

HEALTH COMMITTEE
HUMAN SERVICES COMMITTEE
VETERANS & SENIORS COMMITTEE

Of the
Suffolk County Legislature

2015 Joint Operating Budget Meeting

Verbatim Minutes

A Special Joint meeting of the Health Committee, Human Services Committee and the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature, 725 Veterans Memorial Highway, Smithtown, New York, on Tuesday, October 21, 2014 at 1:30 P.M. to discuss the matter of the 2015 Operating Budget.

MEMBERS PRESENT:

Legislator William Spencer - Chairman/Health

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

Legislator Robert Calarco - Member/Health

Legislator Robert Trotta - Member/Health & Member/Human Services

Legislator Monica Martinez - Chairperson/Human Services & Member/Health

Legislator Lou D'Amaro - Member/Human Services

Legislator Kevin McCaffrey - Member/Human Services

Legislator Steven Stern - Chairman/Veterans & Seniors

Legislator Tom Barraga - Vice-Chair/Veterans & Seniors

Legislator Sarah Anker - Member/Veterans & Seniors

Legislator Al Krupski - Member/Veterans & Seniors

Legislator Tom Muratore - Member/Veterans & Seniors

ALSO IN ATTENDANCE:

Presiding Officer DuWayne Gregory - District #15

D.P.O. Jay Schneiderman - District #2

Legislator John Kennedy - District #12

Legislator Kara Hahn - District #5

Jason Richberg - Chief Deputy Clerk/SC Legislature

Michael Pitcher - Aide to Presiding Officer Gregory

Elizabeth Alexander - Aide to Legislator Spencer

Debbie Harris - Aide to Legislator Stern

Bob Martinez - Aide to Legislator Muratore

Christina DeLisi - Aide to D.P.O. Schneiderman

Tim Rothang - Aide to Legislator Browning

Eva Greguski - Aide to Legislator Calarco

Sean Rogan - Aide to Legislator McCaffrey

Justin Littell - Aide to Legislator D'Amaro

Greg Moran - Aide to Legislator Trotta

John Stype - Aide to Legislator Krupski

Robert Lipp - Director/Legislative Budget Review Office

Craig Freas - Budget Analyst/Legislative Budget Review Office

Jill Moss - Budget Review Office
Massiel Fuentes - Budget Review Office
Tom Vaughn - County Executive's Office
Kerri Suoto - County Executive's Office
Dr. James Tomarken - Commissioner/Department of Health Services
Barry Paul - Deputy Commissioner/Department of Health Services
Jen Culp - Assistant to the Commissioner/Department of Health Services
Walter Dawydiak - Director-Environmental Quality Division/DHS
John O'Neill - Commissioner/Department of Social Services
Traci Barnes - Assistant Commissioner/Department of Social Services
Ken Knappe - Director-Finance Division/Department of Social Services
Joanne Kandell - Office for the Aging
Mary Silberstein - Program Director of the Substance Abuse Program –
CN Guidance and Counseling Services
Naycha Florival - Gerald J. Ryan Outreach Center
Noelle Campbell - Gerald J. Ryan Outreach Center
All Other Interested Parties

MINUTES TAKEN BY:

Alison Mahoney - Court Stenographer

*(*The meeting was called to order at 1:40 P.M. *)*

HEALTH OPERATING BUDGET HEARING

CHAIRMAN SPENCER:

Good afternoon. We are going to begin the Operating Budget hearings for Health and we're also doing Human Services, and there's one other one.

MR. RICHBERG:

Vets and Seniors.

CHAIRMAN SPENCER:

Vets, Vets & Seniors. So I see the -- I know the Chair of Human Services, Monica, she's outside, we're waiting on her to come in, but we're going to go ahead and stand. If we could have the salute to the flag to be led by Legislator Anker.

Salutation

So we're going to begin the public hearing, we'll do Health first. I am William Spencer, Chair of the Health Committee. I have one card, and if there is anyone else that would like to be heard, you'll have that opportunity. Mary Silberstein.

MS. SILBERSTEIN:

Yes.

CHAIRMAN SPENCER:

Okay. Mary, please come to the podium, and you have three minutes; you know the routine. Thank you for being here.

MS. SILBERSTEIN:

Thank you. Hi. My name is Mary Silberstein, I am the Program Director of the Substance Abuse Program at CN Guidance and Counseling Services, a not-for-profit that helps people affected by substance use disorders and serious mental health issues.

I testify before you today to call your attention to the expanding epidemic of heroin use in Suffolk County and to urge your support for the proposed expansion of detox related outpatient services. As we shared in a budget allocation request recently submitted to the Legislature, our community needs these services to meet rising demand by our residents who are addicted to heroin or other opiates. The face of an addicted Long Islander is not what we used to think of, but rather it is now the captain of the football team, a registered nurse, an accountant, and predominantly ages 18 to 30. Last year, 100 men, women and adolescents who were living in Suffolk County died as a result of overdosing on heroin; that is more than twice the number of people who died from heroin just three years ago.

Beyond this tragedy of those who died, there is also the tragedy of the many more who live; not just the family, friends, classmates and coworkers left behind after these preventable deaths, but just as importantly, the thousands of people in Suffolk County who are living with an addiction to heroin or prescription drugs. Many of our community have been asking the staff of our 42-year old not-for-profit, *Why is this problem reaching epidemic proportions never seen here before?* The information we know is that people start with prescription drugs, and once the drugs become inaccessible and too expensive, they switch to heroin, which is now easier than ever to get. For example, heroin is selling just \$5 a bag.

Why am I here testifying? We are in crisis. Kids, people are dying, families are devastated, in-patient detox beds are non-existent or waiting lists are weeks long. For these reasons, it's very important that Suffolk County allocate funding towards expanding out-patient, specialized services for people who need to get off of heroin and prescription Opiates. What we propose to add is an ancillary outpatient withdrawal service, a solution that uses a combination of medication and therapy to help addicted residents get off drugs with the help they need. CN Guidance is ready immediately to begin this service expansion. We have the specialized experience and State certifications needed to move forward now with success. The requested funding will pay for itself by preventing many other costs.

I urge you, as Legislators, to join with me in supporting the requested funding for expanded, ancillary outpatient withdrawal services. Thank you.

CHAIRMAN SPENCER:

Thank you. Question; the Presiding Officer has a question.

P.O. GREGORY:

Thank you, Mr. Chair. Thank you, Mary, for coming here today. And the proposal that you referred to, you sent out and I met with Jeffrey Friedman a couple of weeks ago, it's for a withdrawal drug use program, you're requesting \$138,000, right?

MS. SILBERSTEIN:

Yes.

P.O. GREGORY:

And as you stated, it's going to be to address the Opiate epidemic that Suffolk County -- that we're facing.

MS. SILBERSTEIN:

Yeah. All of Long Island is, as you're aware, is experiencing a terrible epidemic, and we're losing countless numbers of people. And one of the things that we are proposing to be able to do is ancillary or out-patient detox services. We figure we could service somewhere along the lines of 192 individuals annually for 138,000 County funding, and it's something that we know that we'll save lives. Because people are not being able to get into detoxes, they are not -- if they go to see an out-patient Suboxone provider, they're not getting linked to treatment services; our agency has the

ability to do both treatment and Suboxone withdrawal service.

P.O. GREGORY:

And that's an important statement that I think you made, is that there aren't enough beds to satisfy the demands, so this will help address the demand that's -- unfortunately the demand that's out there.

MS. SILBERSTEIN:

Yes.

P.O. GREGORY:

With 192 people you're expecting to service throughout the year?

MS. SILBERSTEIN:

Yes.

P.O. GREGORY:

Okay. All right, thank you, Mr. Chair.

CHAIRMAN SPENCER:

Thank you. I had saw a couple of other hands over here. Legislator D'Amaro.

LEG. D'AMARO:

Thank you. Could you come back up, please?

MS. SILBERSTEIN:

Oh, I'm sorry.

LEG. D'AMARO:

Thank you.

CHAIRMAN SPENCER:

Mary, there's a list of Legislators that have questions for you, so get comfortable.

*(*Laughter*)*

LEG. D'AMARO:

I just want to further identify exactly the status of the funding. Have you put in a request and is this anywhere included in the budget recommended by the County Executive?

MS. SILBERSTEIN:

We have put in a request and we provided the request to the Presiding Officer.

LEG. D'AMARO:

Okay. Is it addressed at all in the recommended budget from the County Executive?

MS. SILBERSTEIN:

I don't believe so.

P.O. GREGORY:

It was after the budget.

LEG. D'AMARO:

It was after the budget? And of the requested 138,000, what specifically -- how would that funding

be budgeted towards hiring additional personnel?

MS. SILBERSTEIN:

Yeah. It would be hiring a doctor who is Suboxone certified as well as a nurse.

LEG. D'AMARO:

Two; a doctor and a nurse?

MS. SILBERSTEIN:

Yeah, a doctor and a nurse, as well as {case-sac} and a social worker and a part-time Clerk.

LEG. D'AMARO:

Is this type of service the ancillary, out-patient withdrawal service? Is that offered presently by your organization?

MS. SILBERSTEIN:

We are currently licensed to be able to do it, yes.

LEG. D'AMARO:

Is it --

MS. SILBERSTEIN:

We are doing Suboxone, we're not doing inductions. The State of New York just issued the -- they just issued -- I don't know what they're calling it, our ability to add it to our licenses.

LEG. D'AMARO:

Oh, so this is a new service --

MS. SILBERSTEIN:

Yes.

LEG. D'AMARO:

-- that the State enabled your organization to --

MS. SILBERSTEIN:

Yes, to provide.

LEG. D'AMARO:

To provide, and now you're looking to start that service.

MS. SILBERSTEIN:

Uh-huh.

LEG. D'AMARO:

And you're seeking County funding only to do this, or how --

MS. SILBERSTEIN:

Well, it would be County funding only, as well as reimbursement from Medicaid, Medicare, insurances. They do pay for heroin out-patient withdrawal services.

LEG. D'AMARO:

The name of your organization is CM?

MS. SILBERSTEIN:

CN Guidance Counseling Services.

LEG. D'AMARO:

Guidance? And how much funding do you presently receive from the County?

MS. SILBERSTEIN:

From Suffolk County? None.

LEG. D'AMARO:

This is the first request --

MS. SILBERSTEIN:

Yes.

LEG. D'AMARO:

-- to fund this new program?

MS. SILBERSTEIN:

Yes.

LEG. D'AMARO:

Did the State make any funding available for the program?

MS. SILBERSTEIN:

Not yet.

LEG. D'AMARO:

Do you expect that to happen?

MS. SILBERSTEIN:

We're hoping.

LEG. D'AMARO:

Okay. Well, have you applied? I mean, what's the --

MS. SILBERSTEIN:

Well, we put a request in, but we are -- you know, it's up in the air as to whether or not it's going to happen.

LEG. D'AMARO:

So they provided the authority to conduct a program, but not necessarily the funding.

MS. SILBERSTEIN:

Right.

LEG. D'AMARO:

Is there any other source of funding you could seek for this type of program?

MS. SILBERSTEIN:

Well, I mean, if a grant comes down the pike, but as of right now there's no grants that would cover this.

LEG. D'AMARO:

Okay. Well, I appreciate --

MS. SILBERSTEIN:

We look at that every day.

LEG. D'AMARO:

Yeah, I understand, and it's a very worthwhile program. But of course, again --

MS. SILBERSTEIN:

It's something that --

LEG. D'AMARO:

-- we don't know if there's other sources of funding available. It's not uncommon for you to get State funding for other aspects of your operations, I would assume, right?

MS. SILBERSTEIN:

Well, we do have State funding for our OASIS License Program.

LEG. D'AMARO:

Right, but you cannot allocate any of your present funding after this program?

MS. SILBERSTEIN:

No.

LEG. D'AMARO:

That's not permitted.

MS. SILBERSTEIN:

No, because we can't -- we have to, in a sense, be able to do start-ups, and you can't do a start-up with the existing staff. You need to have funds to be able to bring on the staff that can do it.

LEG. D'AMARO:

Right.

MS. SILBERSTEIN:

Now, we do have doctors that are currently doing Suboxone, but they're also acting as psychiatrists within our agency. So they can't -- in order to be able to do this program, you have to be able to monitor closely the individual that's going through the induction period. You know, they're coming to us, they have to be off of their heroin for 24-hours prior to coming to us, they're going to be sick. And when we induce somebody on Suboxone, we have to take -- first we have to assess them, we have to do vitals, we have to do specific screenings, and then we start them slowly on the Suboxone. So you do two hours of Suboxone, a particular dosage, and you monitor them; you see how they're doing, if they're doing fine, then you move them on to the next dosage

LEG. D'AMARO:

What's the total budget of your organization?

MS. SILBERSTEIN:

I would need to get that information to you.

LEG. D'AMARO:

Roughly?

MS. SILBERSTEIN:

I'm not the CEO of the organization, so I would need to get that for you.

LEG. D'AMARO:

There's a requirement under County -- this is the first time you're seeking County funding -- that your administrative costs be 20% or less than your overall.

MS. SILBERSTEIN:

I believe they are. I mean, the budget that we submitted I know, you know, stayed within the parameters that were given.

LEG. D'AMARO:

Okay, so you're aware of that requirement.

MS. SILBERSTEIN:

Yes.

LEG. D'AMARO:

Very good. All right, thank you for answering my questions.

MS. SILBERSTEIN:

You're welcome.

LEG. D'AMARO:

Thank you.

CHAIRMAN SPENCER:

Legislator McCaffrey.

LEG. McCAFFREY:

Thank you. Hi, Mary. I just want to ask you a little bit about the program. So this is kind of something new, this outpatient detox. I was aware of it, we had some hearings and we had a doctor from New Jersey come over and talk about the success that they've been having with out-patient detox. Now, how does that compare to an in-patient in terms of cost?

MS. SILBERSTEIN:

Well, it's a lot less. I don't have the specifics to be able to give you just exactly what the costs are, but it's, you know, a higher cost to do an in-patient detox versus an out-patient. You know, I can also tell you that getting into an in-patient detox, at this day and age, is almost impossible. The detoxes that do exist, they don't necessarily take somebody who's on five or six bags of heroin because they're not in a detox yet. So it's a very -- it's a catch-22. Plus they don't have the number of beds that would be able to, you know, be provided to those addicts.

LEG. McCAFFREY:

How many people would you expect to be serving, if you were to get approved?

MS. SILBERSTEIN:

I think I said a hundred and, either 91 or 97, my notes got taken away (*laughter*).

LEG. McCAFFREY:

Okay. Yeah, we have them here, okay. And where would it be located, where you are now?

MS. SILBERSTEIN:

It would be in Suffolk County. We do not have the location as of yet, but we have one that we're

considering.

LEG. McCAFFREY:

So you'd be opening a new facility to handle it?

MS. SILBERSTEIN:

Yeah.

LEG. McCAFFREY:

And this would be -- the only thing they'd be doing there would be that in-patient -- the out-patient detox?

MS. SILBERSTEIN:

We would be doing out-patient detox as well as treatment.

LEG. McCAFFREY:

As well as treatment?

MS. SILBERSTEIN:

Because you can't have the out-patient detox -- you can't just have it be medical, you also have to provide the treatment for the person needs.

LEG. McCAFFREY:

Right. Okay, thank you.

CHAIRMAN SPENCER:

Legislator Trotta.

LEG. TROTТА:

I think I missed the question; where are you located now?

MS. SILBERSTEIN:

We're in both Nassau and Suffolk County.

LEG. TROTТА:

Where in Suffolk?

MS. SILBERSTEIN:

We're in Brentwood and Ronkonkoma.

LEG. TROTТА:

And is that under the name of CN Guidance?

MS. SILBERSTEIN:

Yes.

LEG. TROTТА:

How many employees are there?

MS. SILBERSTEIN:

You know, I don't know that number.

LEG. TROTТА:

Ten, twenty, a hundred?

MS. SILBERSTEIN:

Probably like -- you know, I'm guessing at the moment. I'm the Program Director of the Addiction Recovery Services, so I think we're somewhere around 300.

LEG. TROTTA:

And are you going to do it out of Brentwood or Bohemia, or wherever you said you were, Ronkonkoma?

MS. SILBERSTEIN:

I think we're looking at Amityville.

LEG. TROTTA:

You need to do it out of somewhere different? I mean, if you have to rent space in Amityville. I mean, that's going to take up a lot of your \$190,000 budget, I'm assuming.

MS. SILBERSTEIN:

Well, again, I mean, the money that we're requesting is the start-up money. The rest of the money is going to be able to sustain the facility, the program.

LEG. TROTTA:

Insurance companies you mean?

MS. SILBERSTEIN:

Yeah.

CHAIRMAN SPENCER:

Do you receive any money from Nassau County?

MS. SILBERSTEIN:

Yes, we do.

CHAIRMAN SPENCER:

And how much?

MS. SILBERSTEIN:

But it's specific programs. Our OASIS Program does not receive money from Nassau County, we receive money from the State.

CHAIRMAN SPENCER:

Sure. You know, as far as that program, do you know how much, or approximately?

MS. SILBERSTEIN:

That the State gives?

CHAIRMAN SPENCER:

Yes.

MS. SILBERSTEIN:

I think it's 401,000 for our current OASIS license program, that does not include ancillary withdrawal.

CHAIRMAN SPENCER:

Okay. Legislator Anker.

LEG. ANKER:

I want to thank you for the work that you're doing. You know, this epidemic with the drug situation is just -- it's beyond everyone's imagination.

MS. SILBERSTEIN:

I know.

LEG. ANKER:

I was at a high school Steered Straight, I don't know if you're familiar with that program, brought up from New Jersey. But the program that you're looking into, is it -- so this is a new program, a start-up program?

MS. SILBERSTEIN:

Yes.

LEG. ANKER:

And where are you getting your foundation from?

MS. SILBERSTEIN:

What do you mean our foundation from?

LEG. ANKER:

Your program; like, are you creating it, or who --

MS. SILBERSTEIN:

We've already submitted our -- we went through training with the State, New York State OASIS, and we had to put together with our medical director a list of protocols that we would use if we -- you know, for seeing clients that came in for ancillary withdrawal.

LEG. ANKER:

So it's basically patterned from the State; the State's programs that you're following.

MS. SILBERSTEIN:

Yes.

LEG. ANKER:

Okay. And again, I appreciate all the work that you're putting in to do this, and it's desperately needed.

MS. SILBERSTEIN:

It is desperately needed. I mean, to add, we see a lot of people that come into our agency that want to be on Suboxone. I mean, somebody who is going through a heroin withdrawal, and this is another issue that the in-patient facilities are doing. When they take somebody, an in-patient, they're only seeing them for like three, five days. A heroin withdrawal can be painful for up to three months, and Post-Acute Withdrawal Syndrome can last up to a year. So in order to be able to really work with these individuals, you have to stabilize them, you know, not only in regards to their behavior, but you also have to stabilize them physically, because if you don't work with the person, the mind/body connection, you're not getting anywhere.

LEG. ANKER:

Do you have a particular location in mind? I know you mentioned -- you said Ronkonkoma.

MS. SILBERSTEIN:

Amityville.

LEG. ANKER:

Amityville. What about further out east, you know, like Riverhead?

MS. SILBERSTEIN:

You want to give us more money, we'll come out east (*laughter*).

LEG. ANKER:

We have a building, if you'd like to look into it. All right, thank you.

MS. SILBERSTEIN:

Thank you.

CHAIRMAN SPENCER:

Legislator Muratore.

LEG. MURATORE:

Yes, thank you. Ms. Silberstein, how much were you asking for?
I missed that.

MS. SILBERSTEIN:

One hundred and thirty-eight thousand.

LEG. MURATORE:

A hundred thirty-eight thousand. Are there any programs in Suffolk County that engage in what your organization provides?

MS. SILBERSTEIN:

There are other OASIS licensed programs here in Suffolk County very few of them are doing or planning to do ancillary withdrawal because of the cost and also because of -- you know, you really have to have a medical staff that you can work with in order to do this service.

LEG. MURATORE:

So no one provides what you provide then.

MS. SILBERSTEIN:

I put my feelers out and I got responses that maybe two.

LEG. MURATORE:

Are they as big as --

MS. SILBERSTEIN:

Throughout Suffolk County.

LEG. MURATORE:

Are they as large as your organization with maybe 300 -- you said 300 employees you have.

MS. SILBERSTEIN:

Roughly, yeah. I could -- don't quote me specifically.

LEG. MURATORE:

Oh, we won't hold you to that number, but it's more than a hundred.

MS. SILBERSTEIN:

Yes.

LEG. MURATORE:

But no one else has a staff as large as yours in the County to provide what you provide.

MS. SILBERSTEIN:

You know what? For example, Phoenix House is a very large organization, I did see some literature recently that said that they're doing ancillary withdrawal. I found out that where they're doing it is in Queens; so they're here but they're not doing it in Suffolk, they're doing it in Queens.

LEG. MURATORE:

Okay, thank you.

MS. SILBERSTEIN:

You're welcome.

CHAIRMAN SPENCER:

I can see Legislator Barraga pulling his microphone towards him, he has a question.

LEG. BARRAGA:

I don't have a question. I'm sitting here listening to you, and obviously there's a need for the out-patient services but, you know, we're doing with dealing with fiscal budget and a school deficit, and I'm trying to take a look at where 138,000 can be found, but there are some suggestions and recommendations with reference to increasing pistol licensing fees. Right now they're at \$10, I think Nassau charges 200. From the figures I see, if we actually increase the fees we generate a million dollars for the Police District and 150,000 to the General Fund. And also, I'm taking a look at, you know, registration fees, Motor Vehicle registration surcharges, which if we made adjustments to equal Nassau County, we would generate \$10 million. So those are a couple of avenues I think that the Legislature will be looking at; no guarantees, but certainly there's a couple of steps we can take to generate some additional revenue.

MS. SILBERSTEIN:

Uh-huh.

LEG. BARRAGA:

The other point I wanted to make was that in hearings that I also attended, what was kind of unbelievable is that here we are in Nassau and Suffolk County, and I cannot tell you the number of people who testified before us concerning their relatives who were forced because there are no in-patient services, for the most part, in both counties forced to send their relatives to places like Texas and Florida and the Carolinas.

MS. SILBERSTEIN:

Uh-huh.

LEG. BARRAGA:

But that's an area, you know, from a fiscal perspective, we should be spending much more time on some sort of in-patient services. Right now we have a building in Brookhaven that's empty on 12 acres, lots of turmoil with that building; I don't even want to get into it, but it's sitting there, it's sitting there idle. And maybe one of the ideas is to take a look at that facility and maybe that's a possibility for in-patient services.

MS. SILBERSTEIN:

But I'm going to tell you that you're going up against the tide. The tide, if you take a look at what's happening in the behavioral health system, it's Medicaid driven, it's coming out of the Feds and the State in regards to whole Medicaid redesign. And you have, and don't ask me to tell you what the initials stand for, but there's something that's called DSRP, and DSRP basically is giving us the

potential of having \$14 billion in the State of Medicaid money, if we can keep people out of the hospitals.

So to plan something to put people into hospitals, and I'm not saying that there aren't people that need either to go to residential or they need to go in-patient. You have somebody who's on 15 bags of heroin a day? I don't think I can see them on an out-patient basis, it's going to be too hard for them. You know, so, yes, we need the in-patient beds, but we also need to be providing them on an out-patient basis.

LEG. BARRAGA:

Well, I'm understanding that.

MS. SILBERSTEIN:

No, but I --

LEG. BARRAGA:

All I'm saying is that if the crisis is so great, and obviously it is, you need both out-patient and in-patient services.

MS. SILBERSTEIN:

Uh-huh.

LEG. BARRAGA:

The question is, you know, getting the funding and support to do that, to do both.

MS. SILBERSTEIN:

Right. And I don't know if you're going to be getting any State funding in order to open up an in-patient facility. I mean, I do know that there were some adolescent beds that were added to one of the hospitals out here, I don't know if it was -- I think it was St. Charles had some adolescent beds added to it. Beds are very costly and staffing's very costly.

LEG. BARRAGA:

I want to thank you for your testimony. Obviously the 138,000, it's not possible, it's doable, without taking something away from some other group.

MS. SILBERSTEIN:

Right.

LEG. BARRAGA:

If we make some sort of adjustments and increase the revenues and fees in certain areas.

MS. SILBERSTEIN:

Yeah. And I know you're looking at it now, but we also know that this is going to save, because you're taking a look at driving under the influence and the amount of people that are driving under the influence and the lives that are lost because of that. You're also taking a look at the just total devastation that our jails have, having people that are, you know, filling them up in regards to that they, you know, are selling drugs or they're on drugs. You know, so we're going to have cost savings by being able to do this.

LEG. BARRAGA:

Okay. Thank you.

MS. SILBERSTEIN:

You're welcome.

CHAIRMAN SPENCER:

Legislator Schneiderman.

D.P.O. SCHNEIDERMAN:

Well, just because I'm not from the medical field like my colleague, Dr. Spencer. I'm not familiar with Suboxone, so -- I know the County runs Methadone clinics, I don't know how effective that is. How would this -- how is Suboxone different and how would it integrate with our own programs for dealing with heroin addiction?

MS. SILBERSTEIN:

Well, I do need to tell you I am not a doctor, but I can tell you that Methadone is different than Suboxone. Some people say that Suboxone can be used as a maintenance drug, but there's many of us in the field that see it as something that you use as an aid, and you use it for somewhere between six and eight months that somebody's on Suboxone. And during that time you're stabilizing the individual, you're helping them with their withdrawal, with their cravings, with their physical needs, as well as working on their behavior, and then you're bringing them, you're titrating them off of the Suboxone so they can be drug-free. So the idea with Suboxone for many of the providers who are out there is to have it for the individuals to be drug-free, ultimately.

Now, Methadone is something that is -- and certainly Suffolk County Department of Health Services can give you a whole thing on Methadone. I know that Methadone is something that's needed for -- you know, somebody who has been on Methadone for 40 years, the idea of taking them off is cruel. You know, they're on 80 milligrams, 100 milligrams, whatever dosage they're on, that's a lot, and Methadone is even more painful to come off of than an Opiate withdrawal. So we do need to have Methadone, but we need also to be able to have and provide -- I don't need to put the thousands of people that are addicted on Methadone and have them continue to be addicted and also to continue to cost this County tons of money.

D.P.O. SCHNEIDERMAN:

So Suboxone has the promise of moving them from heroin addiction to no addiction whatsoever.

MS. SILBERSTEIN:

Right.

D.P.O. SCHNEIDERMAN:

It's not substituting it with Methadone.

MS. SILBERSTEIN:

Right.

D.P.O. SCHNEIDERMAN:

In terms of efficacy, I mean, do we know how effective this Suboxone program is?

MS. SILBERSTEIN:

I don't have the staff with me, but I know that there is efficacy, and I can certainly get you --

D.P.O. SCHNEIDERMAN:

Well, you're asking us for \$130,000, before we put money into a program, we want to know that it works.

MS. SILBERSTEIN:

I can get you that information.

D.P.O. SCHNEIDERMAN:

I think that would be important. Where else is this being done, this Suboxone out-patient service?

MS. SILBERSTEIN:

I know that it's being done in other places in the State of New York.

D.P.O. SCHNEIDERMAN:

Can you name a couple?

MS. SILBERSTEIN:

I would have to get you that information as to who's exactly. I know that health and human -- health and hospital corporations put together protocols. I know that there's places Upstate that are doing it, but I don't have the specific names.

D.P.O. SCHNEIDERMAN:

Is your organization doing it anywhere currently?

MS. SILBERSTEIN:

No. We're not doing inductions, we're doing Suboxone.

D.P.O. SCHNEIDERMAN:

No. That's what I'm asking; are you doing Suboxone anywhere currently?

MS. SILBERSTEIN:

Yes.

D.P.O. SCHNEIDERMAN:

In Nassau?

MS. SILBERSTEIN:

Yes.

D.P.O. SCHNEIDERMAN:

How many patients are you serving there?

MS. SILBERSTEIN:

I would have to get you that information.

D.P.O. SCHNEIDERMAN:

Okay. And so now you're looking, though, to take that program and move it -- expand it to Suffolk?

MS. SILBERSTEIN:

Expand it.

D.P.O. SCHNEIDERMAN:

And how effective has it been in Nassau?

MS. SILBERSTEIN:

It's been very effective. I mean, people complete successfully the program. I don't have the numbers on me.

D.P.O. SCHNEIDERMAN:

Would you say that for 50% of the people in the program it's taken them off of heroin addiction?

MS. SILBERSTEIN:

I would have to get you that number.

D.P.O. SCHNEIDERMAN:

I just -- I think that's important.

MS. SILBERSTEIN:

Okay.

D.P.O. SCHNEIDERMAN:

You know, because it's not a small amount of money. It's certainly not a small crisis, and we have a real serious problem with heroin addiction, and a growing problem. And I think the whole body would like to respond to the crisis in some way and there's different ways, and what you're asking for is money that wasn't in the County Executive's budget --

MS. SILBERSTEIN:

Right.

D.P.O. SCHNEIDERMAN:

-- to be added to the Working Group's budget, and I think some of us might be inclined to try to do that if we can find a way to fund it, but we want to make sure that we're putting it into a program that's going to actually work.

MS. SILBERSTEIN:

Okay.

D.P.O. SCHNEIDERMAN:

So the more data --

MS. SILBERSTEIN:

I can get you that information today.

D.P.O. SCHNEIDERMAN:

-- you can show I think the better. Okay, thank you,.

MS. SILBERSTEIN:

Okay, thank you.

CHAIRMAN SPENCER:

Mary, I think you're finally done.

MS. SILBERSTEIN:

Thank you.

CHAIRMAN SPENCER:

Thank you very much.

MS. SILBERSTEIN:

Thank you for your attention.

CHAIRMAN SPENCER:

It's a very important issue and we take it very seriously. So you'll have our consideration. Thank you.

MS. SILBERSTEIN:

Thank you.

CHAIRMAN SPENCER:

That was the only card I had for Health. I see the Commissioner is here. Is there anyone else that wishes to address a budget issue within the Health Department that wishes to be heard?

Okay. With that, Commissioner Tomarken, do you have -- come up for just a minute. How are you, Commissioner?

COMMISSIONER TOMARKEN:

Good, thank you. And yourself?

CHAIRMAN SPENCER:

I'm well. You have your hands full these days, but you do a great job. So again, thank you for being here, and you have to take off your Ebola hat and your Entero Virus D-68 hat and your sewer hat and put on your budget hat for a little while, so thank you.

So just -- I know there were --

LEG. HAHN:

Those hats might need to stay.

CHAIRMAN SPENCER:

Those hats might need to say for Legislator Hahn. Commissioner, I just wanted to -- I know that we had a chance. I think that we want to make sure that the Health Department has what they need, and I know that last year there was some concern, a letter that we received from the State Department of Health with regards to our ability to maintain and do inspections for public health with regards to water, and I see that in the new budget that there have been some positions that have been put in. As far as the direction that we were given, to your understanding, and with -- I appreciate the Administration working with the Health Department. Do you feel that we have satisfactory staffing to be able to address the concerns that the State had expressed?

COMMISSIONER TOMARKEN:

Yes, I think we do. And I would like to -- I think we do and I would like to let Mr. Paul, the Assistant to the Commissioner, give you some details on that?

CHAIRMAN SPENCER:

Okay. Hello, Barry. How are you?

DEPUTY COMMISSIONER PAUL:

Yes, we have corrective action plans in place for all the issues that the State found and they're in the process of being implemented. And they're not all about staffing, some of them are about process, some are about cross-training, but the positions in the budget that we have are sufficient to address. And we explained that to -- in our corrective action plan to the State, that we have the positions needed. They're not all on board and some will need to be hired next year, but from a position perspective, they're appropriate.

CHAIRMAN SPENCER:

Legislator Hahn has a question.

LEG. HAHN:

I mean, does he still have to finish his presentation to us, or -- because I don't want to interrupt at this point. But I wanted to ask, we have a sheet from our Budget Review Office of certain positions

that are getting added into the Health Department's budget, and so it would be very helpful to us to understand each and every one of them.

CHAIRMAN SPENCER:

Do you have a formal presentation?

COMMISSIONER TOMARKEN:

No.

CHAIRMAN SPENCER:

No, you don't, okay. So I just asked kind of a general overview question, but could you take a moment. And as I look at the -- I did have a chance to look at the Health Services budget and I see that these positions were placed, currently you've got 884 authorized positions and we only have 703 filled, so we have a 20% vacancy rate, which is, I guess, saving us some significant revenue. And the positions to be abolished in the recommended budget are four and we're getting eight new positions, so we're able to fill those without a significant budgetary impact there. And we're looking at an overall estimate of approximately 3 to 5% -- well, 5% less than the 2014 estimate in the Department of Health overall. So it looks like we have the budget to cover these positions, it seems like that works out and we're still able to be fiscally responsible. That's the overall sense that I had, but, you know, I would like to, you know, see if there are any particular concerns that you have, whether or not we need to do more.

COMMISSIONER TOMARKEN:

Let us address Legislator Hahn's questions about the specific eight.

CHAIRMAN SPENCER:

Okay.

DEPUTY COMMISSIONER PAUL:

Legislator Hahn, I'll discuss briefly the four new positions in DEQ. The first two, an Assistant Health Engineer Trainee and an Assistant Public Health Sanitarian Trainee, are going to be used to address the control of nitrogen in our wastewater through the expansion -- review of expansion of municipal sewers, the use of cluster treatment systems and individual, advanced, on-site sanitary systems; so that's the Nitrogen Reduction Program.

The other two positions are in the Office of Water Resources and they're to address the increased work skill from New York State Department of Environmental Conservation's Pesticide Monitoring contract. And they'll be monitoring wells at various agricultural settings for the purpose of assessing impacts to groundwater quality from pesticides.

LEG. HAHN:

Which two were the water resources? Or you said the rest of them; no.

DEPUTY COMMISSIONER PAUL:

Public Health Sanitarian Trainee and Heavy Equipment Operator.

LEG. HAHN:

Okay, so there are two Public Health Sanitarian Trainees and one Heavy Equipment Operator, so that is a well driller?

DEPUTY COMMISSIONER PAUL:

Yes.

LEG. HAHN:

That's what we were assuming in committee. And then -- but very specifically, the Medical Program Administrator, the Physician III, the Medical Social Worker, obviously -- I think I know what a Drug Abuse Educator is, but where will it be? Just our Working Group --

MR. FREAS:

Legislator Hahn, I think I can answer your question.

LEG. HAHN:

Good.

MR. FREAS:

I don't mean to cut off Deputy Commissioner Paul, but those aren't really new positions. As you know -- as you know, the Tri-Community Health Center has come under the control of the Hudson River HealthCare Organization. The positions, when we -- when those positions, those people who used to work at Tri-Community, were moved in the budget this year, some of the positions in their new appropriation -- in this case specifically, I believe it's the Jail Medical Unit -- were created as interim positions. The new positions that you're seeing, the Medical Program Administration, the Physician III and the Medical Social Worker, were created as interims this year to move them into 4109, which is the Jail Medical Unit. However, interim positions, as you may realize from the 2000 -- infamous 2012 budget, expire at the end of the year. So those three new positions are created to let those three people, those are live -- those are live bodies, so to speak, those are actual employees; those people will then move into those new positions January 1st. There's no real net change in the modified budget. Because it wasn't a real net change in new positions, it wasn't -- I did not address it in my section of the Health Services -- of the review because it wasn't a real change. I apologize for that if it caused some confusion in Working Group.

LEG. HAHN:

And then the -- I'm sorry if I missed this piece of it, but the fourth one there, the Drug Abuse Educator, where will that person go and is that an actual new one?

DEPUTY COMMISSIONER PAUL:

Let me just pass that on to Jen Culp.

LEG. HAHN:

Thank you.

MS. CULP:

Yes. That is an actual new position, it will be within our Division of Mental Hygiene, and this is the County Executive's initiative in response to community and school district concerns about the Opiate and heroin epidemic on Long Island. The idea behind this program would be to hire a new Drug Abuse Educator who would then be working with the stool district to develop a pilot program. The pilot program would be an evidence-based, peer-to-peer program, so we'd be working with students to teach them about the dangers of the drug, but also how to react to situations, to get themselves out of situations, how to respond to peer pressure. And then those students then would go on, this would be in high school, they would go on and do some peer education in the middle schools, and then the middle schools to the elementary schools. So you pilot it in a school district with the goal of them doing probably similar to our bullying prevention, doing a conference, and we would train multiple school districts at once to have that program be spread about throughout the County.

LEG. HAHN:

So -- and remind me, am I getting this right; was that Rocky Point that the pilot's going to be in? Where was the --

MS. CULP:

Sachem we've been talking to.

LEG. HAHN:

Okay. Yeah, when I was a kid we had ADAPT, the Alcohol and Drug Abuse Prevention Team; we were taught as high school students, and then we went on to teach other students, etcetera. So is it that; have you heard of that program and is it something like that?

MS. CULP:

Yes, it's something like that. I think the idea behind it is that kids tend to respond to people they look up to, so when they have a high school student standing in front of them, they're more readily listening than someone like me, you know, who they might not identify with.

LEG. HAHN:

Okay, and that makes up all the positions. So thank you.

Oh, the other question that I did have, I had a couple of other questions, Dr. Tomarken, for you. Will we now need a new Chemist I in Water Quality for our 1,4 Dioxane? Because I believe that the bill passed after the budget was presented, so do you anticipate us now needing a new Chemist I position because of the bill that we passed?

DEPUTY COMMISSIONER PAUL:

We're looking into what the capacities are at the lab. This would be in the Public Environmental Health Laboratory. Let me ask Walter --

LEG. HAHN:

Walter Quality.

DEPUTY COMMISSIONER PAUL:

-- Dawydiak to step up just to talk about the status of the analysis we're doing to see -- to look at our capacities.

LEG. HAHN:

Excellent, and other lab techs that we might need, Water Quality being our number one priority. I want to make sure that we're on top of this.

MR. DAWYDIAK:

Thank you, Legislator Hahn. Walter Dawydiak, Director of Environmental Quality. We are currently beginning developing the method for Dioxane. We have resources to get the program started and we have the equipment. We have not yet settled on our final plan to conduct the analysis which requires a dedicated analyst. We're exploring a shared services agreement with the Water Authority and other options in the context of an overall reevaluation of all our lab analytes and parameters that will be completed with a complan by the end of the year, but it's not ready yet. We do have vacancies in the budget which are one option that we may need to explore, but it's really premature to determine right now what help we're going to need with doing that analysis.

LEG. HAHN:

Okay. And then the other item that has sort of come up since you prepared your budget; do you now feel like we need more dollars for infectious disease control and for equipment and for personnel or anything of that nature?

COMMISSIONER TOMARKEN:

Well, we just got the new guidelines today from the CDC regarding personal protective equipment and it's now no skin exposed, head-to-toe, and N-95 masks, you know, so it's certainly going to --

we're putting together a budget, we've got the things on order. It's hard to -- obviously it's impossible to predict, but I suspect we're going to need more as a sort of rainy day fund when and if this or any other issue like this comes up where we have to purchase new equipment. We don't need new personnel at this point, it's really equipment.

LEG. HAHN:

Right. And so, Doc, can we -- Mr. Vaughn has come up to the podium.

MR. VAUGHN:

Just specifically on the issue of the --

CHAIRMAN SPENCER:

The Chair recognizes Mr. Vaughn. Thank you.

MR. VAUGHN:

Thank you, Mr. Chairman. But just specifically on the issue of additional suits and protective gear, we actually had a conversation with one of our budget analysts this morning, going through the Capital Program to try and find an offset, we are in the process of putting together a resolution regarding -- that will include some of that technical equipment. So that will be forthcoming, just as an FYI.

LEG. HAHN:

Excellent. And I know in the table-top exercise, we also talked about disposable thermometers and there were some other items that, you know, may be a new budget item, and I'm glad that you're working on that. But you don't think we need training -- staff to train, you know, whether it's EMS or whether we're out there in hospitals or other settings like doctor's offices, etcetera, that we may need to take responsibility for doing more than we ever have in the past should it come to that?

COMMISSIONER TOMARKEN:

At this point I wouldn't say we need new staff for that. We're training our department staff. I was just in a meeting this morning with the emergency services, they have their own training going on. We're offering training to anybody who's in need, but at this point I don't think we are in need of additional personnel, it's just equipment and supplies.

LEG. HAHN:

When you're planning for your equipment -- and I'm sorry that I -- I'm pretty sure that it's through you're department, sewage treatment plant workers? They have a special exposure that you might not be thinking about, especially ones near regional hospitals that are designated. So just we have to be thinking about them as well when we're planning for equipment and the staff that needs to be protected, potentially.

COMMISSIONER TOMARKEN:

Correct, and we'll be talking about DPW about that as well.

LEG. HAHN:

Thank you.

CHAIRMAN SPENCER:

Legislator Calarco.

LEG. CALARCO:

Thank you. I just wanted to go back to that one position, Ms. Culp, that you were talking about, the Drug Educator position. So several years ago we stopped utilizing the DARE Program in Suffolk County and switched to Health Smart, and then a few years later after that, the economy continued

to get worse and our budget continued to get difficult, we started curtailing back on the Health Smart Program. But the intention all along was that Health Smart was going to provide a more comprehensive program that would get into every grade level to help deal with various issues, not just the drug problem, but certainly the drug issues were primary and the focus. This new position and this person, they're going to develop a whole new program, or are we abandoning Health Smart altogether? How is that going to collaborate?

MS. CULP:

No, we would not be abandoning Health Smart. And the change to the Health Smart curriculum, we also kind of changed the model on that in terms of a train-the-trainer program as well. So we still readily use that curriculum, school districts throughout the County do, and then they can rely on us for any support services they need around that.

This program would focus specifically on the peer-to-peer. It would be developing a curriculum with the school districts based on the school districts' need. So talking about the heroin, talking about Opiate abuse, and then also working with the young people to give them the tools to respond if they're in that situation or to understand the ideas behind marketing and what's safe and what's not, and then they would be going into, you know, middle school, middle school to elementary school. So Health Smart is more training the health teachers, the gym teachers to talk about, depending on grade level, there is substance abuse, there is mental health, there's body issue, nutrition, so that's more of a wellness across the board.

LEG. CALARCO:

So this is going to a more specified program? We are going to go into the school to teach this to the kids? We're not going to be anticipating the school districts to be teaching?

MS. CULP:

So the idea is that we will work very closely with the pilot school district, Sachem School District, working with them to help develop the curriculum. But the teachers would be kind of leading the program and we would be there for support, we would be there for mentoring, we would be going into the classes and going into the peer-to-peer training classes, and then once that's off the ground and we've seen the success, made any changes, we would then -- we were thinking about how we've done the bullying prevention where we piloted the program within a school district, then we had a conference where we were able to train about 30% of the school districts, train teachers there and they take that curriculum back and they implement it in their own classrooms and then we're available for support, if needed.

LEG. CALARCO:

So the bullying program is in 30% of the school districts, thereabouts, about 20 school districts?

MS. CULP:

We just did the initial training last week and it was about 30% of the schools were there, I think it was about 20 --

LEG. CALARCO:

Because it's completely voluntary by the schools whether or not they want to participate in our program.

MS. CULP:

Completely voluntary, but we had a really great response and we'll be doing it again shortly because we actually had to have a waiting list.

LEG. CALARCO:

How many school districts participate in the Health Smart Program?

MS. CULP:

I would have to get that exact number, but I feel it's definitely a majority.

LEG. CALARCO:

Okay. Because when we put this new program into place, and I can tell you what I usually hear from school districts sometimes, is that they're being asked to do so many things in the classroom that they are running out of time, they don't have the ability to do these things. So if we're going to put this in place as a classroom program that the teacher has to teach, I'm concerned about it clashing and that means either Health Smart is going to go out the door or this is not going to ever get implemented since they have complimentary goals. So I would hope there's something put in place to make sure that they're actually working together and that you don't get teachers saying, *Well, I really can't do Health Smart and bullying and the drug program*, and who knows what else is going to come down next when they still are dealing with Common Core and everything else that's going on in the school district.

So it's a very important issue that we need to address and a goal that we need to get to, but it needs to be done I hope in a fashion that works. And then certainly, hopefully every school district participates, are we going to anticipate need for more people to help back that project up?

MS. CULP:

I think what the key is to this pilot program is working collaboratively from the beginning with the school districts so you have that buy-in. The staff are there already at the table, the interest is there, they see the need, they're hearing the need from the parents, from the students themselves, so I think that lends itself to really -- you know, when you're involved from the beginning, you're more likely to really carry this through. But in terms of more personnel, I don't think, besides this one staff -- because the idea is for us to develop those tools and then train the actual school district staff to implement it. So we're, you know, a little bit -- we're an arm's length, but we're still there for support.

LEG. CALARCO:

Yeah, but that's my concern, that we're going to do Health Smart which is, in essence, not just drugs but a whole comprehensive program, but that has a drug component, that hits every grade level, and then we're going to bring in another program that's a drug component that hits every grade level. And I just don't see schools overwhelmingly -- we may get one or two that really grab into it and they'll be great, but I don't see all 62 school districts saying, *You know what? We want to get into that*. And especially when it's having to do both.

CHAIRMAN SPENCER:

Legislator Schneiderman?

D.P.O. SCHNEIDERMAN:

Thank you. Commissioner, first rewinding for a second to the speaker before was looking for some funding for a Suboxone program. Is that something you've looked at? Is that a direction the County ought to be moving? Are you familiar with that as an alternative or a secondary approach to addressing heroin addiction?

COMMISSIONER TOMARKEN:

It's an approach. I mean, when you look at the heroin addiction, you look at a whole spectrum of people and generally Suboxone is used for those people who are early on in their substance abuse problem and are really not candidates for Methadone. It can be used as a detoxification and/or a maintenance program. The real key is that any of these programs offer counseling and therapy and ongoing support. So we want to make sure that it's just not a detox where you just take somebody off this substance and then they're left out in the cold, but we need more out-patient work. I mean, as you know, there are many incentives to close in-patient beds. Historically this issue has been

treated significantly as an out-patient, but there are a significant number of people who need in-patient treatment and that is a fact -- an issue that has multi -- is multi-factorial. Because one of the big issue is the insurance companies not allowing people into treatment before they, quote/unquote, fail out-patient treatment. The State has passed some new legislation to expedite the appeal process so the people theoretically may get into in-patient services sooner, but that's just -- so there's a whole spectrum of concerns.

D.P.O. SCHNEIDERMAN:

This Suboxone, is that something that the County could do itself, or can use our own Methadone clinics and do -- also do a section that's Suboxone as a trial?

COMMISSIONER TOMARKEN:

We have tried Suboxone in the past and we found that it was difficult to implement.

D.P.O. SCHNEIDERMAN:

It's labor intensive, is that the issue?

COMMISSIONER TOMARKEN:

Well, it's not -- that's part of it. It's getting that population into treatment and getting them to stay in treatment, and we wanted -- our program was going to be based with their families and many of these individuals are not comfortable working with their families. But there are Suboxone providers in the community that we helped coordinate services with. So you may have a family doctor prescribing Suboxone, but the real key is to get them into some sort of supportive treatment as well, which we and other agencies can offer.

D.P.O. SCHNEIDERMAN:

Okay. Because I'm imagining at some point the Working Group is going to consider the request for the funding of that program, so you're saying it might be worth taking a good look at.

COMMISSIONER TOMARKEN:

Yeah. I don't know this individual program, and we can certainly get you more information and I can have our director of Community Hygiene provide input, but it's certainly worth looking at.

D.P.O. SCHNEIDERMAN:

Okay. So switching over to staffing levels, and I think you were I think indicating that what the County Executive proposes is what you need. Do you have people -- because this has come up several times, in the plume investigations, there are several plumes like the one in Speonk out of my district, there are others in the County. Do you have enough individuals to adequately track, monitor those plumes without sacrificing or taking people away from the private well testing which is the second half of this question, do you have enough people for the private well testing? Because my understanding is you don't have enough people in that unit, and that's not -- I don't know if these positions would cover that that you spoke about.

DEPUTY COMMISSIONER PAUL:

Let me ask Walter Dawydiak, Director of Environmental Quality, to come back up. I know that we are looking at the water sampling survey world, that relates directly to the plumes and understanding what the the priorities are and where the work is driven from we do have vacant positions in that area, in Water Resources that --

D.P.O. SCHNEIDERMAN:

Are they funded vacant or just vacant?

DEPUTY COMMISSIONER PAUL:

Well, again, it's -- the funding is department-wide. We can fund from anyplace in the department,

so we have funding. It's a question of priorities that we're trying to analyze. But in terms of private water testing, we don't have a big backlog, we do those on a high priority. But let me let Walter just go into some of the analysis that we're doing.

MR. DAWYDIAK:

Thank you, Mr. Paul. Legislator Schneiderman, our private well sampling on request is currently about a 4 to 6 week wait for the initial sample and then another 6 to 8 weeks for a lab, that's in the range of historic norms. We're a little backed up on our private well surveys because we had a large glut of surveys come in in relation to the compost investigations. We did about a dozen supplemental sites for the State Department of Environmental Conservation in terms of well drilling. Many of those had associated private well surveys, so we were behind several months on those. With overtime and reallocated resources, we are catching up with those. We also had a couple of sanitarians out on leave for medical reasons and both of those are expected to come back relatively shortly, so that will help to alleviate the situation.

It has been a big workload. We have been keeping up with it, it's been a challenge. The bigger challenge is what happens after the Comprehensive Water Resources Management Plan is complete. We've implemented a VOC Action Plan and we expect the need for some of these private well surveys to increase and not decrease, so we're working with the EPA, the State DEC and the DOH to try and formulate plans and strategies for how to address these in the future. Again, this is something that's going to be completed at the end of this year and we'll come to terms with it at that point in time.

D.P.O. SCHNEIDERMAN:

These positions that I mentioned, I think they're at least like around 37% reimbursable through the State. I hear -- I think I hear you saying you don't need anybody else. I just want to clarify because, you know, my sense is that particular area is under staffed, and even with these -- there's four positions that are being suggested, two in nitrogen which I think is new, and then two in the pesticide monitoring of groundwater which may overlap with the private well testers, I'm not sure.

MR. DAWYDIAK:

The nitrogen positions are specific to the Reclaim Our Water as Nitrogen Wastewater Program, Legislator Schneiderman, that's correct. The other two positions for the Pesticide Program deal with groundwater monitoring and there is certainly an overlap with groundwater programs. They're going to increase the capacity by about 200 samples and 150 wells a year, that will address some of the pesticide grant needs, but it will also take some of the pressure off of the well drilling and groundwater investigation unit. As in all of our units, we try and cross-train and share resources among units between groundwater and drinking water, so that additional staffing will definitely help the water unit, as Mr. Paul indicated. There's also a couple of vacancies in the Water unit at this time. All of our units, as all levels of government, have been hard pressed to keep up, but I think we've been doing an exceptional job, all things considered. And moving forward with the Comprehensive Water Resources Management Plan, we'll have to formulate new strategies to address the emerging needs which come up regularly.

D.P.O. SCHNEIDERMAN:

Okay, so I want to switch to a different topic in Health Department staffing. Commissioner, as you know, the County is, through its Vector Control Division, not only monitors for mosquitoes and West Nile, also is getting into the area of tick control. And my understanding is to assist DPW in the assessments, there is a need for two additional lab technicians, one biologist one entomologist. I don't know if you've had a chance to review that recommendation. Is that your sense of what would be needed to provide DPW with the assessments they need so that they could develop a strategy?

COMMISSIONER TOMARKEN:

I think that's a good start. I wouldn't use it as a final plan yet, but I think that gives you a feel for the scope of additional staff that are going to be required to take on this project.

D.P.O. SCHNEIDERMAN:

I don't -- I think everybody at this horseshoe understands Lyme's Disease is a serious illness, one that potentially is preventable if you avoid those areas. Certainly if you detect it early enough, it's treatable. And I don't know how many people have West Nile, not an awful lot, though, there's been some. But Lyme's Disease is very serious and I imagine in the thousands of cases in Suffolk County. Do you know the --

COMMISSIONER TOMARKEN:

Well, the State has a way of estimating those numbers and there's a lot of controversy as to how a case is delineated. It's certainly much greater in terms of scope than West Nile.

D.P.O. SCHNEIDERMAN:

Okay. So my point being, and it's really to my colleagues, is there are four positions that are needed to help address the West Nile -- not the West Nile, the Lyme Disease problem that the department -- now, I don't think the County Executive perhaps had this information because it really grew out of the Tick Control Advisory Committee. But I'm certainly going to be looking to find a way to fund four additional positions so that we can start to step up our efforts to reducing Lyme and other tick-borne illnesses.

COMMISSIONER TOMARKEN:

And I think this has to be done in conjunction with DPW, because they're the people that are in charge with the Tick Task Force.

But those were our immediate recommendations but not final.

D.P.O. SCHNEIDERMAN:

And then, I guess, Robert, just -- is Robert still here? Or Craig, maybe you can answer this. Some of these positions, like the nitrogen reduction position or the plume investigation, which ones were? The Public Health Sanitarian Trainee that are doing the pesticide monitoring. There are a number of positions in the County that are funded with 477 Funds, some that are questionable, I think, like some of the guys who are mowing the lawns at the golf courses I always wondered about. These positions seem like they would make sense as 477 funded positions.

MR. FREAS:

There's already more or less a whole unit, Groundwater Investigations is almost entirely in 477.

D.P.O. SCHNEIDERMAN:

So would these positions also go into 477?

MR. FREAS:

I think you could make that argument. You have to bear in mind that although this year's sales tax was more optimistic than it has been in recent years.

D.P.O. SCHNEIDERMAN:

Right. The question I was really going to ask is how much is left in 477?

MR. FREAS:

I would not know that off the top of my head.

D.P.O. SCHNEIDERMAN:

Right, and that's okay, I can get it another day. When a position is in 477 and is reimbursable, like

30% reimbursement from the State for these groundwater investigators, where does the reimbursement money flow through? Does it go back to 477 or does it go to the General Fund?

MR. FREAS:

We were concerned we would lose the Article 6 funding, the money for these positions when we first moved them into 477 in 2012; that is not the case. The reimbursement still goes to the -- the Public Health Aid to Municipalities, the Article 6 funds still goes to the General Fund, that 36%. And we try to reimburse 477 with it, we basically can't exactly because of the way that -- the fund is structured as a trust fund. I don't see Counsel anywhere in here, but both -- I was in the room when Dennis and George talked about this and I asked, *Can we make this money all flow the way we want it to*, and they said, *Not exactly*.

D.P.O. SCHNEIDERMAN:

All right. So, but if that is the case, then it actually would make more sense for the County to have some of these reimbursable positions in the 477 Fund and swap out positions that were not reimbursable.

MR. FREAS:

Well, then you're using -- you're using 100% 477 versus -- ultimately, as the Director likes to say, the funding is fungible. So if I moved it into 477, I completely -- it may be more difficult to get the reimbursement, depending on what it is, of course.

D.P.O. SCHNEIDERMAN:

This is highly technical, but we can have a conversation off the record.

MR. FREAS:

Yeah. We were concerned about it when we did it the first time, and we're also sucking up the available funding out of 477 versus projects for personnel.

D.P.O. SCHNEIDERMAN:

No, this wouldn't be a change in funding. I'm just saying that some of the positions that aren't reimbursable that are in 477 could be swapped out with other positions that are reimbursable in 477.

MR. FREAS:

So that the net injury to 477 would be less.

D.P.O. SCHNEIDERMAN:

It would be the same and then the reimbursements are flowing back to the General Fund, that would provide relief to the General Fund. Sir?

DEPUTY COMMISSIONER PAUL:

Legislator Schneiderman, I just wanted to clarify a particular issue. With the two positions that are under the New York State Environmental Conservation Pesticide Contract, that's grant funding.

D.P.O. SCHNEIDERMAN:

It's a hundred percent?

DEPUTY COMMISSIONER PAUL:

Yes, Sir.

D.P.O. SCHNEIDERMAN:

Okay, I'm good.

CHAIRMAN SPENCER:

So there's, I guess, some people that came into the room for the 2:30 Public Safety meeting, so this is where we stand. We're in still the 1:30 Health and Human Services and Vets Committee, and we know Health and Human Services have split. There are speakers for Human Services that Legislator Martinez will be chairing. So we're finishing Health. I have Legislator Browning and then Legislator Krupski, and we're going to try to wrap up Health so that we can get to Human Service and Vets and Seniors.

So we have cards for Public Safety, so if you're just coming in, that's where we stand. It could -- depending on the questions, but please bear with us, it could wrap up relatively quickly or it could take a little bit of time. So I'll recognize Legislator Browning at this time.

LEG. BROWNING:

Okay, thank you. And I will make it quick. We had a Heroin Opiate Task Force that was created and one of the recommendations they made when we want to go back to the schools and drug education was to have the non-profits that do the drug and alcohol counseling start working out of our schools. William Floyd School District I believe was one of the first ones, I think Family Service League is currently at the William Floyd School District and they're helping with like family counseling, but also drug and alcohol counseling for our students.

So I'm curious. Do you know -- I know you recently had that workshop with the school districts. Do you know how many school districts currently have a Seafield or a Daytop or Family Service League-type programs?

MS. CULP:

I do not, but I can see if I can get that. So you're talking more about counseling or counseling and then also prevention?

LEG. BROWNING:

Yeah, counseling and prevention, yes. So yeah, if you could provide that, because I know it's -- you know, we had this task force that was created and came back with recommendations. I'm just curious how many of the recommendations have actually been implemented from that task force.

The other thing is when you're talking about a drug abuse educator, I had a family in my district who just called, son's a heroin addict, has been arrested, he's in Yaphank. I did call about trying to get him some help. I think he's going to have to spend some time in jail, but the problem is is now he's sitting in jail, he's a heroin addict. What kind of treatment do we have in the Jail Medical for a lot of these? Because the heroin addicts, from what I hear, there's a lot of these young kids coming in who are heroin addicts. What is the Jail Medical Unit doing to help these young people coming in who are addicted to heroin, who are not getting out of jail?

And again, when you want to talk about drug abuse education, are we doing anything -- I know there's NA, but I'm just curious, if we have a drug abuse educator here, why wouldn't -- can we use them or will you plan to use that person to work in the jail to help these people so that they're prepared for the life when they leave the jail?

MS. CULP:

Well, anyone that comes into the Jail Medical Unit that exhibit withdrawal, they're closely monitored by our Jail Medical staff, so we have our RNs and our docs watching them closely to make sure their health is okay. If someone does come in on Methadone, we will work with our Methadone clinics to make sure that continues. If someone comes in on Suboxone, we watch that and we'll wean that.

We do have in our Mental Health Unit of the Jail Medical Unit, we do have drug counselors and chemical dependency specialists, so those individuals would be working with inmates or patients that need additional counseling or treatment.

LEG. BROWNING:

Okay.

COMMISSIONER TOMARKEN:

The goal is to transition them from--

MS. CULP:

Right.

COMMISSIONER TOMARKEN:

-- when they start in the jail, and when they leave the goal is to transition them to out-patient services. So we have our health centers, we have our mental health clinics, Methadone, etcetera.

LEG. BROWNING:

If they're in -- because I know this particular young man -- he's -- Mary Silberstein speaks well on it, that there's not enough in-patient beds, and his family have had him in numerous outpatient, it's not working. So if we have somebody in Yaphank, are we also not just out-patient? I mean, are they being assessed that when they leave the jail, that they may not be ready for an out-patient, that they may need an in-patient; are we working on making sure that they get that?

COMMISSIONER TOMARKEN:

That would be part of our assessment, sure. So we would make a recommendation, and unfortunately we're in the same boat as anybody trying to access in-patient services.

LEG. BROWNING:

Okay. No, I thank you. Because, you know, when the mom called me I'm saying, *What am I going to do to help her?* So I appreciate it, and I might talk to you and give you a name. Thank you.

CHAIRMAN SPENCER:

Thank you for your questions, Legislator Browning. I appreciate it. Legislator Krupski.

LEG. KRUPSKI:

Thank you. And I've got -- I'm going to switch gears with my questioning, back to what Legislator Schneiderman was asking before about the staffing for the water quality monitoring and testing for private wells, and also on agricultural properties and putting in new wells. These positions, is there a timeline for -- if this is all approved in the budget, is there a timeline for filling these positions?

DEPUTY COMMISSIONER PAUL:

It would be as soon as possible. You know, we would recruit and try to get them on board and as soon as the money is appropriated.

LEG. KRUPSKI:

And also back to the question about the 477. I know most of that money has been poached for personnel as opposed to using it for water quality improvements. Is there any move or strategy in your department to take some of those positions out of there so that money could be available for water quality improvements, brick and mortar?

DEPUTY COMMISSIONER PAUL:

There's no analysis unique to the Health Department for that, no. We believe the positions that we have funded in 477 are appropriate.

LEG. KRUPSKI:

But of course, all that money for 477 has been appropriated for personnel, so that they might -- while you could look at it on paper, it's appropriate; you also could say now there's no money for brick and mortar or actual water quality improvements, and that's the problem. And if you have -- if you could take out of each department, the Health Department, DPW, if you could take a couple of those positions out, at least you'd have some money to do projects.

DEPUTY COMMISSIONER PAUL:

I think that's a worthy assessment to be done, but I don't think the Health Department would lead that.

LEG. KRUPSKI:

Well, why wouldn't you want to lead that?

DEPUTY COMMISSIONER PAUL:

The positions that we have are quite small in relation to the overall personnel that are in the fund. We're a small group that was just allocated to that fund in 2012, so we're not the primary user of salaries in the 477 Fund. So, you know, we would look -- we looked at our own and this body has looked at those as recently as 2012 and thought they were most appropriately put in that fund. But you're right about other staff and personnel in other departments being there. It wouldn't be up to the Health Department to critique those salaries for those departments that are in the 477 Fund.

LEG. KRUPSKI:

Well, you just did (*laughter*).

COMMISSIONER TOMARKEN:

I would just add that when the Comprehensive Water Plan is finalized, that that would be part of the overall assessment.

LEG. KRUPSKI:

Overall assessment for your department or for all departments?

COMMISSIONER TOMARKEN:

Oh, no, we'll just stick with our department.

*(*Laughter*)*

LEG. KRUPSKI:

Okay, thank you.

CHAIRMAN SPENCER:

Thank you for answering our questions. That concludes our list.

LEG. KENNEDY:

Hey, Doc?

CHAIRMAN SPENCER:

Yes.

LEG. KENNEDY:

I'm a little late in over here, and I -- this may have been brought up already, but it is something that we talked about downstairs yesterday. So if not, let me just pose it; it's about one of the newly created positions.

CHAIRMAN SPENCER:

Legislator Kennedy.

LEG. KENNEDY:

The Social Worker. Hello, Doctor. How are you? The acronym is AOT. I know the one woman that works over here in the white building, that's the psychiatric emergency team, I believe, where we have somebody out in the community who becomes -- who's in need of some kind of on-site treatment. Is there a second position that's being asked for, is that what that's about, or am I misunderstanding?

MR. FREAS:

No. No, we, in our review, recommended an additional position to work with AOT, an additional Psych Social Worker, but the budget did not have one in there.

LEG. KENNEDY:

Oh, okay. So that's --

MR. FREAS:

It was a recommendation. It was a BRO recommendation, it was not in the recommended budget.

LEG. KENNEDY:

Okay. So then let me go back over to you guys, then. In your opinion, do we have sufficient personnel in place right now to go ahead and address the number of requests we get from the community when it comes to having a psychiatric social worker, or whomever, either go out and do an initial assessment or do the ongoing monitoring that, you know, has to be performed?

Well, no, I'm asking the department. Since the department didn't ask for it, BRO suggested that we add to it. What's your sense right now, Doctor?

COMMISSIONER TOMARKEN:

Well, my anecdotal experience is that every time I've requested it they've met our needs. I'd have to go back and ask if there's been unmet needs. But I know personally when I've been involved in a couple of cases, they were there when we needed them.

LEG. KENNEDY:

Okay. So then let me go back over to Craig, then. So how did we -- how did we develop the recommendation? Have you seen that there's a long waiting period or is it a large caseload, or what are we basing it on?

MR. FREAS:

According to the department's initial request, there's been a rise in the use, that was my understanding.

LEG. KENNEDY:

Uh-huh.

MR. FREAS:

The other thing is that the State Senate made a recommendation after doing a report that Opiate abusers were going to be -- I don't know if admitted to the program is the correct terminology, but they would become eligible for AOT. If that happened, then I think we might be -- we might require another person in the -- in that it used to be its own appropriation --

LEG. KENNEDY:

Yeah.

MR. FREAS:

-- until about two years ago, now it's all folded into Mental Health Programs, I believe. But if, as expected in my conversations, not necessarily with Dr. Tomarken but specifically with the Community Mental Hygiene folks, if that happens, then I think we would need to be prepared.

LEG. KENNEDY:

Yeah. That's Boyle's bill. Is Boyle's bill the insurance? Okay. All right. So then I guess I'll try to get some status with them. So our existing staff is meeting what the requests are, but if you get an influx of referrals, then I would imagine that you're going to be faced with the need to have additional people to go ahead and meet with those case management evaluation needs are.

COMMISSIONER TOMARKEN:

Yeah, I think that's a fair statement.

LEG. KENNEDY:

Okay, good. Thank you.

CHAIRMAN SPENCER:

Dr. Tomarken, thank you. Jen, thank you. Mary, thank you for being here, and we really appreciate it. And we hope to -- we appreciate you helping us, you know, produce a good budget.

So that concludes the Health Legislative Budget Hearing, and we're going to now shift to Human Services and Legislator Martinez will now chair the meeting.

HUMAN SERVICES OPERATING BUDGET HEARING

CHAIRPERSON MARTINEZ:

Thank you, Doc. We have two cards today for the Human Services. If we could have Naycha Florival come forward; are you still here? And Ms. Campbell, you'll be coming with her as well?

MS. CAMPBELL:

Yes.

MS. FLORIVAL:

Naycha Florival. We're here again today, we were here yesterday. We would just like to review for people that weren't here yesterday, from the Gerald Ryan Outreach Center. Our funding over the years has been cut drastically, by half, and year after year we're losing more funding for the programs that we run.

A little background on the Gerald J. Ryan Outreach Center. We provide food and clothing for, annually, 15,000 people in 2013. We provide services in English, Spanish and Creole for the different population of people that come to our center. We do clothing annually at 10,000, allow 11,000, families a year. The Gerald Ryan Summer Camp runs for 150 children in the summer, five weeks. We provide them breakfast, lunch and a snack and we have an after-school program for about 30 to 50 children.

Over the past few years, our funding used to be \$50,000 a year; for the past two years, it's been two or three years we've have been cut from 50,000 to 25,000, and now last year we were at 22, which has decreased the services and the funding that we have in other programs because we're at a deficit at the Outreach Center. We ask that our funding be raised back to what it was with a 3% increase for the past few years to 65,000.

MS. CAMPBELL:

And so certainly, I'm just going to join in here. I thank you for your time and listening to us. We -- my name is Noelle Campbell, I am the Director of the Gerald J. Ryan Outreach Center in Wyandanch. Because of our deficit and because of the cuts that we received in the youth service line since 2009, the center itself has had to subsidize for the youth program which is our after school and summer camp programs, which are very successful, mind you. We are here today to ask for either restoration and/or sustained the amount that we now have in the budget. For every dollar that we hope that you either restore and/or retain for us, we'll be able to put that towards our center, which is very critical for the community of Wyandanch. As mention, our food pantry is pretty well known. And even though we are located on the property of Our Lady of the Miraculous Medal Catholic Church, we pretty much do not get any funding from the church. We are a separate entity.

So with that said, we are really asking you to consider our request, and we know the budget is very tight and we know that today it seems like maybe we're one of the only not-for-properties here today asking for this restoration back to where it was. I thank you again for your time and your listening and your consideration.

CHAIRPERSON MARTINEZ:

Thank you. We do have a couple of questions. It's actually something that Legislator Browning and I are just kind of talking between each other. But on your report that you submitted, you say here that utilities you pay about \$9,000 and in rent you pay about 12, but you're located within the church itself?

MS. FLORIVAL:

Yes, we're on the church property. So the rent for the outreach is about a thousand dollars a month, so that's where you get 12,000.

LEG. BROWNING:

Okay. So that was -- when I looked at this again and I saw this, because that totals \$21,000. And I'm kind of looking at it and thinking, I thought yesterday that you said the Outreach was a creation of the church.

MS. FLORIVAL:

Yes. But because the church, where it's located is not -- they're not doing well financially. So we have to -- it's a separate building. We can't have the parish pay for all the utilities of the Outreach Center, which is its own building. So after the fire, when we were -- we have a new building, came new expenses that the parish can't afford. So the Outreach, it's basically an entity on its own, its own 501(c)3 on the church property, but it's its own entity.

LEG. BROWNING:

Okay. But the -- so you've only been paying rent and utilities since the church went on fire? I mean, you didn't pay rent and utilities before the fire, or have you always been paying rent?

MS. CAMPBELL:

Actually, yes, we always have, but we are now paying utilities because we are now a bigger center with a lot more costs. We actually have a refrigerator and a freezer, so that takes up a lot of the energy costs. And so, yeah, we are pretty much -- that's on us.

LEG. BROWNING:

Okay. Again, when you're saying that you're 21,000 short and I looked at the rent and utilities, I would think the Diocese would step up and do something.

MS. FLORIVAL:

We are not funded by the Diocese whatsoever. They don't cover any expenses or --

LEG. BROWNING:

They have money (*laughter*). They have money. And I'm a Catholic and I know they have money. So, I'm sorry, the bottom line is is that -- I'm sorry, and I love Father Bill, but I think that, you know, it was created by the church and the church should be helping you out somehow.

MS. FLORIVAL:

But they're not, so if there's a way that we need to go about that to receive funding from them. We don't receive any funding from them, to just cover some of the expenses that we have.

LEG. BROWNING:

Yeah, you're stuck behind a rock and a hard place, we get that.

CHAIRPERSON MARTINEZ:

Okay. Are there any other questions? Okay, thank you.

MS. FLORIVAL:

Thank you.

CHAIRPERSON MARTINEZ:

I see that our Commissioner is here from the Department of Social Services. Would you like to come forward, Commissioner O'Neil?
Good afternoon.

COMMISSIONER O'NEILL:

Good afternoon, Chairman Martinez and the Human Services Committee.

CHAIRPERSON MARTINEZ:

Anything that you would like to discuss with the Legislators today?

COMMISSIONER O'NEILL:

I would just like to say that I want to thank my colleague, Ken Knappe, Director of Finance, and Traci Barnes for being with me up here. At the Department of Social Services, we continue to work hard, protecting the most vulnerable residents of Suffolk County and transitioning them back to self-sufficiency, to permanency, if you will. And we continue to do that and we are comfortable with the budget that's submitted.

You know, like with any budget, it's a budget, it's not an actual, there will be plusses or minuses, favorable and unfavorable. And just as in the past, my prior two years here, I will always work to balance the budget in terms of the DSS perspective. We continue to work on efficiency programs from my POET Team if you will, as it's called, Partnering for Operational Efficiency Teams, and we'll continue to look at ways to make the lives of our staff and our Suffolk County residents better by bringing efficiencies to the business processes within DSS.

CHAIRPERSON MARTINEZ:

Thank you. I just want to know if any of the -- yes, Legislator Gregory.

P.O. GREGORY:

Thank you, Madam Chair. Thank you, Commissioner, and your staff for coming here today. We've been going through the Budget Working Group and we've had some questions about positions that were put in the budget and I just wanted to clarify what those positions are, particularly as they relate to your department. Let me see. So we see that there is a position for Deputy Commissioner of Social Services?

COMMISSIONER O'NEILL:

Yes, that position was added in, its a position that is to address quality initiatives. The County Executive is looking to promote across all of Suffolk County in various departments, quality management initiatives, and that was the purpose for that position,

P.O. GREGORY:

So this is an add, because we weren't sure if it was an added position or a funding of a vacant position.

COMMISSIONER O'NEILL:

It's an add and it's actually discussed on the BRO report on page -- top of page 2277 as well. But it is an incremental add, that's the one add that's in the entire DSS budget.

P.O. GREGORY:

Okay. So prior to you being promoted to Commissioner you were the Chief Deputy, right?

COMMISSIONER O'NEILL:

That's right.

P.O. GREGORY:

Your position hasn't been filled.

COMMISSIONER O'NEILL:

That's correct.

P.O. GREGORY:

And then in addition to that, there is another Deputy, was it Ed Hernandez' position?

COMMISSIONER O'NEILL:

Yes.

P.O. GREGORY:

Who wasn't filled as well.

COMMISSIONER O'NEILL:

Correct.

P.O. GREGORY:

So in addition to that, this is a third position. Well, a second Deputy, there's one Chief Deputy, two Deputies now.

COMMISSIONER O'NEILL:

Correct, as you described it.

P.O. GREGORY:

Okay. All right, I just wanted to make sure I was correct. All right, thank you.

CHAIRPERSON MARTINEZ:

Any other questions? Legislator Calarco.

LEG. CALARCO:

Hi, John. Just as a follow-up to the Presiding Officer's line of questioning. So there's a new third Deputy title you're looking to have placed. But how many -- you're only looking for funding to fill one of these three positions?

COMMISSIONER O'NEILL:

There's currently funding in the 2015 budget for the Chief Deputy and the -- what I'll say the first Deputy. As per conversations with the Budget Office, they did not put any funding into this position because they don't know the timing of the hiring of this position if they were to fill it.

LEG. CALARCO:

In terms of the third Deputy position.

COMMISSIONER O'NEILL:

Correct.

LEG. CALARCO:

And you are actually looking to fill the other two positions, you just haven't found the right person yet?

COMMISSIONER O'NEILL:

Correct. I would like to promote from within, but there are challenges within that that we're trying to work through now.

LEG. CALARCO:

But you have -- you have received your authorization from the Exec's office, the SCIN form I guess is what it is, to do that?

COMMISSIONER O'NEILL:

Yes, I have not actually submitted a SCIN form yet. Once I have it --

LEG. CALARCO:

But you're under the impression that it's going to come.

COMMISSIONER O'NEILL:

Yes.

LEG. CALARCO:

Okay.

COMMISSIONER O'NEILL:

I'm under the impression that, yes, once I submit it, it will be approved, yes.

LEG. CALARCO:

Okay. Thank you, John. And we appreciate all the work you do. I know you work with us in my district very proactively and we appreciate that.

COMMISSIONER O'NEILL:

Thank you very much for the kind words. And again, I would be remiss if I didn't mention all the DSS staff, all the hard work that they do to support me, and all you folks. Thank you very much.

CHAIRPERSON MARTINEZ:

Legislator Browning.

LEG. BROWNING:

Yeah, could we go back a little bit? The Deputy Commissioner position, it's a \$92,000 position. Did you say that it's not funded for next year?

COMMISSIONER O'NEILL:

So if we're talking the second Deputy position, using Presiding Officer Gregory's way he approached it, the second Deputy position, correct, is not funded. That's actually in the BRO report as well.

LEG. BROWNING:

So if we don't fund it, we're not going to fill it. So, Robert? I mean, it's kind of silly to put in a position if you don't have the money. So why would you even bother putting in the position until you're ready to come up with the money; correct?

MR. LIPP:

The County Executive decided that they wanted the position in there, that they didn't fund it, so it's, I guess, a place holder, but you'd have to ask the County Executive what the logic was.

LEG. BROWNING:

Yeah. But, I mean, I understand creating the position saying you need a position in the budget and put the money in it, but it doesn't make sense not to put the money if you're going to create the position. So unless you're ready to put the money in, then let's not bother worrying about the position until 2016, and then we'll worry about that in next year's budget; right?

MR. LIPP:

It's the Working Group's determination whether or not they want to take it out in their amendments.

LEG. BROWNING:

Okay.

CHAIRPERSON MARTINEZ:

Mr. Vaughn?

MR. VAUGHN:

Just on that topic. The position -- there are a number of positions that were actually added to the budget that were not funded and all of them were under the general guise of providing flexibility as we go forward into the next year. Some of those positions I think we do anticipate possibly funding or having to find sources of revenue for it to go forward with them next year, and some of them I don't think that we will. But it was all done under the guise of flexibility for the upcoming year.

CHAIRPERSON MARTINEZ:

Thank you. Legislator McCaffrey.

LEG. McCAFFREY:

Thank you. Commissioner, I was trying to keep score here of the open and filled positions here and they let me just go right back to you. So there was a Deputy Commissioner spot that has not been filled; is that correct?

COMMISSIONER O'NEILL:

Yes, that's accurate.

LEG. McCAFFREY:

Okay. And we're looking to -- but we're funding two new positions and creating the third one that we're not filling?

COMMISSIONER O'NEILL:

No, there's actually two existing positions, a Chief Deputy and the Deputy.

LEG. McCAFFREY:

That are vacant right now but are funded.

COMMISSIONER O'NEILL:

Vacant and funded, partially funded, correct, for next year. And then there's a third, a second Deputy which is unfunded which was just the exchange you just heard.

LEG. McCAFFREY:

Okay. And his or her role would be that quality initiative that you discussed?

COMMISSIONER O'NEILL:

Correct. The idea was to have the position in DSS, because it's one of the larger departments, so that there would be some training for departments and roll out quality management initiatives across Suffolk County, not just specifically in DSS. And that's what Mr. Vaughn was alluding to when he said having the flexibility to roll these out into different departments and roll out these quality management issues across the County.

LEG. McCAFFREY:

And is that an overall program that's going on throughout the County or is that just something that Mr. Vaughn is going to address?

MR. VAUGHN:

Thank you very much, Legislator McCaffrey. So yes, quality initiatives or quality improvement initiatives is actually something that Deputy County Executive Tom Melito is going to come to the Gov Ops Committee tomorrow and speak about, and we can kind of go forward from there. I think it would be a better conversation then.

LEG. McCAFFREY:

I'll be here for that. Thank you, Commissioner. Once again, you're doing a fine job and you come highly recommended.

COMMISSIONER O'NEILL:

Thank you very much for the kind words.

CHAIRPERSON MARTINEZ:

Anybody else? Well, Commissioner, we know how important it is that you need to fill those vacant spots, so without them you're still doing a magnificent job. And actually, your office helped me out yesterday tremendously, so I do appreciate it and continue the great work.

COMMISSIONER O'NEILL:

You're welcome, and thank you.

CHAIRPERSON MARTINEZ:

One more thing from Legislator Browning.

LEG. BROWNING:

Well, I'm glad that Monica said that, because I think, you know, we had a number of layoffs and it just seems to me what keeps the engine running are those boots-on-the-ground on the lower level. So it just seems to me that's where we should be filling positions rather than, you know, Deputy Commissioners. And I know you are certainly overworked, I know you have great assistants that do a phenomenal job, but if we have the lower level positions where we have those people actually -- they're the real important part of the machine.

COMMISSIONER O'NEILL:

I couldn't agree more that it's the front line folks, especially those in DSS centers that are serving clients that, you know, really get the work done for us at DSS.

And to that point, the Medicaid Redesigned Team New York State, as they're taking over -- they've taken partially over some caseloads in Medicaid. So as that has happened, we're actually moving workers from Medicaid into like Client Benefits, primarily over there, into say SNAP and Temporary Assistance, TNAF or Safety Net Programs. So we actually do have a plan in place to address that with the existing staff as work goes away.

LEG. BROWNING:

Thank you.

CHAIRPERSON MARTINEZ:

Thank you. Anyone else? Okay. Mr. Vaughn?

MR. VAUGHN:

Thank you very much, Madam Chairwoman. I would just add briefly that if we look at a lot of the positions that the County Executive's Office did request in this position, the funded positions are very much the boots-on-the-ground type of positions. They include positions such as the Airport Maintenance Mechanics, Assistants to Public Health Engineer Trainees, Public Health Sanitarian Trainees, Wastewater Treatment Plant Helpers. So the positions that are largely funded in the budget that have been added to the budget are those boots-on-the-ground type positions.

LEG. BROWNING:

And that's great. Thank you, Tom.

CHAIRPERSON MARTINEZ:

Thank you. If there's anyone else in the audience? Okay, so this concludes the Human Services portion. We are now going to move on to Veterans Services & Seniors.

VETERANS & SENIORS OPERATING BUDGET HEARING

CHAIRMAN STERN:

Okay. Yes, we'll go to the Veterans and Seniors portion of today's budget hearings. The Director I spoke with earlier today, he's not going to be joining us, but I have been in contact with him regarding this year's budget; the same with our Director of Aging. Is there anybody -- I don't have any cards. Is there anybody that would like to be heard on Veterans and Seniors Committee issues? Seeing none, Madam Chair, back to you

CHAIRPERSON MARTINEZ:

Thank you, Legislator Stern. So that concludes Veterans as well and we go into Public Safety. Thank you.

(*The hearing was adjourned at 3:15 P.M. *)