

HEALTH AND HUMAN SERVICES COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

VERBATIM MINUTES

A regular meeting of the Health and 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, Smithtown, New York, on Thursday, February 25, 2010 at 2:00 p.m.

MEMBERS PRESENT:

Legislator Kate Browning, Chairperson
Legislator Vivian Vilorio-Fisher - Vice-Chairperson
Legislator John Kennedy
Legislator Jack Eddington
Legislator Tom Muratore

ALSO IN ATTENDANCE:

George Nolan, Counsel to the Legislature
Barbara LoMoriello, Deputy Clerk of the Legislature
Craig Freas, Budget Review Office
Maxvel Rose, Aide to Legislator Gregory
Paul Perillie, Aide to Majority Caucus
Linda Bay, Aide to Minority Caucus
Steve Tricarico, County Executive Assistant
Lynne Bizzaro, County Attorney's Office
Greg Blass, Chief Deputy, SC Department of Social Services
Dr. Linda Mermelstein, Acting Commissioner, SC Department of Health Svcs. Matt Miner, Deputy Commissioner, SC Department of Health Services
Len Marchese, SC Department of Health Services
Margaret Bermel, SC Department of Health Services
Dennis Brown - County Attorney's Office
Ginny Suhr - Aide to Leg. Vilorio-Fisher
Dot Kerrigan, AME
Janet DeMarzo
Karen Acompora - Louis J. Acompora Foundation
Other Interested Parties

VERBATIM TRANSCRIPT TAKEN BY:

Diana Flesher, Court Reporter
Lucia Braaten, Court Reporter

(*THE MEETING WAS CALLED TO ORDER AT 2:14 P.M.*)

[THE FOLLOWING WAS TAKEN AND TRANSCRIBED BY DIANA FLESHER-COURT REPORTER]

CHAIRPERSON BROWNING:

Good afternoon. We'll start our Health and Human Services Committee with the Pledge of Allegiance led by Legislator Viloría-Fisher.

SALUTATION

Okay. Thank you. I apologize. We're starting ten minutes late. Legislator Viloría-Fisher has something she'd like to read into the record before we start with anything.

D.P.O. VILORIA-FISHER:

I just quickly wanted to mention a flier that Kara Hahn handed to me. It says "Are the Pills In Your Medicine Cabinet Fueling Your Community's Heroin Problem?" And it's mentioning to people that they should not flush their unused medication down the toilet but bring the unused medication on Saturday, March 13th, from 10:00 to 2:00 PM to the Sixth Precinct. I don't know if other precincts are doing this, but just in case anybody wants to let people know that that collection will be going on. Thank you.

CHAIRPERSON BROWNING:

And we do have two cards. First one Dot Kerrigan.

MS. KERRIGAN:

Good afternoon. Thank you, ladies and gentlemen of the Legislature. I just wanted to make a brief statement about one of the resolutions, the introductory -- the resolution amending Number 882-2008, creating the Oversight Management Committee for John J. Foley.

First of all, I want to thank all the members of the legislature for starting the committee and making Labor a part of it. We appreciate being included in that process. And we realize the economy is suffering, but we want to make a statement about the Oversight Committee and limiting it, because right now with the economy suffering, we would like to not lose track of why we started the Oversight Committee, was to save the building and for the taxpayers and for the residents of Suffolk County. Thank you.

CHAIRPERSON BROWNING:

Thank you. And next is Karen Acompora.

MS. ACOMPORA:

Thank you very much. And I'm just addressing the Legislature Committee on the two directives that you have concerning AED's. I think that you've all received my statement, but I would just like to read it personally as well.

"When a child is brought into the world, his or her parents begin to dream and imagine their futures. Never do they ever dream or imagine their funerals. We, as parents, can handle the possibility of our own mortality, but to face your child's before your own is unimaginable. But there are those of us, and I am a parent in this category, who has not only had to live through their child's passing but to learn to live with that memory each day.

On March 25, 2000, my son Louis was playing his first lacrosse game of his high school career. Early in the second quarter he blocked a routine shot with his chest. He took a few steps and he collapsed. At the time, we had no idea that Louis was in sudden cardiac arrest. There was no defibrillator available until EMS arrived 12 minutes after the event. Louis died from a syndrome known as Commotio Cordis. This occurs when a blunt impact interrupts a critical rhythm in the

heart."

I just want you all to know that Louis wearing a chest protector and he was 100 percent healthy.

"Louis was 14 years old when he passed away. At this juncture in our life we started the Louis J. Acompora Memorial Foundation to educate and help promote awareness of sudden cardiac arrest, automated external defibrillators and Commotio Cordis. The Foundation also began the process of legislation. The Suffolk County legislature took steps to implement a task force that would determine where and to what extent AEDs should be placed in our County. And today we know we have them in all our police cars as well as our county parks, buildings are equipped with AED's and staff trained to use them. Our next step was to have a law passed for all New York State Public schools to have AEDs. On May 7th, 2002, Louis' Law was passed which requires all NYS public schools to have an AED program and staff trained to use them." To this date 47 lives have been saved in New York State public schools.

"The foundation has also created the 12 for Life New York State Campaign. The 12 for Life Mission is to work in conjunction with the National Foundation for Human Potential by first providing an opportunity to volunteer in New York State Health and Human Services Organization to obtain AEDs for their group homes. Secondary, it is our mission to not only protect the above mentioned organizations' locations but through the required 911 emergency service registration of AED locations to assist in creating life saving partnerships with the neighborhood surrounding each site. This special needs community is proud to be able to provide this possible benefit to Suffolk County residents.

Resolution 1095-10 is a life saving tool that will benefit every resident in Suffolk County. Having AED locations readily available will save precious time in the event of a sudden cardiac arrest. With every minute that passes, a person's chance of survival drops by ten percent. Having the accessibility to AED locations on a 911 call will certainly give rescuers the tools quickly in the event of a sudden cardiac arrest situation." Thank you.

CHAIRPERSON BROWNING:

Yeah. Legislator Viloría-Fisher has a question.

D.P.O. VILORIA-FISHER:

Actually I don't have a question, Madam Chair. I want to thank you, Karen, because I remember when the tragedy was still very recent and you came and we enacted laws here at the Legislature that you really taught us about. And you've made a difference for a lot of people. You took that tragedy and really saved a lot of lives. Thank you for what you've done.

MS. ACOMPORA:

Well, thank you. And thank you to the Suffolk County Legislature because you have all implemented some wonderful laws and directives. And hopefully with these two, it will enhance what we're doing. So thank you.

CHAIRPERSON BROWNING:

Thank you.

I would like to ask some questions about an RFP that went out. Commissioner Blass, I met with this company last night. And I know that I brought it to you before. It was -- they investigate Medicaid fraud. The company's name is Summit. And I met them last night. So after meeting with them, you know, I was a little surprised that an RFP went out. They got the bid. A contract has been signed. And they have not been used. And I'm curious -- I have a few questions for you.

I know that they provided us with information in Nassau County where they have -- they were hired to do some Medicaid fraud investigations in Nassau County. In 2005, they were able to uncover over \$900,000 of fraud. And to the present. I think there's somewhere around \$16 million of Medicaid fraud that they have uncovered.

My understanding is the County contracted with Summit in February of '09. According to the contract agency, they have not been given any work to date. The contract is a fee for service contract, so I understand they're not getting paid unless they do the work. And there was a -- I'd like to know if we are using a data mining for, I guess, checking the Medicaid data bases for Medicaid fraud. So there are a number of questions, you know, why are we putting out RFP's, signing contracts and then not using them to do the work?

COMMISSIONER BLASS:

Madam Chairwoman, good afternoon. Madam Chairwoman, members of the Committee, I'll just comment briefly and then turn it over to the County Attorney's Office. I will say that the Medicaid provider for the project has had a slow start because the entities whom we identified worthy of -- I'm sorry, the entities that we've identified were worthy of audit are first cleared by the State of New York. And the State Office of Medicaid Inspector General has the option of taking them from us and proceeding on their own. And in many instances they've done that. We have had substantial recoveries in some areas where we've been able to do it all in-house and avoid the need for paying fees. But on the RFP issue, I will be happy to turn it over to Mr. Kovesdy.

CHAIRPERSON BROWNING:

Okay, well, that would be one of my questions. If we are doing it in-house, how much -- how much have we been able to recover through -- with the Medicaid fraud with doing it in-house?

MR. KOVESDY:

Good afternoon. Maybe I can help you. I was on the -- there were two RFP's. I was one of the people on the RFP Committee. These are 100% state funded, these particular programs. The state originally was -- gave us -- wanted to -- this came about after the State identified some dentists and doctors who had thousands of visits which they couldn't do under any case. So the State was preparing computer runs and they wanted the localities to go after it.

We awarded three contracts, one to a legal firm to go after, one to an accounting firm. And I'm not completely sure about the group you're dealing with. Unfortunately, we don't get a penny of the recoveries. All the recovery money goes to New York State. They're providing the money for us to do this. And we don't get any money back. Even though some of these cases go back prior to the agreement with the State to take over Medicaid, we don't get anything back. So what really happens is, it goes into a line in our budget; then the State takes that money away. So we do all this good work and we reap no rewards for it.

CHAIRPERSON BROWNING:

Right. But we still save taxpayers money if we're able to recover it. But it's, you know -- then why -- why did we -- the company's name is Summit. And it was in February of '09 when they won the bid and a contract was signed. So why did we do an RFP and sign a contract with this company when now you're saying -- I mean you knew back then a year ago that any of the investigations they would do, we don't get any of that money.

MR. KOVESDY:

The State --

CHAIRPERSON BROWNING:

So why do we sign a contract in the first place?

MR. KOVESDY:

The State picked Suffolk County to do the recovery because the pilot program -- the State picked Suffolk County. They gave us the money and they said do an RFP. That's how we got involved in it. It didn't come from us. The State came down and told us to do it.

And the second part is -- I could really answer your question on the process how we picked -- how

we went through all the RFP's. Once that happened, you know, the Budget Office, the County Exec's Office steps aside and is done, you know, through the Department of Purchasing. But we don't get any money back. The State required us to do it as a pilot program. The State -- because the State now is paying for Medicaid over and beyond, and there was a cap, they wanted to limit their liability.

CHAIRPERSON BROWNING:

Okay. So do you have a plan or a timeline to use Summit? I mean, because you're saying it's a pilot, so they're telling you they picked you to do it. And I know Nassau County did it and saving \$16 million. Granted we don't get it; the taxpayers save it. So, you know, so then the grant paid -- there was a grant that was paid for that pilot to do the RFP? And I'm trying to understand why we even bothered.

COMMISSIONER BLASS:

Well, we're involved because the State directed, I believe, it was 12 counties to engage in the Medicaid provider fraud. We've always been doing Medicaid recipient fraud --

CHAIRPERSON BROWNING:

Right.

COMMISSIONER BLASS:

-- through our Special Investigative Unit, the department. But provider fraud now has been very, I should say, jealously turned over by OMIG, Office of Medicaid Inspector General, to us. And so far we have not needed to incur the fees that the firm would charge for their services because we really haven't needed their services yet. And that's because the State has, again, jealously guarded their prerogative to have first dibs on who's investigated.

We have investigated pharmacists; we've investigated doctors and dentists and also transportation firms. And the truly significant ones that we've targeted have turned out to be of primary interest to the State. And they have exercised their prerogative and told us *we're very grateful that you've identified this. We want to do it ourselves.* So we have accomplished some investigations but not enough to reach the level where outside investigative services, such as those with which we are in contract with Summit to provide, have been necessary. We're getting there but it's been a slow journey.

CHAIRPERSON BROWNING:

How many people have you been using to do it in-house?

COMMISSIONER BLASS:

Special Investigative Unit consists of approximately 48 positions. About 45 of them are filled now. And they have been doing this along with recipient fraud, as we said, since the project really started last year. I can have a more detailed report for you, Madam Chairwoman, I can send to you about the progress of the provider fraud investigations and outcomes that we've had and amounts recovered either at the next meeting or sooner if you'd like. I can e-mail everybody on the Committee.

CHAIRPERSON BROWNING:

Yeah, if you could. And so the State mandated you do this?

COMMISSIONER BLASS:

That's correct. They used -- at one time they prohibited us from doing it. And then they realized that the -- as the program grew, as Medicaid providers and recipients have increased so drastically in number, then they decided it was necessary to share the investigative function with the Counties, the districts. And we -- well, as we said before, we spend almost \$2 billion a year in Suffolk County alone. When I say "we" I mean the State does on Medicaid.

CHAIRPERSON BROWNING:

Has DSS executed a separate contract for Medicaid fraud data mining?

COMMISSIONER BLASS:

Yes. Yes, we have.

CHAIRPERSON BROWNING:

Okay. And who's that contract with? You're currently using --

COMMISSIONER BLASS:

It's one of the accounting firms but I can't remember the name of it. I'm sorry.

CHAIRPERSON BROWNING:

We are using their services right now?

COMMISSIONER BLASS:

We have used theirs to a limited degree, yes.

CHAIRPERSON BROWNING:

Okay. So if you could -- if you don't remember the name, if you could get that name to me and I guess the rest the Committee.

COMMISSIONER BLASS:

It's one of those names that's at the tip of your tongue. Salient. Salient.

CHAIRPERSON BROWNING:

What is it?

COMMISSIONER BLASS:

Salient. S-a-l-i-e-n-t. It happened. Inspiration.

CHAIRPERSON BROWNING:

Okay. And over the past year how much money have you recovered from Medicaid provider as far as fraud's concerned?

COMMISSIONER BLASS:

We have reached the approximately \$2 million number; between one and a half and two million. But the actual receipt of the funds by the State is still dependent upon audit approvals and other steps that are taken in the bureaucracy that Medicaid has handed down to us. So the monies -- actual transfer of the monies have not gone much beyond a settlement stage where the negotiations have been completed. I don't believe any of them have gone to trial or prosecution because they have been settled. But the actual turnover of the funding to those dollar figures I just cited has not yet occurred.

CHAIRPERSON BROWNING:

Okay. Vivian?

D.P.O. VILORIA-FISHER:

This is the first I'm hearing about it. I'm very confused by the question and answer. Now, the State has a pilot program. They chose us as one of the counties. And the goal of the program is to investigate provider fraud; Medicaid fraud?

COMMISSIONER BLASS:

That's correct.

D.P.O. VILORIA-FISHER:

Okay. And we currently have 48 investigators, but they're doing recipient fraud, patient fraud as well as provider fraud?

COMMISSIONER BLASS:

SIU, the Special Investigative Unit of the Department of Social Services is tasked with doing a number of various welfare fraud investigations right down to those who are improperly receiving, say, rental allowances or temporary assistance. All programs in the department.

D.P.O. VILORIA-FISHER:

Or people who have assets that they haven't declared --

COMMISSIONER BLASS:

Exactly.

D.P.O. VILORIA-FISHER:

-- as having.

COMMISSIONER BLASS:

Exactly.

D.P.O. VILORIA-FISHER:

Okay, that kind -- okay, so it's a very general --

COMMISSIONER BLASS:

And --

D.P.O. VILORIA-FISHER:

I mean the 48 positions aren't just on Medicaid fraud?

COMMISSIONER BLASS:

Right. They are --

D.P.O. VILORIA-FISHER:

It's all a variety of things.

COMMISSIONER BLASS:

Right. As required by the County Charter and by the State Social Services Law, we are responsible for investigating the fraudulent receipt of government funding from all various programs; HEAP, food stamps, you name it. We have to investigate irregularities that occur in those programs.

D.P.O. VILORIA-FISHER:

Right. Now, if I understood you correctly, you said that the State would pay the cost of the contract agency that would be doing this fraud investigation?

COMMISSIONER BLASS:

Yes, that's correct.

D.P.O. VILORIA-FISHER:

But they would reap the benefits.

COMMISSIONER BLASS:

Yes, that's correct.

D.P.O. VILORIA-FISHER:

Okay. I'm wondering if that money's available, and we were to take advantage of it, would it help to relieve some of our financial pressure? I understand you said that there were a couple of vacancies

in this? So probably everyone in that unit is working very hard. If we took advantage of the State's willingness to pay for this contract agency to do it, would it make things a little easier for the people in that SIU unit. I think that's --

COMMISSIONER BLASS:

Yes, SIU, Special Investigative Unit. The Medicaid work is -- those investigators who are doing Medicaid work are paid for with one hundred percent reimbursement from the Medicaid Program.

D.P.O. VILORIA-FISHER:

Okay. So it's already being paid for by the State. I see. Okay. Thank you. I was just curious about that because it was a little counterintuitive. Thank you.

CHAIRPERSON BROWNING:

So if this Summit, we hired them to do the work, and they uncover fraud, we get nothing from the State in return for hiring them?

COMMISSIONER BLASS:

Not much, no. We get -- actually nothing is correct. We don't get very much at all. We are carrying this out as a mandate from the State. They -- I think the logic behind their position is that since they are -- pay for full salaries, benefits, fringe benefits, everything that's associated with the staff who are responsible for running the Medicaid Program in Suffolk County, they believe that they're entitled to a recovery of any of the results of audits that come our way.

So, too, with our assets and recovery unit. We have another unit that deals with -- that we've recently revitalized that is responsible for pursuing mortgages that were attached to properties owned by recipients who then have either passed away or who have transferred it in a very quiet way. Those mortgages are collectable as long as the six-year Statute of Limitations hasn't expired. That in our unit recovers Medicaid funding that's all one hundred percent reimbursable to the State.

If, however, we recover other program funding that is a result of this mortgage, 25 percent of that comes back to the County because those are partially funded by the County. So we only get back what we contribute. And if they -- meaning the Medicaid Division or program of the State funds the program 100% and your recovery's are returned 100 percent.

CHAIRPERSON BROWNING:

Data mining services, so the same for them when -- are they getting paid fee for services?

COMMISSIONER BLASS:

Yes.

CHAIRPERSON BROWNING:

And do we get anything back from them? Is it -- they're basically the same?

COMMISSIONER BLASS:

That's correct. Same situation. This is a project that has much promise for the Medicaid Program; because the more Medicaid is able to recover and the more help OMIG has in doing this, the less that Medicaid will be dependent upon other revenue sources to replenish their -- the cost of the program. And as soon as this really gets off the ground in Suffolk County, albeit it's been slow process but we're getting there, the more we would be able to count on seeing some of those funds reinvested in the Medicaid Program and prolong the Medicaid arrangement that we have which really is working very well. It's a program that has met the needs of almost ten percent of the Suffolk County population. And if you add the Child Health Care Plus to that, it's almost 13 percent of the Suffolk County population is a recipient of the Medicaid benefits.

CHAIRPERSON BROWNING:

So -- I don't know. I'm going to give it back -- John, you have a question?

LEG. KENNEDY:

You make reference to OMIG several times, Commissioner. And I had occasion to see an article recently about them and to learn a little bit more about them. At the state level they're a relatively new agency in that I think they've only been in existence since 2006, 2005. And they're undertaking a number of audits throughout the State in a variety of different areas associated with Medicaid. But they seem to have had some strange tactics particularly when it comes to program providers. Are you familiar with this sampling that they do from a audit function?

COMMISSIONER BLASS:

In terms of identifying fraud?

LEG. KENNEDY:

Yes.

COMMISSIONER BLASS:

Yes, I'm generally familiar.

LEG. KENNEDY:

And then extrapolating that from the whole population for multiple years and add it to go ahead and extract some kind of an agreement to settle from a provider before running a full administrative judicial process.

COMMISSIONER BLASS:

Right. And it's amazing how much of -- how many of these cases result in settlement. It's -- even the most casual observer much less a specialist is able to discern that, for instance, a home health aide can't provide services for 612 hours a week. It's just not doable.

LEG. KENNEDY:

Well, it's a fine line that I would say that you walk. And in some cases, I would say that what agencies are facing is settling either for something less than the 100 percent that's been extrapolated or being compelled to have to litigate when they are in a position right now of not even being able to make payroll. I guess what I'm asking you is, do we employ those same tactics here on a local level?

COMMISSIONER BLASS:

So far, no, we don't have to. The problem with OMIG is that they are not nearly as staffed for what they've undertaken. And the other side of it is that the program that's involved here, namely, Medicaid has grown so exponentially --

LEG. KENNEDY:

Absolutely.

COMMISSIONER BLASS:

-- in every part of the State, faster probably than any state in the union combined with the most -- the most liberal qualification or eligibility standards meaning that many more are accessing services and many on the receiver end as well as on the provider end are taking advantage of it.

LEG. KENNEDY:

And we have a wide range of services we provide New York, too. We are the Cadillac. Okay. Thank you. I appreciate it. Thank you.

CHAIRPERSON BROWNING:

Okay, Tom.

LEG. MURATORE:

I have a question for the Chair. Madam Chair. You said at the beginning that Nassau County recovered \$6 million through this company?

CHAIRPERSON BROWNING:

Sixteen.

LEG. MURATORE:

Sixteen million.

CHAIRPERSON BROWNING:

Yeah.

LEG. MURATORE:

Yet the Commissioner said very little was recovered. So is it the same profits in Nassau that Summit is working on?

CHAIRPERSON BROWNING:

Okay. They were hired as of 2005. It was over 900,000, 2005; a little over two million in '06; '07 was about two million; '08 was a little over four; and '09 was little over six, quite a bit over six.

LEG. MURATORE:

It's going up each year and we don't have that --

CHAIRPERSON BROWNING:

Each year it's gotten more.

LEG. MURATORE:

We cannot recover that kind of money?

COMMISSIONER BLASS:

Since we just started the program, really got off the ground in Suffolk in '09, we really are just beginning to show those kinds of results. And I'll have the figures for you, Legislator Muratore, when we are able to put a report together for you within the next few days.

LEG. MURATORE:

Thank you. I appreciate that. Thank you.

CHAIRPERSON BROWNING:

Okay. And, you know, I'm reading their memoranda on some of the things that they did. And it says their efforts have led to 20 clients being arrested in '09. They identified and spearheaded a food stamps investigation which resulted in the arrest of five store owners and losses of licenses for food stamps, beer, cigarettes and lotto. All the arrests in food stamp operation info can be found in press releases in the Nassau DA website.

So, you know, it seems like it extends to a whole lot more than just the Medicaid. And I know what you're saying, that we don't get the money back. But at the same time when it comes to taxpayers and if we are getting the fees for services, I mean, we're going to get something back to pay for that service. I'll wait for your information and we'll have more discussion on it. Because I don't want to see that we're missing out. I mean, too often we see these kinds of things going on and we can't allow it to keep going on.

COMMISSIONER BLASS:

The SIU operation in all of their investigations has, I think, been exemplary. We have made a number of referrals of non-Medicaid fraud claims to the District Attorney's Office. We do it regularly. And I think that when it comes to the Medicaid provider for a project, we're just beginning to hit a stride now. And it will do very well.

CHAIRPERSON BROWNING:

Does that unit include -- I know that there's times, you know, somebody's living in a house receiving rent payments through DSS and, you know, maybe they have other individuals living in the home that shouldn't be living there. Does that Unit investigate those also?

COMMISSIONER BLASS:

That's affirmative. Yes, we do. And, in fact, we just included on the DSS website a form and very easily explainable step by step process to report welfare fraud, Medicaid fraud, any kind of fraud, even anonymously.

CHAIRPERSON BROWNING:

Okay. Thank you. With that, I don't know -- do you have any other --

LEG. MURATORE:

Madam Chair.

CHAIRPERSON BROWNING:

Sorry. Tom, you have a question? I'm sorry.

LEG. MURATORE:

Question again for you. Is it permissible -- I don't know protocol, can we bring this company before the Committee and talk to them directly?

CHAIRPERSON BROWNING:

Oh, we can do that.

LEG. MURATORE:

Can we think about that?

CHAIRPERSON BROWNING:

I did meet them. They did come here last night. I met with them here last night and got this information so this is all kind of new to me. We can certainly have them come and do a presentation to show what they've done, if you'd like that.

LEG. MURATORE:

So we have a little more information, get it right from the horse's mouth that way.

CHAIRPERSON BROWNING:

Well, we can have them come maybe at the next Committee meeting and do a presentation.

LEG. MURATORE:

Good. Thank you.

CHAIRPERSON BROWNING:

No problem. Okay. Commissioner, do you have anything you'd like to report before we --

COMMISSIONER BLASS:

No, Madam Chair. We came here mainly for the resolution that I understand has -- we need more backup, and that's the DV registry resolution, which we'll be glad to discuss when it has the MOU and other information that you still need.

CHAIRPERSON BROWNING:

Okay. Health Department, do we have any comments or do you want to wait for the resolutions? Wait for the resolutions, okay. Okay. So we shall begin.

INTRODUCTORY RESOLUTIONS

Resolution 1053, authorizing a Memorandum of Understanding among the Suffolk County Police Department, the Suffolk County Office of Probation, Suffolk County Sheriff's Office, the Suffolk County District Attorney's Office and the Suffolk County Department of Social Services for sharing Domestic Violence incident information. (County Executive) It sounds pretty basic. I guess I'll make a motion to approve, second Legislator Eddington. All in favor? Opposed? Abstentions?

LEG. KENNEDY:

You know what, I'm going to abstain on it for right now, Madam Chair, because I just want to see about the involvement of the court. So if you just mark me as an abstention, I would appreciate it.

CHAIRPERSON BROWNING:

Okay, so we have one abstention, Legislator Kennedy. With that the motion carries. **APPROVED (VOTE: 4-0-1-0. LEGISLATOR KENNEDY ABSTAINED)**

1095-10, directing the Department of Health Services to make its database of automated external defibrillator locations available to emergency 911 dispatchers (Lindsay) Motion to approve Legislator Vioria-Fisher, second Legislator Kennedy. Okay. Linda, you have a comment?

DR. MERMELSTEIN:

Thank you. First I wanted to just say that I applaud the Legislators' efforts to improve access to AED and the County. This is a very good thing. I just wanted to let everyone know that currently our EMS staff when we receive a Notice of Intent from one of the -- from any agency that they are participating in the public access defibrillation program or the Pad Program, that we do send out notification to the dispatchers, to FRES and with a request that FRES send it to another dispatch agency if it's not them.

We also send notices to the ambulance companies that are in the location where whatever agency that's applying has it so that information is sent out.

I have one small concern about the data base. And that is that the state requirements or the state law that regards the public access defibrillation program requires that agencies put in a Notice of Intent to the local -- the regional EMS Council, which essentially comes to our EMS Division as the program agency for that Council. The law does not require them, however, if they withdraw their program participation to notify us. So there is the possibility within that data base that we have listed people having, you know, agencies that are participating in Pad Program that may have closed up shop or removed their AEDs. If they don't notify us, we don't know to take it out of our data base. So that was the only concern I had with that resolution, is just we're happy to give the information to the dispatchers and we sort of already do at the time that the agencies let us know that they're participating. But over time, there's the possibility that there might be information in the data base that's not up to date.

CHAIRPERSON BROWNING:

So what would it take -- so I guess it takes state legislation to require them to notify you if they are no longer -- they no longer have one?

DR. MERMELSTEIN:

Yes, that is what would be required. Just as an additional piece of information, is also that an agency may have multiple buildings and locations. And they let us know, their Notice of Intent says, you know, *we're a sports agency, you know, we're participating in Pad Program*, but they don't always tell us every location of every single one of the AEDs that they purchase and put up. So, again, the data base, you know, has a certain value to us because we use it to track who sends us and that we have, in fact, made the notification to the state that agencies are participating. But it

does not have a lot of detailed information that I think some of the resolutions that I see are coming out are trying to get at.

CHAIRPERSON BROWNING:

Okay. Well. I don't want us to get --

MR. PEARSALL:

Can you table this for one cycle?

CHAIRPERSON BROWNING:

I was going to say that. I think, we don't want to be giving out the wrong information to people either. So I guess --

D.P.O. VILORIA-FISHER:

I'll withdraw.

CHAIRPERSON BROWNING:

You'll withdraw. I guess I'll make a motion to table. You'll second that? Legislator Viloría-Fisher will second it.

D.P.O. VILORIA-FISHER:

Second.

CHAIRPERSON BROWNING:

All in favor? Opposed? Abstentions? It's **TABLED (VOTE: 5-0-0-0)**.

DR. MERMELSTEIN:

Can I just add one thing? We will be happy to meet with you, work with you to try and improve and make corrections in any way with these AED resolutions.

CHAIRPERSON BROWNING:

Yeah, I think they're a great idea. And maybe you want to stick around because we got another one coming up. But I guess we're going to have to talk to some state representatives to get the state legislation.

Next one is **1096-10, directing the Department of Health Services to develop signs for locations of automated external defibrillators. (Lindsay)** I will make a motion to approve. Second? Second, Legislator Viloría-Fisher. Do you have any comment on that?

DR. MERMELSTEIN:

Yes. On this one, again -- again, I want to say how much I applaud the efforts of the Legislature to do the right thing and to help make improved access for AEDs.

With regard to this one, again, the state law requires that there be signage. And at the time that we receive Notice of Intent, we work with agencies to give them information that they need to be in compliance with the regulations. For us this is an unfunded mandate for Health. We don't have money budgeted to buy signs and to get into the business of ensuring that everyone has signs. When you -- an agency decides to participate in the Pad Program, they purchase the AEDs on their own with their own funds. And this is using Health Department funds now to do something that the private sector generally does so --

CHAIRPERSON BROWNING:

Do you have any idea how much it would cost to do this?

DR. MERMELSTEIN:

That I'm not sure.

CHAIRPERSON BROWNING:

Okay. I will withdraw my motion to approve at this time. And we'll table it and talk to the Presiding Officer. So I'll make a motion to table, second by Legislator Viloría-Fisher. All in favor? Opposed? Abstentions? It's **TABLED (VOTE: 5-0-0-0)**.

DR. MERMELSTEIN:

Thank you.

[THE FOLLOWING WAS TAKEN BY LUCIA BRAATEN-COURT REPORTER AND TRANSCRIBED BY DONNA CATALANO-COURT REPORTER]

CHAIRPERSON BROWNING:

Next one is **1103, Amending Resolution NO. 882-2008, creating an Oversight Management Committee for the John J. Foley Skilled Nursing Facility (LINDSAY)**.

LEG. KENNEDY:

I'm going to make a motion to table, Madam Chair. There is, as you may have seen with articles in the past couple of weeks, unfortunately, a tremendous amount of turmoil seems to have once again revisited John J. after so much progress and so much hard work by this body to go ahead and restore a degree of confidence. Just today I'm hearing about a substantial uptick in residents requesting PRI's or families of residents requesting PRI's, once again contemplating transfer.

The evaluation of the degree of need, and again, quite candidly, because we've unnecessarily or needlessly seen that there was this notion that John J. is going to be vendored to some entity out there that, once again, I believe is completely elusive. But, nevertheless, the Oversight Committee needs to meet, needs to meet immediately.

As a matter of fact, it's my intention to come to the next Oversight Committee. And, quite thankfully, Dr. Mermelstein and the Health Department are gathering a significant amount of data that I've asked specifically to address some of the issues associated with agency expenditures, staffing issues, and some of the other costs that are, in my opinion, unnecessarily tagged to John J. Foley and don't necessarily belong there. So I'll respectfully request the tabling.

CHAIRMAN BROWNING:

Okay. I believe the sponsor --

D.P.O. VILORIA-FISHER:

Jack Eddington would like to second it.

CHAIRMAN BROWNING:

Seconded, Legislator Eddington. All in favor? Opposed? Abstentions? It's **TABLED (VOTE: 5-0-0-0)**.

Okay. **1129 - A Local Law to ensure the integrity of prescription labels in Suffolk County (Cooper)**.

D.P.O. VILORIA-FISHER:

I'll make a motion to table.

CHAIRMAN BROWNING:

Okay. The sponsor wants it tabled.

D.P.O. VILORIA-FISHER:

Public Hearing.

CHAIRMAN BROWNING:

Oh, it does, indeed. I'll make a motion to table for public hearing, second, Legislator Eddington. All in favor? Opposed? Abstentions? Sorry. Did you get that?

MS. LOMORIELLO:

Yes.

CHAIRMAN BROWNING:

Motion second. I guess the motion carries. It's tabled for Public Hearing. **(VOTE: Tabled 5-0-0-0).**

1162 - Extending the deadline for the Suffolk County Health Center Financial Review Committee (Browning). I was going to ask you, George. The Committee has come up with their decision. A report has gone out. I don't want to -- I'm considering tabling it at this time, because the Legislature, we are going to work to make sure the full Legislature gets the presentation as to what the decision was, and we will have the John Snow Corporation come to do that presentation. Now, I know that ultimately it's the Legislature's decision as to what we do, not so much the Committee, so my question is, is there any point in time that we could possibly need that committee to stay in place and send it back to them, or is it going to wind up where we're just going to be going to be the ones to make that decision?

MR. NOLAN:

No. Ultimately, it will be our decision. This is an advisory committee. I didn't know this, but you've told me they've issued a report, so probably there's no need to enact this resolution at this point.

CHAIRMAN BROWNING:

Okay. So then I will make a motion to table; second, Legislator Vilorio-Fisher. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 5-0-0-0).**

1177 - Amending the 2010 Capital Budget and Program and appropriating funds for the Health Services Electronic Medical Record Program (CP 4036) (Co. Exec.).

LEG. KENNEDY:

Madam Chair, I'm going to make a motion to table this resolution. This is a very worthy cause and something that we've talked at great length about. And, as a matter of fact, we see healthcare institutions across the country kind of moving toward electronic records. But, as we have heard today in a rather full day of Legislative deliberation, the County Executive's Office has advised us of over \$25 million in property tax collections that we have not received to date.

And so, to take a phrase from the County Executive, there's things that you want and there's things that you need, and, quite candidly, an electronic medical record doesn't cure a sick child, it doesn't treat hypertension, and it doesn't treat diabetes, our physicians and our nurses and our health personnel in our facilities treat them. I think it's important that we look at when we'll have a better snapshot of our economic position and then make a determination to go forward.

CHAIRMAN BROWNING:

Okay. I think -- would -- Dr. Mermelstein, would you like to come up? I mean, Electronic Medical Records Program, I see that as a savings as far as efficiency and helping the staff to do their job better, so I could be wrong. Dr. Mermelstein, would you like to respond?

DR. MERMELSTEIN:

Yes. I would strongly support this resolution. We have been planning for an EMR for many years since the time that I joined the County, and I believe that it's essential to be able to allow us to provide better quality of care for our patients in a more efficient manner. I think medical care throughout the country is moving towards electronic medical records, and as far as our practices for

billing, we are able to get incentives from Medicare, Medicaid for using electronic medical records over the next couple of years. And within a couple of years they are actually going to penalize us financially if you don't have electronic medical record. So, in order to be able to continue to address the deficit funding that the County taxpayers pay for our health centers, it's essential that we kind of get with the program and stay current.

Just from my own standpoint as a practitioner, when you're taking care of patients, it's so much easier to do that when you have their record in front of you and it's in a format that you can read. Having to continue with the manual records that we have, it just puts a little bit of an obstacle; it makes it a little bit more difficult, a little bit more opportunity for medical errors to occur.

This streamlines the care that we can give the patients. It allows us to be able to send prescriptions directly to pharmacies so that we don't have to -- patients don't lose them; by the time they get to the pharmacy, it's already been faxed there, the information is ready and it's correct and accurate and the pharmacist can read it. There's so many things about the electronic medical record that make it a benefit to the patients and people that we serve in this County. I strongly support it, and I would be very disappointed if this resolution was not passed.

CHAIRMAN BROWNING:

Basically, what you're saying is you have an electronic medical record as a doctor, it would -- maybe you would be able to see a few more patients, too.

DR. MERMELSTEIN:

Yes. Initially, when you're first learning the system, obviously, we would have to slow down the process, but ultimately, within a short time, you will be able to see them. You will have all their information within a few mouse clicks to be able to take care of them.

In addition, in general, in the Health Department we have been moving towards electronic medical records throughout most of our programs. We're getting it in the jail, have it in our nursing facility and our methadone clinics, and we really feel that this is the right direction to go for our network of nine health centers. It also allows us to network, because if a patient normally goes to one health center and now they choose to go to a different health center maybe with different hours or a different time, then their record is accessible and the practitioners are able to can take care of them no matter where they go within our system.

CHAIRMAN BROWNING:

Okay. Vivian, you have a question?

D.P.O. VILORIA-FISHER:

Yes, I do. Budget Review, how is this amending the budget; could you just explain?

MR. FREAS:

It's a bond resolution.

D.P.O. VILORIA-FISHER:

Excuse me?

MR. FREAS:

It's a bond resolution. It authorizes the release of the --

MR. ZWIRN:

It was in the budget.

MR. NOLAN:

The money was in the project.

MR. FREAS:

Thank you. Right.

D.P.O. VILORIA-FISHER:

From what to what and from construction of what?

MR. FREAS:

It's actually in a -- what -- what the resolution does is releases -- authorizes the bond to be sold that then allows you to purchase the medical records, the electronic medical record piece.

D.P.O. VILORIA-FISHER:

I just -- when I was looking at the resolution, I was pondering what it was construction of.

MR. FREAS:

No, no, no. It's -- that has to do with the point system used in the Capital Budget. It's not really construction, it's -- there's a planning piece and then there's the purchase piece that actually in -- the construction piece is actually the installation of the software.

D.P.O. VILORIA-FISHER:

You're not raiding anything else to fund it. This was the Capital Program, this is what it was meant for, what we voted for? Okay. That's all -- that's I wanted to know.

MR. FREAS:

I wanted to point out there was some correspondence earlier in the week between our director, Ms. Vizzini, and Legislator Kennedy regarding a possible mandate for electronic medical record. As Dr. Mermelstein mentioned, that mandate exists by 2015, and the mandate is from the American Recovery and Reinvestment Act which gave money to actually some entities, to actually private entities, and to FOHCs to fund health information technology. If you don't have it by 2015, beginning in 2015, you begin to suffer, as Dr. Mermelstein said, financial penalties if you're not using the EMR.

MS. MERMELSTEIN:

Another advantage of the EMR -- I'm sorry to interrupt.

D.P.O. VILORIA-FISHER:

I'm just finishing my time before. I want to say that you said something that's very important, which we have been pushing for in the Legislature, which is to have that networking of information. I know I'm looking back at Janet, and when I had been Chair of Social Services, how many times did I say we need to be able to have a network of information from one center to another, whether it be Social Services or our clinics, so that we're not in the dark ages?

DR. MERMELSTEIN:

Actually, that's what I was going to mention. We're also participating in what's called a RHIO, a Regional Health Information Organization, where we can actually have connectivity with other hospitals and other agencies to be able to share information so if a patient comes to us, we might be able to pull down information about a visit that they had at another a hospital or some other provider's office. So it's really vital. We really can try and participate, but in a manual system, that makes it very difficult.

D.P.O. VILORIA-FISHER:

Is there a motion?

CHAIRMAN BROWNING:

Okay. There was a motion to table.

LEG. KENNEDY:

Yes. And if I can just --

CHAIRMAN BROWNING:

John.

LEG. KENNEDY:

Doctor, I think what I would say to you is absolutely everything you say I agree with. And as a matter of fact, I can tell you I've come nowhere near close to reading the number of medical records or writing the medical records that you have in your career, but when I used to be able to practice in disability work, I've literally gone through hundred of pages of medical records. And there's nothing more frustrating than not having a particular lab result or not having an MRI or not having access to radiologist's interpretation.

And I know as a matter of fact out in the private sector, radiologists actually routinely now download and read remotely, and so they don't have to be in a hospital. Everything that you tell me about this makes sense, and it is the way for any organization to go. However, I'll come back to any time we talk about productivity savings or increased volume, having been in a department for nine years, that is amorphous, nebulous and difficult to capture. I'll go to the other side, though. Let's talk about the amount of money associated with this right now, a million, four-million-five. Have we actually let the contract yet with a vendor? Do we have a software provider that's been engaged contractually yet?

MS. MERMELSTEIN:

We don't have a completed contract, but we're working on that. We've chosen a vendor.

LEG. KENNEDY:

You have selected a vendor, and so hen you're in the midst of discussion. Okay. Let me make sure I understand. Now I'll go back to BRO. The mandate, and I guess it's an unfunded mandate as to us or as it was funded mandates with others.

MR. FREAS:

I would say that is an accurate depiction of the situation, sir.

LEG. KENNEDY:

Okay. And that's a mandate that's been imposed, a Federal mandate.

MR. FREAS:

It is a Federal mandate at this point.

LEG. KENNEDY:

Okay. But that's not something that we have to comply with for another five or four years, four-and-a-half years, January, 2015, is that when we need to be compliant?

DR. MERMELSTEIN:

That's when the penalties start, but I think in the years before that you get an incentive, you get a higher rate of reimbursement.

LEG. KENNEDY:

How much higher?

MR. FREAS:

It's not crazy. It's between -- I'd say between one and five percentage points, depending on the year you get it executed and so forth.

LEG. KENNEDY:

Enough to offset the cost?

MR. FREAS:

I couldn't tell you that, sir, off the top of my head.

LEG. KENNEDY:

You know, I don't want to hold the committee up. I will say at this point that, again, it's got value, it's got merit, I think it's just not at this time. So thank you.

CHAIRMAN BROWNING:

Tom?

LEG. MURATORE:

You know, Madam Chairman, I'm a little confused. Being a Legislator, go into my office and they tell me, you know, make sure you sharpen your pencils all the way down to the end, use both sides of the paper, you know, there's a lot of doom and gloom. And, you know, to concur with Legislator Kennedy, we really should think about, you know, something that we want and something that we need in these economic times. And 25 million in tax revenue we're not receiving, we might be smarter to wait another year or two and then address this. It looks like we have time if there's -- if 15 is the time we have to have it on line. So that's my only comment on it.

CHAIRMAN BROWNING:

But the issue is you can't wait until the last minute. I know we went through the Fourth Precinct, and believe me, you can't wait until the last minute. And that's why, you know, this is -- while it's not a cure for somebody's ailment, to an extent it is. It's making things more efficient, it's a lion -- if somebody goes to the Shirley Health Center and then they want to go to the Patchogue Health Center, they will have that information in Patchogue.

LEG. KENNEDY:

Absolutely.

CHAIRMAN BROWNING:

Every visit they've had in Shirley. So it's -- I see it as a plus for Suffolk County residents who are in need of healthcare and who are going to see doctors in our health centers, I see that -- I don't see holding up spending the money to make sure that they're getting the health care that they need and deserve. Health care is not a privilege, it's a right, and we need to make sure that they get what they need and that we are providing a good service for everyone in Suffolk County. I am not going to table this. I certainly want -- Ben, do you want to make a comment?

D.P.O. VILORIA-FISHER:

I'll make a motion to approve.

CHAIRMAN BROWNING:

Well, we did have a motion to table. Did we get a second?

LEG. MURATORE:

Second.

CHAIRMAN BROWNING:

Second on the motion to table.

D.P.O. VILORIA-FISHER:

And I'll make a motion to approve.

CHAIRMAN BROWNING:

And we have a motion to approve and I'll second.

MR. ZWIRN:

We would just urge you to approve this. This is a big step. The Health Department is pushing this. The vendor who's involved with this gave us a big discount, I understand, to move forward at this time. It saves money, it can save lives. I mean, it's in the Capital Plan, it's not something that we're having to steal from. I mean, this is a really good government issue all the way around and should be approved.

MS. MERMELSTEIN:

Can I have one --

CHAIRMAN BROWNING:

It's already in the program. You know, we need to get with the program and catch up with technology.

MS. MERMELSTEIN:

One additional point is that along the lines of improving quality and reducing errors, I think there's a potential here for us to reduce our liability. And all it takes is a couple of cases to already spend a million or two. And if we're able to avoid that by being able to read the record appropriately, I think it's a worthwhile endeavor.

CHAIRMAN BROWNING:

It's something we've been hearing about for a long time. I don't think this is something that we should holding off on. I know we had a motion to table and a second. All in --

MR. NOLAN:

Another motion.

CHAIRMAN BROWNING:

We had a motion and a second. The tabling goes first. So all in favor of the tabling motion? Opposed. I'm opposed.

(Opposed: Chairman Browning and Legs. Viloría Fisher and Eddington)

CHAIRMAN BROWNING:

Abstentions? So the tabling motion fails. So we do have a motion to approve, I second -- oh, you second it. Legislator Eddington seconded. All in favor? Opposed?

LEG. KENNEDY:

Opposed.

LEG. MURATORE:

Opposed.

CHAIRMAN BROWNING:

Opposed, Legislator Kennedy and Muratore. Abstentions? Okay, the motion carries. **(VOTE: Approved 3-2-0-0 Opposed: Legs. Kennedy and Muratore)**

1186 - Amending the 2010 Adopted Operating Budget to reallocate funding for a new initiative, the Heroin Treatment Program for Young Adults, to Peconic Bay Medical Center, Electronic Medical Records implementation, the Health Center Network and Health Center Operations (Co. Exec). I'll make a motion to approve. Do we have a second?

D.P.O. VILORIA-FISHER:

Yes.

CHAIRMAN BROWNING:

Second, Legislator Vilorio-Fisher.

LEG. KENNEDY:

I'm going to make a motion to table, Madam Chair.

CHAIRMAN BROWNING:

And we have a motion to table. Do we have a second to that?

LEG. MURATORE:

Second.

CHAIRMAN BROWNING:

Second, Legislator Muratore. I guess the motion to table takes precedence. Ben, do you have a comment?

MR. ZWIRN:

This is taking the money that was saved from when we merged the Islip -- Central Islip and Brentwood Health Center. There was \$850,000. This applies to a heroin treatment program and to various groups in the County and the health centers. A part of it is going to the Peconic Bay Medical Center to cover their obstetrics unit where the County owes them money for -- they had additional births there, and this money will go to pay for those at the hospital. I don't see any reason why you'd want to table this at this time. It's all going towards heroin treatment, which has been Legislator Kennedy's main concerns. This is putting money to really good purposes.

CHAIRMAN BROWNING:

Argument?

LEG. KENNEDY:

How about explanation, not necessarily argument? My request to table actually would be at this point for only one cycle. First of all, my recollection is that when we -- and I would ask Budget Review to remind us. In the latter part of 2009, there was additional funding that was pledged for the operation of the Central Islip Center for the time period for it to stay open, and I believe that that's what this funding represents. Where did we -- where did we take that from in the first instance?

MR. FREAS:

The funding was taken from the Social Security transfers in the General Fund and also from various salary lines within the General Fund.

LEG. KENNEDY:

So we're deciding that we are comfortable that we diminished the Social Security line and the salary line, and we're now deciding to move it into various categories throughout the Health Department; is that what's being done here?

MR. FREAS:

Are you asking Budget Review if it's --

LEG. KENNEDY:

Well, from a budget perspective, yes.

MR. FREAS:

From a budget perspective, there was -- in our report, we felt there were excess appropriations in the Social Security piece. And, you know, as mentioned throughout the Budget Review report, we felt that the -- that it was extremely unlikely that even the small portion of turnover savings was

going to be utilized in the 2010 operating -- in other words, I know in the Health Department that I wrote that there was a de facto hiring freeze and I believe that was written in Public Works and in other areas as well at the same time that there were appropriations for additional staff in those departments. And the amount of salary that was taken from each line was -- I believe it was about four-tenths of 1% from each line that we took it from. It was a uniform line, plus a gross amount from the Social Security transfer. I think it's likely that the funding can be used in the ways that are --

LEG. KENNEDY:

Well, this is one way. I mean, there would be many ways.

MR. FREAS:

Exactly, exactly.

LEG. KENNEDY:

This is a decision the Administration made to go ahead and use that surplus in this one. Can you tell me, if you go through the resolution, I guess it would be bottom of Page 2 up to the bottom of Page 3, it looks like we have an increase in permanent salaries by 75,000, what does that mean?

MR. FREAS:

The increase in permanent salaries in Appropriation 411 is for Patient Care, and that is for two Office Systems Analyst that would support the electronic medical records. There's another increase in permanent salaries in the methadone clinics, and that is for two drug counselors in the methadone clinic's appropriation.

LEG. KENNEDY:

So we're hiring two OSAs to go ahead and work on the electronic medical records? Will those be new positions to the department, Doctor?

MS. MERMELSTEIN:

Yes, those will.

LEG. KENNEDY:

Okay. Is that something that the Exec is prepared to go ahead and actually sign SCINs on?

MR. ZWIRN:

Yes.

LEG. KENNEDY:

Oh, is that right? Okay.

CHAIRMAN BROWNING:

I hope so, it's his resolution.

LEG. KENNEDY:

Let me drop down to the heroin initiative. As a matter of fact, as Mr. Zwirn identified, absolutely paramount and has been one of the, you know, critical issues in the 12th Legislative District and throughout the Town of Smithtown. And I applaud the County Executive for his announcement and for his Task Force. I do disagree with a little bit of the methodology, and that's the reason why I asked for a table, Madam Chair, for one cycle. I had a brief conversation with the Health Department. I know there are two drug counselors -- actually I don't know that there are two drug counselor positions being created. Are these vacancies that will now be filled? I was somewhat confused with this. Doctor, do you know?

MS. MERMELSTEIN:

Let me just ask Jaci Best to come up, and I think she can explain a little bit more about it.

LEG. KENNEDY:

Thank you, Doctor.

MS. BEST:

Hi. How are you?

LEG. KENNEDY:

Hi, Jaci. How are you today? Thank you for coming up.

MS. BEST:

Thank you, good. The two positions that you're referencing are actual vacancies in the current budget, they're not new positions.

LEG. KENNEDY:

Okay. So they're vacancies. So we're adding an additional \$75,000 worth of salary to the Health Department so that we're now going to be able to hire?

MR. ZWIRN:

Yes.

LEG. KENNEDY:

Is that it?

MR. ZWIRN:

That's correct.

LEG. KENNEDY:

Okay. Jaci, I had a very brief conversation and, unfortunately, it wasn't with yourself, it was one of your colleagues. And I know that you have been on the forefront of dealing with some of the programs at a community level and at a basic level. I've heard that one of the ideas that's being floated for the heroin alternative is to provide the Suboxone to go ahead and do it through the clinic network. Is this going to be something that's part of our methadone system? How is this going to manifest itself?

MS. BEST:

The current methadone clinics are operated under a New York State OASAS license, which is actually a medication assisted treatment license. So although historically, we've provided methadone treatment in these clinics, you can also provide Suboxone treatment.

LEG. KENNEDY:

Okay. What's the target population, Jaci?

MS. BEST:

We're looking at serving 19 years of age and younger.

LEG. KENNEDY:

Okay. Do you have any kind of an idea initially how many we would be bringing into the program and what would be the referral methodology?

MS. BEST:

How many will actually serve is an unknown. We know that heroin addiction and opiate addiction is very prevalent out in Suffolk County right now. We are assuming, if you build it, they will come. We are -- with the staffing we are looking at, we assume we'll be able to serve approximately 60 patients at any given time.

LEG. KENNEDY:

I'm sorry. Sixty, 6-0?

MS. BEST:

Yeah, 6-0.

LEG. KENNEDY:

What's the duration that patients will spend in the program?

MS. BEST:

The program model that we're looking at will be approximately six to nine months in treatment with the County facilities. Upon completion and stabilization of their time with us, we would refer to community-based drug-free programs.

LEG. KENNEDY:

Do you have any collaborations with any of them yet? I've heard -- I mean, I know there are a host of good programs on there. You serve on the Quality Consortium or sit on the Quality Consortium, certainly you know firsthand and you have oversight. Do you have programs mind?

MS. BEST:

Absolutely. The network of programs out in Suffolk County is excellent. We have a number of contracts with the programs that are operated. There are also some very reputable for-profit programs as well and we have good relationships with all of them.

LEG. KENNEDY:

Tell me a little bit about -- and again, I don't disagree with the creation of this at all. I am troubled with some of the cost factors that I see here. It's a total 350,000 that's being identified to get this program off the ground. We're here in the end of February, the beginning of March. At the very best, how long could we run it for this year? There's 150,000 in fee-for-service. That is to engage a private physician for oversight?

MS. BEST:

We would -- we are asking for a per diem physician to oversee the program, that would be for approximately 17 hours per week. Also, under the contractual line would be a contract with a pharmaceutical distribution company for the actual medication.

D.P.O. VILORIA-FISHER:

John, may I ask one question?

LEG. KENNEDY:

Yes, of course. I should yield. I'm sorry, I'm monopolizing.

CHAIRMAN BROWNING:

Go ahead.

D.P.O. VILORIA-FISHER:

Thank you, Madam Chair, and pardon the interruption, John. You've become kind of the quasi legislative maven here of the heroin forum.

LEG. KENNEDY:

Without question. It's just as it falls.

D.P.O. VILORIA-FISHER:

And you and I have been -- I know have had conversations about the fact that there aren't enough

facilities for youth.

LEG. KENNEDY:

Absolutely.

D.P.O. VILORIA-FISHER:

I thought you were going to jump all over it. I thought you were going to be excited about it.

MR. ZWIRN:

I thought you were going to cosponsor it.

D.P.O. VILORIA-FISHER:

Right. I thought you were going to be a -- because it's something we've talked about. And I'm just confused, because you said there are some issues. I know the financial issues are always a burden during these difficult financial times, but we've also been out there in the schools, we've been out there seeing the tragedies, and I know you're concerned, which I know has been very sincere and you've worked very hard on it. So I want to know programmatically or in the process, are there problems that you're seeing in the program or is it just the financial issue that's tying you up with this?

LEG. KENNEDY:

Well, it's twofold, if you will. And as always, you pose excellent questions and, you know, it comes from your years of experience. Cost obviously always has to drive where we're going. And as all of us have sat around for a very long day, we've heard about cost ad nauseam. I do not object to spending money on this program, and I know to get any program off the ground, one must spend money. I am concerned that we have \$150,000 in a line for a physician, and if we have physicians who make that much for a half year for 17 hours a week, we got to fold up our tents and go home, because there's never enough money to do that.

D.P.O. VILORIA-FISHER:

I think she said the physicians and the meds.

LEG. KENNEDY:

Well, no. The meds are a separate line actually. The meds are at 21,000 or \$25,000 line.

D.P.O. VILORIA-FISHER:

I thought it was physician and meds.

LEG. KENNEDY:

So if you're wrong, I would --

MR. FREAS:

Mr. Kennedy, that line also includes -- that's the fee-for-service line. It also includes labs -- additional lab costs from Sunrise Lab as well.

LEG. KENNEDY:

There's a point where we have like diminishing returns as we try to chase quarters, dimes and nickels. And it is not my place to go ahead and speak to the department about the optimal way to go ahead and obtain, you know, urine panels and things like that. I don't want to presume to say that I know how to do that. But I can say to you I would ask for a tabling for one cycle to speak to Dr. Mermelstein and the balance of the staff about the cost associated with how the program's going to be implemented. Some of the other items in the resolution itself, the catchall I have difficulty with, but we already -- I'm not going to reiterate them on the -- on the electronic imaging. And I know electronic imaging is a good thing to do, I really do, despite the fact that I'm still looking for a rotary phone.

The "Resolved" clause -- and that will be the last question, if I can, Madam Chair, and I'm going to go to Counsel. Look at the third "Resolved", please, because, again, to me, this seems to me something where we are enabling a fairly robust wide ranging authority for the department under a number of different things contractually.

D.P.O. VILORIA-FISHER:

I'm sorry.

LEG. KENNEDY:

On the bottom of Page 3. Pretty broad brush. Well, okay. Let me rephrase it in the form of a question. What does that mean, Counselor?

MR. NOLAN:

The way I read it is it's basically giving the Executive and his department heads and the people on his side the authority to implement the resolution by -- you know, if they have issue an RFP, they do that. If they have to enter into a contract with Peconic, they do that as well. The contract should be consistent with what's in the resolution, but a pretty standard "Resolved" clause.

LEG. KENNEDY:

Any contracts for legal and financial services for the health care -- health center network? Don't we ordinarily look at some of that before us? The way I see this is we're basically saying, you know, have at it.

MR. NOLAN:

But I -- you know, there aren't that many contracts that actually come before the Legislature for our review, very few.

LEG. KENNEDY:

Okay. Again, Madam Chair, I'll cease. I know I can beat a dead horse sometimes, but I will say this concern that I have and a request for a tabling of one cycle really goes to a desire just to be able to get some more of the specifics with the Health Department about implementation.

CHAIRMAN BROWNING:

Okay. So the horse is dead.

D.P.O. VILORIA-FISHER:

Well, it's not dead enough. I'm sorry, I'm going to give it mouth-to-mouth.

LEG. KENNEDY:

There we go, hee-ha.

D.P.O. VILORIA-FISHER:

You know, John, I have a couple of forums coming up. And I really want to go to the high schools and say, "We voted to approve this," because I really believe we need something out there for the kids. I'm going to make a motion to approve. I really want to see this pass now, not after -- not wait another month and then by the time we get the message out to the parents, school's going to be out for the summer. I want to have something really in place before those ten most dangerous weeks for kids when they're on summer vacation. I want to have this at least moving in the direction of providing protection for our kids, so I'm going to make a motion to approve.

MS. LOMORIELLO:

You have a motion and a second to approve also.

CHAIRMAN BROWNING:

Yeah, there was a motion and a second. And, you know, our kids are in a crisis and I can't no -- I can't support a tabling motion. We did have a tabling and a second which took precedent.

LEG. KENNEDY:

You know, Madam Chairman, look.

CHAIRMAN BROWNING:

If you have questions and you want further discussion, you know, between now and Tuesday --

LEG. KENNEDY:

I will, I will.

CHAIRMAN BROWNING:

-- you have time to get the answers to your questions.

LEG. KENNEDY:

I'll withdraw the motion to table. Legislator Vilorio-Fisher is right. As a matter of fact, based on the calendar, based on the school year, it is important to be able to go out and demonstrate that we are -- and for the better part of two years, I've stood in front of high school bodies talking about this. So I will do what I can through the administrative side to go ahead and have some -- a dialogue to see how program shapes up.

CHAIRMAN BROWNING:

So the tabling motion has been withdrawn. So there's a motion to approve by Legislator Fisher, second by Legislator Eddington. All in favor? Opposed? Abstentions? Motion carries. **(VOTE: Approved 5-0-0-0)**.

1188 - Amending the 2010 Adopted Operating Budget by transferring 100% State Aid funding specific to clinic services from Clinic Plus Contracts to Family Service League East End Program, Federation Employment Guidance Services and Pederson Krag Center Clinic Contracts (Co. Exec). I'll make a motion to approve. We can put that on the Consent Calendar, right?

LEG. EDDINGTON:

Second.

CHAIRMAN BROWNING:

Can we? No. So I'll make a motion to approve; second, Legislator Eddington. All in favor? Opposed? Abstentions? Motion carries. **(VOTE: Approved 5-0-0-0)**

I.R. 1199 - Establishing a Heroin Epidemic Advisory Board Panel (Horsley). The sponsor this morning did request that we table it. I think Legislator Nowick is also a sponsor. I think they had some questions about making minor changes to the bill.

LEG. KENNEDY:

Second.

CHAIRMAN BROWNING:

So I guess at this time I will make a motion to table. Second? Second, Legislator Kennedy?

LEG. KENNEDY:

Yes.

CHAIRMAN BROWNING:

All in favor? Opposed? Abstentions? It is tabled. **(VOTE: Tabled 5-0-0-0)**.

And I see Mr. Jeff Reynolds is here. I'm glad to see you. But, anyway, with that, we -- I'll make a motion to adjourn; second, Legislator Kennedy. We're adjourned.

[THE MEETING WAS ADJOURNED AT 3:27 P.M.]