

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 June 7, 2007.

Members Present:

Legislator Eli Mystal - Chairman
Legislator Wayne Horsley - Vice-Chair
Legislator Jack Eddington
Legislator Lynne Nowick
Legislator John Kennedy

Also in Attendance:

Presiding Officer William J. Lindsay
Ian Barry - Assistant Counsel to the Legislature
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature
John Ortiz - Budget Review Office
Paul Perillie - Aide to Majority Caucus
Linda Bay - Aide to Minority Caucus
Ben Zwirn - Assistant Deputy County Executive
Janet Demarzo - Commissioner/Department of Social Services
Ed Hernandez - Deputy Commissioner/Department of Social Services
Linda O'Donohoe - Assistant to the Commissioner/Dept of Social Services
Dr. Chaudhry - Commissioner of Health Services
Matthew Miner - Deputy Commissioner of Health Services
Simminate Ennerve - Director/Suffolk Regional Health Information
Bruce Blower - Director of Handicapped Services
Debra Alloncius - AME
Kathy Liguori - Tutor Time/Medford
Gregory Noone - Thursday's Child
Anne Kellett - Public Health Nurse Advocacy Committee
Teresa Strum
Maria Lobosco
Jeanine Federico
Regina Haszinger

Minutes Taken By:

Lucia Braaten - Court Stenographer

[THE MEETING WAS CALLED TO ORDER at 2:07 P.M.]

CHAIRMAN MYSTAL:

Please rise for the Pledge of Allegiance, led by Legislator Nowick.

(*Salutation*)

Good afternoon, Ladies and Gentlemen. We are here for the committee meeting of the Health and Human Services. We have a presentation from our Commissioner, Dr. Chaudhry, to please come to the table, and the floor is yours.

COMMISSIONER CHAUDHRY:

Thank you very much, Chairman Mystal. I'd like to introduce standing -- sitting to my right, Simminate Ennerve. Ms. Ennerve is the Director of the Suffolk County RHIO. RHIO stands for the Regional Health Information Organization. She's an employee of Stony Brook University Medical Center, and she's going to -- and she and I both will be presenting for about ten minutes worth an update for the benefit of the Health Committee about where we stand, both in the Department of Health Services and in Suffolk County as far as information network and information technology for the various health care stakeholders in the County.

MS. ENNERVE:

Thank you, Dr. Chaudhry. Thank you. I'd like to start off with talking a little bit about -- our agenda is really to talk a little bit about the national and statewide initiatives, an overview of what we're doing within Suffolk County, and how we are forging relationships with the Suffolk Department of Health Services, and some barriers that we found nationwide regarding to success of RHIOs.

Starting off here, this slide just pretty much shows you some of the efforts that's going on at the national level to address the need to provide an opportunity to automate our health care processes within the health care environment. The Department of Health and Human Services, under the direction of the Office of the National Coordinator for Health Information Technology has sort of taken on this lead and have provided funding and support for an establishment of local networks, often referred to as Regional Health Information Organizations throughout the country. Some of the organizations that are helping on CCHIT with this development is CCHIT. They're involved with certification. HIDSP, they're involved with technology standards, so that each person's system, we can afford an opportunity to have better interoperability between different software systems. The NHIN is looking at architecture, making sure that we have some similarities in processes. And HISPC is looking at privacy and security standards.

Statewide, if some of you are aware, the New York State has developed a Health Care Efficiency and Affordability Law, which stands for HEAL for New York, and it's a Capital Grant Program. We've had Phase 1, 2 and 3 that have been distributed already. Phase 1 and Phase 3 really focus around Health Information Technology grants to support infrastructure and capital at different local RHIOs throughout the State. HITEC is an organization that's looking at outcomes, measures and evaluation methodologies. New York HISPC has looked at Federal law versus New York State law and how can we help these RHIOs establish these networks of exchanging health care information while staying in compliance with regulatory and legal laws that exist. And then the NYeC Collaborative is focused on a public and private partnership to gain consensus amongst the various RHIOs and to enforce collaboration and awareness for providers, as well as patients in our communities.

The Suffolk RHIO, we have a mission and vision, it's really to provide a high level system of exchange between the participants, and to become the premier resource for providers, and payers and patients for information while we're reducing costs and improving access to quality care.

Some of our goals and objectives include the following: We have handouts, so if you'd like read them further later on, that's fine. One of them that I'd like to highlight is really developing a strategy for data sharing and data management. Let me just highlight that the majority of the

participants in the RHIO, we are not corporately affiliated, so these are all independent organizations coming together to talk about information exchange.

Our organizational structure includes a Governance Council, where we have CEO's from all of the participating facilities who have come together, a project team which I lead, and we have several work groups that are included on these work groups are key administrators and leaders amongst all of the facilities to address some of these issues. How do we market to our community and our patients and ensure that their privacy needs are met? How do we address issues regarding clinical quality, and how do we evaluate our progress? Finance, how do we ensure long-term sustainability? Privacy and security issues, as we've mentioned, and the data management and technology is to help with the implementation of the project.

Our vendor partner is HealthUnity. They've been -- they were founded in Fall 2004. They've received various awards for the Microsoft HUG Healthcare Network and from H&HN, and they have -- they're one of the start-up companies that are recognized as one of the leaders in health information exchange software.

I'm sorry, I'm missing one. This here lists the participants who are part of the Suffolk RHIO. As you can see here, Stony Brook University Hospital is here. And one of the things I like to highlight about our RHIO is that it's very comprehensive from the out-patient side. We have over a hundred physician practices that are participating throughout Suffolk County. We have several community hospitals, Peconic Bay Medical Center, Eastern Long Island Hospital. Stony Brook is our tertiary care provider. We have the Suffolk County Department of Health Services that are working with us, and we have various nursing homes that are there. So you see, we cover the whole continuum of care within health care in Suffolk County.

Some of the clinical workflows that we're looking at in order to be able to exchange this information is demographics, emergency -- I'm sorry, this is moving more quickly than we anticipated. Demographics, emergency exchange data, discharge summary, progress notes, laboratory data, radiology data, of the ability for physicians to provide person-to-person secure messaging, so that one physician at one facility can pass on information regarding a patient to another in a timely way. This is very beneficial, especially when you start to talk about emergency department visits. If I live out west in -- by Gurwin or -- and I decide that I want to go to Southampton out east and I'm visiting someone there, I can go to that ED and all of my information can be available electronically at the ED, which will help reduce time, reduce costs for repeat services and help provide better care.

After Phase 3 of HEAL, we're hoping to connect all of these hospitals, nursing homes and the DHS to this Regional Help Information Network, where we can have bidirectional communication amongst all parties.

COMMISSIONER CHAUDHRY:

Thank you, Miss Ennerve. I'm going to spend a few minutes talking about the Department of Health Services and where it stands currently as far as Information Technology.

First of all, we are a member with Miss Ennerve in the Suffolk RHIO Governing Council. We sit at the table so we are up to date on how the hospitals and the medical centers in the County are moving forward with information technology.

We have applied for a HEAL New York Phase 3 grant to hire a consultant to prepare an appropriate RFP to do -- ultimately have an electronic medical record system. As many of you know on the Health Committee, we have eleven health centers that provide more than 300,000 patient encounters per year, and ultimately, our goal is for a paperless medical record that can be seamless from the health centers to our affiliated hospitals.

We're also moving ahead in working with a vendor to implement a regional electronic, as opposed to paper, Patient Care Reporting System for the Division of EMS. This involves using laptops and

ambulances to connect to a web based data base to record patient encounters. This ultimately -- the EMS generates more than 115,000 patient care reports annually, and the idea is not only for this to streamline reporting, but also to allow data acquisition as necessary, and also to communicate with New York State Department of Health's statewide reporting system.

And then finally, we purchased a Biosurveillance Software Licensing Rights, using some of our -- that should be OHS, Office of Homeland Security Domestic Preparedness grant funding for a product that resides currently on FRES's Computer-Aided Dispatch System. This monitors statistically significant occurrences that may be occurring anywhere in the County, allowing us to map geographically where there might be issues of concern related to epidemiology or a potential threat, so -- and we have been working with our own Department's Division of Public Health to define Emergency Medical Dispatch Codes to provide advanced warnings, is really what this is about, of an emerging naturally occurring or man-made public health threat, so that we can act appropriately and quickly.

MS. ENNERVE:

And last, but not least, some of the barriers of RHIO implementation that we've seen across the country is lack of organizational leadership, clinical nomenclature, and concerns about data security. A lot of those pieces we have addressed and are beginning to address in our Governance Council and our structure that we have with the Suffolk RHIO. But the main barrier, of course, is cost of development, and this is something that's created a lot of discussion at the State level and Federal level on how do we continue to fund these and, in the front end, provide the technological infrastructure needed for all of these facilities to become up to date, so that we can be able to enhance patient care and enhance the communication across our networks in a timely fashion.

COMMISSIONER CHAUDHRY:

And I'll just conclude by saying that, you know, different counties in the state are at different levels in terms of where they are with information technology, but Suffolk County is certainly at the table and is watching very carefully, so that we can make the prudent decisions necessary to move forward in the interest of the health care needs of our residents. Thank you, and we'd be a happy to take any questions.

CHAIRMAN MYSTAL:

Thank you very much, Dr. Chaudhry. You've never had me question you, but everybody knows my first question always. How much?

COMMISSIONER CHAUDHRY:

Well --

CHAIRMAN MYSTAL:

How much is it it going to cost us to implement this system for it to work the way Miss Ennerve wants it to work.

MS. ENNERVE:

Miss Ennerve, that's fine.

CHAIRMAN MYSTAL:

Wants it to work. I look at your last chart, which is, you know, where you said 46% of the -- you know, of the barrier that you have have to do with cost development. What I'm looking at, you know, the follow-up question that I have, you know, it's also part of the cost. A, do you have the infrastructure presently at the Health Department to implement this program? By "infrastructure", I mean, do you have the computers, the mainframe software, people who can -- you know, who knows how to access it and tweak it and program it? And two, how much do you need, or do we have something in the budget already for you, either in the Capital Budget or the Operating Budget for you to implement this program? Sounds like a great program to me, but right now, I want to know where we are.

COMMISSIONER CHAUDHRY:

Mr. Chairman, let me answer first. Thank you for the question, it's an important one. As we sit at the table with this Governance Council and talk to our other health care partners, the costs are an issue for all of us and we're all trying to grapple with it as best we can. There is a cost for hardware, there is a cost for software, there is a cost for training and education and then maintenance of that. There's even a cost associated with the fact that just by the nature of the technology, when you implement something like this, there are several months delay before everyone comes up to speed, and so there are some costs associated with that. This is one of the reasons that the Suffolk County Department of Health Services is moving cautiously and prudently. And right now we're in the stage of, while we have applied, as I said, for a HEAL Grant from New York State to look at what are the options available, we are also watching very carefully at what the RHIO does and what the hospitals do, because each hospital up to now has been really on its own, and many hospitals in other parts of the country have developed their own systems and interoperability has been a significant issue.

So, from the point of view of the Department of Health, yes, it's going to cost us some money. How much? I couldn't tell you up front at this stage, but we're going to watch very carefully to see what the hospitals and medical centers do and report accordingly to the Health and Human Services Committee.

MS. ENNERVE:

In terms of the Suffolk RHIO, we have approximately a 5 million dollar budget that exists right now to help us in implementation over a two-year process. Part of that funding is coming from the New York State Department of Health, the rest is coming from some discounts from our vendor, as well as each stakeholder and participating organization putting up a certain percentage of funding to help support the project. The idea was to try to get a finance work group to come together to look at financial feasibility and long-term sustainability, how do we sustain the RHIO over the long-term. It's a public good. This is the direction that we want to go on.

We think -- we believe this is going to benefit the entire Suffolk County region. But what does that mean or what are the true cost going forward? There's legal concerns, even in the development of a not-for-profit organization that we have to address. So we're looking at different ways where we can do that and partner with the potentially local, State and Federal agencies, as well as partnering with third-party payers, like insurance companies, pharmaceutical companies, and so forth, to see how we could work together to make this a reality.

CHAIRMAN MYSTAL:

Thank you very much. Legislator Nowick.

LEG. NOWICK:

Hi. Thank you for that presentation. I just have a few questions. Suffolk RHIO, RHIO, R-H-I-O, is an acronym for?

MS. ENNERVE:

Regional Health Information Organization.

LEG. NOWICK:

Now, this is not in existence now in the Health Department; is that correct?

MS. ENNERVE:

No, it's outside of the Health Department. It's within the County itself. It came out of the HEAL New York Grant, and several stakeholders came together and said, "How can we work together to exchange information?" And the idea was so that people would come together from a regional perspective, whether it was hospitals, tertiary care providers, physicians and nursing homes to see how we could establish a network to exchange information.

LEG. NOWICK:

So, at this point right now, we do not have the ability, this is what you're working on?

MS. ENNERVE:

That's correct.

LEG. NOWICK:

Okay. Would this be an outside organization, or is this a government organization, R-H-I-O.

MS. ENNERVE:

It is an outside organization right now. The hope is that, as it becomes a not-for-profit 501C3 in the future, that it will consist of health care providers, public and private sector organizations, as well as third-party payers as a part of the conglomerate that come together to address health information exchange.

LEG. NOWICK:

Just for the Health Committee, didn't we have testimony not too long ago, maybe the beginning of the year, from the organization that wanted to do just such a thing came before us? Was it {Medtronics}? Wasn't that the a similar thing?

CHAIRMAN MYSTAL:

{Medtronics}, yes.

LEG. NOWICK:

So that's a private organization, this is a private organization. Is this something that we do RFP's on or -- because we're talking about money, or is this just something that every government organization in the state would use?

MS. ENNERVE:

Through the HEAL process, which was through the New York State Department of Health, they sent out a request for grant applications, and the idea was to set up local RHIOs throughout the state. So by Phase 1, twenty-six RHIOs now exist within New York State. They're all at different levels of development, because, of course, there's a planning component that's attached to this. So we have now people who are coming together for the first time who may have been competitors, who may have been affiliates in the past as health care providers to say, "How can we work together to exchange information?"

LEG. NOWICK:

So, then, as private companies competing to be part of this process -- and forgive me if I'm just a little confused, because this is the first I was hearing about this.

MS. ENNERVE:

These are hospital facilities, nursing homes, physician practices coming together to develop a joint plan for a specific region, and providing that joint plan to the Department of Health. And based on those plans, different areas received rewards -- awards to then try to implement this across each region. So North Shore has one for Nassau County, we have one for Suffolk. There's one called {NYCLICS}, which is in New York City, and then you have various various RHIOs across the state. And they're all sort of at the planning phases of coming together and talking about how do we establish a governance structure and pull together all of these different institutions to work together.

LEG. NOWICK:

So North Shore has this now.

MS. ENNERVE:

That's correct.

LEG. NOWICK:

Do they have this under the umbrella of a private business, or they're just trying to do it within themselves? I mean, does somebody run the Information Technology itself, a company, or you don't have another company?

MS. ENNERVE:

A lot of people have vendors that they use who are helping with the implementation.

LEG. NOWICK:

Okay.

MS. ENNERVE:

But the idea will be, is that the RHIO will be self-sustaining. They would have their own Executive Director, their own Board of Directors, and would lead that process with a Board of Directors that includes CEO's at the table from the Department of Health Services, from the various hospitals and nursing homes, and so forth, that are participating in that RHIO.

LEG. NOWICK:

So they'd be setting up a corporation, like a 501C?

MS. ENNERVE:

That's correct. And I know that North Shore, which is a part of the Long Island Patient Information Exchange, they call themselves LIPIX, they've applied for 501C3 status, it's pending right now.

COMMISSIONER CHAUDHRY:

And, if I may, let me hasten to add that the Department of Health Services right now is sitting at the table. We're not, I would say, an active participant, because we're not in a position yet to move forward, but we do want to sit there to see what the hospitals and other stakeholders do as they move forward, hopefully getting us some ideas of how, when we are ready to move forward, that we can have an interoperable system with the other partners.

The other thing I would add is that our participation in this RHIO does not preclude us from applying for grants. So, for instance, we have applied separately for a HEAL grant to look into having ultimately our own electronic medical record system.

LEG. NOWICK:

Okay. Thank you.

CHAIRMAN MYSTAL:

Legislator Eddington.

LEG. EDDINGTON:

Yes. Obviously, better care and clinical data exchange are things that got my attention, and I think that's commendable. I wanted to know if this could fit into what I've been looking at with elder care. And I don't know if this is actually the Health Department or the Department of Social Services, so -- but I see the Commissioner and I know her ears have perked up.

I'm trying to find out, do we have a mandatory elder care abuse reporting? Because I know -- we don't. In New York State, I've been told does, but my understanding is that they don't. So this could help if we can get that passed. Would this help facilitate that kind of information? Because what I'm seeing is an elder -- the elderly, when they're being abused, it usually results in a health care issue. It's -- you know, we had a presentation and we saw tremendous bed sores and lack of care. So I'm thinking that we -- the vehicle for us finding out there is abuse might be this reporting system. I mean, is that a possibility or --

COMMISSIONER CHAUDHRY:

Let me say this. I'm sure Commissioner Demarzo may have specific comments to make, but as far

as the Department of Health Services is concerned, we do see greater potential applications than the ones that I eluded to. Certainly, an Electronic Medical Record System would be great to have for our 11 health centers, stretching from Amityville all the way to East Hampton, but, at the same time, we would love to be able to incorporate mental hygiene and all of our other divisions as well, including, you know, our efforts in the minority population and vulnerable populations, which includes both the young and the aged. So I would think that, potentially, one could use this for any number of possibilities.

LEG. EDDINGTON:

Thank you.

CHAIRMAN MYSTAL:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Thank you, Doctor, for being in front of us again. Just a couple of questions. I apologize, I did have to step out during a portion of your presentation. But first, specifically, let me go to what I've seen on your screen presentations, and, in particular, Screen 13 about paperless PCR. You know -- tell me what you can tell me about this, doctor.

COMMISSIONER CHAUDHRY:

Well, it is something that, you know, we're moving ahead with. We are in the process of finding an appropriate vendor. This began, actually, as a grassroots effort, and, actually, Legislator Kennedy was among those who pushed for moving this forward, so we certainly appreciate his efforts on this. But I think for emergency medical services, this is crucial and key for us to be able to talk to the New York State Department of Health and be prepared in an emergency situation in having an instantaneous communication. Our current system is a three-piece carbon copy system, which is very outdated, as you can imagine, and so we are at the Department of Health Services interested in moving forward with this, and I'm pleased to see that it is moving forward, from my understanding.

LEG. KENNEDY:

Yes. As a matter of fact, I know that we, in fact, have Zoll Medical Services selected as the software provider, and, as a matter of fact, today I believe that there was an implementation meeting. And I don't mean to bate you on it, Doctor, but I guess what I do wonder is how do we -- how do you envision our County-based application for paperless PCR being something that is somehow incorporated into this RHIO initiative? I have a more global question about RHIO in particular and our participation in it, but tell me specifically about where paperless PCR then fits in with RHIO.

COMMISSIONER CHAUDHRY:

Well, the Department of Health Services provides services at the preventive medicine level, at the primary care level, as well as in other levels as well. What we would like to see is a seamless system where all the divisions can communicate and that all the levels of care that we provide, whether it's at the nursing home or through our Suffolk Health Plan or through the health centers, that there is interoperability. So that when a patient does move from one point to another, that the system follows, and that you don't have to start from scratch.

As you may know, when patients move from one practice to another, you often have to start all over and have blood tests and X-rays done all over again, just because the system in place is not very malleable in moving from one place to another. So we -- so that's our ultimate goal, is to have a system in place that communicates with everybody, including all the other County departments, including Social Services. So that is our ultimate goal. What we're doing now is to see what the other hospitals are doing and moving forward in a very cautious manner, as I indicated, to get the best practices, because we do have now experiences from across the country and across the region that we can count on in giving us some guidance.

LEG. KENNEDY:

Okay. And in that respect, then, I say that, certainly, as the sponsor of the PCR initiative, we're kind of like in tune and in synch. I can tell you from my past life in Clerk's Office, I entered an environment that was silos of data that were not receptive to lateral migration, and it is the antithesis of decent government, and certainly, our Chair knows this from his decades in data management.

My concern, though, is, is that really, at its essence, what we're talking about is, is pooling data and discussing with health care facilities, I guess, some type of a voluntary or collaborative effort to establish a uniformity or a template for that data to move amongst the proprietaries, perhaps even physicians, and then into our own municipal health care system. I wonder to what extent are we going to drive it or are we going to collaborate with what's out there and have our data templates defined by the world out there. That would concern me, that would definitely concern me.

COMMISSIONER CHAUDHRY:

I agree. I think time will tell. Our concerns go beyond just patient care. There's issues of confidentiality, security, firewalling, and how does one department communicate with another without revealing confidential information about a patient's care, and yet, being able to help that patient. So these are issues that, certainly with the HIPA Laws, are a concern to us, as it is to many other partners. I don't know if, Ennerve, you wanted to comment.

MS. ENNERVE:

I agree. And I'd just like to say, at the State level, the New York HISPC is a small group that came out of the HEAL project that looked particularly at the Federal and State regulation regarding privacy and security. And one of the benefits that we have withing the Suffolk RHIO is we've chosen a vendor that is a true health information exchange, and it's a web based portal and network that works well with and interoperably with a lot of different systems.

So, as the RHIO becomes more developed, the more electronic the Suffolk Department of Health Services is, the more electronic each of the hospitals are, the better the data exchange across the whole network, and that's what we're doing, and a part of that process is to ensure that there are stakeholders in every phase of the planning process in the RHIO. Everyone has a voice, everyone has a voting presence at the Governance Council to say, "Do we want to go down this direction? Have we included the right data elements? Are we ensuring that the view that we need and the confidentiality of our patients are maintained in this process?" It's very collaborative, it is intense, and it's going to take us awhile to get all of those pieces together to ensure that we've created a system that benefit not only the providers, but the patients in our region.

LEG. KENNEDY:

And again, I don't want to beat a dead horse, I agree absolutely, positively that migration of data should be in this day and age facilitated across the board. However, Doctor, you know this, you eluded to Commissioner Demarzo, some of our patient sets have confidentiality issues that are paramount even beyond the regular confidentiality I'm entitled to when I go to my physician. The abuse cases that our facilities render service to, the APC, the CPS cases, some of the other things that are unique and can only receive medical service by and through our County operations have to be paramount. That doesn't mean that we shouldn't promote transfer of data, but it means we have a level of preservation and caution that I think is far beyond what we may even see from other RHIO members.

So I guess I'd say I think I'm happy that you're participating or listening, but I very much want to hear before anything more goes forward as far as the County being a full participant in this council. That's what I'd ask.

COMMISSIONER CHAUDHRY:

I thank you for supporting our approach, which is a cautious one.

LEG. HORSLEY:

Good answer.

CHAIRMAN MYSTAL:

Very good answer. Anybody else? The only thing, it's not a real question, it's kind of piggy-back on what Legislator Kennedy was talking about. Too many times we have seen State and regional programs, especially when it comes to data management, where everybody at the beginning, like Miss Ennerve is saying, we're talking to a vendor and everything is going to be collaborated, everything is going to be the same page, to come down five years later, you come down five years down the road and then nobody can talk to anybody, because everybody has a different system, a different language. So what I'm trying to tell the Commissioner is to safeguard, to make sure that if we are going to participate in this, that somehow there are some safeguards built into it where, you know, even in our own County right now, we have computers that don't talk to each other, that if we're going to do something regional and attach to the State, 62 counties in the State of New York, that somehow to make sure that they're all on the same page, and sometimes it requires a monopoly from one vendor so everybody can be on the same page. And I know, because of government issues, we like to do IFPs and bidding, but sometimes it requires for us to have one vendor to take on the whole system, and that's the one thing that I have, because don't want five years from now for the Commissioner to come to this committee and say, "I need to upgrade my system because it's not talking to the one in Nassau County." Thank you very much.

COMMISSIONER CHAUDHRY:

Thank you. I couldn't agree with you more, Mr. Chairman.

CHAIRMAN MYSTAL:

Thank you. Since her name was mentioned, and not that we have any question for her, I wonder if she has anything that she wants to say to us or -- good afternoon, Miss Demarzo, and it's not that bad.

COMMISSIONER DEMARZO:

No, no. I'm just trying to like think through. Good afternoon.

CHAIRMAN MYSTAL:

Yes. Talk quick, Kennedy is walking back in.

COMMISSIONER DEMARZO:

Shucks. One of the things that I did want to report to you on, as I indicated to you earlier this year, is the issue of payments. We are at 44 days from date of receipt of the voucher to payment of the actual voucher, and we're holding at around that range, between 42 and 44 days we've been there.

On the issue of Adult Protective Services, I know that there has been an interest by the Family Violence Task Force to seek mandatory Adult Protective Services or Adult Protective Reporting by the same individuals or similar individuals to who now are required to do child protective -- to create a mandated reporting system for certain categories of professionals. State of New York, as I understand it now, is one of six states in the country that do not have mandatory APS reporting. Anything else noteworthy?

LEG. EDDINGTON:

On that issue, Mr. Chair.

CHAIRMAN MYSTAL:

Go ahead, go ahead.

LEG. EDDINGTON:

On that issue, I wanted to -- I have been speaking with Assemblywoman Eddington on this quite a bit.

CHAIRMAN MYSTAL:

Really? Where?

LEG. EDDINGTON:

And, as you know, they're locked in dialogue on a lot of issues right now. It's a very hard time. But here's my proposition to you. I'm going to -- I am going to continue to petition her to work with me on this. And what I would like to do is get input from you, so we don't get another unfunded mandate. So I'd like you to help me put this together, so that it will be good for us, and that it will be able to fly in the State.

So I figured if I have the opportunity to really work on this with you, we can do it right and not get it -- I'd rather send it up, which would be an interesting concept, rather than have it come down.

COMMISSIONER DEMARZO:

And we should do that, because one of -- one of the concerns we have is the administrative of Adult Protective Services is our ability to meet that caseload that we would see. Right now, we're carrying, you know, hefty caseloads, and, you know, to see it increase without staff, I think we'd need a significant infusion of staff. And, you know, County Commissioners throughout the State are very supportive of Adult Protective Services, but they're very concerned about an unfunded mandate or the State not putting enough funds into this and creating a situation where we often hear about in Child Protective Services the caseload that our case workers carry, and creative ways to, you know, reduce that. So I am cautious in supporting that requirement, but I -- you know, I see the number of our seniors and the number of individuals with -- you know, it's 18 and above who do require services, and sometimes relatives, neighbors, and even the medical profession are reluctant to interfere with a system that doesn't require them to interfere.

LEG. EDDINGTON:

Okay. Thank you.

CHAIRMAN MYSTAL:

Thank you. No, no, no, I have a couple of questions for you. And you know Kennedy's not going to let you go that easy. I want to talk to you about a couple of bills that we have. One is my bill, 1293, which has to do with day care provider payment of 75, you know. And where are you on this? I know you are 41 days, I'm talking about in the bill itself.

The other bill that I want to talk to you about, which is not in front of the Health and Human Services Committee, but it also affects you, it's in the Ways and Means Committee of which I am the Vice Chair, is Legislator Vilorio-Fisher's bill, 1510, which has to do with penalties, really, for the County, if the County doesn't pay on time. Since your department is -- 1510 is not on the Health and Human Services Committee, it's in the Ways and Means Committee, but it affects the Social Services, since Social Services is one of the biggest payee around, besides the Police Department.

How do you -- first, 1293, where do you stand on that so far, because I've been tabling it waiting for you to make a move.

COMMISSIONER DEMARZO:

Oh, I did -- I did make a presentation at one of the meetings. I thought that addressed that. First of all --

CHAIRMAN MYSTAL:

Well, yeah, you addressed your discomfort and disagreement with it.

COMMISSIONER DEMARZO:

Well, what else --

CHAIRMAN MYSTAL:

I was trying to work the problems out.

COMMISSIONER DEMARZO:

Okay. First of all, the length of payment is a function of staff and volume, and the issue of timeliness of payment is one of a public policy. We will process as best we can. We have opened up our shop for process review by all entities. I am expecting that Budget Review and the Budget Office, the Comptroller's Office, as well as my staff, who comprise that Process Review Committee, are supposed to have their report out this month, which will look at how we operate to see if there's any efficiencies that we could accomplish without the addition of new staff. As you know, we did expand the unit by two positions earlier this year when we took positions from within the department and moved them to payments. So we are receptive to, you know, looking at our own operation, becoming as efficient as we can, but it's an operation that, you know, does have limits. We've seen our number of payments escalate significantly over the last several years.

So we're at 44 days, operating at what we believe to be an efficient level. Whether or not -- it is impossible, I mean, to get the number down without a variety of other factors occurring. We think we can probably get to the low forties. We've had two positions released recently, we're pending another one. We're also looking at Kinder Tracks, which I am concerned may be delayed in operation. But, you know, quite honestly we were at under 30 days for a number of years back in the late 1990s, early 2000, and it's something that we have to decide as a County what the public policy is. So, is it something that's achievable? Yes, the department has done it at one point. Is 30 days the magic day that the public, you know, officials want to pick? That's really your issue. What you would need to understand is that it would require an infusion of additional staff to give us to 30 and make it stay at 30. The legislation as drafted by your office really only covers a subset of individuals. It only covers --

CHAIRMAN MYSTAL:

Day-care providers.

COMMISSIONER DEMARZO:

Well, it actually only covers contracted agencies.

CHAIRMAN MYSTAL:

Contract agencies, but, you know --

COMMISSIONER DEMARZO:

And you have to understand that, I think it's only 30% of my day-care providers are contracted agencies, so I would have a division within the day-care providers. Some of them would be covered by the legislation and some of them would not be covered by the legislation.

CHAIRMAN MYSTAL:

Well, the amendment to that bill would be it would cover contract and noncontract, it would cover anybody, any day-care provider.

COMMISSIONER DEMARZO:

Really? Okay. Then I don't have the latest -- then I'm not sure I have the latest copy. Okay. I'd have to look at the legislation.

CHAIRMAN MYSTAL:

I'll make sure.

COMMISSIONER DEMARZO:

I don't think I have the latest that has that.

CHAIRMAN MYSTAL:

Well, I don't know you if you have that. We'll get to that. The second question I would need to ask you is what is your view on 1510?

COMMISSIONER DEMARZO:

Well, 1510, if passed as is, without any -- without addressing the processes and the procedures and keeping us at 44 days, we estimate to cost us about \$550,000 net County -- you know, 100% County cost for the penalty, which we assume to be 9%. So I am concerned about spending \$550,000 of County funds and not receiving any additional services when there is a lot of groups within the clientele that I serve that could benefit from the actual provision of these dollars for true services.

CHAIRMAN MYSTAL:

Two more -- on Tuesday, we're going to have a public hearing on that bill. Are you going to send somebody from the office, or are you going to come and talk about this bill?

COMMISSIONER DEMARZO:

I guess we'll review it and make a decision.

CHAIRMAN MYSTAL:

Okay. The "Prosecutor" is at you.

LEG. KENNEDY:

Madam, Commissioner, how are you? It's always a pleasure.

COMMISSIONER DEMARZO:

Fine so far.

LEG. KENNEDY:

No, you're going to do just fine, as a matter of fact, you're going to do just fine. I have every confidence in the world. Kinder Track, let's talk a little bit specifically about Kinder Track. You and I, as a matter of fact, for the whole last six months have had a running dialogue about ways to go ahead and work smarter and work better, and both of us have been very hopeful about bringing in the private community, so that we can get rid of a lot of trees and start working smarter and better by allowing them to do automated entry of services provided, E-filing with you, and possibly looking at even E-filing for payment, although that's a different side of the equation. But the Kinder Track is going to allow for provision of services to be filed with you?

COMMISSIONER DEMARZO:

(Shook head no).

LEG. KENNEDY:

That I misunderstand. Okay, go ahead.

COMMISSIONER DEMARZO:

There's two -- actually, you had them backwards. Kinder Track is really more -- it will be transparent to the providers. It's more an internal finance tool which will allow us to have the rates in there and they'll do the calculations, then they'll give them a reconciliation payment form so they'll know if John A. went to school, went to their preschool, how many days I paid them, at what rate, and, you know, it will explain why they're billing at this rate and getting that rate, which is very important to them, but it will not be what you're talking about, which is Kinder Attend --

LEG. KENNEDY:

Ah.

COMMISSIONER DEMARZO:

-- which is the second part. And the company's name is Control Tech, so there's Control Tech, Kinder Track and then Kinder Attend. Kinder Attend is where we put the roster up on -- which is the children in their school, and then they electronically put the attendance record in, so it's transmitted without any exchange of -- you know, it's transmitted electronically. That was always scheduled for implementation after Kinder Track, and it's intended to be a rolled out process, it can't be put out to everybody at once, the -- you know, the installation of the software at everybody's place of business, plus providing a help desk to ensure that everybody's able to operate on it is just too large to put all the providers up at once. So we are looking at that. We are trying to move forward with that. You know, we're hoping to be able to roll it out. In September, the financial part for Kinder Track, you know, we may be slipping a little bit. And then the Kinder Attend, we're looking to do a pilot with a number of entities that expressed an interest. We're looking at doing some centers, some group family to make sure that before we roll it out to the world that we pilot it, so --

LEG. KENNEDY:

Okay. So then let's -- which is fine. And, as a matter of fact, as long as we got a game plan going forward that we're going to bring some tools in besides just trying to go ahead and throw people at this huge, massive process means that, ultimately, maybe we're going to get back to that 30 days or maybe better. You know, maybe we'll hit something that's even more timely working with, you know, what the real world uses on a regular basis. Why are we looking at maybe not getting then Kinder Track out, which is that reconciliation tool, in the original time frame that you had spoken of? This was July 1?

COMMISSIONER DEMARZO:

We're doing some implementation. We've had turnover of staff. So one of the things that I am really committed to is that when we roll it out, it works. The last thing I want is to roll out a system that we can't support and that causes more problems than it fixes. So my interest is making sure that I have the staff trained, the system without kinks ready to roll out. I don't want to have a problem. So, at this point, I need to make sure that my staff is up to speed to do it, that the system -- the system's still being inputted. We haven't done parallel -- you know, we haven't even done the parallel --

LEG. KENNEDY:

Right, right, right.

COMMISSIONER DEMARZO:

-- you know, testing.

LEG. KENNEDY:

I understand. Is there anything you need from us at this point to help you hit that target date that you're looking at? We're going to say now, what, September 1 is that target date?

COMMISSIONER DEMARZO:

For rosters, right now, we're looking at to send the rosters out in September by Kinder Track System yes, so it would be -- the first week in September.

LEG. KENNEDY:

Okay. Maybe it's an unfair question to pose to you right now, but I'll ask you for when we see you again in two weeks from now, to -- if there's something you need specifically that is a request to IT to deploy staff temporarily or a resolution for some additional data models, or software pieces, whatever is on your list to implement by September 1 I'm going to ask you to go ahead and share through the Chair with us.

COMMISSIONER DEMARZO:

One of the things, and I know this seems counterintuitive, is those resolutions would make me warp my processes to try to meet their mandate in such a way that, you know, I might be able to get contract providers that are day-care providers out, but the rest of the -- and I know your

legislation's changed. But, you know, one of the things I'd have to do is, to meet that mandate, I'd probably abandon Kinder Track, because I would be just running to kind of meet that mandate in and of itself. I mean, the support -- the support would require -- and I've talked to the day-care providers, I know they have no patience left. I know that 44 days doesn't work for them, but 30 days doesn't work for me at this time to be able to accomplish without warping other procedures to get to 30 days. So that's -- so I mean it sincerely when I say it's a policy issue what you want. It's like a square peg in a round hole right now.

LEG. KENNEDY:

All right. Madam Commissioner, what I'm going to suggest to you is, certainly, I'm going to yield back to the Chair, and we as a committee, I guess, you know, are going to reconcile the directions we want to go in. But I want to return to this one more time, though, on this concrete specific with Kinder Track. So you're saying, then, that, basically, you can have a communication with us within two weeks, as far as all things being equal and what we do or don't do with some of these other resolutions, what you would or you wouldn't need to make it happen on September 1st.

COMMISSIONER DEMARZO:

Right. And as I have told you since we originally made the commitment as a department, each and every committee meeting I come and I present this issue to you. And if you'd like Kinder -- the status of Kinder Track added to the number of days to payments, I can do that on a regular basis.

LEG. KENNEDY:

Which -- look, I don't want to give you a list that you've got to come here and that you have to go through --

COMMISSIONER DEMARZO:

Well, I don't mean --

LEG. KENNEDY:

The information that you need to give to us is the information that's relevant, current and poignant. And yes, unfortunately, despite the great efforts you have made, and you have made good progress from last January when we were at an all time low, it is still an issue for the day-care provider community out there.

COMMISSIONER DEMARZO:

I know that.

LEG. KENNEDY:

And the fact that you're promoting dialogue I think amongst them is a help as well. Let's shift gears, if we can, just for one other thing. Tell me again when we talk the 44 days. We're not talking anymore about some voucher that comes to some pre-eval. area prior-to-payment unit. Forty-four is real, it hits you, and within 44 it's out, or is this still prescreen process going on?

COMMISSIONER DEMARZO:

We still -- we now generate -- I mean, that's one of the best changes from the provider's perspective that we fix the TA process and that everybody goes out on a roster, and we fix a number of other processes. It is 44 days. You know we count the -- like what I'm telling you is what's going -- you know, what we're touching -- what we understand they're receiving, because we add seven to ten days. I mean, you have to understand, it's only in my shop like 32 days. Seven to ten days of the processing is not in my shop. It's your -- it's the Accounting Department, Audit and Control, it's the Treasurer's Office, and then it's generating the checks, signing the checks, all these processes, so it's -- it is 32 days in my shop, but it's seven to ten days --

LEG. KENNEDY:

Take ownership of what's yours, I understand that. And, as a matter of fact, when it comes to other areas, that's our job to have those dialogues. To the world out there, it's County government. They

don't care where it is, it's in with us, so --

COMMISSIONER DEMARZO:

Well, I didn't know if the other members of the Committee were aware that really, you know, I probably could get to 30 days.

LEG. KENNEDY:

Good.

COMMISSIONER DEMARZO:

But it's not going to be 30 -- but from your perspective and from the providers' perspective, that's not 30 days. And I don't want to game the system for you, but I do want you to understand, it is --

LEG. KENNEDY:

And we'll have the dialogue with the other entities. Just one last question, if I can, Mr. Chair, and it just goes to the -- Legislator Eddington's question about the mandatory reportables with elder abuse. I was uncertain with that. I mean, elder abuse, as I always understood it and what the statute says, particularly Public Health Law, we've got mandatory reporters. How is it that we're not in this --

CHAIRMAN MYSTAL:

I don't think we have mandatory reporting, we don't.

COMMISSIONER DEMARZO:

No.

CHAIRMAN MYSTAL:

We don't.

COMMISSIONER DEMARZO:

I believe that there's reporting in certain facilities and institutions, but not for community members.

LEG. KENNEDY:

All right. Then we've got to talk, because that's one completely past me. All right. I'll yield, Mr. Chairman. You see, listen, that wasn't that bad, was it?

COMMISSIONER DEMARZO:

No.

CHAIRMAN MYSTAL:

Thank you very much.

COMMISSIONER DEMARZO:

Thank you very much. Thank you.

CHAIRMAN MYSTAL:

Nobody else wants to ask any question of the Commissioner. Thank you very much, Commissioner.

We are going to move into our public portion. The first person to speak is Debra from AME. As you know Debra, as you're making your way up there, you have three minutes.

MS. ALLONCIUS:

Thank you, Chairman Mystal. Legislator Mystal, Members of the Health and Human Services Committee, thank you for this opportunity to speak with you today. My name is Debra Alloncius. I am the AME Legislative Director. I appear before you today requesting I.R. 1504 be tabled until such time as all the questions regarding Article 6, health related funding, including the mandated

training funds, are completely answered. This is an important funding stream for Suffolk County, and assurances must be in place to prevent this funding from being diminished in any fashion before going forward. At this current time, these questions remain unanswered. AME is also charged with protecting its members in the EMS Division and we're attempting to do just that. In addition, AME has a fiscal responsibility to Suffolk County taxpayers to assure that no monies are lost to the County. After all, like yourselves, we are taxpayers, too. Thank you.

CHAIRMAN MYSTAL:

Thank you. Next speaker is Anne Kellett. How are you doing?

[D.P.O. VILORIA-FISHER ENTERED THE AUDITORIUM AT 2:00 P.M.]

MS. KELLETT:

My name is Anne Kellett and I'm representing the Public Health Nursing Task Force. I did hand out a report, some of you have received it before, and I also handed out the commentary from my organization presentation of the report, so I hope all of you have that.

This is a revision, as you know, of one Resolution 176, which is now 1478. I'm going to ask that you give me some assurance as to moving it forward in a timely fashion, since we have been at this for quite awhile.

The other thing that I would like to ask is to have a comment from the Attorney General's Office on this new or revised resolution. May I have that?

D.P.O. VILORIA-FISHER:

It's the County Attorney's Office I think.

MS. KELLETT:

County Attorney's Office, excuse me.

CHAIRMAN MYSTAL:

What are you requesting from us, Anne?

MS. KELLETT:

I'm requesting that the County Attorney's Office look at this Resolution 1478 and offer us some confidence that it is, as it should be, very appropriately worded.

CHAIRMAN MYSTAL:

Okay. You want to finish speaking and then we'll answer? Would you finish and then --

MS. KELLETT:

Okay. All right. I'll just go over the report very quickly for you, since some of it --

CHAIRMAN MYSTAL:

You have about a minute and a half left. Go ahead.

MS. KELLETT:

You just took some of it away. Anyway, I'll go quickly, because some of you have heard this before. But what we offer you here are clear criteria for someone with expertise in public health, and specifically Public Health Nursing. And the criteria for that is on Page 2 of the report, if you'd like to look at that now, and then there's an appendix on Page 9. The other thing that we did was to get public opinion as to specific services offered by the public health nurses, and that's on Page 11 and 15.

There was full agreement among all the members of the Task Force as to the value of the public health nursing programs. And, by the way, we want you to understand that this is a very factual

report which is based on a lot of research, discussion and full consensus from the total Task Force.

The other thing that I'd like recognition of is that many of our public health nursing programs have -- are models throughout the nation and are utilized by every -- a lot of other communities throughout the country. And the recognition of this is by way of awards, and that's on Page 19 and 20. We feel also -- I hear a clock ticking. We hear also --

CHAIRMAN MYSTAL:

I'm going to give you a couple -- one minute.

MS. KELLETT:

All right. We feel also that the project is urgent, and that consideration for this be taken into consideration. First of all, the recent changes in leadership within the Department of Health, both the Commissioner and the Director of the Bureau of Public Health Nursing, the New York State Berger Commission, which emphasizes again and again the need for community and home services, which, by the way, is a national trend for increased preventive health care, and the demand for more community and out-of-hospital services. Alos, there's interest in preventing more serious and expensive health care, and the absence of public health nursing interventions will be seriously felt. There's also a social and a moral value and obligation, we feel, of local government to assure residents have access to needed services. So I ask you then for some time commitment and also for some comment from the Legal Office.

CHAIRMAN MYSTAL:

Thank you very much. We'll, you know -- I don't know if you want to address that, Vivian.

D.P.O. VILORIA-FISHER:

No, we can let Counsel.

CHAIRMAN MYSTAL:

We can let Counsel take care of it. Go ahead. She wanted to know if the language is "proper". That's the word she used.

MR. BARRY:

Well, if you recall, when we first established the Public Health Nursing Task Force, they were charged with developing criteria for an RFP --

MS. KELLETT:

-- to hire a consultant. All the resolution before us today does is require that BRO issue the RFP rather than Health Services.

MS. KELLETT:

Right. And it is an amendment to an old resolution right, a correction?

D.P.O. VILORIA-FISHER:

Yes.

MS. KELLETT:

Yes. So that's what I wanted clarified, that this is worded appropriately to go forward.

MR. BARRY:

It's worded perfectly.

MS. KELLETT:

Thank you very much.

CHAIRMAN MYSTAL:

BRO?

MR. ORTIZ:

Just for the record, their report has been reviewed by our office. We're in the process of working with the County Attorney's Office, the issue with the RFP. It's almost done. It should be issued in June, and a consultant should be hired by October.

CHAIRMAN MYSTAL:

Thank you. Thank you very much, Ms. Kellett.

MS. KELLETT:

Thank you.

CHAIRMAN MYSTAL:

Next speaker is Gregory Noone.

MR. NOONE:

Good afternoon. Dear Chairman Mystal, Honorable Legislators, Members of the Health and Human Services Committee, if I may read from some prepared notes, and I have copies for all of you afterwards.

My name is Gregory Noone, Program Manager of Thursday's Child, and AIDS service community-based organization based in Patchogue. The purpose of this presentation is threefold. One, to request support in the Operating Budget for the Thursday's Child AIDS Service Access Program ASAP. Two, to inform this committee breaking news release this past week of AIDS funding cuts to our region. Three, to formally request of this committee request of Dr. Chaudhry to convene a meeting of the Suffolk County HIV Commission.

First, I am happy to report to you that we have taken your direction and met with DSS Commissioner's Office. Deputy Commissioners Hernandez and O'Donohoe graciously met with Thursday's Child staff members two weeks ago. Both Mr. Hernandez and Mrs. O'Donohoe understood the complexities facing people living with HIV and AIDS. We asked of them for a letter of support for our proposal and awaiting their response.

Thursday's Child also requests this committee investigate what we maintain are cost saving attributes of our proposal to ensure client preparedness for the DSS experience. Our proposal cannot but save the County money over the next two years, including the intangible savings of reduced tension and stress for both our clients and DSS staff. Our proposal is clear, to prepare people living with HIV/AIDS with the tools and logistics they need to access essential humane services. Having all paperwork and required documentation in hand with all needed copies brought to a DSS center will assuredly reduce overall costs at the Department, less time with the examiner, increased productivity within the process mechanisms, reduction in the need for client return trips to the centers. An increase in the accuracy of applications will also reduce the State mandated requirements that DSS must provide, such as collateral assistance.

Secondly, breaking news regarding AIDS funding for Long Island region is worse than anticipated. To date, the Federal Ryan White programs under the recently changed legislation entitled *Treatment Modernization Act of 2006* are being cut. United Way of Long Island Vice President, Miss Tara Tate, has informed me that to date, Long Island funding has been slashed over 1.2 million dollars. That is 1.2 million dollars that provided direct assistance to people with AIDS is gone, and that funding, the funding that is remaining can only be distributed as, quote, payer of last resort, meaning that the need to access DSS will skyrocket. The over one thousand units of direct emergency financial assistance provided by Thursday's Child last year alone are gone. Any new service that may be provided in the coming months will have as its mandate the requirement of a denial letter from the Suffolk County Department of Social Services. This is a fact.

Third, as HIV/AIDS continues to spread more rapidly than anticipated throughout Suffolk County, I request that this committee call upon Dr. Chaudhry to convene a meeting of the Suffolk County HIV Commission with all possible speed. Thursday's Child fully supports the HIV Commission and asks its support, that we may become the bridge between the Departments of Health and Social Services. The overall goal of the Thursday's Child proposal to access Social Services is for Suffolk County residents living with AIDS to gain and to maintain their access to health care.

CHAIRMAN MYSTAL:

Thank you. Gregory, one question for you.

MR. NOONE:

Yes, sir.

CHAIRMAN MYSTAL:

Have you attempted to have a meeting with Dr. Chaudhry?

MR. NOONE:

No, not yet.

CHAIRMAN MYSTAL:

Not yet.

MR. NOONE:

We met at your direction with the Commissioners at Social Service.

CHAIRMAN MYSTAL:

Social Services. And I would expect sometime soon Commissioner Demarzo will give this committee some kind of a short report on that? Not today.

COMMISSIONER DEMARZO:

Not today, okay.

CHAIRMAN MYSTAL:

Not today, not today. Because, you know, I don't know the -- what you are giving me. What you just said to us right now is alarming in terms of the funding for what's coming down from the Federal Government, and I don't know how it's going to affect us. I would like to ask when I can, not now, again, from somebody from the Health Department, how is that going to affect us in delivering services to the HIV affected population. How's s that going to -- what's going to happen? I'm asking you, Greg, you know, since you --

MR. NOONE:

Well, this is why I'm asking if Dr. Chaudhry could reconvene the HIV Commission, the members who are very good with both the leadership and membership of that Commission, in order to address these issues that are directly relating Suffolk County. As I was at meetings this morning at the United Way, they're trying to figure out how to do so much more with less. And as I can assure you as far as the social service component the mandated need for the letters of denial for Social Services is going to go through the roof.

CHAIRMAN MYSTAL:

Do you know when the last time that the HIV Commission in Suffolk County met?

MR. NOONE:

I believe it was about six months ago. I believe it meets infrequently and generally at the request of the Health Commissioner. I believe Dr. Harper was -- I'm not sure the last time there was an actual meeting.

CHAIRMAN MYSTAL:

Dr. Chaudhry just stood up, so maybe he has something to say to us. Go ahead, you can --

COMMISSIONER CHAUDHRY:

Thank you, Mr. Chairman. The Suffolk HIV Commission did actually meet as recently as about a month ago and gave the Department of Health Services a final set of recommendations. The task -- the Commission had been meeting for about a year. The Commission includes various stakeholders, including patients and clients with HIV and AIDS, and so the Department of Health Services is now examining those recommendations.

Yes, it's true what the speaker says from Thursday's Child about funding cuts coming down the pike from the Federal Government. This is specifically related to Ryan White funding. Senator Hilary Clinton has gone on record as speaking out in support of restoring some of those funding cuts. I just had a meeting this morning with our people. This past month I was also at United Way in Commack or Brentwood meeting with them as well. So we are exploring options, but the bottom line is, yes, there is about a million-two --

MR. NOONE:

Million-two.

DR. CHAUDHRY:

-- hundred thousand dollar cut in the funding that Nassau and Suffolk collectively used to get. And a number of different avenues are being explored on how to address this concern for the AIDS and HIV population in Nassau and Suffolk County.

CHAIRMAN MYSTAL:

Since I have you at the table, could you please afford Mr. Noone somewhat of a meeting with you and people in your office to look over -- to see his program, which, you know, some of us is maybe valuable and probably will cut a lot of costs into terms of service delivery in Suffolk County. So I'm putting it together for you, Gregory, right now, it's right here, so you can go on back there and sit down and do it. Okay?

MR. NOONE:

Thank you, Mr. Chairman, I appreciate it.

CHAIRMAN MYSTAL:

You're welcome.

LEG. KENNEDY:

Mr. Chair, one question, I'll make it quick, just about this Ryan White Funding. And I guess Dr. Chaudhry can speak to it, and I need Mr. Noone. The Ryan White Funding, as I understand it, oftentimes is an important source of funding for medications that HIV and AIDS victims must have in order to go ahead and keep stable. And unlike most other types of programs where we get medical coverage, i.e. Medicaid and/or SSI, the Ryan White Funding is essentially accessible almost immediately. Once with the diagnosis, patients can go ahead and get access and get that very quickly, and not be subject to the traditional governmental lags for eligibility and then restoration; is that correct?

COMMISSIONER CHAUDHRY:

I couldn't specifically speak to that, so I can't speak for sure.

LEG. KENNEDY:

Mr. Noone may know a thing or two, because he works with folks at a basic level, local level, street level.

MR. NOONE:

If I may, specifically, yes, you are correct, sir. The difference with Ryan White, well, formally known as Title 1, now known as Part A of the Ryan White Program, it has always been and remains that it is the payer of last resort and is to provide emergency services. The long-term services or long-term benefits would be Part B or the State, monies that would come to Albany and then disseminated throughout the region. What I am discussing as a member of Thursday's Child and representing the clients, our clients in Suffolk County, is that Part A, the formerly Title 1 funding that was directly to our region and now that is different. You are correct in that, yes, AIDS Drug Assistance Program and medical care, actually we have some of the best medical care in the world, not only the nation, here in Suffolk County, Stony Brook being the premier AIDS treatment center. However, the Social Services are what have lagged far behind the access to medical services.

LEG. KENNEDY:

But that ADAP funding then is also going to be compromised, so that now, in other words, individuals first diagnosed are not going to be able to access the various charges necessary for stability in the same manner?

MR. NOONE:

No, ADAP is funded differently. ADAP is only partially funded by Title 1 or Part A funds. ADAP should remain a good and strong program here in New York State, as it's funded from Albany.

LEG. KENNEDY:

So the funding reduction will compromise what? That's the support programs that we've spoken of?

MR. NOONE:

The funding -- yes. It has already compromised to the point of the changes in the guideline structure from the Federal legislation has changed the entire basis of the social support programs, are no longer eligible for funding. All programs now must have a clinical outcome, and even those programs that are still made available are suffering a 1.2 million dollar cut to date from last year's Federal funding directly to our region for these service programs.

LEG. KENNEDY:

Do you have any estimate yet, Doctor, how many programs or how many individuals who are going to be impacted in the County by this?

COMMISSIONER CHAUDHRY:

We have to look at this line item by line item, but this is -- the Ryan White funding that Long Island gets is actually coordinated with Nassau and Suffolk Counties working together using United Way as the grantee, and so --

LEG. KENNEDY:

That's true.

COMMISSIONER CHAUDHRY:

-- we have to look at the specific line items and how it's distributed between Nassau and Suffolk Counties. But, potentially, a number of significant line items could be affected by this cut. And this is still an evolving thing. There's some talk, on Nassau County's end perhaps, of trying to appeal this and seeing how far they get, and I will keep the Health Committee informed as we move forward.

LEG. KENNEDY:

Through the Chair, we'll know more --

CHAIRMAN MYSTAL:

Thank you.

LEG. KENNEDY:

-- in two weeks about this, then, Doctor, some more specifics.

COMMISSIONER CHAUDHRY:

I don't know if I can do it in --

CHAIRMAN MYSTAL:

No, no. Whenever.

MR. NOONE:

If I may offer you some hard numbers.

CHAIRMAN MYSTAL:

I don't know when we'll know something. Keep us informed, please. Thank you very much. Mr. Prosecutor, are you finished?

LEG. KENNEDY:

I yield.

CHAIRMAN MYSTAL:

Thank you. Thank you, Gregory.

MR. NOONE:

Thank you, sir.

CHAIRMAN MYSTAL:

Our last speaker is Kathy Liguori.

MS. LIGUORI:

Good afternoon. Originally, I came here to thank the Legislators that provided me support to my issue of a grease trap with the Department of Health. And I just wanted to tell you that that heightened sense of attention has brought a positive resolution to the Board review, and the due diligence that was provided by the Department of Health made it much simpler for us. And the implementation or the tie-in to the grease trap will be less than what the costs that we originally incurred from architectural fees and application fees.

CHAIRMAN MYSTAL:

I'm glad to hear it.

MS. LIGUORI:

But --

CHAIRMAN MYSTAL:

But.

MS. LIGUORI:

-- what I really need to say is not going to be said in three minutes.

CHAIRMAN MYSTAL:

Well, you got two minutes and nine seconds.

MS. LIGUORI:

Introductory Resolution 1293 needs to be amended to include noncontracted providers as --

CHAIRMAN MYSTAL:

We are going to amend it.

MS. LIGUORI:

As well as Introductory Resolution 1510.

CHAIRMAN MYSTAL:

That you have to talk with Viloría-Fisher.

MS. LIGUORI:

And perhaps we can express through another committee meeting and presentation as to why the child care providers can receive payments from the County without being contracted.

We do not want to do anything that is going to be a detriment to the Department of Social Services in delaying the payments to the providers. We are frustrated. We appreciate the efforts. Word to me is that payments are 44 to 46 days. We still have CPS is cases that are outstanding six months before we get a letter of approval in order to bill, plus then we have to wait the extra 44 days to get payment.

My concern for Kinder Track is that if we are short staffed, and they've already lost two supervisors and have not been replaced, which is possibly the reason for the delay again, why -- who is going to be implementing the Kinder Track system. And if there are no resolutions passed at all, is that going to take away from the normal processes that we are currently to date with processing the payments?

So, you know, Cheryl Felice was here originally when Katie and I spoke. We got all of your attention. You know, if you refer back to the minutes, one of you said that if we have to roll up our sleeves and get into that department and help you, we will. And, yeah, you're helping us, but I'm very frustrated. And the last thing I want to see is that I spent so much time to try to advocate for the good of the cause; it's effortless. So please amend the laws and give us -- understand why we need noncontracted child care providers to be included in both of them.

CHAIRMAN MYSTAL:

Thank you. 1293 will be amended. The amendment to 1510, you're going to have to talk with the sponsor, because I cannot amend another Legislator's bill. So my bill I can amend, because -- and I just talked with the Lawyer and the Lawyer will amend the bill. The other bill, you're going to have to contact Legislator Viloría-Fisher directly. Okay?

MS. LIGUORI:

Okay.

CHAIRMAN MYSTAL:

Thank you. Anybody else wish to address the committee? If not, we are going to go to the agenda

P.O. LINDSAY:

Do we have to?

CHAIRMAN MYSTAL:

We're going to make it very fast, very quick.

LEG. KENNEDY:

Double time.

CHAIRMAN MYSTAL:

Double time. So pay close attention, this is going to go fast, auction time.

TABLED RESOLUTIONS

1408 - A Local Law to improve pool safety and protect against accidental drowning.

LEG. HORSLEY:

Motion to table.

CHAIRMAN MYSTAL:

Motion to table by Legislator Horsley, seconded by Legislator Eddington. All in favor? Abstention? Nay? Motion is **tabled**. (*Vote: 5-0-0-0*).

1295 - Directing the Department of Health Services to conduct and audit of retail establishments that sell pesticides. Motion to table by Legislator Eddington, seconded by myself. All in favor? Abstention? Nay? Motion is **tabled**. (*Vote: 5-0-0-0*).

INTRODUCTORY RESOLUTIONS

1432 - Amending Adopted Resolution 1123-2006, to establish a Tick Management Task Force in Suffolk County. Motion to approve by Legislator Kennedy, seconded by Legislator Nowick. All in favor? Abstention? Nay? Motion is **approved**. (*Vote: 5-0-0-0*)

1435 - Amending Adopted Resolution Number 815-2006. Motion to approve by Legislator Kennedy, seconded by Legislator Nowick. All in favor? Abstention? Nay? Motion is **approved**. (*Vote: 5-0-0-0*)

1465 - Approving the appointment of Teresa Strum to the Suffolk County Disabilities Advisory Board (Group C). That's the one you want approved, right? Sir, I'm talking to you. You want it approved? Is she here? It's an appointment. She's not here.

MR. ZWIRN:

She's here.

CHAIRMAN MYSTAL:

Is she here? Oh, she's here. Does anybody want to ask Miss Strum any question?

LEG. KENNEDY:

How do you like your job?

MS. STRUM:

I love my job.

CHAIRMAN MYSTAL:

Love her job, okay. Motion to approve by myself, seconded by Legislator Horsley. All in favor? Nay? Abstention? Motion carries. (*Vote: Approved 5-0-0-0*)

1473 - Approving the appointment of Ingo J. Gloeckner to the Suffolk County Disabilities Advisory Board (Group C).

MR. ZWIRN:

Table.

CHAIRMAN MYSTAL:

Is he here?

MR. ZWIRN:

No, table.

CHAIRMAN MYSTAL:

Oh, you want to table it. Motion to table by myself, seconded by Legislator Horsley. All in favor? Abstention? Nay? Motion is **tabled. (Vote: 5-0-0-0)**

1475 - Approving the reappointment of Deborah Epple to the Suffolk County Disabilities Advisory Board-Group B. Motion to -- is she here?

MR. ZWIRN:

Yes.

CHAIRMAN MYSTAL:

She is here. Anybody have any question for her?

LEG. HORSLEY:

You missed one.

CHAIRMAN MYSTAL:

No. I missed 74? Okay, I'm going to come back to 74.

LEG. HORSLEY:

Okay.

CHAIRMAN MYSTAL:

75, she's here. Nobody has any question for you. Motion to approve.

P.O. LINDSAY:

Where is Deborah?

MS. EPPLE:

Right here.

CHAIRMAN MYSTAL:

She's right here.

P.O. LINDSAY:

Oh, okay.

CHAIRMAN MYSTAL:

Okay. Motion to approve.

LEG. NOWICK:

You got to keep up with it, Bill.

LEG. KENNEDY:

Motion.

LEG. EDDINGTON:

Motion to approve.

CHAIRMAN MYSTAL:

Motion to approve by Jack Eddington, seconded by Legislator Horsley. All in favor? Abstention? Nay? Motion is **approved. (Vote:5-0-0-0).**

1474 - Approving the reappointment of Kleo J. King to the Suffolk County Disability

Advisory Board-Group B. Is Mr. King here? No, he's not here.

P.O. LINDSAY:

He doesn't have to be here.

CHAIRMAN MYSTAL:

Doesn't have to, it's a reappointment, you know, so motion to approve by myself, seconded by Legislator Eddington. All in favor? Abstention? Nay? Motion carried. **(Vote: Approved 5-0-0-0)**.

1476 - Approving the reappointment of Beverly Cody to the Suffolk County Disabilities Advisory Board-Group B. She is here. Nobody has any question for her. Thank you very much. I make the motion to approve by Legislator Eddington, seconded by Legislator Horsley. All in favor? Abstention? Nay? Motion carried. **(Vote: Approved 5-0-0-0)**.

1478 - Further amending Adopted Resolution No. 176-2006, Public Health Nursing Task Force. Yes, sir.

MR. BROWN:

Thank you, Mr. Chair. Dennis brown from the --

CHAIRMAN MYSTAL:

Let me get a motion -- go ahead, sir.

MR. BROWN:

Dennis Brown from the County Attorney's Office. Just for the record, I want to clarify that the committee does not have any questions for the County Attorney's Office in regard to this resolution --

CHAIRMAN MYSTAL:

No, we don't.

MR. BROWN:

-- as raised by Ms. Kellett?

CHAIRMAN MYSTAL:

No, we don't.

MR. BROWN:

Thank you.

CHAIRMAN MYSTAL:

Okay. Motion to approve by Legislator Eddington, seconded by Legislator Horsley. All in favor? Abstention? Nay? Motion carried. **(Vote: Approved 5-0-0-0)**.

1504 - Authorizing application to the New York State Department of Health for approval of the transfer of the Suffolk County Department of Health Services Division of Emergency Medical Services to the Department of Fire, Rescue and Emergency Services. I've been --

MR. ZWIRN:

Table.

LEG. KENNEDY:

Motion to table.

CHAIRMAN MYSTAL:

Oh, my God.

MR. ZWIRN:

Yes.

CHAIRMAN MYSTAL:

Motion to table.

MR. ZWIRN:

Yeah, fine.

CHAIRMAN MYSTAL:

Okay. Motion to table, seconded by Legislator Kennedy -- seconded by Legislator Eddington. All in favor? Abstention? Nay? Motion is **tabled**. *(Vote:5-0-0-0)*. You guys are serious about this.

MEMORIALIZING RESOLUTIONS

Memorializing Resolution. MR 35 - Memorializing Resolution in support of the inclusion of basic cardiopulmonary resuscitation (CPR) training in secondary school health education curriculum, Senate Bill S.178 and Assembly Bill A.3646. Motion to approve by Legislator Kennedy, seconded by Legislator Nowick. All in favor? Abstention? No? Motion carried. *(Vote: Approved 5-0-0-0)*. Mr. Mark Twain.

MR. ZWIRN:

Yes. We just have -- we're going to be bringing forth three CN's at the meeting with the Health Department, and Margaret Bermel is here from the Health Department, to just tell you what they are, so there's not a surprise at the General Meeting.

MS. BERMEL:

The first resolution is to accept 100% State Aid in the amount of 151,000.

CHAIRMAN MYSTAL:

All right, one of them.

MS. BERMEL:

The second is to accept Federal Aid, 100% Federal Aid in the amount of \$11,000.

CHAIRMAN MYSTAL:

Wonderful.

MS. BERMEL:

And the third is to authorize the entering into a contract with {Chem RX} in response to an RFP. There was only one respondent. So, in compliance with the Local Law 3-1996, we must authorize entering into a contract through resolution approved by the Legislature.

MR. ZWIRN:

And we'll bring the backup with us to the General Meeting, so you have it.

CHAIRMAN MYSTAL:

Thank you. No question, Jack.

MS. BERMEL:

Thank you.

CHAIRMAN MYSTAL:

You'll see it at the meeting. Okay?

MR. ZWIRN:

Thank you.

CHAIRMAN MYSTAL:

I think I forgot one Reso, **1293 - Authorizing payments to Day Care Providers in advance of *audit***. Motion to table by myself, seconded by Legislator Eddington. All in favor? Abstention? Nay? Motion is tabled. Okay. I'll take a motion to adjourn.

LEG. KENNEDY:

Motion.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

You got them? Okay. Motion to adjourn.

[THE MEETING WAS ADJOURNED AT 2:26 P.M.]

{ } Indicates Spelled Phonetically