

BUDGET & FINANCE
COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

MINUTES

A meeting of the Budget and Finance Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on Tuesday, January 31, 2012.

Members Present:

Legislator Lou D'Amaro - Chairman
Legislator Jay Schneiderman - Vice-Chair
Legislator Tom Muratore
Legislator Wayne Horsley

Member Not Present:

Legislator Sarah Anker

Also In Attendance:

George Nolan - Counsel to the Legislature
Justin Littell - Aide to Legislator D'Amaro
Renee Ortiz - Chief Deputy Clerk of the Legislature
Gail Vizzini - Director Budget Review Office
Robert Lipp - Deputy Director - Budget Review Office
Paul Perillie - Aide to Legislator Gregory
Dennis Brown - County Attorney's Office
Catherine Stark - Aide to Legislator Schneiderman
Ben Zwirn - County Executive's Office
Dot Kerrigan - AME
Maureen O'Connor - Cancer Services Program
Debbie Basile - Cancer Services Program
All Other Interested Parties

Minutes Taken By:

Donna Catalano - Court Stenographer

Minutes Transcribed By:

Donna Catalano - Court Stenographer
Denise Weaver - Legislative Aide

(*THE MEETING WAS CALLED TO ORDER AT 10:10 A.M.*)

CHAIRMAN D'AMARO:

Okay. Good morning. Welcome to the Budget and Finance Committee of the Suffolk County Legislature. Please rise and join the committee in the Pledge led by Legislator Horsley.

SALUTATION

Just a few quick points. I'd like to first thank the Presiding Officer for appointing me as Chair of this important committee. I look forward to working with my colleagues on the committee. I know Suffolk is going through a difficult economic time as we all know. And I look forward to this committee taking the lead in working with each other and trying to get through these times as we have been doing so far. I also look forward to working along with the new administration, County Executive Bellone and his Budget Office especially, all of us cooperating, hopefully working together for the best interests of Suffolk County taxpayers.

With that said, we'll turn to the public portion of our meeting. We have two cards here this evening -- this morning -- thank you -- if anyone would like to address the committee, please fill out a yellow card with the Clerk, and we will be happy to hear what you have to say. When you come up, please state your name for the record, and then you will have three minutes to address the committee. The first person I'd like to call this morning is Debbie Basile. Debbie. Welcome. Please, go ahead.

MS. BASILE:

Thank you. I'm here on behalf of the Patient Navigation Program of Western and Eastern Suffolk. I will be speaking today just about -- a little bit about background history of the Patient Navigation Program.

Once upon a time, about a hundred years ago, 1999, as President of the Babylon Breast Cancer Coalition, I went on behalf of the Patient Navigation Program to Maxine Postal. And Maxine Postal saw the benefit of this program and was able to get funding through Suffolk County for the Patient Navigation Program.

A little bit of background, the Cancer Services Program is -- used to be called the Women's Health Partnership of Suffolk County, and it's since been -- the name has been changed. But the program is housed at different facilities. Western Suffolk is housed at Good Samaritan Hospital. Eastern Partnership is housed at Peconic Medical Center. They actually put in a grant to house this program, but none of that is paid for through the hospital. The program is paid for through New York State funding and through Federal funding. Unfortunately, a lot of that funding goes specifically for patient care, it doesn't go for the patient navigator. Maureen will be speaking on behalf of what the actual patient navigator is responsible for at the Partnership. So I think that's just a little bit of background. And Maureen will speak now. Thank you.

CHAIRMAN D'AMARO:

All right. Thank you for your comments. And the next card, of course, is Maureen O'Connor. Maureen. Welcome. Good morning. Hi.

MS. O'CONNOR:

Can you hear that? Okay. Maureen O'Connor. I'm from the Cancer Services Program of Eastern Suffolk County. And as Debbie mentioned, there are two programs in Suffolk County; one at Peconic Bay Medical Center, one at Good Samaritan Hospital. We are funded through the State to provide uninsured people and underinsured people access to free breast, cervical and colorectal cancer screenings. And we also help pay for those diagnostic services for any of those patients who

have an abnormal screening finding.

Through our program, we have a Patient Navigation Program. Very often -- and I need to make it really clear that about 90% of our referrals come from our County Health Centers. So those people from the County Health Centers have no insurance, they're being referred to us, we're paying for those screening services, and then once there's an abnormal finding on any of those screening services, we navigate that person through our very complex health care system for any one of us, forget about if you don't speak the language, you don't have insurance, you don't know where to go. We help navigate them through that process to the point of diagnosis.

God forbid they are diagnosed with any one of these cancers, we get them access to our Medicaid Program, which starts their treatment immediately so they don't have to wait, understanding that we need to get them started on their treatment immediately for obvious reasons. So the Patient Navigation Program is very unique. It's a really important part of our program. It helps to make sure we get those clients that have an abnormal finding through to the point of diagnosis. We put in whatever services we need; we'll have translators go with people to appointments, we help with transportation, all those sorts of things to get them to the point where we can help -- if we need to get them treatment. We have one at Good Sam and one at Peconic Bay Medical Center.

Again, it's really important to understand that most of the clients that we are navigating are referred to us from the County Health Centers. Without this Patient Navigation Program, you're talking about putting that burden back on to the health centers that we know are already overburdened. And you're talking about these people now appearing at your emergency rooms with late-stage sickness because they haven't been able to get through the places that they need to get to get the help that they need. I think that's it. Thank you.

CHAIRMAN D'AMARO:

Okay. Before you step back to the seat, I just wanted to ask you do you presently receive funding from Suffolk County?

MS. O'CONNOR:

We did. As Debbie was mentioning, I guess about 1999, there was a contract with the County to support the Patient Navigation Program. When the program got too big, we split into east and west, that contract was spilt as well. So up until, let's say, December 31st of last year, this was funded partially through the County. Both positions are not totally funded through the County. We have found supplemental funding to, you know, fill in the gaps, but the money was left out of this year's budget without us being notified as well. So we really haven't had an opportunity to try and locate other funding. We have positions that we have filled that we can't fund, and so we're really asking for this to be reconsidered or at least to reconsider it temporarily until we can find some alternative funding.

CHAIRMAN D'AMARO:

What was the amount of funding that you received last year?

MS. O'CONNOR:

56,605 on both ends.

CHAIRMAN D'AMARO:

Right.

MS. O'CONNOR:

So whatever that is times two, a little over \$100,000.

CHAIRMAN D'AMARO:
That was from Suffolk County?

MS. O'CONNOR:
Yes.

CHAIRMAN D'AMARO:
Okay. Legislator Horsley.

LEG. HORSLEY:
Hi, Maureen.

MS. O'CONNOR:
Hi.

LEG. HORSLEY:
How are you doing. It's good to see you again. Just as an addendum to our conversations, in front of the Legislators today, I've laid on the table a resolution to fund the two navigators for six months. I'll put this in a question. Did we not agree -- this is like Jeopardy. Did we not agree that by cutting this in half, paying for the six-month period, that this would give the Cancer Services the opportunity to find alternate funding recognizing --

MS. O'CONNOR:
Right.

LEG. HORSLEY:
-- that we're, you know, we're in rough shape, you're in rough shape and that there may be others out there that can help.

But the fact is, as we discussed, this program is so needed that, frankly, there will be folks that will fall through the cracks from our health centers and could ultimately become so much more sick. So that is for the total of 58 -- whatever the dollar amount is, it's in the legislation that I've put forward.

MS. O'CONNOR:
Yes.

LEG. HORSLEY:
We found a method to fund it for the six-month period.

MS. O'CONNOR:
Right.

LEG. HORSLEY:
And hopefully -- this is just laid on the table. My understanding is that Good Sam has a contract.

MS. O'CONNOR:
Good Sam is in the middle of a contract, yes. Ours ended December 31st of this year. Good Samaritan Hospital is in the middle of a two-year contract, yes.

LEG. HORSLEY:
Right. And, Maureen, for you, for the Peconic Hospital, that you would actually have to lay that person off in March.

MS. O'CONNOR:

Yes.

LEG. HORSLEY:

And that that service would no longer be provided through our health centers.

MS. O'CONNOR:

Correct.

LEG. HORSLEY:

For the East End.

MS. O'CONNOR:

Correct. We are committed to keeping the position funded. I just need a little time to find it. So the six months would be great to help us buffer that. We're, you know, committed to keeping it going as much as we can. Like you mentioned, we're both able to keep us funded until March 31st. After that time, it's in question. But I am committed on my end to keep the position funded, look for alternative funding. The six month buy time would really help us do that.

LEG. HORSLEY:

Right. And it was a conversation that we had that I think that during our deliberations over the budget, which were torturous, as I mentioned, that the way it was proposed through our budget process, it looked like it was a cost to the hospital -- that this was a hospital position, and that we made a decision, "Well, the hospitals can pick up the rest of the cost, because we have no money."

MS. O'CONNOR:

Absolutely.

LEG. HORSLEY:

But the reality is that this a Cancer Services position.

MS. O'CONNOR:

Right, right.

LEG. HORSLEY:

And it's a non-for-profit that works with our health -- our health centers.

MS. O'CONNOR:

Right, yes. You're talking -- - right now there's --

LEG. HORSLEY:

And frankly, we could lose people because of this.

MS. O'CONNOR:

Right now, if you have a woman who has an abnormal mammogram finding, you know, they're referred to us, and we help get them through to make sure that's not a cancer basically. Without us there to do that, that onus is falling back on to the health centers to try to get that woman back, to try to give her whatever services she needs to do that. And I just don't think that --

LEG. HORSLEY:

Including informing them that they can get on to Medicaid.

MS. O'CONNOR:

Absolutely, yeah. So it's a large burden to place on an already stressed system.

LEG. HORSLEY:

Right. Is it also not true that we discussed that maybe by bringing this before us today that I'm speaking to Mr. Zwirn that maybe that we could look at this as -- because it is a stopgap measure and looking for alternative funds that maybe the County Executive might be interested in putting this into as a CN. So -- because this bill that I put here is just laid on the table today and will take time. So it might be something that the County Executive would look to as favorably understanding that, you know, we may lose people because of this omission in the budget.

MS. O'CONNOR:

And ultimately, like I mentioned before, these people are going to end up in the emergency room very, very sick without this kind of services. These are people who don't speak the language, who don't have insurance, don't know how to navigate the health care system. People who, you know, have lost their health insurance because they've lost their jobs and are trying to get food on the table and work. So you're talking -- we're being shortsighted by not looking at keeping this thing funded because the long-term loss is much more significant than the short-term a 100 and something thousand dollars.

LEG. HORSLEY:

Right. And is not true that this program is designed for residents of the State of New York who are also citizens?

MS. O'CONNOR:

Oh, absolutely. Yes, yes.

CHAIRMAN D'AMARO:

Okay. Thank you, Legislator Horsley. We've been joined by our Presiding Officer, Mr. Lindsay, please go ahead.

P.O. LINDSAY:

I think this is a conspiracy, you know, I mean, this resolution. You know, Madam, I hear you, I understand your plight. I heard what you said that you didn't get notification. We cut \$16 million in contract agencies from hundreds, hundreds of worthy contract agencies. You weren't singled out. I'm really being pulled apart by this one. Craig, I need help, give me your opinion on this. Is the offset viable?

MR. FREAS:

The offset is -- the offset that will be in the legislation is the temporary salary line in appropriation 4100, which is the patient care division. It has not yet been reduced in the financial management system by the County Executive.

P.O. LINDSAY:

Okay. But did we reduce the personnel in that line?

MR. FREAS:

Yes, we did. We let three nurses go.

P.O. LINDSAY:

Which is another issue.

MR. FREAS:

Three Q nurses go who were funded on that line.

P.O. LINDSAY:

Of course my next concern is if we crack the door in the budget we're going to be deluged. I got to think about this one.

CHAIRMAN D'AMARO:

Okay. Thank you, Mr. Presiding Officer and, you know, I share your thoughts and concerns. We are certainly not singling anybody out especially -- I want to ask you; how many individuals a year do you service in the --

MS. O'CONNOR:

I know for eastern Suffolk County the patient navigator assisted about 450 last year.

CHAIRMAN D'AMARO:

Right. So you don't do the diagnosis. You get a referral after diagnosis if anything shows positive, let's say, and then assist individuals on how to get to the next step. Okay. And you feel that those services are not available to the referrals coming from County health clinics in any other method, in any other -- any other service available to people to help them do that.

MS. O'CONNOR:

Not the way it is -- not the way it's set up currently; no.

CHAIRMAN D'AMARO:

So if you were not there what would happen if you received a positive finding. What does a person do at that point if they came in from a County health center; they go back to the health center?

MS. O'CONNOR:

It depends on where they live. Obviously on the East End they might not be able to have access to a health center, but many of the health centers will only provide the basic screening services so once there's an abnormal finding typically you have to go outside of the health center to get those services, which is where we come into place because we also pay for those services. So if you need a sonogram or if you need a colonoscopy with our color rectal portion of the program, you cannot get those services at the health center. You now need to be referred out of the health center to get those services and we help with that process and we pay for them. So we'll refer you if you need a sonogram and you are a patient of the East Hampton Health Center, you're probably going to go to Southampton Hospital for that sonogram, we're going to help you get that referral, we're going to pay for the service and then we'll walk you through from there. So typically you're not getting those services at the health center.

CHAIRMAN D'AMARO:

But the person who's being examined or diagnosed would know what services they need, it's just a matter of getting from A to B; and that's where you come in?

MS. O'CONNOR:

Yeah, we also help with -- helping them understand what's actually happening because very often they don't. Very often is like, "well, what do you mean there's a problem with my mammogram." So we're doing -- both of our patient navigators are nurses. So we're doing education, helping them understand what's going on so they know how important it is to get to the next stage because very often the response is, "well, you know, I have to go to work" and trying to help them figure that out.

CHAIRMAN D'AMARO:

Okay. All right, thank you. Legislator Schneiderman had a question.

LEG. SCHNEIDERMAN:

Perhaps a couple. First on the issue of offsets, it may or may not be a valid offset. Even if we find a valid offset, we still all know that we've got a budget that's not going to make it through the year. We've got a tremendous hole to fill. Hopefully we'll find lots of offsets, you know, snow plowing, whatever, something, you know, if we keep getting weather like this, there will be some money to move around. I don't know how we get through the year so even if we're able to identify offsets we have to be particularly careful in how we use them. This sounds like a great program. I have to say, nothing against the program, I'm just trying to get through the year. I want to understand it though a little bit more. I mean, first the name kind of throws, me, the patient navigator, because it sounds like a GPS kind of thing. This is not a computer thing. These are people.

MS. O'CONNOR:

People.

LEG. SCHNEIDERMAN:

You're mentioning two hospitals; Peconic Bay, which is affiliated with Southampton and Greenport and the other one is, I think, Good Sam. What about the other hospitals?

MS. O'CONNOR:

The contract. The contracts from the State are held at Peconic Bay Medical Center and Good Samaritan Hospital and the services that we provide are throughout the whole area.

LEG. SCHNEIDERMAN:

So the whole County is covered.

MS. O'CONNOR:

Exactly. So even though we held the conference -- held at Peconic Bay Medical Center we assist those ladies who are from the Shirley Health Center go to Brookhaven Hospital and get their services. It's just that where the contract is held there.

LEG. SCHNEIDERMAN:

And it's not a computer thing, it's human beings. How many human beings are employed specifically in this function?

MS. O'CONNOR:

From my program I have five and Paulette's got -- I don't know; four. Four.

LEG. SCHNEIDERMAN:

So nine all together serving 400 so it's about a person a day.

MS. O'CONNOR:

Yes, sir.

LEG. SCHNEIDERMAN:

Right. In that range.

MS. O'CONNOR:

I'm down a staff person so I've been doing -- I've been actually doing the data, I've been looking at how many abnormal findings we're receiving. You're talking, you know, two or three easily a day and Paulette's are probably higher. That's a conservative number.

LEG. SCHNEIDERMAN:

Okay. And it's specific to certain types of diagnosis; right? It's not prostate cancer or other? It's colorectal.

MS. O'CONNOR:

Right. It's breast, cervical and colorectal and it's -- we do help those men who have been diagnosed with prostate cancer get our Medicaid program. But breast, cervical and colorectal for the screening and diagnostic end treatment portions because those cancers are most positively affected by population based screening and mortality. So we know if we screen a lot of people for these cancers we're going to keep them from dying from these cancers.

LEG. SCHNEIDERMAN:

Right. What if it's like Non-Hodgkin's Lymphoma or something? Is there a navigation services available for people?

MS. O'CONNOR:

Not that I'm aware of. And, I will tell you that anybody who calls our office we help.

LEG. SCHNEIDERMAN:

You help.

MS. O'CONNOR:

So we will find out what that person needs and refer them to somebody that will help them. We have, you know, these Patient Navigators are in the community. We have a host of community services that we are aware of that we -- a host of agencies that we work with and so we don't ever say "sorry, we don't have breast -- this is not a breast, cervical, colorectal or prostate cancer.

LEG. SCHNEIDERMAN:

Right.

MS. O'CONNOR:

We're going to send you away." You know, we certainly will help anybody who calls. That's at least my philosophy.

LEG. SCHNEIDERMAN:

This is not, you know -- when we did and I was on the work group, we tried to look at core functions for the County and at least when we looked at this it didn't seem like it fit our core mission, you know, helping people get around the hospitals and find these services, that wasn't really what the County did. It sounds maybe more like a hospital issue or state issue, but not so much a County issue. Though it sounds like an important thing. What would happen to the program -- let's say we're not able to put the money back. Does it shut it down completely or is it going to operate at a smaller level?

MS. O'CONNOR:

It depends on which one. For me, I will have to -- I'll reduce my staff. But I'm big -- when I first got into this position my first -- the first thing I wanted to do was diversify the funding base based on knowing that things like this happen. And so we've been somewhat successful in doing that. And I'm fairly confident, you know, seventy-five percent confident that, you know, I'll be able to find some other funding to fill it. I think Paulette's program only has, I think, she will suffer. She'll suffer pretty significantly without her person. I don't know what her current, you know, funding levels are.

LEG. SCHNEIDERMAN:

Which one is that? That's Peconic Bay one?

MS. O'CONNOR:

That's Good Sam.

LEG. SCHNEIDERMAN:

That's Good Sam.

MS. O'CONNOR:

Yeah, I'm at Peconic Bay. And Peconic Bay Medical Center's really committed to this too. So I think the six month buy time is really helpful for me because it will give me the buffer I need to look for other funding understanding the state that we're all in; obviously.

LEG. SCHNEIDERMAN:

I mean six months is, I guess, is a band-aid. I'm not sure how I'm going to vote on it, honestly. It would be, I mean, you lost all of your funding. Other groups got cut in half. Other groups got cut by 10% or 5%. I don't think we wanted to kill the program we just -- we had to make, as the Presiding Officer said, some very hard, hard choices. You know, I don't think any of us want to see this program die. And if it leads to greater efficiencies somehow or other sources of funding that might be more appropriate. I'm going to reserve judgment though because I have to focus on getting the County through the year. And that's number one and I haven't figured out how to do that yet. But we'll certainly look at it in the context.

MS. O'CONNOR:

I completely appreciate your position.

LEG. SCHNEIDERMAN:

Thanks.

CHAIRMAN D'AMARO:

All right. And, you know, just be aware we have a commission that the County Executive has put together that's looking at our budget problems and situation. We're waiting to hear from them. We already know from our own Budget Office how difficult things are. So none of this is really directed at the program or questioning the efficacy of what you do, of course, but as Legislator Schneiderman says we made some really tough decisions in that last budget. But it's important to hear, you know, what you do and precisely I don't have an issue with coming here on a case by case basis and hearing this out. But I too would reserve judgment just until we have a real clear picture of where are we at now, what is the budget gap that we have to fill and how we going to do it. Okay. Legislator Horsley.

LEG. HORSLEY:

Yes, thank you, Mr. D'Amaro. Couple of quick questions; it's my understanding that the Patient Navigators are bilingual?

MS. O'CONNOR:

Yes.

LEG. HORSLEY:

Both of them.

MS. O'CONNOR:

Yes.

LEG. HORSLEY:

And it is my understanding that particularly in Debbie's case, that she has a contract in which is now not funded through, I think, it was March it wasn't, Debbie maybe might want to speak to that. Do you have an existing contract and now we've defunded a contract.

MS. BASILE:

You've defunded a contract that you're already in the middle of and didn't refund ours. This is the thing though and, you know, the contract that we have, both contracts, stipulate this notification process. All right. And that we are to be given, I think it was 60 days, that we were to be notified prior to the ending of my contract and prior to any end date on a contract that you're already in. And -- for obvious reasons; to not disrupt services, to give us some time to figure out what we're going to do. So both -- so neither one of our programs was notified of us being cut out of the budget we didn't realize it until we didn't get our vouchers or something and made a phone call and it's, "oh, oops, yep, you know, you're not in the budget." And that's when we came to realize, you know, probably saw Peconic Bay Medical Center, Good Samaritan Hospital, not understanding how intricate a piece of the County health system this is.

And so in that contract it stipulates the 60 day time frame for notification that we weren't notified. And so that kind of complicates the picture a little bit for us in that, you know, letting us know that we're not being funded. Letting us know that for you -- that you're in the middle of a contract.

The contract that Western Suffolk had with Suffolk County was to 2013 provided that there was funding. But it was -- their contract, I believe, was up sooner but our contract was supposedly going to 2013.

I think that we were concerned because on the line item it said nurse for Good Samaritan Hospital and a nurse for Peconic Bay Medical Center, which, you know, that's who holds the contract, but they don't pay any of money. New York State gives the money to those facilities to house the program. It's just specifically a housing, you know, situation.

Other parts of New York State, maybe American Cancer Society holds the contract. In New York City Columbia University Hospital holds the contract. So the contracts are held different places just to house the program. It was actually started, I'm going to say, 1995 through the CDC and I'm sure everybody is aware of the Free Mammography Program; everybody knew about that. And that's how the whole thing started it sort of rebounded from there when some of the advocates from Long Island, the breast cancer coalitions went to our Legislators and said, "gee, free mammogram is great, however, what happens when's somebody's diagnosed, then what do we do." So that's how the whole thing kind of got started, but the Patient Navigation Program really started with a hospital, Harlem Hospital in the City that kind of came up with the pilot program of the importance of this program that they're actually, you know, the amount of time they spend with each individual patient is incredible. It's incredible. And the patient feels that they have somebody to hold their hand when they've been, you know, going through this. I mean, a diagnosis of any sort or even any kind of abnormal finding throws your ahead into a tailspin. You can't think straight. So this patient navigator, you know, is helping them get through those barriers, you know, maybe it's a language barrier. Maybe they can't afford to get to their appointment so the Patient Navigator's able to speak with the person individually to say, "okay, what is your barriers? Let's try to figure this out and let's try to work through this." And like what Maureen said, really letting up a lot of pressure from the health centers. Most of the patients that come through this program are from the health centers. So there really are, you know, easing up their burden, which they quite frankly can't do, I mean, they just don't have the time.

LEG. HORSLEY:

And thank you very much for that comment. And, lastly, I just wanted to let my colleagues know it never in one -- in any comment that was made to me through -- concerning this issue did you ever suspect that you were singled out or that this was malicious or anything else but just an omission in the budget and we should be concerned about it.

MS. BASILE:

Not at all.

CHAIRMAN D'AMARO:

Okay. As Legislator Horsley has indicated the bill has been laid on the table to restore your funding so that will be assigned probably back to this committee for the next cycle and we'll further discuss it and you're always welcome to come down and join the conversation. We appreciate your time today.

MS. O'CONNOR:

Thank you very, very much.

CHAIRMAN D'AMARO:

Thank you. Sure.

Okay. We'll turn now to the agenda of introductory resolutions.

INTRODUCTORY RESOLUTIONS

1014, Adopting Local Law No. -2012, A Charter Law to ensure accountability and honesty in the budget adoption process. (Cilmi)

Requires a public hearing. I'll offer a motion to table, second by our Vice-Chair Legislator Schneiderman. All in favor? Opposed? Abstentions? Motion carries. **TABLED for PUBLIC HEARING (VOTE: 4-0-0-1; Not Present - Legislator Anker)**

1020, Adopting Local Law No. -2012, A Charter Law to require timely filing of budget amendments to increase public awareness. (Cilmi)

Also requires a public hearing. I'll offer a motion to table, second by Legislator Schneiderman. All in favor? Opposed? Abstentions? Motion carries. **TABLED for PUBLIC HEARING (VOTE: 4-0-0-1; Not Present - Legislator Anker)**

1023, Adopting Local Law No. -2011, A Charter Law to improve the process for adopting the County's Operating Budget. (Romaine)

Also requires a public hearing. I'll offer a motion to table, second by Legislator Schneiderman. All in favor? Opposed? Abstentions? Motion carries. **TABLED for PUBLIC HEARING (VOTE: 4-0-0-1; Not Present - Legislator Anker)**

1025, Authorizing the County Treasurer to borrow cash funds from other County funds for 2012. (Pres. Off.)

I believe this is a resolution that we usually pass at the beginning of the year giving the County Treasurer flexibility in moving cash around from various accounts in order to meet cash flow. Doctor Lipp, anything you'd like to add to that?

MR. LIPP:

Yes, the last two years we've had interest expense incurred of over 700,000, which was way higher than any previous year. It's indicative of the large growing deficit that we have and we're sort of like maxed out with the amount that we could borrow internally as well as externally. So we have some severe problems.

CHAIRMAN D'AMARO:

Okay, but nonetheless you need this flexibility or the County needs this flexibility.

MR. LIPP:

This is a must.

CHAIRMAN D'AMARO:

Yeah.

MR. LIPP:

This is a must. Yeah.

CHAIRMAN D'AMARO:

In order to -- we're not going to come back to the committee every time funds have to go from one account to another to meet cash flow.

MR. LIPP:

Correct.

CHAIRMAN D'AMARO:

Okay. All right. I'll offer a motion to approve, second by Legislator Muratore. All in favor? Any opposed? Abstentions? Motion carries. **APPROVED (VOTE: 4-0-0-1; Not Present - Legislator Anker)**

Legislator Schneiderman, you had a question? Please.

LEG. SCHNEIDERMAN:

Robert, since we're Budget/Finance, a couple of quick questions, one is; did the Comptroller use the RAN process that we approved at the end of last year that they thought they might need?

MR. LIPP:

It hasn't been used yet. The current or most recent cash flow from Audit and Control that I've seen is that the plan is to use it in April. Remains to be seen though. So we have -- the Comptroller still has the authority that you gave him.

LEG. SCHNEIDERMAN:

So the next cash flow problems we're anticipating is around April.

MR. LIPP:

Correct.

LEG. SCHNEIDERMAN:

Is that what I can glean from that? And anything, any updates in the end of last year sales tax revenue-wise ahead or below would we end?

MR. LIPP:

We're doing better in sales tax actually than expected. We're still below what was adopted in the

budget but we had a very positive favorable fourth quarter adjustment check. That being said, actually 2011 is not over yet, we accrue a substantial part of February back to the previous year so we need another two weeks or so to find out what 2011 ends at.

LEG. SCHNEIDERMAN:

So it looks like we'll be -- the end the year on budget or a little bit below budget but not as far as we thought below budget.

MR. LIPP:

Correct.

LEG. SCHNEIDERMAN:

Okay.

MR. LIPP:

The latter.

CHAIRMAN D'AMARO:

And while the Presiding Officer is here, I would just like to note thinking out loud, and we discussed this prior to the meeting, that there is this commission put together by the County Executive that is examining independently the budget, taking a snapshot of the budget, where are we at and what problems do we face. And I would like to just extend an invitation to that committee, Mr. Zwirn, I know you'll carry that message back and I appreciate that, if they would like to come here to this committee and present or at the discretion of the Presiding Officer, if it's something more appropriate for the full Legislature, however you decide is fine or a special meeting of this committee. But I'm, of course, we're all very curious and anxious to hear what they have to say. So if you'd relay that message I'd appreciate it.

P.O. LINDSAY:

You know, I've had some discussions with the Executive, with Miss Vizzini from Budget Review. Traditionally the two Budget Office's make a projection of where we are in the coming year. And I think we all agreed to defer that report until the commission gives their report and both Budget Office's are working with that group in a coordinated effort to come up with a pretty actual snapshot of where we are, you know, so. I guess, Robert, next month we'll be able to do our normal --

MR. LIPP:

Yeah, the plan is as usual each year to do a presentation to Budget and Finance in March committee cycle. We were initially going to fast track it and do it today but it was decided that the blue-ribbon panel should opine first as to, maybe opine's not the right word, but to estimate their -- the size of the shortfall as an outside independent group.

CHAIRMAN D'AMARO:

Right. Well, depending on the timing and the -- when those findings come out, you know, the choice is not to wait for that full cycle because it may be three or four weeks I would be open, of course, to having either a Special Meeting or whatever at your discretion, the Presiding Officer would decide, because the sooner we get started, I think, the better. So, it's just something to consider.

Does anyone else on the committee have any other comments at this time? Again, I want to thank the Presiding Officer for my appointment as Chair of the Budget and Finance Committee. That concludes our agenda and I'll offer a motion to adjourn, second by Legislator Schneiderman. We're adjourned. Thank you.

THE MEETING CONCLUDED AT 10:44 A.M.

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