

**VETERANS & SENIORS COMMITTEE**

**HEALTH COMMITTEE**

**HUMAN SERVICES COMMITTEE**

*Of the*

***Suffolk County Legislature***

**2013 Joint Operating Budget Meeting**

**Verbatim Minutes**

A special joint meeting of the Veterans & Seniors Committee, Health Committee and the Human Services 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 23, 2012 at 1:30 p.m., to discuss the matter of the 2013 Operating Budget.

**Members Present:**

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

Legislator Tom Barraga - Member/Veterans & Seniors

Legislator DuWayne Gregory - Member/Veterans & Seniors

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

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

Legislator John Kennedy - Member/Health

Legislator Ed Romaine - Member/Health & Member/Human Services

***Legislator DuWayne Gregory - Chairman/Human Services & Member/Veterans & Seniors***

Legislator Kara Hahn - Vice-Chair/Human Services

Legislator Lou D'Amaro - Member/Human Services

**Members Not Present:**

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

Legislator Ricardo Montano - Member/Veterans & Seniors

**Also In Attendance:**

Legislator Robert Calarco - District #7

Marge Acevedo - Aide to Presiding Officer Lindsay

Terry Pearsall - Chief of Staff to Presiding Officer Lindsay

Debbie Harris - Aide to Legislator Stern

Justin Littell - Aide to Legislator D'Amaro

Seth Squicciarino - - Aide to Legislator Hahn

Gail Vizzini - Director/Budget Review Office

Craig Freas - Budget Analyst/Budget Review Office

Diane Dono - Budget Analyst/Budget Review Office

Tom Vaughn - County Executive's Office

Thomas Ronayne - Director/Veterans Services

Holly Rhodes Teague - Director/Department of Aging

Dr. James Tomarken - Commissioner/Department of Health Services

Jen Culp - Assistant to the Commissioner/Department of Health Services

Margaret Bermel - Director of Health Administration/Health Services

Diane Weyer - Administration/Department of Health Services

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

Gregory Blass - Commissioner/Department of Social Services

John O'Neill - Deputy Commissioner/Department of Social Services

Linda O'Donohoe - Assistant to the Commissioner/Department of Social Services  
Traci Barnes - Personnel Director/Department of Social Services  
Ken Knappe - Finance Director/Department of Health Services  
Kevin Beyer - Long Island Gasoline Retailers Association  
Mary Brite - Assistant Director-Outreach Project of Bellport/The Quality Consortium  
Brian Lahiff - Child Care Council of Suffolk  
Pamela Johnston - Executive Director/Victims Information Bureau/Suffolk  
Pamela Mizzi - Director-Prevention Resource Center/South Oaks Hospital/The Quality Consortium  
Elaine Economopolous - Director/Town of Smithtown Horizons Counseling & Education Center/  
The Quality Consortium  
Kim Laube - Executive Director-HUGS/The Quality Consortium  
Lois Hartman - Federation of Organizations/Foster Grandparent Program  
Meryl Cassidy - Response of Suffolk  
Paul Caplan - Concerned Citizen  
All Other Interested Parties

**Minutes Taken By:**

Alison Mahoney - Court Reporter

*(\*The meeting was called to order at 1:28 P.M. \*)*

**CO-CHAIR STERN:**

Good afternoon, everybody. And welcome to this joint committee hearing of the Health, Human Services and Veterans & Seniors Committees. I would ask everybody to please rise and join in the Pledge of Allegiance led by Legislator Hahn.

***Salutation***

I ask everybody to please remain standing and join us for a moment of silence as we keep all of the brave men and women fighting overseas in our thoughts and prayers.

***Moment of Silence Observed***

Thank you.

**CO-CHAIR STERN:**

Okay. Welcome, everyone, and thank you for being with us today. First up, we look forward to hearing from our Director, Director Ronayne.

**DIRECTOR RONAYNE:**

Good morning, Mr. Chairman, Members. Thank you for your invitation to appear before you today.

I know that we are here to discuss budget, but I am delighted to be able to report to you that, having had our conference yesterday with Budget and the County Executive's Office, any minor issues that we thought that we might have had, we have been able to satisfactorily resolve, and I have no issues of concern to report to you today.

**CO-CHAIR STERN:**

Nice. This is the best kind of appearance.

*(\*Laughter\*)*

Director, well, thank you. Thank you for making that crystal clear for the record. We appreciate it. We know you have a very important event coming up today that you need to be to. Are there any questions for Director Ronayne?

**LEG. HAHN:**

So --

**CO-CHAIR STERN:**

Yes, Legislator Hahn.

**LEG. HAHN:**

So at one time, there was a backlog of applications for -- can you talk about that?

*(\*D.P.O. Horsley entered the meeting at 1:30 P.M. \*)*

**DIRECTOR RONAYNE:**

There is still a backlog, and that is a relatively new phenomenon to our office. We have not, in the past, typically had that problem. With regard to the backlog, we are still negotiating with Stony Brook University to add one additional Veteran Service Officer position that will be located in a satellite office on the grounds of the State Veterans Nursing Home at Stony Brook, and we have discussed having further discussion with an eye toward adding one additional service officer in the future. But at this time, the addition of the Service Officer at Stony Brook will aid us greatly in addressing and maintaining our client load and reducing the backlog versus continuing to increase it.

**LEG. HAHN:**

And I met with -- and I'm sorry I don't have my notes in front of me, but I did meet with the folks from the State Veterans Home, and they had wanted at least a contact. So are you saying that in the budget, there is money for this individual to be there?

**DIRECTOR RONAYNE:**

The position at the State Veterans Home at Stony Brook is not going to be in our budget.

**LEG. HAHN:**

Right.

**DIRECTOR RONAYNE:**

That position will be funded by the State of -- by Stony Brook; they will pay the first year's salary and benefits and fringes, the subsequent years of the agreement will have Stony Brook paying for the full salary of the Service Officer.

*(\*Legislator Romaine entered the meeting at 1:32 P.M. \*)*

**LEG. HAHN:**

Right, you're reminding me. Sorry. They did hope that we would have someone, and it's in DSS, that they were hoping for a single point of contact from a Medicaid standpoint to have when they have issues with Medicaid applications for their clients there and to have one person to go to and a phone number to call, and so I'll talk to Commissioner Blass about that. But there's certainly a need for that kind of single point of contact for the Veterans Home to have on Medicaid issues. Are you hearing that as well.

**DIRECTOR RONAYNE:**

I occasionally have those conversations with the leadership at Stony Brook. One of the things that makes the State Veterans Home unique to many other facilities is that they will accept eligible residents, be they veterans or the surviving -- or the spouse or surviving spouse of a veteran, as

Medicaid pending. So when those applications are submitted, obviously there's -- they're a bit anxious to see that they are processed. DSS has a history of working well with them, working well with and ensuring that those issues are effectively resolved. I have no question that the Commissioner will be able to further enlighten you on that, I wouldn't for a moment pretend to speak on his behalf.

**LEG. HAHN:**

Thank you.

**CO-CHAIR STERN:**

Director, it's great to hear, then, that at this point we'll have sufficient manpower and hands-on through our resources and combination, working with Stony Brook. And we want to make sure that we have what we need to provide the service, the representation to our veterans, particularly when they're making application for benefits. Could you maybe just very briefly bring us up-to-date on your understanding of how applications are being processed now at the Federal level and what kind of backlog they're looking at and what we might be able to expect going forward into this next year?

**DIRECTOR RONAYNE:**

The backlog of pending claims at VA, at the various regional offices that are waiting -- that are awaiting adjudication is approaching one million. Their backlog has actually increased somewhat. They have supplemented their training. There was an issue of -- there was a bit of a brain drain a couple of years ago. They hired a significant number of new people to work in the adjudication, on the adjudication staff. Unfortunately, the number of people that they hired about kept pace with their attrition that had occurred over the prior several years, so there was really not much of a net gain. With the large number of new people coming in, there was a deficit of experience. They have, I think, done a fairly good job, they have more work to do, but they have done a fairly good job of increasing the training that these new staffers have received and improved their ability to process the claims.

VA has also now undertaken an effort where claims are not necessarily always going to be processed at the regional office at which they are submitted. If there is an unreasonable backlog, they will identify another regional office that may have an ability to more expeditiously process that claim and they'll move the file to that other regional office. So that has also -- is a fairly recent development. We're hoping that that will result in a downtick in the numbers.

**CO-CHAIR STERN:**

Certainly, as we go forward into this next upcoming year, those are still some pretty -- some pretty big challenging numbers at the VA. Anything else for the Director?

**LEG. HORSLEY:**

A quick question.

**CO-CHAIR STERN:**

Legislator Horsley, then Legislator Romaine.

**LEG. HORSLEY:**

Hey, Tom. Just a quick question on the -- and I may just have missed it. I'm sorry, I came in a few minutes late. The Veteran Service Officer; do you know what the costs are and what level that is at?

**DIRECTOR RONAYNE:**

The Veteran Service Officer?

**LEG. HORSLEY:**

Yeah, the one that you were looking for the, the possibility --

**DIRECTOR RONAYNE:**

It's a Grade 16, Step 1.

**LEG. HORSLEY:**

Sixteen, step 1. Do you have an idea of, approximately, how much that is starting?

**DIRECTOR RONAYNE:**

About forty-three salary.

**LEG. HORSLEY:**

Forty-three? Okay. Around there? Thank you.

**CO-CHAIR STERN:**

Legislator Romaine.

**LEG. ROMAINE:**

Yes. We're talking about the ability of your department to assist a lot of the veterans coming out. Suffolk County, I believe, has the largest number of veterans of any County in the State of New York; correct me if I'm wrong.

**DIRECTOR RONAYNE:**

That is correct.

**LEG. ROMAINE:**

A lot of the veterans are returning from Iran -- excuse me, Iraq and Afghanistan. Let me ask you, I understand that certain towns also have veteran programs; do you know which towns they may be?

**DIRECTOR RONAYNE:**

Right now, Huntington has a Veteran Services Coordinator. That person is not a Veteran Service Officer. Quite honestly, their focus is not necessarily -- really on the delivery of services and benefits inasmuch as it is referring and making sure that there's no wrong-door type approach.

**LEG. ROMAINE:**

And those referrals come mostly to you?

**DIRECTOR RONAYNE:**

Yes.

**LEG. ROMAINE:**

So, and Huntington is the only town that you know of, of the ten, that have that type of situation?

**DIRECTOR RONAYNE:**

No, Babylon now has a similar function in place.

**LEG. ROMAINE:**

Is that a full-time, part-time function in Babylon?

**DIRECTOR RONAYNE:**

I believe that one is now a full-time position.

**LEG. ROMAINE:**

Full-time position. So Babylon, Huntington --

**DIRECTOR RONAYNE:**

Town of Brookhaven has an office as well.

**LEG. ROMAINE:**

Is that full-time or part-time?

**DIRECTOR RONAYNE:**

That is also a full-time position.

**LEG. ROMAINE:**

That's a full-time position. Okay.

**DIRECTOR RONAYNE:**

And Town of Islip has established a Veterans Advisory Council that serves a similar --

**LEG. ROMAINE:**

But they're not Veteran Service Officers.

**DIRECTOR RONAYNE:**

None of those that I have just listed are Veteran Service Officers.

**LEG. ROMAINE:**

So their basic function is referral.

**DIRECTOR RONAYNE:**

Primarily, general information.

**LEG. ROMAINE:**

But the people that work for you are Veteran Service Officers.

**DIRECTOR RONAYNE:**

My Veteran Service Officers are accredited Veteran Service Officers, yes.

**LEG. ROMAINE:**

You can get counseling and you can work with them for employment and things of that nature; is that correct?

**DIRECTOR RONAYNE:**

That is correct. We are accredited by the U.S. Department of Veterans Affairs, in addition to at least one of the major veteran service organizations.

**LEG. ROMAINE:**

Tom, if I'm not mistaken, it's six, seven years ago that you were appointed Director; is that correct?

**DIRECTOR RONAYNE:**

I'm going on eight.

**LEG. ROMAINE:**

Eight years. Congratulations. That's great. And I mean that, because you do a heck of a job. How many less people do you have in your department now than eight years ago?

**DIRECTOR RONAYNE:**

Two, but both of those positions are identified in the new budget.

**LEG. ROMAINE:**

To be restored.

**DIRECTOR RONAYNE:**

One of them is an Administrative Clerk Typist position and the other one is the Veteran Service Officer at the Stony Brook facility that we just discussed.

**LEG. ROMAINE:**

So you will have the ability to service, to the best of your department's ability, the veterans that -- particularly the veterans coming out of service today.

**DIRECTOR RONAYNE:**

I believe so. And we don't make a distinction between Iraq or Afghanistan veterans. We happily and proudly serve any veteran of any era. Obviously our newer generation of veterans are presenting with greater needs, but they are only a part of our overall population.

**LEG. ROMAINE:**

I just wrote you about a widow of a veteran who's 91 years old who's looking for assistance that may have fallen through the cracks and --

**DIRECTOR RONAYNE:**

I responded to that e-mail early this morning and --

**LEG. ROMAINE:**

Right. You said you would be --

**DIRECTOR RONAYNE:**

-- we are investigating it today. You'll have a response by the end of business today.

**LEG. ROMAINE:**

And I know I can count on you, Tom, to do exactly that. I wish you good luck. I think your department fulfills a very basic service, a necessary service in this, the County with the most veterans in New York State. Thank you.

**DIRECTOR RONAYNE:**

Thank you.

**CO-CHAIR STERN:**

Anyone else?

**LEG. HAHN:**

I just have one more question.

**CO-CHAIR STERN:**

Legislator Hahn.

**LEG. HAHN:**

You had mentioned earlier you were going to establish a task force on suicide prevention amongst our local veterans in Suffolk County? I was wondering how we're doing on that.

**DIRECTOR RONAYNE:**

Yes. We have begun that process. We will be having an initial meeting later this week. We are still defining the overall mission of this body, and I think that will, in part, come out of the first meeting that we have. Not all positions have likely been filled. We still have to do some examination of the overall needs and make further determinations. But yes, we are in the process of establishing and having that body convened.

**LEG. HAHN:**

Please let us know what kind of support you may need from this body.

**DIRECTOR RONAYNE:**

I very much appreciate that. I will say that given the seriousness of the issue and the urgency of the need, any discussions that I have had with any of the members of the Legislature and the County Executive have been entirely supportive. There's been nothing but an outpouring of support on this issue, so I'm grateful for that.

**LEG. HAHN:**

Thank you.

**CO-CHAIR STERN:**

Director, thank you. Thank you for being with us, and thank you to your outstanding staff for their service as well.

**DIRECTOR RONAYNE:**

Thank you very much.

**CO-CHAIR STERN:**

Okay. Next up is Kevin, Kevin Beyer.

**MR. BEYER:**

Good afternoon. My name is Kevin Beyer, President of Long Island Gasoline Retailers Association. I'm here before you, once again, speaking about fees and increases. We battled for eight months going back and forth with the Legislature when it came to Consumer Affairs trying to implement meter fees that were skyrocketing fees at the locations, at the gas stations.

Here I am, not even maybe a month and a half later, after we finally put that to rest, and the County got a 300% increase on those -- instead of doing the meter fees, but on the licensing fee was -- it went up 300%. You know, we agreed to it, and here I am again looking through a budget and there's another fee, it's going to double. So now it's with the Health Department looking to double the amount that we're paying on underground storage tanks. This has to stop. This is like we're getting fee'd-to-death in our industry. I pay -- you know, we pay the Liquor Authority, the Health Department, we pay Consumer Affairs, the fire, I mean, all the town fees. To just, you know, raise this to -- you know, a hundred percent, let's just give a hundred percent increase on this isn't saying to small business -- we can't keep taking all these fees and all these increases. We just gave the 300% increase. You know, I'm going to ask that you guys just leave this -- let it remain what it is.

*(\*Legislator Kennedy entered the meeting at 1:43 P.M. \*)*

To us, it's totally unfair. There was an article in the paper last week how New York State is 50th in the country as far as being business friendly. Well, this County -- you know, the County Exec, when he came in, came on board and said he was going to be business-friendly, and here I am twice in less than a couple of months fighting for, you know, to keep the fees down. So I don't see this as business-friendly.

**CO-CHAIR STERN:**

Thank you. Legislator Romaine.

**LEG. ROMAINE:**

Thank you for bringing this to our attention. You would think that Suffolk, in this recession, would want to roll out the red carpet instead of the red tape, and obviously, that doesn't seem to be the case. I think you're making the argument, pretty persuasively, that the County is not friendly to business development.

What will this do to your members? Explain what this will do and the impact it will have, people that it will put out of business, jobs that will be lost to Suffolk County, maybe you can go into that. I understand the need for revenue in government, but as someone once said, the power to tax is the power to destroy. And obviously you want to tax in a way that is -- tends not to be destructive to job creation, tends not to be destructive to job creation and to our economy, so maybe you could tell me about what this means for your members.

**MR. BEYER:**

Well, it's not just this one fee increase. It's constant over time. We're getting hit left and right. In our business, it's harder and harder, between the taxes going up and everything else, along with these fees. People are packing it in. If you look at the service stations and you look around the County, you'll see a lot of stations that are closed, or you'll see stations that are on the brink of closing, because they can't -- you know, you can't take it anymore. You can't constantly chisel at us and expect that we all have, you know, this never-ending flow of money; it doesn't happen. And in the past, I'd say in the past ten years, in our industry, it's been getting just like anywhere else in the economy, it's been getting more and more difficult to stay here and do business.

And I've been in this 27 years. I'm at the point, and I've discussed this over and over, that, you know, I would have gotten out -- I would have sold one of -- you know, my last location that I have right now, which is in Smithtown, if my daughter was finished with college, because it's becoming, you know, just very, very stressful to stay here and do business in the County like this.

**LEG. ROMAINE:**

Just a follow-up question. One of the things I did agree with, because knowing our environment, is doubling hulling of gas tanks. That regulation that was put in, there was a ten-year buy-in to that, and eventually most people waited right till the end. When you had to convert your gas stations, when gas stations had to convert, how much did that conversion cost, on average, an average gas station?

**MR. BEYER:**

The average gas station spent anywhere from about 150 to over \$200,000 just to put --

**MS. MAHONEY:**

Is your mic on? Is the light on?

**MR. BEYER:**

Now it is. The average cost of putting the underground storage tanks into those businesses when they made that decision was, at the minimum, about \$150,000 all the way up to about 200 to \$300,000. And that, you have to understand, was all underground. You didn't get any extra business because of that. You didn't increase your business because of that. You didn't beautify your location. You just complied with the law, and the law was to put double-walled, fiber glass tanks in.

**LEG. ROMAINE:**

Right. Now, I said I agreed with that for environmental reasons. But nevertheless, that caused many gas stations just to close up, because they didn't have the 150 to 300,000 to do that. Now, this fee does what.

**MR. BEYER:**

This fee is just a licensing fee that we have, that we pay every year to let the Health Department know that we have underground storage tanks, which they already know. So all we're asking is we are paying for this.

**LEG. ROMAINE:**

What is the current fee, like for an average gas station?

**MR. BEYER:**

Well, it's -- an average that they have is about \$113 per location, and that's just one fee, not including all the other fees.

**LEG. ROMAINE:**

And this would go up to --

**MR. BEYER:**

They said it would double. They're looking to double the fees. I wish I could double my profits.

**LEG. ROMAINE:**

I hear you and I thank you for the information.

**MR. BEYER:**

All right. Thank you.

**LEG. KENNEDY:**

Kevin, hold on a second. I --

**CO-CHAIR STERN:**

Wait. Legislator Hahn and then Legislator Kennedy.

**LEG. HAHN:**

Do you know when the last time this fee was raised?

**MR. BEYER:**

I really don't know when this was one --

**LEG. HAHN:**

BRO, do you know when the last time this fee was raised?

**MR. FREAS:**

I defer to the department for that, when the last time the fee was raised? I don't think it's --

**LEG. HAHN:**

Okay. And again, I know now that --

**MR. FREAS:**

I would say it's been at least -- most of the fees that were presented as proposed fees had not been raised, I want to say at least three years, most of them longer than that.

**LEG. HAHN:**

Right. So -- and again, when we're done with this budget process, I think we need to see a comprehensive listing of all our fees, fines and fares that we charge and when the last time they were raised has been. But, again, I believe this is for -- this will cover the costs that we were for inspecting these tanks; is that part of what this fee is for?

**MR. FREAS:**

I believe that's the intent.

**LEG. HAHN:**

And what does it cost us to go out and inspect each of these tanks; do we know?

**MR. FREAS:**

I don't know that.

**LEG. HAHN:**

It's certainly -- as Legislator Romaine has said, this is, you know, an area where pollution -- we live over a sole-source aquifer. We need to be inspecting these tanks and we need to, as a governmental body here, Suffolk County government, we need to be able to do that and make sure they're operating properly. And if we -- if it's been several years that we haven't raised the fee, there may be -- these are answers that we need to get to understand why this fee is going up. And if it hasn't gone up in -- if it's three years, if it's five years, some of our fees haven't gone up in 15 years. We may need to do that to cover our costs to make sure that there isn't polluting that is happening.

**MR. BEYER:**

Can I respond to that? With all due respect on that, with all the new double-wall fiberglass tanks in there, the work that is required for any inspector to come out is so much less than it ever was. Because, first of all, there's the feeder-route system in there where they go in, they punch a button and it will give a whole reading on everything, whether there's leak detection; there's leak detection that's there 24-hours a day constantly being monitored. So they'll see anything like that. It's not like the old days where you have to go crazy looking at anything, it's very -- it's very easy now. And not only that, they're not out every -- they're not out every year inspecting these tanks.

**LEG. HAHN:**

Well, they certainly need to be.

**MR. BEYER:**

And to double it is -- to double that fee, it's just unfair to us. And to us, it's looking like it's to fill, you know, another hole and it's not fair on our backs.

**LEG. HAHN:**

Doubling sounds excessive.

**MR. BEYER:**

It is excessive.

**LEG. HAHN:**

We have to hear from the department, certainly, to get the answer to these questions.

**MR. BEYER:**

But as far as checking the tanks, they're not, you know, going underground, they're not doing anything like that. They're going in, they're hitting a button and a tape will come out to tell them. The other thing that they'll do is ask for a ten-day reconciliation, they can review the ten-day

reconciliation just to see, you know, if there's overage or shortage on the gasoline. That's really it.

**LEG. HAHN:**

Will we have the Commissioner here, or someone who can answer what gets done as part of these tests? Maybe when the Health Department comes up, we can ask, we can certainly ask about that.

**CO-CHAIR STERN:**

We can have him up now and have a conversation, why not. Commissioner, would you be able to answer some of the questions that are raised by Legislator Hahn?

**COMMISSIONER TOMARKEN:**

Not the actual details of the inspection; I don't have those.

**CO-CHAIR STERN:**

Okay. So maybe you can discuss that off-line.

**LEG. HAHN:**

So we should talk and under -- make sure we understand that, to understand why they're proposing this kind of increase.

**MR. BEYER:**

Absolutely.

**LEG. HAHN:**

Thank you.

**CO-CHAIR STERN:**

Legislator D'Amaro just wanted some numbers and then we'll go to Legislator Kennedy.

**LEG. D'AMARO:**

And I'm sorry if this was already stated. Is the fee a set fee, or is it based on some scale?

**MR. BEYER:**

They have it -- it's actually based on the amount of tanks you have and the gallons that it can hold.

**LEG. D'AMARO:**

And you said the average fee was about a hundred and --

**MR. BEYER:**

Well, they're saying the average fee is with a 30,000 gallon storage would be about 113, and they're looking to double that. But you have stations that have, you know, more than three 10,000-gallon tanks. You'll have stations that have, you know, five 10,000-gallon tanks, you know, due to diesel and --

**LEG. D'AMARO:**

So on the high end it could go to three, 400, you know, the fee?

**MR. BEYER:**

Well, then it would -- yeah, because you're going to be -- like they said, they're looking to double. So if you're paying, let's say, 150, you're going to \$300.

**LEG. D'AMARO:**

All right. Thanks.

**CO-CHAIR STERN:**

Legislator Kennedy.

**LEG. KENNEDY:**

Thank you. Kevin, thank you for being here. And I'm pleased to have you as a constituent of mine, so think twice before you wind up going. I mean, you know, business is tough out there, but you do good service.

Listening to you speak, now I think I have the answer to my first question. This is not what we worked on late last Fall regarding the Consumer Affairs licensing process that you undergo every two years --

**MR. BEYER:**

Correct.

**LEG. KENNEDY:**

-- as a merchant?

**MR. BEYER:**

Correct.

**LEG. KENNEDY:**

Okay. So it sounds to me, and Legislator Hahn spoke about this, you as an individual who's vending a product and doing business here in Suffolk County, is subject to multiple layers of jurisdiction from disparate County departments. It's not just this tank fee that you're incurring, but you also have what you wind up ten million to Consumer Affairs every 24 months, and then is there any other County entity that's asking you to go ahead and pay for something we do?

**MR. BEYER:**

Well, you have the town for your sign fees, you have the Fire Marshal fees. I mean, I brought a folder, and this is my folder of fees and it's just -- that's all it is is fees in here, so it never ends. I mean, plus to stay in our business, with convenience or anything else, you have, you know, your tobacco licensing fees, you have everything.

**LEG. KENNEDY:**

So it occurs to me, then, that what we should be doing is -- what I should be doing is getting a composite from you as to what all of the different levels of oversight and jurisdiction you're responsible for just to open up the door in the morning.

**MR. BEYER:**

Oh, sure.

**LEG. KENNEDY:**

The tank inspections itself, do we actually have somebody who comes out and -- what's involved? What are they doing, you know, up the street here with your tanks?

**MR. BEYER:**

It's very -- you know, they come -- the Health Department shows up once in a while. What they do is they'll come in, they want to make sure the alarms are working, you know, on the tanks, which is fine.

**LEG. KENNEDY:**

Okay.

**MR. BEYER:**

What they'll do is hit a button, it will have to be audible, the alarm will have to be audible. They'll print out a tape.

**LEG. KENNEDY:**

Let's stop with that alarm for a second. Does the Town Fire Marshal here do the same thing?

**MR. BEYER:**

I don't think he handles that one.

**LEG. KENNEDY:**

Okay, fine. All right. Keep going.

**MR. BEYER:**

Consumer Affairs I think does the -- you know, Consumer Affairs.

**LEG. KENNEDY:**

Oh, they do. Okay. All right, let's keep going.

**MR. BEYER:**

They want to make sure that those are operational. They'll hit the button. The feeder route itself, which is an electronic box that's in the office.

**LEG. KENNEDY:**

Uh-huh.

**MR. BEYER:**

And that's -- that has the monitoring system of the double-wall, fiber glass tanks. So what it will do is if there happened to be a leak, an alarm would set off, a red light would go on.

**LEG. KENNEDY:**

Uh-huh.

**MR. BEYER:**

And what's supposed to happen is the tanks are supposed to actually shut down so you can't even pump gas. So if there was a problem like that and there's a line leak or anything like that, you're not going to be able to pump gas because it's going to shut down automatically as a safety precaution. Those are the things that they'll come check. They'll ask for your 10-day reconciliation, which also Consumer Affairs would do, and what they'll do with that is they're going to check to make sure that not only is it in your tape, because you have to do -- you know, pull out the tape for the feeder route to see where that's at, but they'll want to see where your 10-days match is and where they'll see, you know, there's no discrepancy on the gasoline, overage or shortage.

**LEG. KENNEDY:**

Okay. So, then, maybe I should be asking this: How much overlap is there between the Health Department oversight and inspection and the Consumer Affairs Department oversight and inspection?

**MR. BEYER:**

I'd have to look back to see exactly what each one requires in their inspection, but they're pretty similar. Those two --

**LEG. KENNEDY:**

Okay.

**MR. BEYER:**

You know, Consumer Affairs I think is a lot more thorough with what they do. They come in, they're inspecting your --

**LEG. KENNEDY:**

They have that truck, don't they, where they actually -- they're going to take a sample --

**MR. BEYER:**

Yeah, they'll take a -- right.

**LEG. KENNEDY:**

-- they'll pump, they'll make sure your pump is pumping a true gallon, that it's whatever the particular octane is that --

**MR. BEYER:**

Right.

**LEG. KENNEDY:**

-- you know, you've got marked on the pump. Do they actually do anything with testing the viability of the tanks themselves? You know, back in the old days there was the pressure testing, as you know. I don't know if that still goes on now.

**MR. BEYER:**

No, they're not doing that any longer. Consumer Affairs doesn't need to do that. They'll do the same thing with the 10-day reconciliations, they'll ask for your 10-day reconciliations, they'll ask for your last delivery, which is also what the Health Department does. They'll -- what they're doing is they're also going to check your dispensers, they're going to meter out five gallons to make sure that it is five gallons, and they will take samples. They'll also take samples of octane.

**LEG. KENNEDY:**

Okay. Obviously there must be some legal jurisdiction that we derive under the various statutes, but that's really of no consequence to you. That's for us to go ahead and get a look at. And so we're going to have to see what we can do to possibly harmonize the two departments. Thank you. Thank you for coming in and bringing it to our attention.

**MR. BEYER:**

All right. Thank you.

**CO-CHAIR STERN:**

Kevin, thank you. Holly?

**LEG. D'AMARO:**

Can I ask BRO? I have one more question.

**CO-CHAIR STERN:**

Okay. Legislator D'Amaro.

**LEG. D'AMARO:**

Gail, do you know offhand how much that particular fee produces in revenue to the County?

**MS. VIZZINI:**

What we have in the report is that the increase is expected to produce an additional 200,000.

**LEG. D'AMARO:**

Okay. And what is it -- well, so I guess a doubling, that would be 200,000 -- 200 now and 200 from the increase?

**MR. FREAS:**

It's about 200,000 in additional revenue.

**LEG. D'AMARO:**

So in 2012, it produced 200,000?

**MR. FREAS:**

Correct. It wasn't broken down in 2012. Actually, one of the things that the budget does is show several new categories of earned revenue in the Department of Health Services, and one of them is this -- is this revenue. The maximum charge, according to the information provided on the proposed fee list that I have, is \$308. And there's a comparison with Nassau, that Nassau's would be about \$650 maximum, so we're less than half compared to our neighbors to the west.

**LEG. D'AMARO:**

Just on this particular fee.

**MR. FREAS:**

On this particular one, yes, sir.

**LEG. D'AMARO:**

Right, because we're not comparing off these to Nassau County.

**MR. FREAS:**

No.

**LEG. D'AMARO:**

Some might be more, some might be less.

**MR. FREAS:**

Well, it's a comparison that was, again, provided as the department was contemplating these new fees.

**LEG. D'AMARO:**

Okay. Thank you, Mr. Chairman.

**CO-CHAIR STERN:**

Good question. Holly, welcome.

**DIRECTOR RHODES-TEAGUE:**

I just wanted to ask for your support for the 2013 recommended budget for Aging. Our budget is stable. It provides for the services that we're providing currently, and we also have an additional almost half a million dollars because of the new funding I got from the State this year based on the Census numbers. So for us I believe it's a good budget and we'll be able to maintain services that we're providing and perhaps provide a little more home care service with the additional funding that we have. Does anybody have questions for me on our budget?

**CO-CHAIR STERN:**

Anybody for Holly?

**DIRECTOR RHODES-TEAGUE:**

Once? Twice? Three times? Okay.

**CO-CHAIR STERN:**

Legislator Romaine.

**LEG. ROMAINE:**

Just a quick question. In the last, say, let's say five, six years, is your department down in staffing? Is it about the same? Where are we in terms of staffing?

**DIRECTOR RHODES-TEAGUE:**

We do have less staffing than we've had in the past couple of years. I do have some vacancies right now. It's been up and down over the course of time, so I can't say that it's much lower than it's been, but it is lower than it was before.

**LEG. ROMAINE:**

It is lower. Do you feel you have enough staff to carry out your mission?

**DIRECTOR RHODES-TEAGUE:**

I'm hoping that in the next year, I might be able to fill one or two of the vacancies, but I think that's all I really will have to do at this point. I don't think it's where I have to put new staff in. If I get new funding, then I would ask for new staff, but I'm hoping that one or two vacancies I have might be able to fill.

**LEG. ROMAINE:**

And you have grant applications out now that are still spending waiting decision?

**DIRECTOR RHODES-TEAGUE:**

What's coming down the road, there's some additional funding from the State for different programs. Some of them are only one-shot deals, so then I would have put funding in for positions, only because it would be like a one-year type of funding. But there is some talk that there will be new funding coming down from the State. It's just -- it hasn't happened yet. And we usually get our funding by formula, so it's not as much that I have to do a grant application as much as hope that the money comes through from the State.

**LEG. ROMAINE:**

What did you do six or seven years ago that you're not doing now in terms of senior services?

**DIRECTOR RHODES-TEAGUE:**

Well, some of the funding from the State has dried up.

**LEG. ROMAINE:**

Right.

**DIRECTOR RHODES-TEAGUE:**

For example, the WRAP Program is ending this year, we're just ending the WRAP Program because the Federal funding was short for HEAP and they moved out money.

**LEG. ROMAINE:**

Right.

**DIRECTOR RHODES-TEAGUE:**

So that's a program that we will no longer be doing. The Epic Reimbursement Program that the County ended last year, we're not doing anymore. There's been little one and two-year grants that have come and gone that we don't do, but it depends on the funds.

**LEG. ROMAINE:**

Among many other things, your agency is a pass-through to the towns as well?

**DIRECTOR RHODES-TEAGUE:**

Correct.

**LEG. ROMAINE:**

So the Town agencies were affected by those pass-throughs; is that correct?

**DIRECTOR RHODES-TEAGUE:**

They have not been affected by some of these smaller grants. They generally receive funding for nutrition programs, residential repair programs. Some of them do the Level I housekeeping for us.

**LEG. ROMAINE:**

Right.

**DIRECTOR RHODES-TEAGUE:**

But those are the programs that we have not -- we have not reduced the funding for those programs.

**LEG. ROMAINE:**

Let me ask you about the nutrition programs that feed people. Where is the funding on that?

**DIRECTOR RHODES-TEAGUE:**

That funding is generally the home-delivered meals programs that were supposed to be funded 90% Federal, 10% local. And the way it stands right now is that it's 60 -- approximately 65% Suffolk County, 35% Federal. And that's not counting what some of the towns are putting in for running those senior centers where those nutrition programs are. It's woefully underfunded by the Federal programs.

**LEG. ROMAINE:**

But the Federal government has legislation that says they should be funding it at 90%?

**DIRECTOR RHODES-TEAGUE:**

The Older Americans Act funding is 90% Federal, 10% local.

**LEG. ROMAINE:**

Could I ask you to speculate on the record as to why the Federal government is not meeting its commitment to feed needy senior citizens?

**DIRECTOR RHODES-TEAGUE:**

It's all dollars and cents. I mean, that's just -- and the need is great and they have not -- they have been flat-funded for years.

**LEG. ROMAINE:**

Flat-funded. The only reason I ask, I hear a lot of things in the Congressional campaign about the characters sometimes of the candidates running, which have very little to do with the issues. But the one thing I've never heard, which really should be asked, is why the Federal government isn't meeting its statutory requirements in terms of feeding needy senior citizens. And that

sometimes -- I've missed in that debate and somehow I feel our candidates for Federal office are not addressing those issues. But obviously, if you're a needy senior citizen or a County government struggling to try to come up with the money to feed these needy senior citizens, it truly is an issue.

**DIRECTOR RHODES-TEAGUE:**

We have approximately 450 people waiting for home-delivered meals in the County right now.

**LEG. ROMAINE:**

These are people that are, in many cases, homebound, many cases widowed, in many cases depend on that one meal, a hot meal a day for their nutrition and just for human contact. Does that kind of describe the situation?

**DIRECTOR RHODES-TEAGUE:**

Correct.

**LEG. ROMAINE:**

Somehow I missed that in our Congressional debates. Thank you very much.

**CO-CHAIR STERN:**

Anyone else for Holly? Okay. Holly, thank you. Thank you to you and your staff.

Next is Mary Brite.

**MS. BRITE:**

Hello. My name is Mary Brite. I'm Assistant Director for Outreach Project, substance abuse treatment in Bellport, and I'm here representing The Quality Consortium which is a partnership of 20 licensed addiction, prevention and treatment programs.

When reviewing the budget, we ask you to remember that individuals, families and communities are more in need than ever to have access to quality programs and services provided by Suffolk County's community-based organizations. These programs are made available by priorities set by government in response to overwhelming needs of Suffolk County residents. In Suffolk County, the age of the first use of any drug is getting younger. Youth are abusing prescription drugs at epidemic proportions. One in teen -- one in five teens report abusing prescription pain medications, prescription stimulants and tranquilizers.

Students who use drugs or alcohol are five times more likely to drop out of school. Studies over the last 25 years have shown that prevention and treatment effectively reduce drug and alcohol use, but also criminal activity and a host of other health and social problems. To meet these needs, Suffolk County partners with service providers to deliver quality, comprehensive, affordable and accessible prevention, treatment and recovery services. Together these programs and services provide a comprehensive system and safety net to a healthier Suffolk County community.

The Quality Consortium applauds policymakers who recognizes and urges for continued support to ensure that the best resources are available to all Suffolk County's children, families, individuals and communities at large. These programs and services will provide a safer, healthier, more vibrant Suffolk County. According to the Federal government, for every dollar government spends on addiction, prevention treatment, it saves 7 to \$25 in other costs. Thank you.

*(\*Legislator Spencer entered the meeting at 2:08 PM\*)*

**ACTING CHAIRPERSON HAHN:**

Thank you. Any questions? Thank you very much.

The next speaker is Brian Lahiff followed by Pamela Johnston.

**MR. LAHIFF:**

Good afternoon. My name is Brian Lahiff, I'm the Assistant Director of the Child Care Council of Suffolk. Janet Walerstein, the Executive Director, is unable to be here today, but she asked me to stop by to ask you to consider the recommended budget. There are three contracts for the Child Care Council. One of them is a pass-through contract. It is our registration and inspection contract. It is from the New York State Office of Children and Family Services. It's 100% pass-through.

The other two contracts are with the County. One of them is the Community Development Corporation Loan Program. It is a small contract, only \$10,000, but it helps build capacity in the child care provider setting. It offers low interest loans from the CDC, and the Child Care Council does a rating on the program to see if there is quality in that program and that the dollars will help improve the quality so the experience of the children is improved.

The big contract, though, that I want to speak about is our Supportive Services Contract. This contract enables the Council to be at DOL five days a week to help clients go forward as they receive a work assignment and remove child care as an obstacle. We also provide other supportive services while we're doing that. So there may be other issues that the client is dealing with that we can help handle while they're there. We're also bilingual, so that this is the type of situation that a client does not feel that they're not getting all of the services available. By doing this, we help create an environment that leads these clients to self-sufficiency, to enable them to move off of Public Assistance and eventually become, you know, a part of the, I guess, wonderful news of the sales tax numbers that came in. They'll be out there working and spending money rather than being on public assistance. So for the value of what you would get out of it for our services, we feel that it's a pretty good deal for the County.

**ACTING CHAIRPERSON HAHN:**

Thank you. Just from my experience in our budget groups, if you could talk just a little bit more about the value-add that the Council representative brings in this Supportive Services Contract. When you say bring -- remove child care as an obstacle, talk to me about how much more is done than just simply helping fill out the form, but talk to me a little bit more about what you do, your workers do.

**MR. LAHIFF:**

Well, the work that we're doing there, the referral service and the resource service, which, you know, I'll take the opportunity to let you know that the Child Care Council of Suffolk is only the second in the nation to be recognized as a quality-assured agency in providing this service. And what we do is not just help fill out an application and help find child care, it's listening to the client and finding what is the right match, putting together the options that are out there.

And the difficult part that is going on right now is everybody is concerned about child care subsidy. And while that is important, subsidy -- subsidized child care is not the only kind of child care that's going on. There is still a need for where the children will go while a parent is working, subsidized or not. So there are options, especially the type of options where work may be in non-traditional hours; shift work, overnight, weekends. We can help find the right option for the parent so that they can then go out and have the opportunity to be a better employee and maybe move along in their career.

It's also about listening and finding out about the other services that may be needed that get lost in translation as they're trying to deal with just surviving from day-to-day. So whether it might be getting them through a HEAP application, food stamps, anything else that -- or perhaps even counseling for a child or finding out other areas where their families may need support. It's a

comprehensive, wholistic approach that isn't just child care, but rather the whole family.

**ACTING CHAIRPERSON HAHN:**

Thank you. Were there any questions for Brian? John, no? Okay. Thank you.

**MR. LAHIFF:**

Thank you for your time.

**CO-CHAIR SPENCER:**

Pamela Johnston.

**MS. JOHNSTON:**

Good afternoon. I'm Pamela Johnston, I'm Executive Director of Victims Information Bureau of Suffolk. Thank you. I apologize to people who heard me this morning, but I think I will repeat myself anyway.

In 2012, VIBS lost 104,531 from our contracts with Suffolk County. In the original 2012 budget, our Department of Social Services grant was reduced by \$5,708 from the 2011 level of \$541,358 to \$535,650, and then it was reduced again July 1st to 523,866. The mid-year cut of \$11,784 represents 10% of the County portion of that grant which provides counseling and advocacy to victims of domestic violence.

The County portion of our contract with Probation was reduced by \$28,350 in January and cut again July 1st by another \$7,336. Our Probation contract focuses primarily on services to victims of rape and sexual assault, and it includes VIBS' coordination of the Sexual Assault Nurse Examiner Program. In the County Executive's proposed budget for 2013, VIBS will lose another \$23,655 from Probation and DSS. Our core rape crisis funding from the County Health Department, \$51,353 in 2011, was cut entirely from the 2012 budget. That contract had supported rape crisis intervention since the 1970s.

All of these cuts are extraordinarily harmful for prevention of domestic violence and sexual assault and services for survivors. However, I am most alarmed at the total loss of our Rape Crisis Grant from the Health Department and the precedent that makes. If there is any way to restore any funds, I hope that you will restore that \$51,353 for services for rape survivors.

In 2011, we provided trauma-informed counseling to 258 adult, adolescent and child survivors of rape and sexual assault. Our advocates provided {cord accompaniment} and safety planning to 96 survivors of sex crimes.

I heard the bell run off, so I'm going to stop there. But I would like to say that if you're talking about people in the workplace and being able to work, counseling for traumatized victims of sexual assault, which is extremely traumatizing, is really critical. We see a lot of children who are teenagers, many children who are much younger in the same program. We have had infants having to go through these exams. So I think that the services are really vital. And I know it's a tough year, but if you can restore at least that County Health Department, we would be most grateful. Thank you very much.

**LEG. ROMAINE:**

Quick question.

**CO-CHAIR SPENCER:**

Yeah, go ahead. Legislator Romaine?

**LEG. ROMAINE:**

Yes. How many -- how much money are you losing overall in the proposed budget as compared to previous years?

**MS. JOHNSTON:**

Oh, compared to previous -- this is pretty much unprecedented for us to have lost this much. But in 2012 --

**LEG. ROMAINE:**

How much is that?

**MS. JOHNSTON:**

In 2012, it was 104,500.

**LEG. ROMAINE:**

You're losing about \$104,500.

**MS. JOHNSTON:**

In this year.

**LEG. ROMAINE:**

What is your overall budget, if I may ask?

**MS. JOHNSTON:**

Our overall budget is, this year, \$2.8 million.

**LEG. ROMAINE:**

Okay. So you're losing about 5% of your budget?

**MS. JOHNSTON:**

Yes.

**LEG. ROMAINE:**

And that will impact the rape crisis?

**MS. JOHNSTON:**

Yes, it will, because a lot of the items in our budget, we have several Federal grants that involve a lot of coordination of other kinds of services and partners with other agencies. So these -- this County money really is the very basic counseling and crisis intervention for rape victims.

**LEG. ROMAINE:**

Do you know how much money overall you get from the County of Suffolk? You mentioned the one-point-something million dollars, but that's including Federal and State grants and other grants that you receive. Do you know what portion of that is County, how much County money you receive?

**MS. JOHNSTON:**

The Health Department money, that 51,000, is a hundred percent County money. Our DSS money is -- let's see, that's about 50 -- 50% of our DSS money is County money. And Probation, it -- it's different from year-to-year, but I would say it's about, the County portion is about 25%; 25 to 35%.

**LEG. ROMAINE:**

Not to get into too many details, but generally what is the number of women that you may counsel in a given year in terms of rape crisis?

**MS. JOHNSTON:**

It was -- I just had that number right here -- 96.

**LEG. ROMAINE:**

Ninety-six women in --

**MS. JOHNSTON:**

In 2011.

**LEG. ROMAINE:**

In 2011 that you counseled because of a rape or sexual assault; is that correct?

**MS. JOHNSTON:**

That's correct.

**LEG. ROMAINE:**

And saying that number stayed equally the same, 96 -- let's say a hundred to make it even, okay? Of that hundred that may seek service from you in 2013, how many will you not be able to service?

**MS. JOHNSTON:**

Oh, it would probably halve that number. This year we were able to hobble together some State grants that were just temporary that the center was able to get for us.

**LEG. ROMAINE:**

Okay. Thank you. You have been very helpful with the information.

**MS. JOHNSTON:**

Okay.

**LEG. ROMAINE:**

Obviously my colleagues will take what you say very seriously and I'm sure they'll give it due deference and try to make the numbers balance in this very difficult year. Thank you very much.

**MS. JOHNSTON:**

Thank you. Thank you.

**CO-CHAIR SPENCER:**

Legislator Barraga.

**LEG. BARRAGA:**

Pamela, even though you've been cut in many different areas, I guess, if I understood you correctly, the one area where you've been cut completely is the 51,000 for rape services?

**MS. JOHNSTON:**

Yes.

**LEG. BARRAGA:**

And that's the one area you'd like the Legislature to concentrate on as far as putting some or all of that money back; correct?

**MS. JOHNSTON:**

Yes. I would certainly like all of the money back, but that one's really crucial because of the precedent that it sets. It was a hundred percent of what we were getting from the Health Department.

**LEG. BARRAGA:**

Okay. I just wanted to make sure we key in on that one area, because I know that's the most important one for you.

**MS. JOHNSTON:**

Yes. Thank you.

**LEG. BARRAGA:**

Thank you.

**MS. JOHNSTON:**

Thank you so much.

**CO-CHAIR SPENCER:**

We still have a lot of interested Legislators. Legislator Kennedy.

**LEG. KENNEDY:**

Well, I'm going to follow-up on what Legislator Barraga had talked about, and you came to see me in my office as well. And I just want to make sure that I have it clear in my mind how it's different from some of the other reductions you spoke about. You spoke about a contract with DSS that was reduced somewhat.

**MS. JOHNSTON:**

Yes.

**LEG. KENNEDY:**

And you spoke about some other funding. But this, the SANE, you mentioned the SANE program as well, which I'm familiar with. How does this silo of funding, what's the outcome in this program that differs from those other things that you spoke about? How do we differentiate it, Pam?

**MS. JOHNSTON:**

The money that we get from Suffolk County Health Department for our Rape Crisis Program is for counseling, for trauma -- rape victims who have been traumatized. It's really the counseling, the therapy that they get for adults and children. The money that we get from Probation for the Sexual Assault Nurse Examiner Program comes through a grant from Probation and part of that money comes from DCJS at the State level, then it's Federal.

**LEG. KENNEDY:**

And that's for working emergency rooms.

**MS. JOHNSTON:**

Yes, it does the forensic exams.

**LEG. KENNEDY:**

Yes, that I'm familiar with. And under DSS, is that limited to DSS clientele who coincidentally may also be DV victims; is that the process there?

**MS. JOHNSTON:**

It is --

**LEG. KENNEDY:**

So with your Health Department funding, it's immaterial as to how the individual -- in other words, the only way they come to us is because they've been a victim of trauma.

**MS. JOHNSTON:**

Right.

**LEG. KENNEDY:**

I see. Okay. All right. Well, thank you. I appreciate it. That's something that I think we all need to have clear in our minds.

Thank you.

**MS. JOHNSTON:**

Thank you.

**CO-CHAIR SPENCER:**

Thank you, Pamela. Pamela Mizzi, The Quality Consortium. And on deck is Elaine --

**MS. MIZZI:**

Economopolous.

**CO-CHAIR SPENCER:**

Economopolous.

**MS. MIZZI:**

Good afternoon. My name is Pamela Mizzi, I'm the Director of the Prevention Resource Center housed at South Oaks Hospital. I'm here today to speak briefly in support of what we see in the proposed budget in terms of the resources directed to the field of prevention substance abuse treatment and recovery.

I just want to point out that you, as Legislators, The Quality Consortium and the Prevention Resource Center all have the same constituents and the same abiding concern for the health and safety of the citizens of the County of Suffolk. And often in budget negotiations, prevention ends up losing out in favor of a number of other perceived priorities. And I just want to say that when prevention is cut, the treatment needs just increase proportionately right away. So substance abuse prevention remains as essential a service as treatment and recovery services are. We all know the costs and consequences of addiction can be severe and prevention is one of the proven, evidence-based strategies that we have to address this critical issue. So thank you for this opportunity to speak.

I just want to say as an aside that the Prevention Resource Center is not listed and named as such in either the proposed or the other -- the Executive's budget, but it is listed as WSNCHS, Inc. Any questions?

**CO-CHAIR SPENCER:**

Certainly. One of the things that -- could you just address in terms of preventive services, I think that a lot of times those sometimes are the first items to kind of go when there is a budget shortfall, because I think that prevention sometimes may be viewed as something that is not necessary. Can you just address kind of the impact that your services has and how that -- the funding prevents, I guess, more expenditures down the road?

**MS. MIZZI:**

Certainly. The Prevention Resource Center is funded with both State and County money, it's a 50%, 50/50 match. So when the County side goes down, there's a big question about the State side remaining.

In terms of services, the Prevention Resource Center is one of five Statewide centers that are meant to focus in on individual community needs in terms of substance abuse prevention. And so one of our primary goals is community mobilization to raise the capacity of the community to perceive the need for prevention and to engage in prevention activities. So this is in concert with the school-based prevention activities that are usually in the classroom or after school activities. But the idea is to engage everybody into the idea that prevention is needed and recovery is possible.

**CO-CHAIR SPENCER:**

Thank you so much. That was exactly what I wanted to get at. That was perfect. Thank you. Legislator Hahn has a question.

**LEG. HAHN:**

As a social worker myself, I know that that are so many elements to prevention. I know, this is a tough question, I hate even asking it. But the elements -- how would you prioritize the elements of prevention given the times of reducing -- budget reductions that we're facing?

**MS. MIZZI:**

Well, I think one of our strongest strategies is to work in concert with others that have similar missions. And so, for instance, suicide was mentioned earlier in terms of veterans services. Suicide prevention in terms of overdose prevention would be a focus area that I think would have very positive outcomes in terms of the reduction of the loss of life and overdose prevention. So then you would go to the rest of the highest-risk groups and work more specifically on those high-risk groups as opposed to in general.

Although I must say that the incidents of substance abuse for the senior population is increasing alarmingly, and to that end, we have a mission critical for senior services. I think the senior people left, but we are focusing on seniors as well.

Prioritizing is a major issue in terms of our time, but community mobilization has been proven again and again, in community after community, to have positive outcomes of lower prevalence rates over time.

**LEG. HAHN:**

Thank you.

**CO-CHAIR SPENCER:**

Thank you so much, Pamela. I appreciate your time.

**MS. MIZZI:**

Thank you.

**CO-CHAIR SPENCER:**

Elaine. I'm not going to do you the disservice of trying to pronounce your last name again.

**MS. ECONOMOPOLOUS:**

Okay. It's Elaine Economopolous. I am the Director of the Town of Smithtown Horizons Counseling and Education Center. I am also a member of The Quality Consortium, the 20 not-for-profit, Suffolk County providers. I'm here speak to you in regard to the concerns around the budget.

I also sat on the Suffolk County Heroin and Opiate Advisory Committee which one of our 48 recommendations was sustained funding. It is a concern. It has -- the funding, as you know, through the past couple of years, has eroded somewhat. What seems to be a small amount of money in the County's eyes can become a very large impact on an agency such as ours and the other member agencies.

Really, I'm here today to support Suffolk County Executive Bellone's recommended funding for Horizon's Counseling Center as well as for the other 19-member agencies. As you know, we service those without resources, those who are in need of drug and alcohol treatment and prevention services, and we depend greatly on the State and the County funding for our revenue. The State looks for a local demonstrated commitment in this partnership. Our County funding is quite small compared to the amount of State dollars we receive, but that makes -- that satisfies them to continue their financial commitment to us. As the County dollars erode, so does their commitment and their partnership in the funding. So I'm here to help -- you know, to help you understand that for a few saved dollars, we could really jeopardize a much bigger package of funds that come directly to the State.

I want to thank you all for your past support. Many of you I've spoken to individually, some of you I've spoken before in smaller committees. And I just want you to know that we're very appreciative of the support. And we know these are tough times and tough decisions, but we're asking you to be mindful of the fact that there's so much more at stake by saving a few dollars in this budget round. Please, I ask you to support County Exec Bellone's recommended funding for 2013.

**CO-CHAIR SPENCER:**

Thank you. Kim Laube.

**MS. LAUBE:**

Okay. Good afternoon. My name is Kim Laube, I represent The Quality Consortium of Suffolk County. I'm also the Executive Director of the little program called HUGS out on the East End.

So around this time, the big problem comes up with we're all coming and fighting for our causes and letting you know how much we need help, we need continued help, and in a lot of cases we need more help. So we appreciate this process isn't always an easy one. And wouldn't it be great if we could meet all needs, all times and make a difference. Our particular need that I'm here today to talk about is the Substance Abuse Prevention Treatment and Recovery System here in Suffolk County.

Legislator Hahn, you asked an important question: Where do we focus? And that's something that's important to talk about because the answer is kind of D, all of the above. We need to take a look at what our policies are and this particular body worked with us over the years in creating good, healthy policies that made an effective difference. We also need to talk about still working with kids one-on-one in those skill-based settings, and then strengthening parents and strengthening communities. Because we're all impacted by this, no matter what walk of life, no matter what our jobs are, substance abuse goes across all boards. So our schools are fighting this, our employers are fighting this issue. Law enforcement sees this as a major issue. And so every area is impacted. Our vets are impacted, domestic violence is impacted, as well as many other services out there.

Suicide was mentioned and I just need to put on record that one in every three suicides, the person is under the influence of drugs and alcohol. So that's important for us to know as we move forward and certainly a focus of what my field is taking on.

So now more than ever, our partnership needs to be stronger. We at the State level, this 2% tax cap is really impacting services like ours. Towns are pulling back from being in the business and in the supportive system of working with agencies like ours because they have to, because we get seen as that extra thing that's on the side. And yet we are so essential when it comes to the Safety Net and the system that we have in place here.

One of the reasons I'm up here, although I was really thrilled to see that my particular agency and The Quality Consortium agencies were in a stable place right now in the County's recommended budget and we'd love to continue to support that, I just have this history of last year, I looked on a Tuesday and I was stable and I had good funding and then two days later over 5% of my -- I'm sorry, a fifth of my budget was taken out. And so it is important for me to be up here on record and have a conversation and just let you know, "Hi, I'm here." We're an office of two full-time employees and we reached over 4,000 kids parents and community members last year. So those are numbers I take a lot of pride in. Not just my own numbers, but the numbers of the QC in general, reaching over 70,000 people in Suffolk County last year.

So we appreciate that substance abuse is a big issue, it has many layers to focus on. Changing communities and strengthening communities and creating that safety net for our young people to thrive in where they don't have to worry about being collateral damage for somebody else's use is really important.

So I thank you so much for your time and your support and look forward to continued support over the next years.

**CO-CHAIR SPENCER:**

Thank you.

**MS. LAUBE:**

No questions?

**CO-CHAIR SPENCER:**

Any questions? Legislator Hahn.

**LEG. HAHN:**

Thank you for all that you do to help our communities, to help our youth. It's so important that we have people like you and everyone else who has come up to speak today out there fighting for the betterment of our children and our communities.

How often do you see -- I mean, there's so many layers to substance abuse issues. My personal experience with my kids in schools, how often is a mental -- some sort of threat of a mental health issue that's not identified and there's sort of a self-medicating that's going on and substance abuse? You know, I think there's so many layers to what we do need to support as communities and understanding what's going on out there and underlying causes or contributing factors or whatever it is. Where can we get at it and, you know, how can we get at all the -- what we need to?

**MS. LAUBE:**

Sure. So it would be wrong of me to begin to talk about that particular -- answer that question in-depth because I'm not a therapist and I don't look at the mental health side specifically. What I look at is what are -- what's the availability of substances in our community, and that's something that's really high, readily available at every street corner. As a matter of fact, in my little village of 2.9 square miles, I have 44 liquor licenses. So there's a saturation that happens, specifically when you speak to underage drinking. And that's not talking about all the other points of access for prescription pain pills and marijuana and inhalants and all of the other plentiful and abundance substances that are out there. So one is a point of saturation.

The other part that can't be ignored is, you know, parental permission and parents needing stronger tools and the ability to strengthen their skills as parents, as they develop and create family policies when it comes to substance abuse. The one thing that always rings true with substance abuse is nobody has ever said, "When I grow up, I want to be a drug addict or an alcoholic,"

nobody's ever said that. And some intelligent, well-thought out, leadership-type kids, kids who had everything going for them, suddenly find themselves in the depths of this. And we all kind of shake our head and say, "Well, how did that happen?" You know? And there's a bunch of reasons why that happened, whether mental illness was a part of it or not.

When we have, over in Suffolk County, some crazy number of 87 -- you know, 87% report use within their lifetime of some sort of substance. I mean, that just tells you that our kids are doing it. And as was testified earlier, the younger a young person starts, they're five times more likely to develop the disease of addiction. So starting out -- so it becomes about changing the amount of availability, educating parents better, educating kids, getting them engaged in programs, and they don't even get that the fact that what they're doing now at 16 can have a major impact in their life down the road. So it's about getting clear, accurate information out to them.

And I'm sure I'm missing like a couple of other key notes to what makes the difference. But it has to take that comprehensive approach where availability isn't so available, we're strengthening parents, we're strengthening communities. Law enforcement has a comprehensive approach to this and we're all working in partnership with it because we're all affected in partnership by it.

**LEG. HAHN:**

Thank you.

**CO-CHAIR SPENCER:**

Thank you.

**MS. LAUBE:**

Thank you.

**CHAIRMAN SPENCER:**

Lois Hartman, and then on deck is Meryl Cassidy. After that, there's been a request that representatives from the Department of Health would come forward with the Executive's Office. There's a couple of Legislators that have questions, too. So, Lois?

**MS. HARTMAN:**

Hi. My name is Lois Hartman. I'm here to represent the Federation of Organizations. You've all received Ruth DelCole's -- she's our Director of Development -- letter requesting the restoration of \$12,500 to our recommended 2013 Foster Grandparent budget.

As she stated, in 2010 we were funded for \$178,000, and in 2012 we received 45,000; that's a 75% cut to a program that affects so many of the County's children.

I know you're aware, you're probably all aware of our Foster Grandparent Program and how important a role our 175 volunteers play in the over 3,000 at-risk children they reach, children they help by being there when, in many cases, there's no one else, to help them with their problems and their homework, to help them build confidence or give them time just to listen. The volunteers assist children who are enrolled in the English as a second language program, and as well as the inclusion classes in their schools, and work with the Sheriff's Office on his McGruff Program talking to the children about dealing with and preventing bullying. It's really a wonderful program in which they help the teachers in over 54 elementary schools, day care centers and head start programs around Suffolk County.

So I'm asking that you please give consideration to the request to just increase the budget by the \$12,500 to keep this program running. We've received not only the cut, which is hurting us, from Suffolk County, but our local -- our local funding sources are drying up and we just feel strongly how important this program is to our children. So I don't know if you have any questions?

**CO-CHAIR SPENCER:**

Any questions from any of my colleagues? Thank you. Meryl Cassidy.

**MS. HARTMAN:**

Okay.

**CO-CHAIR SPENCER:**

Meryl Cassidy.

**MS. CASSIDY:**

May I sit?

**CO-CHAIR SPENCER:**

Yes, please. Have a seat. Good afternoon. You have to press the button. One of them, I think, stays on.

**MS. CASSIDY:**

My name is Meryl Cassidy. And I think about suicide and suicide prevention every day, and that's because I'm the director of a small but very important agency in Suffolk County called Response. And since 1971, Response has understood that suicide has a face; it looks like your family, your friends, your coworkers, your neighbors, even you. And Response is the only agency in Suffolk County that provides crisis intervention and suicide prevention services 24-hours a day, seven days a week, 365 days a year. We're nationally accredited by the American Association of Suicidology, and we're part of the National Suicide Prevention Lifeline which is a network of crisis centers throughout the country.

I don't have to tell you that suicide is a national and a global public health problem, but it is preventable. It's a leading cause of death among all populations. More than 36,000 deaths a year are attributed to suicide in the United States, and many, many, many more people attempt; this is about one suicide every 14 minutes. Of the total calls that incredibly answers each year, about 10% of our callers have taken some action to kill themselves right before they call. And callers report significant reductions in psychological pain, hopelessness and anxiety after speaking with a trained worker. The help they get from our center is highly effective in preventing deaths, and we do measure outcomes. Each death and by suicide that can be prevented in Suffolk County saves up to \$1.2 million in costs of emergency response, hospital services and lost productivity.

Last year we received over 20,000 calls for help. We spoke to thousands of adolescents and teens in our community education program. We reached about 650 very high-risk youth through our on-line crisis counseling program. We offer professional training programs to a wide range of agencies throughout Suffolk County. We connected vulnerable, socially-isolated members of our community through our support line, and we provided a lifeline to people who face the challenges of mental illness and don't want to go through the ordinary roots of the mental health system to get help.

Over the past two years we have sustained over \$50,000 in cuts to our four County contracts, and we have an already very small budget so that's devastating to us. In order to adapt to these cuts, we've asked our already overburdened staff and volunteers to continue to do more. We were forced to reduce our program hours in our on-line program, so we missed reaching many, many at-risk youth, and we were forced to reduce services in our bilingual hotline, Connecion. The preliminary 2'13 budget amounts to another over \$40,000 in cuts, and this will directly impact our ability to respond to the people in crisis who reach out to us and to all of the people in the schools and communities that we go out to, and the lives that we're saving, it will definitely impact our ability to do that.

You know, our total operating budget is small, it's about \$400,000.

We believe the community receives a tremendous return on that investment. We have over 15,000 hours of volunteer service logged in annually at an approximate value of over \$300,000, we're proud of that. We want to be able to maintain our promise to the community to provide 24/7 crisis intervention and suicide prevention services, and to continue our over 40 year legacy doing that for the community. So we urge you to take a look at what's being proposed and try to restore some of the devastating cuts that we've endured. Thank you.

**CO-CHAIR SPENCER:**

Thank you. We appreciate you being here. Any questions? Thank you.

Public Safety Committee hearings were supposed to start at 2:30, so I realize that we are over time. I have -- just briefly, if I could have the Commissioner come forward and any members of the Department of Health addressing the budget, if they could come forward for just a moment. Legislator Kennedy would like to ask a question.

**LEG. KENNEDY:**

Thank you. Thank you, Doctor. Doctors. Doctor, there's just a couple of areas that I wanted to go into, one of them being the health clinics and what is going forward. But first, I guess, I'd like to talk about Foley, if we would.

I know that, you know, we've had the resolution approving sale, but BRO has kind of identified what appears to be included in the 2013 recommended. Not only is it -- we're underfunding staff, but quite frankly, you know, we've got a responsibility to go ahead and feed our residents and, you know, take care of their medications and things like that. So I guess in the form of a question; what's your opinion about the allocation of funding for Foley for 2013 cognisant of, you know, where we're going to be?

**COMMISSIONER TOMARKEN:**

With all due respect, Legislator Kennedy, I'm advised that due to pending legislation, I'm not supposed to comment on the Foley issue.

**LEG. KENNEDY:**

Well, you know what, Doctor? The only thing that I'm going to say, then, is I guess I'll turn to BRO. Craig, how can -- what's your sense regarding where things are at with the funding for next year?

**MR. FREAS:**

We stated in the report that if we had a concern, it was particularly for the food, laundry, those kind of lines. As you know, we are able to run personnel costs in the red. Ultimately what will happen is the \$12.3 million transfer that's anticipated in the budget would be reduced by whatever amount was required to run the facility for however long in 2013, it would be required to run. We mention that typically the CON process, even for transfer, is about six months.

*(\*Legislator Browning entered the meeting at 2:50 P.M. \*)*

**LEG. KENNEDY:**

Uh-huh.

**MR. FREAS:**

And because, among other things, of pending litigation and also -- apparently pending litigation, and also the lack of a resolution on the required variance in Brookhaven, as far as I can tell -- and again, I did not check this week, the Certificate of Need application has not been filed with New York State.

**LEG. KENNEDY:**

So then let me, if I can, and I'll move off this -- as Doctor Spencer said, we're over time already for Public Safety. By virtue of the fact that it is an enterprise fund, will our employees continue to be able to be paid?

**MR. FREAS:**

I believe that's correct.

**LEG. KENNEDY:**

Okay. And will the residents be able to continue to be fed and medicated?

**MR. FREAS:**

What would be required at some point is an amending resolution that moved funds into the 3,000 lines in order to -- at the current time there's no -- there's no supply funding, let's put it that way, that would include the laundry and the food and the medical, the medications in -- it's not budgeted for right now.

**LEG. KENNEDY:**

Well, if we --

**MR. FREAS:**

And we can't -- and we need to have the appropriations in order to legally spend the money.

**LEG. KENNEDY:**

Okay.

**MR. FREAS:**

So we'll need an amending resolution if the budget -- if the closure -- if the transfer is not -- if the transfer does not occur before the end of the year.

*(\*Legislator Gregory entered the meeting at 2:52 P.M. \*)*

**LEG. KENNEDY:**

Okay. Then I guess we're going to either have to address it in the 2013 recommended, or when we get into 2013 we'll have to amend the budget in the beginning of the year.

**MR. FREAS:**

Either way. There are appropriations in 632 that you could move, the nursing home that you could move, and then pay some of the things that they are currently intended for at a later date when the place transfers. But yes, you will eventually, either in the course of adoption or very early next year, you're going to have to amend the budget at some point.

**LEG. KENNEDY:**

Well, we did that all year this year. So then let's turn off of something that we can't talk about to something that maybe we can talk about; how about the clinics? I thought I read that HRH, Hudson River, has now been asked to consider taking over four additional clinics? What's going on, Doctor?

**COMMISSIONER TOMARKEN:**

Yeah. They're talking to us about the four County-funded clinics, County-owned clinics.

**LEG. KENNEDY:**

Okay. So Postal, Riverhead; what are the other two?

**COMMISSIONER TOMARKEN:**  
Southampton and East Hampton.

**LEG. ROMAINE:**  
Satellite clinics.

**LEG. KENNEDY:**  
Okay.

**MR. FREAS:**  
Legislator Romaine, that's not technically correct. They're actually -- none of them are actually -- they're actually four sites under one Article 28 license, but they're -- as a practical matter, especially Southampton Center, they're health centers.

**LEG. KENNEDY:**  
So we've heard different things about the Coram Health Center so far. Services are continuing. I know that the bundle of services that Hudson River delivers are more expansive than what we have done through our clinic, but I've also heard anecdotally, they have a different cost approach to the delivery of service.

One of the things most dramatically different than the way we operate clinics is I believe Hudson River does bill separately for any type of medical tests that are ordered by the doctor or the NP in the course of a visit. In some cases it may be nominal, but I think if there's a full blood panel ordered, it can be hundreds of dollars of additional expense that a patient is being subject to. Is that -- I'm hearing that vicariously; is that the truth?

**COMMISSIONER TOMARKEN:**  
What is accurate is that they do separate out their lab test from the visit fee. What has happened is that -- and they've gone back and I have documentation on this, that there were mistakes made in assessing patients and where they fit on the sliding scale and some of the issues regarding that. But the average lab fee, according to them, is less than our lab fees. So there was an occasional, very unique test that that people were getting that they recognized as it was much too high. But in general, the lab fees that they're charging, according to them, are accurate and are not above our average.

**LEG. KENNEDY:**  
What about the other types of things that typically might be -- if somebody comes in and needs a chest x-ray or somebody needs some other type of test; are those, likewise, being billed separately?

**COMMISSIONER TOMARKEN:**  
Yes, those are all separate.

**LEG. KENNEDY:**  
Okay. So previous to this, then, a patient who had no insurance or, you know, couldn't become Medicaid-qualified or whatever, fit in on a sliding scale, would incur a \$75 fee, I guess, to obtain medical care; I believe, right?

**COMMISSIONER TOMARKEN:**  
Correct.

**LEG. KENNEDY:**  
Okay. And now, depending upon what the range of the particular malady is, you know, there's some tests there -- well, let's see, I just had a chest x-ray recently, I think it was a hundred and four that I was billed from Zwanger Pesiri, a blood panel could be 600. There's other tests, I guess,

you know, diabetes tests, blood pressure tests. It sounds like our patients, then, are moving to a model where they're getting the medical treatment time out of essentially the same price, but all the other things that the treating entity, both you gentlemen know, you order tests so you can tell what's going on with the patient.

**CO-CHAIR SPENCER:**

Just in response, I did have this question in advance. My understanding -- I'm asking if we could just confirm -- is that they use more of a consumption model in terms of looking at cost. But when they testified -- and I had a chance to speak to Hudson River on the side, and I would be looking for verification -- that whereas we had a \$75 comprehensive charge, they may have co-payments, one for the visit which may be \$15, but then a lab test, \$15. But their overall charge, if someone has a chest x-ray and a lab test, a urine analysis, that it's not the actual cost of the test but like a copayment. And so they may have three or four co-payments, but the overall charge in most cases were still less than the \$75. That's what the testimony that I recall was. I don't know if there's anyone that can verify if that's, indeed, the case, or are they being charged rack rates for these additional tests and it's not a co-payment.

**MS. CULP:**

Right. There's the sliding scale fee for the overall visit, and then if there's a lab test that they're not doing on-site, that's what they would be referred out to and they have a contract with the lab where the patient would be billed at the Medicaid rate. So they had said in the past that the average bills are around 10 to \$12. You know, if there are different tests, maybe a dollar and three cents here, three dollars there.

**LEG. KENNEDY:**

Which is -- look, I mean, if ultimately somebody's getting care and they look to go ahead and segregate it into various categories, that's fine. I mean, at the end of the day, for a patient to go, if they're paying 70 or 75 or \$80 or whatever, then for all intent and purposes, ultimately our objective is to facilitate care. And I do believe that they do a good job and I'm happy to see that they have the dental component, they have a mental health component, they have a substance abuse component. I think from that perspective -- and the FQHC, absolutely, many of us have talked about that going back a couple of years right now. We realize the value to that. I'm just concerned, A, one, that we would be migrating into these additional clinics. And quite frankly, I don't know about it. I mean, I'm pleased to hear that Dr. Spencer has had some conversation, but again, you know, all of us need to have some idea.

Then the other piece that's most important is, is in the Stony Brook case, my understanding is that most of the employees remained as State employees, they remained as Stony Brook employees. Are they going to embrace that same premise with our County employees?

**COMMISSIONER TOMARKEN:**

Different models are being looked at and talked about and that hasn't been decided at the moment.

**LEG. KENNEDY:**

Well, here's my two cents, Doctor. My two cents is that I think the concept and the model are good, but I would ask you to convey to them from me that I would like for them very much to be able to work with our County doctors and nurses and therapists as County doctors and nurses and therapists. If they could work it out with the State, that's one municipality, we're another, we're pretty similar. We have health coverage that's, you know, pretty close, time, hours, wage patterns, things like that, we're pretty close.

So I would say I'd encourage you to represent that to them, that I'd like it. I can't speak on behalf of all 18, but we've been down this road now in a number of different areas of discussion and I think most of my colleagues here are pretty sensitive to, you know, this trend where it seems like County

employees are being off-loaded like heads of cabbage. So I'll leave it at that as far as that goes.

The last thing I'm going to ask you about is just talk to me a little bit about what's going on with the methadone program.

**COMMISSIONER TOMARKEN:**

There is an RFP out for the methadone program. And the methadone program, as it is, continues to be serving the same population, but we're awaiting the responses and moving along with the RFP process.

**LEG. KENNEDY:**

How much time do we have to go before -- what's the deadline for response?

**MS. CULP:**

The deadline is early December.

**LEG. KENNEDY:**

Okay. And so what did we do in 2013 regarding the funding proposed regarding the operation of the methadone program as compared to whether or not we're going to have a private operator pick it up?

**COMMISSIONER TOMARKEN:**

It's funded in the budget.

**LEG. KENNEDY:**

So we have adequate funding for us to continue to fund it, but if a satisfactory MPO comes forward with a viable option or alternative, we'll entertain that.

**COMMISSIONER TOMARKEN:**

Correct.

**LEG. KENNEDY:**

Okay. I appreciate that. I'll yield. Thank you, Doctor.

**CO-CHAIR SPENCER:**

So, again, I've learned you never keep law enforcement waiting. I have Legislator Romaine, Legislator Gregory, and I also have Commissioner Blass who's here who also the Legislators need to address. So just for my colleagues, if we could be cognizant of the overtime, and I'll yield to Legislator Romaine.

**LEG. ROMAINE:**

I appreciate that. And I'll be very brief, I'll shorten my questions. My question's to Dr. Tomarken and deal with the Riverhead Clinic. In the proposed budget, in 2013, is there a proposal to transfer the operation of that clinic to Hudson River? I'm going to start with very basic questions.

**COMMISSIONER TOMARKEN:**

Not in the budget.

**LEG. ROMAINE:**

It's not in the budget.

**COMMISSIONER TOMARKEN:**

Not to transfer anybody.

**LEG. ROMAINE:**

Okay. Go ahead and please offer a fuller explanation.

**COMMISSIONER TOMARKEN:**

But they're part of the ongoing negotiations, they're one of the four.

**LEG. ROMAINE:**

Okay. So if I vote, I want to be very clear about this, as a Legislator for that budget, I am voting to fund the Riverhead Health Clinic, not Hudson River; is that correct?

**COMMISSIONER TOMARKEN:**

Yes.

**LEG. ROMAINE:**

Okay. So whatever's happening with Hudson River is separate and apart from the budget.

**COMMISSIONER TOMARKEN:**

Yes. And we have to go through the --

**LEG. ROMAINE:**

As it deals with Riverhead. I just want to deal with Riverhead, because obviously I have to represent my constituents.

**COMMISSIONER TOMARKEN:**

Yes, the process would involve the A-9(6) if it were to go forward, et cetera. So, yes.

**LEG. ROMAINE:**

So the budget doesn't deal with Hudson River supplanting County workers, County-operated health clinic; is that correct?

**COMMISSIONER TOMARKEN:**

Yes.

**LEG. ROMAINE:**

Okay. And that is a separate and distinct decision that will be made, I guess, if the Administration brings it forward at some time.

**COMMISSIONER TOMARKEN:**

Correct.

**LEG. ROMAINE:**

Okay. Then I'm going to end the question with just one statement. God knows if I'm going to be in this Legislature or not, but my advice to this Administration is if you are going to go forward with Hudson River, when they took over the Coram Clinic, you indicated to us that before they did any other clinics, an evaluation would be made of their operation of Coram, as well as cost savings and a whole host of other things. And this is really not for you, I'm speaking to you, actually to the Administration; that has to be forthcoming. That has to be forthcoming. Because I am very sensitive to what Legislator Kennedy raised, this looks like a desire of this administration to off-load County employees as quickly as possible. And in any takeover of these clinics, although it's not in the budget, and it will be a separate matter, what should be addressed is patient services, obviously, lab costs and what we're doing with the current County employees at those clinics, and I think that's very important.

Now, I know you're having a public hearing on the East End. I'm going to be attending that public hearing and I will raise another question -- not now, because the Chairman's admonition, but I will raise another question about Public Health Nursing, which I am gravely concerned about in this budget, and I will put that on the record there. But I appreciate the Chairman's forbearance. Thank you.

**CO-CHAIR SPENCER:**

Thank you, Legislator Romaine. Legislator Calarco, did you have a question?

**LEG. CALARCO:**

I think Gregory is first.

**CO-CHAIR SPENCER:**

Gregory, okay. Legislator Gregory.

**LEG. GREGORY:**

Thank you. Thank you, Mr. Chair. I apologize for being late, I had a ground breaking in my district. So I'm at a slight disadvantage, I don't know what was discussed. I walked in to Legislator Kennedy asking questions about HRH. There are -- obviously we know that there are some discussions with HRH coming to Tri-Community and in my district, but in terms of the budget, there are -- there's enough funding for Tri-Community to be open for the year. There isn't funding for transition; is that correct, Commissioner?

**COMMISSIONER TOMARKEN:**

Yes.

**LEG. GREGORY:**

Okay. I met with the senior, I would say senior officials in the administration last week, I expressed to them that, from my count, the majority of the Legislature has no interest, as far as the County employees, laying off, transitioning any County employees. I know there is negotiations ongoing with HRH. I personally am not necessarily saying that I'm opposed to that transition, I just would like some more data to -- in relation to the Elsie Owens center before we make that jump, but I think it's an opportunity for it to provide more services. I'm just kind of curious as to where is that transition or potential transition reflected in the budget, or is it not at this point?

**COMMISSIONER TOMARKEN:**

It hasn't come to that point in the process where it would warrant being in the budget. It's still in negotiations, A-9(6) would be a part of that as well.

**LEG. GREGORY:**

Right, so there would be public hearings. So say if there was a transition -- because there are -- the only reason I bring it up is because there were rumors that the center -- that there was an imminent decision to be made in December and they assured me that that is certainly not the case.

**COMMISSIONER TOMARKEN:**

Yeah. The report states that the transition was going to happen by the end of this year and that's just not going to happen.

**LEG. GREGORY:**

So if there is a transition, the monies that are in there -- just hypothetically, say there's a transition in June or even September of next year, those monies that are in there would be transferred to somewhere else, wherever there's a need in the Health Department. But as of right now, there's funding for a full year in the health center. Granted, I mean, we do need more bodies because they've suffered losses through attrition and the like, but that there is -- you know, the intention is

to fund it for the year, but we are studying the potential of transitioning to HRH or some other not-for-profit, potentially.

**COMMISSIONER TOMARKEN:**

Yes, we are. That's correct.

**LEG. GREGORY:**

Okay. All right. Thank you.

**CO-CHAIR SPENCER:**

Legislator Calarco.

**LEG. CALARCO:**

Thank you, and I'll be very quick. Dr. Tomarken, we had e-mailed a couple of times back and forth. I had a couple of questions. One was regarding the implementation of the electronic medical record system. We have a meeting later this week on that, so I'll hold my questions on that till then. But the other issue I wanted to ask quickly about was in regards to the various health insurance providers that we're accepting at the health centers currently. When the County divested ourselves with Suffolk Health Plan, we basically did that with a clause in there that said we have to -- our health centers will only accept Suffolk Health Plan for a certain period of time. My understanding is at the end of this year that time period is expired and we become eligible for our health centers to start accepting other plans such as Fidelis and some of the other providers out there that do the Medicaid Managed Plans. Are we taking the steps that we need to take to allow our various health centers to begin to take advantage of that so that we can insert some competition in there and also make ourselves available for more client-base that have a source of payment?

**COMMISSIONER TOMARKEN:**

Yes, we're in negotiations regarding that issue.

**LEG. CALARCO:**

Okay, good. Glad to hear that.

**CO-CHAIR SPENCER:**

Thank you, Commissioner. And thank you, everyone, for coming forward. I appreciate your consideration of our questions. And I would like to ask if Commissioner Blass, if he could come forward at this time.

**COMMISSIONER BLASS:**

Good afternoon, Mr. Chairman, members of the committee. The department is very well aware of your time constraints. Also, I would share with you the PowerPoint in writing that we've distributed already. The only general comment that I would offer is that we very strongly support the County Executive's proposed, or I should say recommended budget. It's a very tight budget. And given that, there's very little room for flexibility next year, and that is why we expressed our concern about some of the recommendations of the Budget Review report as to some programmatic cutbacks that we don't think are well taken. And we would caution the Legislature to review those and we'd be glad to answer any questions you might have in that regard, either today or in the future.

**CO-CHAIR SPENCER:**

Legislator Gregory?

**LEG. GREGORY:**

Commissioner, so you're saying that the concerns that you have about the BRO report are in this document?

**COMMISSIONER BLASS:**

We didn't elaborate on them in the document that we distributed, but the report did talk about some programmatic reduction in the Foster Care programs and others that we think vary from the projections we've made. And we suggest that the projections we made are right on the money. We think that the projections that Budget Review made for these reductions would be problematic because -- you may recall with the Safety Net process last year -- it was underfunded and we had to scramble in the last quarter. That, I think, is repeating itself with these program cuts, and we would suggest the advisability of reviewing those very carefully before they are relegated to any resolutions. And as a department, we'd be glad to discuss that with any budget group or other Legislative inquiries you may have to offer.

**LEG. GREGORY:**

Okay. All right. Thank you.

**LEG. SPENCER:**

Legislator Calarco.

**LEG. CALARCO:**

Commissioner, I had a quick question about our ability to process applications right now. I know that we've been sued because we're not processing Medicaid and Food Stamp applications in a timely fashion. I could tell you I'm getting quite a number of calls to my office from constituents of mine who are simply going through the recertification process for food stamps and are finding themselves waiting one, two, three weeks in order to get their benefits. In fact, I was just having lunch with an old colleague of mine from Aging this afternoon and he told me one of his clients had their benefits completely terminated, even though he completed and filled in his food stamp recertification application in a timely fashion, because we haven't been able to process them in a timely fashion.

Could you just tell us a little bit about what we're doing to address that issue? Have we heard anything new about the lawsuit in terms of anything coming down from a judgment on that, and what is that going to leave us in terms of budgetary issues and staffing levels that you need?

**COMMISSIONER BLASS:**

Okay, several points. With regard to the lawsuit, it has been reduced to a stipulation; that stipulation we're doing our best to comply with. We're doing well with the stipulation requirements as far as the timeframes are concerned from Medicaid. We are having somewhat of a problem with food stamp applications, but in terms of the samples that we are provided to the Court as per the stipulation. I'd rather not go into too much detail about that at this stage because it's litigation, but I will suggest to you that we have a concept we're working on of converting all food stamp apps to electronic applications, and then having a uniform and, thus, more rapid way of handling them. I'll let the Deputy -- I'll let the Deputy Commissioner comment on that, too; John O'Neil, for the record.

**LEG. CALARCO:**

Well, we had spoken about the electronic food stamp application process. In fact, you and I had met about the State program and, you know, I've reached out to the State to see if they'd be willing to amend that program, because that's -- my understanding of our conversation was one of the problems that we're facing because it's very inadequate in what it allows or requires in order for somebody to submit an application and it ends up having our staff running around in circles to try to get those applications completed and the documentation submitted that's required for us to make a determination.

**DEPUTY COMMISSIONER O'NEILL:**

That's an accurate statement, Legislator, what you just said. What the Commissioner was referring to was applications that are in-house, converting them into a digital document for processing and

thereby moving it quicker through the system. This way documents obviously would be less likely to get lost or misplaced. So that's what the Commissioner was referring to.

But to address your earlier point, the department has recently approved overtime, we're monitoring that and we're attacking the backlog in respect to your question about the recertifications.

**LEG. CALARCO:**

Have you thought at all about trying to bring on retirees to maybe help move, process applications, get rid of the backlog and maybe catch us up a little bit?

**DEPUTY COMMISSIONER O'NEILL:**

Actually, we are in the process hopefully of getting some SCINS signed. The process was more rigorous right now to get SCINS approved, and the department submitted all the backup that was required. And we had discussions with the Budget Office and the County Exec's Office and we feel confident that that will happen. Also, in addition to what you were saying regarding part-time personnel, yes, there are several initiatives that the department is looking at across different areas, different proposals. The department has what they call POET, Project Operational Efficiency Team, we're actually working on chronic care application process, that has been a source of concern in the past of how long it takes to process a chronic care Medicaid application specifically. So we actually developed a team, we have a project team, we've been working on that, that I've been chairing probably for about two months now to look at improving efficiencies. So yes, to answer your question a little more shorter now, yes, we will look at that as well as these other efficiencies we discussed.

**LEG. CALARCO:**

Okay. Thank you.

**CO-CHAIR SPENCER:**

Thank you, Commissioner. And again, you know, always that you have the privilege of sitting at the table. I don't want it to be said that I didn't extend to you the appropriate courtesies that you deserve.

**COMMISSIONER BLASS:**

Of course we are always mindful of that and grateful, and we understand your time constraints. But any questions that you have relative to the DSS budget, we're happy to answer. Just to reiterate what I started with, we are very supportive of the County Executive's budget. It is a sincere attempt to meet a very uncertain economy next year.

As you know, one last point to make is that certain -- a certain large portion of DSS' mandated budget is funded by the Federal government. The Federal government has not even tackled the fiscal situation on the national level to nearly the extent we expect is going to happen come January and thereafter, and it's very possible that we will have even less flexibility to do the kind of close cuts that some programmatic reductions have called for or have been suggested.

**CO-CHAIR SPENCER:**

Absolutely. Legislator Gregory.

**LEG. GREGORY:**

One last quick question, and a very important question. Child care subsidies. In your opinion, if -- you know, some of us are members of the Budget Working Group; if we were to contribute more of a County share towards the child care, do you believe that would be a benefit or a hindrance to us in relation to --

**COMMISSIONER BLASS:**

In the future.

**LEG. GREGORY:**

-- in the future as far as a block grant?

**COMMISSIONER BLASS:**

It is a double-edged sword, by all means. Because the Office of Children & Family Services has the inclination to hold against a local district extra money that they put towards child care because they interpret that to mean that they need less from the State. As you know, all Temporary Assistance families are guaranteed the child care support. Our block grant use for non-TA families has been more and more restricted. The County Executive added approximately \$3 million to the Child Care Block Grant budget that will allow us only to stay at the poverty level for non-TA recipients. The solution remains for the State to take enrollment into consideration, and once they start doing that we expect it will be fair; until they do, it's never going to be. So if you add that, it will be a short-term benefit, but unless OCFS changes its formula, it will be a long-term detriment.

**LEG. GREGORY:**

Okay. That's what I thought your opinion would be, I just wanted to clarify. Thank you.

**CO-CHAIR SPENCER:**

Legislator Hahn.

**LEG. HAHN:**

Sorry. Are you sure there -- because I was under the impression that they were only penalizing because we didn't spend the funds they gave us and rolled over funds when we spend -- when we invest our own funds. Can you just clarify? Because there's a certain distinction there as to --

**DEPUTY COMMISSIONER O'NEILL:**

Sure. There's multiple issues with it. What you're referring to is sort of correct. The perception by the State was that we rolled over funds, we did that because -- the department did that because the department knew they were going to add more children to the roles.

So therefore, they rolled over funds so that the next year there would be no budgetary impact next year, meaning that we would have funds to cover it. We didn't have to use County funds. So that's what that was speaking to. However, what the State did, OCFS, is they excluded the actual expenses that were incurred by the County for our reimbursed funds, so they were 100% reimbursed. So those \$3 million of expenses they removed from the OCFS/CCBG allocation and methodology. They said, "Okay. If Suffolk spent \$30 million," they said, "Well, we're going to assume they really only spent 27 million because three million of it was {ARA}." So just to be clear, that's the distinction we're making. They excluded actual expenses that were incurred by this County for child care purposes in their calculation.

**LEG. HAHN:**

Does the current calculation in any way account for enrollment numbers? And if it were to change and include them, how do we increase enrollment numbers without increasing our investment?

**DEPUTY COMMISSIONER O'NEILL:**

Therein lies the problem. There is no way. You're going to incur expenses, the more children you have on subsidized day-care.

**LEG. HAHN:**

And the current formula, does it include enrollment numbers in any way?

**DEPUTY COMMISSIONER O'NEILL:**

No. What it does, it averages out the last -- this particularly has changed five times in the last seven years, let me just say that.  
So the most current formula is a four-year average. So basically --

**COMMISSIONER BLASS:**

Of expenses.

**DEPUTY COMMISSION O'NEILL:**

Of expenses. And basically what that does is it keeps most counties similar dollar-wise to what they had the previous year. So in other words, less --

**LEG. HAHN:**

Right. So there's no -- it's this catch-22 that there's no way to account for an increase in need. There's only a way to account for a decrease in need, which benefits them, of course. But when there's an increase in need, we have to make an investment in order for it to eventually pay off. I don't understand the thinking that our investment won't eventually pay off for what the State gives us.

**DEPUTY COMMISSIONER O'NEILL:**

I didn't say it wouldn't pay off. You asked me if it would be -- we would get more funding.

**LEG. HAHN:**

Well --

**DEPUTY COMMISSIONER O'NEILL:**

And we won't get more funding because they changed the methodology. This year it's a four-year average. If we put the money in the 2013 budget, you know -- let's just say that happened, okay, next year they may say, "Okay. We're going to take into account the last two years," so that will help us, and then in next year they'll say, "Oh, we're only going to use next year's, last year's, which is 2014," so your investment in 2013 wouldn't be counted. It's a moving target. They decide the methodology.

So I think the answer to your question, I'll say it this way; the allocation of methodology needs to be changed in the future so that enrollment increases are accounted for directly in the next year's allocation. That's not happening today.

**LEG. HAHN:**

The current year allocation would be even better.

**DEPUTY COMMISSIONER O'NEILL:**

Well, it's on different --

**LEG. HAHN:**

If there was some way to increase --

**DEPUTY COMMISSIONER O'NEILL:**

Yeah, but on different years, without getting too technical.

**LEG. HAHN:**

Right.

**DEPUTY COMMISSIONER O'NEILL:**

They're on a Federal fiscal year. We're on a calendar year basis.

**LEG. HAHN:**

It's clearly incredibly complicated and incredibly screwed up.  
So, thank you.

**DEPUTY COMMISSIONER O'NEILL:**

Well said.

**CO-CHAIR SPENCER:**

Thank you, Commissioners. Thank you. We appreciate it, Commissioner and Deputy.

All right. With that, we're going to call the end to the Health Committee and Human Services hearing at this time, and Public Safety will convene immediately. Thank you.

*(\*The meeting was adjourned at 3:25 P.M. \*)*