

HEALTH & HUMAN SERVICES COMMITTEE

of the

Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on March 9, 2006.

Members Present:

Legislator Elie Mystal • Chairman
Legislator Steven Stern • Vice•Chair
Legislator Jack Eddington
Legislator Edward Romaine
Legislator John Kennedy

Also in Attendance:

Presiding Officer William Lindsay • District #8
Legislator Vivian Vilorio•Fisher • District #5
George Nolan • Counsel to the Legislature
Barbara LoMoriello • Aide to Presiding Officer Lindsay
Renee Ortiz • Chief Deputy Clerk/Suffolk County Legislature
John Ortiz • Senior Budget Analyst/Budget Review Office
Linda Bay • Aide to Minority Caucus
Paul Perillie • Aide to Majority Caucus
Lisa Keys • Aide to Legislator Romaine
Ben Zwirn • Assistant County Executive
Janet DeMarzo • Commissioner/Department of Social Services
Ed Hernandez • Deputy Commissioner/Department of Social Services
Linda O'Donohoe • Assistant to the Commissioner/DSS
Cheryl Felice • President/Association of Municipal Employees

Ed Stapleton • Associate Professor of Emergency Medicine at Stony Brook
Laurel Jensen•Breen • Chair/Bureau of Public Health Nursing
Professional Advisory Committee
Anne Kellett • Public Health Nurse Advisory Committee
Claire Salant • Visiting Nurse Professional Advisory Committee
Michael Seilback • American Lung Association of New York State
Joan G. Fusco • Suffolk County Public Health Nurse
Diane Schmidt • Suffolk County Public Health Nurse
Lisa Clark • Nurse Practitioner of Newborn Nursery/Stony Brook Hosp.
J. Gerald Quirk • Representing Public Health Nursing
Jessie Ladson • Representing Public Health Nursing
Elaine Fox, M.D • Internal Medicine/Southampton Hospital
Sheila White
All Other Interested Parties

Minutes Taken By:

Lucia Braaten • Court Stenographer

Minutes Transcribed By:

Alison Mahoney•Court Stenographer

[THE MEETING WAS CALLED TO ORDER AT 12:40 P.M.]

CHAIRMAN MYSTAL:

Okay, I got a quorum. All right, please rise for a Pledge of Allegiance led by Legislator Romaine.

Salutation

Thank you very much. As you can see, the meeting was supposed to start at 11:30; ha, ha. It is now a quarter of one and I'm going to try •• please excuse me if I seem to be curt. I'm going to try to keep people on a very, very short leash; in other words, you cannot talk too long. I'm going to ask my colleagues around the horseshoe to keep their questions precise, short and to the point.

The first thing we are •• as I told people before, we are going to have a presentation from the Public Health Nurses. I would like to call

Mr. Ed Stapleton to come in and make the presentation. Is that your stuff over here?

MR. STAPLETON:

It is my slides. However, you've got your things merged, the Public Health Nurses are a different issue, I'm talking about Resuscitation Program for EMS.

CHAIRMAN MYSTAL:

Okay, I'm going to put you back.

MR. STAPLETON:

Okay.

CHAIRMAN MYSTAL:

I would like •• anybody here from the Public Health Nurses? Who's the main spokesperson? I'll talked with somebody who came to my office, I told them to come today to make a presentation to the Legislature.

MS. JENSEN • BREEN:

And they have asked us to do it.

CHAIRMAN MYSTAL:

They have asked you to do it. Okay, so have a seat.

MS. JENSEN • BREEN:

Thank you.

CHAIRMAN MYSTAL:

Do you have a slide presentation?

MS. JENSEN • BREEN:

Yes, we do.

CHAIRMAN MYSTAL:

Okay, let's go to it. You're on, go ahead.

MS. JENSEN • BREEN:

Thank you. Good morning.

CHAIRMAN MYSTAL:

Good morning.

MS. JENSEN • BREEN:

Before we start I'd like to introduce myself. My name is Laurel Jansen •Breen and I am the Chair of the Professional Advisory Committee to the Suffolk County Bureau of Public Health Nurses. And I'd also like to introduce ..

MS. KELLETT:

My name is Anne Kellett, I also serve on the Suffolk County Public Health Nurse Advisory Committee.

MS. JENSEN • BREEN:

As I start today, I would like to formally recognize the long•standing interest which the committee and the entire Legislature has had on the ongoing effectiveness of the Bureau of Public Health Nursing, and I sincerely want to say thank you.

I would also like to share with you, as I begin this presentation, that this presentation reflects almost one year of dialogue, both within our committee and out of our committee and talking to all of the nurses, the field nurses specifically. So the reason that we did this is we wanted to make very certain that it's their voice that is heard today. Thank you. We hope that this presentation before the committee today will shed light on the situation being faced by the Bureau, but most importantly may it begin to set in motion the collaboration necessary for change. Thank you.

Before I start with the actual meat of the information, I just wanted to say that where we come into this presentation today is from our purpose. Our purpose is the following: To promote and maintain high standards in the delivery of health care within the programs of the Bureau of Public Health Nursing and, as we stand before you today, to review and advise the agency on the professional clinical care policies to participate in the evaluation of

agency programs, to assist in the organization and maintain a liaison with other health care providers in the community.

I would like it noted that for today's presentation the term that I'm going to be using, Public Health Nurse, is being used to refer to a Public Health Field Nurse specifically, so everything that I am talking about today uses that technology.

A little bit about Public Health Nurses. I just wanted to add that in •• Chairman Mystal, in the interest of time, I have put everything in a report. I will try to move through this quickly, but I'm sure you recognize the fact that this is our opportunity to come before you. Everything I have •• I do have, I should have passed them out. I do have a formal presentation, summary of the Power Point, but I have a more complete summary which I will leave with you at the end, so everything that I speak to you today is in written format in this particular report.

Public Health Nurses in general, what are they about? We found that what we tried to do as we went forward is to get facts, but what we are left with more than anything else is questions. So I present to you today the questions that we asked, I present to you the facts that we attempted to find, but most importantly I leave with you still more questions. Public Health Nurses emphasize health promotion, health protection. They are proactive, they decrease risk and increase independence in the people that they serve. Who do they serve? The population that they serve primarily are including the following: The frail elderly, high risk pregnant women, abused children, foster care families, high risk infants and families at risk.

I'd like to talk to you for just a little while about the fact that what we found most needing as we went forward in our discovery was the fact that most people, both within the County and elsewhere, even within my own profession as a nurse, did not fully understand what a Public Health Nurse does. I will share with you just a little bit of my own background.

I came to this committee when I first came as a nursing professor at St. Joseph's College in 1999. I've been on this committee prior to this

administration and prior to the director that now heads the bureau. I've been chair of that committee since 2004. I also have been employed in the County both as a Public Health Nurse and as a Public Health Nurse Coordinator, so I speak from that understanding.

Public Health Nurses today fill a gap in services to those most in need. They really attempt to provide outreach and direct services to the community with an emphasis on care to the high risk and the under served. Here in Suffolk County this is a very unique role. They tend to focus in an area with a unique skill set which other home care agencies do not have, and that skill set relates primarily to the care that they provide in the areas of maternal child. In our committee we have two other directors of CHHA's here on Long Island, they are fully respectful and fully acknowledge the fact that they do not share this skill set and I'd like you to have that as we go forward.

Just again, I will do this very briefly because it's all in the report. Many people do not realize that there are three broad programs within the agency, the Certified Home Health Agency which is called CHHA. When we speak about the CHHA, we're talking about the following; we're talking about the fact that the CHHA provides a wide variety of home care services, specializing primarily in providing nursing care to high risk pregnant women, post•partum and parenting women, infants and children requiring nursing services and adults and children of HIV/AIDS. They provide skilled nursing care and they also provide this on a billable basis and they also provide this on a sliding scale to people's that cannot afford it.

Just, again, some background. In our country •• excuse me, in our State there's currently 67 counties, if my numbers are correct.

CHAIRMAN MYSTAL:

Sixty•two.

MS. JENSEN•BREEN:

Forty•five of them •• 62 counties. At the moment, 45 of them have New York State counties with county•sponsored CHHA's. So even though we're oftentimes compared to Nassau which does not have a CHHA, we have good

company with many others across the County •• across the State that do.

The second area in terms of a program which I'd like to mention is the Long •Term Home Health Care Program and the AIDS Home Care Program. This is a Medicaid program which serves the frail ill and elderly living on predominantly the east end of Suffolk County. These are patients who require nursing care, rehab services, case management and so forth and the main goal is to prevent some form of institutionalization. There's an aim to keep people in the home.

The last one, which really is our strongest tradition out here in Suffolk County since we've been doing this since 1929, is the Non•Billable Preventive Program. This is the most costly program to the County, it is the one that we will need to examine mostly as we go forward, but it is our heritage, and in many ways it may be the right of the peoples of Suffolk County. Since the department's inception in 1929, this program has provided community outreach in order to provide instruction and teaching of the populations in healthy behaviors in areas such as injury prevention for infants and children, assistance to provide high•risk persons with obtaining needed medical care and health care, improving adherence with medical care and needed health care such as immunizations, hygiene and so forth.

Just a little bit about the program. The Bureau of Public Health Nursing is well•known in the state. It is a national model for care, it has been recognized with many awards, which I've isolated for you in the report, so I won't go into them, but I'd like you to be aware of the fact. And I would also like you to be aware of the fact that the County is perceived as a leader in public health nursing when we go to meetings up in Albany.

Now we go into the section where we're left with the questions that we're asking. We had major questions, hard questions that we asked both the director and each other regarding current staffing questions. Again, this particular bar graph uses the title of experienced, full•time employees who are Public Health Field Nurses in the CHHA. And we've chosen to present it to you in that way because we recognize that time is lost, it's very hard as a result when you lose a public health nurse, when she goes somewhere else and so forth, you can't catch that person up to speed in time and their value

in terms of their productivity within the program may take as long as six months to a year. So you can recognize that there's been a down slide. And as recently as last week when we had our last meeting, we discussed the fact that the concerns regarding personnel for 2006 are bleak.

We had specific staffing and policy issues, concerns. Recognize the fact, please, that staffing right now is at an all-time low; and again, I am talking about full-time, experienced field nurses. The vacancy rate in the bureau is close to 40%, salaries are 30% below other nurses in the field of home care within the County. Our nurses are tremendously courted by other agencies and so forth and many times I'm sure tempted to go because of the tremendous gap in salaries.

One policy that I would like you to know specifically about, I won't go into the other ones on the next slide, is that since 2005, department policies have permitted PH and promotional positions to be added elsewhere. What that means is as a result, the Public Health Nurses have left the bureau to go elsewhere within the County and they have been done without replacement.

So in summary, then, with respect to our specific staffing concerns •• and again, I want to stress to you we do not have the answers for this as we go forward. There are concerns regarding transfers, there are concerns regarding the fact that there have been promotions to other units and so forth within the County without replacements. And most importantly perhaps, there has been no hires before someone has left; in other words, someone leaves and there is no plan for some type of replacement prior to their leaving.

One of the reasons that our numbers are so low is that even though you may have a number that is showing as a Public Health Nurse title, it might not be within the bureau and it might be someone who is on maternity leave or out. In summary, you can see that we've hired five nurses within the bureau, but we've also lost seven for various reasons.

One of the other big questions that some of you who met with the nurses •• and again, I thank you and your Legislative Aides for that •• asked was how

is the time of a Public Health Nurse spent, and I'd like to break that down for you. In answer to the question, we were told the following; that patient care time, which includes both direct care time to a patient and indirect care time, couples together to form 64%. And I would just like to share with you that indirect patient care time is still patient care time directed towards some type of needs of the parties being served. These might include making referrals, providing outreach to other agencies for basic needs such as securing food, shelter, Medicare •• excuse me, medical care. It might also include some type of patient centered case conferencing with say an agency such as Adult Protective Services, Family Drug Court cases and so forth. A great deal of time is spent on telephone interventions, a great deal of time is spent in terms of working with physicians and other members of the health care team to provide care.

We have real concerns and aim to really find out for you really what our concerns are regarding what might be at risk, and two areas that I'd like to mention are the following. We have concerns regarding outreach and in the next light I'll talk to you about the fact that we have concerns regarding referral making as we go forward and the changes that are going to inevitably happen within the County.

Outreach basically look •• one of the major skill base interventions for a Public Health Nurse, historically, locates populations of interest or populations at risk. It is, again, one of the foundational interventions for a Public Health Nurse. Our concern is as the numbers of Public Health Nurses dwindle, what will then happen to this outreach? How will we plan for it? How will we meet the needs of those people? Our concern is that for those people who don't walk into our clinics, what happens to the most immediate populations who are in their home, at risk and need to be reached out to?

Secondary of concern. At the moment we have two Public Health Nurse Coordinators, one in Stony Brook and one at Southside. You can see from the numbers that they both generate a tremendous amount of referrals for the County, for the department I should say. Referral in general is aimed at assisting individuals, families, groups and communities to be able to utilize resources to prevent or to resolve a problem or a concern.

I would just like to make a point that there is some thoughts that perhaps this referral maybe should be taken over by the hospitals themselves. We know that our hospitals are strained and it's going to be difficult to do that. But more importantly, I would like to leave you with a message that a Public Health Nurse Coordinator has a very different philosophy and understanding regarding who or whom might benefit from a referral than a hospital based nursing. Having done this, I will tell you if you put us in the same room we would make very different referrals because we are proactive, we are attempting to prevent problems and we are attempting to promote health rather than just be active and a return of care following some type of disease, injury or surgery.

Another question that came before us that we brought to our committee was what about the possibility of placing supervisors in field? We have real concerns regarding. The current staff/supervisor ratio, which is approximately one to thirteen I think, allows for the delivery of what we consider to be safe care. To vary from this, to take supervisors out of their district offices makes •• I should say places that care to our constituents, to your constituents I should say and to our patients at risk. Supervisors are vital to the very delivery of safe care. They plan, schedule, assign and supervise the work of their staff, they coordinate the work of a district office, they prepare statistical reports, they interpret district policy. And perhaps most importantly, they maintain and evaluate the performance of those that they are working with. They are our safety net in many ways towards excellence.

Cost effectiveness. We all know that this is the number one issue that we're all concerned about, despite the fact that we are of course concerned about the efforts and the outcomes for our nurse •• for our patients. Public Health Nursing's commitment to prevention is the heart of the program. I would just like to share with you a quote that is from a study, strengthening New York's Public Health System for the 21st Century, put out in December of '03. It said that this role, referring to the role of the Public Health Nurse, can be undervalued. However, due to the fact that successful prevention is invisible •• and I think you all would agree with me on many levels, that prevention and what we prevent doesn't make the headlines, but what does make the headlines is that one death, that one child who gets a burn, that

one child who was abused, that is and that does make the headlines.

I would ask you again •• and I'm not going to do this for the sake of time, I'm not going to go forward with a description of all of the programs, but in the handout that I gave you, you'll recognize that there are five major programs; Breathing Easy Program which helps to keep asthmatics out of the hospital and out of ER; the Frail Elderly which attempts to keep the elderly in their home; Health Birth Program which aims to have healthy birth outcomes; Perinatal Outreach Program which aims to get drug•abusing moms treatment; and Nursing Home Without Walls which, again, aims to keep the •• to deliver care to the elderly in the homes rather than in institutions. I would ask that the Legislature, and particularly this committee, strongly consider the cost effectiveness and the benefits of these particular programs.

I share with you now, there's been a lot said, and I know that we also will be addressing this today, regarding some of the demographics regarding our County. And the slide that I'm sharing with you now, if you could just take a look at the taupe area, the gray area, and to recognize that that vast area across our County is currently only being served by a very few number of nurses from the Riverhead office.

As I move towards conclusion, I would want to share •• and this is specifically for primarily the nurses in the audience. I would like to share with you, and this is in your packet, a recent article that appeared on•line on one of the most well•known nursing advocacy websites, and the title was, "Nurse short staffing on the roads of Long Island." It was an excellent article that really addressed what's going on for us here and our concerns regarding the bureau. They say, and I quote, "Nurses get lots of verbal support, but they have not received the resources and real respect they need to do their jobs even though their work is cost effective in the long run."

At this point, I would like to move to the next segment of the presentation. Ms. Anne Kellett is going to discuss our four major recommendations to you.

MS. KELLETT:

I'll be brief as possible.

P.O. LINDSAY:

Speak into the mike, please.

MS. KELLETT:

Oh, sorry, excuse me. I'll be as brief as possible. There are four recommendations that we're putting forward to you and they all relate to what you've heard from Laurel Breen, and they are the most prominent and immediate concerns that this committee can put forth to you.

The first one is that the existing vacancies within the Bureau of Public Health Nursing be filled as quickly as possible. I think Laurel did a good job in explaining exactly what Public Health Nurses do and I just might add to that, that if you look at the quality outcomes of the patient care that they deliver, they know what they are doing; the positive outcomes are outstanding on a national level.

And very importantly, I'd like to add to this that filling these vacancies quickly will avoid any discontinuity of needed monitoring, critical monitoring of some of these patients as well as any lapses in treatment needs or health education.

The second recommendation is a rather fractured recommendation, but I will present it to you in four parts. We're requesting that the bureau be adequately staffed not only to satisfy the projected needs of our community and •• but also that you examine existing policies related to transfers and appropriate utilization of care, and that also the replacement of hires be conducted. Now, this may sound like a reiteration of the first recommendation, but it is not. It actually relates to the fact that there are changing and dynamic forces in health care and they're directed towards more culturally sensitive or responses to approaches to care, most especially to primary care which is preventive care and to care that takes place in ambulatory settings in communities and in home settings. And recent studies have told you, just to add to what Laurel just said, that if we can strengthen and enhance these community primary services, studies have

told us that we can reduce the emergency room admissions anywhere from 25 to 40%, and those studies are available to you on request.

In terms of the transfers, you know, most organizations have policies and protocols that they follow related to transfers. In other words, you can't strip a functioning unit without consideration of what goes on in that unit, and that's what we're asking you to look at. You know, employers have needs too, but the employees also have needs to grow which is the second point here. When we hire somebody, we really have the responsibility to help them improve in their job and advance in their job. The only way out should not be through a transfer to maybe a higher salary or a desk job, these are clinical specialists and they really, I believe, do not want to go to a paper work job. So there has to be some consideration and some negotiation protocols or process put in place I think, or we advise you of this, for these transfers.

Laurel spoke well of the utilization of staff. I can tick off for you eight or nine things that relate to the critical, central importance of a supervisor. And I think clerks were brought up, or office personnel as we might address them; there are laws, privacy laws about other than professional people being involved in patient information. Aside from that, I do think that the way we talk to each other professionally is a little esoteric and there's a great •• there could be a great problem in misinterpretations.

The other thing that I mentioned here is the replacement of hires, that replacement of hires be conducted. The way •• the reason we specified this in this second recommendation and we reiterate it really from the first one is the fact that it's very hard to understand how these things are processed. For example, somebody may resign or be transferred, but then we think we're going to look at a hiring process but the job is frozen and then a couple of months later the job is open and then the process for hiring is very prolonged. So that's the background for the recommendation there.

The other thing I might say about staffing is I don't think that you really can staff based only on a payer system. Rather, it has to be on the complexity of the patients that you're taking care of, the risks that they're facing, and also I think there might be some consideration of ethical principals in there,

too. So, not to consider all of this, this big piece of the recommendation, it could lead to faulty departmental responses, and I think it's something that you need to consider.

The third recommendation has to do with salary increases for all nurses in the bureau, and that be implemented commensurate with the cost benefits of the bureau which we can speak to over and over again. And also to meet the competitive salary scales, not only here in Suffolk County but also in regional areas. The thought behind that is •• and Laurel spoke to that, their salaries are about 30% lower than others in the area. It creates a high turnover rate and it creates a difficulty in recruitment. And if I might add, it does not reflect the quality of the nurse's work, nor does it ensure the quality of the nurse's work life. So I add that and add also to that that studies have demonstrated time and time and time again, we can give you a whole library list of this, that they can pay for themselves when their full effects are examined over time.

And the last recommendation that I have is that there be full support for the Resolution No. 1212•2006 sponsored by Legislator Vivian Viloría•Fisher to create a Public Health Nursing Task Force. And I think if you read that resolution, it brings all of this together. It's kind of like a summary of what we have presented to you here today, but also I do believe the intent of it is to have a thorough, and I might paraphrase, an independent analysis of these nurse's services.

You know, I don't think that nurse services, to add a perspective to all this, can be viewed as just one more commodity of health •• of the health unit; they're just not viewed that way. We've tried time and time and time again to do time efficiency studies on nursing process and nursing work; it just can't be done. So we can't view them as just a commodity or a production of a health care unit. And this resolution would include nurses in their rightful role in contributing to policy decisions as it relates to there work life. And I thank you.

CHAIRMAN MYSTAL:

Thank you.

MS. JENSEN • BREEN:

I thank you also. And in conclusion, I would like to just say that we feel and we welcome your openness to hear this today, that the diverse populations of Suffolk County deserve a vision for public health that includes the voice, outreach and direct services of a strong public health nursing field workforce.

I would like to say that nurses are in no way adverse to change. In many ways we are on the vanguard of change. We all understand the best practices regarding Public Health Nurses and this certainly is not a sky•is•falling approach. Thank you very much.

CHAIRMAN MYSTAL:

Thank you. Please remain at the table because we have some questions for you. Can I also bring the representatives from the Health Department who are here to join the table with the Public Health Nurses, and maybe Mr. Zwirn from the County Executive. Because I know the questions that we're going to ask are going to, you know, impact upon your, you know, field of expertise for your office. Public Health Nurses this side, administration this side; Zwirn, you get in the middle. How's that? There you go.

All right, I'm going to open the questioning part of this session with the Presiding Officer, Mr. Bill Lindsay.

P.O. LINDSAY:

Ladies, first of all, I thank you for coming. And we've talked to you individually as well as heard you testify before our committees on several occasions. And I don't •• I don't think that there is any doubt in our mind that the Public Health Nurses play a very valuable role in our health delivery system in Suffolk County. And I don't think there's any wish by either the Legislature or the Executive to emulate Nassau County and to eliminate this vital service; I think we're all convinced that it's both very cost effective to have this service for our citizens, as well as a very compassionate reason for that as well.

Last year •• and this is something that I'll probably direct to Dr. Graham •• last year when we put together the budget here, we put a quarter of a

million dollars into the budget for additional salary enhancements for the Public Health Nurses specifically, as well as a budget line for ten vehicles because we understood that some of the Public Health Nurses were using their own cars, and I really would like an update on where that •• particular items are. I realize that they're Civil Service, you know, criteria and all that, but certainly I don't think that you ladies would want to deny it. I mean, we can't mandate that if one of your nurses has an opportunity to move and ••

MS. KELLETT:

Correct.

P.O. LINDSAY:

•• better themselves, you can't say you can't do that.

MS. JENSEN • BREEN:

Absolutely.

MS. KELLETT:

I understand.

P.O. LINDSAY:

All right? So what we were trying to do in that enhancement thing was to figure out some way of making it more worthwhile that they stay in public health service. So I don't know, do you have the answer to that, Dr. Graham, do you know?

MR. MARCHESE:

We are addressing it. The problem with enhancing nurses salaries is although we have Public Health Nurses, we have a whole nursing structure in the Health Department. So that we have some 250 nurses that that are affected by a career ladder change, and once you do that change, it has a large impact throughout the whole contract. And it doesn't even •• it doesn't end with nurses because it affects other related titles as well, so it becomes a collective bargaining agreement between the County and AME; it's a bigger issue once you start addressing one particular title over another. So we are working on it as we speak.

P.O. LINDSAY:

Okay. How about the vehicles?

MR. MARCHESE:

I'm not sure about the vehicles.

CHIEF DEPUTY COMMISSIONER GRAHAM:

I understand that four new vehicles have been added to the ••

P.O. LINDSAY:

No, no, no, the four vehicles came from the Legislature, they were excess vehicles. I'm talking about there was a budget item for ten additional vehicles for the Public Health Nurses in the Operating Budget last year.

MR. MARCHESE:

To purchase? No, we have not purchased them as of yet. No, they have not arrived.

P.O. LINDSAY:

Do you know where that is, Ben?

MR. ZWIRN:

No, Legislator Lindsay, but I'll find out. I don't know if it's Public Works or where the problem is.

P.O. LINDSAY:

All right. That's all I have.

CHAIRMAN MYSTAL:

I have Legislator Romaine next; you want to speak?

LEG. ROMAINE:

Yes, thank you very much. Now, you •• I'll address this to the two nursing representatives. You indicated that three Public Health Nurses were transferred to Suffolk Health Plan and three to the Bio•Terrorism Unit?

MS. JENSEN • BREEN:

Correct.

LEG. ROMAINE:

Were those nurses that were transferred, were those positions ever replaced?

MS. JENSEN • BREEN:

No.

MS. KELLETT:

No.

LEG. ROMAINE:

I received a report which my aide just gave you from the County Exec's Office yesterday and I'm going to quote him, he says, "While some are taking a sky is falling approach about nursing services in Suffolk, it needs to be stressed that we have more people working in nursing positions today than at the end of 2003. There are fewer vacancies in the budget and they are providing a wide range of critical public health services to the people who need them most." Would you concur with that or do you think more needs to be done, or •• I just would like your reaction to that. Because this is what the County Executive is saying to us, we're looking at your slide presentations and their seems to be a divergence and maybe you could ••

MS. JENSEN • BREEN:

There is a divergence, and I think we're coming to a meeting of the minds I think as we move forward, I think that is our hope. And I would like that known specifically, that it is not our intent to do anything other than to bring light to the situation.

But I would like to specifically refer you back to one slide that I presented which I think is a very critical form of policy that we hope to be examined. The term •• if you remember, when I started the presentation I asked that • I explained that I was only using the term Public Health Nurse in a field nursing text.

LEG. ROMAINE:

Yes.

MS. JENSEN • BREEN:

In 2000 •• prior to 2005, the terminology Public Health Nurse was only utilized as a title within the bureau; Sometime in 2005 that policy was changed. And as a result of that, that policy means that nurses •• Public Health Nurses can transfer out. The positions that are •• that people transfer out for are oftentimes a higher grade than they are already working on within the bureau. Our concern is the following; it drains our staff, it drains the staff. You spend a tremendous amount of County money, you know, preparing someone to work effectively with the unique scale base on orientation and so forth and that person then moves somewhere else. And because of the poor salaries, because of the unique skill set that's needed, we can't higher, it's very difficult to hire.

LEG. ROMAINE:

Let me just ask one other question, because I promised the Chairman I'd keep it to two. When I saw your map up there and I looked at the elderly population, it almost seemed that everything on the east end, and being a representative of that area, was the highest elderly concentration. In fact, I'm told that one of the townships, Shelter Island, has the highest concentration of elderly of any of the townships. Are there any Public Health Nurses currently serving the Township of Shelter Island?

MS. KELLETT:

It's within the region of the Riverhead office, that can bring up a whole other subject, Mr. Romaine. But I can tell you that in East Hampton, we're above 25% in the •• aged and the baby boomers are starting to fill in. I spoke to the gentleman who is the Supervisor of Southold, he claims that Southold is higher than East Hampton. So if that contributes anything to your question, Shelter Island is isolated, they're a rural area, and so is East Hampton a rural area just by fact of population. So that gives you some perspective of the need for health care.

LEG. ROMAINE:

Well, my concern •• my concern in asking that question is not only about

Shelter Island but the entire east end, because we are concerned about the delivery of health services there.

MS. KELLETT:

Right.

LEG. ROMAINE:

And in the same release that the County Executive sent out, he typed the words "Myth; the east end is under served and shortchanged in public health nursing and medical services," indicating that it was a myth that there's a shortchanging of Public Health Nurses and medical services on the east end.

MS. KELLETT:

Well, Mr. Romaine, the only thing that I could do here •• well, I can't do it here, but I can send forth a history of my efforts for the last six years to advocate for services, health services, public health services and private health services on the east end of the Island, and my town has been very benevolent in contributing \$700,000 to a beautiful clinic and \$10,000 rent •free in 2002, and we do not yet have full primary care, nor a WIC program, nor prenatal care except this van that I just heard about.

LEG. ROMAINE:

So it would be your contention that more needs to be done in terms of trying to provide medical services on the east end.

MS. KELLETT:

Health services, Mr. Romaine.

LEG. ROMAINE:

Health services.

MS. KELLETT:

Health Services.

LEG. ROMAINE:

Right.

MS. KELLETT:

Most especially, which I tried to emphasize here, is community related services, that's where you're going to get the big payoff. Because the hospitals will be relieved, the Medicaid, the Medicare monies will be reduced; I mean, there's a whole myriad of things, but that's where you'll get your payoff.

LEG. ROMAINE:

Just one quick question. The •• well, I'm testing the patience of the chairman, so.

MS. KELLETT:

Okay.

CHAIRMAN MYSTAL:

It's all right, you've got the floor.

LEG. ROMAINE:

Most of the visits of Public Health Nurses are in some way reimbursable through Medicare or Medicaid.

MS. JENSEN • BREEN:

No.

LEG. ROMAINE:

No?

MS. JENSEN • BREEN:

No; in fact, I just want to go back to the one slide. The billable portions relate primary to the CHHA and the information that I was given very recently is that the CHHA is in the black, that we're doing well with our CHHA, that it's effective and we're doing well. The traditional component since 1929 is the non•billable; traditional outreach to people, there's no billable.

And I just want to say one thing on the record, that as we go forward in this restructuring, we recognize that there is going to be changes in the

delivery. We have no problems with the fact that there's going to be changes in the delivery, nurses just want to be at the table to have input into where those decisions are made.

LEG. ROMAINE:

Thank you. Thank you Mr. Chairman.

CHAIRMAN MYSTAL:

Ben, you wanted to add to this?

MR. ZWIRN:

Yeah, just briefly. I just want to point out on behalf of the County Executive, this is not a confrontational approach.

MS. JENSEN • BREEN:

No.

MR. ZWIRN:

And I know Anne and I know Laurel and we've talked about this issue at length and we're all trying to get on the same page. I think one of the things that if we're at fault is that we don't thank the Public Health Nurses, the visiting nurses enough for what they do. I think they fall under the radar and because you don't see the results of preventive care which is where most of the loss that Anne and Laurel are talking about with Legislator Romaine is in the preventive area. And I think one of the good things that is coming out of this is that we are taking a look at the program from top to bottom as a result of some of the comments that have been made and the articles that have been written, and that's a healthy thing. We have seen things within the department that we think we can do better. We don't ever expect the Public Health Nursing Department to be a profit making department in the County nor should it be •• I mean, that's not the goal •• but we think we can do better with the resources that we have.

We have no intention of standing in the way of Legislator Fisher's, Vivian Fisher's Task Force, we support it. The County Executive's concern is that we are not •• we agree that there is a cost effective benefit of Public Health Nurses, there's not a question. Nobody is going to dispute that, that is

absolutely without question. Our question is how can we best use either additional resources, the resources that we have to make them more effective out in the field and for the taxpayers of the County.

Now, we're looking at salaries. Are they underpaid? Well, I'm not going to speak on behalf of the County Executive.

AUDIENCE MEMBERS:

Yes.

MR. ZWIRN:

But the answer is probably, absolutely, and we're looking at it. But as Len Marchese suggested, it's not simply that we can just add one without having •• looking at the entire program and how it's going to affect the County, you know, County•wide. But I think this is a good step. As I say, we're not here to fight, we're here to move forward. The County Executive, the only quarrel that he has with the task force, if anything, is that we accept the cost benefit. We would like to see now move forward, get a request for proposals from a consultant to move forward immediately so that we can find out how we can best utilize the resources of the department.

CHAIRMAN MYSTAL:

Legislator Kennedy? Briefly.

LEG. KENNEDY:

I'll try to keep it succinct. First of all, thank you, Ladies, for coming to speak.

MS. JENSEN•BREEN:

Thank you.

MS. KELLETT:

Thank you.

LEG. KENNEDY:

As a matter of fact, you do an admirable job. Just a couple of points I guess that I'd like to have you kind of bring out unique to the discipline and

particularly to the fact that you are licensed health care professionals.

There was some discussion about supervision. I believe from what I read on your schematic that you are now a group of 17 nurses; is that correct, with two supervisors?

MS. JENSEN • BREEN:

I'm always hesitant to say that number because it changes ••

LEG. KENNEDY:

You checked this morning, 17 folks showed up for work.

MS. JENSEN • BREEN:

It changes on a daily basis.

LEG. KENNEDY:

I know, this afternoon it could be ••

MS. JENSEN • BREEN:

Somewhere in there. That's why ••

LEG. KENNEDY:

In any event, if you have two supervisors, basically you would have 15 nurses who are delivering direct care services out in the field.

MS. JENSEN • BREEN:

No, my slide related to full•time nurses. My slide, the 17 related to full•time nurses.

LEG. ROMAINE:

In the field.

MS. KELLETT:

Field nurses, Mr. Kennedy.

MS. JENSEN • BREEN:

In the field, correct.

LEG. KENNEDY:

FTE's, okay. But then you also have two supervisors for the 17, correct?

MS. KELLETT:

Yes.

LEG. ROMAINE:

Nineteen total.

LEG. KENNEDY:

Okay.

MS. JENSEN • BREEN:

Again, I'm not the person to answer that, that really •• that really is the within the ••

LEG. KENNEDY:

That's all right, the numbers are not so relevant as it is the function of supervision as a discipline for you. And I'm not speaking now about a Civil Service hierarchy or structure, I'm talking about patient care and the maintenance of your licenses as health care professionals.

MS. JENSEN • BREEN:

There is not one CHHA or one home care agency in this County, I would bet, that works without supervisors for the nurses, they are essential. They are a safety net for the nurses. When you're out in that field you need someone to talk to.

LEG. KENNEDY:

Not only that, but it's integral to the maintenance of your license as a registered nurse or as a licensed nurse that you must have supervision ••

MS. JENSEN • BREEN:

No, we work independently. We have an independent license in New York State.

LEG. KENNEDY:

No, I understand that, that I'm fully familiar with. But at a certain point during the course of your care in a month or something like that, do you do consultation of cases with your supervisors?

MS. JENSEN • BREEN:

Yes, of course.

LEG. KENNEDY:

Of course, because you have to get guidance.

MS. KELLETT:

But that's not license related. I guess the issue, Mr. Kennedy ••

P.O. LINDSAY:

It's not mandated.

LEG. KENNEDY:

But it's good health care practice.

MS. KELLETT:

Oh, absolutely, it's teamwork.

MS. JENSEN • BREEN:

It's evidence. It's evidence-based practice, correct.

MS. KELLETT:

Absolutely.

LEG. KENNEDY:

I also want to touch on the area of the prenatal care and the prenatal teaching. All of us know, I guess, about the severe lifetime health care costs associated with prenatal trauma and infants born in distress when they've not received proper prenatal care.

MS. JENSEN • BREEN:

Right.

LEG. KENNEDY:

Part of what you talk about as far as your delivery of service in the community goes to that specific aspect of health care, correct?

MS. JENSEN • BREEN:

Absolutely, and that is a significant portion, I would say, of our non•billable. We reach out to those people who do not come to the clinics, we reach out to those people who show up at the clinic one day and never come back again to provide that care.

LEG. KENNEDY:

So you wind up giving them information about nutrition, about proper care, care for the mother, prenatal vitamins, things such as that, all the things that help to go ahead ••

MS. JENSEN • BREEN:

We aim to reduce risk, we aim to prevent any kind of complications towards a healthy birth, absolutely.

MS. KELLETT:

By the way, Mr. Kennedy, that •• we are recognized nationally for that. The conversion rate to birth weight infants and the reduction of mortality of high risk infants is well•known throughout the County and nationally in terms of what our nurses have done.

The other thing they do is to make sure that these women get in to the resource programs that they have available to them, and the most prominent one, of course, is WIC which is the Federal nutritional program. Now, those infants or those children, they can stay on that program for five years.

LEG. KENNEDY:

In my own area in the Smithtown segment, we also have a significant senior

citizen population as well. So I'm sure that your personnel are there who are doing after care from discharge from Stony Brook, St. Catherine's and things such as that.

MS. KELLETT:

Early discharges are a big thing today from hospitals, so patients are discharged who really need ••

LEG. KENNEDY:

Drive•thru surgery, yeah, I'm familiar with it.

MS. KELLETT:

•• support services and the families need education.

LEG. KENNEDY:

All right, now I'll shift over to Mr. Zwirn and Dr. Graham. The only things that I'll bring to you is I am always an optimist when I hear the administration represent their desire and their sincere effort to go ahead and to support a program. However, I'll turn to Dr. Graham. I recall •• and I thank the Chair because we had Dr. Harper here in January and his absolute unequivocal statement was he was in support of public health nursing and there was no intention to go ahead and do away with the program, and there was 18 then, now there's 17. So the optimism and the talk about, you know, embracing the function and the role and everything like that belies the fact that the staff continues to dwindle. And that three nurses were moved over to Suffolk Health Plus, my understanding is for utilization review. And as a matter of fact, you do not need a Public Health Nurse to necessarily do URL.

And I also question why a Public Health Nurse has been moved to Bio•Terrorism; what does a Public Health Nurse do in Bio•Terrorism? So unfortunately, the rhetoric and the reality don't match.

MR. ZWIRN:

Well, if •• I'll turn it over to Dr. Graham, but if ••

Applause

What Dr. Graham represented •• what Dr. Harper represented back in January was that the program was not going to be privatized like Nassau County has done where they contract everything out. We do do some contracting out, we have other •• there's also competition out there as well, there are other CHHA's that also provide services in Suffolk County besides the Public Health Visiting Nurse Program.

The Bio•Terrorism issue I think was one of funding, there were grants that were coming down and we can hopefully take advantage of some of that money to fund some of the programs. And the positions that were moved over there were vacant positions, we didn't actually move, you, know, live bodies over there, except for recently one has I think been transferred over there to take a promotion, and that's just in the last payroll period.

LEG. KENNEDY:

Again, I hear the explanations. I think the reality of it is, though, we're hearing from a group of dedicated health care professionals who will only have a finite number of hours in the day to care for over nineteen hundred referrals that they've just represented for a group of 17 RN's.

MS. JENSEN•BREEN:

I'd just like to share, that's just a small portion of the overall referrals. Just the two that are generated by the County Public Health Nurse Coordinators in Southside and Stony Brook, there's far more that come from the general public.

LEG. KENNEDY:

So again, we're faced with the prospect of talking about wanting to support and embrace a function and the reality day in and day out is there's nobody with the hands to go ahead and deliver the care.

The point that I'll make •• and again, I told the chair that I would, you know, not belabor this •• is that, you know, in the multiple meetings that we continue to have, we hear about the issues and yet what happens is people are experiencing the burnout factor, they hit the wall and they go to work

elsewhere where they can make more money, not only because they can make more money, but because they have ever increasing frustrations with the deteriorating work situation. That's the point that's unconscionable.

Applause

CHAIRMAN MYSTAL:

Before anybody answers that, and I find myself in the position to play the bad cop here. It is now 1:35, there was a meeting that was supposed to be starting at 1:30 and I still have other people that want to speak. No, no, listen, you're not going, you're not going.

MS. JENSEN • BREEN:

Oh.

CHAIRMAN MYSTAL:

I'm just going to get my colleagues to try to refrain from long statements and present to you.

MS. KELLETT:

And we will too.

CHAIRMAN MYSTAL:

Legislator Eddington.

LEG. EDDINGTON:

And of course it would be great if all the committees started and ended on time, but here we are a little late. So as a licensed health •• mental health professional myself, I see the same thing. At one point this happened in education. I see it all the time with social workers and now I, of course, see it in nursing and all you need to do is look around the room and see that it's a very strong, dominated female profession that's often under paid and under valued and we have to stop that immediately in Suffolk County.

Applause

The other pieces that I would like to echo what Legislator Kennedy is saying,

and just say that what I'm hearing is basically that the Health Department really is not doing what Abraham _Mousal_ said, if you're going to talk the talk you've got to walk the walk, and I'm not seeing that at all. I think Legislator Kennedy brought out that point very clearly; we hear words, we see very little action.

As a social worker, I try to look at problems and come up with solutions and I'm not seeing that. I mean, to me, you have field personnel that are going out and have no vehicles. Well, to me that's not really a hard thing, they should get vehicles. How can they get out •• you talk about •• Legislator Romaine talks about the east end where they can't get to where they have to go. So this •• we have the money in the budget, they haven't gotten the cars. Go down to Route 112, there's a lot of car dealerships there, we can do something. I mean, this is ridiculous that we have to wait months and months.

You have a unique role as a •• going out to your clients and delivering systems. There should •• if we're losing the personnel to do the field work, then I think that you have to have incentives. I mean, in the service we call it combat pay, I'm not trying to say that that's what it is for you, but there must be some type of incentives then. This is a hard job, you have to find the people, you have to deal with them. I don't think this is a problem that can't be solved and I really don't want to hear, the next time we have a committee, meeting the same thing stated again. I want to hear that there has been some action taken, and I think everybody here would like to hear that. So I would just say please address these issues as quick as possible and let us know what is happening. Thank you.

Applause

VICE•CHAIRMAN STERN:

Legislator Romaine?

LEG. ROMAINE:

Thank you very much. I'm just going to go on another topic very quickly, because I know that we have concerns not only about nursing but about how health care is delivered and how we spend our money. This question is for

Dr. Graham and I don't expect you to have the answers off the top of your head and I'll explain why. I'm interested in learning how much you, since three of our Public Health Nurses were transferred to the Bio•Terrorism Unit, I'm interested learning how much of a Bio•Terrorism grant we got in 04•05. I'm interested in how much we spent.

The reason I'm asking these questions is because I understand we got a grant of 1.4 million; I understand that we spent 900,000, and I could be wrong in all of these numbers; and I understand we actually returned over a half of million dollars to the State in Bio•Terrorism funds. And I was concerned about that since this was 100% State funded and perhaps •• the chairman isn't here at this moment •• you could address that either in writing to me and I would ask maybe at the next committee meeting, because that was a grant that we got that we're spending money for that we're now transferring Public Health Nurses into for bio•terrorism, and yet we're returning •• or so I'm being told and it could be erroneous information •• over a half of million dollars to bioterrorism. Maybe I could ask, with the Chairman's indulgence, I see ••

CHAIRMAN MYSTAL:

I heard you.

LEG. ROMAINE:

Okay.

CHAIRMAN MYSTAL:

Yes.

LEG. ROMAINE:

With the Chairman's indulgence, I think we have a representative from the BRO if those numbers happen to be correct.

CHIEF DEPUTY COMMISSIONER GRAHAM:

We'll be glad to provide that information in detail in writing to you. And I would like to say a few other things, I think that came up here consistently.

LEG. ROMAINE:

Before you do, Doctor, perhaps we could have the BRO respond to that inquiry.

MR. ORTIZ:

I concur with all those numbers.

LEG. ROMAINE:

So what you're saying is that the Health Department essentially returned a half a million dollars in 100% State funded Bio•Terrorism funds; is that correct?

MR. ORTIZ:

That is correct.

LEG. ROMAINE:

Thank you.

CHAIRMAN MYSTAL:

You wanted to add to that?

CHIEF DEPUTY COMMISSIONER GRAHAM:

Actually, I wanted to address the •• some of the issues that have been raised here this afternoon. Now, number one ••

CHAIRMAN MYSTAL:

You want to wait until I get Legislator Stern to ••

LEG. STERN:

No, no. Dr. Graham can go.

CHAIRMAN MYSTAL:

Go ahead.

CHIEF DEPUTY COMMISSIONER GRAHAM:

First of all, I want to emphasize that we value the services at all nurses at all levels. We have over a dozen different nursing titles in the Health Department. We have 251 nurses in all our facilities including the Skilled

Nursing Facility and health centers. Of this number, less than 8% do actual field visiting nursing, and that is an essential component and we support those preventive services. I've been a physician now for over 25 years. There's no question that the value of nurses and the provision of health services to our population is essential, and that must continue.

Secondly, I want to make it clear that it is not our policy in the Health Department to transfer any nurse from one bureau to another bureau or another section. We follow the Civil Service rules and regulations and when there is an opportunity for a nurse to take a promotion, we look at that case •by•case basis. And we obviously would encourage and support an individual nurse if it is their individual decision to go to a promotional position elsewhere.

Number three, we have currently no waiting list of home health care services in Suffolk County on the east end, and that's from our own Bureau of Public Health Nursing to the current administration. Now, obviously if there was a waiting list that would have to be addressed. If there were one or two individuals that come up that require nursing care services, that are preventive in nature and that are directed to the most vulnerable population, the high risk, pregnant women or those who are on drug •• on substance abuse and cannot get into rehab programs or have AIDS or have some chronic debilitating illness like pediatric asthma or diabetes, those are all critical services that our visiting nurses would address and would provide those services and they do it in an excellent fashion and we support that without question.

And it must be understood at this time that currently there are no individuals waiting for visiting nurse services right now in the •• in Suffolk County or on the east end or on the west end. And we also have a policy that we do not regionalize our nurses who do make visits in the home. If they are located specifically in the east end, by no means does that prevent a decision to have a nurse on the western end to address and to go to an eastern end case that would require services. Now, obviously we try to do it in the most efficient manner as possible and that requires decisions by our supervisory nurses and those decisions are made on a case by case basis.

So I wanted to clarify those points. There's no indication whatsoever here of a crisis in the services being provided. When the services are referred to our visiting nurses, the vast majority of time they come from our health centers and they are addressed and the services are provided in a very professional and excellent manner. And as I said previously, there's no question we're going to continue to provide those services. We also do not have any plans whatsoever to discontinue our Public Health Nursing, visiting nursing services or a plan, so that has to be clear. Have I addressed some of your concerns?

CHAIRMAN MYSTAL:

Let me take a proviso of the Chair. A famous line; talk to me like a four year old for a minute. I want to ask you one question and I would like to have a short, definitive answer. Is there any shortage at present in the Public Health Nurse field? I know we have all the nurses, you can give me the big number of how many nurses we have, that is not what we are addressing right now. What I want to know is have the number of Public Health Nurses been decreasing over the years? You see, I know you •• I don't want the answer that we have "X" amount of nurses in the whole County that are in health centers; fine, that's not what I'm addressing. Just if you can treat me like a four year old, just give me a short answer, direct; are the numbers of Public Health Nurses decreasing as we speak?

CHIEF DEPUTY COMMISSIONER GRAHAM:

I think it's clear from the information that you've heard this afternoon that a number of factors are affecting the number of visiting nurses out there. And I •• and we generally agree with those factors. So I believe they are diminishing in number and I believe •• if you ask me do I need more nurses in our health centers, we have 251 now, we have 19 in our visiting nurse services; would I ask for double or triple the number of nurses? Of course I would. As a physician, I would love to have more nurses.

CHAIRMAN MYSTAL:

Now you're treating me like I have a college degree.

CHIEF DEPUTY COMMISSIONER GRAHAM:

But is there a diminishing number? Yes, I believe there is a diminishing

number.

CHAIRMAN MYSTAL:

I'm a four year old. I'm a four year old, okay? I'm a four year old.

CHIEF DEPUTY COMMISSIONER GRAHAM:

Yes. I believe there is a diminishing number, as I answered.

CHAIRMAN MYSTAL:

Thank you. There's a diminishing ••

LEG. EDDINGTON:

It's less.

CHAIRMAN MYSTAL:

It's less now than we had before. And we have a graying population that is increasing.

CHIEF DEPUTY COMMISSIONER GRAHAM:

Now, remember, we obviously •• that's correct, there's no question our population is aging in the United States.

CHAIRMAN MYSTAL:

So we have •• we do not have a crisis, but we do have some kind of a problem.

CHIEF DEPUTY COMMISSIONER GRAHAM:

When there are requests for our visiting nurse services, they are addressed immediately, and that's important. If there is no current request or waiting list for those services ••

CHAIRMAN MYSTAL:

So I can go home and say to myself tonight I have a decreasing staff in the Public Health Nurse in Suffolk County and I have a graying staff •• a graying population in Suffolk County. So if I'm a four year old now, I can say one and one makes two, but I have a little bit of a problem. Mr. Zwirn is shaking his head saying I am wrong as a four year old. Now, talk to me like a four

year old, Mr. Zwirn.

MR. ZWIRN:

I don't know how you were as a four year old, and I ••

CHAIRMAN MYSTAL:

Like, "Daddy, we've got a problem."

MR. ZWIRN:

But the fact is this goes back to when the County Executive was talking about the sky is not falling. People are not waiting. What's the right number? How many people we should have? I think that's part of the reason that Legislator Vloria•Fisher has asked for this task force to be convened. The County Executive has sent out for an RFP to get a consultant to tell them how can the program run better. Does it mean we need more people? So I think the answer is just we don't know, but as a practical matter, right now we do not have a crisis in the situation that everybody is being taken care of. There's nobody on a waiting list to see a Public Health Nurse.

In addition, Public Health Nurses that make these visits are not the only ones who do that type of work in Suffolk County. So it's not just 17 people handling everybody in Suffolk County, there's additional services out there.

CHAIRMAN MYSTAL:

Ben, I have two people sitting at the table here, I've had people in my office and I've had continuous phone calls and they are all telling me that we have a problem. And I'm looking at numbers, you know, again, I'm looking at numbers and I'm seeing a sliding graph here telling me we were here and this is what we are now •• what we have now. And by the same token, you know, you know I'm a statistician, that's what I do for a living, I know we have a graying population, you are in that category, I am in that category.

MR. ZWIRN:

Oh, shame on you. You may be in that population but I'm getting younger.

CHAIRMAN MYSTAL:

You know, you've got your head. But the problem is that I have a group of people sitting here telling me that somehow we don't have enough nurses in the public health sector of the County. I am not talking about the health centers, I'm not talking about other nurses, just the narrow band called Public Health Nurse.

MR. ZWIRN:

And I think, sir, that's the purpose of the task force. The County Executive • one of the really good things that has come out of this, this debate and dialogue, is that the County Executive's staff is taking a very hard look at the program, where we think we can make it more efficient. For example, there are a lot of things that the Public Health Nurses are doing now, the visiting nurses are doing, they're doing education on Medicaid Part•D. The Department of Aging in Suffolk County makes •• does a lot of this work and gets reimbursed for it.

Now, one of the things we can probably do is try to figure out a way the visiting nurses, the Public Health Nurses can refer these people to our Department of Aging so they can take over some of those roles. I think the Director said there may have been 400 visits with regard to Medicaid Part•D education, this is some of the things that I think we have to look at and this is the thing that the task force can work on, and it's also something that the County Executive has already done by requesting an RFP for a consultant to look at the department. So I think that's the positive step. I don't think anybody is pointing fingers at each other, I think we're trying to get to the bottom and try to make a good program better.

CHAIRMAN MYSTAL:

I have two more speakers. Legislator Stern.

LEG. STERN:

Yes. Thank you, Mr. Chair. You know, as somebody who has a great deal of experience representing seniors and the disabled and the needy in Suffolk County and their families, just to pick up on something that Mr. Zwirn said and that was, of course, all too often a thank you and just a showing of appreciation to the wonderful professionals that provide this invaluable service to those in need across Suffolk County goes without. And so on

behalf of those that I have had personal, personal relationships with and experience with, I want to thank all of the good people and professionals in this room.

I also want to thank the wonderful representatives of the agency who came to my office who told me many compelling stories, and I think that, of course, goes a long way. But here saying certain statistics, facts, figures of course helps us a great deal. And I just want to go to something that the Chairman had raised. We see here in the purple it's going down, but we know in the taupe it's going across •• certainly across Suffolk County and that is our aging population. And so, you know, I strongly support the idea of taking a hard look at this issue, but I would really hope and I would certainly hope that as part of the task force this is something that Legislator Fisher would insist on that we take a look, a real look not just at the current staffing levels given what our current need is, but recognizing that we a part of an aging population and that taupe is moving across Long Island and sooner or later, within the next decade, the majority of Long Island is going to be in that taupe color and that we know it's a foreseeable issue, we know it right now. And so I would hope that we do all we can to recognize it that it is a foreseeable issue and that we not get caught in a crisis situation years from now when future generations look to us today and say, "You knew this was coming up, you knew that we needed more help, you knew we needed more of these invaluable services, why didn't you recognize that need back then?" And I'm here to say that we are recognizing that need now.

MS. JENSEN • BREEN:

Thank you.

CHAIRMAN MYSTAL:

Legislator Fisher?

LEG. VILORIA • FISHER:

Thank you, Mr. Chair, for giving me this opportunity. I'm not a member of this committee, but as many people here know, this is a very compelling issue for me.

I just want to clarify what I am proposing to do in the legislation that I've

introduced, and it's not to dictate staffing to the County Executive and the administration because I firmly believe in the different purviews of the various branches of government. I am, in fact, proposing through that task force to do a cost benefit analysis. Because contrary to what Dr. Graham has said, which is that the program itself is not in jeopardy, I have heard and I have read in the newspaper and I had seen represented by the County Executive's Office that there is a look at a different paradigm here which would be to privatize or outsource or contract with an outside agency to perform this very critical function.

One of the elements that I believe we should all look at and to be very honest in our look, as has been very clearly stated by both the chairman and by Legislator Stern, is the need and the ability to meet that need? One of the indices that we •• all of us in Suffolk County government have come to rely on is the Long Island Index. I believe it has a high level of credibility. And in the most recent Long Island Index, I attended the unveiling of that index and was struck by the immediacy of the introduction by Carrie Meek •Gallagher who in her introduction underscored as one of the most important pieces of that index that the number of ambulatory care, sensitive visits to emergency rooms, that's people with ear infections, asthma attacks, has grown by 25%, and it's not just this year but it's over a period of time. That's an indicator that the number of people who have access to primary care is decreasing.

The use of the emergency room is the least efficient use of our medical •• of our health dollars. So if we are going to expend money on the health and well•being of the people in Suffolk County, let us expend it in a way where we get the greatest bang for the buck and the greatest level of dignity and respect for the human beings who inhabit our County. The Public Health Nurses provide that kind of primary care and preventive care that not only is cost effective in an fiduciary sense, but is cost effective in a human and social sense, and this is where we should be going as a County.

This is the thrust of what I want to examine through the consultant that I had suggested in the resolution that I've introduced. The professionals in this County, the people who are on the ground doing the work, the administrative end of County government, that we put our heads together,

find an appropriate consultant who could do the analysis that we need to do to see what the cost benefit of these very highly subsidized professionals are, very little cost to the County and tremendous safety •• savings in money and in dignity that we provide to the people who inhabit this County. This is the point here. And I don't think we should play numbers games. Thank you, Mr. Chair.

Applause

CHAIRMAN MYSTAL:

Thank you very much. One last question, very last question from Legislator Kennedy, short.

LEG. KENNEDY:

Thank you, Mr. Chair.

CHAIRMAN MYSTAL:

And a question.

LEG. KENNEDY:

In question form, and I guess I'll direct it back to Dr. Graham, but at the same time, I want to pose it to our two very skilled health care professionals who presented to us today.

I question the statement that you made, Doctor, about the waiting list associated with the referrals. In an environment that all health care facilities know, you're looking at a group of skilled health care professionals under siege, and if you asked any one of them here, I guarantee you they'd tell you they don't have enough time to serve the people that they have and referral sources are attempting not to further bury them because of the limited and finite they have. I pose to you ••

Applause

•• that there are referrals out there, many of them. And I guess I'd just say do you find that true or not, Doctor.

MR. ZWIRN:

We were looking for the question after the eloquent statement from Legislator Kennedy.

CHAIRMAN MYSTAL:

Okay. Well, thank you very, very much for your diligence, for your patience. And I want to assure you that this Legislature will try to work with the County Executive and with the health care professional and with the Department of Health and sooner or later, you know, most likely soon we will come to resolution with this issue. Thank you very, very much.

MS. JENSEN • BREEN:

Thank you.

MS. KELLETT:

Thank you.

MR. ZWIRN:

Thank you.

Applause

CHAIRMAN MYSTAL:

Now, one more thing. There are many of you who signed cards to speak on this issue. If you don't have to speak, please. If your question has been answered, please say, "I don't want to speak," or, "I pass." This issue will not go away, we are going to continue, there will be many more opportunities to speak. We have one person who wants to make a presentation, it is now already two o'clock. And I wanted to call •• and I want to thank the health care professionals who came here today, thank you very much for your presentation, and you guys can sit back and relax for now. I want to call Mr. Stapleton, and I know I have run through your time.

MR. STAPLETON:

That's all right, I'll be very brief.

CHAIRMAN MYSTAL:

You'll be very brief.

CHAIRMAN MYSTAL:

As Mr. Stapleton is setting up, Mr. Stapleton is from the EMS.

MR. STAPLETON:

Should I begin?

CHAIRMAN MYSTAL:

You can start, Mr. Stapleton.

MR. STAPLETON:

First of all, thank you for the opportunity to be here. And I would especially like to thank Legislator Lindsay who was the catalyst for me coming here today to talk about our issue.

I'm an Associate Professor of Emergency Medicine at Stony Brook. I am not a physician, actually I'm a paramedic by background and I'm here to talk about CPR, which everybody would appreciate the value of that particular technique. Every year about 340,000 people die from sudden cardiac arrest; in Suffolk County that equates to about 900 to 1,000 people each year that die from sudden cardiac arrest. You know, you think, well, it's clinical death, people are supposed to die and it's old people that their time has come, but it's not like that at all. For example, in O'Hare Airport where they implemented a CPR and defibrillation programs, they had a survival rate of 70%. The national survival rate is five to 10% and Suffolk County is 2%. So it's a serious problem and it's a problem that has some solutions. You've already contributed a little bit to those solutions with public access defibrillation monies, with police AED's, those kinds of things, but obviously by the statistic I just gave you, we haven't had a measurable result in changing that.

So I do represent the Regional Council, I'm the Vice•Chair of the Regional Council and I just wanted to give you a quick concept of where we're at.

We're very much •• we're a State mandated body to oversee EMS, the quality of EMS. We've been here for a lot of issues, the most prominent of which in the last year was the response time issue which we're still very involved in. So we're looking at quality and today I'm talking about CPR quality. Just so you know, CPR doubles or triples the chances for survival. CPR doubles or triples the chances of survival in sudden cardiac arrest; there are tons of scientific studies that prove this time and time again. However, in an age of enlightenment recently •• in recent science that was published by the American Heart Association, they found that we're not doing it right. And it's weird, it's been around for 40 years, but we're not doing it right. And in a study of EMS, if you look at the statistic very briefly, they found that EMS providers, when they were on scene of a cardiac arrest, were only compressing the chest half of the time. Now, just think of this logically. If you have no medical background, the only time you're getting blood flow and oxygen to your brain is when chest compressions are occurring. EMS providers are not compressing the chest half of the time, it's just a pattern that has emerged over the years due to behaviors and training and those kind of things. This is a well-known, this is a prospective, randomized trial.

How important is •• I'll be very brief on the slide. Look in that bottom slide. In ventricular fibrillation, which is the most common type of arrest where the predictable survival at a particular point in time was 40 to 100%, when people stopped compressing and they shocked the patient immediately, they had a 50% survival, predictable survival; in ten seconds it went to 25%. So when you stop compressing on the chest for ten seconds you're dropping the survival rate by that much. That's a very compelling statistic and people are not behaving that way, EMS providers are stopping for long periods of time and as a result of that, nationally the survival is very important.

The other thing that's interesting is with each compression you get more perfusion, more circulation of the brain, so what they're finding is you've got to compress more. And the new compression rate now is 30•2 as compared to 15•2, and what that does is bring more perfusion, more circulation to the brain. EMS providers have to learn this; this is something they have to learn, to increase that circulation.

The other thing EMS providers are doing wrong, they're hyperventilating

people, they're breathing too fast, it actually retards blood flow. In this study, when people breathe too fast, one out of seven pigs survived; when they breathe at a normal rate, six out of seven pigs survive. Breathing fast kills people and EMS providers triple the rate of breathing when they do CPR; they have to learn about this so that they change that.

The other thing we're learning is we thought defibrillation was the magic bullet, now they're finding that it's better to do CPR before defibrillation. Right now, EMS providers go out on cardiac arrest now, they're defibrillating immediately, they're not doing CPR. In this study you'll see on the left when they defibrillated first they had about a 17% survival, when they did CPR first they went up to 27% survival. So just a simple act of doing CPR for a few minutes that EMS providers are not trained in will make a big difference.

In this study, the odds ratio when you did CPR first as compared to defibrillation first was seven, meaning there was a seven times greater chance of survival in people where the response time was greater than five minutes.

Finally, there's a magical device that's on there, it was rated very high by the American Heart Association, a simple little device that enhances circulation during CPR. This is human blood pressure during cardiac arrest and it's showing the superiority in this device, you know, doubling blood pressure. Also, it improved 24-hour survival in people with cardiac arrest. In the subgroup of cardiac arrest it had very significant improvement, as you can see in this slide in survival.

So our plan is to develop a three hour program where we're going to intensively train EMS providers meticulously to do CPR, to improve the quality of CPR and hopefully in the process improve survival in Suffolk County. And we're asking for a very small amount of money, actually, and support from the Legislature. I know it's a bad time to be asking for money, but we actually in our original proposal we asked for quite a bit of money, but we've looked at a train-the-trainer approach and we've actually significantly decreased that.

So that's our plan. We're also getting some monies from the •• we're hoping to get some monies from other sources as well, but we want to implement this very soon so that we focus on this quality CPR and hopefully impact the survival rate of sudden cardiac arrest.

CHAIRMAN MYSTAL:

Thank you, Mr. Stapleton. You have a question?

P.O. LINDSAY:

No, I don't have a question. Just to reference the presentation is I do have a bill in the hopper to find the money to do the training and to buy these devices. You didn't talk about ••

MR. STAPLETON:

Yes, I just felt since we got the rushed presentation, being respectful of time.

CHAIRMAN MYSTAL:

You're under pressure, yeah.

MR. STAPLETON:

These devices cost about \$80 a piece. In the modified plan we're proposing now, it occurred to us that each corp buying their own devices would not amount to a lot of money for an individual corps. They only have a few cardiac arrests each. So we were feeling •• in our modified proposal, as a result of our concern for having too large a budget, we're suggesting that the corps purchase their own device, and we only purchase a small number of devices, that's the one we •• that's the way we decreased our proposal.

P.O. LINDSAY:

So it's in flux right now from what we initially talked about. The County is going to do the retraining of all the emergency providers on a County•wide basis using some of our own trainers, right?

MR. STAPLETON:

Correct.

P.O. LINDSAY:

And each corp is going to buy the devices themselves.

MR. STAPLETON:

Correct. And we're going to buy a quantity of devices to do the training and the main monies we're asking for will go to pay the instructors who will teach these courses.

CHAIRMAN MYSTAL:

Anybody else? Oh, I love you guys. Thank you. Thank you very much, Mr. Stapleton.

All right, now we're going to move into the cards that we have. Again, you know, if you don't have to speak just tell me you don't have to speak. The first person is Cheryl Felice from AME. Cheryl, you got about five minutes or less.

MS. FELICE:

Thank you, Mr. Chairman. Well, I'm here as a devil's advocate. And based on the presentation that we just heard, I'm here to tell you that you indeed have a nursing crisis here in Suffolk County and you indeed have the power to fix it.

I'm also here to report to you that as a representative of the over 7,000 workers in Suffolk County, the Association of Municipal Employees, that I've engaged in dialogue for nearly a year with the Department of Health and with the Executive Branch of Suffolk County to address the retention and recruitment issue regarding nurses here in Suffolk County. And I'm here to let you know that Commissioner Harper, in a letter sent over to the Executive's Office, made recommendations to address the recruitment and retention problem and recommended the creation of a career ladder and promotional ladder for County nurses because we are losing valuable nurses.

As was indicated to you earlier in the report, Public Health Nurses are

acclaimed throughout this country and we're losing them at a rapid rate because the salaries are no longer competitive. This was identified in the full report that Dr. Harper sent over to the County Executive's Office and has yet to be enacted upon. In his recommendations he stated, "The current salary ranges of nurses in Suffolk County Health Services are well below the industry levels in this area and they have been for a number of years." He indicated that there will be significant savings to the County realized as long •term turnover savings •• will realize savings because you will not constantly keep retraining new workers.

The situation is even worse because you can't attract new nurses to Suffolk County. And all you need to do is look at the W•2 report of your top 300 overtime earners in Suffolk County that was issued from the Budget Review Office only on March 3rd, 2006. The number 14 top earner in overtime is a Nurses Aide at the Skilled Nursing Facility. Nurses Aides are considered part of the nursing staff throughout Suffolk County and that Nurse's Aide salary has a base salary of \$42,000. Because of the severe understaffing, that person earned \$60,000 in overtime because of the many vacancies that exist at the nursing home.

AME has consistently provided the Legislature with an analysis of the County budget and we speak to the issue of vacancies. We also raised issue that the Health Department remains one of the highest departments in vacancies. Again, just look at your own BRO report from February 22nd that shows the Health Department vacancy rate is at an all•time high of 13.1%. AME pointed out this past October that the nursing vacancy rate was approaching 20%; it's simply unconscionable and it's simply unacceptable.

The nurses, as I said, in the Bureau of Public Health Nurses, like all the nurses across this County, do an exemplary job. What you have seen before this committee as the presentation that AME provided you with last month on the CPS workers, you have a team •• thank you. You have a team of very dedicated workers providing services here in Suffolk County, and I know that you know that and I appreciate that you appreciate their services.

I support the task force, I support 1212, I support 1226, but nothing will be accomplished in this task force unless you engage the dialogue of the workers. There is no doubt that the workers have the solutions to the very problems that have been identified here. AME stands in support of engaging in that dialogue with you and bringing the workers to you. But indeed, you have a crisis in nursing shortages in Suffolk County that can no longer be ignored.

Now, I'm going to just finish up with telling you, to add insult to injury with the nursing crisis, I've received a letter from the Director of Labor Relations only just two weeks ago indicating that his solution and the County's solution to the nursing shortage in Suffolk County is to contract through private agencies to fill the gap of nursing. The recommendations made by Dr. Harper identified those nursing titles where upgrades are needed to compete with the nursing field out in the public •• in the private sector. Now our own County, something that I know this Legislature has fought vehemently against, is going to be contracting out for nursing to fill those vacancies. That's something that this union won't stand for and we stand here in support of your task force to, again, engage in a dialogue for a solution. Thank you.

Applause

CHAIRMAN MYSTAL:

Thank you. Stay there, Cheryl, a couple of questions for you. And again, I'm going to ask for the indulgence of my colleagues to keep it short, precise, and please ask a question.

LEG. ROMAINE:

The Nurses Aide at the Skilled Nursing Facility that worked almost as much overtime as her base salary, isn't that because at the nursing home, because they are so dramatically understaffed, that they have a policy of mandating or actually requiring people to work overtime whether they want to or not because they're a 24•hour/seven day a week facility and therefore they mandate their workers because they have such shortages?

MS. FELICE:

The mandation problem goes hand in hand with the severe nursing shortage and the severe staffing shortage, indeed it does.

LEG. ROMAINE:

And my second question is actually a request to the Chairman; could the Chairman get a copy of the report that Dr. Harper sent to the County Executive on the Salary & Classification Plan so it could be shared with members of this committee so that we could be aware of the good doctor's recommendations? Obviously, he believes that Salary & Classification Plan, if it's properly enacted and we have recruitment, we can hire people instead of contracting out and I think it would be well worth it for every member of this committee to have a copy of that. Thank you, Mr. Chairman.

CHAIRMAN MYSTAL:

The Presiding Officer's Office is going to make that accommodation, that request for that report.

MS. FELICE:

And I just need to make one correction to one of my statements. When I said that in the top 300 overtime earners that the Nurse's Aide was number 14, it's actually number four, number four out of 300, is a Grade 9 Nurse's Aide.

LEG. ROMAINE:

And that's through mandation.

MS. FELICE:

That's through mandation and the staffing shortage.

CHAIRMAN MYSTAL:

Legislator Kennedy?

LEG. KENNEDY:

Thank you, Mr. Chair. Again, I'm pleased to see AME here supporting another group of dedicated County personnel. I find it very distressing, the representation that we've just heard from you about the Director of Labor

and Personnel's recommendations and the County Exec. And I guess I'll make the request to the Chair or the Presiding Officer that we get a copy of that as well, because I think that goes to some of what we heard represented here that doesn't wash or comport with the rhetoric.

I'm going to ask you one other thing, though. And I don't know if we'll get an opportunity to talk about this, so I'll shift gears just a little bit and I'll reference your concerns that AME has voiced about the CPS issues and the CPS workers, and my recollection is that this goes probably about a year back as well. I know that you were here with us in the fall, last summer and certainly most recently you talked to us, just short of what went on in New York City. And I was very concerned with what I saw in the newspapers as far as the money that appears to continue to be escalating of open cases. Five hundred and fifty•five now that have not been addressed within the mandatory 60 day time period; is that about what the union is seeing at this point as far as the experience with the CPS workers?

MS. FELICE:

That figure is consistent with the information we're being provided with. In fact, we will have a full report for you by the next series of committees at the end of the month, on the CPS issue as well as the nursing issue.

LEG. KENNEDY:

I also found it interesting to read in Newsday that there were a series of positions that were apparently approved, SCIN forms; I thought I saw the number of 15, however I further read that only nine were Caseworkers. Do you know of any of the particulars associated with that?

MS. FELICE:

Actually, I just asked that question today as well and I'm attempting to get the confirmation on it. I did have a conversation with people in the County Executive's Office who are telling me that CPS workers have an automatic backfill in that particular division. Again, my members are telling me different. I'm not •• I'm only here when I get a call from the members because there's a problem in the field. You know as well as I do, if the

workers are satisfied and the job is getting done and the resources are being provided to get that job done, there's no need for them to pick up the phone to call their union, other than to attend the various events we have. But in these particular issues, we are continually hearing the same story, that staffing shortage is the number one crisis in this County. And we're pointing to you not just an overall blanket issue to say fill every position in the County, we realize that's not likely and is, in most cases, not prudent, but in the areas where there is a true crisis, in the areas where our areas are being asked to protect the most vulnerable of population who cannot protect themselves.

You heard about the neonatal care and the infant care and the elderly care in the Bureau of Public Health Nurses, these particular groups in Suffolk County that we have an obligation to protect cannot protect themselves. And unless these workers are provided with the resources from its employer to get the job done, they can't get it done in a timely fashion and they can't get it done in a safe fashion, and that's why they pick up the phone and they call us.

I've enjoyed the better part of the last three months really getting to know the Public Health Nurses and really getting to know the dilemmas that take place in there particular agency. And I can tell you just as I did with our CPS workers, it actually •• it's absolutely heart breaking to listen to some of the stories from these nurses, from our nurses, and certainly from the CPS workers. But we have critical issues throughout this County, not •• and we're not coming to you in the interest of saying the sky is falling. We're coming to you in partnership to say we are the people who have been asked to provide the services for your constituency and we are the people who are telling you it can't get done on the resources that you've provided us with. And we're here to share in finding those solutions.

LEG. KENNEDY:

I appreciate it, thank you. I think I'm going to reserve the balance of my questions for the Commissioner from Social Services and for Mr. Zwirn. But again, I appreciate AME bringing the information to the forefront. Thank you, Mr. Chairman.

MS. FELICE:

Thank you very much. Thank you, Mr. Chairman.

CHAIRMAN MYSTAL:

As a note, if you guys have been following the committees that I'm chairing, I have a theme. You know, today of course was Public Health Nurses, the next committee will be simply devoted to CPS.

P.O. LINDSAY:

I want to talk.

CHAIRMAN MYSTAL:

You want to talk?

P.O. LINDSAY:

Yeah.

CHAIRMAN MYSTAL:

All right, the Presiding Officer wants to speak and when he wants to speak, you don't stop him.

P.O. LINDSAY:

The reason I want to speak is just to aggravate the Chairman some more because he's so impatient.

CHAIRMAN MYSTAL:

Yes, he is aggravating me.

P.O. LINDSAY:

We've heard the dilemma of the nurses and we've heard your passionate pleas and we've heard the County Executive's Office outlining the problems and we have a couple of bills here about a task force which I don't think are necessarily bad. I just have something just to throw out that I want you to think about, Cheryl, and maybe if you want to comment about it. But the shortage of nurses isn't exclusive to the County employment; almost every one of our hospitals on Long Island ••

CHAIRMAN MYSTAL:

In New York State.

P.O. LINDSAY:

•• are experiencing nursing shortages, some of them are recruiting foreign nurses from halfway around the world. Last year the community college started a program in conjunction with some of our local hospitals where we're recruiting Suffolk County people, the hospitals are paying or subsidizing the training and we're training our own nurses and our own community college with the proviso that they stay in nursing for I think it's five years. Why can't we adopt some kind of program like that to do a similar thing here?

MS. FELICE:

Actually, part of our recommendations for solutions would be to adopt a program similar to what you're speaking to. And I would agree with you that, yes, indeed, there is a nursing shortage across the country and that is why the field of nursing has become so competitive. And the private agencies and the private nursing facilities or hospitals are competing with greater salaries and drawing away from our work pool, from the nurses that we could potentially recruit and retain, they're leaving or not coming to Suffolk County because of that competition.

P.O. LINDSAY:

But it is •• the competition is there because of a shortage in that particular skill•set.

MS. FELICE:

But we have the means to address it.

P.O. LINDSAY:

The idea that the community college came up with was to train local people, not necessarily to pay them more, but to enhance •• to get more people into the field by giving them the opportunity to train here, because it isn't •• it isn't easy getting into a nursing school either. You know, the program I •• the school is in my district so I know a lot about it and I've visited it several times, and it seems to be really working well. I think there's two hospitals

on board now and a couple of more that are interested. But, I mean, the County should •• I'm suggesting that we buy into this program like the private hospitals do.

MS. FELICE:

Well, we certainly would welcome those developments and offer our assistance in any way that we can.

CHAIRMAN MYSTAL:

Thank you, Cheryl.

MS. FELICE:

Okay? Thank you.

CHAIRMAN MYSTAL:

I'm going to go into the cards now. Again I say to those of you who are still here, if you don't have to speak, please make my day, say; "Thank you very much. I don't want to speak." Ms. Sheila White? Gone.

P.O. LINDSAY:

She might be coming back in the room, you know?

CHAIRMAN MYSTAL:

Anne Kellett? Gone.

MS. KELLETT:

Yes, I'm gone.

CHAIRMAN MYSTAL:

Ed Stapleton, gone. Claire Salant?

MS. SALANT:

I'm not gone.

CHAIRMAN MYSTAL:

You're not gone and you want to speak; make my day.

MS. SALANT:

I've waited too long. Good afternoon. I'm sure you think that I'm here to talk about the frail elderly; though I probably could, the fact is I'm here to talk about the other end of the spectrum, I'm here to talk about the children. And the fact is that babies are living longer now than •• and living that would not have lived when I was a baby. We are saving children which is marvelous. Nurses are going in, doctors are going in, but without the Public Health Nurses going in and helping to identify the children that need help and then helping to refer them on to the systems and helping their families with these crisis, we would not have any quality of life for these children.

Life continues after birth and after we save them and we have to think about that. We always have money for jails and I want you to know that about probably •• more than half of the adolescents in the Riverhead Jail have mild mental retardation or learning disabilities and part of it is the lack of early identification. And while I am a Nassau County resident, I have worked in Suffolk County for over 50 years in early intervention, I just retired a few months ago as a director of a school for children and families with disabilities.

The fact remains that we •• you know, we want to save it, we want to do, but we always have money when it's too late. Do we want to help save our children and have productive citizens in our country? Early intervention is a marvel. It is the most remarkable thing I think that we've ever done and yet we skimp on sending nurses in to help identify the children, to help facilitate their care. Do you know that 35% of disabled children are abused; 35% more than children without disabilities, and you can see why. The parents don't understand what's happening, it's aggravation, they can't handle it and many of those parents were drug users which didn't help the personalities or the care of the children. Premature children are harder to raise, and the nurse is the lifeline. They direct the family to where they need to go, they help, they're there.

And we read about New York City and the crisis in CPS. I think one of the reasons Suffolk County hasn't had that is because our nurses go in and are vigilant. And the parents feel much more comfortable in letting them know

what some of their problems are than feeling it's a social worker or a CPS worker who may take their children away. So there's a whole community out there that our nurses do that we can count, that we can put statistics in, but not everything that can be counted is worth counting and not everything that we want •• that we can't count is not worth counting. We need to count on our nurses.

And as an aside, when I came in today I felt like I was walking the road to Oz because you have handicapped parking that's nowhere near the entrance we can come in. That's an entrance only for Legislative assistance, I'll lend you my cane if you need it but I had to walk all the way around to the front and I said, "And we're talking about sensitivity, right?" And the second thing is ••

CHAIRMAN MYSTAL:

Can you please wrap up?

MS. SALANT:

Yes, I will. I deserve something for my graying. The •• when they went •• when they went to Oz they looked for a heart, they looked for brains and they looked for courage, and I think if anything symbolizes who the Public Health Nurses are in Suffolk County, that's it.

Applause

CHAIRMAN MYSTAL:

Thank you very much. Michael Seilback?

MR. SEILBACK:

I'll be brief, very brief. Okay, my name is Mike Seilback, Director of Public Policy for the American Lung Association of New York State.

I'm here to speak in support of the important work of Suffolk County's Public Health Nurses. The current inadequate funding in staffing levels of Suffolk County's nurses jeopardizes the health of Suffolk County's residents with asthma and other lung/health issues.

Residents of Suffolk County face serious challenges when managing

asthma. Air pollution problems and their intended health threats are a serious issue affecting Suffolk County and the rest of New York State. According to the U.S. EPA, Suffolk County is in non-attainment status for ozone and fine particle pollution. This pollution can trigger asthma attacks and make breathing difficult for adults with chronic obstructive pulmonary disease, COPD, which emphysema is a good example of.

The Bureau of Public Health Nurses provides an invaluable, education role for children with asthma and their families across Suffolk County. The nurses instruct them on how to use their medications and how to remediate environmental triggers all in an effort to learn how to manage their asthma. This program alone has saved taxpayers approximately \$17,000 in Medicaid costs which would have incurred if these children been forced to be hospitalized. The Public Health Nurses provide an indispensable role to the Breathing Easy Program, a joint collaboration with the American Lung Association's Asthma Coalition of Long Island. This program has led to decreases in the number of emergency room visits as well as decreased levels of hospitalization for people afflicted with asthma across Suffolk County.

The American Lung Association of New York State urges you to look at the current staffing patterns and policies which negatively impact the ongoing stability of the Bureau of Public Health Nurses, We also urge the Public Health Nurses to be fully funded and staffed. It's in your hands to ensure that Suffolk County's Public Health Nurses can continue the valuable work which they provide to the children and adults across Suffolk County. Thank you.

Applause

CHAIRMAN MYSTAL:

Thank you very much. Diane Schmidt.

MS. SCHMIDT:

Pass.

CHAIRMAN MYSTAL:

Gone? Thank you. Oh, I love you. Lisa Clark.

MS. CLARK:

I don't pass.

CHAIRMAN MYSTAL:

You're not going to pass, huh? I don't like you then.

MS. CLARK:

I've prepared a statement for you. I'm Lisa Clark, I'm the Nurse Practitioner of Newborn Nursery at Stony Brook University Hospital. And I'm here to put a balance to what the County has been telling you as well as what the nursing shortage has created, and even if you want to ask me questions in relationship to contracting because I deal with this every single day, every single day.

We recognize that there are obvious health care system and lots of holes and cracks every day in Suffolk County that the residents fall through, causing illness and costing the taxpayers much more in the process, especially Medicaid. We pay for those Medicaid dollars, we pay for Medicaid pending. Many areas in Suffolk County have large vulnerable populations, poverty combined with isolation, lack of transportation and access to services make it very difficult to provide the appropriate spectrum of health care services to these populations, especially the cases on eastern Long Island. Anything east of Patchogue becomes a problem.

Clinicals •• people have talked about clinical services, going to the clinics; it's great, we try to provide a balance. But remember, your clinics are closed on weekends, long holidays, nights, so if the patient has no services they find themselves either going to an emergency room or calling their Public Health Nurse to see if they can come and visit them. Public health nursing has always been a key component of delivering in Suffolk County, it is effective because it reaches the hard to get clients, those for many reasons who cannot or will not come to the county's clinics, and there are people that will not come. Pregnant women do not always come for lack of transportation, fair, immigration, all those factors.

Of particular importance, children in foster care, the elderly, the infirmed, and pregnant women and infants at risk. For people in need of medical care, whether or not they have health care insurance or the ability to pay, it's necessary to reduce the problems that happen when they are not treated. Public health nursing and the County health centers and community target public health interventions create a safety net and that's what we're talking about, a safety net for our people, Suffolk County, and that is our health mission, that saves lives in the end and saves the County many, many dollars.

People have mentioned in the Newsday article that it was \$1 million that we were in debt, \$1 million; one neonatal stay is probably \$1 million. So if you prevent one neonatal birth of an extreme premature infant, you've now earned your money.

Now, if we have lack of services, what's going to happen is all the programs people have talked about are going to fall away and then it's going to lead to problems, people will die, hospital visits increase. And our biggest problem is infant mortality. Yes, we have done really well in relationship to the black community, but it's not where we need to be; there is a huge discrepancy. Our programs have been noted in the State from the County in reducing infant mortality. The human costs will be staggering. The recent cases in New York City, as one of you have mentioned about the critical role of children at risk, as a Public Health Nurse I deal with them with CPS every day and the Public Health Nurse making visits to the families, identifying them for alleged neglect, abuse, foster care and they are sensitive to the family, include assessment and identifying risk and factors.

CHAIRMAN MYSTAL:

Please wrap up.

MS. CLARK:

Okay. Well, I'd like to present four cases, all of which have been in various districts of yours. Okay? The most common reasons that babies are transferred home, I mean, going home after being in the hospital, we're talking one•pounders now going home at four pounds; Down Syndrome, Cleft Pallets. You know, I see the results of the Public Health Nursing visits.

The first case is what is really at the heart of contract nursing. A premature infant was ready to be discharged to be sent home, there were 27 agencies on Long Island called, only nine would take newborn cases, and that's still to this day, one of them being Suffolk County. Suffolk County was the only one who was willing to negotiate out-of-network so that baby could go home. These agencies do not have competent staff, they will not hire nurses to retrain them for pregnancy, newborn services and certain pediatric services because it is an expenditure beyond their contracts. And if we're going to contract, I used to be a contract nurse and if you go into the home, are we really going to pay \$150 a visit per •• and I sent home nineteen hundred from the hospital?

CHAIRMAN MYSTAL:

Please wrap up.

MS. CLARK:

I mean that's an exorbitant amount of money that's from our budget that could provide lines, okay. The other kind of visits that we will see, I would like to address, if I could, one where the nurse actually went out to the home because the mother didn't know what she •• she was a teenage mom and didn't know what she was doing.

CHAIRMAN MYSTAL:

Ms. Clark, please wrap up, I'm going to have to cut it down.

MS. CLARK:

Okay, but I wanted to tell you they save lives.

CHAIRMAN MYSTAL:

Thank you.

LEG. VILORIA • FISHER:

I'm sorry, I have a question.

CHAIRMAN MYSTAL:

No, no question.

LEG. VILORIA • FISHER:

It's a brief question, it's very important.

CHAIRMAN MYSTAL:

Vivian ••

LEG. VILORIA • FISHER:

Very, very important.

CHAIRMAN MYSTAL:

Go ahead, Ms. Vivian.

LEG. VILORIA • FISHER:

Ms. Clark, I just have to go •• this is really a question, not a statement. You said that some of the agencies don't train the nurses to the level to which we train them. So if we were to outsource this, if we were to go to contract agencies, then there would be a possibility that we would be sending people into homes who have not •• who do not have the level of training that our Public Health Nurses have?

MS. CLARK:

I don't think they would take the cases. You have a right as an agency to pick up or refuse, even the County nurses have a right to pick up or refuse or negotiate if there are other resources. If you don't have any resources and all of the other agencies, they have a different code than the Public Health Nurse based on being in a Federal agency and State agency and things like that. But they will refuse and they do refuse, they do refuse every day patients that don't •• or may have only one nurse in their whole agency that may do pediatric services or children services or pregnancy services.

LEG. VILORIA • FISHER:

Thank you.

CHAIRMAN MYSTAL:

Thank you.

MS. CLARK:

You're welcome.

Applause

CHAIRMAN MYSTAL:

Gerald Quirk,

MS. CLARK:

He was ••

CHAIRMAN MYSTAL:

He's gone, he's gone.

MS. CLARK:

He's unable to come.

CHAIRMAN MYSTAL:

Jessie Ladson? Gone. Dr. Elaine Fox?

DR. FOX:

I'll try and be brief and not repeat what other people have said. I'm Elaine Fox, I'm a Board Certified Internal Medicine and Geriatrics Physician, a fellow of the American College of Physicians and I practice primary care, general internal medicine in Southampton for 17 years. The Institute of Medicine has shown that 18,000 people every year die in the United States because of lack of health insurance. To say then that the uninsured and under insured depend on the County's Public Health Nurses means that potentially they count on these nurses to save their lives. However, ensuring that the public health nursing services adequately staffed and empowered to do it's work, it's not only the right thing to do, it's the smart thing to do.

Money that can be saved by keeping people out of the hospital or out of nursing homes in particular, it's not abstract money that the County saves, it's our money, it's your constituents, taxpayers money. And our taxes fund

Medicaid and that pays for most of the nursing home costs. It's specifically through the work of the home care nurses that people are able to live at home. The medical literature repeatedly shows the cost effectiveness of home care, specific examples about heart failure and comorbid conditions really decrease the number of hospitalizations, delayed hospitalizations and decreased deaths. Pertinent to the development of the new Office of Minority Health, cardiovascular disease is one of the clinical issues that exhibits strong, racial and ethnic disparities. Heart disease death rates are 40% higher for African-Americans than for whites. Therefore, having a strong County home care nursing program could be one of the strategies by which those disparities are decreased.

The public health visiting nurses provide unit services, as you've heard. Yesterday a fact sheet came out attached to a press release and it's very misleading because it devalues those services. It states that the Suffolk County visiting nurses provide ancillary health care in the home, service which can also be accessed at County health centers, including those in Riverhead, Southampton and East Hampton; this is just not so. As was mentioned, the studies of the cost effectiveness specifically address those services that cannot be provided on an outpatient basis. Specific studies again, 50% were saved in home-based management in a study in the Journal of American Medical Association in 1999. Diabetes management and other invaluable home care service and again, it's one of the six parameters that are included in the health disparities data from the CDC. Other unique services we heard about, and again, a lot of these things, especially the infant mortality rate has to do with health care disparities. You can even look at it as a homeland security issue. The nurses care for people with AIDS, TB and other infectious diseases which if not properly treated and followed up could spread to epidemic proportions in our community. These services are as important as those nursing services funded under the Federal ••

CHAIRMAN MYSTAL:

Please wrap up.

DR. FOX:

Federal grant. I'll wrap up by •• you said before to talk to you like a four

year old.

CHAIRMAN MYSTAL:

There you go.

DR. FOX:

The case I wanted to just tell you about is a patient who used to be mine. She now resides in a private nursing home in Medford, I believe. She's African•American, in her 40's and she can't live with her own 14 year old daughter because no other arrangements were available to her. But after exhaustive research, she noted that it cost \$7,000 a month for her to stay in the nursing home which, by the way, is making a good profit from our Medicaid tax dollars. Social Services told her that she could live in a shelter to be with her daughter for \$4,000 a month, again from public monies. If she can rent an apartment for herself and her daughter for \$1,500 a month that would be great, but there's no adequate home care services for long •term health care nursing that was described by the nurses before. A huge budgetary mistake is being made by the County if home care nursing continues to be under funded.

CHAIRMAN MYSTAL:

Thank you very much.

Applause

We are going to go straight to the agenda.

MS. FUSCO:

Excuse me. I had a card and you didn't call my name.

CHAIRMAN MYSTAL:

I didn't call your name? What's your name, ma'am?

MS. FUSCO:

Joan Fusco.

CHAIRMAN MYSTAL:

I did call Joan Fusco, I thought you were gone.

MS. FUSCO:

How did you say it?

CHAIRMAN MYSTAL:

Do you still want to speak?

MS. FUSCO:

Yes, I do.

CHAIRMAN MYSTAL:

Come on up.

MS. FUSCO:

And the question is for you. I'm a Public Health Nurse, I started with the County in 1970, around that time, and I came in at a crisis time and I was wondering, Chairman Mystal, if you're looking at statistics for the past and using them, way, way back to see the correlation between ER visits, maternal deaths; do you look at those on your Health Committee and see the difference with the numbers of Public Health Nurses?

CHAIRMAN MYSTAL:

Yes. Yes, I did.

MS. FUSCO:

That was my main question, because I would be very troubled to see us return to the things I saw when I first came to the County.

CHAIRMAN MYSTAL:

Well, just to give you a short answer to it. You know, we are trying •• it's leveled, so to speak, in the past three years, the statistics have leveled. You know, it's getting •• and even going down in terms of death. But it doesn't mean that we have to lessen our effort in trying to reduce it, but we will continue.

MS. FUSCO:

Well, our primary function in the 70's was to educate people not to use the emergency room, and I believe that's still one of the major functions. We had to educate preventive. That's all I had to say.

CHAIRMAN MYSTAL:

Thank you very much.

Applause

To the agenda.

Tabled Resolutions

1142•06 • A Local Law establishing Suffolk County Citizens Public Health Protection Policy requiring display of public warning notices regarding pesticides (Presiding Officer/County Executive).

MR. ZWIRN:

Mr. Chairman?

CHAIRMAN MYSTAL:

Presiding Officer.

MR. NOLAN:

That has to be tabled for a hearing.

CHAIRMAN MYSTAL:

Has to be tabled for a hearing, right?

MR. NOLAN:

If it was recessed, yes.

CHAIRMAN MYSTAL:

It was recessed for a hearing and it has to be tabled again.

MR. ZWIRN:

It's still recessed, so it has to be tabled.

CHAIRMAN MYSTAL:

Okay, table the resolution.

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

Motion by Legislator Stern, I'll second the motion •• by Legislator Eddington. All in favor? Abstentions? No? ***The resolution is tabled (VOTE: 5•0•0•0).***

Introductory Resolutions

1186•06 • Accepting and appropriating \$175,000 in 100% grant funding form the New York State Office of Children and Family Services for the enhancement of the child care database in the Department of Social Services (Presiding Officer/County Executive).

Motion to approve and put on the consent calendar?

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

Motion by Legislator Stern, I'll second the motion. All in favor approved •• abstentions? ***Motion is approved and placed on the consent calendar (VOTE: 5•0•0•0).***

1212•06 • A Local Law creating a Public Health Nursing Task Force (Viloria•Fisher). Motion to approve by Legislator Stern, I second the motion. All in favor? Opposed? Abstentions? ***The resolution is approved (VOTE: 5•0•0•0).***

LEG. VILORIA • FISHER:

Thank you.

CHAIRMAN MYSTAL:

You're welcome.

1226•06 • A Local Law creating the East End Health Care Task Force (Romaine).

LEG. ROMAINE:

Mr. Chairman, I'd like to table that until the next meeting. We're making some language changes to that.

CHAIRMAN MYSTAL:

Okay.

LEG. ROMAINE:

Thank you.

CHAIRMAN MYSTAL:

Motion to table by Legislator Romaine, I second the motion. All in favor? Abstention? No? ***The Resolution is tabled (VOTE: 5•0•0•0).***

1234•06 • Requesting Legislative approval of a contract award for oral surgery services for the Department of Health Services, Division of Patient Care, Jail Medical Unit (Presiding Officer/County Executive). Motion to approve by Legislator Stern, I second the motion. All in favor? Abstention? No? Done. ***Approved (VOTE: 5•0•0•0).***

Mr. Kennedy, you have one question; to whom?

LEG. KENNEDY:

For the Commissioner of Social Services.

CHAIRMAN MYSTAL:

The Commissioner of Social Services; is she here? I didn't even know ••

hello, Ms. DeMarzo. She's been hiding in the corner, way in the back. She's been staying out of the line of fire. You almost got away scott free. You almost made it.

COMMISSIONER DEMARZO:

Everybody left and ••

CHAIRMAN MYSTAL:

I was trying not to recognize you, but Jack Kennedy saw you; Eagle Eye Kennedy.

LEG. KENNEDY:

Hello, Commissioner.

COMMISSIONER DEMARZO:

Good afternoon.

LEG. KENNEDY:

The committee suffered long and I appreciate it from the Chairman, so I guess I'll just try to cut right to the chase. You heard the questions that I had for Cheryl Felice as far as the additional positions with CPS.

COMMISSIONER DEMARZO:

(Shook head no.)

LEG. KENNEDY:

You did not, okay. I recently read the article in Newsday that indicated that the administration has added 15 positions to the CPS unit; is that true?

COMMISSIONER DEMARZO:

I think that ••

CHAIRMAN MYSTAL:

It's on.

COMMISSIONER DEMARZO:

It's on? I think that •• I'm not quite sure what you read in the newspaper. What has happened and what was clearly stated in the newspaper is that the County Executive is doing •• is automatically refilling vacancies in the child • • in the Family and Children Services administration which covers CPS on a regular basis. A number of vacancies had occurred, I think there were nine, maybe it was 15, I can't remember at this exact point. But basically, all the positions in Family and Children Services are either filled or have approved SCIN forms and we are in the process of filling them.

LEG. KENNEDY:

Fine. But I also noted, I guess, again in the article •• and we talked about this I guess during the last committee cycle •• that your department has experienced a significant spike in cases reported or incidents reported since the Nixmary Brown issue in January; is that correct?

COMMISSIONER DEMARZO:

Correct, there's been a significant increase.

LEG. KENNEDY:

Significant meaning 20%, 30%, 40% increase.

COMMISSIONER DEMARZO:

In the 20 to 30% range, yes.

LEG. KENNEDY:

Okay. So if there's automatic backfill on an existing caseload or existing worker load that was in place prior to a 40% increase, is there any indication that the department is going to add additional caseworkers sufficient to handle that spike?

COMMISSIONER DEMARZO:

Basically what we're doing, and we're starting to see some movement down, is to deal with a spike and to determine, you know, the length of the spike and, you know, ensure the safety of the children, we have gone to a team approach. And we've pulled people that have investigation responsibilities that are perhaps in Foster Care but have investigative backgrounds, and we've taken all our caseworkers that have high caseworker loads on an

individual basis and assigned them to be able to go to that supervisor even if they're in Foster Care. Because sometimes, as you spoke with the Public Health Nurses, what you really need is case collaboration and an ability to have a supervisor readily available. So some of the supervisors in investigations really didn't have the time to provide the one-on-one with their caseworkers, so we've pulled in additional supervisors, we've asked some senior caseworkers to go back out in the field, so we're trying to manage it within the agency with all the experienced people being pulled in to this process to kind of get us over the hump. Because while, you know, we're in a little bit of a difficult situation, the hump, the spike will come down a little bit.

LEG. KENNEDY:

Commissioner, I appreciate those words and I guess I'm going to defer to my chair who's asked repeatedly to be answered as if he was a four year old. I like to subscribe to the kiss philosophy; kiss meaning keep it simple and, for me, stupid. What I'm asking, I guess, is with 555 cases open beyond a 65 day mandatory investigatory period, what's being done and how soon will that be reduced?

COMMISSIONER DEMARZO:

I'm going to give you the greatest four year old answer, I don't know.

CHAIRMAN MYSTAL:

Love it.

COMMISSIONER DEMARZO:

I'm going to tell you that our numbers are down, we're under 500. You know, we never get down to zero. The best of times last year when my caseload was low, I had over 150 cases over the 60 day, so zero is not something that we have obtained in my time •• in my tenure as Commissioner and there's very few counties that actually have zero. The numbers that I recently got were in the 400 range for over dues, 469 overdue reports with an average number of report overdue days being 25. So we track that on a regular basis. We had been, you know, into the 160's and then we started to go up, so it takes a while to go down. I could look historically but I can't predict into the future and we're taking all the

resources and we're doing all our training. This is a new thing, you know, pulling people from outside the investigations unit to help with investigations.

LEG. KENNEDY:

I appreciate what you're saying and I'm glad that you're taking steps and thinking, I guess it sounds like, outside of the box, I encourage you to continue to do that, maybe reach out to the APS folks, maybe there's caseworker folks and Office for Aging, whatever. I just, I guess, would say to you, I'm going to ask you the same question when I see you again next month, if I see you, and I'm hoping that that reportable is down and down significantly. Else wise, I'm hoping you say to me, "I need additional positions in the department to address it."

CHAIRMAN MYSTAL:

Thank you.

COMMISSIONER DEMARZO:

I will report next month on the numbers.

CHAIRMAN MYSTAL:

Hold ••

LEG. STERN:

Commissioner, just very, very quickly one question. Thank you for being here. As a general rule, approximately how long does the procedure take from the time SCIN forms are signed to new hires to adequate training until you have staff that can provide meaningful services?

COMMISSIONER DEMARZO:

The SCIN form process takes anywhere from four to eight weeks when there's a good list. The training process, in last month's package that I distributed to the committee, we talked about the very extensive training for CPS workers. It takes them nine months to begin to start to carry a reasonable caseload level.

LEG. STERN:

Thank you.

CHAIRMAN MYSTAL:

Thank you. The last thing, Janet; next committee meeting, you know, we'll be talking about CPS at a greater length, so I'm just giving you a head's up, about a month to bone up.

COMMISSIONER DEMARZO:

I'll bring all my numbers and I'll bring my CPS Director.

CHAIRMAN MYSTAL:

There you go. Thank you very much.

COMMISSIONER DEMARZO:

Thank you.

CHAIRMAN MYSTAL:

Motion to adjourn this meeting?

LEG. KENNEDY:

Motion.

LEG. ROMAINE:

Second.

CHAIRMAN MYSTAL:

Thank you. All in favor of the motion? The meeting is adjourned.

(*The meeting was adjourned at 2:47 P.M.*)

***Legislator Elie Mystal, Chairman
Health & Human Services Committee***

_ _ • Denotes Spelled Phonetically