

**HEALTH & HUMAN SERVICES COMMITTEE**

**of the**

**SUFFOLK COUNTY LEGISLATURE**

**VERBATIM TRANSCRIPT**

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, 725 Veterans Memorial Highway, Smithtown, New York, on September 13, 2010, at 2:00 p.m.

**Members Present:**

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

**Also In Attendance:**

Presiding Officer William J. Lindsay  
Terry Pearsall - Chief of Staff/Presiding Officer Lindsay's Office  
George Nolan - Counsel to the Legislature  
Sarah Simpson - Office of Counsel to the Legislature  
Rene Ortiz - Chief Deputy Clerk of the Legislature  
Diane Dono - Budget Review Office  
Craig Freas - Budget Review Office  
Ben Zwirn - County Executive's Office  
Brendan Chamberlain - County Executive Assistant  
Ed Hennessey - County Executive's Office  
Steve Tricarico - County Executive's Office  
Dennis Brown - County Attorney's Office  
Linda Bay - Aide to Minority Leader  
Paul Perillie - Aide to Majority Leader  
Marge Acevedo - Aide to Presiding Officer Lindsay  
Jack Caffey - Aide to Presiding Officer Lindsay  
Michael Pitcher - Aide to Presiding Officer Lindsay  
Adam Santiago - Aide to Presiding Officer Lindsay  
Josh Slaughter - Aide to Legislator Browning  
Jessica Proios - Aide to Legislator Muratore  
Greg Blass - Commissioner/Department of Social Services  
Linda O'Donohoe - Asst. to the Commissioner/Dept. of Social Services  
Dr. Tomarken - Commissioner/Department of Health Services  
Len Marchese - Director of Management and Research/Department of Health  
Dot Kerrigan - AME  
Michael Arens - Brookhaven National Laboratory  
Jeffrey Thrope - Law Firm of Foley and Lardner, LLP.  
George Barnes

Mary J. Finnin  
Robert Faulkner  
Andrew Jurkiewicz  
Margaret Rosenka  
Eileen Whitmore  
And all other interested parties

**Verbatim Transcript Taken By:**  
Lucia Braaten - Court Stenographer

***[THE MEETING WAS CALLED TO ORDER AT 2:04 P.M.]***

**CHAIRPERSON BROWNING:**

Good afternoon. We will start with the Health and Human Services Committee. If everyone would stand up for the Pledge of Allegiance, led by Legislator Viloría-Fisher.

***(\*Salutation\*)***

Okay. I think we have quite a bit going on today. I only have two speakers, so I will have our speakers come up, and after that, we'll have -- we'll have the presentation on the FOHC. First speaker is George Barnes.

**MS. FINNIN:**

Good afternoon.

**CHAIRPERSON BROWNING:**

No, George Barnes.

**MS. FINNIN:**

Pardon?

**CHAIRPERSON BROWNING:**

George Barnes. I'm sorry.

**MR. BARNES:**

She conceded to me. I was willing to let her go first, but she conceded to me.

**CHAIRPERSON BROWNING:**

And I know, George, this is probably your first time here. You have three minutes.

**MR. BARNES:**

Okay. I'll try and talk fast.

**CHAIRPERSON BROWNING:**

And we may have some questions for you.

**MR. BARNES:**

Okay. Good afternoon, Ladies and Gentlemen. Thank you for the opportunity to speak. I'm here to address you folks on opposition to the sale of J.J. Foley. My name is George Barnes. I am a disabled Vietnam Veteran and lifelong resident of Mastic Beach. I have a son, Christopher Barnes, U.S. citizen, born in Saint Charles Hospital, married in New York City, currently 37, who has a seven-year-old son. Chris is currently a resident in Jacob Neurological Center, Rivers Hospital in Sawbridgeworth, England.

On April 21st, 2005, Chris, while jogging in Holland Park in London, suffered cardiac arrest. Brain imaging showed severe anoxic brain injury, secondary to his cardiac arrest. Chris remains completely dependent on nursing care for all of his needs and is doubly incontinent. He remains in a vegetative state, unable to respond to a command, move any part of his limbs or body, cannot

speak, has been diagnosed with cortical blindness, and the doctors state that he can only hear sounds and he can only see light. This was over five years ago. He was married at that time with a one-and-a-half-year-old son. Coincidentally, this entire tragedy occurred when his step-mom and I were flying over to London to spend vacation with him and his family. It was almost simultaneous as our aircraft landed at Heathrow Airport, he collapsed from running. We never got to see him. When we got to see him, he was in an induced coma.

Chris was a male model working in Europe and a stellar athlete, graduate from SUNY Albany. He was in Men's Health Magazine, coincidentally, three months before this tragedy. He never smoked, drank, and was believed to be in perfect physical and mental health.

We have been working very hard over the past year or so to find a facility that would accept Chris as a resident, as it has become an extreme hardship for us to continue to travel back and forth to England to see him. We're hoping to bring Chris home to his brother and sister, his mother and dad, and all of his other family members and friends for some hope and inspiration. We were turned down by four private facilities in Suffolk County and one in Queens. It appears that the reasons for his rejection were based primarily upon several factors: His age, the length of his illness, the magnitude of his illness, simply not being technically equipped to care for his needs or to manage his needs, or only offering short-term rehabilitation.

I went to J.J. Foley, met with the Admissions Administrator and her staff to discuss Chris. I was pleasantly received, was given a tour of the facility, its features, accommodations, and met several members of the staff. Foley was the only facility, and I stress the only one, that stated that they would welcome Chris as a resident. I was overjoyed at their response after being on this journey for over a year. It would appear that Foley exceeds the requirements necessary to treat Chris, including physiotherapy and occupational therapy.

Chris has been in four facilities in England over the past five years for his treatment. Sadly, Chris is regressing and his chances are, unfortunately, very slim. Recently, Chris had surgery on his left arm where all the tendons were cut to relieve his spasticity in his arm. They call it tendon release. We had considered further surgery on his hands, but after discussion with the doctors in London, we elected not to do the surgery, as there were chances that his hands would have to be amputated and we didn't want to take that risk.

We look forward and we're anxious to bring Chris home. J.J. Foley, quite frankly, is our only hope. It is -- on behalf of the family, it's our most humble plea, and we urge you to keep this facility a County nursing home, managed and operated by experienced, skilled County staff. It is truly a place of last resort for Suffolk County residents. If it is sold, Chris and our family will lose the only chance we have to bring Chris home to his family and once again to his brother, his sister, his mother and his dad. A private facility simply won't take him. Thank you for your time and your consideration.

**CHAIRPERSON BROWNING:**

Thank you, George. And let me ask you, I mean, as far as payment for your son, what -- how is everything going to be paid for when he gets home?

**MR. BARNES:**

We're working on getting Medicaid for our son. We seem to be -- that seems would be a favorable response to be able to get his Medicaid. He's been essentially brain damaged, 100% brain damaged for over five years. He hasn't worked, he's had no income, he is on Medicare, and things look positive at this point for us to be able to get Medicaid for Chris.

**CHAIRPERSON BROWNING:**

Okay. And was Medicaid an issue with any of the other nursing homes, that he was coming in strictly on Medicaid, or was it more just his needs?

**MR. BARNES:**

I don't think we really got that far into the funding issues. He was essentially turned down for a lot of reasons, his age. Some places wouldn't take people over 22 years of age, some places wouldn't take people that had an injury that was over a year. There was a lot of factors and I'm not sure that we got as far as the financial issues, to be honest with you. There was just a whole host of other reasons that they wouldn't accept Chris. And it just became -- to be honest, it became very discouraging talking with these different people, because I says, "My God, I mean, what do we do?" I mean, we want so bad to bring him home to his family and we're just getting rejected at every corner that we seem to turn into. We just -- it was very disappointing, to be honest with you. And I have to say, it was a welcome visit when I went to J.J. Foley. The Admissions Coordinator, her staff, the nurses, I met several nurses, they gave us a tour of the facility, they showed us their facilities, their equipment for treating people with physio, for treating people for occupational therapy, speech and language therapy, and so forth, and it was just a welcome after being turned down by so many places.

**CHAIRPERSON BROWNING:**

Okay. Thank you, George. Legislator Viloría-Fisher has a question.

**D.P.O. VILORIA-FISHER:**

Well, actually I just have a comment. Thank you so much for coming down, because we here have said that the mission of government should be helping to provide health and safety of the people who live here. And you've been persistent and loyal to your son, and we're sorry for what you've had to go through, but we're very proud that Suffolk County still provides this kind of service.

**MR. BARNES:**

Thank you very much. God bless everybody. And I'll share with you, I've been to London sixteen times since my son took sick to four different facilities in London or in surrounding London suburbs where he's been for five-and-a-half years now. And, unfortunately, he cannot respond to any sort of a command or anything, although he has the ability to smile, and he has the ability to laugh, and I believe -- I believe he knows me, because when I speak, he lifts his head and he smiles, and sometimes he laughs. And I call him on the telephone and they bring the phone to him and they put it up against his ear and they hold it to his ear and I just talk to him. Sometimes I don't get any response at all, and other times he starts making gargling sounds, I mean, that don't make any sense, but it's just garbled sounds he makes. And the staff that holds -- the caregivers that are holding the phone to his ear are always telling me, "He's smiling, he's smiling." So that makes me really believe that he knows it's me. You know, voice recognition I believe is what it is. Thank you.

**CHAIRPERSON BROWNING:**

Thank you, George. And the next speaker -- you're good. Thank you, George. Next speaker is Mary Finnin. And try topping that, Mary, that's going to be hard.

**MS. FINNIN:**

Thank you very much. My name is Mary Finnin. I'm here today representing the New York State Nurses Association. This morning I E-mailed everybody a copy of a news release that the Nurses Association has put out. It's being distributed now by the Clerk.

NYSNA opposes the sale of the public nursing home on Long Island. As this edition -- I'm just going to do excerpts. Any time the County or any of the -- you know, statewide, the County looks to sell off health services, its officials use the same rationale, they claim it's not legally required to fund it.

But Suffolk County funds many other programs that you're not legally required; golf courses, etcetera. So, during the election cycle, we're going to ask all of our elected leaders what is their position and where do they stand on funding public health as a priority.

The John J. Foley Skilled Nursing Home, in its literature, states that it's different and it comes -- it's different because of the people. There's a sense of community at John J. Foley that you're not going to find in other places. It doesn't result from one thing, but, rather, from many things that differentiate Foley from other facilities. We believe these advantages, the quality of care they provide as a result would be lost through privatization. County home health agencies also play a vital role in the delivery of health care services in local community. We just heard an example of why we need to keep these public facilities, our health centers, our home care programs through public health nursing, and the only public nursing home that we have in Suffolk County. We have clients and residents that are law abiding that are not able to access the quality of care that they need. We urge you, please, do not let the sale of John J. Foley go through. Thank you very much.

**D.P.O. VILORIA-FISHER:**

Thank you, Mary.

**CHAIRPERSON BROWNING:**

Thank you, Mary. And the next speaker we have is Robert Faulkner, I think.

**MR. FAULKNER:**

Hello, Ladies and Gentlemen of the committee.

**CHAIRPERSON BROWNING:**

Okay. You have to hold the button.

**MR. FAULKNER:**

Hold the button?

**CHAIRMAN BROWNING:**

Yeah.

**MR. FAULKNER:**

I'm multi-tasking here today. All right. This is unrelated to the nursing home. You are going to be addressing this issue later on this afternoon, so I don't know if you'd rather me hold my comments until then, because it will kind of take, I guess --

**CHAIRPERSON BROWNING:**

No. This is the public portion, so you have three minutes to make your comments.

**MR. FAULKNER:**

Okay, great, I appreciate it. Hi. My name is Robert Falkner. I run a company called Direct Marine Fuel Corporation, and I'm here today to speak today about the I.R. 1878, which has to do with the safe transfer of fuel to boats and water-craft in the Peconic Estuary. Now, unfortunately, I'm here again for probably the third time. This has kind of been a dead horse that's been beaten time and time again, but it seems to continue to come up.

There are a couple of Legislators on the East End that have this notion that the way fuel is being delivered by trucks is not, quote-unquote, as safe for the environment as the local fixed fuel docks that are in place today. And, you know, we've been back and forth here, and if you go back to 2008, which I think is when this first came up, Suffolk County sent out a woman by the name of Eileen Governale; she was the Pollution Control Board. She traveled with us. She went from boat

to boat, hung on the boats, watched what we did. She came back and she filed a draft in October of 2008 that basically stated that she does not see any increased risk to the environment based on what we're doing versus what's been going on at the fuel docks.

As you go through, and if you want to log on to the New York State DEC website, there's a spot where you can click on "spills". And, as you go through it, you can check different dates and different locations, and I've struggled to find anything that mentions anything about spills from fuel trucks. However, you know, time and time again, you'll see certain issues coming up, Montauk Yacht Basin, Sunset Harbor Marina, where they've had what they call, quote-unquote, equipment failures. New York State DEC, as well as the Suffolk County Legislature, over the last few years, they've been working on the -- a process to get some of those old single-walled tanks out of the ground, and you've see them disappearing on the corners of, you know, our streets from the small gas stations, as well as from the fuel docks. And, you know, obviously, with a truck, you're not going to have those issues. We don't have tanks sitting on the ground for 20, 30, 40 years, rotting away, seeping into the groundwater.

The Nature Conservancy, I spoke with a gentleman by the name of Chris from the local office of the Nature Conservancy. We actually fuel their boats. The reason why they use us was because they do feel that it's safer for the environment. They do feel that we take extra precautions that you're not going to get at the local fuel docks, and that's why they continue to use us.

Many of you on the committee probably heard over the last couple of days from Kevin McAllister, the Peconic Baykeeper. He seems to feel the same, the same way we do, where he doesn't see any increased risk, and he feels that by passing this legislation, there will be zero changes to the water quality that are out there. He feels that this is only going to waste time and possibly just take out some -- you know, stifle the competition and other companies that are out there doing it.

Just real quick, just I think the reason -- the difference between us and the docks, it really boils down to the liability. I don't know if any of you own a boat on the water here in Suffolk, but if you pull up to a fuel dock, they have somebody standing on the dock, they hand you the nozzle, that's it. You, as the boat operator, are responsible for the entire process. We show up to fuel a boat, we obviously have the nozzle and special equipment on the truck, but we also show up with what we call a collar that goes around the nozzle.

**CHAIRPERSON BROWNING:**

Can you wrap up? Your time is up.

**MR. FALKNER:**

Oh, I'm sorry. Okay. Well, I mean, basically, the three differences are the liability, we take the liability; the process, we actually have a process being a professional fuel delivery service, and we have the proper apparatus to use while making these deliveries, and these are things that you're not going to get at the local fuel docks.

**CHAIRPERSON BROWNING:**

I'd just like to ask you a quick question. As far as you doing the delivery yourself, and what's the cost difference you doing it versus having to drive to a marina where they -- where you can get the fuel for your boat?

**MR. FAULKNER:**

Okay.

**CHAIRPERSON BROWNING:**

Do you know what the difference is?

**MR. FAULKNER:**

Well, it's going to vary from location to location. You can go into Patchogue, it's going to be different from Montauk, and that's going to be different from up in Nassau County. You know, I will tell you, we have gone through and done the studies. We're averaging somewhere between 10, 15 cents less than the fuel docks on average. You know, the reason for that is we're cutting out the middleman. The dock is paying, obviously, you know, to have fuel delivered by another trucking company to get it there. We don't have that expense, so, obviously, we're not going to -- we're not going to try to gouge our customers, we're going to, you know, give them whatever the price would be.

**CHAIRPERSON BROWNING:**

Okay. Thank you.

**MR. FAULKNER:**

Thank you very much.

**CHAIRPERSON BROWNING:**

And next is Andrew Jurkiewicz.

**MR. JURKIEWICZ:**

Hello.

**CHAIRPERSON BROWNING:**

Did I say your name right?

**MR. JURKIEWICZ:**

It's pronounced Jurkiewicz. It's okay. I am talking on the same topic that Robert just spoke about. The resolution, reading through it, it's not going to prevent anymore spilling or less spilling throughout the waterways of the Peconic. With that being said, a solution would be to use proper fueling procedures, like Robert said about the safety equipment we use off the trucks that a lot of marinas do not use. There's equipment that I pass on to my customers, whistles that can be purchased that can be placed on vent lines so you know when the boats are full. This resolution is just, in my opinion, being pushed by marinas to cut out competition in the business. If that's the case, all they're doing is trying to monopolize the fueling business on the East End of Long Island and that's completely absurd.

This topic's come up before, as Robert said. Again, I have actually spill reports here, I took the opportunity to print out, over the last eight years, from Montauk to Hampton Bays, noting the spills that contaminated water. A majority of them, actually all of them were at marinas, due to mechanical error, human error. Again, to say our procedures are less safe is inaccurate. You know, you are dealing with professionals who do it on an everyday basis, not -- some were using a part-time employee for the summer season, you know, handing a nozzle, per se, to the boater and just putting it in that boat.

So, with that being said, I would just like to say that, you know, it's if -- everything is taken into consideration before this legislative even passes. Thank you.

**CHAIRPERSON BROWNING:**

Thank you. And we have one last speaker, Margaret Rosenka.

**MS. ROSENKA:**

Good afternoon. I was hoping to welcome the gentleman that spoke before me, hopefully, getting

to meet him and his son at John J. Foley, but he just left, so I won't have a chance to do that.

My name is Margaret Rosenka and I'm a nurse at John J. Foley. While preparing something to say today, I came to the conclusion that pretty much everything that needs to be said has already been said. You've heard all the facts, the figures, the pros, the cons, and the impact of selling or, worse, closing our facility would have on our community, the employees, and, most importantly, the residents of John J. Foley. I still and always will believe our nursing home should remain County-run, providing a much needed service to all residents of Suffolk County, as it has for so many years. That being said, I would like to take this opportunity to thank each and every one of you for doing your job and taking our fight seriously. Whether you are in support of keeping us a County-run facility or agree with Mr. Levy, promoting the sale, or somewhere in between and undecided, all of us at the nursing home, the employees, the residents alike, appreciate the time, the effort and the sincere consideration you are making to try and come to some sort of an agreement that would be beneficial for all involved. Our trust, our faith and our future are in your hands, and I can't help but believe the right choices will be made. Thank you.

**CHAIRPERSON BROWNING:**

Thank you, Margaret. And Mr. Barnes actually, Margaret, is still here. He just -- he left the room, he's sitting right here. And as we are moving along, we just keep getting more. Eileen Whitmore.

**MS. WHITMORE:**

Good afternoon. I'm Eileen Whitmore. My husband, Robert, is a cook at the John Foley Skilled Nursing Facility. I'm sorry, this is a very emotional subject for me. I came here today to plead with you to please keep doing the right thing. The closing of this facility would devastate my family, a family that not only relies on John Foley for financial support, but also our health benefits. With a 15-year-old active in sports and a four-year-old on the autism spectrum, this scares me a lot. I cannot count the hours that I've lost worrying about this issue, an issue that Mr. Levy has pushed for ever since the passing of John Foley. The employees at John J. Foley Skilled Nursing Facility are at the hands of a bully; they do not deserve it. Every single one of them is a caregiver, doing a job that many of them, as myself included, could never do. They have given up pay and raises. Vacation time is denied because they are short-staffed, and still the patients receive top care. Mr. Levy has sent minions in to try and deceive the employees while the union reps are turned away from the building. Mr. Levy has been in the newspaper telling people in crime-ridden neighborhoods, the only way to solve their problems is to sell the nursing home, and this is a lie.

Steve Levy and John Foley had always been political rivals, with Mr. Foley standing up for what was right to people he served. Mr. Levy does not do that, he serves himself. Maybe some of you recall the time Mr. Levy physically attacked Mr. Foley. This game he is playing with the people of Suffolk County needs to end now, please. Thank you for your time.

**CHAIRPERSON BROWNING:**

Thank you. And we have no more speakers. I do have -- there was the plan to have a Mr. Wojciechowski from NYSAC was coming to do a presentation, not so much a presentation, but to basically speak to us on nursing homes throughout New York State. However, he could not come. He -- I got a last-minute call that he wasn't going to be able to come. I questioned, did someone call him from the County Executive's Office; he said he did. I see Mr. Crannell is not here either. So I am very disturbed that we requested this gentlemen come down to speak and answer questions and he did not -- you know, basically responded to the County Executive's Office, which I think is horrendous. So with that, you know, we were able to come up with this video stream that happened in May. And there's a little bit of information there, but it certainly would have been more helpful to have Mr. Wojciechowski here.

But before we get to this, what I will do is Mr. Jeffrey Thrope is here to speak with us about the

FQHC and how we're moving along with that. So, I guess, Len Marchese, you're doing double duty today. I'm sorry. Dr. Tomarken, I didn't see you come in. Okay. If you would like to proceed, and if we have any questions, we'll get there.

**MR. MARCHESE:**

I'd just like to give you a little bit of an overview of where we've been with this federally qualified health center process, and give you a little bit of history so everybody has a context of what we're deciding here today, since you do have a resolution in front of you.

Back in 2009, we -- the Legislature created a County Health Center Financial Review Committee, and that committee was made up of some members of the Legislature, the Executive branch, and users of the health centers, and they studied the various options out there to bring extra money, Federal dollars, into the County. Part of that Review Committee's recommendation was that there is this vehicle called a Federally Qualified Health Center, and it was recommended at that point to the Legislature that the County should entertain pursuing that model and to maximize outside revenue coming into the County. So the Legislature passed Resolution 314-10 forming -- allowing us to form a co-applicant board and develop a co-applicant agreement and to retain counsel; that's when we retained Jeffrey and Jeffrey's firm.

Recently, HRSA, which is the Federal agency that governs the federally qualified health centers, announced that they are awarding significant new access point dollars, which kind of accelerated the need for us to get this application filed, so that we can avail ourselves to this additional money, so we kind of fast-tracked it a little bit more. So you have a resolution in front of you today to authorize us and to adopt the resolution that we have.

We've went through analyzing the County in terms of what locations would serve best for the initial application occasion. It's our intention, if approved, to make the whole network a federally qualified health center network, but initially, when we did the zip code analysis, et cetera, we felt that the application would be served best if we limited the size of the application to a few health centers, so that's what we've done. Once we get the initial approval, I guess, to be this FQHC, and Jeffrey will talk to you a little bit more about what's involved with that, it's our plan that at future points to do new access points to include the rest of the network, so that the whole health center network is part of this federally qualified health center.

Just in addition, we are also utilizing the services of John Snow, Inc., who's a consultant on our side that has been previously retained by the Health Department to help with our efficiencies, as well as CHCANYS, which is the Community Health Care Association of New York, who has grants that they can help us for free to help us through this process to get the health centers up and running as a federally qualified health center.

And just as a -- the first step in this whole process, though, is the resolution that's here, which is to approve the co-applicant board and the co-applicant agreement, which is basically the document that will kind of dictate how we're going to operate going forward. So, with that, I'll leave it with Jeffrey and he can kind of give you more details and we can go from there.

**CHAIRPERSON BROWNING:**

Okay.

**MR. THROPE:**

Good afternoon. Thank you, Len. Can everybody hear me? My name is Jeffrey Thrope from the Law Firm of Foley and Lardner, and I'm going to talk a little bit about the background of the Federally Qualified Health Center Program. I may lapse into saying FQHC, just because it's shorter. This is sometimes -- this program is sometimes also referred as the 330 Program, going back to the

1960s, when the program was also known as the Hill Burton Program, which was designed to take federal funding to expand primary care and other sorts of health care in poor communities and in underserved communities. And the FQHC program is oriented towards primary care. And recent studies in New York State have concluded that Long Island, specifically Suffolk and Nassau, have a dearth of FQHCs, although, since the time that study was done, the Nassau Health Care Corporation has obtained look-alike FQHC status. So that leaves Suffolk County as an area with only limited Federally Qualified Health Centers. And I'll get into what the benefits of that are in a minute.

But one of the key reasons to remember the 1960s is that this program retains the idea that from that time, that community health centers should have significant community involvement in their governance. And that's one of the reasons that public health centers and hospital affiliated health centers historically have not gone into this program. So there -- what we're pursuing here is referred to as the public entity model, where a public entity can enter into an agreement with a community-based organization to jointly operate the health centers in accordance with the very specific guidelines that the -- of the FQHCs. So, in that way, in this co-applicant approach, both the County Health Department and this newly-formed entity, which I believe you already approved the creation of the entity, they would jointly operate the health centers. And there's a -- what we have in front of us today is an agreement that divides the responsibility, but, basically, works from the premise that the two organizations are going to work cooperatively, and that the Health Department is going to provide guidance and staff. The employees will remain County employees, the properties will continue to be owned by the County. None of that changes, there's just a role in governance and certain key policy decisions that are made jointly and where the co-applicant board in some instances has the final say. But what we've -- what we've done in the draft co-applicant agreement is try to maximize the spirit of doing it together and also confirming the concept that the entity, the joint entity, can't spend money that they don't have. And so that the availability of money through the normal health care reimbursement from HRSA grant, if we're successful in getting it, or from the County Legislature or other sources, that that's -- that that sets the scope of what can be approved.

So I think we've really endeavored to make this agreement as protective as possible from the point of view of the County. And just parenthetically, an almost identical agreement was approved by HRSA. HRSA is the agent, the Federal agency that approves these things. They have recently approved an almost identical agreement in the Nassau case, so that these protections -- although many in the FQHC community believe that HRSA would not, you know, agree to some of these provisions, they've, in fact, been approved.

And so I think the -- one of the important things, you know, in the -- in your original resolution that's already been adopted by the Legislature, there's a designation of how the initial board of the co-applicant will be formed and it fits all the -- exactly into the correct categories with a certain number of people who are actual patients of the health centers and a certain number of people that are community representatives, and that, you know, reflects exactly the way it has to be set up. Going forward, that board, once formed, needs to be a self-perpetuating independent board. But, as I said, it will then be in an agreement with the County that has the protections and all the employees remain with the County.

In the FQHC world there are two types of FQHCs. The main most benefitted type is called the grantee, and a grantee gets a grant. They also potentially get Federal insurance for any malpractice claims, and they get enhanced Medicaid and Medicare reimbursement, and something that we call the wraparound. Health care field is full of all these little terms. In Medicaid Managed Care, what happens to your health centers and other health centers that they negotiate a discounted rate with the Medicaid Managed Care companies, and that can cause financial difficulties for the organization. And what the wraparound does is that it restores the discount so that the Medicaid Managed Care plan pays whatever they pay, and then the rate, if that's less than what the health

center would have gotten under fee for service Medicaid, the wraparound makes that up. And that I think that's the -- that's the most important initial benefit of FQHC status.

Now, to become a grantee, you have to apply in a competitive batch, which is issued every few years. And as, Len mentioned, about three weeks ago or four weeks ago a batch was issued. But in between the batches or even separately from the batches, there's a look-alike status, which in some ways is easier to get because it's not a competitive process, it's a process where you submit an application to show that your entity fits the FQHC requirements, and then, if you -- you could be granted that status. An, in fact, that's what the Nassau Health Care Corporation did and they now have the look-alike status. At this point, because there's a batch that's open, it makes sense to apply for that grantee status. You may get a grant -- if selected, you may get the a grant, you may get the malpractice benefit, the other benefits stay the same. Also, both have access to discounted drug pricing from the Federal 340B program. But, also, there's a key difference that could possibly save us a year in this process, and that is that in the -- in the look-alike, you have to have the co-applicant entity up and running, approved by the State Health Department through their lengthy process, and actually operating on a joint basis the health centers before you can even apply for look-alike status, and that process could take somewhere between six months and a year.

In the new access point grant application that they just put out, you have to have a plan to be in compliance within 120 days after you get the grant, and that would take you a long enough period so that we could file the grantee application and simultaneously work on creating the entity getting the board up and running, filing the necessary applications with the State Health Department and do those in tandem, and that could end up saving as much as a year on the process.

So, I don't know if I'm giving you enough information or too much information, but maybe we should pause.

**CHAIRPERSON BROWNING:**

Vivian, do you have questions?

**D.P.O. VILORIA-FISHER:**

Actually, you answered some of the questions that I had, but then you raised other issues, because I'm looking at the resolution and I'm recalling the resolution that we voted on, which was the look-alike status. So the term look-alike and grantee are mutually exclusive?

**MR. THROPE:**

No. Actually, the look-alike status is something that you would go for normally when there's not an open process to go for grantee status.

**D.P.O. VILORIA-FISHER:**

Okay. But in this case, you're saying there is an open process, so we're using the grantee status?

**MR. THROPE:**

Yes.

**D.P.O. VILORIA-FISHER:**

So that's what's confusing me, because when we voted on, we voted on look-alike status. But if we're voting now on this resolution that says either/or and we're choosing the grantee status, then does that make some of the "resolved" portions of this resolution moot? Because they refer to the co-applicant board, and so I would assume that the co-applicant board would have to be up and running in order to fulfill the "resolved" clauses of this.

**MR. THROPE:**

Let me just clarify. I don't know what was in your minds when you adopted the original resolution, but I --

**D.P.O. VILORIA-FISHER:**

Neither do we, but --

*(\*Laughter\*)*

**MR. THROPE:**

I believe the normal plan and I believe your plan at the time, no one knew when the next round of grantee applications would come out. So the logical thing to do would be to approve and prepare to apply for look-alike status. Once you have look-alike status, everyone that has look-alike status now is applying under this new grantee application, because they've already been found to satisfy most of the requirements and they're getting some of the benefits. It's the exact same rules and regulations, it's just a question of whether you get a grant, which could be up to \$650,000 a year, and potentially the Federal Tort Claims Act coverage for malpractice, which would mean that any malpractice cases arising out of the center are defended by the Department of Justice and any settlements and judgements are paid by the United States.

**D.P.O. VILORIA-FISHER:**

Well, you're saying we're still look-alike status, but we're just taking advantage of a grant.

**MR. THROPE:**

Correct, it's the exact same approach.

**D.P.O. VILORIA-FISHER:**

Okay, because that doesn't seem clear in one of the "whereas" clauses which says that you can apply an application for FOHC status either as a public entity look-alike or, if grant money is available, as an FOHC grantee. So that led me to believe that they were mutually exclusive because of the "or", and that I think is a little bit confusing in that terminology.

**MR. THROPE:**

I think the idea is that if there was not a grant opportunity, you would do the look-alike alone, but then that grows --

**D.P.O. VILORIA-FISHER:**

So we're still look-alike, so we're not nullifying our previous resolution.

**MR. THROPE:**

Not at all.

**D.P.O. VILORIA-FISHER:**

Right, okay.

**MR. THROPE:**

Not at all.

**CHAIRPERSON BROWNING:**

It's just the timing is good and the money is available right now.

**D.P.O. VILORIA-FISHER:**

Believe me, I say go for the money, but I just wanted to make sure that we weren't nullifying a previous resolution that called us a look-alike status.

**CHAIRPERSON BROWNING:**

Okay. Craig, you wanted to jump in?

**MR. FREAS:**

No, this --

**MR. MARCHESE:**

This resolution also clarifies some of the points of that original resolution. There are some subtleties that we needed to make sure were clearer.

**CHAIRPERSON BROWNING:**

Okay. I know, Craig, you motioned. Do you wanted to say something?

**MR. FREAS:**

Yeah. 314 allows you to apply in the first "resolved" clause, apply for status as either a public entity look-alike, or, if grant money is available, which it is, as a standard FOHC, so you're covered.

**D.P.O. VILORIA-FISHER:**

So it used the same language.

**MR. FREAS:**

Correct.

**D.P.O. VILORIA-FISHER:**

I just didn't remember that because it wasn't something that had come up at the time, we had just learned the term "look-alike status" at that time. Okay. Thank you, Craig.

**CHAIRPERSON BROWNING:**

Okay. Bill, did you have a question?

**P.O. LINDSAY:**

Really to Mr. Marchese. The first time we discussed this, we talked about partnering with a company that already had look-alike status. What happened to that?

**MR. MARCHESE:**

Yeah, that was Hudson River who came down and they made a presentation, I guess, I think at some point. That was as an option, but, you know, when we researched that a little bit further, all of the benefits that were being derived as being your own entity they were kind of keeping, we were not really getting all -- yeah, they were nice and it was going to help, but, primarily, the benefits were accruing to them and not the County, so we kind of discounted that. And since we -- we can do this on our own; why not do it ourselves?

**CHAIRPERSON BROWNING:**

I'd like to mention, too, I think there were some concerns about the board, because they have their own board. And if we were to join with them, we wouldn't have a Suffolk County board, I think we would have had to use theirs up in Hudson Valley, or wherever they are, so that's

**MR. MARCHESE:**

Yeah, that's true.

**CHAIRPERSON BROWNING:**

I didn't feel comfortable with that. They did come to see me and I wasn't happy with it. Legislator Kennedy?

**LEG. KENNEDY:**

Thank you, Madam Chair. I just have a few questions, I guess. I've been reading quite a bit with the whole application process and I did see the grant ap. that was put out on August 9th. I guess just a couple of general questions, and either they're to yourself, Counselor, or maybe to Mr. Marchese. What is the deciding process for how many of our health clinics are actually going to be initially included in this application that's being put forward?

**MR. MARCHESE:**

Well, the initial requirements are, for any new access point, is that you have to serve a medically underserved area. So, at a minimum, the health centers that we have currently now in the area of Patchogue and Shirley serve the Bellport area, which is a medically underserved area. So, at a minimum, you have to include those two.

**LEG. KENNEDY:**

Okay. So -- but out of our whole network at this point, I mean, we have five primaries and the three satellites, there's 50,000 patients throughout the whole network, if you will. How elastic is that definition as to where need goes? Is this something that we may be ultimately able to expand to include all, or are we limited to that patient population that comes out of this census district that's either, what, income-impacted or physician-limited; what's the determination?

**MR. MARCHESE:**

Actually, you're both. There's a lot that goes into medically underserved areas, medically underserved populations. We felt that there is the grant award for a new access point, which is \$650,000. We felt that we would designate several health centers in our initial application that would make it the strongest, based on the zip code analysis of our need with running -- there's a needs assessment that you run through and there's a checklist. So wherever we actually scored the worst would mean that we would need the most.

**LEG. KENNEDY:**

Right, and inverse relationship.

**MR. MARCHESE:**

Right.

**LEG. KENNEDY:**

Okay. So --

**MR. MARCHESE:**

So we picked -- we are isolating down to the health centers that are in that category for the initial application. And, as Jeffrey said before, once you get initially approved, the add-ons are relatively easier, because now you're a known entity to the Federal Government, so then we were going to seek to include the whole network in different application phases.

**LEG. KENNEDY:**

Okay. So it's going to be three clinics to start, correct?

**MR. MARCHESE:**

Yes.

**MR. THROPE:**

Just one other technical point, which is that once an entity achieves grantee status, then there's a separate process that can be invoked almost at any time, maybe not the day after you get the grant, but called expansion of scope of the project, and that's generally viewed as being relatively straightforward and less difficult to add on centers once you have the grantee status. There's a timeline on when FQ -- HRSA has to act, and so forth. So that's why going for everything in this initial grant application probably is not a good idea.

**LEG. KENNEDY:**

It makes a tremendous amount of sense. Now you spoke about, or you have done the work in Nassau, I guess, you wanted to get Nassau's clinics qualified?

**MR. THROPE:**

Yes.

**LEG. KENNEDY:**

Okay. And that's been since Nassau has gone to the Public Benefit Corporation that they are now?

**MR. THROPE:**

Yes.

**LEG. KENNEDY:**

Okay. And how does this board, this co-applicant board, for the clinics interact with or operate with the board of the Public Benefit Corporation?

**MR. THROPE:**

Well, as I said, it's a -- the co-applicant agreement divides the responsibility. It basically provides for the public entity to provide the staff and management services, in essence, to employ all of the people that work there, as they did in the past, and then on a policy level, work to -- the two boards or the management, the public management and the board work together in operating the center. And there are regular board meetings, and it proceeds, so far, relatively smoothly. It's only been six months.

**LEG. KENNEDY:**

But it's -- but it's operating.

**MR. THROPE:**

But it's operating.

**LEG. KENNEDY:**

Where does the line divide between the board of the Public Benefit Corporation and the board, the co-applicant board? Who sets some of the terms and conditions or operational types of things with the health center?

**MR. THROPE:**

Well, the -- what's actually done, I think, in any organization where there's a management and a board, that can be done effectively by the management, working cooperatively with the board to bring their professional training, and so forth, to the board, and I have no reason to believe that it would be otherwise here in Suffolk County with the co-applicant board. However, the agreement lays out that the two -- the public entity and the co-applicant board work together on all aspects of operation, except that financial management and employment issues reside -- continue to reside with the public entity, because that's really what convinced the Federal Government to recognize this co-applicant model. They recognize that government is not going to turn over government assets to a private entity, you know, just to get the FQHC status. I mean, that's what it really went

back to. And so the agreement says that things like hours of operations, program expansion, that if there's not an agreement, those things are supposed to be things that there's a -- the co-applicant board has the final say. But the agreement provides for -- working together provides a liaison committee in the event of any disagreements. And then it also says that the co-applicant can't make decisions, if anything got to that point, to spend money that they don't have. So the power of the purse is a very effective -- is a very effective control as well.

**LEG. KENNEDY:**

Okay. Just one last question, then, so that I can understand the roles of all the players in this. In the case of Patchogue, the clinic, I believe, is operated on contract with Brookhaven Medical Center. Those are the actual employees or personnel who take the temperatures and do all the things the folks do in a health clinic. So how do they come into this process? Do we then have like a three-part process between the deliverer of service, the payer of service, and the overseer of service; how does that work?

**MR. THROPE:**

I'm not sure those are the right three groups -- the right three ways to describe the groups, but, yes, you basically have -- the FOHC guidelines recognize that in some cases the professional staff and other staff may be obtained from a hospital or an outside entity, as long as that entity reports in to the health center governance, which is joint between the County and the co-applicant. I don't really foresee any major issues. I mean, we have not reviewed all of those agreements. There might be a nuance here or there, but basically they recognize that you can get your physicians, for example, from the outside. That's very common. And so it would really be that there's an existing contract and that contract would remain in force, but now on the governance level on the non-hospital side, there are two parties that are involved on the, you know, high level decisions that a governing body with get involved in.

**LEG. KENNEDY:**

Do you have any of those situations in Nassau? I'm unfamiliar. Is it county personnel that staff Nassau medical clinics, or are they individuals that come through the various hospitals, you know, North LIJ, or whatever?

**MR. THROPE:**

No. In Nassau it's different, because they have -- it's not the County.

**LEG. KENNEDY:**

And it's not at all?

**MR. THROPE:**

None of it is the County, it's a public benefit corporation that operates the hospital --

**LEG. KENNEDY:**

I'm sorry, I misspeak. Yes, I do know it's a Public Benefit Corporation. So then the people that actually are employed in the clinics are all either municipal employees of the PBC, or are they private sector employees of hospitals?

**MR. THROPE:**

For the most part, they come from the Nassau Health Care Corporation hospital.

**LEG. KENNEDY:**

I see.

**MR. THROPE:**

The Nassau University Medical Center. It's a little bit different because that PBC is not just community health centers, it also has its own hospital. I believe there are some departments where physicians come -- are rotated from other hospitals, but not on the, you know, full contract level that you have here.

**LEG. KENNEDY:**

What is your opinion about our likelihood of prevailing with this application?

**MR. THROPE:**

I think it's very hard to judge because this is a national competition with grading involved, and it's very -- we're going to -- John Snow has done a lot of work on the demographic analysis and so forth. We're going to try to orient the application to get the highest possible score. This area has been identified as a part of New York State that should have more FOHCs. And Len mentioned CHCANYS which is the State-wide association of community health centers. They are designated by the Feds to help develop FOHCs where they are needed, and they, we believe, will be supporting this application, which I think is very important.

**LEG. KENNEDY:**

Has there been any contact with that agency, yet, this helping group?

**MR. THROPE:**

Yes, there has.

**LEG. KENNEDY:**

Okay. And might there be a chance in the future for them to come and speak to us as well?

**MR. MARCHESI:**

Oh, absolutely.

**LEG. KENNEDY:**

Okay. All right. Thank you, Madam Chair.

**CHAIRPERSON BROWNING:**

Any other questions? No? Okay. Well, I appreciate you coming today, and it's been a pleasure to meet you. I've been through these meetings so many times that it's -- I think I keep hearing the questions that I want an answer, but I try and stay out of that. But, anyway, I do appreciate you coming down. Thank you so much. With that, we do have another presentation that will be -- it's not too long. However, do we want to take it out of order?

**D.P.O. VILORIA-FISHER:**

Well, why don't you make the motion and I'll second it.

**CHAIRPERSON BROWNING:**

Okay. We do have a Michael Arens from Brookhaven Lab here today. We have a bill that he came to -- in case there were any questions on. It's **1890 - Authorizing the completion of the Brookhaven National Lab environmental cleanup on County parkland**. I guess I'll make a motion to take that out of order.

**D.P.O. VILORIA-FISHER:**

Second.

**CHAIRPERSON BROWNING:**

I don't want to hold him up. There's a second, Legislator Viloria-Fisher. All in favor? Opposed?

Abstentions? Okay. We're taking it out of order. **1890 - Authorizing the completion of the Brookhaven National Lab environmental cleanup on County parkland, Robert Cushman Murphy Park (Co. Exec).** I will make a motion to approve.

**D.P.O. VILORIA-FISHER:**  
Second.

**CHAIRPERSON BROWNING:**  
We have a second, Legislator Viloría-Fisher. Any questions about it? No? Okay, good.

**LEG. KENNEDY:**  
Madam Chair, just is the work all done? Is there a plan left to go?

**CHAIRPERSON BROWNING:**  
Not done yet, but do you want to go ahead and explain what it's about. And Mr. Arens, does he want to come up at all?

**MR. ZWIRN:**  
Absolutely. Mr. Arens is with BNL now. He used to be with Senator Fuschillo's Office, and before that, Assemblyman Mike Balboni's office. He's moving up in the world.

*(\*Laughter\*)*

**CHAIRPERSON BROWNING:**  
If you just want to briefly explain to them what this is.

**MR. ARENS:**  
Certainly. First of all, thank you very much for having us here today. We appreciate the support from the County Executive and Legislator Ed Romaine on Resolution Number 1890, as well as the Presiding Officer for sponsoring it. This is a -- Legislator Kennedy, this is a continuation of the project that we did back in 2004 -- 2005. This is a very small area, it's about thirty-two hundred square feet. We're going to go and within about 30 to 60 days, upon your approval from the full Legislature.

**LEG. KENNEDY:**  
And what is entailed in cleanup? Is this some of the Peconic water bed area there where there's contaminated silt being pulled out? I'm just -- I know there's various hot spots on the campus itself, so I'm just curious which one in particular this is.

**MR. ARENS:**  
Yes. I have also with me Skip Medeiros from Brookhaven National Lab and he is the person that's responsible for monitoring it. But this is an area of, like I said, thirty-two hundred square feet and it's going to -- we're going to go in with the same exact way we did the last time. We're going to be putting down matting to protective the vegetation. That was very successful, and the last time we had an 85% restoration of the vegetation in that area. And then its sediment, that will be isolated and then removed, put onto trucks and sealed and removed from the site.

**LEG. KENNEDY:**  
It's treated as HAZMAT and it's trucked off Island, I believe, right?

**MR. MEDEIROS:**  
My name is William Medeiros. I managed the cleanup in 2004 -- 2005. It does -- the material is not hazardous, it does not have to go to -- be labeled HAZMAT. And it's going to be shipped to the

same facility in Upstate New York.

**LEG. KENNEDY:**

So it is inert material, but, nevertheless, it's being removed because it's got, what, trace elements of some --

**MR. MEDEIROS:**

Because the concentrations of mercury exceed the cleanup goals that we had. Okay. So we had a few spots that were excessive mercury concentrations. We identified them with our sampling and we want to go back and take them out.

**LEG. KENNEDY:**

Very good. Thank you. Thank you.

**CHAIRPERSON BROWNING:**

Okay. Legislator Vilorio-Fisher.

**D.P.O. VILORIA-FISHER:**

And I just wanted to be certain. I'm seeing the second "resolved" that it refers to SEQRA having been done in 19 -- no, 2005. So this isn't a different project, it's a continuation of the same project, so we don't need another SEQRA determination on this?

**MR. MEDEIROS:**

That's correct.

**D.P.O. VILORIA-FISHER:**

Okay. Thank you.

**CHAIRPERSON BROWNING:**

I think we're good to go, then. So we did have a motion and a second All in favor? Opposed? Abstentions? Okay. Motion is approved. Thank you. *(VOTE: Approved 5-0-0-0)*

**MR. MEDEIROS:**

Thank you very much.

**CHAIRPERSON BROWNING:**

Okay. And we'll get back to -- we do have a number of questions. Mr. Marchese and the Health Commissioner, if you would like to stick around, I know John J. Foley, the bill is coming up on that. So we have some questions. However, I don't want to detain -- Commissioner Blass is here. If -- do you have anything that you would like to come and speak on or report on, before we --

**COMM. BLASS:**

No, Madam Chairman, I'm just here to listen.

**CHAIRPERSON BROWNING:**

He said no.

**D.P.O. VILORIA-FISHER:**

Okay, but I'd like to thank him for something. Okay?

**CHAIRPERSON BROWNING:**

Okay.

**D.P.O. VILORIA-FISHER:**

Thank you for being here, Commissioner. And I just want to point out a question that I just asked the Commissioner that I would like other Legislators to be aware of. Someone had come to my office and said that they reached out to a couple of different departments in the County for services for people who are legal residents the County, legal residents of the County, and were told that these services could only be provided for people who are citizens. Now, I'm not an attorney, but it seemed to me that a legal resident would have access to the same rights and privileges that a citizen has, except for voting, etcetera. So I asked Commissioner Blass just before we began the meeting and he did research it and he said that I was correct. So I just wanted my colleagues to know that if someone reports to you that they were denied services because they are legal residents and not citizens, that the person who was giving them that information is incorrect. Okay? And the Commissioner did ask me to refer that issue to him, so I wanted my colleagues to know that this is the case.

**COMM. BLASS:**

There's one exception with food stamps.

**D.P.O. VILORIA-FISHER:**

With food stamps, the person has to be a legal resident for five years before they're eligible to have food stamps. But, however, they still are legal residents and they're entitled to it, but that waiting period is necessary.

**CHAIRPERSON BROWNING:**

Okay. Thank you. With that, we have a brief presentation. This was a forum that was held in Ulster County in May of this year, May 25th, I believe, and Stan Wojciechowski is the Executive Director of County Nursing Facilities of New York. Like I said earlier, we requested that he come to speak to us about nursing homes throughout New York State, and, again, last minute call that he could not come. And I won't go back into why, but I -- basically, we're left with this. You know, we do have a bill here to do with John J. Foley and the sale. In this, he talks about the past, present and future of nursing homes throughout New York State. There is also -- I don't know if -- John, if you want to go with that next part, there's Mr. {Lax}, there's a little piece on Public Benefit Corporation on this video, if you think we should go this that. But I think we can start with Stan Wojciechowski. It's a shame he can't be here. We will work to get him back here again. But this is about a five or ten-minute piece about nursing homes.

**D.P.O. VILORIA-FISHER:**

I just need to ask a question, because I inferred, and I'm not sure if you implied, that he was told by the County Executive not to come; is that what --

**CHAIRPERSON BROWNING:**

Not the County Executive directly. However, they were called by the County Executive's Office, that's what I was told. I asked him --

**D.P.O. VILORIA-FISHER:**

But what were they told?

**CHAIRPERSON BROWNING:**

-- why they were not coming, and I said to him, "Are you not coming? Did someone call you from the County Executive's Office?" He said yes. And I mentioned Mr. Crannell's name, because Mr. Crannell used to be with NYSAC, and he said, yes, he called.

**D.P.O. VILORIA-FISHER:**

And told him to not to come.

**CHAIRPERSON BROWNING:**

And they were asked or told not to come.

**D.P.O. VILORIA-FISHER:**

Okay.

**CHAIRPERSON BROWNING:**

And I think it's --

**D.P.O. VILORIA-FISHER:**

I just wanted that to be perfectly clear.

**CHAIRPERSON BROWNING:**

Yeah. Well, NYSAC does not -- NYSAC does not necessarily represent the County Executive's Office, they also represent the Legislators. And I think it's really a shame that they're being bullied or told not to come here. We made the request and I think that we should have been given the respect to show up. So we're left with the video stream. So, Josh, if you would like to start.

(\*Video presentation was shown to the Health and Human Services Committee\*)

**CHAIRPERSON BROWNING:**

Okay. That's good. Josh, we're not going to go onto the next part. Turn it off. If anybody would like a copy of this or how to get it, we'd be happy to give you that site and look at it. I think it's about 137 minutes long, so I don't think anybody here wants to sit through it. I did, actually, watch it when it was live, I sat through it, and I know, Craig, you sat through it also, but I think very helpful, very helpful.

With that, I know that there are going to be many questions. Legislator Muratore does have somewhere that he has to be soon, so I'd like to take everything out of order, go to the resolutions, so that we can get to them and then we'll do the questions afterwards. We're going to save the questions. We have -- yeah, we've got a lot of questions. We do have the John J. Foley bill coming up, but we do have a lot of questions pertaining to John J. Foley. But, to accommodate Legislator Muratore, I'd like to go ahead with the agenda. So, with that, we have tabled resolutions.

**TABLED RESOLUTIONS**

***1474 - Adopting Local Law No. -2010, A Local Law authorizing the County Executive to execute agreements for the sale of the John J. Foley Skilled Nursing Facility (Co. Exec.).***

**D.P.O. VILORIA-FISHER:**

Motion to table.

**CHAIRPERSON BROWNING:**

That works.

**CHAIRPERSON BROWNING:**

Okay. It's a Local Law authorizing the County Executive to execute agreements for the sale of John J. Foley. We have a motion to table, Legislator Vilorio-Fisher.

**LEG. KENNEDY:**

Second.

**CHAIRPERSON BROWNING:**

I'll -- second, Legislator Kennedy. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 6-0-0-0)**

**1502 - Directing the Department of Social Services to close the sex offender trailers (Schneiderman).** I'll make a motion to table.

**LEG. EDDINGTON:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Kennedy -- Eddington, sorry. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 6-0-0-0)**

**1634 - Establishing community safeguards from registered sex offenders placed in emergency housing (Schneiderman).** I'll make a motion to table.

**LEG. MURATORE:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Muratore. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 6-0-0-0)**

**1820 - Appropriating funds in connection with the Stony Brook University Hospital Comprehensive Psychiatric Emergency Program (CP 4018) (Kennedy).** Legislator Kennedy?

**LEG. KENNEDY:**

Motion to table, Madam Chair. We're still trying to work out the MOU stuff.

**CHAIRPERSON BROWNING:**

Okay. The motion was to table; second, Legislator Muratore. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 6-0-0-0)**

**1842 - Amending Resolution No. 417(2010), ending the voucher system and directing the Department of Social Services to develop a comprehensive plan to house homeless sex offenders (Schneiderman).** I'll make the motion to table; second, Legislator Eddington. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 6-0-0-0)**

**INTRODUCTORY RESOLUTIONS**

Introductory Resolutions: **1870 - Amending the 2010 Adopted Operating Budget to accept and appropriate additional 100% State Aid from the New York State Office of Mental Health to Family Service League for Suicide Prevention Activities (Co. Exec.).** I'll make a motion to approve and place on the Consent Calendar; second, Legislator Vilorio-Fisher. All in favor? Opposed? Abstentions? It is approved. **(VOTE: Approved 6-0-0-0)**

**1877 - Establishing an automated calling policy prior to mosquito spraying in Suffolk County (D'Amaro).** I believe the sponsor requested a motion to table, so I'll make the motion to table.

**LEG. EDDINGTON:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Eddington. All in favor? Opposed? Abstentions? It is tabled. **(VOTE: Tabled 6-0-0-0)**

**1878 - Adopting a Local Law to ensure the safe transfer of fuel to boats and watercraft in the Peconic Estuary (Schneiderman).** I believe the public hearing is still open, so I'll make a motion to table for public hearing.

**LEG. EDDINGTON:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Eddington. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 6-0-0-0)**

**1886 - Authorizing a contract amendment to the Youth Development Delinquency Prevention Contract with the Suffolk Y Jewish Community Center ( Co. Exec.).**

**P.O. LINDSAY:**

I'd like to make a motion to table.

**D.P.O. VILORIA-FISHER:**

Second.

**CHAIRPERSON BROWNING:**

I was -- okay.

**P.O. LINDSAY:**

Okay.

**CHAIRPERSON BROWNING:**

So motion to table, Legislator --

**P.O. LINDSAY:**

I'd just like to put on the record, it's not that I object to this resolution, but I told the Administration, if you're going to come up with a fix for this, come up with a fix for the shelter providers as well, they're in the same boat.

**LEG. EDDINGTON:**

I'll second that.

**P.O. LINDSAY:**

And they didn't do that. So I have a meeting with the Comptroller on Wednesday that I'm going to try and work out something that will do -- be more universal.

**CHAIRPERSON BROWNING:**

Okay. Plus, I certainly have some concerns. That's over a two-year period and this has been going on for a number of years. I think if they were to audit, there would be a lot more. So there was a motion to table, Legislator Lindsay; second, Legislator Viloría-Fisher. All in favor? Opposed? Abstentions? It's tabled. **(VOTE: Tabled 6-0-0-0)**

**1887 - Amending the 2010 Adopted Operating Budget to accept and appropriate 100%**

***Federal grant funds from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to Suffolk County Department of Health Services for Electronic Medical Records (EMR) Program (Co. Exec).***

I believe -- isn't that where we had the two bills together and then we -- this is the other half of that other one?

**DR. TOMARKEN:**

No. This is what I wanted to clarify. This is a separate \$200,000 grant that Representative Bishop was able to obtain for us, but this grant is dependent on us receiving or bonding the 1.2 million dollars, which the resolution was passed, but the bonding was not. And we only have until August of next year to use this money to implement the plan if we get that bond passed.

**CHAIRPERSON BROWNING:**

This is for the health centers, right?

**DR. TOMARKEN:**

Correct.

**CHAIRPERSON BROWNING:**

Right. Okay. I'm happy to make a motion to approve. And can we --

**D.P.O. VILORIA-FISHER:**

I'd like to second it and ask a question.

**CHAIRPERSON BROWNING:**

Go ahead.

**D.P.O. VILORIA-FISHER:**

So the program is in place and we just need the funding to hire the staff, is that --

**DR. TOMARKEN:**

This is to implement what we hope will be the EMR when it's bonded. So the EMR resolution has passed, but the bonding of the 1.2 million dollars has not passed.

**D.P.O. VILORIA-FISHER:**

Okay, okay.

**CHAIRPERSON BROWNING:**

We have to bond it and then they'll get reimbursed.

**D.P.O. VILORIA-FISHER:**

Okay. Terrific.

**LEG. KENNEDY:**

Madam Chair.

**CHAIRPERSON BROWNING:**

Go ahead.

**LEG. KENNEDY:**

Doctor, how is it, though, that, in other words, this grant award is dependent upon us taking some

action with the existing resolution? My experience has generally been grants are either made outright or you make some representation about local share. But, generally, the grant provider is usually furnishing funds far in excess of what the local match is. This seems to be just the opposite.

**DR. TOMARKEN:**

This is a grant to be used to implement the system once and if we get it in place. So, when I say it's dependent on it, it's dependent on it, because if it's chosen not to implement and bond the 1.2 million dollars, then this money will go away.

**LEG. KENNEDY:**

Okay.

**D.P.O. VILORIA-FISHER:**

Do you have a motion?

**CHAIRPERSON BROWNING:**

I think a made a motion to approve and place on the Consent Calendar. Did we have a second?

**D.P.O. VILORIA-FISHER:**

Yeah, I think so. Yeah, I got it.

**CHAIRPERSON BROWNING:**

Yeah? Okay. Legislator Viloría-Fisher, second, and --

**LEG. KENNEDY:**

I'm going to abstain. I'll abstain.

**CHAIRPERSON BROWNING:**

Okay. All in favor? Opposed? Abstentions? Abstention --

**LEG. KENNEDY:**

I'm going to abstain.

**CHAIRPERSON BROWNING:**

-- Legislator Kennedy. **(VOTE: Approved 5-0-1-0 Abstention: Leg. Kennedy).**

So, yeah. I mean I have -- I'm trying to understand. I just want to say, it's not the first time that we haven't had Federal grants where we have to put up the money first.

**LEG. KENNEDY:**

Okay.

**CHAIRPERSON BROWNING:**

So, anyway, next we are -- **1889 - authorizing the County executive to execute a Co-Applicant Agreement in furtherance of application for Federally Qualified Health Care -- Health Center Status (Co. Exec.).** I'll make the motion to approve.

**D.P.O. VILORIA-FISHER:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Viloría-Fisher. All in favor? Opposed? Abstentions? It is approved. **(VOTE: Approved 6-0-0-0)**

And we did 1890, and so I guess we're done with the agenda. And I guess we have some questions -- sorry -- we have some questions pertaining to John J. Foley. Commissioner and Mr. Marchese, if you're available to come up. I don't know where to start. I don't know where we want to begin. We can start with -- Legislator Eddington has a question.

**LEG. EDDINGTON:**

Yeah. I've -- I guess I lose track every once in a while, because this has been an issue that's going on. I'd like to know, who's running the operations now? Who oversees the invoices and the orders and -- I mean, we had a change and I don't remember who's now doing it. Who's in charge?

**DR. TOMARKEN:**

We have hired a new hospital or nursing home administrator, Mr. Jeff Hoffman, and he's a County employee and so he is in charge of the facility.

**LEG. EDDINGTON:**

He is currently a County employee?

**DR. TOMARKEN:**

Yes, yes.

**LEG. EDDINGTON:**

What was he doing before we put him into that position.

**DR. TOMARKEN:**

He has worked for the last 20 years in a variety of nursing home settings, usually brought in to take care of problems and authorized by the State. So he is a licensed nursing home administrator who's had 20 years of nursing home administrative experience.

**LEG. EDDINGTON:**

Oh, wait, I'm sorry. Has he been working in Suffolk County for 20 years? I mean, oh, not in our Suffolk County, but in --

**MR. MARCHESE:**

No. In the State system.

**LEG. EDDINGTON:**

In nursing facilities --

**DR. TOMARKEN:**

In the State system.

**LEG. EDDINGTON:**

-- in the county. Isn't it amazing how we can misinterpret? So he's been working for 20 years in the industry within Suffolk County, but not for Suffolk County.

**MR. MARCHESE:**

No, within the State of New York. He's worked within the State of New York. And we just recently hired him as a County worker.

**LEG. EDDINGTON:**

Okay. So he's new, okay. All right. Thank you.

**CHAIRPERSON BROWNING:**

Okay. And I know he's new. So I don't know where to start, because I have copies of a number of invoices from John J. Foley of items that were purchased. Myself and Legislator Kennedy both visited the facility on a couple of occasions and, you know, the question is, in my opinion, I'm -- it's almost like I'm seeing a buying frenzy going on. And there is bariatric wheelchairs. We currently have no bariatric patients in John J. Foley. And, you know, the County Executive wants to sell the place, however, there's this -- you know, why are we buying bariatric wheelchairs when we don't have bariatric patients?

**MR. MARCHESE:**

When we applied for this Dormitory Authority grant, which was approximately 2.2 million dollars, part of our needs at the time and what we thought would bring in additional revenue to the County would be to change the typical assessment of some of our patients so that we would have more short-term rehab-type patients that needed more acute care. Part of being ready for those patients requires us to have the equipment necessary to handle those patients. So, when we received the grant, which we had made the application for, it was very specific in our application what we wanted to spend the money on, what our request was. That's what New York State approved via their process, and that's what we've been purchasing. All these items have been through this hundred percent funded grant, which was to lead us into more of an acute care setting, as well as rehabbing the front entranceway, etcetera. Now, we've just received quotes on renovating the front and we plan on moving forward with that as well.

Bear in mind, in the operation of the department, we keep moving ahead until we're told not to move ahead. So I'm running the place until I'm said -- told that it's not going to be there, so I'm continuing to operate it as though we're going to be there forever.

**CHAIRPERSON BROWNING:**

Okay. So -- but my question is, is when you're -- when we're this close to making a decision on whether to sell it or not, why -- I just don't understand moving forward with buying bariatric equipment.

**MR. MARCHESE:**

Okay. Well, the grant expires. So, if we do not spend the money, we will lose the money. And, you know, considering that we're continuing to operate until told otherwise, we're going to continue to fully utilize the grant. And, as well, the grant, even if we were to sell the facility or some other disposition, as long as the facility was continued to be used in patient care, the State -- to have no clawbacks backs for the grant. So we didn't have to repay the grant, as long as it continued to operate as a nursing facility. So there was no real downside to us putting the money into the facility.

**CHAIRPERSON BROWNING:**

Okay. I have a stack of invoices here, copies of invoices. There's another one here for pediatric equipment. Are we planning to take pediatrics into -- I mean, we -- I looked at the information. It's bubble tubes for children, and the company that this purchase is for, it's -- the items, it's a company that provides items for pediatrics. So I'm wondering why do we have, you know for children five to twenty? Why do we have pediatric supplies at John J. Foley right now?

**MR. MARCHESE:**

I'm not sure what that is. You'd have to -- I'm not -- that would not -- you know, you'd have to show me specifically what it is and we'd have to research it. I couldn't -- off the top of my head, I couldn't answer you.

**CHAIRPERSON BROWNING:**

Okay. They're called portable bubble tubes. And based on the information I have here, it says that this is equipment for pediatrics, so -- well, then, I guess we'd like to find out who ordered pediatric equipment for --

**MR. MARCHESE:**

If you can provide a copy of that, we can do the research for you.

**CHAIRPERSON BROWNING:**

You have the -- these invoices are at John J. Foley. Let me see what else there is. I might -- you know, it's -- there's just -- there's so many invoices here and it's taking a lot of time to try and get through them. You know, prior to the last meeting, Doctor Tomarken provided for my office, you know, a list of assets and -- of over a million dollars. And since that meeting, like I say, I have an endless stream of invoices. And Legislator Kennedy and I both went there. There's rooms packed. We took pictures of items that are packed in a room. There's two trailers, have been ordered, I guess being rented, to equip -- and these trailers are getting filled up with stuff. And I know I spoke with you, Dr. Tomarken, about what some of the items were that were being stored in the trailer, but we have rooms packed with flat screen monitors, furniture. Downstairs in the -- I guess there's a room downstairs where there's boxes and boxes of equipment, and, you know, it's all very confusing. I've even seen there was a piece of equipment, two pieces of equipment that are outdated, the company doesn't even make them anymore, and, evidently, we spent like \$15,000 on them. Kinetrans I think is what the name is.

**MR. MARCHESE:**

Yeah. Basically, we had a lengthy conversation with our Physical Therapy Director and we've hired him, he's one of the best on Long Island, and that particular piece of machinery, yes, is -- it's no longer made, that's why you can't buy it new. But he felt for the type of therapies that we are using, that that was the most effective to treat our patients. So we felt that that was the way to go with that.

With regards to the other equipment, we're going to be renovating, again, the fifth floor. And we did purchase a lot of stuff to put into the rooms, but we can't put them in until we do the renovations. So, yes, we do have some stuff on inventory, as well as the trailers being full with beds and whatnot, because we did purchase new beds. But rather than throwing out all of the beds that we currently have, we saved some of them, so that in the future, as beds broke, we didn't have to go out and purchase beds. So we are deploying the assets that we've purchased when we can, but we're not going to put them out until we finish each phase of the project. Bear in mind that this project has a bunch of components that have to do with facility repairs and improvements. Those, unfortunately, through the DPW process, have been delayed, so even though the purchasing was pretty much streamlined and we were able to obtain the stuff, we weren't able to complete the physical aspect of it. So, until we do that, we're not going to deploy those other assets.

**CHAIRPERSON BROWNING:**

Okay. And I see a lot of these orders were done through brokers. Why do we use brokers to order some items? Let me see if I can kind find -- there was something I found. Okay. There was issue, it's Peter Pepper products from Compton, California. It's an item sold to Austin Interiors and shipped to John J. Foley. I have a few items here I'd like -- you know, why -- is this something that we do on a regular basis?

**MR. MARCHESE:**

All our purchasing goes through Central Purchasing in DPW and they determine the best source for us to obtain the equipment. So, whether we go off a State bid, a County bid, or the individual purchasing agents arrange for us to get it in whatever manner they can, that's who determines

where we're going to purchase the stuff, and that's all through the County policy.

**CHAIRPERSON BROWNING:**

Okay. And I don't want to take up a lot of time, but I've got quite a few questions. You know, I understand there's a satellite physical therapy room is planned for the sixth floor. And what is this -- what are we doing with this? And do we have the staff to do this?

**MR. MARCHESE:**

The plan with the fifth floor is to make that our acute rehab unit, and rather than having the patients on the fifth floor, which is a 24-bed unit, travel down the elevators to the first floor, we were going to have a more isolated unit on the fifth floor for them to do their rehab. Not the full extent of the equipment was going to be up there, but modified equipment. And the idea was to have the acute care patients kind of put in the same area so that they weren't with the longer term patients, and that it was going -- this is our plan. Now, whether or not we can, you know, execute on our plan or not, that's another story, but the idea would be to have that unit filled with high reimbursable patients to maximize the revenue that we would generate.

**CHAIRPERSON BROWNING:**

Do you have a couple of questions?

**LEG. KENNEDY:**

Yes, Madam Chair. Thank you.

**CHAIRPERSON BROWNING:**

Okay. Go ahead.

**LEG. KENNEDY:**

As Legislator Browning said, we had an opportunity to be out there and we saw what, to my mind, was something that actually I questioned and I wondered what the logic was. In addition to the two Cybex machines, which I know the company has been out of business for the last ten years, and which --

**MR. MARCHESE:**

Two.

**LEG. KENNEDY:**

-- had a total purchase price of 15,000, it may be very beneficial machinery, but also looked like two boat anchors. I also wondered about the four bicycles that were sitting there in bubble wrap. Now, here's where I'll say we're in agreement. And I want to thank the both of the you for being at the meeting that we had in my office when we had Stony Brook there and the discharge planners. I think the short-term plan and the long-term plan is that that is going to be a Suffolk County facility and a County-operated facility. There's no wherewithal around this horseshoe to go ahead and sell that facility. So what I would say to you one more time is, is we want to see it operated in a safe, efficient and robust manner.

Now, clearly, at that meeting, there was a misunderstanding, and I'll be kind and call it a misunderstanding, but there was a misunderstanding on Stony Brook's part, I think, that John J. Foley wasn't going to take referrals anymore. We were able to clear that up. Another census has come up, we're at 243 now, but I think it's critical, more important than anything else we do that Mr. Hoffman makes the rounds to assure each and every hospital that we're here, we're accepting referrals and that we're providing nothing but the best care.

We started this afternoon and you heard that gentlemen tell one of the most compelling stories a

father can tell about his son, and how this man hasn't just searched here in Suffolk County or in New York State, but he's gone across continents looking for care for a handicapped and disabled son, and he's thrilled with what he saw at John J. Foley. Doctor, you know, you have been in health care facilities, you built health care facilities, and you know when you have a good health care facility you want to do everything that you can to keep it supported, keep the personnel in good frame of mind and take care of the patients. That's the message I think that we're looking to impart here.

Now, on the converse side, I'll ask you if you were aware of the fact that Mr. Rozenberg, the offerer, just made a bid on a facility in Brooklyn, Metropolitan Jewish Geriatric Center? Have you heard of the terms associated with that purchase, Doctor? Len, have you?

**DR. TOMARKEN:**

No, I know nothing about that.

**LEG. KENNEDY:**

Okay. He offered three 60 million dollars for a 354-bed facility. If you do the metrics and break it out, he was willing to offer Brooklyn somewhere the terms of about 180, \$190,000 a room for a facility that's almost identical to John J. I have made it very clear from the time that I've been involved with this at all, I wouldn't care if the man was offering a million dollars a room, I'd never agree to sell. But I'm also going to say, as a fiduciary on behalf of the municipal corporation, this is just bad business, this is really bad business that this man is in what's described as a buying frenzy. And I'm going to ask the Clerk to give you a copy of these -- a copy of the article, if you will, because it's abundantly apparent that I guess this guy took a trip out to Suffolk, thought he was dealing with a bunch of bumpkins, and figured he got a -- he got a boondoggle, he got a real deal. Doctor, I'm going to say to you that nothing that I've seen recently has been -- changed my mind about the fact that John J. Foley remains an excellent asset and something that we need to continue to nurture and help prop backup.

The last thing that I'll say is, is that the loss of bed hold has been extremely costly, as you know. Looks like it might have been about 180 grand since we lost bed hold, but that came about for a variety of reasons. And this loss of confidence on sending facilities, every time it happens has dire consequences for us, both economically and from a care perspective. And I will tell you firsthand that I've had conversations with hospitals, and I'm going to leave them nameless because I don't want to jeopardize, but they have said clearly that the term was that John J. Foley was de-bedding. That is not the case. I don't know how better to go ahead and impart. I'm going to implore Mr. Brand to carry that message that John J. Foley is not out of business, is not de-bedding, is operating well, is safe, is clean and some of the best care that we can get. And so, actually, gentlemen, we're very much in agreement, aren't we? You're going to continue to go ahead and do everything that you can to keep it well operating. However, to Mr. Marchese, \$20,000 bariatric tilt tables is not the direction that we thought we were going. And if you can go ahead and get the money back on that, get it to take care of the people that are there now, unless together we're developing this plan to go down that road. But I didn't think that was in the treatment mix for the morbidly obese. I don't know. Maybe somebody else heard different; have we?

**CHAIRPERSON BROWNING:**

No.

**LEG. KENNEDY:**

Okay. That's all I got for now. Thank you.

**CHAIRPERSON BROWNING:**

Okay. And, you know, talking about going back to the bariatric equipment, I'm just curious, have we taken bariatric patients? Does the staff need --

**MR. MARCHESE:**

Well, so do you want us not to take bariatric patients, is that what you're telling us?

**CHAIRPERSON BROWNING:**

No, I'm asking you if we do take in bariatric patients, does it require --

**MR. MARCHESE:**

I need to have it before they come.

**CHAIRPERSON BROWNING:**

Excuse me. Does it require special training if you handle bariatric patients, and will the County Executive hire additional staff if needed to do that?

**MR. MARCHESE:**

We have a staffing plan in place to handle the patients that we have today, and we've also submitted SCINs that have been approved to handle whatever the caseload is when we do bring it in. And to handle bariatric patients, like any other special needs population, you know, you do need special training.

**CHAIRPERSON BROWNING:**

Okay. Another thing I received was, you know, besides being told by many people at John J. Foley that the hospitals are being called and told, "Stop sending your people here," I got a list of probably maybe close to 20 patients, and this E-mail is to Hoffman. There's following a list of potential DCs; the first list of names, those who would be able to live in the community and are problematic; the second list comprises those who are not problematic, but would do well in the community with proper resources in place. My question is, is this is a common practice that's been going on at John J. Foley as far as -- and I'm seeing a lot of heads of John J. Foley employees back here saying no. Do we continually send people out of John J. Foley?

**MR. MARCHESE:**

Well, the appropriateness of whether a placement is in the facility or not, you have a -- I guess a double-edge sword here. One instance, you were charging the past administrator to fill every bed he could, and the next instance you're telling him they have to be appropriate. So, if you took any given day and if you went in there today and you looked at the appropriateness of some of our patients, the answer would be yes, some of them probably can find a placement in the community. Can we safely discharge them, yes, if they would agree to a discharge. So you need to have appropriate discharge plans for these patients. We do have patients that we do need to look to discharge. At the same time, I'm worried about Legislator Kennedy that watches our census every day. So I do -- I have concerns over that as well. So what we try to do is a combination of both, bring in appropriate patients and discharge those that are not appropriate. And should we be discharging some, are there some? Yes, they probably will, but they do need to find an appropriate placement for them before we do.

**CHAIRPERSON BROWNING:**

Okay. But list number one says they're problematic. What does "problematic" mean? Are they -- do they have mental health problems?

**MR. MARCHESE:**

Well, they could have behavior issues. Yeah, they could have behavior issues.

**CHAIRPERSON BROWNING:**

Where would you put them if we don't keep them in there? Would you send them to another

nursing home? Where do they go?

**MR. MARCHESE:**

It depends on each individual. There would be individual placement plans, and that's why if you can't find that place, they stay where they are.

**CHAIRPERSON BROWNING:**

Well, I think the biggest concern on my part is, you know, that Mr. Rozenberg sat here and said that he would not guarantee keeping every patient, and we know that he will send patients out if they just don't work for his facility. So my concern is are we already -- now are we preparing to do that for him? I know he's been to the nursing home, he's been around the nursing home. I know he's been probably looking at the patients, looking at the staffing, and are we already now trying to accommodate him by getting rid of people before he gets in? That's my concern and I certainly hope not.

**LEG. KENNEDY:**

Madam Chair, let me just clear up one other thing, too. I don't want to leave Mr. Marchese with any misapprehension. I am very concerned about the status in that census each day, and you're right, I look every day. But having been a vocational rehab counselor and having worked in mental health for ten years, I know the importance of working to have appropriate placements within the community for anybody who's disabled, be it physical or mental, and I would never ever, ever want to keep people in a facility if, in fact, they could live productively in the community. I did travel training, I did voc. rehab, I did ADLs, I did all kinds of teaching with folks all day long, and I would welcome the opportunity to have that happen with any John J. Foley residents. Conversely, I know we're getting on average upwards of 25 to 30 referrals from Stony Brook, from Brookhaven, from other places in a given month. I think the object here is, is to go ahead and to have patients go to the most appropriate supported and safe placement while at the same time allowing the facilities' beds to be used for what it does best --

**MR. MARCHESE:**

Absolutely.

**LEG. KENNEDY:**

-- providing care and rehab.

**MR. MARCHESE:**

That's right.

**LEG. KENNEDY:**

So please don't think that I'm thinking folks should just hang out there so we can get the reimbursements. And while we're on reimbursements, I'm going to ask, I'd like a copy of each one of the contracts. I hear some of them may be coming up and coming towards the end. I think it's important we keep those contracts in place, another seven or eight of them now that we have. All and each and every one of them are very important for us to go ahead, maintain and stay on top of them.

**MR. MARCHESE:**

All of those -- the managed care contracts I think you're referring to.

**LEG. KENNEDY:**

Yes.

**MR. MARCHESE:**

Yeah, they're all renewable. They're one-year contracts, automatic renewals for up to three years. So, yeah, it's our intention to renew. And, Legislator, it's definitely our intention to run the facility with the appropriate patients as we deem fit as well, and as -- each administrator like might have a different take on what's appropriate and what's not appropriate. So as Mr. Hoffman's come in there, he's identified positions -- patients that he feels are not appropriate, where maybe Mr. Fine thought they were appropriate. So, at this point, he has identified some, and we're not just going to discharge them, we have to find appropriate placements for them, and, at the same time, backfill with other patients as best we can, and that's the challenge that we're faced with every day.

**LEG. KENNEDY:**

So, once again, we're on the same page looking at maintaining the best care for the patient, but --

**MR. MARCHESE:**

Absolutely.

**LEG. KENNEDY:**

Okay. But, at the same time again, I just want to be reassured that, from your side of the equation, you're committed to doing that reassurance amongst the sending facilities that John J. is here, open, providing care, safe, clean and a good place to go to.

**MR. MARCHESE:**

Absolutely. And that's, again, back to why we were spending this Dormitory Authority money. We are -- now, you might have questions on what we purchased. That was our judgment calls at the time, and maybe we can argue about each individual one, and we will look at some of the purchases in more detail. But the overriding principles behind the spending of that money was to improve the facility and improve the patient care and the patient outcomes, that's why we're doing it.

**LEG. KENNEDY:**

Okay. Thank you.

**CHAIRPERSON BROWNING:**

Yeah, I know, but the issue is, is there's this -- in my opinion, the buying frenzy going on. You know, the employees call us and they say, "You wouldn't believe the stuff that's coming in now." We're buying up so much stuff and we have the place up for sale. My opinion, what I see is we're stacking the place with all brand new equipment for the new buyer. That's the concern, that's what we want to know, and we're using State grant money for that. I'm very concerned about that. The other thing is -- oh, I'm sorry, Jack, you had a question, so I'll let you go next.

**LEG. EDDINGTON:**

I just -- I heard what you said, Mr. Marchese, when you said, as long as you're running the place, you're going to plan on it staying open. But my question to you was who was running the place and you said Jeff Hoffman. So I guess I'm a little confused. Who's running the facility?

**DR. TOMARKEN:**

He's the actual administrator on site. He reports --

**LEG. EDDINGTON:**

Who is, who?

**DR. TOMARKEN:**

Mr. Hoffman.

**LEG. EDDINGTON:**

Okay.

**DR. TOMARKEN:**

He's what was -- Mr. Fine used to be.

**LEG. EDDINGTON:**

Okay. So, actually, then, what is your title?

**MR. MARCHESE:**

He reports to me.

**LEG. EDDINGTON:**

He reports to you. And what's your title, then, in the County, so I can be clear?

**MR. MARCHESE:**

I'm the Director of Management and Research.

**LEG. EDDINGTON:**

So that's accounting kind of like, or keeping --

**MR. MARCHESE:**

I'm in operations with the Health Department.

**LEG. EDDINGTON:**

Okay, okay. So that you guys are both -- you consult together before all this is happening?

**MR. MARCHESE:**

Yeah. My office is right next to Commissioner Tomarken's. We sit right next to each other on a daily basis, discuss the operations and all of the aspects of the Health Department.

**LEG. EDDINGTON:**

Well, how about Hoffman, where does he fit in with you guys?

**MR. MARCHESE:**

He reports to me.

**LEG. EDDINGTON:**

Okay.

**MR. MARCHESE:**

And on a daily basis he gives us an update of where things are and what's happening at the --

**LEG. EDDINGTON:**

Okay.

**MR. MARCHESE:**

-- at the facility.

**LEG. EDDINGTON:**

Okay, good. Thank you for the picture.

**DR. TOMARKEN:**

I'd just like to comment that our approach has been, as we are continuing to hire people, that we're

running this institution until we're told otherwise. Secondly, if anybody has made a call to any hospital saying that John J. Foley is not accepting patients, I'd like to have the name of that individual and trace that back, because, to my knowledge, I've never heard of that and certainly haven't sanctioned that, and no one that I know of in my -- in our department has sanctioned that. So, if that's, in fact, the case, I would certainly like to know how and where that's been happening.

**CHAIRPERSON BROWNING:**

We will. You know, there's been that question for some time about, you know, the County Executive saying, "I'm not asking taxpayers to pay for this anymore." I'd like, Craig, if you could give us -- I know we're currently about four million dollars that we're subsidizing to the John J. Foley. What does that cost per household to the taxpayer?

**MR. FREAS:**

The -- our Deputy Director, Robert Lipp, who, as you all know, is an economist, developed a local cost based on the four million dollars a year, net cost that we came up with for the A96 analysis that we did in the course of looking at the sale. Local costs are paid for by, including all revenue -- all locally generated revenues, in other words, property tax and sales tax, the savings to the average homeowner fore closure of the facility on that basis is thirty-one cents.

**CHAIRPERSON BROWNING:**

Thirty-one cents.

**D.P.O. VILORIA-FISHER:**

Per what.

**CHAIRPERSON BROWNING:**

Thirty one cents --

**MR. FREAS:**

Per average homeowner.

**LEG. EDDINGTON:**

A day?

**D.P.O. VILORIA-FISHER:**

Per year.

**MR. FREAS:**

Per year.

**CHAIRPERSON BROWNING:**

So John J. Foley is costing the taxpayers thirty-one cents year.

**MR. FREAS:**

Now, if you look at it on the -- on the -- just on the property tax basis, the full impact would be seven dollars annually to the average homeowner.

**CHAIRPERSON BROWNING:**

Even at that --

**D.P.O. VILORIA-FISHER:**

Per year.

**MR. FREAS:**

Per year.

**CHAIRPERSON BROWNING:**

-- seven dollars a year per household if it was only on property tax.

**MR. FREAS:**

Correct.

**CHAIRPERSON BROWNING:**

Thank you.

**D.P.O. VILORIA-FISHER:**

And that's if they're paying what in total for property taxes, because -- is that an average, or are you working that on 10,000?

**MR. FREAS:**

What the -- the average property tax burden for an average homeowner in Suffolk County.

**D.P.O. VILORIA-FISHER:**

What is that --

**MR. FREAS:**

I don't have that particular number --

**D.P.O. VILORIA-FISHER:**

Oh, you don't.

**MR. FREAS:**

-- for that in front of me.

**D.P.O. VILORIA-FISHER:**

Okay, because it sounds reasonable. Okay. Thanks.

**MR. FREAS:**

Right.

**CHAIRPERSON BROWNING:**

Okay. And I just received a message from Mr. Acquario, being that we couldn't get anybody from NYSAC to come down. And, you know, NYSAC, yes, he I know Mr. Marchese said they're lobbyists. However, IGT money is something that they lobbied for for the public nursing homes and that was something that we were losing. And so, you know, people hear the word lobbyist, but they lobby for public nursing homes to get adequate funding, to get sufficient funding, and that's one example of something they have done for us.

You know, they -- letter from Mr. Acquario, he says, you know, Suffolk -- he understands Suffolk is concern about the operational cost of the facility and the lack of overall assistance. He says some counties are studying the issue, but he continues to go on about, you know, something needs to be done. But he also talked about, you know, there are many nursing homes that have not sold. You know, the County Executive -- the County Executive keeps talking about how everybody's going out of the nursing home business, and he sent me a map, and everything that's green here, they're all still county nursing homes that are still operating. There's 44 nursing homes in New York State.

There's 36 county nursing homes. Two counties have two nursing homes each. You know, this is a lot of information that I think has not been given out to the public and been honest with them. It says in about 20 years, only four or five have been closed. Thirty-eight private and nonprofit nursing homes have closed. Two counties, Wayne and Chemung, both just finished building new homes. Rockland, Schenectady, Erie, Livingston and Columbia are applying to build new homes. Erie County applied for a 450-bed nursing home. The State rejected that and said build more. Oswego, which is a nonprofit, is closing and struggling with placement for difficult patients. So, when we talk about a private entity coming in and taking over a public nursing home, here's a nonprofit who is closing and they're having a hard time putting difficult patients in other locations. And again, it's not eight to ten million dollars, it's 3.5, not even four million dollars, which is costing the taxpayers seven dollars a year, and overall, thirty-one cents, and this is what we're fighting over.

You know, there's just -- it's not just about -- you know, we keep hearing it, Legislator Lindsay has said it many times, you know, we're not in the business of making money, and we're here to serve Suffolk County residents. And many of these people are veterans, have been Suffolk County taxpayers and long-time residents and hard times came upon them. And what are we going to do with them when Mr. Rozenberg, if he bought the place and started to send them out, where are they going to wind up? They could possibly wind up in one of those unregulated sober homes in my district. That's a scary thought, a very scary thought.

So, you know, the information -- you know, I asked for some information from the State about Mr. Rozenberg's nursing homes. I only asked for the most egregious complaints. This is what I received, and this is the most egregious complaints. I said I don't want, you know, silly things, I want the most offensive things that he's been -- you know, that there's been problems with this nursing home and this is what I got; elopements, a number of elopements. So, you know, it's -- clearly, he's a private entity, he's going to cut costs to save money, he's going to cut staff, and he's going to get rid of the most difficult people. And let's get real, you know, this is not -- this place, we can't sell it, we shouldn't sell it, and I think everybody here is saying don't sell it. We understand we're in difficult times, we're in very difficult times.

*(\*Applause\*)*

But to sell out senior citizens, the sick and infirmed to fill a budget hole I think is downright wrong, it's downright wrong. And I know there's been efforts in the past to do it. You know, we're looking at the Public Benefit Corporation. We want to take the opportunity. Give us a chance to do that. Give us a chance to do the Public Benefit Corporation, try and make it run better, but -- and again, as you see, we tabled it today. So the County Executive, if he wants to put it on the floor next week, tell him to get ten signatures. I guarantee you he will not get ten signatures. Put a CN, he will not get the votes. He has to have 12 votes; he's not getting 12 votes. So this Legislature I think has made it very clear, we don't want to sell John J. Foley to anyone. We want to keep it for Suffolk County residents --

*(\*Applause\*)*

-- and it's going to stay that way for a very long time. So anybody else have any questions? I'm sorry, I'm furious. And, you know, it's just a shame. And the worst part about it is, is the County Executive I don't think has even set foot in that building. I have been to that building before I was a Legislator. I have been there with my children to entertain the residents. He has never set foot in this building and talked to the people who live there, and they're voters also, and I hope he remembers that next year.

**LEG. EDDINGTON:**

Amen.

*(\*Applause\*)*

**CHAIRPERSON BROWNING:**

I'm done. I'm done.

*(\*Laughter\*)*

So, anyway, with that, does anyone else have questions, because I think we have had enough.

**D.P.O. VILORIA-FISHER:**

Can't top that. I think it's time to adjourn.

**CHAIRPERSON BROWNING:**

It is time to adjourn. Thank you. We are adjourned.

***[THE MEETING WAS ADJOURNED AT 4:06 P.M.]***