mandates. And the contracted agencies of eight point -- approximately 8.7 million. And the jail inmates, Early Intervention Program and the Physically Handicapped Preschool Program are all mandated programs. Administration, 12 filled positions abolished; again, doing less with less.

We are cutting revenue staff which will impact revenue collection. If we don't have the staff to implement revenue collection, then obviously our revenues will be decreased. Cutting contract staff delays contract processing. Cutting information technology staff delays the MR going live.

EMS, two filled positions abolished; again, another representation of doing less with less. EMS providers will not be trained in life support courses. The American Heart Association Training Center will have to be abandoned. The core mission is no longer sustainable. A loss of almost \$225,000 in revenue.

In *Environmental Quality*, 14 filled positions abolished. Water quality and public water supply inspections will decrease, pollution control investigations will be almost non-existent, site assessments will no longer be possible, waste water permits will be delayed beyond six months, beach water monitoring will be stopped, private well sampling will be cut by 50%.

In the *Medical Examiner's Office*, and you'll hear more about this after our presentation, 13 filled positions abolished. Three of five Deputy Medical Examiner Pathologists are cut, that will result in a 60% reduction in autopsies. Two of eleven Medical Forensic Investigators are cut. Response to the death scenes will be delayed, weekend operation will be discontinued, accreditation will be jeopardized.

In *Mental Hygiene*, 13 filled positions are abolished. Providers are being cut; one Methadone clinic will be closed; services at three mental health clinics will be reduced; admissions may be limited.

In *Patient Care Services*, 30 filled positions are abolished. Visits will decrease in 2012; FQHC look-alike status cannot be pursued; health centers will be restructured, this will require the closure of East Hampton Health Center due to the loss of a medical team consisting of a physician, a nurse and a clerical individual; services at the Maxine Postal Tri-Community Health Center will be restructured as staffing losses are significant. The Coram Health Center is funded for one-half year and depends on an alternative plan for its existence.

The *Jail Medical Unit* will be impacted. The RFP is pending and the staffing model is not yet determined. Funding for either public or private model requires the contingency fund. If you look at the patient care services at all our different health centers, basically you can see that up until this year we've been pretty much maintaining a reasonable flow of patients and revenue, and this will no longer be able to be maintained. And if you -- as you can see, Dolan has been cut to zero and Coram has been cut by 50%.

In *Public Health*, 12 filled positions are abolished. A physician who is mandated to administer the Public Health Division, the position will be lost. Public Health monitors 72 communicable diseases, including Tuberculosis, and this is a mandated service and this will be jeopardized. High-risk food establishments will not all be inspected annually as required. Food-borne illnesses may have the potential for increasing as we decrease our surveillance. Revenue generated from fines will decrease.

We now look at *Public Health Nursing*; 14 filled positions are abolished. The current level of services delivered through the CHHA is not possible. The CGR report stated, "There may be many new partnerships that can be explored that may achieve the goal of preserving, even enhancing service quality without increasing the burden on the Suffolk County taxpayer." And we have been looking at proposals and methods of changing the payer mix where we may be able to reduce our deficit in this particular program. And this will be a shift in the target market to the frail/elderly population which will allow enhanced Medicaid revenues.

Services for *children with special health care needs*. Two filled positions abolished; the appropriations for mandated services is under funded by \$5 million.

Cornell Cooperative. The recommended budget reduces the Diabetes Prevention Program by 24% from the 2011 modified budget. It also cuts all programs in the total by 14%. It eliminates funding for the 4-H Youth Development and the Family Health & Wellness program. It also cuts 20% from

the one-quarter percent sales tax program Fund 477 for integrated pest management.

Briefly, that is our analysis of this budget. The department has weathered the storm and emerged from a period of turbulence due to State aid funding issues and will be entering an even darker period of chaos and uncertainty if this draconian recommended budget is imposed. The critical point has been reached where the department can only do less with less. This will be the end of the Suffolk County Department as we know it today. Thank you for your attention and we're here to answer any questions.

CHAIRPERSON BROWNING:

Well, I thank you, Dr. Tomarken. And I appreciate that you have come and told us. And from what I can see, we will have a severe public health crisis. Every resident in Suffolk County, from what you're telling me, is in jeopardy. Whether it be somebody who goes to a restaurant and the restaurants are not being inspected properly. They can suffer from food poisoning. We look at our health centers, we could lose our FQHC, the ability to get that status. It just seems to me across the board, Suffolk County residents need to worry about their health and safety based on the County Executive's budget.

COMMISSIONER TOMARKEN:

That's absolutely correct.

CHAIRPERSON BROWNING:

I know that --

CHAIRMAN STERN:

There's a question.

CHAIRPERSON BROWNING:

I believe -- Presiding Officer Lindsay, I think you had some questions or maybe just comments. I can't believe this.

P.O. LINDSAY:

Doctor, I just -- that's probably the most depressing report I've ever heard sitting here in ten years. I'm not -- I don't lack for words often, but you have me lacking for words. I'll just tell you that we'll try the best we can to piece together what we can. It's not a happy time for any of us to be in government. It's a real, real serious challenge to us. And if this budget goes through as is, it's just going to get worse, it ain't going to get better.

COMMISSIONER TOMARKEN:

And we recognize that there may need to be serious restructuring and realignments and whatever, and we're more than willing to work on that. But as this budget stands, it will devastate the entire department.

CHAIRPERSON BROWNING:

Okay. Legislator Viloría-Fisher.

D.P.O. VILORIA-FISHER:

Hello, Doctor, I'm not speechless, because for eight years I have been fighting with someone who has been trying to dismantle this Health Department. I've underscored that the mission of government is the health and safety of the residents of this County and that has been treated with disdain. It's been treated with disrespect and irresponsibility, and now it's finally hit the fan. Because after eight years of chipping away at the core of this Health Department, this County Executive has finally reached the point where I don't know how you can -- how we can function with what he's left to us. It's just so disheartening. It's so frustrating because we've been fighting him

at every turn, and this continues.

I just want to go through a couple of technical questions on the Power Point that you gave us. So you said that there were 34 new staff that were approved to be hired on -- in your third slide, I believe. And there were 34 and only four were hired and that's because the other 30 SCINS were not signed; is that why?

COMMISSIONER TOMARKEN:

Yes.

D.P.O. VILORIA-FISHER:

Okay. Thank you, I just wanted to make sure that I understood that. So the County Executive did not hire those 30, and so it was another lie where we were supposed to be backfilling and we were not backfilling, in fact.

COMMISSIONER TOMARKEN:

Correct.

D.P.O. VILORIA-FISHER:

I have a question on the slide on the grant positions to be abolished. Now, often when we see that there's a grant position and that it's no longer there, it's because the grant is no longer there. Can you explain what you mean by grant positions? These weren't grants that were for a period of time?

COMMISSIONER TOMARKEN:

No, these are grants that are still in place.

MS. BERMEL:

The WIC Program.

COMMISSIONER TOMARKEN:

Yeah, the WIC Program, for instance.

D.P.O. VILORIA-FISHER:

Oh, okay. Those long-term --

COMMISSIONER TOMARKEN:

Right, Bioterrorism.

D.P.O. VILORIA-FISHER:

Okay. So if those are positions then it's pass-through money, it's highly reimbursed positions?

MR. MARCHESE:

A hundred percent.

COMMISSIONER TOMARKEN:

A hundred percent reimbursed. And due to a budgetary decision, those are being granted -- abolished, although they cost us no money.

COMMISSIONER TOMARKEN:

Correct.

D.P.O. VILORIA-FISHER:

And do they create revenue?

COMMISSIONER TOMARKEN:

Yes. I mean, first of all, they bring in the revenue from the grant, and then depending on the individual position, they may be generating some. But the grant money is the biggest part of their revenue generation.

D.P.O. VILORIA-FISHER:

Right. Okay. So they pay for themselves through the grant, they're paid for, they're a hundred percent reimbursed. And don't Public Health Nurses, isn't their revenue associated with those positions?

COMMISSIONER TOMARKEN:

Exactly, and that's why I said some of them may generate some revenue as well.

D.P.O. VILORIA-FISHER:

Okay. Yeah, I'm not holding you to saying that every single one of them. But clearly, if we have positions that are a hundred percent reimbursed and above that they bring in revenue, then this is sheer stupidity. You don't have to respond to that.

*(*Laughter*)*

Let's look at the trending. I was just a little confused by the chart. If you could just -- historical trend with the General Fund?

COMMISSIONER TOMARKEN:

Correct.

D.P.O. VILORIA-FISHER:

On your heading it says "adopted versus actual", but on the two lines I'm seeing "requested" as opposed to "recommended". Can you just --

COMMISSIONER TOMARKEN:

Yeah, that -- because that's 2012, that's where we are today. It's just because we don't know what adopted and actual will be for 2012.

D.P.O. VILORIA-FISHER:

Okay. It's only for 2012 that that term is being used.

COMMISSIONER TOMARKEN:

Right, the two colored lines.

D.P.O. VILORIA-FISHER:

Okay. All right, I just didn't know if I was reading it correctly, but that clarified it. Thank you.

If, in fact, we have such major cuts, I'm looking at the major cuts and the mandated areas and you refer to these mandated areas in a couple of different places. If we have these cuts, I know with jail issues, we can certainly suffer sanctions if we have mandates and we don't fulfill those mandates. What happens in the other areas; the Early Intervention Program, the Handicapped Pre-School? I mean, other than the fact that it's unconscionable not to provide services for the handicapped pre-school children and Early Intervention Program, because it's short-sighted when you have children who need the early intervention, they enter school with problems and so in the long run all of us will carry the burden of catching up.

MR. MARCHESI:

You'll have to pay it, it's not even an option.

D.P.O. VILORIA-FISHER:

If it's not in our budget how do we pay it, is what I'm asking? What is the recourse.

MS. MARCHESI:

Well, I guess we'll be sanctioned from the State because these are State-imposed responsibilities by us.

D.P.O. VILORIA-FISHER:

And they'll hold back monies.

MS. MARCHESI:

Yes.

D.P.O. VILORIA-FISHER:

They'll hold back monies. So in other words, the County Executive has said that he has a balanced budget. This doesn't look like a balanced budget. If you have a budget that shows that you're cutting but you're going to have to pay for those services anyway, then that's a huge hole in the budget. I think that seems very clear. And right -- with those three mandates on this page alone, we're looking at six million, four hundred ninety -- five hundred forty-eight thousand some-odd dollars, but that's only chump change.

Okay, I have another question. On Emergency Medical Services where it says, "A loss of almost \$225,000 in revenue." There are many cases that have been pointed out to us in this budget, have been pointed out to us by our Budget Review Office in this budget where positions are cut and the associated revenue that those positions have been bringing in in the past are still in the budget. Was this \$225,000 in revenue -- I'm assuming this is an approximation. Was the revenue left in the budget in this?

COMMISSIONER TOMARKEN:

Yes.

D.P.O. VILORIA-FISHER:

So the revenue was left in the budget, but the jobs are -- but the services aren't going to be there. So again, and I hope there's somebody here from the media who's seeing that these are clear examples of holes in this budget. This is an illegal budget which is not balanced. Okay, so that's another falsification of the budget.

Let me just ask you about the Medical Examiner's Office. You know, on the first page where you had on the first slide, or was it the second slide, "At a glance, autopsies delayed." You do say in the public impact about grieving families. I understand that if someone is Jewish, they have to bury their loved one within a 24-hour period. With these delays, that will also have an impact on people's religious practices.

COMMISSIONER TOMARKEN:

Absolutely, and there are other religions that have requirements as well. But I'll let -- Yvonne, Dr. Milewski is going to give a presentation as well, but the short answer to your question is yes.

D.P.O. VILORIA-FISHER:

Okay. All right. But going back to the one on our page eight, I don't -- I think it's your slide 15. The two of eleven Medical Forensic Investigators are cut and response to death scenes delayed. We had a huge issue, and I'm sure our Chair of Public Safety will remember, when there was a dead body on a street for a number of hours. And I'm wondering if this -- these cuts, when you say response to a death scene, if -- I don't understand the process that well, so perhaps someone can explain it to me. If there's a body dead on the ground from -- in a murder scene and you can't get a

response to a death scene, would that result in a body being left on the ground for hours?

DR. MILEWSKI:

Yes. The answer is yes to your question, but let me just say it's not just a murder because our investigators are required to go to every scene that's not in a hospital, where there's a death, to pronounce death. So this includes any situation including people who may die in their homes and families with loved ones passed away for several hours waiting for a response.

D.P.O. VILORIA-FISHER:

Well, you know, my mother was hit by a car when she died. I cannot imagine what it would have done to our family to have my mother lying in the street for hours, waiting for someone to investigate an accident like that.

DR. MILEWSKI:

I agree; I think it's unacceptable.

D.P.O. VILORIA-FISHER:

A lot of this is unacceptable. You know, we've been looking at this. We've been looking through and this is so disturbing. It's so deeply disturbing to see it outlined this way. I'm looking at number -- the Patient Care Services, I can't see the number of that slide.

COMMISSIONER TOMARKEN:

Seventeen.

D.P.O. VILORIA-FISHER:

But I have a question about this, Dr. Tomarken, because one of the options that has come before us is that the Coram Health Center would be -- that there is an alternative plan and that that plan involves a private not-for-profit. And I thought that that private not-for-profit was -- is an FQHC, and that's implied in that bullet. But before that, on the same slide you say that the FQHC look-alike status cannot be pursued. This seems to be in contrary -- moving in contrary directions. Can you explain to me how we can --

COMMISSIONER TOMARKEN:

Yeah. If Coram went with another entity and was outside our domain in organizational structure, then it wouldn't be subject to our payment policy, whereas all the health centers currently have a payment policy that's inconsistent with FQHC requirements. So if they moved over and out of our network into another not-for-profit, FQHC, then they would be under their rules, and their rules are obviously in compliance because they've got the status of FQHC. There are three that we are --

D.P.O. VILORIA-FISHER:

I understand what you're explaining. So that raises another fiscal question. I know that our Chair of our Health Committee has worked very hard with your department, Len gave us a lot of information about this. And we were looking for the FQHC status because it would give us some Federal money that would help us to support our clinics. If we, in fact, are not able to pursue this, what would be the fiscal impact?

COMMISSIONER TOMARKEN:

We're looking at several million dollars per year, potential, and that's just the beginning. And going forward, the anticipation is that once you get FQHC status, you're able to get grants and become available for additional funding. So if we don't get it, the current \$30 million deficit for the health centers every year will continue, and will most likely grow because the cost of health care continues to increase.

D.P.O. VILORIA-FISHER:

Okay. So this is another penny-wise/pound foolish --

COMMISSIONER TOMARKEN:

Correct.

D.P.O. VILORIA-FISHER:

-- instance, because we are actually throwing away monies that could be coming to Suffolk County to help us maintain our level of health services and access to health.

Just one more question and slide -- oh, put my finger on the button. Thank you. Slide -- it's on page ten on Public Health. Again, "Public Health monitors 72 communicable diseases"; again, that's mandated.

COMMISSIONER TOMARKEN:

Correct.

D.P.O. VILORIA-FISHER:

Okay? If I recall, wasn't there also a -- oh, what do you call the thing that Janet Napolitano -- you know, after 9/11, Homeland Security. Weren't some of those funded through Homeland Security? So what would happen to that.

MR. MARCHESI:

Those are actually some of the positions that we saw were -- when we said those grant positions, some of those were in our Homeland Security grant.

D.P.O. VILORIA-FISHER:

It just makes no sense. It just makes no sense.

CHAIRPERSON BROWNING:

Do we have the grant or not?

D.P.O. VILORIA-FISHER:

No, if we don't have the positions we can't get the money.

CHAIRPERSON BROWNING:

But do we have some grant money now that we're -- so it's revenue that's come in, but we don't have the positions to --

MR. MARCHESI:

No, this was proposed. This year we have --

CHAIRPERSON BROWNING:

Right.

MS. MARCHESI:

-- approximately a million and a half dollars in Homeland Security, Public Health grant money that we're using, and we're fully utilizing the full amount.

CHAIRPERSON BROWNING:

And we can no longer apply for those grants.

MR. MARCHESI:

Well, no. We actually have the grant and we have it next year. But the budget's showing that the positions are abolished, so you won't be able to claim it.

D.P.O. VILORIA-FISHER:

No, but he -- no, no. We don't have to apply for the grant, we already have it.

CHAIRPERSON BROWNING:

Oh, we have it.

D.P.O. VILORIA-FISHER:

But we won't get the money next year if we don't have the positions. We don't have to do a whole grant process again, we have it already. We're throwing away the money.

CHAIRPERSON BROWNING:

That's smart.

D.P.O. VILORIA-FISHER:

Okay? I'm not even going to talk about Public Health Nursing because I think I could have a heart attack (*laughter*). Because we know how much effort you personally have put into it, Dr. Tomarken, and we all have. And it's very frustrating to see that you have some innovative ideas and great vision. We looked at so many models, ways that we could make it more efficient, bring money in. Certainly the responses to the RFP I don't think were what had been anticipated. And so that's all I have to say. Thank you for coming down and listening to my rant.

CHAIRPERSON BROWNING:

It wasn't a rant, it was the facts. Legislator Stern.

CHAIRMAN STERN:

Thank you, Madam Chair. Doctor, thank you to you and to your team for being with us today. Many of my questions were asked and answered. I just did want to go through a couple more.

We talked about delays on autopsies. I was wondering if we had a real idea as to what that might mean. When we talk about delays, are we talking about hours, days, weeks, what specifically? Do you have an idea, if this budget was enacted, what would be the real result of those delays? How -- what would the resulting delays be?

DR. MILEWSKI:

Your question is specific to the performance of autopsies, so I'll answer that question.

We have five -- a staff of five Deputy Medical Examiners, physicians. Who are Board-certified in two areas of subspecialty; very difficult to recruit these folks. We are currently examining a caseload of approximately a thousand examinations annually. I started four and a half years ago, and at that time a caseload was roughly 750 to 800. We are expanding with the population, as the population grows the death rate goes up a bit. So it takes five physicians to undertake a caseload of a thousand examinations, to provide scene response to every homicide scene, to meet with detectives on cases, to prepare paperwork on all those reports, to return family phone calls, to review tests and examinations and to be available to testify. So that number of a thousand examinations represents, in some instances, a couple of hours to several days of work. We currently maintain seven day a week autopsy examination service because where we do close for a day, the death doesn't stop, the cases will accumulate for the next day. And with just one day closed, it's difficult to be able to ensure that families won't have their loved ones within a day or two.

Now, having said all that, I think it's easy to conceive that with only two of five physicians working, we'll collapse in just days. I think to say that the autopsy service will result in delays of a few days to weeks is probably what will happen initially, but there's no possible way to sustain that workload with only two physicians. It's impossible. So I think we would shut down, effectively. And that's -- you know, bodies will, excuse the expression, pile up, and we're not talking about days, we're

talking about weeks.

CHAIRMAN STERN:

And so here on page eight when one of the points here is that, "Weekend operations will be discontinued"; that's for sure. You're talking about well beyond discontinuing weekend operations.

DR. MILEWSKI:

There's no way that just closing on the weekends will permit two physicians to do that workload. And effectively, by the way, we would -- we're the only Medical Examiner's Office that's accredited in the State of New York, the Medical Examiner medical functions, and we would lose our accreditation immediately, as soon as that would happen.

CHAIRMAN STERN:

Doctor, on page four, the slide where you list the grant positions to be abolished. Do you know, for those positions that are listed, what percent are, in fact, funded? I understand all of the positions are funded, but to what extent are each of the positions funded?

COMMISSIONER TOMARKEN:

A hundred percent. They're all 100% funded.

CHAIRMAN STERN:

They're all 100% funded positions.

COMMISSIONER TOMARKEN:

Correct.

CHAIRMAN STERN:

Okay. And there's still a question on the health care services to be provided in the jail, although we say that it's a mandated service, certainly it is. But as you go through the process, I think the point here was that you didn't yet know what that model was going to consist of. My question here is if it's a State mandated service, isn't there some type of parameter or isn't there some type of standard of care that would have to be provided and do we have an estimate as to what that might entail?

COMMISSIONER TOMARKEN:

Well, it is mandated, but the State doesn't have very strict regulations as to what the service beyond that number of hours that you're there. In other words, they don't say you must staff at a certain ratio or anything like that. Our -- the estimate is we put it in the contingency fund, that's what -- you know, we're in the process of developing a model, but the money is in the contingency fund and it needs to be preserved. So that whether it be a private vendor or the County does it, we still need that money in the contingency fund.

MR. MARCHESI:

The one number that's short that we're showing here has really got to do with in-patient care. So when a patient at the jail gets sick enough that we have to send them out to the hospital, we actually send them out to Peconic Bay, they actually bill us for whatever services that are necessary, whether it's ER, speciality care services, etcetera. So based on what happens at the jail at any given time, we have to take care of those patients because they're our responsibility.

CHAIRMAN STERN:

Okay. So that line here under the -- with the slide "major cuts", that's for hospitalization. That's the -- when you're sending them out.

MR. MARCHESE:

Correct.

CHAIRMAN STERN:

Got it. Okay. Legislator Vilorio-Fisher, Doctor, brought up in Public Health Services. I was wondering if you could relate what these reductions, these cuts would mean in public health monitoring for the communicable diseases, particularly in light of the TB story that we just heard about just a couple of days ago, how that might impact not only that particular service but how you see the vision of the services that your department would need to provide, particularly in that regard going forward.

COMMISSIONER TOMARKEN:

Well, first of all, it's mandated, so somehow we'd have to do. But we couldn't do it at the level -- for instance, on the TB case that we recently had, we had approximately six staff working almost full-time on that. We had two evening sessions that we had at the particular school where six of us were there for several hours. We've been working with the State and the CDC constantly regarding this. So all that would be cut down to a bare minimum where we might be able to send out letters. We wouldn't be able to staff -- we have a hotline, we've had between 20 and 30 phone calls a day with people asking questions, that would probably have to stop.

The ability for us to respond in a timely manner. We were there in the school within 24-hours talking with the administration, beginning our investigation. That, depending on what other priorities were going on at the time, may have to be compromised severely. So the ability to service the public, to protect patients, to protect the public would be impaired. It's inestimable. It would be at a level, frankly, that I wouldn't want to be associated with.

CHAIRMAN STERN:

And lastly, Doctor, on page eleven, the slide referring to services for children with special needs; again, mandated services underfunded by \$5 million. Can you speak to what those specific services are and what would not be funded with that shortfall?

MR. MARCHESE:

Depending on the child's illness, they get enrolled in pre-school services, and some of the programs would cost upwards of \$30,000 a year for the services that we provide. So on an annual basis, this program is one of our more expensive programs that the County does take care of some 7,000 children in this County. So those services, although they're State mandated, we would have to provide them in some shape or form.

CHAIRMAN STERN:

Thank you.

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Madam Chair. I guess thank you for being here, Doctor. I appreciate you being here. You know, the message is, as every one of us has said, is abysmal. I was sitting here thinking of the movie *The Caine Mutiny*, to be honest with you, and wondering where Captain Queeg was.

LEG. ROMAINE:

Rolling his marbles.

LEG. KENNEDY:

There are three areas that I want to speak about specifically with you. And actually, I want to first, if I can, talk to Dr. Milewski.

You were most gracious, Doctor, as a matter of fact, when you gave myself and my office a tour a couple of weeks ago. We're very close in the parking lot, but I never had the opportunity, I guess, to see the extent of all the activities. I have always known that you were important, but I wasn't quite apprised of all of the particular functions.

The layoffs; I'm trying to think of a different way to call it but, you know, you've got to call a spade a spade. The layoffs of personnel in your office. Let's start first with the Chemists, if you will, and talk a little bit about what went on there, and then tell me a little bit about some of the folks that do some of the sample evaluations and what the impacts will be.

And by the way, I had the same conversation with District Attorney Spota this morning. But I think it's important to reiterate the fact that criminals would not be able to be prosecuted here in Suffolk County if these cuts go through. So let's talk specifically about some of those functions in your office.

DR. MILEWSKI:

Legislators, if you don't mind, I did have a Power Point presentation that discussed every one of my positions and their impact.

LEG. KENNEDY:

Sure. If you want to wait to go through those items?

DR. MILEWSKI:

Or to answer just that question --

LEG. KENNEDY:

Sure.

DR. MILEWSKI:

-- I was just going to run to my bag and get the handout from the Power Point.

CHAIRPERSON BROWNING:

Why don't we let wait and let -- because I know she has a presentation, and I think it would be best to let her do her presentation so you can get all of the information you need.

LEG. KENNEDY:

I'm hoping that you're going to be able to hit those items home, Doctor, about the fact that criminals would be given a distinct advantage in Suffolk County if this budget was to go into place.

Secondly, Doctor, then let me shift over and speak about two other areas. One of them is mental health and substance abuse, and the other one is environmental quality. First in EQ, it is ironic that most every one of us is out there talking about trying to make Suffolk County business-friendly. And I see on page seven that in your estimation, waste water permitting would have another half-year at minimum added to the process?

COMMISSIONER TOMARKEN:

Yes, that's the estimate.

LEG. KENNEDY:

So while we're trying to encourage our business community to open up ventures to locate to Suffolk County, in essence, this message is basically saying, "Go anyplace else but Suffolk County, because your capital is going to rot on the vine," if you wait to go ahead and get the services we need. Now, that waste water permitting is a fairly straight-forward, methodical but important process, isn't it?

COMMISSIONER TOMARKEN:

Correct. And we worked hard to bring it down to, you know, weeks, and now this would push it back up to beyond months.

LEG. KENNEDY:

There's many functions that go on there in the Environmental Quality section. I also know that there is some important pollution plume monitoring that's conducted there? How would that function be affected?

MR. MARCHESE:

The budget curtailed our well drillers, so we will do half of the amount of well drilling that we currently do for investigations.

LEG. KENNEDY:

And what do those well drillers do in particular?

P.O. LINDSAY:

Drill wells.

*(*Laughter*)*

LEG. KENNEDY:

Well, no, they define the extent of ground water plumes, I believe.

MR. MARCHESE:

Exactly. That's how we determine the plume and how to determine where we're going to -- how we have to clean up and where we have to clean up and the extent of who needs to be on public water, who doesn't need to be on public water, or if their drinking water is safe. Yes, all of that.

CHAIRPERSON BROWNING:

Can I jump in, John? Because I think that's similar to what's going on with the landfill and Brookhaven and the Beaver Dam Creek, and that is going to be seriously affected.

LEG. KENNEDY:

Okay.

MS. MARCHESE:

Our ability to respond and to help with the State Health Department on those issues would be severely curtailed.

COMMISSIONER TOMARKEN:

We would not have any more information to give anybody. We couldn't make any reasonable decisions.

LEG. KENNEDY:

So our groundwater, basically, would be subject to any what any nefarious individual wanted to dump without recourse and without protection.

COMMISSIONER TOMARKEN:

Right.

LEG. KENNEDY:

Okay. Sounds great. Lastly, let's talk about the Substance Abuse Division in particular.

The abolishment of a Methadone Clinic. My understanding is that those folks that are taking methadone do it in -- work it in to the course of their day and it has helped to take some severely addicted folks and help them regain entry into society. But they don't get to travel all over Suffolk County. And our methadone clinics are fairly spread out geographically, aren't they?

COMMISSIONER TOMARKEN:

Correct.

LEG. KENNEDY:

Okay. So what happens if we close one?

COMMISSIONER TOMARKEN:

These people will not access services because there's no one else to provide it.

LEG. KENNEDY:

Okay. And if an addict doesn't get their methadone, what happens?

COMMISSIONER TOMARKEN:

They usually go back to criminal activity to obtain whatever it is they want or need.

LEG. KENNEDY:

We spoke at great length, and I know your department worked to put together a new Opiate alternative program, the Sub-Oxone Program. It seems like it's got a good promise to be an effective alternative. Would we have any likelihood of getting that initiative going?

COMMISSIONER TOMARKEN:

It would make it very difficult because we wouldn't be able to promote it. We'd have a difficult time getting people enrolled and stabilized because we just wouldn't have the staffing personnel to deal with their immediate needs. Because we were going to look to be the detox center for these patients, and if we don't have staff then we can't -- and we don't have providers, we can't do that service.

LEG. KENNEDY:

I'm not going to go through all the alternatives. It is an abysmal budget. But I appreciate you bringing the information forward for us so we can attempt to try to work our way through it. All right, Madam Chair, I'll yield.

CHAIRPERSON BROWNING:

Thank you. Legislator Romaine.

LEG. ROMAINE:

Yes, I'm going to refer to the Budget Review Report briefly. It's my understanding that Budget Review, which is an independent budget analysis group, doesn't work for any one Legislature, works for the institution and is an independent, some people would say in contrast to the Budget Office that works for one individual.

However, in your report you pointed out that the proposed budget by the County Executive overstated revenue in the Health Department by \$12.9 million, and under -- and 8.2 of that was in Patient Care Services alone. And at the same point, you pointed out that he underestimated expenses by at least \$3.2 million. I don't know what that means, but it seems to seem as if someone was either using a Ouija board or, you know, spin-the-dice to figure out how to plug in numbers. Because usually estimates are based, and those estimates that the Budget Office or the County Executive puts forward are usually done in consultation with the Budget Review Office. Were any of these numbers, in terms of revenue estimates or expense estimates, run past your office? I mean, did you concur with their estimates?

MR. FREAS:

With respect to the Department of Health Services, when the recommended budget came out we had some questions about especially the revenue estimates.

LEG. ROMAINE:

And?

MR. FREAS:

The department -- or excuse me, the Budget Office provided us with some explanations which seemed to us to be very optimistic. And also, you know, we stand by our report.

LEG. ROMAINE:

So would you say that there was considerable amount of difference?

MR. FREAS:

Twelve point seven million dollars, sir.

LEG. ROMAINE:

Twelve point nine.

MR. FREAS:

Twelve point nine.

LEG. ROMAINE:

And would you say that in those discussions, that they provided compelling analysis of how they came to these numbers?

MR. FREAS:

I could not say that.

LEG. ROMAINE:

What would you say about their analysis of their numbers?

MR. FREAS:

I would say that I --

LEG. ROMAINE:

How would you characterize that?

MR. FREAS:

I would say that there were -- again, very optimistic estimates that were provided in the recommended budget, especially within the Patient Care Services line that were based on an ability to provide services that were -- an ability to become a Federally Qualified Health Center that we probably don't have right now for a variety of reasons that are delineated in our report.

LEG. ROMAINE:

Would you say that this budget, in its estimates -- just its estimates, forget what it does or what it doesn't do -- would you say that these estimates are not only erroneous, misleading and unfactual? Would that be a fair characterization?

MR. FREAS:

We think our estimates are more accurate.

*(*Laughter*)*

LEG. ROMAINE:

Thank you. All right, let me go beyond that and talk about some other things.

Sometimes in a big picture, with all the facts out there, you've got to take a look at a tiny, little part of it to come to an understanding. All of us at some point in life, hopefully not soon, are going to have a medical emergency. All of us are going to call 911 and pray to God that there's an ambulance and a technician, EMT, whoever, that's going to show up and get us to the hospital or stabilize us and do something. That's not in this budget. Because we have, throughout this County, mostly volunteers, men and women that volunteer countless hours and these ambulance departments occasionally will have a paid staffer so there's someone on during the day. But by and large, it is a volunteer organization.

This Executive chose to cut just two positions. Those two positions will save the County, what, about 189,000? But we will lose 221,000 in revenue. You've got to wonder the math there. Not only that, but the training courses for these volunteers who need to be constantly trained, because the average EMT spends about five years before they burn out. And you always want new blood coming in to replenish them because it's a heavy duty volunteer effort. When you get courses reduced by 75%, you are jeopardizing the underpinnings of the emergency medical services in Suffolk County. Sometimes a small issue demonstrates the bigger issue. Sometimes you understand the foolishness and then you look at this Executive and you say, "How do you defend this budget, where your cuts cost more? We lose money, not make money. We don't save money."

I'll just end on one note. All of us at one point are going to need medical service. Fortunately, many of us in this audience have health care. I've been to the clinics, I've seen their waiting rooms. I've seen mothers with sick children and the desperation in their eyes because they don't know where to turn. But more importantly, I watch the Medical Examiners Office and let me tell you, I've had experience with that. You never want to wait, as a family in Manorville found out, a horrible car accident, you never want to wait days or weeks for a loved one to be turned over to a funeral parlor. You never want to wait because it's the weekend and there's no one there. There is nothing more heart-wrenching than to go through that experience.

To cut that service speaks volumes. It's not about government, it's not about balancing money or numbers, it's about having a certified office that provides a service. And believe me, besides taxes, there's also death and we're all going to have to deal with it. But you hope in that sad moment that there is someone that will respond and turn over your body to your loved ones so they can be buried in a timely fashion and you can move on with your grief.

This budget, proposed by this County Executive, raises serious questions. And all I can say is it's fortunate for this County that our current County Executive chose not to seek re-election. Thank you.

CHAIRPERSON BROWNING:

Thank you, Ed.

D.P.O. VILORIA-FISHER:
(Inaudible).

CHAIRPERSON BROWNING:
I still have one more.

D.P.O. VILORIA-FISHER:
Oh, I'm sorry.

CHAIRPERSON BROWNING:
Legislator Eddington.

LEG. EDDINGTON:

Yeah, thank you very much. Well, we've had 12 pages of content and an hour of dialogue on the content, so I want to go to the process a little bit. Legislator Stern mentioned the word process. I'm looking out at the audience, it looks like people sitting ready for a horror movie to begin, and that's what the forecast is as I can hear it. I'm getting a sense that we have people from non-profit agencies that do contracting for us and you know what? It's not essential -- you guys know, they're doing essential things and they're going to be devastated. And now we have our Health Commissioner here and five well respected representatives from -- that really have -- you work for the Executive, and you're giving us horror. I mean, you're not talking about a little problem, you're talking about serious, serious stuff. And we got the budget on September 15th. I'm wondering, did you have this conversation on the 12th floor?

COMMISSIONER TOMARKEN:

We had no conversation with the 12th floor beyond our submission to them of our budget request.

LEG. EDDINGTON:

Well, I mean, am I the only person here that thinks that's nuts? I mean, we're paying a half of million dollars for people that obviously deserve it. You're well educated, you have years of experience, and yet the person that hired you didn't ask your feedback on this.

COMMISSIONER TOMARKEN:

That's correct.

LEG. EDDINGTON:

That's what you're telling me.

COMMISSIONER TOMARKEN:

That's correct.

LEG. EDDINGTON:

You know, I -- we have a hard job over here, but I think yours has got to be worse. You're health professionals and you're not asked for your experience and you're told that money is more important in public health and you're all about health. I just -- I've got to tell you, you have my deepest sympathy, because I feel bad for us, but I feel worse for the five of you that have to try to deal with this. And I know what the other Legislators on the committee are doing, they're trying to put -- they're trying to stick -- you know, make jello stick to the wall and they're having a hard time doing it and I really feel bad. And I hope we're going to be able to not see you abandon ship, because I've got to tell you, quite frankly, in January we're going to need people of your caliber more than ever. So I appreciate your presentation and I hope we're going to be able to do something for you.

COMMISSIONER TOMARKEN:

Thank you.

CHAIRPERSON BROWNING:

Thank you, Jack. On the beaches, I'd like to go back to that. So you're no longer going to be able to go down and test the waters in our beaches. Our beaches are a source of revenue for us in the summer time. I can tell you, I'm three miles from Smith point Beach and I look at the people who go down there. So now what are we going to do when you cannot --

D.P.O. VILORIA-FISHER:

You can't do coliform testing.

CHAIRPERSON BROWNING:

You can't do the coliform tests, you can't monitor our beaches. We're going to have to close County parks, one of the -- a great revenue source for us. We're going to have to close our County parks because somebody doesn't think it's worthwhile spending money. And this is -- our County parks are paid for by Suffolk County taxpayers. We have people from all over come down and use our parks, our beaches, our camp sites, and it just doesn't make sense because he thinks he's saving money but he's not. He's throwing away money, just like -- you know, Homeland Security; you know, when it comes to Homeland Security, you're not going to take these grants and or you're not going to have these grants anymore? It just doesn't make sense.

You know, this budget, in my opinion, is a sham. Suffolk County residents have been fooled by this County Executive and his sham of a budget. They think, "Well, it's no tax increase on your budget and I'm saving you money and this is a great budget." But they do not realize that their health is in jeopardy, from the newborn baby to the senior citizen, and God forbid you have a family member that dies on the weekend. It just doesn't make sense. It does not make sense. And every single person in Suffolk County will be seriously affected by this budget.

We talk about our health centers. We fought so hard going to Albany to get the money to try and maintain and keep our health centers open. And why is he doing it again to Coram? It's like he wants to stick it to them, he really does. And I'm trying to understand this because the FQHC plan is not -- that's not confirmed that they're going to have an FQHC. So what happens if that falls through? We're going to go back to, "Well, you're going to have to close Coram again." And what do you do for the people in the north shore and that community who have nowhere else to go, who do not have transportation to go to the local hospitals? It's the only health center in that area for them to go to. So I don't know where the FQHC plan is with Coram, I don't think -- I don't know if there's anybody here from the Coram Health Center who could even speak to that. But I just think this is -- it's probably the scariest presentation I've seen in the six years I've been here.

But I appreciate your honesty. And I'm sure it's not going to be well received by somebody across the street, that you've been honest and you have done -- and you have done the right thing. You've come to us, you've told us the God's honest truth and this is just -- it's the way it is. I can't say enough about how much I appreciate your presentation and your honesty about this current budget and what a joke it is. So does anyone else have any questions?

P.O. LINDSAY:

I just have one.

CHAIRPERSON BROWNING:

Presiding Officer Lindsay.

P.O. LINDSAY:

I just had one follow-up on the North Brookhaven -- what's the name of the not-for-profit that holds the FQHC?

D.P.O. VILORIA-FISHER:

Hudson, Hudson Valley.

COMMISSIONER TOMARKEN:

No, it's Hudson River.

P.O. LINDSAY:

Hudson River, okay. I know it's a long ways from getting done but, Doc, do you think that could work?

COMMISSIONER TOMARKEN:

Oh, it certainly could.

P.O. LINDSAY:

Okay.

COMMISSIONER TOMARKEN:

But it's timing, because it involves the State and the County and then obviously the two organizations. But it's going to take some time. It's not going to happen overnight.

P.O. LINDSAY:

Okay. And I noticed in the presentation the Executive cut their budget by half. So although we -- it wouldn't be our health center anymore, we would continue a subsidy; is that it?

COMMISSIONER TOMARKEN:

Part of the proposal from them is that there would be some time-limited subsidy from us.

P.O. LINDSAY:

Okay. Would that cost remain fixed moving forward?

COMMISSIONER TOMARKEN:

Yes, it was a fixed cost for five years I think it was. Five years.

P.O. LINDSAY:

Okay. Okay, thank you.

CHAIRPERSON BROWNING:

I think what it is, too, is what he's doing is pure speculation in this budget. We've seen it again -- we saw it last year with the sale of the John J. Foley Nursing Home. Speculating the revenue, putting it in the budget, and guess what, you just created another budget hole. So this is pure speculation on everything that he's been doing.

P.O. LINDSAY:

How do you fill the hole?

CHAIRPERSON BROWNING:

Right, how do you fill the hole that he created? That's the tough part.

D.P.O. VILORIA-FISHER:

A shovel.

CHAIRPERSON BROWNING:

I don't think there's a big enough shovel. So with that, I appreciate it. And I guess, Dr. Milewski, if you want to do your Power Point presentation --

DR. MILEWSKI :

I appreciate that.

CHAIRPERSON BROWNING:

-- we would appreciate it.

While we're waiting, I guess Councilwoman Berland, I guess you --

D.P.O. VILORIA-FISHER:

She's over there.

CHAIRPERSON BROWNING:

I know you showed up. If you would like to come up and speak, I know that you have a timing issue. So what we will do is we'll allow the Doctor to prepare herself and you can go ahead and speak.

COUNCILWOMAN BERLAND:

Thank you very much.

CHAIRPERSON BROWNING:

You have to hold the button.

COUNCILWOMAN BERLAND:

So I have to hold it the entire time I'm speaking?

MS. MAHONEY:

Yes.

COUNCILWOMAN BERLAND:

Multi-tasking at its best, huh? (Laughter). All right, so I'll have to take my glasses off, so I won't be able to see you because now I have to deal with a second hand situation.

CHAIRPERSON BROWNING:

That's okay, we'll listen.

COUNCILWOMAN BERLAND:

All right. As long as you listen, right? Good afternoon. I'm Councilwoman Susan Berland from the Town of Huntington. It is clear that this proposed budget decimates the delivery of County health services in Suffolk County. I see Family Service League, Pederson-Krag and the Child Care Council here to name a few. I came here today specifically to speak on the proposed elimination, elimination of funding to the Dolan health Center.

I'm here on behalf of our Supervisor, Frank Petrone, and the Huntington Town Board to express our dismay and anger at the proposed Executive budget for 2012 for the Department of Health Services. The County Executive has completely eliminated funding for the Huntington Hospital Dolan Family Health Center for next year. That's right, proposed County spending for Dolan for 2012 is cut from over two-and-a-half million to zero. This effectively removes all County services from the Town of Huntington, and the Town of Huntington has no other County facility. The Dolan Center has been an integral part of the Huntington community for 16 years and was created to meet the need for affordable health care in Huntington for those who cannot afford health insurance or whose jobs do not offer it. Dolan provides quality primary health care services to that population. In fact, the premise of the County's contract with the Huntington Hospital Dolan Family Health Center is that Dolan is the best and most cost effective way for the County to fulfill its commitment, its promise to the health care needs of the low and moderate income families living in the Town of Huntington.

Today that need is not less, but it's greater than ever.

It is important also to remember that Dolan is the way the County funnels taxes paid by our homeowners and businesses back into the Huntington Community to meet its critical needs. It is wrong to take all of Huntington's public health tax dollars and spend them elsewhere. Annually, the center serves over 9,000 men, women and children. That means more than 5% of Huntington's population depends on Dolan for affordable primary care.

As a Town Board member, I am painfully aware of the tremendous fiscal challenges we face. In Huntington, we also have to do more with less. Our proposed budget 2012 town budget eliminates some \$10 million in expenses. But we should all rely on the fundamental premise that fiscal decisions be grounded in equity. Given the tax dollars the residences and business owners in Huntington contribute to the County tax base, all standards of equity dictate that Dolan be treated on a par with contract health centers in Islip, Babylon and Brookhaven. The County's current contribution to the Dolan Health Center operations in 2011 accounts for approximately 38% of its budget. The Department of Health Services recommended 2.3 million for Dolan next year, a cut of roughly 12% which in itself would be devastating. But the proposal to cut entirely, entirely to zero is unconscionable, as well as it is cruel to those in the greatest need.

I urge you, and I urge you with my colleagues on the Town Board and our Supervisor, Frank Petrone, the Suffolk County Legislature needs to reject the Executive proposal and craft a health services budget that treats all contract health providers fairly and equally. Your role is to return fairness and reason to the budgeting process. Thank you very much.

CHAIRPERSON BROWNING:

Thank you, Councilwoman.

COUNCILWOMAN BERLAND:

Have a nice afternoon.

CHAIRPERSON BROWNING:

You, too. Okay, doctor, are you ready?

DR. MILEWSKI:

Yes, thank you. Thank you for giving me a few minutes to speak.

I feel very strongly that with my loss of Article 6 funding, that draconian one-third cut in my funding really crashes my operation down unless we get together and speak about how to reinstate the support that we need to do our mandated functions.

I'm going to start with an organizational chart. This is maybe five or six slides into what I've given you, because initially I thought for myself I really studied the Administrative Code and I wanted to see what we had to do in terms of a mandate at the ME's office. Because when I come to you and say, "Look, times are hard, money is not available," we at the Medical Examiner's Office want to do our jobs, but in order to do so we need the money and the positions to do it.

I want to know what my minimum mandate is and what our minimum responsibilities are. And I'm here to say that we actually do almost very little, quote/unquote, extra when it comes to the mandated responsibilities, and we'll go over that. And we're doing it, certainly since I've been here for four-and-a-half years, with a shrinking staff and with increasing caseload in all areas. For those of you who aren't so familiar with us, and I invite anybody from the Legislature to come and visit us, the Medical Examiner Division is made of three units. One is a Medical Forensic Unit, this is what most people think of when they hear the term "Medical Examiner's Office". It provides services to the family members in the community and the law enforcement and prosecutorial partners. That involves the examination of the deceased individuals, the generation of all the work

that entails, the protection of the documents and records that we are mandated to keep. And with regards to my Medical Forensic Investigators who are physicians Assistants, this is the staff that responds 24/7 to extra institutional deaths in homes and in public areas, not only to pronounce death which must be done by a physician's assistant or a physician in the County of Suffolk, but to initiate a forensic investigation on those cases that fall into our jurisdiction.

The second unit in our division is a Forensic Toxicology Unit, and that unit not only provides testing on post-mortem samples, but provides testing on the living. By that I mean it provides the testing for the methadone maintenance clinics, it provides testing for the Probation Department, and it provides testing for suspects, blood and urine that's taken from DWI suspects at the request of law enforcement and the District Attorney's Office. Laboratory also processes fluids taken for toxicologic exam on sexual assault victims. So it is very much providing living folks services, victim services.

And then, of course, we have the Crime Laboratory in Suffolk which is a civilian Medical Examiner staffed laboratory, not a Police laboratory. These folks have college degrees, they are scientists, they represent all major forensic scientific areas of expertise. And we're very fortunate to have all of our forensic, scientific and medical expertise in Suffolk County under one administration and that's the Medical Examiner's Office.

The current budget has nine layoffs scheduled, or 13 layoffs scheduled total. Nine are within the Medical Division, two are within the Toxicology Division and two are within the Crime Lab. So the Medical Forensic Unit has taken the biggest hit, and we've already reviewed what would happen when the physicians are laid off, three out of five. But to emphasize, two out of eleven Medical Forensic Investigators, these are the individuals who are going to the scenes, as we've reviewed, and are also drawing blood on DWI suspects at the request of law enforcement, the District Attorney's Office.

This current staffing -- the numbers, by the way, in the caseload are increasing in every area of our operations and certainly is the case here for the DWI blood drawing and the DWI blood testing. So if we're struggling with eleven, to take two away from us would mean that we would have to stop responding to those requests to draw blood on the DWI suspects in custody.

Not to belabor you guys too much, but medical photographers, we need three because photography is an integral part of not only identification, when people come to identify their loved ones, we show them a photograph of the face, and collecting evidence photographically is very important in a medical, legal autopsy. You can't run an autopsy service with just one photographer working every day, that's just not sustainable, so that's another way that autopsy operations would come crashing.

We have a real problem in our office in that clerical staff is just dwindling, dwindling, dwindling. Now with only four remaining record staff, there are two layoffs scheduled in this staff. We -- if you can imagine, an autopsy generates quite a thick file of records. These are the people that make sure the death certificates are filed properly, families cannot get their benefits without properly filed death certificates. And because we never were allowed to backfill a receptionist position, records staff rotate covering the front desk in a public lobby answering our main phone, transferring phone calls, taking messages and coordinating with funeral directors.

So we have a real crisis at the Medical Examiner's Office currently, and it's my statement here today that additional cuts would really force us to stop operations.

The yellowed positions are demonstrating to you where the layoffs are. Three physicians under Medical Examiner's Office -- Medical Examiner, sorry, two photographers under Medical Photography, two individuals in the Investigations Unit. And I'm just here to point out, I was very impressed with Dr. Tomarken's graphics, our numbers are not as big. We're sort of a very small, you know, child in the big family of the Health Department. So when I thought about doing

graphics, I thought it may not be so impressive. So I'm here to tell you about the operational effects, and I'm highlighting ERIP, I'm glad this has come up with the Health Department. Because, in fact, we do -- we did lose two clerical positions as a result of the ERIP that were not backfilled, and this is a further sort of insult to the sort of teetering of the clerical situation we currently have. And we did not get SCINS signed for another position we were supposed to be approved and that was for an ambulance driver, so the actual wagon that travels around the County to deliver the decedents to our facility.

So in real terms, losing two investigators, we talked about delay of arrival to death scenes, delay in completing investigations, so once the investigators arrive they have to do their work, they have to determine whether a body needs to come to the Medical Examiner's Office. The ambulances are not dispatched until the investigators decide whether a case needs to come in, so you can put on a little bit of delay with that because they do not travel with the ambulance in tow. The investigators are the second line of, let's just say that staff that deal with family phone calls. They are the first medical staff that families speak to, so they will not necessarily be around to take those phone calls right away and help families. Families come to our building to identify their loved ones with a photograph of the face, and this is done with a Medical Forensic Investigator who is a sophisticated medical professional who is able to assist the family. And if they are not there, then the families will wait because there's nobody there to do the identification.

In Suffolk, as well as the rest of New York State, every cremation has to be approved by the medical legal authority. That means that the first line of scrutiny is the Medical Forensic Investigator in the office. He needs to clear the creation; if he doesn't, that cremation will sit until someone looks at it and a doctor cosigns it. We've already gone through what will happen if we lose three of five Medical Examiners, and this is all in your handout.

I think the -- I think it's easy to conceive the backlog that would become severe and increase without any relief, we would lose our accreditation, operations would cease. I think there's a real risk with civil liability. No Medical Examiners would be responding to homicide scenes and prosecutions would be significantly compromised. You guys have the points as elaborated about the photographers. We already elaborated on the clerical staff and the kind of responsibilities that they're currently burdened with because there are so few of them.

And I think that Legislator Kennedy brought up a good point, so we'll just get to the laboratories because we haven't discussed it yet. In the Toxicology Department, I've already elaborated on how, yes, they do post-mortem work, but the overwhelming -- not overwhelming, but a significant part of their volume has to do with living, testing, methadone clinic testing, probation testing, DWI and DUID drugs, not just for the {tribers} but for the sexual assault victims, and then post-mortem.

The laboratory is really staffed in a very efficient, streamlined way. By that I mean that if you can see on this chart that there is some overlap with the type of areas that each or some of the employees have. In other words, we don't have people who work strictly for methadone clinic testing or strictly for probation or strictly for post-mortem. They use their expertise and their basic technical skills to serve many masters, and this really keeps the staff down to a streamlined, tight unit. If you pull one of these positions, it has the effect of a dominion impacting another area within the lab. Especially if that lost position is a Supervisor, as is the case with the gentleman Edward Minden; he's yellowed and so is the other individual, Kristin Lartin. Because their responsibilities overlap in different areas, you can't say the loss of these two staff takes out one specific function. But after some conversation with my tox administration, it's clear that something has to stop and something has to give here, and the most logical service to drop, given the expertise that's being lost with these two specific individuals, is probation testing. Probation testing, which is either our clinical laboratories, they can be contracted to do the testing, it has been estimated by my folks to be probably about a half of million dollars to do this testing. And I was informed well before I got

here by people who have been here for a while that we've been through this already, that this cost analysis has been done in the past and that we have the expertise here, so it just makes sense to support it within the County, within the laboratory, but that was the conclusion that we came to in our discussions.

These reasons here elaborate a little bit further what would happen. So even if you were to drop the function of testing the probation urines, the staff would be challenged to shift around and still have to respond to the prosecutorial -- the Procedural Law 180.80 time period. DA Spota spoke about this this morning, 180.80 states that if there is an arrest, and let's just say in this case it would be a drug dealer is in custody, we get notification by the DA's Office to process the evidence and produce the analyst report in literally a day's time, a few day's time, or they have to release the person who's in custody if that case can't be presented to a Grand Jury, so. But there is a potential there to not make 180.80 time periods and for defendants and vehicular homicide and felony DWI cases to be released.

The toxicology lab staff consult extensively with law enforcement and the District Attorneys, they don't simply put out reports with numbers on them and they estimate -- they were clear to express to me just how much time they spend in consultation and how there's no equivalent, if you were going to go commercially, to find any scientist in a commercial lab that would be able to spend that much time in consultation and then go to court and testify without incurring several thousand dollars fee on top of the technical fee. The backlogs would cause residual staff to restrict their volumes in analyzing, so there would be more sampling as opposed to thorough testing. The lab spends a lot of time trying to stay on top of the recent new drugs that the public uses, bath salts, spice, oxymorphone, that was reported in Newsday very recently; this takes some of their time as well. And if the tox lab is so challenged by meeting very huge time constraints in serving law enforcement and the District Attorney's Office, this will cause additional delay in post-mortem testing which will definitely put our accreditation into jeopardy, and if that testing gets delayed past 60 days we will lose that accreditation.

So you guys have this in front of you, and I've already discussed that. I'm trying to get through this efficiently so I can answer any questions, if you have them. The last chart I'm going to show you is the Crime Lab. The Crime Lab, along with the Medical Forensic Unit, these are the two larger units in the office, we have approximately 40 employees or so in each division. And you can see in the Crime Lab, the forensic scientific discipline is represented as a drug chemistry, trace evidence, DNA, firearms. But the two positions that are targeted in the current budget are those that are -- sit squarely in drug chemistry. You can see what I was talking about earlier about the tox lab and each staff person serving different areas. Here in the Crime Lab, individuals are fully committed to specific discipline, so with these two cuts, it's very clear to say to you exactly what would happen. The challenge in service would happen in the drug chemistry section, there's no question about it; wouldn't have any impact on any other area within the Crime Lab. With the loss of these two individuals, the remaining staff would be quickly overwhelmed by the amount and volume of drug evidence submissions, and there would be extreme delays. This, of course, would cause a concomitant challenge in responding to Procedural Law 180.80 time period resulting potentially in the release of alleged law violators held post arrest.

As a part of very demanding {ASCLAD} accreditation requirement, the lab is required to maintain strict QA review protocols, meaning they're not just simply scientists releasing results, they are mandated and acquired required in order to keep accreditation to keep a robust QA protocol, which takes time. So if you're pulling people into dealing with challenging and increasing caseloads, you're compromising the QA protocols that have to stay in place to maintain accreditation. So these laboratory losses, you know, have two major concerns; if I could just summarize. One is the challenges in dealing with the caseload itself -- well, actually three; second, challenging the 180.80 time deadline; and with enough time, compromising the results and the QA protocols that could ultimately result in problems with maintaining accreditation which would force lab shutdown.

And that's all I was going to say.

The last page in the handout that you guys have is non-staff lines that we've been cut back on that I didn't think it was important to elaborate on today. But just so that you're aware of, we really are -- we really are down to a minimum on almost every line in our budget, but I'm here to emphasize the staffing and the operations impacts.

CHAIRPERSON BROWNING:

Vivian?

D.P.O. VILORIA-FISHER:

Thank you, Doctor. I'm very happy that I watch CSI. Otherwise --

DR. MILEWSKI:

You know, I've never watched it. Is it good?

*(*Laughter*)*

D.P.O. VILORIA-FISHER:

You could have brought in one of their -- you know, one of their episodes and told us, "You see? This is what we're doing here."

DR. MILEWSKI:

Is it accurate?

D.P.O. VILORIA-FISHER:

I don't know.

*(*Laughter*)*

But I have a question about something that's not in the presentation. I had received a letter from Stony Brook University Hospital talking about how this would impact -- not the hospital, the medical school, I apologize. And how it would impact the students who are in their pathology rotation who, you know, go to our Medical Examiner's office. Is that a reciprocal arrangement of any kind? Is there any way that that also helps us complementarily?

DR. MILEWSKI:

It does. Any Medical Examiner's office with a decent reputation, and ours has an excellent one, has a strong affiliation with a medical school. Because there is a lot to benefit both parties from that arrangement.

From Stony Brook's perspective, their residents need to have an experience with post-mortem examination. They have a certain amount, if you will, at their training program at the hospital, but clearly their training experience is enhanced by coming to our office and each one of the residents spending one to two months with us. And it's a teaching -- I will say it's a burden only in that, you know, we are doing our jobs at the same time, but all of us love to teach. Forensic pathology has a great teaching tradition and we were taught in such a manner ourselves.

What do we stand to benefit from it? Well, there are specialty -- there are subspecialists in the Department of Pathology at the University that are on top of cutting-edge diagnostic techniques that occasionally we need to consult with. Our work usually doesn't take us to something that cutting edge, but for instance we have a very robust exchange with the neuropathologist on staff there. Neuropathology meaning that -- excuse me, the brain tissue of some of our decedents does need additional testing that requires the staining methods that are extremely expensive. And as the

population gets older, this does involve individuals who get Alzheimer's Disease and other diseases like that. So they do absorb that expense and cost for us and provide that service which helps us in dealing with families and explaining conditions to them, and I think it's an excellent relationship. We do benefit from them.

D.P.O. VILORIA-FISHER:

Okay. Thank you.

CHAIRPERSON BROWNING:

Any other questions? No. Well, because I think we got some of them in the midst of the other one.

DR. MILEWSKI:

Thank you. Thank you for taking the time and listening.

CHAIRPERSON BROWNING:

Well, we appreciate you coming and, again, giving us the honesty what this budget is doing to you and your department. And we all know the importance of what you do.

DR. MILEWSKI:

I appreciate that. Thank you.

CHAIRPERSON BROWNING:

With that, I guess we have -- we're kind of going to break it up a little bit. I'm going to pass over the mic to Legislator Stern.

You want to take over?

Veterans & Seniors Operating Budget Discussion

CHAIRMAN STERN:

Thank you, Madam Chair. Holly?

D.P.O. VILORIA-FISHER:

Holly, you have good news for us?

DIRECTOR RHODES-TEAGUE:

I wish. I just wanted to talk a little bit about our budget. You know, as most of you know, I received the designation as the area agency on aging and that allows us to receive Federal and State funds, and we've been enjoying that designation since 1974. And we are heavily funded. A lot of our Federal programs are 90/10; 90 being the Federal, 10% being the County. The State funds are generally 75/25 and, you know, the County does have some programs that they are funding themselves. So just to put that out there, you know, we do receive quite a bit of funding.

Our mission is to administer Federal, State and County programs for those people over the age of 60 years of age. And we're also to develop a comprehensive service system designed to assist our older residents to remain safe and independent in their homes and in their communities as long as possible.

I can't really talk about what we do until I talk about how many people there are. In the 2000 Census, there were 224,799 people over the age of 60 representing 15.8% of Suffolk's population. The 2000 Census, which just came out, has 285,071 residents over age 60, which is 19.1% of the population. That's a 27% increase in those over age 60 in Suffolk County; it's a tremendous number. So when you talk about our services, you know, the increase in the population is just going to increase the number of people who need what we do. The 75 plus population increased by 25%, and the 85 plus population increased by 39%, and those people are the people who are likely to

have multiple impairments and they require more of our services.

We provide services in a variety of ways. We coordinate the services throughout the County and we also provide services directly. We have case management information and assistance that we do directly, and then we also contract with the ten towns, non-profits and some for-profits in the County, and we do this to meet the needs in a cost effective manner.

You know, a lot of our programs, I know you've all heard them, we have congregate meals, home-delivered meals, home care, residential repair, advocacy, respite, health insurance counseling, long-term care insurance, legal assistance; the list goes on, and I know you all know what we do. In 2010, the people that we serve, 11,834 people received long-term care services; 68% of those people were 75 years of age or older. Twelve people over the age of 100 received EISEP case management services, which the oldest was 106 years of age. We provided over 600,000 meals and those were delivered to a total of 10,475 people over the course of the year; that's congregate of home-delivered. Nine hundred and thirty-five people received 25,227 units of case management; 730 of those clients received 175,680 units of home care. And our office received 53,000 requests for information over the past year.

You know, a typical case management client -- and I just wanted to tell you a little bit about them. Mr. & Mrs. B started receiving case management services with some home care in 2003. Mrs. B died in 2008 and Mr. B, who was 86, continued receiving services due to numerous medical issues. Since 2008, Mr. B received 4,609 units of home care at a total cost of \$97,673. Nursing home care for the same period of time would have cost over \$400,000. We are very, very cost effective, and we still have that gentleman.

The office also assisted him with obtaining entitlements, including food stamps, HEAP and Medicare Part-B assistance. We got a PERS form so that he was able to stay home safe. Mr. B was able to stay in his home of over 50 years with the assistance he received at a fraction of the cost of a nursing home. That's just some of what we do.

The 2012 Recommended Budget is two thousand, three hundred and ninety thousand (sic), six hundred fifty-seven dollars less than our requested budget. One million of that reduction is for the EPIC Reimbursement Program. We are the only County in the State that reimburses those in the EPIC Program for part of their fees and their co-payments. Due to changes on the State level, we will not need as much funding for that program because they are greatly reducing the EPIC Program on the State level. However, I'm not sure if the half of million that is left in that budget will be enough for next year; it's a wait and see on that.

With the exception of the nutrition programs, most contractors will receive a 5% reduction for programs. The nutrition programs received a small increase. However, RFQ's were recently issued, as we're required to do every so many years, and our expectations that are due to the increased fuel and food costs, the unit cost requested by the contractors will substantially increase. These increased prices will cause the Office for Aging to have to reduce the number of meals served in Suffolk County, and currently we already have a waiting list of over 400 people waiting for meals. And I put that out to you only -- and even though we have a little bit of extra money in the budget, I don't believe we're going to be able to keep the meal count the same. So I throw that out at you.

Under the 2012 Recommended Budget, ten positions are being abolished, six that are currently filled, two Caseworker Trainees, which are 75% reimbursable positions. The current caseload is approximately 27 because they're trainees, and trainees take about a year till they can go to full caseload. Potential reduction in case management services, if they're abolished, will be about 90 to 95 cases, because they usually carry a caseload of about 45 to 50. And our current EISEP Program has 420 people already waiting for case management, and we will just increase that number further. The total County dollars for these positions for wages alone is \$20,068 of the County share for those

two positions.

D.P.O. VILORIA-FISHER:

Twenty thousand?

DIRECTOR RHODES-TEAGUE:

Twenty thousand for the two positions. We also have two Account Clerk Typists, they're 75% reimbursable. They manage the units of home care services that are provided to the over 700 clients in the EISEP program. And there's three point -- 3,275,000 that's associated with the home care, so those two positions really manage that money. We can't spend more than we have, but you don't want to spend a lot less than we have because they're reimbursable units, for the most part. So that's -- it's quite a bit of budgeting on that part.

The loss of these positions will severely impact the ability of the office to claim reimbursement in a timely manner. The total County dollars for those positions for the wages would be \$18,030 for the two positions? That doesn't include fringe, but fringe, if you took 50% of those, would be another 9,000 on top of the 18,000.

The 2012 Recommended Budget, also two Neighborhood Aides, they're about 80% reimbursable. One's an advocate who responds to requests for information and assistance, and without this position we will have to reduce the number of sites we visit and the number of seniors we serve. The second Neighborhood Aide coordinates the HEAP Unit which is the Home Energy Assistance Program. Last year we had 6,800 applications that came through the unit. The coordinator also initiated an outreach program to over eleven hundred households with a 31% completion rate. We will have great difficulty meeting the 50-day turnaround -- 15-day turnaround that we are required to do for DSS, because our applications go to DSS after we process. The total County dollars for those wages for the two positions is \$14,893. Total for the positions, the six positions, is \$52,991 for wages. These positions are heavily funded and help to meet the needs of Suffolk's growing elderly population. Especially in these economic times, it's important that we try save them.

If the recommended budget stands, there will be less outreach to residents with less people being assisted with applying for critical programs such as the Food Stamp Program and the HEAP Program. Waiting lists for case management, home care and nutrition will increase dramatically, all programs that keep the most vulnerable safe and independent in the community at a cost substantially less than institutional care. And I really appreciate you taking your time to listen to this and I know you have very difficult decisions to make.

CHAIRMAN STERN:

Thank you, Holly. Thank you for being here and for all that you do. You take out the human element of it for just a moment and from a cost benefit analysis, as you've taken us through, you always want to keep people in their homes. It's a much better way to do it, it's a much better way to provide much needed care, much needed services, without having to rely on much more expensive institutional care, and of course that should be the model that we always pursue. And unfortunately, given the current system, it tends to promote doing things backwards and the other way around and ultimately sending people to the much more restrictive form of care, the much higher cost form of care, in many cases before it's even necessary, and that is unfortunate.

You had said last year that total applications for HEAP are about 6,800 applications?

DIRECTOR RHODES-TEAGUE:

Yes. Those are the ones that we do in our office for the over age 60 population.

CHAIRMAN STERN:

Okay. Can you explain how that works? The applications are made through Department of Social Services, but your office provides assistance to a population? How does that work?

DIRECTOR RHODES-TEAGUE:

We are a subcontracted Department of Social Services to process the applications for the over 60 population. We process to the point of approval; at that point, they go to the Department of Social Services for final approval and then they process for payment.

The applications are mailed out from the State office, OTADA, and they do a mail-out to those who received benefits the year before. So that early mail-out was done at the end of August, beginning of September, so we have already received in our office for this year over 3,000 applications, and the program does not open until November 16th. So we process, they go to Social Services, they process and then they could start cutting checks as of November 16th. Anybody who has not been in the program will then receive applications after November 16th and then they can apply as -- and the money is there until it runs out.

CHAIRMAN STERN:

Are those applications, through your agency, made by people who are coming to your agency in the first instance, or because of their age they are kicked over to you by Department of Social Services; how does that work?

DIRECTOR RHODES-TEAGUE:

They usually start out with us, but there are applications -- when it is an over age 60 person, they would be referred back to our office for the application process.

CHAIRMAN STERN:

Okay. So if you weren't processing them through your office, they would have to be processed by personnel or perhaps additional personnel like Department of Social Services.

DIRECTOR RHODES-TEAGUE:

Somewhere else.

CHAIRMAN STERN:

Someone has to process the applications.

DIRECTOR RHODES-TEAGUE:

At this stage of the game, we are their, DSS, subcontractor to do those applications.

You know, just on a comment that when you were talking about keeping people out of nursing homes. In all the years I've been working this, and I tell this all the time, I have never heard somebody say, "Oh, please put me in the institution, I'd rather be there than at home." No one wants to stay -- you know, go from their home to the institution.

CHAIRMAN STERN:

Sure. Nobody wants to get their care that they need in a nursing home. And at the same time, it's certainly much, much cheaper to care for them at home.

*(*The following testimony was taken & transcribed by
Diana Flesher - Court Reporter*)*

CHAIRMAN STERN (continuing):

There's a waiting list for -- you said there was a waiting list of approximately 400 for the Meals on Wheels Program; is that correct.

DIRECTOR RHODES-TEAGUE:

Yes, the -- really the -- we've always had a small waiting list. And the waiting list really depends on which part of the County you're in. Some programs are able to do more meals. They'll take on the funding themselves for it. And other ones cannot do that if they're a non-profit, especially; or some of the Towns are already putting in so much money that they're not putting in any more than what they've already allocated. So that waiting list is in different spots in the County. But right now -- 400 is phenomenal. We've -- you know, a couple of years ago, you would talk maybe 100, I mean, so the numbers have definitely increased in terms of the waiting list.

CHAIRMAN STERN:

Do you have any idea of what kind of time period that means in order to come off that waiting list and ultimately get services?

DIRECTOR RHODES-TEAGUE:

No, it really depends on -- sometimes it's a matter of how many people they have on a run. Other times it's a matter that there just isn't funding for the meals.

CHAIRMAN STERN:

Any questions?

D.P.O. VILORIA-FISHER:

Yes.

CHAIRMAN STERN:

Legislator Viloría-Fisher.

D.P.O. VILORIA-FISHER:

Hi, Holly. Thanks for being here.

DIRECTOR RHODES-TEAGUE:

Hi.

D.P.O. VILORIA-FISHER:

Holly, I get a little confused with Meals on Wheels and how -- the process and who supports it. I've been giving the grant every year to my local, you know, small grant every year.

DIRECTOR RHODES-TEAGUE:

They're a private -- a private program, I think, that you're providing the -- the funding to.

D.P.O. VILORIA-FISHER:

The Three Village Meals --

DIRECTOR RHODES-TEAGUE:

Yes. They do not receive funding from our office.

D.P.O. VILORIA-FISHER:

They don't.

DIRECTOR RHODES-TEAGUE:

No, they never have. And there's two or three of them in Suffolk County that don't take our funding. I mean they never applied for it.

D.P.O. VILORIA-FISHER:

Okay. So can you just tell me how Meal on Wheels works generally, please?

DIRECTOR RHODES-TEAGUE:

Sure. The program is a federal program. It's supposed to be 90% federal, 10% local match. The program over the years, because of the need and the fact that the federal government did not keep up with that need, has really turned into a much heavily, overmatched program by Suffolk County. And I'm very grateful to the County Exec and to all the Legislators because you have always allowed us to keep those numbers the same in terms of the meals we serve. But right now we're probably at around 65/35 or 60/40 in terms of the County dollars that are really funding a lot of that.

And then in addition to that, some of our contractors are also providing more money into the programs, which really in theory they're not -- they don't -- they don't really have to do that. But they do it because the need is there.

D.P.O. VILORIA-FISHER:

So let's say in the case of the Meals on Wheels in my District, they don't have any federal funding?

DIRECTOR RHODES-TEAGUE:

No. I believe that's all private. They could not --

D.P.O. VILORIA-FISHER:

So it's fundraising and --

DIRECTOR RHODES-TEAGUE:

-- get federal funding unless -- the federal comes through my office. Anything under the Older Americans, it has to come to our agency on Aging which is -- I'm the designated office for that. And then the money goes out from my office to the contractors, and they do not receive any of that funding.

D.P.O. VILORIA-FISHER:

Do they receive Town money?

DIRECTOR RHODES-TEAGUE:

I do not know if Brookhaven funds them or not.

D.P.O. VILORIA-FISHER:

So it's all private funding that they collect through fundraising.

DIRECTOR RHODES-TEAGUE:

I think so.

D.P.O. VILORIA-FISHER:

And volunteers. And they have to pay for the food themselves or is the food federal funded?

DIRECTOR RHODES-TEAGUE:

I don't believe they receive any federal support.

D.P.O. VILORIA-FISHER:

Okay. Now, I've also seen some not-for-profits that have senior nutrition programs. I think -- does Pronto have one or Adelante, one of the --

DIRECTOR RHODES-TEAGUE:

Adelante. And Adelante is one of our contractors.

D.P.O. VILORIA-FISHER:

Adelante is your contractor?

DIRECTOR RHODES-TEAGUE:

Yes.

D.P.O. VILORIA-FISHER:

So how does, then, their contract work? You know, their contract agency, they come up as a line in the budget?

DIRECTOR RHODES-TEAGUE:

We do an RF -- we do RFQ's for the program. And to be honest with you, there is never any competition for these programs. The programs that have been in existence for many, many years, we'll -- we'll request to provide the services in the area that they've always provided them. And they -- you know, we look to see what kind of funding there is and then we provide the funding that we can to those programs.

D.P.O. VILORIA-FISHER:

Okay.

DIRECTOR RHODES-TEAGUE:

So that is how the services are provided in the County. So we have multiple -- you know, each of the Towns has a nutrition program.

D.P.O. VILORIA-FISHER:

Right.

DIRECTOR RHODES-TEAGUE:

Not all Towns do congregate and home-delivered. There's a couple that only do the congregate. There are non-profits that will contract with us to provide services. And there are also -- there's one for for-profit, the Zans Program that does a restaurant program. And that is how we provide services.

D.P.O. VILORIA-FISHER:

Okay. Thank you, Holly.

CHAIRMAN STERN:

Holly.

CHAIRPERSON BROWNING:

Thank you, Holly. You know we have been hearing a lot about, you know, consolidation and sharing services. And I know that the Town of Brookhaven has an Office of the Aging also. And what is the difference between the services they provide and what you do?

DIRECTOR RHODES-TEAGUE:

There is a couple of things. First of all, in order to receive funding in Suffolk County, we have to have an Area Agency on Aging, which is what my office is designated. They would not designate an Area Agency in each of the ten towns. So you have to have a coordinating agency.

The other thing is that we really work very, very well with the ten townships and the non-profits because we're coordinating the services on our level. We do some direct -- directly provided services. We do the case management for the EISEP with the exception of East Hampton. They have their own caseworkers. But we do that for the nine Towns. And we also do information assistance for all Suffolk County. And, again, we have 53,000 Requests For Information.

Now on the Town level, they're providing more of the direct services. You know, they have the senior centers. We don't have senior citizens so there really isn't a duplication of services there. They're doing a lot of hands-on that we don't do. We provide a lot of technical assistance to them. We also provide the oversight that's necessary to make sure that the programs that we do fund through their senior centers are running the way they're supposed to based on state and federal requirements. So, for example, the nutrition programs, I provide dollars to provide meals, but I don't provide the senior center. You know, it's a different -- you know, different dollars that are going into that. They provide that. We provide this. It's kind of a nice partnership we have. And I've always said, we get a lot of bang for our buck because of those partnerships in the County.

CHAIRPERSON BROWNING:

Thank you, Holly.

D.P.O. VILORIA-FISHER:

Holly, I had written down another question then forgot to ask you. You mentioned food stamps. Is that similar to what you said about HEAP where -- because DSS does the Food Stamps Program?

DIRECTOR RHODES-TEAGUE:

Our office does a lot of counseling of clients, which you don't get in a lot of the other -- Social Services, they approve applications. But we take the time, you know, when you have an elderly person who's not sure what they're entitled to or what they might need assistance with, we really go through the whole range of benefits that are out there that might be of assistance to keep them home. You know, some of the seniors, they live on very, very little and just getting a little bit of money and food stamps, they're getting that HEAP benefit, really allows them to stay home and provide for some of the extras that most of us look at as necessities. I mean, so that's the difference. We are a very comprehensive in the services we provide to the elderly people we serve.

D.P.O. VILORIA-FISHER:

But you can do the review and the approval for them?

DIRECTOR RHODES-TEAGUE:

We don't do approval, but we'll help them with the application and make sure that they get --

D.P.O. VILORIA-FISHER:

I see. And then you send it over to DSS?

DIRECTOR RHODES-TEAGUE:

Yes.

D.P.O. VILORIA-FISHER:

Okay. Thank you.

DIRECTOR RHODES-TEAGUE:

Sure. Any other questions?

CHAIRMAN STERN:

Thank you, Holly.

DIRECTOR RHODES-TEAGUE:

Thank you.

CHAIRMAN STERN:

Director Ronayne.

DIRECTOR RONAYNE:

Good morning. My presentation really, I think, is fairly to the point. We at the Veteran Service Agency provide a needed and necessary service to the veterans who reside in Suffolk County. Suffolk County has the distinction, and this is according to the VA, I don't know if it's fortunately or unfortunately, we do not get to keep our own numbers on this, but according to the VA census, and there is -- I will be upfront -- there is some concern or some question at this point based on the 2010 census because the question of veteran status was not asked. So when they revised their numbers, we're still waiting for a response as to how they came to the number that they came at without polling for the question. But Suffolk County has the single largest population of veterans of any state in the entire state of New York by quite a considerable number. And for that reason, I think it's been demonstrated time and time again that we have a highly professional, highly successful department in providing assistance to our veteran, but not only our veterans, but also, too, their dependents, to their spouses and their surviving spouses. Our benefits, or the benefits that we assist in the provision of, are primarily federal, but there are a number of state and local benefits that we also work with our clients on.

The nice thing about our department is that dollar for dollar, the amount of dollars invested in the department for staff and equipment and training compared to the number of dollars that we return to the County. On average as of September of this year, which is the latest numbers that we have, our Service Officers individually are returning on average of about \$2 million per Service Officer back to the economy and the County by virtue of recovery from our efforts on behalf of our veterans. This year alone -- last year for 2010, January through December. We had recovered for our veteran clients approximately \$8.3 million. As of September of this year, we are over \$10.3 million, and that is only through September.

Our Services Officers are very hard working, they're very highly trained and very well regarded, but they are not at a high level with regard to their Civil Service. They're not high salaried individuals. These are working folks who do a wonderful job and provide a great amount of bang for the buck to the County.

The numbers of clients that we have been seeing in the Veteran Service Agency, obviously over the year, as we have continued to prosecute two wars, each day we are minting new veterans. We have continued to see an increase in the number of clients appearing in our offices both in Hauppauge and in Riverhead for services as well as the number of clients that we served during a part of our outreach processes. As the veterans continue to return home from the wars in Afghanistan and Iraq, we are experiencing a phenomenon, actually several that we have not seen before with returning veterans. The first of which, which you had seen a great deal of interest in the media, is the numbers of veterans who are returning home with injuries and disabilities. And primarily the signature wound of Iraq and Afghanistan have thus far been PTSD or post traumatic stress disorder and TBI or traumatic brain injury.

We have numbers of veterans returning in terms of percentages that we have never seen before with these signature wounds. Unfortunately these wounds are not, you know -- we call them closed head wounds. They are not the broken arm, they are not the cut or the wound that requires stitches. These are not always so easy to diagnose. They are always difficult to treat. And the treatment tends to go on for a very, very longtime. The nature of the treatment occurring as a result of the diagnoses of these conditions requires lengthy ongoing support and case work for these clients.

As I said earlier, the number of clients that we have continued to see appearing at our offices for services has been increasing steadily over the years. And thus far this year over last we have seen an increase of approximately 4.2% in the number of veterans that we are serving. The numbers of veterans that we have seen over the last several years, and this has been without cuts to

manpower, have resulted in us making one significant change. And that has been that we have always attempted to operate as a walk-in type office where a veteran or a client was able to appear and spontaneously meet with a service officer or a representative and receive services. We are now at the point where we've become saturated with clients that we are no longer able to do that. And we require that appointments must be made. We attempt as best we are able to accommodate walk-ins, but we really do not have the capacity to do that at our present staffing levels.

If anything, I have been advocating for the last two years to increase the number of Service Officers that we have representing our veterans and providing services. And those requests have been very clearly based on increases in the numbers of clients being seen. A decrease in the number of representatives would be a devastating blow to the Department and would have a definite effect on the veterans who are coming to us for services and are now presently receiving them. We are slated in the proposed budget to lose two funded positions: One would be our -- one of our Service Officers; the other being our management technician. Both of these positions are vital to our operations. Again, I have been advocating to increase the number of representatives, providing these services, not decrease them.

In addition to the loss of the two who are slated to be eliminated from the proposed budget, we also have a pending retirement with one of our Service Officers working out of our Riverhead Office. He will be working through January and February, retiring on the first Monday in March. While he is retiring, that position remains fully funded. So I am hoping that rather than having to come up with funding to preserve an entire position, if we can simply offset the two months that he would be drawing salary for, we can maintain that fully funded position and not lose a second Service Officer, one to the budget, one to retirement. If the Services Officer retiring does leave and we are able to replace him after having lost another Service Officer, the training and learning curve on Service Officers before we consider them to be capable of sitting with a client on their own without direct supervision is at least a year. And that includes mandated training and mandated accreditation testing by the Department of Veterans Affairs, the US Department of Veteran Affairs.

The recovery that we provide for the County, again, not coming directly into the treasury, but coming into the economy in Main Street at this point would be in excess of \$10.3 million. These dollars provide not only needed and essential benefits to the veterans and their family members, but also a boost to the local economy. \$10.3 million in this day of age is significant. And we feel that it provides a benefit to the local communities.

All of this is easily said, and the numbers are -- the numbers are all well and good. But beyond that, I see two dynamics occurring in the coming year, one of which is that our administration has stated that we will be returning all of our troops, not just combat troops, but all troop support and otherwise from Iraq in the next year -- in the coming year. We don't know how many of those soldiers or service members will be returning to Suffolk County. We know there will be some, we just don't know what that number is. Regardless of what that number is, we as a government, we as a Department and certainly I and my staff as veterans feel we have an obligation to provide these services to these returning veterans. They have worn the uniform. They have served in harm's way. And we have a responsibility and an obligation to continue to serve them.

Over the years, we have conducted any number of programs and events, namely, our homeless veterans stand downs, which have been, unfortunately, in my view highly successful. I say unfortunately because when we hold or host these events and we bring our providers together, to see the numbers of veterans presenting themselves in need for these types of services specifically homeless and in need of housing and food, the numbers are truly devastating. Our last stand-down we served in excess of 240 veterans during the one-day event. That number has steadily and consistently increased year after year.

Just this past Friday we held our annual veterans job and employment fair. We were fortunate to have 71 providers, 71 employers present at the event. We served more than 140 veterans who are in need of jobs. As we all know, the unemployment numbers, the unemployment situation in this country is very serious at this time. We are hovering slightly over 9%. The unemployment rate amongst veterans right now is about 11%, slightly over 11. This is a tremendous increase. Only two years ago that number was estimated to be somewhere around 23%. Even at 11%, veterans have never in the history of this country ever been unemployed in numbers greater than the population at large. Today we are. Our veterans today are unemployed in numbers larger than the general population. And that is tragic. They bring with them tremendous training skill sets and abilities, but we're not able to find placement for them.

In addition to the programs, we have also been very successful, as Legislator Stern, Legislator Eddington, Legislator Browning, as you're all aware with our outreach and our preventive type programs, our homeless, our incarcerated, the home visit programs, we have been extremely successful in these programs, so much so that several years ago VA had come to us and asked if they can partner with us and join us in these efforts. And when we go into the field now, we actually go out with social workers or representatives from the US Department of Veterans Affairs as a part of our teams. All of these programs, these stand downs, the employment fairs, the outreach programs, the incarcerated, and I can go on and on would end. We would not have the capacity to continue to administer these programs as well as operate in the offices and serve our clients. That would represent a tragic elimination of necessary services to the veterans who most need them.

One of the other impacts on this budget are the fact that all of our contract agencies have been zeroed out. We are showing no contract agencies for the coming year. And while some of them are good programs and we are happy to support and work with them, some of them I believe to be essential. One case in point would be the Veterans Assistance Program, which has been of tremendous help, though the funding has been relatively small. It has allowed our Department to reach out to veterans in the community and provide direct assistance to them for things such as home heating oil, termination notices for LIPA and KeySpan and so forth. This program also would cease to be under the proposed budget.

We, unlike most of the other departments who have spoken today, are not heavily funded. We receive a relatively small stipend from New York State per year. This year it was about \$65,000. We continue to endeavor to find and identify sources of revenue sources of funding, but there are not many for departments such as ours.

That being said, the offset to the expense to the County and funding our department is tremendous, because most of our clients, while there is a small number that we refer to, either the Department of Health or the Department of Social Services, the vast, vast majority of our clients are served through federally funded VA programs; thereby offsetting any local or County costs related to the administration of services to these veterans. All of the expenses, we like to say that we are able to shift the dime over to the feds. All of the expenses associated with delivery of our services are borne by the federal government, which if we were not able to provide the services that we provide and administer and prosecute claims on behalf of the veterans, make the referrals that we make, these folks would have to seek services elsewhere in the County. And unfortunately a great many of them would have no alternative but to find themselves at Department of Social Services, Department of Aging, Department of Health, where the County would be absorbing the cost for services that -- honestly for services that would not reach the level of the federal services because of the fact that our programs administer services that are so veteran specific. The needs of this population are fairly unique and the administration of services to them requires an eye toward the uniqueness of that need.

CHAIRMAN STERN:

Director. Question from Legislator Eddington.

LEG. EDDINGTON:

Yeah. And actually this also is through the Chair. As you know, I came in April for your office's assistance. For many years I've been told to go to the VA. I did come to you and your office. I guess it was a staff Service Officer, helped me fill out the forms and helped me get an appointment at the VA. And I said okay. Being a member of many veterans organizations, I often hear great stories and horror stories. And I went to the appointment. And the audiologist was awesome. And then she looked up my record and said, "but they still have you as on active duty. You're going to have to go upstairs and straighten it out."

I went up, talked to somebody. He spent 45 minutes asking me questions and then gave me a form to fill out with the exact same answers, and I did that. And then he said, "oh, you're not qualified for any benefits at all." And I said, "the audiologist just said it's service-related and that I am qualified." He said "absolutely not."

And I stood there and I said -- most guys would get up because you know veterans don't beg -- would have got up and walked away. And at that time I said "I want to see your supervisor." And the supervisor came and said, "oh, you know what? Let me look this over. Took me in another room and sat me down, she said, "well, you know what? I think there's an error," blah, blah, blah. "You know what? I'll fill the rest out and you'll get a notice."

And one month got by, and it said -- and all I wanted was hearing aids. One month went by and they said "we're still considering it." Another month, another month, another month. And then they said "you've been designated at 10% disabled veteran." And that was it. Still no hearing help. That's when I called your office again. And I said, you know what, I threw my hands up and I was going to walk away, and I said "God damn it, I'm not walking away because I'm a veteran and I want to make sure this is fixed." And you now have another person and I have another appointment for November 1st. But I'm saying you should be asking for more staff because you had nobody checking up to see how I was doing.

DIRECTOR RONAYNE:

Well, just as the VA unfortunately has their backlogs, so do we. But the fact that you're still in the process -- and I won't divulge the identity of any clients, so I'll refer in this case to client X, we also have a backlog. And we have challenges in our follow-up, in our case -- case working case administration, but I will go so far as to say had you not come to our office initially and had we not done the preliminary paper work and scheduled that appointment, the average veteran would probably never have gotten in to see the audiologist in the first place.

*(*The following testimony was taken & transcribed by
Alison Mahoney - Court Reporter*)*

LEG. EDDINGTON:

Yeah. Well, and that's what I'm saying. We need -- you need more staff to advocate for people that -- because I know half the guys just walk away and say, "Oh, well." You know, I think if they're going to cut two people, they should be giving you ten more. Because you know what? When that guy told me I had no benefits, I wish I had somebody from your office standing there with me and saying, "Whoa, wait a minute." We need -- because you're going to have a lot more people coming back. And I just -- I know veterans, they don't ask for help. If you can get them to ask and the first guy that says no, they walk away. They really need advocates, real live advocates there.

DIRECTOR RONAYNE:

They need well-trained advocates who are highly qualified in administration -- in administering the assistance that you're referring to. And, you know --

LEG. EDDINGTON:

Well, the reason I'm mentioning this is I hope the Chair will fight for that very thing, because in a few months I'm going to be doing it on the outside with my veterans organization. We have to help them. And what I saw at the VA, the professionals were great, but once you got rid of the professionals it was a nightmare.

DIRECTOR RONAYNE:

Well, you make an excellent point. Because there were two components to the VA, the Benefits Administration and the administrative end. And the professionals are wonderful. It's a wonderful system, they're highly effective, they do a great job. But it is two things, it is not user-friendly and they don't communicate well, and you need offices like ours to provide that type of assistance. I'll follow-up on --

LEG. EDDINGTON:

Yeah, when I asked them for all my backpay, they didn't want to know about it.

DIRECTOR RONAYNE:

I was going to suggest to you, if you're still on active duty, you probably have a hefty back-pay claim to consider.

CHAIRMAN STERN:

Director, we know how important having the advocates are to our veterans in going through the process. I'm wondering if you can speak to the difference in experience and the likelihood of success that a veteran has or does not have if he or she has an advocate or not.

DIRECTOR RONAYNE:

Well, there are statistics, and this study was done by the National Veterans Legal Services Fund in Washington D.C., the NVLRP. They, under contract with the American Legion, did a study and they had determined that a veteran who attempts to navigate this process on his own submission of a claim, prosecution of the claim, follow through on the claim and actual conclusion of that application. The veteran who attempts to do that on his own compared to a veteran who uses an accredited veteran service officer, as we are in our department, is seven to nine times more likely to be successful in the administration of that claim.

In addition to that, the likelihood of that veteran being compensated for his condition, service connected or pension, whatever it may be, is, again, seven to nine times more than a veteran who did not have a professional advocate working on his behalf. And I will say that there are two types of advocates out there who can assist veterans. One, our veterans are now permitted to use attorneys to assist them in certain areas of veterans claims, and many of them do a fine job. But in all candor, and with all due respect to the attorneys out there who do not do this work, any of you who went to law school, exactly how much time did they devote to veteran services training in law school? It was very, very little, if any. The attorneys who do this work take it upon themselves to become educated in this type of work, but they are few and far between. We applaud their efforts, but the real meat and potatoes of this work comes from the veteran -- the professional veteran service officers who, again, are highly trained. We are required to be reaccredited every two years. This isn't something where we can go in, receive our credentials and be on our way; we are required to be retrained and reaccredited every other year. Without that accreditation, we cannot officially advocate for veterans before the Department of Veterans Affairs. So it's extremely important.

And I appreciate Legislator Eddington who is a Navy Vietnam era Veteran; he's been through this and he appreciates some of the challenges and how much more difficult it would have been without somebody advocating on his behalf. He's experienced both sides of this, so I'm happy that we have that example. I wish your process had been smoother, but I'm happy that we have that example to fall back on.

And again, you know, the services are critical. The assistance that we provide, I think the value of that is incalculable. I also feel that the numbers of dollars that are represented by the deferment of the services being absorbed by the Federal government versus the State or local government, the numbers of veterans who do not have to apply to DSS for assistance and so forth; we'll never know what those dollars really are. Clearly, they far exceed the dollars and cents that I mentioned earlier with regard to the compensation.

But to your example, Legislator Eddington, our service officers, the starting salary, they're grade 16's step 1, which is just under \$40,000. If I owned a widget factory and I had a group of folks in the widget factory who were making me dollar-for-dollar for every dollar invested in their employment and their training, and I had a guy in the back who I was paying \$40,000 a year and he was making me back in excess of two million, I'd be hiring more of that guy. I'd be looking to increase the number of whoever he was and find out what he was going to be able to provide that level of service.

And I just -- I fully appreciate the challenges that the County Executive and the Legislature have before them, I understand that this is a very difficult time and a very difficult process. I appreciate the fact that there are sacrifices that will need to be made. But I implore you to please consider the needs and the responsibility, I should say obligation that we have to our veterans, whether they're already home, whether they are presently serving and will be returning to us in a future date. We have an obligation to continue to provide a level of service for these individuals. And I thank you. I'm available for any questions that you may have.

CHAIRMAN STERN:

Yes, question from Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. You know, I just want to echo -- Legislator Eddington had a positive experience with your office. I know firsthand about the good work that your veteran service officers do as well, and as you know, I am an attorney who's admitted to the Court of Appeals for veterans claims. And there is a very important role in the whole process, the legal process to establish service connectedness, to have our veterans get hearing aid appliances and all the other things that they're legally entitled to. But there has just been this herculean compilation of rules and regs that has been put into place where our colleagues at a Federal level recognize the importance of veterans contributions and want to make the benefits available. There is a deep and thick set of Administrative Law that compels them to have to go through multiple levels.

But in addition to just getting service connectedness for disability, there's another piece that your folks work towards that helps us not only to give vets their benefits but helps us as a County tremendously economically. The Aid & Attendance. The Aid & Attendance for our veterans who become disabled and in need of facility care can play an important role when we're looking for having our veterans go into John J. Foley or any of the other nursing homes throughout the County, because it can be a significant benefit. That's not Medicaid, it's in addition to it, and I know your folks work with that.

DIRECTOR RONAYNE:

And programs like Aid & Attendance and so forth, we don't absorb any percentage of that. That is entirely Federally funded, that is a 100% Federal benefit that we are able to obtain for our eligible applicants. The nice thing about Aid & Attendance, and I'll go back to Holly's explanation of the importance of whenever possible the provision of services to those who need them in-home versus in a facility. Aid & Attendance is available to veterans and their dependents while they remain at home. So if they can remain in-home and we can provide this benefit, that benefit very often absorbs or largely covers the cost of in-home care, preventing the need for that veteran or that dependent to seek services at a much more expensive facility where the quality of life, regardless of

the depth of the efforts to make them comfortable and supportive surroundings, they are not at home.

So the Aid & Attendance is a wonderful example of just one of the many, many benefits that are available out there. Without our service officers, these benefits don't happen. Trying to do this on your own, as an attorney who practices this type of work, the veteran is not going to go out there on his own and be able to accomplish this.

LEG. KENNEDY:

No, no, and it's a sad reflection. And your point to it's taken a tremendous amount of additional CLE in order to go ahead and even get largely conversant in this area of law, it's a huge body of law. But I agree with all of the Legislators here, you should have more veteran service officers that are doing this work with our veterans and helping the process, not less. So keep it up.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Okay?

LEG. EDDINGTON:

Thanks for what you're doing.

DIRECTOR RONAYNE:

Thank you very much.

CHAIRMAN STERN:

All right. Director, thank you.

D.P.O. VILORIA-FISHER:

Commissioner Blass is waiting, he's right on the side.

CHAIRMAN STERN:

Commissioner? Commissioner Blass.

Health & Human Services Operating Budget Discussion (Continued)

CHAIRPERSON BROWNING:

Okay, Commissioner. I cannot believe we started at 1:30. I certainly did not think we were going to still be sitting here at this time.

COMMISSIONER BLASS:

I understand, Madam Chairman. And every one of them is very important and it's a very difficult time for all of us.

CHAIRPERSON BROWNING:

Yes. And I know we do have some speakers also, but I know what the presentations are very important to everything that you guys do.

I know the contract agencies and everything, and I think it's good for you to hear the presentations also, so I appreciate your patience.

COMMISSIONER BLASS:

Absolutely. Madam Chairman, I will be brief so that the public has their chance before it gets too late, but there is much I have to say that I will say briefly.

CHAIRPERSON BROWNING:

I can't imagine that yours is going to be any better than anybody else's.

COMMISSIONER BLASS:

I don't think so, Madam Chairman. As a matter of fact --

LEG. ROMAINE:

You can sum it up with the word "ouch".

*(*Laughter*)*

COMMISSIONER BLASS:

We have spoken to all of you in the past about the challenges DSS has been facing during the current economic downturn, and this year's presentation is absolutely no different and, in fact, worse.

Before I go on, though, forgive me for my oversight, I'd like to introduce those who are up here with me. On my right is Deputy Commissioner, Dr. Ed Hernandez; on his right is our Personnel Director, since personnel is going to be such a big part of our discussion, and that's Tracey Barnes; I also have our Finance Director on my left and that's Ken Knappe.

The 2012 Recommended Budget, as the handout I've given you shows, as a total plan for the department does provide adequate funding for our program areas based on current projections for next year, program areas. This includes Safety Net, by the way, which was the subject of a recent fourth quarter shortfall as recently corrected by the Legislature. While the 2012 budget does have the -- gives us somewhat of a chance to fulfill the mission set forth on page two, we do see the mission in a different light now because even though programs are adequately funded, staffing will make it impossible, virtually impossible for us to deliver them.

As a matter of fact, while Suffolk County is the second largest Social Services district in the State of New York charged with this mission, the staff reductions we have found in the recommended budget, if adopted, will literally cripple the department and make it untenable for us to provide most of the programs and services budgeted. It is during these difficult times, it's also important to remember that the department is a lifeline, and for many they're the last resource for the assistance to the needy. We're encouraged by our workers, by our advocates, by many outreach organizations, as well as the non-profit community and so many others, that they've accepted the challenge that they are here to serve those in need and to administer the mandated programs that so many of our residents unfortunately need.

But going on to page three, I would invite your attention to the chart that illustrates the distribution of mandated and discretionary expenditures for the department. As you can see, less than 5% of our budget is truly discretionary; 82.8% of Social Services' budget consists of mandated programs. And please understand that we're trying to maximize reimbursement to the fullest and reduce expenditures wherever we can.

I know this Legislature has spoken out strongly on unfunded and under funded State mandates, and I welcome the opportunity to continue to work with you towards a goal of less mandates and higher reimbursements. Yet we continue to provide programs and services to over 400,000 individuals in Suffolk County, and we are very concerned that this will come to an end in virtually every program and service that we provide in terms of meeting the mandates that have been imposed on us.

On page four, the slide shows the department did not receive all of the funding that was requested. However, overall, as a total for the department, we believe sufficient funding has been included, again, for the program areas on current projections for next year. A more serious problem that we

are faced with, as you understand and as I have already said, is the level of staffing that is needed to carry out these programs.

Now, just take a look at the next few charts that we have offered in this presentation. Using 2008 as a base, because that is the year which captures the beginning of the economic downturn, clearly you see that caseloads have increased in unparalleled numbers. These historic increases, combined with mandated timeframes, make it extremely difficult for staff to process cases. We are already shuffling against the tide with existing levels of staffing. Food stamp cases have more than doubled during this time, from '08 to '011 this year, to date, increasing by 109%; 22,835 cases in '08; 47,839 food stamp cases this year alone.

Safety Net caseloads; singles and families combined have increased by 69%. Family Assistance caseload has increased by 45%; emergency housing for families has increased 69%, and for singles emergency housing has increased by 40%. Medicaid caseload has increased by 39%; there are currently more than 179,000 individuals on Medicaid in Suffolk County and this level continues to climb. It means that one out of every eight-and-a-half, approximately, residents is currently enrolled in Medicaid.

I invite your attention to the discussion that's offered about the Family & Children Services Division. This has -- the budget proposes to abolish 72 positions with a reimbursement rate of about 40%. If this happens, the staffing levels would have a direct impact on CPS for the children and families we serve, potentially placing at least -- it's many more than this, really -- but at least 3,500 children at risk. The loss of positions would make it impossible for the division to meet its CPS mandates that ensure child safety.

Suffolk County CPS currently has less staff compared to other counties in New York State, that's currently, and our intake of new reports of child abuse and neglect is actually 28% higher than the Statewide average. Suffolk CPS workers receive about eight new reports for investigation each month compared to the Statewide average of about six new cases per worker. And the County would fall out of compliance, completely out of compliance with completing seven-day CPS safety assessments for children and making investigative determinations within 60 days as the law requires.

Let's go to Client Benefits. This is the division that provides and monitors and administers all the different programs, many of which have been discussed today, ranging from Food Stamps to HEAP to Safety Net and the others. There's been a proposal to abolish in the budget 63 positions with a reimbursement of between 40 and 50%. We would be non-compliant as a result of this with the Empire Justice lawsuit stipulation Order of Settlement that's been handed down by the U.S. District Court for the Eastern District of New York which requires DSS to process food stamps applications within mandated timeframes, and with the loss of these positions we simply will not be able to comply with the stipulation and we will have court-imposed sanctions.

Loss of staff will impact vulnerable Suffolk County residents such as the disabled, the elderly and families suffering loss of employment, or those who are under employed as a result of the poor economy and experiencing so many delays in case processing. Loss of staff for this division can cause 750 Food Stamp and 500 Temporary Assistance applications to be left undone in the first month alone. Families will see delays in their receipt of cases because over a thousand Food Stamp and over 300 TA cases will be left unprocessed each month. And you know as well as I that delays in processing these receipts will cause clients to be unable to access their benefits when attempting to redeem them, raising the risk of hunger and malnutrition. Processing HEAP applications will cause residents to remain -- when the difficulty of staffing hits that program, residents will literally remain in their homes without heat during colder, severe weather, or they may need to abandon their unheated homes.

Safety Net Expenditure Reduction Plan, that was a plan whose objective was to transfer cases from

Safety Net to Family Assistance where appropriate, reducing costs to the County from 29% reimbursement of Safety Net to the 100% funded Family Assistance Program that would have generated a net savings of \$700,000 in 2012. If this staffing reduction goes through, it will be -- it will remove our ability to effectively manage the growth of the Safety Net caseload while reducing the local County share. Loss of staff will then force DSS to abandon this plan altogether.

I would also note that the loss of staff will make it -- make us unable to assist disabled clients to establish their SSI claims with the result that these clients will remain in the Safety Net caseload for extended periods of time at a high cost to the County.

In CSEB, the Child Support Enforcement Bureau, here's where we have a reimbursement rate of about 80%. The proposal for the recommended budget is to eliminate 27 of the budgeted positions. The net result of the abolished positions will place the CPS -- I'm sorry, CSEB in the untenable position of trying to provide child support services to a caseload of over 54,000 with a quarter less staff than is currently budgeted. Last year, Suffolk received about one-and-a-half million dollars in incentive revenue from the State due to an increase in collections. Reductions in the establishment and enforcement staff who have a negative effect resulting in a loss of revenue of at least \$350,000. Lack of child support increases the need for custodial parents to apply for Family Assistance, Food Stamp, Medicaid and other programs all an added burden to the Suffolk County taxpayer. And without support collections, a family currently on assistance will see their time of dependency extended. Approximately 44% of CSEB's current caseload have been or are currently TNAF recipients.

We have a health and safety function in the Department of Social Services. This is where we received a 63%, approximately, reimbursement rate from the State, and the budget proposes eliminating nine positions here. This unit, consisting of security guards and other staff, has a significant responsibility in the safety and security of our buildings. We have staff in nine separate locations and it is essential that all safety codes and regulations are met. Oversight of this unit, of the -- this unit of the department is charged with oversight of department security systems, building lock mechanisms, closed-circuit TV equipment, panic alarm systems, defibrillators, safety procedures, fire drills, fire extinguisher compliance, emergency preparedness, evacuation procedures and so much more. The recommended budget abolishes security guards, a senior guard and safety officers.

To accommodate the staffing reduction, severe downsizing of operations and closing of centers would be necessary. We haven't really measured how serious the closing of centers will be as yet, but the staffing levels recommended would allow for only four locations of the entire nine locations where the public and the department works and the public visits to be properly covered, forcing other locations to be closed to the public entirely. There's the responsibility of the department to provide adequate security for the safety of all clients, visitors and staff, and the absence of proper safety security personnel, as these nine abolished positions are so important to provide, will compromise the safety of those who walk into our centers each day.

I just want to digress for a minute and tell you about our centers visit level for August and September. The Coram Center in August had 8,342 visits, and in the following month of September it was up to 8,939 per month. Riverhead in August --

CHAIRPERSON BROWNING:

Sorry. Back up. You said August was --

COMMISSIONER BLASS:

The Coram center.

CHAIRPERSON BROWNING:

-- 8,342 and?

COMMISSIONER BLASS:

Eight thousand, three hundred and forty-two was the Coram Center visitor level.

D.P.O. VILORIA-FISHER:

In August.

CHAIRPERSON BROWNING:

Okay, in August.

COMMISSIONER BLASS:

For August. In September it went up to 8,939. This is a trend that isn't stopping anywhere, and we expect 2012 to really see dramatic increases like this.

Let's take Riverhead; in August it was 2,744, and in September it was 3,146 for that month. In Smithtown, 5,603 for the month of August, 5,930 for the month of September. And in the Southwest Center, the busiest of all, we had 9,064 visits in the month of August, and in September it was 13,568. So it's not stopping. These are the ER's of our system and they are all in jeopardy just by cutting our security staff, not to mention the impact of the cuts on our staff for Client Benefits.

CHAIRPERSON BROWNING:

Which one is that? The last one is which center?

COMMISSIONER BLASS:

That was the Southwest Center. That's the one in Deer Park.

D.P.O. VILORIA-FISHER:

Okay.

COMMISSIONER BLASS:

Okay. Medicaid, this is a reimbursement rate, as you know, of 100%. We already have 590 positions authorized. Only 470 of them are now filled, and 75 of them are proposed to be abolished in Medicaid.

LEG. ROMAINE:

Excuse me.

D.P.O. VILORIA-FISHER:

Can you say those numbers again?

LEG. ROMAINE:

Yeah. Now, let me just get this clear. This is 100% funded.

D.P.O. VILORIA-FISHER:

Right.

LEG. ROMAINE:

How many positions were you authorized for?

COMMISSIONER BLASS:

Five ninety.

LEG. ROMAINE:

How many do you -- are currently filled?

COMMISSIONER BLASS:

Four seventy.

LEG. ROMAINE:

So you have like 125 positions that are 100% fully funded by the State of New York.

D.P.O. VILORIA-FISHER:

That's correct.

LEG. ROMAINE:

Including benefits.

COMMISSIONER BLASS:

Including rent, including equipment, including computers.

LEG. ROMAINE:

That are left deliberately vacant, and these are the people that process the Medicaid vouchers; is that correct?

COMMISSIONER BLASS:

That's correct.

LEG. ROMAINE:

What happens when you have a delay in processing Medicaid vouchers?

COMMISSIONER BLASS:

Well, the impact of a delayed voucher or a delayed application could be that certain health issues are not being addressed because they can't be given the coverage unless they're done on an emergency basis. And even when an emergency basis coverage is given, we can't get to those either because --

LEG. ROMAINE:

So even though this is 100% funded, we have these vacancies and now they want to cut 75 more on top of the 125, 100% funded and all it's going to do is delay medical treatment for the poor; is that correct?

COMMISSIONER BLASS:

That's correct. And further, Legislator Romaine, it will place us in jeopardy of not complying with the stipulation for not meeting time frames, which was a lawsuit prompted by a shortage of personnel in Medicaid years ago.

D.P.O. VILORIA-FISHER:

Empire Justice.

COMMISSIONER BLASS:

By the Empire Justice, the class action suit that was brought against the department. And we settled because we didn't have the personnel because --

LEG. ROMAINE:

You don't have any defense is what you're saying. You didn't have any defense and therefore we had to settle the case, because essentially there's 125 positions left deliberately vacant that are

100% funded whose only purpose, if they were filled, is to provide adequate, timely medical treatment to the poor.

COMMISSIONER BLASS:

Right. Now, let me move on, if I may, on the issue of housing. This is where it's approximately 41% percent reimbursement. The proposed budget is to have 16 positions abolished. Homelessness in Suffolk County continues to increase at unprecedented levels. The retention of this staff is imperative to control spikes in homelessness and to find permanent housing for this population. Emergency housing costs for Safety Net has increased from approximately 13.7 million in 2010 to a projected 18 million in 2012, representing an increase of 31% in costs.

Due to the loss of staff, Emergency Housing will have a reduced ability to place homeless families and individuals efficiently. And what this means is that the division will have a reduced ability to monitor, enforce and collect its shelter obligations, and school bus transportation will not be arranged in accordance with court-ordered, three-day stipulation that we had from other litigation which will in turn result in the need to utilize taxis for children which are far more an expensive alternative.

And another point. Overall, the remarkable ability of the Housing Division of this department to transition homeless from families into permanent housing at a rate of 35 to 40 families a month, still doing it; well, this rate of transitioning the homeless into permanent housing will be severely jeopardized and we will be literally stuck with homelessness and families who will be literally unable to get out of homelessness while other homeless families are continuously added. This, in other words, is really where staffing is very much related to the effectiveness of our homeless administration.

LEG. ROMAINE:

Commissioner, you're going to go to the Working Group. You've already been there or you're going to go there and make this presentation, right?

COMMISSIONER BLASS:

Yes.

LEG. ROMAINE:

Just on the Medicaid --

D.P.O. VILORIA-FISHER:

We had a lot of -- unlike the County Executive.

LEG. ROMAINE:

Right.

D.P.O. VILORIA-FISHER:

As soon as the Working Group met, the first day that we met, I suggested to the Chair that each one of us sit down with a Commissioner.

LEG. ROMAINE:

Right.

D.P.O. VILORIA-FISHER:

I sat with three Commissioners separately to go over the budgets with them, to get the input from them, because these are the professionals, these are the people who know their departments and should have a say in how the budget is constructed. So I have to say that Commissioner Blass met with me at I think 8:30 in the morning the next day, right after I called him, with staff, was very

helpful, outlined for me the different functions and the needs and all of that is very helpful. So that I was able to come back and many of my colleagues in the Working Group were able to come back with a knowledge of what was going on in the departments. And so I have to commend Commissioner Blass. He came, as I said, less -- I would say about 16 hours after I spoke with you, he came fully prepared with staff and with a lot of information.

COMMISSIONER BLASS:

Thank you, Legislator.

LEG. ROMAINE:

Let me ask my other two colleagues here. Would you have an objection to getting our Budget Review person that's sitting here to introduce them an amendment if it doesn't make, you know, the Omnibus to at least restore all the portion that positions that are 100% funded for Medicaid?

D.P.O. VILORIA-FISHER:

Well, the Working Group is looking at that, we've been working hard on that. I don't want to go into the details of what's happening in the Working Group, but I think it's a little bit premature right now to be introducing a new resolution when we're working so very hard to try to put Humpty Dumpty back together again here. And we have been working very long hours to try to make this happen.

CHAIRPERSON BROWNING:

I certainly think the Medicaid positions, there is absolutely no reason not to have each and every one of those positions filled. But I do think so also, I know that there were some issues also with EMS that I've requested that it be put into the budget rather than standalones. I think we shouldn't yet be looking at the standalones, we should be making sure they're in the budget. But I'm sorry, Commissioner, go ahead.

COMMISSIONER BLASS:

Just to wind up, I only have a couple of more units to refer to. We have an IT Division, Information Technology; crucial to our operation, because so much of what we do is interconnected with the interface of the State systems of WMS and connections and other State-related systems. The IT Division continues to accept added responsibilities that are concurrent with the tech advancement of the programmatic units that it supports.

DSS has made great strides over the years with efficiencies in all our program areas, and this has been largely possible because of the work performed by our IT staff. Inadequate staffing in this division and the proposed budget abolishes eight positions with a 75% reimbursement rate, creates delays in the work flow processing for all user divisions and their ability to timely authorize client benefits, make vendor payments including child care and shelter provider payments, among others, and utilizes tools for management reporting. Loss of data-entry operators impacts the processing of food stamp and Medicaid applications causing processing in delays which jeopardizes the stipulation agreement and, above all, jeopardizes the public.

With our Finance Division, abolished proposed of nine with a reimbursement of approximately 63%. Loss of staff here will impact our compliance with the Prompt Payment legislation. With the proposed staffing reductions, payments will be made in excess of 40 days causing the potential loss of fines and interest penalties to be in excess of \$100,000 for next year. Loss of staff would impact revenue, collections for overpayments will be decreased, deadlines for claims for submissions to the State would become extremely difficult to meet and, thus, we would not get the reimbursement from the State because of that delay.

I'd like to close by thanking you for the opportunity to speak to you today about DSS. I am thankful that this Legislature, dedicated as you are, understands our difficult situation with regard to staffing. I know the current economic strain that we see in Social Services is the same economic reality that

is making this budget process so very difficult. We in the department are doing our part with creating efficiencies anywhere we can. I'm very proud, I have to say this as a point on the side, of our DSS staff, because we actually turned to every one of them and asked them what your ideas are that might help things more efficient and more sensible and where savings could come up. And we are about to meet with the Legislative Working Group to discuss literally what we think net to the County could save a couple of million dollars to offset the staff losses that we hope to avoid. These are savings and efficiency measures that we have worked on for a number of months but the new ones that came up since the budget proposal from our staff make me stay that when you save DSS staff, you are saving dedicated, capable, imaginative, creative and really durable workers. They're the best. I'm very, very proud of them. And you're going to see when you see these proposal that we have for the Working Group, most of them came from them and I'm very proud of them.

CHAIRPERSON BROWNING:

Thank you.

COMMISSIONER BLASS:

I'd also --

CHAIRPERSON BROWNING:

And I have to say, you know, I've taken the tour with DSS.

COMMISSIONER BLASS:

Yes.

CHAIRPERSON BROWNING:

And in the time that I have chaired this committee, meeting each and every one of them. You know, they're dedicated, they love what they do. The people that they serve, they love the people they serve, and I've seen it myself. They talk about -- you know, when I've talked to them they say, "Well, you know, we kind of need this, but we know the situation and we know that" -- you know, "But this is what we can manage with." And constantly they've always said, you know, they know that times are tough and they're always willing, but in this economy times are bad and you need the people to help. I just -- it boggles my mind. The Medicaid part is really the one part that just shocks me.

COMMISSIONER BLASS:

And I want to say, Legislator Browning, that the staff, the workers were truly grateful for the interest you showed in visiting all of those places that they work, not once, but twice.

CHAIRPERSON BROWNING:

Right.

COMMISSIONER BLASS:

And we very much appreciate that.

CHAIRPERSON BROWNING:

Well, we appreciate them. With that, Vivian has a question.

D.P.O. VILORIA-FISHER:

You know, I want to go back to IT, because sometimes people don't understand the impact. But Mr. Knappe and I worked and I saw how dependent he was on having a good data system when we were working on the prompt payments, because there was so much data that had to be fed in and so -- and then the output was really important.

We also had with Medicaid processing, with the applications, with the lookback, years ago there were nursing homes that were going to sue us; you remember that, Ken.

MR. KNAPPE:

Yes.

D.P.O. VILORIA-FISHER:

Because they weren't getting their payments, and I kind of pushed and pushed and we hired some retirees back to work temporarily in order to get those lookbacks done. Because these were -- you know, we talked earlier about economic development. Everybody knows I'm a bleeding heart liberal and I'm very proud of that, but I'm also a pragmatist and we have to support economic development. And these are businesses that are getting crushed. And by the way, we're not going to revive the economy, we're not going to stir consumer confidence if we're firing 700 people and putting them out into the unemployed population. It's not going to help anybody.

COMMISSIONER BLASS:

Further to IT, Legislator Viloría-Fisher, I wanted to ask Legislator -- I'm sorry, Deputy Commissioner Hernandez to comment on something else that IT has done for us that has made it possible for us to continue shoveling against this tide it seemed, but still holding our head above water.

DEPUTY COMMISSIONER HERNANDEZ:

And I think it was illustrated in a number of visits, my full view is a computer system that tracks people from the moment they get into the center through their day there. Without that functioning, we could never process that many applications and see that many people during the course of a day.

D.P.O. VILORIA-FISHER:

Yeah, we'd be going way backwards. You know, I remember years ago when, you know, we were pushing to get more IT into the system because of all of the volume of information that you have, and now that you're there we're trying to cripple it. So it just doesn't make sense. At 75% reimbursement, it really doesn't make sense.

COMMISSIONER BLASS:

Go figure.

D.P.O. VILORIA-FISHER:

Thank you.

COMMISSIONER BLASS:

Thank you.

CHAIRPERSON BROWNING:

I guess there are no more questions. But like I said, we see so many people that are losing their jobs with no health care. I have had people call my office that would never have asked for help in the past and they're coming, they need food stamps, and they need assistance in many, many ways and you provide a vital role, especially in this economy. So we appreciate it. And I know that the Working Group will work hard to do the right thing by you. We have cards.

COMMISSIONER BLASS:

Thank you, Madam Chairman.

CHAIRPERSON BROWNING:

Thank you. So we have cards. And I do apologize that everybody has had to sit around and be very patient, but I think you can see how this budget's been crafted and how awful it is for all of us. And the first card is Vito Minei. Okay, Vito, go ahead.

MR. MINEI:

Good afternoon, Legislator Browning and Legislator Vilorio-Fisher. For the record, I'm Vito Minei, I'm Executive Director of Cornell Cooperative Extension, and I'm here today to talk about the 2012 Operating Budget as it relates to Cooperative Extension. I've distributed this one-page summary of the budget situation, both electronically to all the Legislators and I went through it in detail at last week's public hearing, so I want to be concise today and really invite your attention to the bottom of the page where we talk about the request.

Now, in pages 156 through 162 of their report, the Legislative Budget Review has thoroughly examined the budget for Cooperative Extension and we're very encouraged and gratified that they have agreed with several of our major requests. Number one, to reinstate two of our totally defunded programs, if you were to implement the County Executive's budget, for Family Health & Wellness and for its Youth Development. And also, a major issue is the fact that the Budget Review Office has recommended a 5% cut. So in essence they've recommended to you what's under Roman Numeral II, subheading A of what the Health Department requested, and as we submitted last week, this would be acceptable to us. We fully recognize the dire situation with regard to the economy.

The most glaring issue for us is the recommendation to cut about 24% from our Diabetes Prevention Program. You know that there was quite a bit of time spent by the Legislature earlier this spring with regard to a resolution to restore funding that had been cut the previous fall. You'll recall also that there's several millions of dollars of Federal Ryan White HIV funding that is linked to a fully funded diabetes program, and on that basis, Intro Resolution 1035 was translated to Resolution 70 with over 12 votes that were passed in favor of that resolution.

But putting aside for a moment the Federal funding, I want to talk about the merits of the Diabetes Prevention Program itself. You know, on the news almost every night we're hearing that the incidence of diabetes is increasing, not only among the very young, as we have obese children and that leads to young diabetes, but also adult onset diabetes. I attended a session in our offices in Riverhead on Columbus Day where more than 25 senior citizens attended and it was astonishing to me the fundamental lack of information they had about how their body functioned, nutritional requirements of a diabetic, how to test themselves and how to medicate themselves. These programs are really critical. Our staff of 12 part-time -- mostly part-time employees had over 5,000 individual consultations with diabetics in all eight -- or is it nine, clinics we have. And also, we had 75 group sessions that reached hundreds and hundreds of residents throughout Suffolk County.

These programs are delivered in a very cost effective manner because, as you know, Cornell provides New York State fringe benefits to all our employees. So with a program of nearly 400,000, New York State provides about \$100,000 of fringe benefits for these employees. Because there's very little in terms of administrative costs, the program is extremely lean. Because of that, if you cut 24% from that budget, you're essentially cutting about 24% of the staff and the programs.

So I guess to sum up, this program is really essential to many, many residents in Suffolk County. It also is connected to millions of dollars of Federal funds. It is very cost effective; I mentioned the number of employees and the fringe benefits provided. And again, it is essential to literally thousands of employees. My request during this dreadful economy is that we need to find a compromise between a 24% cut and the 5% recommended, less than 5% actually, recommended by the Health Department. I thank you for your attention in this late hour, and I also thank you for your support.

I want to personally thank Gail Vizzini and her Budget Review staff for doing such an excellent job of reviewing and scrutinizing the budget. And I also want to thank the administration of the County Health Department for supporting us and recognizing the importance of these programs. Thank you again.

CHAIRPERSON BROWNING:

Vivian has a question.

D.P.O. VILORIA-FISHER:

Vito, I have a question. Because as you know, there were a couple of salary lines that the County Executive put into the four seventy -- you know, is using 477 monies to pay for. And when we use 477 money to support contracts that are performed by the -- by Cornell Cooperative, how is most of that leveraged? I think you've talked about leveraging funds before.

MR. MINEI:

Well, again, the 477 projects that we handle are in the Marine Program as well as in the Ag Program, so we leverage that with not only the research provided by Cornell University, but again, we provide the fringe benefits through New York State as administered by Cornell University. So again, that speaks to the cost effectiveness of the delivery of these service, but also what makes us extremely proud is whenever you higher Cornell Cooperative Extension, we bring research-based factual information to these issues. You don't get personal opinions from people, whether they're talking about diabetes, you know, childhood programs or the agricultural programs or the Marine Program that are paid for with 477 funds.

D.P.O. VILORIA-FISHER:

Thank you.

CHAIRPERSON BROWNING:

Thank you, Vito. Debbie Rimler?

UNKNOWN AUDIENCE MEMBER:

She had to leave.

CHAIRPERSON BROWNING:

Sorry. Ruth DelCol?

MS. DELCOL:

Now I've got to get this straight. I always have a problem with this. Hi.

D.P.O. VILORIA-FISHER:

Hi.

MS. DELCOL:

And we're dwindling down I see.

D.P.O. VILORIA-FISHER:

Yes.

MS. DELCOL:

Okay. Well, this is somewhat repetitive, but -- excuse me. I don't know where this is coming from. Probably from sitting four hours, you probably feel the same way I do, right?

D.P.O. VILORIA-FISHER:

Do you need some water?

MS. DELCOL:

No, I think I'll be okay. But anyway, I'm here to talk about the Foster Grandparent Program. I am Ruth DelCol, Director of Development, and I'm here today to bring to your attention that last year the Foster Grandparent Program was cut by 44% by this Legislature, amounting to seven --

\$78,000. This was a horrific cut and this year we are being asked to sustain the program at last year's underfunded level. I implore you to please reconsider this action and restore the funding to the original 2011 budget of 178,000. We have over 160 Foster Grandparent participants who are all in the low income bracket in order for them to qualify for the program. They have stepped up -- they have stepped forward even though they have very little themselves.

They give back to our community because they believe in our future. This is not a program of milk and cookies. These older Suffolk County citizens change lives by assisting children in over 45 elementary schools, day-care centers and Head Start Centers throughout Suffolk County.

Our seniors take their participation very serious because they know they have the power to help a child who is at risk to succeed. And last time I spoke, I gave outcome of children who were in the program and some of their great successes and we have many, many stories of them. And I eliminated them today in order to save some time, but if you need some outcomes, I can give you that. They are a devoted group and have proven themselves to be reliable, consistent and accomplished. Some of these seniors are in our program over 25 years.

In the past few years we have instituted the Foster Grandparent participants working one-on-one with ESL students and the success rate has been 98% improvement in the classroom. We have also -- we are also working with the Sheriff's Office on his bullying campaign in the {McGruff Program}. Sixteen of our participants are being trained on preventing bullying and will be going into the classrooms with the Sheriff to teach our children about how to prevent bullying. That's something we instituted recently, and it will be in effect, I believe, October -- I mean, November.

As we all know, there have been many cuts to the schools and the Foster Grandparent Program is the most economic beneficial program available to children of Suffolk County. The program works on a very tight budget, I mean very tight. We keep this going because it really is an act of God, these people give, these seniors. The program work, as I said, on a very tight budget to begin with, so I ask you once again to reconsider this budget.

The seniors get a stipend of \$2.65 an hour. We pay for their travel. I mean, I have my accountant here with numbers about travel and so forth. As you can see, if you saw the -- I mean, it's not like -- I think our field supervisor makes like something in the 20's. I mean, we don't have a high budget. But this is a program that's so -- especially now, especially now. We have now this week added another ten Foster Grandparents. We have so many more that want to come on board, so many schools, especially with the cuts, calling us, and our budget is like zero. So I leave it in your hands, the two ladies. And I thank you for listening.

CHAIRPERSON BROWNING:

Thank you.

D.P.O. VILORIA-FISHER:

Do you have any other source of funding?

MS. HARTMAN:

Hi. My name is Lois Hartman, I'm the accounting manager at Federation. Yes, we do have other sources. We get money from Corporation for National Community Service, which is a Federal program, and we get local funding from a couple of townships.

MS. DELCOL:

Minimal.

MS. HARTMAN:

But minimal, and they're being cut drastically this year also. I mean, the one thing to keep in mind

is because of the schools, the cuts that the schools are forced to endure, the teachers praise these grannies for the help and the assistance they give them and say that they couldn't run the classrooms without them.

D.P.O. VILORIA-FISHER:

Thank you.

MS. DELCOL:

Thank you.

CHAIRPERSON BROWNING:

Thank you. Mary Finnin.

D.P.O. VILORIA-FISHER:

Mary, we have your statement.

MS. FINNIN:

Good afternoon. I reviewed the BRO report and I'm pleased with many of the recommendations for funding Health Services. However, there are some policy decisions that need to be considered regarding setting funding priorities and equitable funding for all programs.

I'm going to use the example if the County does not provide funding for an FQHC in Greenport, which was previously -- it was a County clinic that was closed, is it the intent of the Legislature to not provide funding for the Coram Health Center if they turn over their Article 28 license to that FQHC? I think we're talking about Hudson River. And what happens to the employees? If the County doesn't fund these programs, why do we continue to subsidize Dolan Health Center which is privately owned and all the income goes to the hospital, not into the General Fund? I raise this just because we don't have consistent patterns in terms of how programs are funded. It's not -- I'm not saying anything against the Dolan Center, I'm just using those as examples that we have inconsistent funding practices.

There's no doubt about it, we need more money. We cannot expect help from the State, just more cuts in Medicaid funding. Therefore, it's time to consider the tax increase allowed by law, 2%. While this would not cover needed expenses, it will build upon the base income that is needed and we are restricted from higher increases in the future. It will cost the taxpayer, I estimate, about \$3.

With the increase in unemployment, we have to provide for more help than other services for the uninsured and working poor. Currently there is a portion of the tax designated for the Police and the sewers, the sewer districts. I propose any new increases be used for health program -- health service programs. There is a current proposal by the County Executive to use 12 million of the Tax Stabilization Fund to recover expenses incurred from Hurricane Irene. A portion of that money should be applied to the John J. Foley budget to cover the cost of room, board and nursing care for 109 patients that were evacuated from other facilities during the storm. Additional funds could be authorized from that Tax Stabilization Fund to cover the shortfall in the health centers due to the cutback in State aid for the care of adults with chronic diseases and emergency medical services.

The BRO is recommending a Request For Expression of Intent -- of Interest regarding delivery of primary care and health care services and access to care and a possible RFP be developed. I believe that we had a model for services of delivery in Suffolk, but it's been seriously undermined these past few years by cutting staff and not filling budgeted vacancies. When providers are eliminated, we can't get reimbursed for services. When medical records and revenue staff are eliminated, we can't collect the revenue that was earned. When grants are not submitted, we lose opportunities to fund essential services in Suffolk. The County did not get the FQHC, but is now applying for a look-alike status. Eleven board members for the FQHC have been appointed. We never met and we have no

input into what is being presented or might be presented. And I heard the Commissioner say today it may not be filed at all, we may not be eligible.

We need to have appropriate input from health care providers and the communities served to review the future needs of health services of Suffolk before going for RFP's. Private sector will not be able to provide the care without public funding. They are closing hospitals in communities that are providing care to the poor and the uninsured because of bad debt and bankruptcy. The current County policy is to provide health services regardless of ability to pay, and this currently is not happening as patients are walking away because they can't afford the new fee increases. This is bad public health practice. This is the time when public health services need to be expanded. Health cuts hurt everybody.

Other cuts listed which will undermine health care in Suffolk are cutting the staff in drug abuse and closing another clinic. We need more services for drug treatment, in-patient and out-patient, not less. Cuts in WIC which provide assistance for food and nutrition services for the poor. Staffs of various core health programs such as diabetes, immunizations, HIV, have been curtailed because of continuing reductions in staff. Health Services for women and the elderly are especially targeted, both naturally and locally. The budget -- this budget expands the jail and the medical program but cuts community services which might be more cost effective and more beneficial for the community. Thank you for the opportunity to be heard.

CHAIRPERSON BROWNING:

Thank you, Mary. And actually, I'd like to comment on the FOHC. I know that there is an interest on the part of Coram to do the FOHC with Hudson River. It's my -- from what I know, and I could be wrong. If they do have an FOHC with Hudson River, it shouldn't change the staff in the Coram Health Center, but it would take them away from the County, that they would operate independently without the County.

MS. FINNIN:

I believe it changes the employer, because that's an independent corporate group.

CHAIRPERSON BROWNING:

No, it would still be under Stony Brook. It would still be under Stony Brook, but they -- Hudson River --

D.P.O. VILORIA-FISHER:

Would manage it?

CHAIRPERSON BROWNING:

-- would be the manager.

MS. FINNIN:

Okay. Those are the things that weren't clear, that's why I'm raising these issues. Because when we met with the advisory representatives from Coram, they didn't even know that this was being considered. Managers from that clinic didn't even know it was under consideration. So, you know, these things need to be clarified before it's a done deal.

CHAIRPERSON BROWNING:

But I think what you need to know is the decision to bring Hudson River in has nothing to do with the Suffolk County Health Department. I know Rich is here and maybe you can correct me if I'm wrong, but I believe the decision for the FOHC with Coram was a decision with Stony Brook Hospital, not with Suffolk County Health Department.

MS. FINNIN:

But Suffolk County Department of Health holds the Article 28 Certificate.

D.P.O. VILORIA-FISHER:

Yes.

CHAIRPERSON BROWNING:

Right, right. But like I'm saying, I don't believe it was -- it's not Suffolk County Health Department that made the decision to look at the Hudson River FQHC. And again, that's not something that's been decided, it's not confirmed. You know, they're talking, and that's --

MS. FINNIN:

Thank you.

CHAIRPERSON BROWNING:

We don't have all the details, but I believe that's where it is right now.

MS. FINNIN:

And I guess what I'm saying is that include the providers and the people that are affected before a final decision is made. Thank you.

CHAIRPERSON BROWNING:

And their FQHC is also -- don't go anywhere, Mary. But the FQHC with Hudson River, they have a separate board.

MS. FINNIN:

Yes.

CHAIRPERSON BROWNING:

So this board that we formed for our FQHC would have nothing to do with Hudson River, that would be a separate board.

MS. FINNIN:

Okay. Thank you.

CHAIRPERSON BROWNING:

Okay. And hold on, Mary.

D.P.O. VILORIA-FISHER:

And Mary, I am with you. I'm glad -- even though it's light in the day, I'm glad you had a chance to speak, because you know I held up a -- an enlarged view of what a taxpayer's -- what a taxpayer's bill is. And I really think that we need to increase our General Fund property tax to the cap. It won't cost most people more than \$3 a year per family. It's not going to bring in a lot of money, but it will bring in something. And with the cuts that we're seeing, we need the revenue. I don't think we should turn our noses up at anything and I think we need to have the courage to do that and explain to the voters and the residents that we're doing everything we can to keep maintaining our services to them.

MS. FINNIN:

And you have that -- an additional base to build on because you're stuck at 2% in the future as well.

D.P.O. VILORIA-FISHER:

That's right.

CHAIRPERSON BROWNING:

Thank you, Mary. There's Edward Boyd? No. Okay, I do have some e-mail addresses and whatnot, so I'll contact them. Jay Gardiner?
No. Danielle Asher; I know she's here.

MS. ASHER:

Good evening.

CHAIRPERSON BROWNING:

You have to hold the button down.

MS. ASHER:

I have to hold it, got it. I should have learned that already today. Hello. As Legislator Browning said, I'm Danielle Asher, and many of you probably know me from either the Long Island Progressive Coalition or from Working Families Party. I'm not here wearing either of those hats today, if you can remove them. I'm here as a Huntington Town resident and a recent member of the Community Advisory Board for the Dolan Center, as I know you have been hearing a lot about. And, you know, I'm here to say I strongly urge that we do not eliminate the funding of Dolan.

You know, in my work as an organizer, I work in a other lot of high needs communities and, you know, some would argue that Long Island is the 1% we've been hearing a lot about. Right? We have a lot of wealth on Long Island, a lot of wealth in New York. I recently learned a statistic that New York is number one in having the most wealth and the most poverty. Great New York can finally be number one for something, right? And we see a lot of this on Long Island. I know every one of you, you areas in which you govern over, you have wealth and you have poverty, and Huntington is no different. And that is the population that the Dolan Family Center, Family Health Center serves.

You know, I'm privileged enough to have health care at my job, even though I work for a non-profit. There are tons of families that are not that fortunate. And we know this economy, we've been hearing it all day how bad things are and it's not getting better any time soon. And Dolan is a place where people feel safe and secure and they know they can go and get their health care.

You know, my focus in my work is on education and we deal with a lot of children that are going to school hungry and with health issues and, therefore, performing poorly in school, whose parents can't -- you know, parents have to actually choose between giving their child breakfast and making sure their child gets a doctor's visit or, you know, go into the emergency rooms. These are things we see all the time when working on education reform. And again, I see the threatening of the Dolan Center that, you know, it could have to close down because of funding, how many families that will be affected by this and they are receiving services like that, you know, for their children, for their families at the center.

You know, it's not going to help anybody if Dolan closes and then, therefore, people are, you know, flooding Wyandanch or flooding the surrounding health care centers. People I know just in Wyandanch, you know, I work on the ground there, a lot of my parents already say that, you know, it's over-crowded and, you know, we don't need more of it. I have lots of friends that work in Huntington Hospital, I grew up there, I've been there for over 30 years, everyone talks about how, you know, over-crowded the emergency room is and how under staffed it is. This is nothing that you don't know.

So again, I just strongly urge you to please reconsider eliminating the funding for Dolan Center. We need the Dolan Family Health Center in Huntington as the population grows of people that are disenfranchised and less privileged than I. I don't know how we would continue to grow as a community without it. Thank you.

D.P.O. VILORIA-FISHER:

Thank you.

CHAIRPERSON BROWNING:

Thank you, Danielle. Dr. Jeff Steigman.

MR. SMITH:

He left.

CHAIRPERSON BROWNING:

Okay, next is Terrence Smith.

MR. SMITH:

Legislator Browning, I think you called Ed Boyd; I think it's Peggy Boyd.

CHAIRPERSON BROWNING:

No, I do have Peggy, she is -- I don't know if Anita Fleishman is here, but after Anita Fleishman, Peggy.

MR. SMITH:

Could I let Peggy go ahead of me, please?

CHAIRPERSON BROWNING:

Sure, go head.

MS. BOYD:

Good evening. My name is Peggy Boyd and I'm Vice-President of Advocacy for Family Service League. I started off this morning just speaking on behalf of Family Service League, but as the day has gone on two other agencies that were here to really talk to the issue of the Dolan Health Center in rejection of the Suffolk County Executive's budget did have to leave, that's Anita Fleishman of Pederson-Krag, along with Tri-Community and Youth Agency Debbie Rimler. So I'm going to leave making sure I submit their testimony because I think it's important stuff.

It's our understanding, and I'm going to speak in terms of the "our" meaning more than just Family Service League's, Pedersen-Krag and Tri-Community's. It's our understanding that the current County Executive budget calls for the elimination of all funding for the Dolan Health Center, a 53% reduction for the Coram Health Center, and an average reduction of 12% for the remaining centers. Today the debate is not about what programs to cut, it's about how much. This is the wrong approach when it comes to health centers. Chances are your neighbors or a family member is one of about 23 million people who are seeking the help at a health care center today. We fully understand, certainly as an agency and a not-for-profit, the need for restraint. But when we cut programs like this, all of us pay as County taxpayers. Whether we pay it through higher insurance premiums or out-of-the-pocket costs, long lines at hospital waiting rooms or even increased spread of communicable diseases, we're all going to pay in Suffolk County.

For 16 years the Dolan Health Center has exemplified innovative innovation in providing primary care to largely uninsured people. In the 2012 budget, the County Exec has withdrawn all the funding. I'll tell you, as somebody that was there at the ground floor when the Dolan started, it was because we had huge, long lines at our health -- at our hospital. And they have done what I think we all dream of, they've found a way to really mix the private with the public dollar. It's what we all try and do in the not-for-profit sector, we try and bring other dollars to the table. So I want to just share with you some of the unique things, as somebody who sits as their direct neighbor, works with Terry daily and the staff over at the Dolan Health Center some of the things that sometimes I begrudge because he's out there getting the dollars in our community that the Kuwanis Club, the

local temples, the rotary, he brings that to the table. He's not sitting back and waiting just on the County dollar. He's out there, that staff is out there at every community event vying for the public and the civic dollars that really help to make that health center really unique. I say vying because we, too, are as an agency out there with our hand out and yet there's nothing more precious than someone's health care.

The Dolan leverage is limited tax dollars returned to Huntington with philanthropy and direct hospital subsidy. The Dolan does a better job enrolling all eligible patients and government insurance than any other County health center, as evidenced by their 30% versus the other County clinics who only get 60%. They enroll more people into their -- you know, getting the care. The Dolan Health Center offers a sliding scale fee and are successful at requiring the majority of Dolan patients to pay their fair share of their health care bill. It's not uncommon for their staff to call multiple times throughout the day to try to work things out.

They have, for the last three years, been on the electronic case management system which is reduced salary expenses, streamlined operations and improved billing efficiencies. The Dolan does its own efficient patient billing which allows the center to function with lower levels of -- you know, of support from Suffolk County. Again, they really came up with a way in which to do this that was more viable financially.

The Dolan doubled in volume of services in its first ten years indicating the need in Huntington. You know, one of the things about Huntington is we stand together as a community, but we stand together knowing that we have on a nightly basis importing a tremendous amount of homelessness to Huntington because we stand as the drop-in center to the community. There is never a time that we can't call the Dolan and know that we're going to have staff there who are willing to see the clients and really do it in a way that's going to save County taxpayers.

Besides being the medical home for uninsured self-paying Huntington residents, several major Managed Care plans have contracted with the Dolan allowing most patients to remain with their medical home and have trusted health care providers even when they experience changes in eligibility for insurance or entitled benefits. The Dolan Center is the premier health care center and offers patients access to a full array of diagnostic and treatment services. Family Service League, Tri-Community Youth Agency and PK are proud neighbors of the Dolan. Each and every day our staff and our clients rely on the center to meet their health care needs. As a human service agency and youth agencies, we are able to meet many of the needs of this client population. However, we depend on them for their health care needs.

Simply put, the Dolan provides critical care. Without the Dolan, people will be forced to use our emergency rooms as doctors' offices. This will be costly not only in terms of human life but also in terms of taxpayer dollar. Family Service League urges you to reject the County Executive's budget and restore funding to not only the Dolan but all of the health centers.

Putting on a separate hat, just briefly. I sit as part of the Commissioner Advisory Committee and I'm deeply concerned about the cuts. I know that we have Janet Walerstein here to read a statement to the Department of Social Services. These are tough times, and I wish every taxpayer had to sit and listen to what I've heard today. It's scary and you have such difficult decisions to make. I just hope that we can do it in a way that's fair, equitable, and not only on the backs of those who are struggling the most. Thank you.

CHAIRPERSON BROWNING:

Thank you, Peggy. Terry Smith?

D.P.O. VILORIA-FISHER:

You have to press on it.

MR. SMITH:

Thank you, Legislator Browning and members of the committee. I really don't have much to say because Peggy has given you a pretty comprehensive view of Dolan's interrelatedness with the other not-for-profits that are in the Township of Huntington, many of whom were part of a group of citizens who petitioned in the late 1980's for someone to start a health center in northwest Suffolk. I do believe they approached the County a number of times and it was not a good time for us a County to start another health center, so they did make a presentation to Huntington Hospital and Huntington Hospital agreed to pick up the responsibility for generating funding to initiate a health center.

I think you know that I was the administrator at the Shirley Health Center for four years and kind of got an invitation to come to Huntington and consult with this community group about starting a health center and what the costs were. It was clear to me that a long-term funding partner would be needed and that would be Suffolk County. And I have prided myself in trying to increase volume at the Dolan Family Health Center with a minimum of Suffolk County funding.

I just wanted to tell you that Peggy mentioned that one of the, I think, strengths of the Dolan Family Health Center is we're allowed to do our own billing. And we have perfected our billing process to the point where it covers about 52% of the expenses of running the Dolan Family Health Center. This year the County's portion is going to be about 36%. Huntington Hospital will make a contribution, as it does every year, of about 9%, and only about 3% will be left over for philanthropy which will be used to balance the budget for 2011.

The Dolan Family Health Center, through September, is about 2,100 visits busier than last year, and if this pace keeps up this will be our busiest year in our 16 year history. So I know you have hard decisions to make. I think that a dollar spent in Huntington for primary care of the under-served is a County dollar well spent and I think we leveraged that very well. And I thank you for your time.

CHAIRPERSON BROWNING:

Thank you, Terry. Did you --

D.P.O. VILORIA-FISHER:

No.

CHAIRPERSON BROWNING:

Okay. Thank you. Dr. Richard Koubek.

DR. KOUBEK:

Good afternoon. I'm here to speak for the Welfare-to-Work Commission of this Legislature. But before I do, I want to say as a resident of 43 years, I have never -- and I've been sitting in these meetings for a long time. I never heard anything like today. It seems to me, as a resident and a taxpayer, that a budget was sent over with monopoly money and you've got to find the real money to fix it.

D.P.O. VILORIA-FISHER:

That's right.

MR. KOUBEK:

And I feel sorry for you.

D.P.O. VILORIA-FISHER:

You got it.

MR. KOUBEK:

It's outrageous. I've been listening for three hours and it sounds to me like we have the systematic destabilization of Suffolk County government proposed here.

So I'm going to now speak formerly for the Welfare-to-Work Commission on two issues. One, on the health centers. You know, back in August the commission was pleased, and I'm sure you were, when the County and the State settled the claw back. The State wanted to take \$20 million, they wound up taking \$10 million. And at that time, County Executive Levy, this is what he said to Newsday. He was obviously pleased with the \$10 million settlement, he said, quote, "There is still pain but we avoided Armageddon." Now, that was in mid-August. Three weeks later he puts forward a budget that would cut the health centers by \$10 million. I mean, there's a lack of reality here, I'm speaking to the choir, but I wanted to go on record.

And in May, Craig Freas spoke to the commission and he was telling us that anything beyond 10% cut to these clinics is untenable. Well, we're talking now about a proposal to cut the health clinics by 21% over what they got last year. And, you know, the most outrageous cut you have been hearing is my township, zeroing out the family -- the Dolan Family Health Center.

So, you know, I'm going to say the obvious. I'm going to urge you to fix this. I think Budget Review Office said it very well in their report last week. Talking about the funding and the staffing cuts at the centers, they said, quote, "It is not unreasonable to say that the 2012 Recommended Budget will render Suffolk County a less healthy and a less safe place to live from a public health perspective." Well, as I said, I've been here 43 years, I don't want to live in that kind of County. So I'm sorry that you've got to fix this mess, but it's got to be fixed. This happens year after year, these budgets come over, it's not just County Executive Levy, and you've got to fix it. I've never seen anything like this year.

I'm also here to talk about the cuts to Social Services. I'm sure you saw the article in Newsday two weeks ago. One week ago today there was an article in the Wall Street Journal about the rise in suburban poverty and the rise in DSS cases. Well, back in 2008/2009, our commission sent reports over to the Legislature. We were disturbed at that time that there was a 12% vacancy rate. BRO just reported that vacancy rate is now up to 14% as of September 18th. And I quote them again; "The total authorized staff for DSS has not been at this low level since 2007," and that's before the recession. We're now in the Great Recession, we're in this dramatic rise in poverty and demand for DSS services and what do we get? A cut, a proposed cut in staffing of almost 300 staff and the highest vacancy rates over there that we have seen in a long time.

So again, I want to end with the BRO, they did a great, great job. This is what they said. Regarding DSS cuts, "The end result of the recommended staffing cuts and the insufficient personnel funding proposal for most DSS operations in 2012 will be a department with overwhelmingly mandated responsibilities that will be dangerously straining its dwindling workforce beyond their limits." I'm sorry, it falls to you, you can't let that happen. So on behalf of the commission, do what you can. I know the revenues are short. There are some very creative ideas out there for bringing revenues in. And frankly, Legislator Vilorio-Fisher, bring up that idea of the coffee that you had last year. You know the cup of coffee? I'm willing to pay it.

D.P.O. VILORIA-FISHER:

I have it in my office, I'm going to pull it out of moth balls.

DR. KOUBEK:

Pull it out and call us together and I'll come in with an empty coffee cup. I'm willing to pay that cost. If it costs a little more to stop destabilizing this government in Suffolk County, I'm willing to pay it. Thank you.

D.P.O. VILORIA-FISHER:

There's another poster I had up. When I went down to Wall Street last week, I was with the Long Island Progressive Coalition, Danielle, and my sign said "Long Island is part of the 99%".

DR. KOUBEK:

You bet.

D.P.O. VILORIA-FISHER:

Because we had just data that came out of our Planning Commission that indicated that there were two groups that were increasing in size, the very rich and the very poor. And there was -- there's one demographic in Suffolk County that's decreasing and it's the middle class.

DR. KOUBEK:

You bet. And those are the folks, by the way, when they don't have health insurance, they go to the health centers. And if there is -- if they're going to be turned away, they're not going to go for the care.

I told the Budget Committee when I was here two weeks ago, I have very good teeth so I don't have dental insurance because it would cost more for the insurance than for the payments. Do you know I got a reminder from the dentist to go in and see him and I threw it away, because it was like, "I'm not insured, I can do without this." If you have people all over -- and I can afford this stuff. When you have people all over the County saying, "I can't get into the health center. Oh, forget it, I'm not going to go for the treatment." The next thing, there's a flu epidemic or whatever. This is a dangerous thing. We're talking about health that is in danger in Suffolk County and it's got to be fixed. Thanks.

D.P.O. VILORIA-FISHER:

Thank you.

CHAIRPERSON BROWNING:

Thank you. Richard Meyer?

MR. MEYER:

Thank you. I'll be very brief. I'm here on behalf of AME just to note that AME will be here Wednesday afternoon at the joint committee of the Labor and Economic Development to do its full presentation.

Also, I just want to take a moment to echo Dr. Koube's statement. As a County resident for over 50 years and lucky to be an employee for 37 of those years, I can never recall a time like this, and I also sympathize with the job you have ahead of you. We're all counting on you. Thank you.

CHAIRPERSON BROWNING:

Well, I think that's another issue. I know that the Presiding Officer has talked to the unions about working with us and I think that's important. The reality is we have a tough budget. I know that there's legislation for lag payroll with the exempts and with the elected officials and, you know, that may be something that's going to come back to AME and all of the public employee unions to work with us. So, you know, I think there should be -- everything should be on the table. We don't want layoffs, and I don't think any of the unions want to see us lose 700 workers. We can't afford to lose 700 workers. So I think it's important that the union works with us all to do the right thing by Suffolk County, and by themselves.

MR. MEYER:

Sure. On behalf of AME, certainly we're more than willing to discuss things. I have to just point out that in terms of this administration, in the past when we've been called for discussion there's been some dissing and even a little cussing, but almost never any discussion. So we look forward to some discussion.

*(*Laughter*)*

CHAIRPERSON BROWNING:

That sounds good. And I can agree, every time we've had these meetings. When I came here today, I did not think I'd still be sitting here. And I'm actually kind of pleased to see that it's taking this long, because we actually have Commissioners who are stepping up and saying we have a crisis. In the past, we'd come here, we'd sit, "How's everybody? Oh, we're fine," and they'd leave.

D.P.O. VILORIA-FISHER:

Uh-huh.

CHAIRPERSON BROWNING:

And I think now these Commissioners and the departments are seeing we have a major crisis and they're not going to be quiet anymore and I think that's a good thing. So next we have Jeff Reynolds.

DR. REYNOLDS:

You know, as young as I look, I've been around here a few times and been around a lot of years and I, too, have never sat through a session like this, and I've spent some late nights here in the past. And it's ironic that as we talk about the destruction of the health care Safety Net, some folks sat here at this table and debated whether or not we could actually even carry the bodies away, it's gotten so bad, which is disturbing on a lot of levels.

And as we think about addiction, I wish they had taken some more time to talk about why there are so many more bodies that need to be carried away, because I know, as Executive Director of the Long Island Council on Alcoholism and Drug Dependence, that at least a dozen of those bodies since early summer are our County's young people who died of Opiate overdoses. And last year I stood in front of you and outlined what I saw as the gaps in County services specifically as it related to heroin and other Opiates. And I went through the laundry list and I proposed that LICAD take the role and deal with some of those gaps in services, and many of those gaps focused on pre-treatment services for young people who weren't eligible or were unable to access treatment in a timely basis.

Family support services for families that have been turned upside down as a result of addiction, as well as immediate on-demand crisis intervention services for young people. And as part of the Omnibus bill, \$35,000 was added. It was the first time that I came to you guys in LICAD's 55-year history to say we need help; this is a crisis and we need some help. To give you the context, our annual budget right now is about \$1.2 million. So \$35,000 for us is a significant amount of money. It basically funds a social worker who provides the services that we contract with the County to provide. So our contract was for 425 units of service, through September 30th we provided 865 units of service. So I fully expect that number to hit a thousand by the time the year is over, and that's reflective of the demand that I came and told you about.

Despite providing these services, the gaps have only grown in nature, because the one thing that we know about addiction is that it's progressive; left untreated, it gets worse. And left untreated, you begin to see some of the collateral damage that no longer is contained within households within the County. For decades families have suffered in silence with their young people and family members who are out of control with very few treatment options available to them. Now we're seeing young girls mowed down in Smithtown because drivers are high on heroin. We're seeing pharmacists shot

dead on Sunday mornings. This is the collateral damage associated with our failure to respond effectively to addiction. That's not to say that every addict grabs a gun and goes into a pharmacy, but it is a glimpse into what's happening in our community and it's a glimpse into the devastation that Opiates in particular are wreaking on our populations.

My hope, and I know that there's a lot of uncertainty about the Omnibus bill and whether or not there will be funding in there. My hope is that if there is funding in there, you'll have the ability to restore some funding to LICAD. I'll tell you -- and I don't have the luxury of saying, "Look, I'll find the money somewhere else." If we don't get the money back, I need to layoff the staff. I need to cut the services immediately, which is unfortunate.

And in a sense, going backwards means that the initial holes that I identified for you only get bigger and more and more kids come through. And the ME is going to come back next year and say, "Look, we now have twice as many bodies that we can't carry out of people's homes," as the parent's standing there asking -- and asks us, "What happened to my son? What happened to my daughter?" Of course, none of this happens in a vacuum, and all of the other advocates you've heard here today are standing up for services that are critical to the residents of this County. I was so happy and so pleased to hear somebody mention the word revenue and the fact that we might need to raise taxes in order to do this. That is --

D.P.O. VILORIA-FISHER:

I don't think you're going to hear it from too many other people, though.

DR. REYNOLDS:

Probably not, and I understand the game.

D.P.O. VILORIA-FISHER:

Yeah, but I did it when I was running for reelection, too.

DR. REYNOLDS:

Agreed, agreed. We need more of that. There's a fundamental reality here. And I think if the general public understood what we're potentially going to be losing -- somebody said, "I wish the general population could hear this" -- I think people would understand where their tax money goes and what they fund. So I'll tell you that restoring the \$35,000 to LICAD is great. One of my key functions is to stand up here and get that money back so we can provide the services. But doing that and cutting the Dolan Center doesn't help the folks who rely on our services. Doing that and cutting any of the health centers doesn't help us. Doing that and cutting a Methadone Clinic doesn't move us forward. And doing that and cutting all of the other organizations that are part of the Safety Net brings us backwards at the time when we have a major, major crisis on our hands.

So I said last time when I was here that I don't envy the position you're in. I envy it even less today and I wish you luck as you search for solutions. What I would say is there's a lot of smart people in the room, there's a lot of smart people who have been in the room today. We're happy to help in any way we can. So thank you.

CHAIRPERSON BROWNING:

Thank you, Jeff.

D.P.O. VILORIA-FISHER:

Thanks, Jeff. Thanks for your patience.

CHAIRPERSON BROWNING:

Yes, really.

D.P.O. VILORIA-FISHER:

Last card.

CHAIRPERSON BROWNING:

Last but not least, Janet Walerstein, very patiently waiting.

MS. WALERSTEIN:

Janet Walerstein. Good evening is it?

D.P.O. VILORIA-FISHER:

Yes.

MS. WALERSTEIN:

As you well know, I am the -- I'm Janet Walerstein, I'm the Executive Director of the Child Care Council of Suffolk, but today I'm here as a member of the Department of Social Services Commissioner's Advisory Council, and that's a New York State mandated statute that each Department of Social Services has to have a Commissioner's Advisory Council made up of residents and agencies of Suffolk County. And on October 4th, the meeting of the Department of Social Services was revealed -- it was revealed to the commission members that County Executive Levy's budget abolishes 295 positions from the Department of Social Services; unreal.

While the commission acknowledges the County is facing fiscal constraints, we believe this is not the time to cut staff from the agency that is providing a lifeline to those most in need. The impact to the ability for staff to deliver services and ultimately the public they serve would be catastrophic. Unemployment on Long Island is still above 9% and does not include the thousands more discouraged or part-time workers who are barely eacking out a living relying on food stamps and HEAP to help make ends meet. The Public Assistance rolls have increased over 50% in the last two years and we have record numbers of homeless families and individuals the department continues to work with in locating housing.

No one is more aware of the services and financial assistance the Department of Social Services provides than the members of the Commissioner's Advisory Council, as we are members of agencies that serve the same clientele. And as the Child Care Council, as one of those agencies, we stand ready to help and have offered our services to the department in terms of intake and anything that we can do to help alleviate the strain. Because we need to have people -- people serviced and the intake that will increase will be monumental.

In our present economy, the resources of our member agencies have been stretched to the max with many agencies exhausting their funds to help with food, clothing and housing. The agency that is turned to as a resource has been and will continue to be the Department of Social Services. It should be noted that staffing levels of the Department of Social Services has not kept pace with the increasing caseloads and mandated timeframes for delivering services. To reduce staff in these dire financial times is untenable. For these reasons, the Council is urging that you reject the proposed 2012 County reductions in staffing for the Department of Social Services.

I have to say, and I have been a resident of Suffolk County for 55 years, and 27 of those years I've been Executive Director of the department -- of Child Care Council, and I have yet to hear what we heard today. And I don't know how you can sit there, really, and not scream. So I --

D.P.O. VILORIA-FISHER:

Some of us have.

*(*Laughter*)*

MS. WALERSTEIN:

You have? You have screaming --

D.P.O. VILORIA-FISHER:

Screamed, screamed.

MS. WALERSTEIN:

And as a resident, I would be happy to pay more tax. I would be happy if the services that we need are delivered appropriately.

D.P.O. VILORIA-FISHER:

I have a question, Janet.

MS. WALERSTEIN:

Yeah.

D.P.O. VILORIA-FISHER:

Can you just explain to us, the Child Care Council has two lines in the budget, can you explain what those two different lines do, what they refer to?

MS. WALERSTEIN:

Yeah. One is family support services that we are at the Department of Labor five days a week to help those who are TNAF recipients with their child care needs. If they're -- because they have to have -- they have work requirements, and if those work requirements are -- if the impediment to going to work is child care, we are there to help in that process and we see, you know, very many during the weeks and it's increasing. The other --

D.P.O. VILORIA-FISHER:

So it's helping them go from welfare to work.

MS. WALERSTEIN:

It's welfare-to-work, right; it's sustainability.

The other is a small contract that is to help providers of child care with low cost business loans through the CDC, Community Development Corporation.

D.P.O. VILORIA-FISHER:

Can you explain that? Because I was trying to explain it and I didn't do it justice.

MS. WALERSTEIN:

Well, it's really that we go in and when a provider needs a loan to enhance her services, his or her services, or needs to expand capacity, we go in to see whether -- and we do what we call a Harm's/Clifford assessment which helps us decide whether this is a viable business, whether this will be -- whether they can sustain and be a high quality child care setting. Then the CDC goes in with -- to see whether they can financially pay back the loan that's being offered, and it's being offered through the CDC at a low interest rate.

D.P.O. VILORIA-FISHER:

So is the CDC also acting as an agent between the borrower and a bank, or does the CDC have a particular fund where they themselves are the lender?

MS. WALERSTEIN:

Yes, they have a fund that is a compilation of many banks that have put in and it gets recouped each time someone pays back loans.

D.P.O. VILORIA-FISHER:

Okay. And so they do their own under writing for this is what you're saying?

MS. WALERSTEIN:

Right, right.

D.P.O. VILORIA-FISHER:

Okay.

MS. WALERSTEIN:

They do all of the financial things. We come in as programmatic to make sure that this is going to be a high quality care facility.

D.P.O. VILORIA-FISHER:

Meeting all the State requirements, etcetera.

MS. WALERSTEIN:

Right, right. Well, and the -- the Harm's/Clifford is more than that, it's to see whether they can sustain. And maybe just that support that they get with that loan would bring them up to a higher level.

D.P.O. VILORIA-FISHER:

Okay. Thank you, Janet.

CHAIRPERSON BROWNING:

Thank you, Janet. I think that's it. Anybody else? No? Okay.

So BRO, do you have any comments, other than you agree with all the doom and gloom?

MR. FREAS:

Yes. We -- the departments were very open and honest about the situation that they're facing in '12 and in the remainder of 2011.

I did want to be clear that the over estimate of the revenue is regardless of whether the positions are restored or not.

MS. DONO:

The same with DSS, same situation.

MR. FREAS:

That the --

CHAIRPERSON BROWNING:

Did you say except for DSS?

MS. DONO:

It's the same situation.

MR. FREAS:

And that actually not restoring the positions will make the revenue situation worse because of loss, possible loss of aid and further loss of earned revenue and so forth.

CHAIRPERSON BROWNING:

Okay.

D.P.O. VILORIA-FISHER:

Okay, good. Thank you.

MR. FREAS:

I think that was about it.

MS. DONO:

Yep.

CHAIRPERSON BROWNING:

Okay. So I thank you, and I guess we're adjourned.

*(*The meeting was adjourned at 5:34 P.M. *)*

{ } - Denotes Spelled Phonetically