

HEALTH COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

A regular meeting of the Health 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 Thursday, October 4, 2012 at 2:30 p.m.

MEMBERS PRESENT:

Legislator William Spencer, Chairman
Legislator Kate Browning, Vice-Chair
Legislator Sarah Anker, Member
Legislator Ed Romaine, Member
Legislator John Kennedy, Member

ALSO IN ATTENDANCE:

George Nolan, Counsel to the Suffolk County Legislature
Terry Pearsall, Chief of Staff, Presiding Officer Lindsay's Office
Dr. James Tomarken, Commissioner, Suffolk County Department of Health
Craig Freas, Budget Review Office
Bill Shilling, Aide to Legislator Anker
Margaret Bermel, Suffolk County Department of Health
Shirley Glover, Suffolk County Probation Department
Peter Dykeman, Suffolk County Probation Officers Association
Mary Finnin, Registered Nurse
Gregory Noone, Thursday's Child, Program Manager
Kerry Thomas, Thursday's Child, Office Assistant
Anne Nolon, Hudson River Healthcare
James Sinkoff, Hudson River Healthcare
Allison Dubois, Hudson River Healthcare
Reverend Jeannette Phillips, Hudson River Healthcare
Mary Curtis, Hudson River Healthcare
Barbara Magahiff, LWVH
Michael Sharkey, SCSO
Danny J. Towk
Other Interested Parties

MINUTES TAKEN BY:

Alison Mahoney, Court Stenographer

MINUTES TRANSCRIBED BY:

Kim Castiglione, Legislative Secretary

(*THE MEETING WAS CALLED TO ORDER AT 4:17 P.M. *)

CHAIRMAN SPENCER:

We will start the Health Committee meeting with the Pledge of Allegiance led by Legislator Anker.

(Salutation)

CHAIRMAN SPENCER:

Again, I wanted to extend our condolences to the Schmitt family, the Presiding Officer in Nassau, and I think out of respect that we will call for a moment of silence for Presiding Officer Schmitt.

(Moment of Silence Observed)

Thank you. You may be seated. We have on the agenda today -- I have three cards, but I know that there's been a lot of people who have waited a long time, and I do have a quorum on my committee. I'm going to have a couple of Legislators who will also have to leave, so we're going to move on with our agenda. So the first speaker is Gregory Noone. You have three minutes to come up, and welcome.

MR. NOONE:

Thank you very much. I'll try to be very brief today. Dear friends, I have submitted to each of you a summary of the Safety Net services provided by Thursday's Child in the last calendar quarter. I ask that you focus less on the dollar amounts, which are high, and read aloud the client code column. These codes represent real people who are struggling to live with very low and with fixed incomes. These are people living with HIV and AIDS across our County.

I'm deeply saddened to report to you that the County Executive has defunded Thursday's Child, and I humbly request that the Legislature restore our funding again because the unique services performed by this agency are needed now more than ever. Why? For two main reasons. One, New York State Medicaid reform has essentially ended HIV case management services. We are already receiving reports that the Health Home Initiative, which is the replacement to traditional case management, HIV case management, has resulted in caseloads of 60 to 90 clients per case worker. In turn, that has led to more client calls for information, referrals, and benefits advocacy than ever in the five years that we have been providing services to the County.

These client codes are real people, and all Thursday's Child services have one and only one goal: To allow clients to maintain their access to lifesaving HIV/AIDS medical care. The desperate reality facing many of our disabled clients is compounded by simple mathematics. The average Social Security income in 2012 for a single person is \$784 a month. Think about that statement: \$784 a month. The average rent for a studio apartment in Suffolk is almost \$1,000 a month. Add in all the basic needs of all humans such as food, clothing and warmth, well, then you can figure out the rest. Even with the best of all government assistance programs, the sick and disabled cannot live remotely anything like the lives that most of us take for granted.

The second reason that I urge you to save Thursday's Child is that we have consistently met our stated goals and objectives each year that we have received County funding. Agency effectiveness can be readily measured. Did we provide as many services to the residents of the County as we said we would? The answer is yes each and every year. In fact, due directly to Suffolk County funding, we were able to double the amount granted to us by obtaining a Federally funded grant to provide an HIV Early Intervention Service. If our funding is not restored by the County, we will lose twice, the region will lose double. The Federal funds are predicated upon the vital administrative support that you and your colleagues have graciously provided over the past five years.

To summarize, please accept our Safety Net project summary of the services for the third quarter of this year. I hope that you will be pleased to know that with your help we have made a difference and continue to make a difference in the lives of each of these persons and their families.

I ask that you report these figures to the Budget Working Group and urge that they, too, restore funding to Thursday's Child. Thank you very much.

CHAIRMAN SPENCER:

Thank you. Our next speaker is Kerry Thomas, also from Thursday's Child.

MR. THOMAS:

Good afternoon. My name is Kerry Tomas, and I'm an office assistant at Thursday's Child of Long Island, and also a part of the Early Intervention Service, a federally funded program which relies on Suffolk County funding as a basis of financial support. In just the short amount of time that I have been working for this agency, I have seen the important work that Thursday's Child does and the impact that it has for Suffolk County residents living with HIV and AIDS.

On behalf of the clients and the supporters of Thursday's Child, please accept the request to restore our funding in the Suffolk County 2013 budget. Your consideration to restore our funding is extremely urgent because the Suffolk County Executive's budget proposal for 2013 completely defunds Thursday's Child. The amount we ask for is such a small line in the County's budget, but we assure you, it has a huge impact. And now more than ever, our Suffolk County clients are relying on you. Due to the effects of health care reform on the Federal level and Medicaid reform on the State level, we are serving a vulnerable population that has already suffered from dwindling resources.

During these stressful economic times and budget pressures, I hope you will be pleased to know that Thursday's Child remains unique in its service provision and targeted population. The services provided by this agency are much needed, but without a base of financial support from Suffolk County, Thursday's Child would have to shut its doors. After 21 years of service to families living with and affected by HIV and AIDS, this would be a great loss.

In addition, and because of your past support, we were able to secure a new federally funded Ryan White Grant. If the Legislature does not act to restore our Suffolk County funding, we will lose these Federal funds. With your help we can maintain the AIDS Services Access Program and move forward with the federally funded Early Intervention Service. These programs have much to offer Suffolk County residents living with and affected by HIV and AIDS.

We have the responsibility to speak on behalf of those we serve and so we plead that Thursday's Child retains a place in the Suffolk County budget. Please know that your past support is greatly appreciated by those who have relied on the services of Thursday's Child to maintain life-saving HIV care -- to maintain access to life-saving HIV care. We thank you for your past support which had made this possible.

Again, please hear us when we ask you to restore our funding and that this request is urgent because the current budget proposal for 2013 completely defunds Thursday's Child. Please help us keep our doors open for another year. We are so grateful to be of service to our neighbors in need. Our mission of HIV/AIDS services is needed now more than ever. I'm confident that with your help Thursday's Child will continue to provide basic essential and humane services to Suffolk County residents living with HIV and AIDS. Thank you for your time and consideration on this matter.

CHAIRMAN SPENCER:

I have one question for you from Legislator Gregory.

LEG. GREGORY:

Thank you, Mr. Chair. I just had a quick -- and I'm sure you or Greg mentioned and I just missed it. I know you said you were defunded. What amount was that that you were -- what amount were you in the budget for? I don't recall and it's not in the documents that you gave us.

MR. FREAS:

Legislator Gregory, they got \$90,000 from us this year.

LEG. GREGORY:

Thank you.

MR. THOMAS:

Thank you.

CHAIRMAN SPENCER:

Thank you. Is there anyone else that wishes to be heard from with regards to public comments? All right. With that -- oh, there's a hand back there. Could you please come up, Sir, and give us your name? We're going to ask you to fill out a yellow card when you finish speaking.

MR. TOWLE:

Just speak right into the mic? My name is Danny J. Towle. I'm a 20 year County employee. I work for the Patient Care Unit at the Riverhead Health Center. I'm also, I guess, the current Unit President of Patient Care. I would just like to say that my coworkers and I obviously have been living under a black cloud for months now. We don't know what necessarily is going to become of us and our jobs. You know, we don't seem to be getting any information from the County Legislature, from the Executive, from the Health Commissioner, from anyone except for Newsday. And I'd be remiss if I didn't say that all of us are continuing to work in a professional manner and do our jobs to the best our ability, but I don't think it's fair what's, you know, being put on us. I think we deserve answers.

You know, I know Hudson River is going to be here today to speak on how well they have been running the Coram Health Center and how you should continue and sign the contract with them to give up the rest of the health centers, but I think, you know, you also should take some time and come down to the health centers and see exactly what's happening there before you make these decisions.

I know I've seen Mr. Romaine there, but I have to tell you, I haven't seen any -- I've been at the health center for ten years and I've seen none of the rest of you down there. I think, you know, before you make your decision you should do your due diligence and really look into the situation before you cast your votes. Thank you.

LEG. ROMAINE:

Mr. Chairman.

LEG. GREGORY:

If I can?

CHAIRMAN SPENCER:

Legislator Romaine.

LEG. ROMAINE:

Danny, thanks for coming down. Go buy the News Review this week, the local paper from Riverhead, News Review. In each of their editions has an article about the East End health clinic. I'm quoted in there and so is Legislator Schneiderman. Obviously we have a slightly different take

on that. You will see what I said in the newspapers.

MR. TOWLE:

Yeah. I have to tell you, I have been getting as many papers as I can because that seems to be the only way I get any information about what's going to happen to my job.

LEG. ROMAINE:

I'll tell you what. I'll send you -- I don't know if I have the link, if I don't I'll have my office send you the link on your computer if you give me -- if you stop over here and give your e-mail address I'll send you it, that way you can get the article. It will tell you my point of view on that as well as Legislator Schneiderman's.

MR. TOWLE:

Thank you.

CHAIRMAN SPENCER:

Legislator Gregory.

LEG. GREGORY:

Just to let you know I have two health centers in my district and just --

MR. TOWLE:

Yeah, you were there this morning. Unfortunately, you had to leave.

LEG. GREGORY:

Right, I had to be here. So you are well aware that we try to, you know, have an open environment where the administration and HRH would come in and answer questions about patient care. I know there were some employees there as well with questions.

MR. TOWLE:

Sure.

LEG. GREGORY:

Generally that's negotiations with the County Administration. It's hard to say at this point what's going to happen with the employees. I've spoken to the Commissioner. He's expressed his desire, but he doesn't have the final say.

MR. TOWLE:

I wish he had expressed that to the employees who he leads. You know, he hasn't said anything to us.

LEG. GREGORY:

Well, you know, in my discussions with him is that he's certainly concerned about the employees. He's certainly concerned about the quality and level of care to the residents, as he should be as the Commissioner.

MR. TOWLE:

We're all concerned about that, yeah.

LEG. GREGORY:

Oh, yeah, absolutely. But I think, you know, negotiations being what they are, you know, it's difficult to kind of have those negotiations in public. I know that puts the employees and the public in a precarious position.

MR. TOWLE:

Sure.

LEG. GREGORY:

Not knowing what's going on, and even as a Legislator I don't even know what's going on for the most part with negotiations and making these decisions that we --

MR. TOWLE:

That's scares me because you guys vote on -- you know, you make the final decision. You know, if you don't know what's going on, I mean, that doesn't make me feel good.

LEG. GREGORY:

Right. I mean, it's just, you know, I guess it's kind of just the nature of the process and we can kind of interject as much as we can, but you know, it's an Administrative function. We're a policy making branch --

MR. TOWLE:

Well, hopefully you guys will do everything in your power to keep the County employees.

CHAIRMAN SPENCER:

Very gently to my Majority Leader; is there a question?

LEG. GREGORY:

I don't have a question. I'm not as gifted as Romaine to craft one.

*(*Laughter*)*

I will certainly say that I have heard your plea and thank you for your indulgence.

MR. TOWLE:

I appreciate that. Thank you.

CHAIRMAN SPENCER:

What would the Health Committee be without Mary Finnin.

MS. FINNIN:

Good afternoon. My name is Mary Finnin. I'm a retired Public Health Nurse. I wasn't going to speak because I feel it's a waste of time. However, I want to support the prior speakers. Because of the services that are being cut, it's not only the ongoing problems for the staff that are in our health centers, they're not sufficiently staffed to provide the level of care that's needed. The example of Riverhead, the three clinics there and Tri-Community, they're now down, they use one administrator to run the three health services. This doesn't go on in private sector or anyplace else. It makes it impossible to get a job done.

I think that Hudson River -- I'm anxious to hear what they have to say today, but I read the paper where we're going the give -- we're working to give the other health centers away to this facility and we don't even know what they're doing right now. And, you know, we're the public and we're concerned about having access to care. We've got a 150,000 people that don't have any insurance. Most of those people have been serviced by our health centers, by our John J. Foley and by our mental health clinics, and as we're defunded the only thing I see being funded are the cops. And any increases that you are putting forward is all for the cops, and it's going to exceed the cap and it will all go for the cops. So the cops and the robbers will get everything because the jail will be funded, all these mandates that you get, you know, because that's why you have to fund them. But the public who are poor and the public who are law abiding citizens are not getting the services they

need and the loyal longtime employees of Suffolk County are really getting bashed unless they're cops.

CHAIRMAN SPENCER:

Thank you, Mary. I know it sometimes feels that it's a waste of your time, but it isn't. Although sometimes we may come to a different conclusion, your comments are always very much appreciated.

MS. FINNIN:

I'll probably get a ticket on the way home.

CHAIRMAN SPENCER:

And I have changed my opinion in the past, so I hope that you keep coming and keep addressing us.

With that, I've had the Hudson River Healthcare, who Legislator Browning had requested that they give us an update in terms of where we stood with our Coram Health Center and the FQHC. They're going to come up and present to us. But before they come, we only have three resolutions that we will briefly -- and the rest of the time we'll be able to address them. I just had a request to take them out of order so -- and one of the resolutions has to be tabled for a public hearing, so this should be extremely brief. But the first one, IR 1922, it's actually the second one, I wanted to make actually a motion to take that out of order. I have a second on the motion. All those in favor? Opposed? Abstentions? ***1922, Authorizing the disbursement of funds from the Suffolk County Contingent Jail Medical Fund for the housing of inmates out of the County and the expansion of services in the Jail Medical Unit at both correctional facilities (Co. Exec).***

So IR 1922, is Margaret Bermel still here? Okay. Is there a motion on this particular resolution? Margaret, could you come up, please?

LEG. BROWNING:

I'll make a motion to approve.

CHAIRMAN SPENCER:

There's a motion to approve. Is there any other motions? Second on the motion. All right, so on the motion. I'll second, I'll second. Okay.

On the motion, I think the issue here with this particular is the disbursement of funds from the Suffolk County Contingent Jail Medical Fund for the housing of inmates out of the County. Is there any -- Margaret, can you give us some insight on this particular resolution and what your thoughts are in terms of some guidance to this Legislature?

MS. BERMEL:

Thank you, Legislator Spencer. Legislator Spencer, thank you very much. Margaret Bermel from the Department of Health Services. The contingency account had been established for the 2012 budget and the resolution would authorize the disbursement of the funds from the contingency account. The break out for funds would be -- of the five million -- of the five million, ten-thousand and two dollars, three-thousand, two-hundred and thirty-seven thousand, three thirty-seven would be distributed to the Sheriff's Department for the out of County inmates, and the remaining 1,772,665 would be distributed to the Health Department for expenses incurred in 2012 and through the end of 2012. Primarily the funds for the Health Department would be for permanent salary costs, overtime costs and for the hospitalization of jail inmates. So we feel that this break out is adequate. It's sufficient for the needs of the Jail Medical Unit.

CHAIRMAN SPENCER:

Legislator Kennedy.

LEG. KENNEDY:

Margaret, I'm a little perplexed. I'm a little confused, and I may, through the Chair, even ask if Chief Sharkey could address us. I thought by now we were supposed to have what was being referenced as a soft opening or a gradual opening of our Yaphank Facility, but more recently I've heard that we've not even had turnover on that facility from E. F. Howell yet to the County. Is that true, Chief?

CHIEF SHARKEY:

That is true. We -- the long and short of this resolution is that when the budget was crafted last year \$2 million was adopted, an adequate amount of funding to cover outside housing for inmates over our legal capacity. That was predicated on an opening in approximately April of this year. As of this date, we have not had the building turned over to us from the contractor. There's been ongoing punch list problems that have prevented us from taking the building. That being said, our year end estimate for outside housing costs is roughly \$5 million. You take the two million that was budgeted plus the three point two from this resolution, it gives you just over \$5 million.

LEG. KENNEDY:

But so -- okay. So it costs money to house prisoners out of County, I get that part. I get the fact that we missed whatever the projection is, through no fault of anybody here, and I hope that there had to have been some contractual milestones with E. F. Howell. And it sounds like we're probably getting to a point where we might be able to invoke even, you know, something, maybe a penalty or something like that, because if we're having to incur this additional unbudgeted three million dollar cost to continue to house patients out, there's got to be some consequence associated with the contractor. Where are we at? I mean, are they getting us any closer to when they think we might be able to get in?

CHIEF SHARKEY:

DPW deals directly with the contractors and we deal with DPW in a conference type of a situation. The latest communication we received was the best estimate for turning over the building was November first.

LEG. KENNEDY:

But even still, you don't think that that's going to provide any kind of significant relief to the need to continue to house inmates out, because you still have to go through a training process with your own personnel.

CHIEF SHARKEY:

Yes. That's the change that's occurred since we crafted the budget last year. We anticipated making that move in April, and now we're pushed back to November.

LEG. KENNEDY:

Okay. So then let's talk about the medical piece, though. So that's the two million for housing them out. How do we get to the two million associated with operations at the jail medical? If you're shaking out your own personnel, we're not going to have the Yaphank Jail Medical Facility ramped up and running around the clock. We won't be taking inmates in there until next year, what we're talking about at this point. Yes? No? Maybe? Yes. Let's go with you first, Chief, and then I want to go back to Margaret. Because I don't understand why do we need an additional \$2 million to operate an around the clock jail medical facility that's not going to have any inmates in it? Tell me if I'm missing or have the timeframe wrong. Based on our conversation, it's unrealistic to expect we're going to have inmates of any significant number in the facility before the end of this year.

CHIEF SHARKEY:

Best case scenario we would have two months to work with phasing in inmates into the facility. I'm not completely clear on the discussions with the Health Department with the Commission as to if they want them fully staffed before we put inmate one in the facility. That may be something the Health Department has to address.

LEG. KENNEDY:

Okay. Thank you, Chief. All right. If I can, Doctor or Margaret, can you tell us how are we going to spend two million bucks more in our jail medical facility.

COMMISSIONER TOMARKEN:

The COC has directed us to provide 24/7 coverage in the Yaphank facility like we have at Riverhead, not inpatient, but 24/7. So we have to have additional staff. We use a lot of overtime and per diem and so the new facility we will be having staff around the clock just like we -- and we will expand that to the Riverhead Jail as well but they will not be the inpatients. They will just have our staff available 24/7. And so these -- this money, these funds, are for staffing that -- the current jail and then the new jail as it is implemented over time and adding on the 24/7 coverage at both facilities.

LEG. KENNEDY:

How many patients do you -- I'm sorry -- how many inmates have you been told by the COC that you're going to have to make provisions to have around the clock staff available to care for in the event that they need assistance from jail medical.

COMMISSIONER TOMARKEN:

They haven't given us an actual number. I think it's going to be the number as this jail is opened and we will be using --

LEG. KENNEDY:

Who got -- did you get a phone call, did you get a letter; what did you get?

COMMISSIONER TOMARKEN:

No, when I was in Albany, I think it was around April, and they told us you don't have to open up the inpatient unit, but when the jail opens --

LEG. KENNEDY:

Yes.

COMMISSIONER TOMARKEN:

-- we want you to have 24/7 coverage both in Yaphank and in Riverhead going forward once the new jail opens.

LEG. KENNEDY:

Once the new jail opens. Okay. And is that a soft open or a full open?

COMMISSIONER TOMARKEN:

My impression was it was going to be a gradual opening. It wasn't going to be a -- they were going to bring a certain number of patients, but that's not something that I can comment on.

LEG. KENNEDY:

Anything else you can shed on this, Chief?

CHIEF SHARKEY:

Our plan is once the building is turned over to us to have a soft opening, and that's what the

Commission wants. They want to make sure all systems are operational. So they don't want us to load up one particular housing area full and then go to the next to the next. They want each section partially inhabited and then ramp up from there. So extending from that I can see possibly the Commissioner is saying the same thing for health, they want them to be prepared for the load and make sure all the systems are working from day one.

LEG. KENNEDY:

You have not a full complement of round the clock medical staff. If you are going to have 60 inmates in a facility that's sized for 600 you don't have to go ahead and staff them up --

COMMISSIONER TOMARKEN:

Actually, in a certain way you do because you need the same number of people overnight and on the evening shift whether you have, you know, one patient or a hundred in the sense of that's the staffing model for it and now it depends on -- the number of patients -- number of inmates that are actually in the jail is -- we will still have the same staffing model. Because we are not --

LEG. KENNEDY:

How soon would we start putting our personnel in there and paying them?

COMMISSIONER TOMARKEN:

Whenever they start -- whenever it's opened.

LEG. BROWNING:

Commission of Correction.

LEG. KENNEDY:

I have to get off this. I'm going -- I guess I'll have to talk to the Commissioner of Corrections or something. I'll yield. Thank you, Mr. Chair.

COMMISSIONER TOMARKEN:

There is an additional -- part of the money is also for the hospitalization of any inmates from any of the facilities, so that's part of that cost.

LEG. KENNEDY:

You mean the -- our contract with Peconic out in Riverhead?

COMMISSIONER TOMARKEN:

Right.

LEG. KENNEDY:

Have we exceeded what we had originally budgeted for Peconic?

MS. BERMEL:

We have budgeted -- what was adopted was 850,000 and that was --

LEG. KENNEDY:

And what have we spent to date, Margaret?

MS. BERMEL:

I don't have the year to date, but generally the expense is about 1.6 million. It was budgeted --

LEG. KENNEDY:

So we were under budgeted?

MS. BERMEL:

Well, it was budgeted at 850 in anticipation of around the clock medical care, so we had anticipated that the cost of hospitalization would be reduced because patients could be held in the overnight area. So with anticipating at the time the budget was adopted last year, it was anticipated that we would have the April opening, so that the cost to Peconic Bay Medical Center would be about 50 percent of what it normally is on an annual basis. So of the 2.2 million, there's 950,000 of that and added to that 3980 hospitalization of jail inmates account.

LEG. KENNEDY:

So we're going to have to commit about half of it just to continue to care for the inmates in Peconic whether we put one nurse in there or ten nurses, and whether they start November 1st or December 31st. You are pretty much committed. At least half that money is going to pay for inmates going for Peconic. Okay.

LEG. ROMAINE:

Can I raise a quick question about this?

CHAIRMAN SPENCER:

I have a list unfortunately.

LEG. BROWNING:

No, no, go ahead. It's fine.

LEG. ROMAINE:

Just this one question and I won't talk again.

CHAIRMAN SPENCER:

Ok.

LEG. ROMAINE:

My one point was in the budget last year for 2012 you estimated about 800 plus thousand dollars for this care; is that correct?

MS. BERMEL:

The adopted budget for 2012 was \$850,000.

LEG. ROMAINE:

All right. Okay, \$850,000. But instead year to date and, again, this is October not the end of December, year to date we have spent one point six million; is that correct?

MS. BERMEL:

No, I don't have the year to date figures. I said generally on the average annual basis it is one point six million is the actual expense.

LEG. ROMAINE:

Okay. Do you anticipate that we would spend one point six million.

MS. BERMEL:

We anticipate it could be up to one point eight, which is what the \$950,000 in this resolution would bring that account to.

LEG. ROMAINE:

Okay. And I appreciate that you are here today because a lot of times, you know, we're blowing the budget by, you know, a hundred percent. You know, a lot of times the Legislature doesn't even

get notified. We just spend well beyond. I would encourage the Administration and the Budget Office to start notifying Legislators when these expenditures occur, because all of a sudden we're looking at a budget -- Dr. Spencer wasn't even here but when he came in he got the budget, "Oh, we're spending 850,000", when, in fact, we're going to be spending one point nine million possibly and we're discovering this now in the third quarter -- excuse me, the fourth quarter of the year. That's my only point. Obviously we are a joint partner with the Executive in controlling the budget. It's hard to do that when you discover these "oops" moments towards the end of the year. Oops. I just leave it at that. Thank you very much.

MS. BERMEL:

If I could just comment on that. I don't think it was really an "oops" moment, to characterize it as that. It was really a contingency account that was established because this is a transitional year in going to the new Jail Medical Unit. The original start date was April of 2012, when due to the delays for whatever reason, we're now in October, and the new jail isn't open. So because we had anticipated the new jail opening in April of 2012, that Jail Medical Unit was budgeted at 850, which would be approximately a four month time frame period. So it's a transitional year and the contingency account was established for the purpose of covering the expenses during this transition.

CHAIRMAN SPENCER:

Thank you. Legislator Gregory.

LEG. GREGORY:

I just have one question for Chief Sharkey. I remember earlier in the year there was an article about an agreement that the County Executive reached with the COC or you guys, someone, whoever, with COC for waivers and there was, and I forget the amount, maybe ten million, seven million, whatever it was, in savings. So there's three million that's paid for out of County inmates. Is that above and beyond what we've received in waivers? I thought we would -- there would be no need for any additional monies because of the waivers that we received.

CHIEF SHARKEY:

The Commission hasn't changed our waivers. They have allowed them to continue. We have over 500 beds that are allowed from the Commission above our capacity. The change in the amount needed didn't come from a change in the amount of waivers. It came in the change in the opening date of the facility. There was anticipation that we wouldn't have to house anyone out once the facility opened, but we haven't -- we don't have access to the building. We're prepared to enter the building as soon as it's turned over, but it hasn't been completed.

LEG. GREGORY:

Oh, okay. So I miss -- it was just in the delay of the opening, not increase the number that we currently had at the time.

CHIEF SHARKEY:

No. As a matter of fact, our count has been slightly lower than it was anticipated, otherwise our costs would have been even higher.

LEG. GREGORY:

Okay. All right. Thank you.

CHAIRMAN SPENCER:

Legislator Browning.

LEG. BROWNING:

Yeah. I know there's been negotiations with the Commission of Corrections about delaying opening because of our budget issues. And to be honest with you, you know, even I Chair Public Safety, I

couldn't even tell you anything about what's going on in the jail as far as when are we opening, has there been a finalized discussion with the Commissioner of Corrections, has he said, you know, okay you're going to open on a certain day. You know, this is your cut off date. So do we have that, and what I think I understand is some of this money is for expenses already incurred; am I correct?

CHIEF SHARKEY:

Yes. We've already incurred expenses above the two million that was allotted. Our two major users for outside housing is Riker's Island and Nassau County Correctional Facility, and they have not been paid for services rendered, and our concern is that there's going to come a point when they're going to say, "Well, no thank you. We'd prefer not to do business with you anymore".

LEG. BROWNING:

So when was this billed you to the Riker's Island and the other ones? I mean, how long has it been since they've been paid anything?

CHIEF SHARKEY:

Rikers hasn't received any payment for this year at all.

LEG. ROMAINE:

We owe them money.

CHIEF SHARKEY:

We owe them considerable money, yes.

LEG. BROWNING:

And we owe them -- that's what this is about, is the money that we owe them and we're not paying our bill to them. If we have to -- if we have to send more prisoners because we have exceeded the number of beds, then we're going to wind up having them turn around and say, "No, we don't want yours".

CHIEF SHARKEY:

We have been holding them off and basically have told them at this point that we anticipate a vote next Tuesday on the additional funding. That's the only thing that's been holding them off.

LEG. ROMAINE:

Could someone explain to me -- excuse me, Mr. Chairman -- why it took so long? If we haven't paid Riker's for a whole year for taking our prisoners, and this is October fourth, why didn't someone come to us and say we have to pay this bill? I mean, why are we being asked now on October fourth? Why haven't we made progress payments? Why hasn't someone raised these questions? I mean, you know as Sheriff if we were not a government someone would be looking to evict us because we'd be deadbeats.

CHAIRMAN SPENCER:

Legislator Kennedy had one follow-up and then we're going to take a vote on this issue, and Hudson River, who has traveled long and far and has been waiting for hours, they are going to come up next.

LEG. KENNEDY:

Chief, can you just, if you -- if you would relay to Public Work, and I'll also try to send something to them as well, asking them to give me and I guess the rest of the committee some type of an update here on when we expect that Howell is going to actually do the turnover? And then in addition, do you have a sufficient number of personnel on board now to start the soft open process?

CHIEF SHARKEY:

To the first part of your question, the last communication we had, which was very recent, from DPW in contacting the contractor was that November 1st was the anticipated date of turning the building over.

LEG. KENNEDY:

Okay.

CHAIRMAN SPENCER:

Okay.

LEG. KENNEDY:

Do you have enough CO's on board now to start the soft open process?

CHIEF SHARKEY:

Based on discussions with the Commission, they have been willing to work with the Sheriff and the County to facilitate the opening with our current staffing.

LEG. KENNEDY:

Okay. All right. Thank you.

CHAIRMAN SPENCER:

Thank you. So we're prepared to vote, no further discussion. There's a motion to approve and a second. All those in favor? Opposed? Abstentions? Motion carries. Thank you. **(Vote: 5-0-0-0)**

We only have a couple of other resolutions that we'll come back to. If I could have Hudson River come up to the front at this time and please join me at the table. We have the CEO, the CFO and members of the Board who have come to give us an update with regards to the FOHC model that Hudson River has brought to Coram. And Legislator Browning and a couple of other Legislators have requested just as we move forward that we kind of get a status report. Again, thank you so much for waiting all day long and if you could just give us kind of just a status report of how things have been going with the Coram transition.

MS. NOLON:

Thank you, Dr. Spencer. I have to hold this down now I see; is that correct? Okay, thank you. We appreciate the empathy. You know, we feel like this is our home. Since 2003 being in Greenport we've learned Suffolk County and appreciate the people of Suffolk County, so it's our pleasure to be here to report on our progress at Elsie Owens. I want to especially acknowledge Legislator Anker and Legislator Calarco, who came to our event, a ribbon cutting event where we celebrated Elsie Owens and her family and kicked off a construction project that we're soon to complete, which will add three dental opportunities to the health center at Elsie Owens. And so by the first of the year, beginning of the year, we hope to have a dental team in there and providing dental care.

We have some other successes. We have been able to successfully transition the practice of 7500 patients into our care. We have as of just the beginning of September, 3900 unduplicated patients. That means those patients who have actually come in and used the services from the period of May one through the end of August. We have -- one of our highlights, you had charged us, I think there was an issue around the Managed Care providers being exclusive to Neighborhood Health Plan. One of the first things we were able to do is open the door and break the exclusive relationship with Neighborhood Health so that we could -- Neighborhood Health Plan -- so that we could bring in other health plans and therefore provide access to more and more people who were using and involved in other health plans.

We have added and changed slightly the sliding fee scale by -- for 200% of poverty and below, starting that scale based on income and family size at \$15. Now that's down from \$75 to 15, and then adding another couple of categories of pricing up to 25 and then 35. This is not including the lab tests, which has been a change and we have gotten some feedback and we're trying very hard to resolve some of the dissonance between some of those patients who are coming in and not expecting to then get two bills, one at the health center and one coming from the lab company.

We have added enabling services. We have added staff, in particular, our enabling services. As we've explained to you before, we put a great degree of importance on being able to have translation services available for our patients, having the ability of providing education and follow-up and referral, and that is done through a patient care partner. We have added a number of staff, 16 in total, including the patient care partners. We have expanded the scope of services. As I mentioned, our dental service is soon to start in January, in the beginning of the year. Behavioral health and mental health services, we've connected with some of the community Suffolk County providers in addition to the social work services provided at the center, being able to link and bring into the center in a co-located manner some of the agencies that are throughout Suffolk County who can help to provide a greater access to their services by being on-site and on location.

We've implemented the electronic health record, including the practice management component, which happened within two weeks. It took us two weeks and it happened very quickly. Then later, by the end of July, the electronic health record component, which now gives us the basis of collecting information, not just to collect it for that purpose, but to be able to improve the care. So we've started the foundation of what we hope to achieve with the NCOA level three patient centered medical home. That's our vision and we hope to have that completed for Elsie Owens soon.

We continue to enjoy the relationship, solid relationship, with the County. Suffolk County is a leader in primary care. The health center system is one we respect greatly and we are learning from working with the County, with the County Department of Health. They have been very helpful in continuing to guide us. We have also -- our partnership with Stony Brook has been an extraordinarily supportive one. We meet regularly and we are looking to develop those relationships so that we can be a training site for Stony Brook, continue to be a training site for Stony Brook and to do even more types of training. Our dental program we hope will also achieve that kind of relationship where we're doing additional training.

The Advisory Board, we have met with the Advisory Board. Every time they've met we have been introduced in a very solid way by Dr. Tomarken, which we appreciate that very much. We have -- and met with the Board members individually and as a group. We have every intention of incorporating them into a planning process to get feedback in a bigger way. We have responded to the feedback that they've given us. We hope -- well, we will soon, as of December, be adding a second person from Suffolk County to our HRHCare Board of Directors. We also remain committed to the Advisory Board process, which is quite unique in this County, and we will continue to be available and be at those meetings on a regular basis.

I wanted to mention, I didn't even introduce the people to my sides here, and I certainly want to start with our founding Board Chair, the Reverend Jeannette Phillips. Reverend Phillips has started our health center from the community from the bottom up and responded to the community need and led the community. And she has worked with me as Executive Vice-President since 1977 at HRHCare, so she continues to provide the community input and always we have one another's ear and she has guided me. I would like for her, if she would, to comment on the -- on her experience with the Elsie Owens Advisory Board and with our ribbon cutting, which I know brought her together with the family of Elsie Owens in quite a profound way.

REVEREND PHILLIPS:

Well, certainly, as Anne has indicated, and certainly you, Dr. Spencer as Chair, in welcoming us to

come, to be able to come before you today, it is certainly our privilege. And as Anne indicated that we feel we're home here in Suffolk County simply because we know that access to care is a right and not just a privilege for some. And we stand with Elsie Owens and with any of the other centers here to be able to say what can we do as partners. We understand that you have to develop relationships and community members to be able to have a sound voice to give that input, because nobody knows better about what our needs are than we do from within our own communities ourselves. So we do plan to continue in the relationships.

I can say sitting next to Roberta in an Advisory meeting that I felt pretty much like that was my daughter sitting there, because I could relate to some of the stories that she shared that my daughter, who now has a Master's in Public Health as well, sat at my knee while I attended many of the community meetings. It's really all about access to care. It's not whether you're in Peekskill or whether you're in Coram or in Amityville. It's really about families and families needing care and families being able to come together to help make that happen. So access is very important to us.

Our Board is made up of 51% of the -- of patients that use the center. That's a mandate, a Federal mandate. Why? Because they want to always have that continuous community input and we stand ready to be able to do that. So we're glad to be here and certainly as this presentation goes forward if there's anything else that I can add I will be glad to do so.

CHAIRMAN SPENCER:

Reverend, it's an honor to have you here, and I understand that you've been involved for over 40 years and, you know, you are just a real pillar in our community. And I know this is a very long day for you but I thank you for coming and sharing those comments with us.

LEG. ANKER:

Legislator Spencer, could I add to that?

CHAIRMAN SPENCER:

Yes, absolutely.

LEG. ANKER:

I just wanted to comment how impressed I was when I went to the ribbon cutting. It was so -- not only could you feel the emotional support, and we know the physical support that you will give as a medical facility. It was clean, it was bright and it is so much needed. And like you said, it's not just Coram, it's not just in the immediate area, it's throughout Suffolk County. It's affordable medical care and you came, Hudson River, at a very crucial time and you fulfilled a very crucial need for Suffolk County. I just want to thank you and I want to you -- I just want to make sure that you understand how important and how much we, the Legislature, appreciate all the time and effort you've put into this. Thank you.

MS. NOLON:

Thank you, Legislator. Also with me up here is Allison Dubois, who is our Chief Operating Officer, and James Sinkhoff, our Chief Financial Officer. We're also working with Mary Curtis, who is behind me, right here. Mary, a resident of Long Island and also working with us in -- throughout the County. So we're available now for questions from you.

CHAIRMAN SPENCER:

Thank you. I know that specifically requested for this kind of update was Legislator Browning, who's with us, and I think that she has just a couple of questions she wanted to raise and get some feedback.

LEG. BROWNING:

Yeah, just a quick one. You know, I've been hearing mixed opinions and I'm just curious about the

number of patients you have attending in comparison to before, when it was Suffolk County or run by Stony Brook. What was your attendance? I'm trying to remember what the number was back then, and has it decreased, increased, stayed the same?

MS. NOLON:

You can see that in your report, but let me have Allison Dubois, who knows these numbers inside out, have her talk a little bit about that.

MS. DUBOIS:

So we have been able to be fairly steady in terms of access. There was a slight decrease from the months prior to our transition to two key pieces. The first was that we had a full-time physician who the first week we were there there was an injury, and has been out. So we've been down a full medical provider during those first few months. In addition, we did move forward with the implementation of the electronic health record, and while that has a key, important part of the transition that we're working on, there was a transition period where the length of time for the appointments was a little bit longer as the providers were becoming more comfortable with the system. So we have just added another full-time provider to our team, and that individual started this week. And so we anticipate with that provider back we will be seeing the same volume of patients that we were seeing prior to the transition, which was about 1,750 visits per month. That was the volume prior to the transition, and with the addition of our clinician we will be back in that -- in that volume.

LEG. BROWNING:

Okay. If I make an appointment to come in to the health center, what's the timeline if I make that call? How long am I going to have to wait to get an appointment?

MS. DUBOIS:

So with the addition of our new provider it also is a -- it depends on how that call comes in, because individuals who are ill or in need of a sick visit are able to come in in a more urgent way, rather than scheduled visits, which are a little further out. The scheduled visits are about, as I reviewed that yesterday, out about three weeks. That is a week shorter than what the volume and the delay was -- or the time to access an appointment in the months of October through December of last year.

LEG. BROWNING:

Because I know how it used to be done with the health centers. Do they call directly to the health center for an appointment?

MS. DUBOIS:

They do. That was one of the changes, the significant changes in terms of the operation under HRHCare. We did bring patient representatives and so the patient registration and appointment making is now done within the building, within the center. And so that process has changed. It is no longer a part of the centralized County appointment making.

LEG. BROWNING:

Okay. And I think one other, and something else might pop in my head, but I know that one of the reasons we thought it was great to go with the FQHC is now the dental care. How are we doing on the dental office?

MS. DUBOIS:

So the dental is actively under construction. The equipment will be installed within the next two weeks. We need to do some additional work with the physicist and to have some final Department of Health review. We hope that that will happen all through the remaining part of October and November, and that we'll be able to initiate dental services in December, January, depending on

when we can recruit, hire and train a dental team.

LEG. BROWNING:

Okay. Thank you.

CHAIRMAN SPENCER:

Legislator Kennedy. Thank you, Legislator Browning.

LEG. KENNEDY:

Thank you for being here. And I have heard generally good things. I have had a couple of constituents who have concerns about costs that they're starting to incur now that they had not previously. And I'm trying to recall whether it was for direct face to face visit or if it was medications perhaps. They did indicate that there is some change, and I'm going back to June. I thought it was odd, because this was a street fair right here in Smithtown where a woman stopped me saying that she had been a longtime patient, her and her family, of the Coram center, and now with the transition over to you folks she was experiencing a significant difference in her costs, in her medical costs. How is it -- has it transitioned? Are you finding that many patients are experiencing, you know, increase, decrease over time? Are they the same? What's happening.

MR. SINKOFF:

So the feedback that we have also received has been specifically about laboratory costs.

LEG. KENNEDY:

Okay.

MR. SINKOFF:

So what we have heard from a variety of folks is that their cost seems to be higher than what it was when it was under County auspice. And so just -- not to get into too much detail, but just a little bit of frame of reference is helpful. The \$75 all inclusive fee that the County had been charging at Elsie Owens was inclusive of the lab. So right off the bat in transition, and we maintain the relationship with Sunrise, which was the County relationship, so we didn't change the laboratory. The laboratory was just billing the County for services so the patients never saw that part of the bill. So they are receiving bills, and so that immediately is a different world for them, admittedly. They have a sliding fee discount at the health center, it's about \$15, and then they are receiving in their mailbox at home a lab bill. So we did hear this concern that all of a sudden it seemed to be more costly.

So we did do some analysis on this very, very recently, and for a physical, a normal annual physical, which usually entails doing some pretty comprehensive blood work, urinalysis work and a conference of metabolic panel, which goes into your kidney function and other vital functions, is \$17.20. So if they are taking the \$15 and \$17.20, that's clearly less than the \$75. Is that every case in the health center? No, it's not every case in the health center. We think, however, that we can say with some assurance and some confidence that the cost of care for the patients has declined at Elsie Owens Health Center, but we do have to keep our eye on kind of what is happening because there are many, many tests. If a patient happens to be very, very sick and has multiple chronic illnesses, it could be that they are finding a more extensive cost in the care that they are receiving.

LEG. KENNEDY:

Is Sunrise unique to this center, or is that a lab that you folks as a network do business with? I mean, with your size, you must have a preferred --

MR. SINKOFF:

So Sunrise is a local business. It's a Suffolk County only business. They actually just moved into Nassau County I think within the last two weeks. And they are the lab that has been servicing all of

the health centers in the Suffolk County network. One of the, you know --

LEG. KENNEDY:

Yeah, but if I need a blood panel, what difference does it make to me whether I go to Sunrise or if I go to Pacific or whomever.

MR. SINKOFF:

It doesn't, and we did introduce another laboratory called Bio-Reference, which is another reference laboratory, so there are two options for the providers if they want to refer this specimen to Bio-Reference or if they want to refer the specimen to Sunrise.

LEG. KENNEDY:

It's your treating doc who is making the decision where the sample is going to be sent to for the purposes of processing?

MR. SINKOFF:

Yes, that's how it -- the ordering of the laboratory is like a drug script. The provider always makes the order of the lab.

LEG. KENNEDY:

But again, on balance if we're looking for care for a patient that's going to be most economical, and if it's like anything else in life, if there's volume with the particular facility --

MR. SINKOFF:

Precisely.

LEG. KENNEDY:

If the patient is ultimately getting the benefit, you folks have to know that.

CHAIRMAN SPENCER:

Part of the issue that I've encountered just as a physician when I write for a lab test, and particularly sometimes in the sense of the population, is geographic location of the lab.

LEG. KENNEDY:

Ah.

CHAIRMAN SPENCER:

Some are without transportation, so sometimes, you know, there's not a --

LEG. KENNEDY:

Right. So to go to Coram and if there's something that's cheaper, may be a hardship to get into Huntington or out to Riverhead or what have you, you're looking for a local site.

MR. SINKOFF:

And the introduction of multiple labs is to drive the price down. And on the quality of care piece we want to make sure that we get the results back within 24-hours.

LEG. KENNEDY:

That leads me to my next question. Actually one of my colleagues just asked me about this, but it occurs to me I would like to know this as well. Your approach is a universal or a bundle approach, and it's great to hear about the dental lab. I'm hoping you will be talking to Stony Brook because you know they have a dental school there.

MR. SINKOFF:

(Nodded head in the affirmative).

LEG. KENNEDY:

I think it would be an ideal collaboration. They have an outstanding dental school, as a matter of fact. It would be a great place for, you know, for folks to be working, trainees and students and things.

MS. NOLON:

The Dean of Dental School did come to our ribbon cutting and we have started that discussion immediately.

LEG. KENNEDY:

Outstanding. That's excellent. Good. Now, let's go on to drug and alcohol. Do you have -- you spoke about collaborating with other types of behavioral science providers for the facility. Have you started to make any connections for any, you know, substance abuse counseling or referral? It's part of this broad package, I guess, of service delivery I would imagine; right?

MS. DUBOIS:

It certainly is, and so we have immediately begun with the therapeutic services available with a certified social worker, and that service is available within the health center. In addition, we're exploring co-location opportunities with other community-based behavioral health providers in an effort to reduce duplication and really create a one stop shop within the health center. The physical space is accommodating to have some other community providers within that space.

We're also really interested in an opportunity, the County mental health system has reached out about SBIRT, which is the screening tool used to evaluate whether there is substance or alcohol abuse for that individual, and it's a screening within the primary care visit. That's not something that we are currently offering, and we are eager to work with the County to be able to offer that screening service in order to link patients to services. So that really is sort of our next phase in terms of substance abuse services.

LEG. KENNEDY:

So that -- let me make sure I understand that. As usual, I'm wandering into an area where I've got a little bit of knowledge, so that's really dangerous. But you would know this a much better. At like a new patient intake or a primary care visit you're not routinely looking to screen if the patient does have a substance abuse or an alcohol issue?

MS. DUBOIS:

I'm sorry, let me just clarify. We, as a part of our normal intake, there are a number of histories that we do as a part of that intake process. There's a specific tool called the SBIRT tool, which is an initiative that's happening in a number of community-based settings that is a standardized tool, rather than the individual tool that's a part of -- a normal part of our history taking that happens as a part of the primary care visit. And so that transition to use the standardized tool, and then use that tool to link individuals to community-based services, is really the next iteration.

LEG. KENNEDY:

SBIRT, is that the name of it?

MS. DUBOIS:

Yes.

MR. FREAS:

Screening Brief Intervention and Referral to Treatment Services.

LEG. KENNEDY:

Thank you, Craig. I appreciate that. Okay, well I guess the only other question is, is what clinic are you going to take over next?

*(*Laughter*)*

MS. FINNIN:

All of them.

LEG. KENNEDY:

Lead us Reverend, as a matter of fact, because we need the divine assistance. Thank you.

CHAIRMAN SPENCER:

From your perspective, though, what's the one question that I had is, you know, we're looking at the partnership from our end, has it worked from Hudson River's point of view? Is it something that, you know, we're looking to increase our relationship in the future or have you had regrets with regards to this particular arrangement.

MS. NOLON:

Dr. Spencer, we actually never have any regrets. We are not regretting being in collaborate -- working with you here in Suffolk County. I've spoken and I've said this a couple of times, but I can't say it enough, how much we respect the leadership of Dr. Tomarken and working with this County Department of Health and with this Legislature and the County Executive's Office has been truly a model relationship that we would like -- we'd like to continue to work with you in the other health centers.

CHAIRMAN SPENCER:

Thank you. Legislator Gregory has a question.

LEG. GREGORY:

Thank you. I know you've answered a lot of questions and I know I'm kind of blind siding you a little bit, but I just wanted to ask you -- I guess your openness to possibly using the site as a training facility for some interns or people for clinical experience. I probably shouldn't speak about this publicly, but just recently we've had my office organize discussions with the Community College and Brunswick Hospital and there may be some interest in having a satellite campus at the Brunswick Hospital facility. And we, in discussions really generated from bringing in the Nursing Program, and it kind of expanded, they are really, you know, enthusiastic about it. But I had asked the question what about for your health services students, we have a health center, you know, a mile and a half way, if that, you know, the opportunities for clinical experience.

So I just throw that out there as a potential future opportunity. And these students will be -- there's synergies with Farmingdale College where they get their Associate's and they can gone on and get their Bachelor's at Farmingdale, but one of the things that came up in discussions was experience. We need the clinical experience, and the health center being there and potential future of HRH, you know, transitioning to the Tri-Community Health Center. I just throw that out there as an opportunity for some future students and your willingness.

MS. NOLON:

We'd very much like to accept that challenge.

LEG. GREGORY:

Okay. Is that something that you've done before?

MS. NOLON:

We have worked with -- locally with a pediatric residency training program. We have hired a physician on our staff a year or so ago who is responsible for leading our clinical training programs. We have medical students that are coming through our health center. We have younger than medical students in the early years trying to -- we have a host of AmeriCorps who end up being -- going to medical school. We have -- and dental school and social work and public health, and we really believe in the career opportunities and introducing young people to our organization to a community health center. We really believe that that then will get them back to work in our communities in our health care system.

LEG. GREGORY:

Okay, great. It escaped me when we had discussed -- we only had one meeting, I know there's another one coming. It's kind of, you know, early to really kind of put it out there, but we're having some really -- they're very encouraging discussions that I hope will be able to come to fruition, but I wanted put it out there as a possibility in the future.

REVEREND PHILLIPS:

I would just like to add to that by saying as community health centers that helps us to grow our own, so we very much want to be a part of that.

LEG. GREGORY:

Thank you.

CHAIRMAN SPENCER:

Thank you so much. Once again, we do have some, again, as we do our budget and look at our Department of Health and our health centers, this information will be invaluable to us. So thank you and thanks for traveling so far and waiting so long.

MS. NOLON:

You're not allowed to say that anymore. We're back home. And my business card is in the front of the folder, and let me give you my cell phone, 914-656-6196, and my e-mail is on that. Call me or e-mail any time. Thank you.

LEG. GREGORY:

You realize whoever --

(*Laughter*)

MR. SINKOFF:

As soon as she said it.

CHAIRMAN SPENCER:

We're going to move on to our agenda. It's a very brief agenda, there is just one item, two tabled items.

Tabled Resolutions

We're going to go to our tabled resolutions. *IR 1769-2012, Approving the appointment of Diane Gaines to the Suffolk County Disabilities Advisory Board - Group D (Co. Exec).* We need for Ms. Gaines to attend and she hasn't had the opportunity to so we have to table this resolution. Motion to table. Do I have second?

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstentions? The motion is tabled. *(Vote: 5-0-0-0)*. Dr. Tomarken, would you stick around for a moment, please? Thank you.

Introductory Resolutions

IR 1920-2012, Establishing "The Truth About Energy Drinks" public education campaign to increase awareness of side effectives associated with energy drink consumption (Spencer). So I am going to make a motion to table this resolution at this time, but I do -- may I have a second on the table?

LEG. BROWNING:

I'll second.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

On this motion. I've been -- I know that there's a lot of interest in this particular resolution and there's a lot of data that's out there. I'm not sure if there's anyone that's left that's kind of representing that industry. But I know that the concern, and I'll put this on the record, with regards to energy drinks, that this issue did come up and there was some concessions and agreement that were made with regards to the industry in general. And I'm a relatively new Legislator. It's not that I'm not aware of the concessions and the agreement that was made, but case in point, which is for the record, my concern is that when we talk about the contents of energy drinks where we see that there are stimulants such as caffeine, sometimes up to the equivalent of 10 to 20 cups of coffee, where there's potentially young people, 10, 11, 12, 13 that may not be aware, that may consume these drinks before strenuous sports and may place themselves at risk.

The perfect example was part of the -- my understanding of the agreement with the Legislature was that there would be warnings and I understand it's a very broad industry, but when one of my colleagues, who has a 16 year old son, this is something that her son, who is 16, received in the mail from a company Gamma Labs Gamma Gamers, which is an energy supplement designed specifically for gamers, 1,720 milligrams of caffeine. On the warning in very small faded print out it says "Not intended for use for those under 18 years old", but when I see a pre-sorted first class mail going out to a 16 year old in Suffolk County, then that's when I have a responsibility to take action.

My action at this point is an educational campaign that I feel that we need to make sure that the awareness is out there, but I'm happy to, with the Department of Health, and to really address these concerns before moving forward with any resolutions, but this is really a problem. We can debate whether or not in terms of the risk to health, but when we see this advertisement and a sample being sent to a minor without the consent of the parent, then I have a real concern, not only as a physician, as a Legislator, and so I will address this issue. So I don't know if there are any other -- my colleagues have any other comments? If not --

LEG. GREGORY:

I have a question.

CHAIRMAN SPENCER:

Yes.

LEG. GREGORY:

Do we know where they're getting the names from?

CHAIRMAN SPENCER:

I have no idea where they got the child's name, but it's labeled. This Legislator Anker did allow me to share this.

LEG. GREGORY:

Generally children aren't on public lists. Is it from the school district somehow? I mean, that's offensive.

CHAIRMAN SPENCER:

This is a gamer's site. If you look, I have the website up here. It may have been when they purchased something. When I see that, that is an unfair playing field. That is not a fair playing field and so I will address that issue.

LEG. BROWNING:

I'm just curious, because I know my son goes on game websites. We have never -- I have never received any mail to him from anything and, you know, I --

LEG. GREGORY:

Maybe he's getting it and intercepting it.

LEG. BROWNING:

Yes, I do intercept his computer. I'm the interceptor.

*(*Laughter*)*

But no, it's just that I'm trying to figure out where would they get his address unless he entered his address.

MR. SCHILLING:

I believe the soccer team got it. Everybody on the soccer team got it.

CHAIRMAN SPENCER:

Everyone on the soccer team had received the solicitation.

MR. PEARSALL:

Bought and sold -- it could be they downloaded a piece of music and gave, you know, their name and address and entered a contest to see Alicia Keys somewhere or something --

LEG. GREGORY:

Leave my Alicia Keys alone now.

MR. PEARSALL:

That's how they do it.

LEG. BROWNING:

Yeah, but I think that's where children, you know, we advise our kids never give your address online. My kid's -- you know, my son is 17, almost 18, you know, you don't put your -- you don't give anybody your address.

CHAIRMAN SPENCER:

But going through the soccer roster, that's --

LEG. BROWNING:

Who's giving out the soccer roster?

CHAIRMAN SPENCER:

Exactly. So, again, we'll table this for now.

LEG. ROMAINE:

I would have voted for it.

CHAIRMAN SPENCER:

I have promised that I would sit down, which I think is fair to do, with those that have issues with the legislation. I am moving forward, though, with an educational campaign and I'm going to invite my colleagues to join me. All those in favor of the tabling motion? Opposed? Abstentions? Motion is tabled. **(Vote: 4-0-0-1 (Not Present: Legislator Anker))**

The last resolution is ***IR 1929-2012, Adopting Local Law No. 2012, A Local Law to strengthen requirements for safe disposal of expired and unused medications (Hahn)***. Motion to table for public hearing.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

Second. All those in favor? Opposed? Abstentions? **(Vote: 4-0-0-1 (Not Present: Legislator Anker))**.

All right. I have no further business before us. I need Dr. Tomarken. Is this before the committee or privately?

LEG. KENNEDY:

No, no, no. It's just a quick question.

CHAIRMAN SPENCER:

Dr. Tomarken, could you come forward for an inquiry from Legislator Kennedy?

LEG. KENNEDY:

Doctor, I heard in the office a couple of days ago about a resident that was discharged from Foley probably about two weeks ago, two-and-a-half weeks ago. She was -- it's a female, I don't know the name -- discharged to a shelter, a homeless shelter. You know, I don't know what the circumstances were under it. You know and I know, I mean, that's not a safe discharge. I would ask you if you would please, if you don't have any direct familiarity please speak to Kevin and please get back to me and let me know. Certainly with what we've seen in the contract the representation was that all residents were going to remain in the facility outside of those limited conditions, if they've got medical need to go to the hospital or they become combative or things like that. But one was I believe just a discharge because of no longer needing that level of medical care purportedly, and the other one was a discharge due to nonpayment.

COMMISSIONER TOMARKEN:

I'll check into it. I don't have details on that.

LEG. BROWNING:

John, I can add a little bit to that because I brought it up at Human Services. And the resident was discharged to the Department of Social Services as homeless, was living in a homeless shelter, and I believe has now since I have checked, the resident is now back in the nursing home. So if the services that were needed for that resident back in September that they no longer -- I'm trying to remember what the words were that were used, but the services of the nursing home were no longer necessary for that resident, why is that resident back in the nursing home? Because

obviously if they took her back, there's a reason why. She must have needed some help. I'm very concerned because we all know many of our residents, many of them have mental health problems.

There's another one I'm dealing with, he's reached out to me. He -- you know, the concern is he's not going to be able -- he's being told he has to leave. I'm concerned again for him. He is not able to advocate for himself and he has some -- he has some issues that -- and he has nowhere to go. So he did call. I have his name. I will pass that information on to you because I'm very concerned that what's going to happen to him if he's discharged. Is he going to now have to go to DSS, is he going to wind up in a homeless shelter, and I just think this is absolutely absurd that we're releasing residents from a nursing home to homeless shelters. So I don't want to see that happen to this gentleman. I can give you his name off the record.

But, you know, it just boggles my mind that these people are being discharged with nowhere to live, and I'd really like to know why the one that's back in the nursing home, how did they all of a sudden now qualify to stay there. So I did send a letter to the County Executive requesting that he no longer -- there will be no more discharges. Let the buyer who is coming in, let that person make the decision. I'm concerned that we're making the decision of getting rid of residents for the buyer and I don't think that's appropriate. Let that buyer make that decision. Thank you.

LEG. KENNEDY:

Thank you, Doctor.

LEG. BROWNING:

I guess we're done.

CHAIRMAN SPENCER:

Seeing no further business, we're adjourned. Thank you.

*(*The meeting was adjourned at 5:37 P.M. *)*