

HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
Verbatim Transcript

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, November 14, 2013 at 2:30 p.m.

Members Present:

Legislator William Spencer - Chair
Legislator Kate Browning - Vice-Chair
Legislator Rob Calarco
Legislator John Kennedy
Legislator Ricardo Montano

Also In Attendance:

George Nolan - Counsel to the Legislature
Sarah Simpson - Counsel's Office/Suffolk County Legislature
Craig Freas - Budget Analyst/Legislative Budget Review Office
William Shilling - Legislative Aide
Lora Gellerstein - Aide to Legislator Spencer
Paul Perillie - Aide to Legislator Gregory
Michael Pitcher - Aide to Presiding Officer
Tom Vaughn - County Executive Assistant
Dr. James Tomarken - Commissioner/SC Department of Health Services
Sarah Lansdale - Director of Planning
Caroline Knoell
Charles Bevington
Nancy Marr - South Brookhaven Health Council
Ernesto Mattace, Jr. - NYCOSH
All Other Interested Parties

Taken By:

Lucia Braaten - Court Reporter

CHAIRMAN SPENCER:

With Legislator Browning, we now have a quorum. I'm going to ask if we could stand and say the pledge to the flag, which will be led by Legislator Calarco.

*(*Salutation*)*

If you could remain standing. In our tradition, if we could just have a brief moment of silence for those that are serving around the country for this country's freedom, but also the victims of the typhoon in the Philippines.

*(*Moment of Silence*)*

So we do have some correspondence to this committee, and we received an email regarding the new Suffolk County Water Authority meter that was installed in her home, which she believes is causing some health issues. This email has been distributed to the committee members and will be addressed with the Suffolk County Water Authority's assistance. We'll make sure that we get back to this constituent.

Moving on to public comments, I have two cards. The first one is from Caroline Knoell, I think, and she is representing herself regarding a recent emergency room experience. So, Caroline, would you come forward, please? And you can come to the podium, if you haven't had the chance to testify here. And you have three minutes to address the committee. And you may have some questions from some of the Legislators at the conclusion of your three minutes. So, welcome, right there. And you can press the button and it stays on. If you could just state your name for the record once again, the correct pronunciation, in case I mispronounced it, and the floor is yours.

MS. KNOELL:

Well, my name is Caroline Knoell. Greetings, Legislator Spencer, Legislator Browning and Members.

I want to discuss my experience with the Huntington Hospital emergency room visit. I went there last year when the flu was there. I had successful brain surgery some time ago. I was having a drug interaction and I was mistaken for a drug addict. They would not call my doctor, which is -- legally, they are supposed to. They took away my purse. In addition, more importantly, they gave me drug tests up the wazoo, which, of course, came back negative, with the exception of the medicine that I take, lometal (phonetic), which, by the way, does not show up unless it's tested for specifically.

This -- now this problem is applicable to all baby-boomers. As more and more people age, they're taking many more drugs. They're having drug interactions. This can happen to anyone, and I believe a study should be implemented. This -- there are several other things. I think this study should be done primarily with those experienced with this issue, and those are the clinics serving the poor, who normally, routinely deal with drug addicts, as well as individuals that are having drug interactions.

What really upsets me is that many individuals with medical problems wrongly get arrested, and this is a crime. What is going to happen when I have a heart attack, which will inevitably come, just as everyone in this room it will happen, too, taking drugs? Something needs to be done about this immediately. Thank you.

CHAIRMAN SPENCER:

Caroline, would you please come back? Thank you. First of all, I just want to just express just how sorry I am to hear about your experience, it sounds like it was very traumatizing. I'm actually a physician that's on staff at the hospital. I'm a voluntary faculty or attending physician. And did you share your experience with the hospital?

MS. KNOELL:

Absolutely. While I was there, there -- I did come in, of course, agitated, all the symptoms that could be attributed to a drug addict, which are attributed to many drugs. That is why I think the study and speaking with the clinic from the Dolan Center, where they're primarily more familiar with this issue, would be a great service.

Thereafter, I incurred a -- I think it was over \$5,000 bill, all unnecessary if they would have called my doctor, and would have been told immediately on a professional level what was going on medically.

CHAIRMAN SPENCER:

And when you --

MS. KNOELL:

I did speak to everyone in the hospital, and the response that I got was to carry a letter from my neurologist saying that I have this medical -- and, again, if I break my arm, fine, I can assert myself. If I'm having a heart attack, what good is it going to do me?

CHAIRMAN SPENCER:

Well, Huntington is in my Legislative District and I'm involved there. I will personally reach out with you on your behalf to just try to see if we can give you at least some explanation or further resolution, and we'll be glad to work with you. I'm going to make sure that I keep your information, and my office is going to reach out to you and we'll try to help you further.

Again, I'm very sorry for what you experienced. And what we hope to do is to put policies and changes that are in place -- Huntington Hospital, you know, has a very good reputation and they're part of a bigger system, but, you know, we will work to cooperate together to address your concerns.

MS. KNOELL:

Okay. Thank you very much.

CHAIRMAN SPENCER:

Thank you. Thanks for your testimony, appreciate it. Our next speaker is -- it's Mr. Bevington. Bevington. Is it Charles? Charles, okay. Charles Bevington, and from Rocky Point, addressing methoprene. Welcome.

MR. BEVINGTON:

Thank you, Dr. Spencer, and Committee Members.

CHAIRMAN SPENCER:

I apologize. That mic is a little low for us tall guys, huh?

MR. BEVINGTON:

I am addressing I.R. 1692, and this is establishing guidelines, so I'd just like to make two suggestions. One, we know on MSDS that methoprene is poison, and taking -- you know, after DDT was out in 1976, methoprene came into use. But I'm a researcher, I'm a datacentric person, and my Doctorate is in Education and in Public Administration. I have worked for schools, but I'm a consultant, but my focus is always in continued research. So I'm suggesting that in the guidelines, there be continued research in the use of methoprene, and it should be part of the procedural guidelines.

The second quick recommendation for the Committee is that in terms of developing guidelines, we know that West Nile for salt water species, that is for mosquitoes, West Nile is not transmitted. So

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it should be stated in some form, use of guidelines for methoprene for mosquitoes that are salt water species.

That's my only comments. Thank you very much.

CHAIRMAN SPENCER:

Thank you. And just to quickly clarify -- any questions from any my colleagues with regards to that? So you are -- basically, you're in support of the resolution?

MR. BEVINGTON:

Not as they stand. I don't think they're complete enough. I'm also the Rocky Point -- President of the Rocky Point Civic Association, and I work with the affiliated Brookhaven civic organizations, but I come here as individual of Rocky Point. And I read the draft and I believe it needs to include more information about continued research on what methoprene is, the impact, if there's any cancer impact, what are the health issues related to our water system, to our aquifers. I know that the body just recently approved a commission to study our aquifers and I applaud you on that. Our water is our living source long-term.

And I also did not see any references to salt water species, and we know that West Nile, one of the issues and why methoprene is used is to kill mosquitoes at that level of their breeding cycle. So, if it's not used in salt water marshes, then -- and West Nile is not there, then why use it there? So that's my point.

CHAIRMAN SPENCER:

Thank you, sir. You're going to hear a lot more about this in the upcoming Health Committee meetings, but we appreciate your time. Thank you.

That's all the cards that I have. Is there anyone else that wishes to be heard in this committee?

MR. MATTACE:

Good afternoon, Mr. Chairman. Thank you for the opportunity to talk, and all the members of the Committee.

MR. MATTACE:

My name is Ernie Mattace. I represent NYCOSH, which is the New York Committee on Occupational Safety and Health. I'm on their Executive Board and represent Long Island.

We're in the process of doing a few things with the community. One right now is we received a grant to send out a survey on the Sandy cleanup and recovery. We're in the process now of distributing to as many different groups as we can, and when we get all the information back together, we're going to compile a report and make sure everybody gets a copy of it to let them know what the problem is. Everybody knows what a lot of the problems were, all right, and they're trying TO work through them. That's the one area that we feel that we can help.

We've done mold remediation all across the Island in different communities. We are doing training. We're going to be visiting the Massapequa High School this weekend to talk to some of the individuals who had problems with Sandy. Touro Law College is going to be bringing some representatives down there and we're going to be working with them. We're also going to be in Long Beach on Monday night to also try to help them where we can.

I'd like to give you copies of all these, and they're basically self-explanatory, and in the back says where they can be sent to. I'm going to hopefully come before the full Legislature and hand out more. I'd like to thank Legislator Browning's office, because I had paid her a visit out there, and her staff was able to grab some of these from us, working with some of the State Senators and some of the State Assembly people, and we're going to work forward and try to help wherever we

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can.

Now, I was just contacted by North Shore. A Professor over there has also received a grant in reference to the mental health issues of Sandy. So we're going to be doing that as well. And once we get that rolled out, we'll let everybody know how it's going to be put forward. But, again, I thank you for your time.

CHAIRMAN SPENCER:

Ernie, I thank you. You're a familiar face here and you do a lot of good stuff in the community and for Suffolk County. And, again, please keep up the good work and we'll look forward to hearing about the results of just the study.

MR. MATTACE:

Thank you.

CHAIRMAN SPENCER:

Thanks.

MR. MATTACE:

Have a great day.

CHAIRMAN SPENCER:

You, too. We have also someone else that wishes to be heard.

MS. MARR:

Yes, thank you. My name is Nancy Marr and I've talked before about the transition of the health centers. I came today because I wanted to support Mr. Calarco's bill to revise the fee schedule. I don't see it on the agenda, but I want to say that I think in planning for the transition of the health centers to wherever they're going to go, they still exist now, they're still serving patients now, and as long as there are many patients who cannot come because they can't pay the \$75, they're not getting served. And they are going to the emergency rooms and it may take a long time to make the transition. I think it's important to keep the health centers viable and functioning until that time. Thank you.

CHAIRMAN SPENCER:

Thank you. Thanks for, again, your concern. That's all the cards that I have. We're going to end the Public Portion.

And I have no presentations at this committee. We will have some questions for the Commissioner. I don't see Commissioner Tomarken at this point, but there are a lot of different issues that are going on in the Department of Health that we'll get some additional information.

With that, we're going to move on to our agenda, and I'm going to pull some resolutions out of order. I'm going to ask if Bob Detor or Deetor (phonetic) will come forward at this point.

And I'm going to ask for a motion to take I.R. 1746 out of order, and that is to appoint -- ***approving the appointment of Rob Detor as a member of the Suffolk County Mental Health and Mental Retardation and Development Disabilities and Alcohol and Substance Abuse Planning and Advisory Board (County Executive)***. That's the last time I will say the whole thing. Okay?

So, Bob, thank you for appearing. And what I'm going to invite you to do is to just have a seat right here at the table. There's a mic that you can push right here and it will stay on.

And I am going to ask for a motion to approve. May I have a second on the motion?

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

All right. On the motion, Bob, if you would like to just introduce yourself, just maybe tell us what region you're from, where you've worked, what area, for how many years, and, you know, just take a minute to just tell us a little bit about yourself.

MR. DETOR:

Thank you, Dr. Spencer. I'm a social worker by training, an old social worker by training from Syracuse University. I've been the President and Chief Executive Officer of the Long Island Home since 2000, so that's the -- operate South Oaks Hospital and Broadlawn Manor Nursing. Before that, I actually ran community health centers in Suffolk County. I am a member of the Office of Mental Health's Centers of Excellence, the Steering Committee that is presently looking at the Pilgrim Hospital and Sagamore closings. I've also been a member of the -- appointed by Governor Cuomo, the first Governor Cuomo, of the -- to the first Mental Health Services Council of New York State, and served on that for 12 years. So I've got some experience in mental health.

CHAIRMAN SPENCER:

I can't resist asking you this. This has been an area of just immense concern. And the Sagamore facility, which is in Huntington, Dix Hills, there's a lot of concern that we're closing a facility, that we need a lot more beds of this type. And it seems, a lot of feedback, that maybe this is a little shortsighted at best. And I just wanted to know if you had had an opinion. And I understand this may be -- this is coming down from the Governor. And do you have any thoughts or information about that that you could share with us?

MR. DETOR:

Well, I have shared my thoughts with the Governor's Office and the Legislature. It's a difficult question, because, if you look at New York State and the amount of beds that we have available, some would say we're over-bedded. But when you look at the census in Sagamore and you look at the waiting list for Sagamore in some of the community hospitals, you have to question if we are overbedded.

My concern with the whole Regional Centers of Excellence plan that has come from Albany is not necessarily the what they want to do, but how they want to do it. I don't think that we should move to close any of the beds, not that I'm going to have a say on this, quite frankly, but I don't think we should move to close beds unless we have some metrics to drive those closures. For example, on the closure of Sagamore Children's Hospital, there are constantly children awaiting placement at Sagamore. In our hospital, we have 60 beds -- 65 child and adolescent psychiatric beds at South Oaks. We're the largest provider for child and adolescent services in the County. We probably this year were on target to transfer about 70 children to Sagamore. Now, without those beds available, that means that's going to cause some problems in our hospital.

And I think one of the biggest issues is the availability of community resources. If we have more community resources, more access to community treatment, we probably don't need all of the beds we have. But until we have that, I'm not so -- I do not think it's a wise move to close those beds.

So my suggestion to the State has been that we develop metrics. When we no longer have waiting lists in our community hospitals for Sagamore placement, then we could begin to take the beds down. That's a clear objective metric that says that we don't need the beds. So until that happens, I think we need to step back. But, quite frankly, Dr. Spencer I think that you're going to see the hospital close. And the center -- the Advisory Board that I've been appointed to, we have been kind of instructed to take a look at what do we need to put in place of it, and I'm just concerned it's not going to be there in time.

CHAIRMAN SPENCER:

This Legislature did send a letter from -- you know, an all-18 letter expressing our concern with that, and, you know, it's right here. Legislator Browning.

LEG. BROWNING:

Yeah. How many beds are filled, do you know, at Sagamore right now?

MR. DETOR:

I think that all the beds, almost all of the beds are filled.

LEG. BROWNING:

Which is how many?

MR. DETOR:

Well, I think they're running right now -- they used to -- I think they're running about 50 or 52 beds right now.

LEG. BROWNING:

Okay. I didn't think it was that much. And we talked about an open wound earlier, and we have a building in Yaphank that used to be a nursing home, that I know that there's an RFP right now for a sale, or maybe even possible lease that I think -- you know, I think the biggest problem with Sagamore is the construction or the need for repair work. Isn't that the major issue with that building and how much it's going to cost?

MR. DETOR:

You mean the reason for closing it?

LEG. BROWNING:

I thought construction was one of them, or the need for repair.

MR. DETOR:

No, no, it's really -- it's part of a -- it's part of what they call a Regional Centers of Excellence Plan as for the entire state. And so they are actually taking down about four or five psychiatric centers across the state and this is one of them.

In theory, when Sagamore closes, there will be an expansion of community programs operated by those State employees who currently provide the inpatient services. The unfortunate thing, though, is any child who needs a bed, an inpatient bed, if there's not one available in a community hospital, the designated site is the Bronx.

LEG. BROWNING:

Right.

MR. DETOR:

So it will be the hospital in the Bronx is where our kids would have to go to, which is --

LEG. BROWNING:

Right.

MR. DETOR:

You know, I mean, in terms of trying to connect families, and after-care, and everything else, it's not a good plan.

LEG. BROWNING:

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No, I know. I have constituents of mine who have a 12-year-old who was in Sagamore, and I think they're trying to get him back into Sagamore, and that's their concern, is where is he going to go if we -- if Sagamore closes? And, I mean, we just have to look at Pilgrim State in Kings Park and what's happened is everything fell apart. There was no plan made, and I really don't think there's a real plan if they close Sagamore, but I -- you know, like I said, I don't say I hate to bring up that issue, but there's a need, and there are organizations. I know Easter Seals has moved here to Suffolk County, and I think that would be something of interest to them also. So there has to be some kind of communication and conversation going on with some of our nonprofits in relation to that.

CHAIRMAN SPENCER:

Legislator Kennedy.

LEG. KENNEDY:

Yeah, thank you. Hi. How are you, Bob? Good to see you again. How you been?

MR. DETOR:

Okay.

LEG. KENNEDY:

Tell me a little bit about South Oaks. It did get taken over by North Shore LIJ, or yes, no, maybe?

MR. DETOR:

I like to think it was a marriage.

LEG. KENNEDY:

Ah, there we go. Okay, a collaboration. All right.

MR. DETOR:

Yeah, we are. It was a year ago July that we became a part of the North Shore LIJ health system, so we are now part of that.

LEG. KENNEDY:

Okay. And, you know, many of us have always known you as being kind of like one of the primary substance abuse and detox facilities for pretty much the whole of the Island. Is that primary mission still continuing now with the marriage with North Shore?

MR. DETOR:

Yeah. Actually, John, we expanded our detox beds --

LEG. KENNEDY:

You have.

MR. DETOR:

-- after we became part of the system. We added -- went from 18 to 24 detox and 22 to 28 rehab.

LEG. KENNEDY:

Excellent.

MR. DETOR:

So we -- and actually put it into a separate building.

LEG. KENNEDY:

Tell me a little bit about the thing that we've talked about before which is the adolescence and adolescent opiate addicts. Are you able to help with them, or -- at one time, the only place that

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we could really get any kind of assistance was in NCMC, or what do we call it, New Health now, I guess.

MR. DETOR:

But we don't really -- we don't have the capacity to do the inpatient adolescent treatment --

LEG. KENNEDY:

Okay.

MR. DETOR:

-- unless a child is identified with a psychiatric diagnosis. If they have a psychiatric diagnosis and a secondary or comorbid substance abuse, then we do treat them. We'll detox them and we'll take care of them. But if it's primary substance abuse, we don't have an inpatient program.

LEG. KENNEDY:

All right. Well, glad to hear, though, that the -- you still have the facility with the primary mission, and thank you for volunteering to go ahead and be on this Board. Thanks.

CHAIRMAN SPENCER:

With that, I don't have any other speakers. We have the resolution before us with a second. And all those in favor? Opposed? Abstentions? **(Vote: *Approved 5-0-0-0*)**

Congratulations, Bob. Thank you. You do not have to appear on Tuesday for the General Session, but this will go before the full body on Tuesday.

MR. DETOR:

All right.

CHAIRMAN SPENCER:

Congratulations.

MR. DETOR:

Thank you.

CHAIRMAN SPENCER:

I also have some other appointments. Barbara Townsend came in today. Barbara, you are a reappointment, so we appreciate your service. And so because you were a reappointment, we were able to act on your resolution at our last meeting. And it has been signed by the County Executive on October the 17th, so congratulations.

MS. TOWNSEND:

Thank you.

CHAIRMAN SPENCER:

And we appreciate you coming out today. We appreciate your service, and we look forward to working with you long into the future. Thank you.

MS. TOWNSEND:

Thank you.

CHAIRMAN SPENCER:

Kathleen Brown. Kathleen, could you come forward, please? Good afternoon. How are you?

MS. BROWN:

I'm well, thank you.

CHAIRMAN SPENCER:

And I'm going to ask for a motion to take I.R. 1738 out of order. May I have a second?

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

Second by Legislator Kennedy. All those in favor? Opposed? Abstentions? We have the resolution before us.

And I.R. 1738 is approving Kathleen Brown as a Member of the Suffolk Community Health, Disabilities Board and Advisory Board. I'm going to make a motion to approve. Do we have a second on the motion?

LEG. CALARCO:

(Raised hand).

CHAIRMAN SPENCER:

Second by Legislator Calarco. All right. We have the resolution before us.

(1738-Approving the appointment of Kathleen Brown as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board.)(County Executive)

Kathleen, good afternoon. If you could do the same, if you could just tell us just a little bit about yourself, just your background and your expertise.

MS. BROWN:

Sure. Hold that? Obviously, I don't have a lot of experience with the microphone.

CHAIRMAN SPENCER:

I think the other one just stays on.

MS. BROWN:

I can hold it, it's fine. Thank you. I've had a lot of experience and many years working in the field of human services, particularly serving individuals with intellectual disabilities. And over the years, I think I have gained a lot of experience and wisdom, and, to be honest, I'm very passionate about what I do. I'd like to share that with the community, and having the opportunity to be on this Board would afford me that opportunity.

CHAIRMAN SPENCER:

Well, we would like to give you that opportunity. Any questions from any of my colleagues? No?

Well, we appreciate your willingness to serve. We're going to call the vote. We have ***I.R. 1738***. We have a motion and a second. All those in favor? Opposed? Abstentions? You are approved. ***(Vote: Approved 5-0-0-0)***.

Thank you --

MS. BROWN:

Thank you.

CHAIRMAN SPENCER:

-- for coming, and thank you for your willingness to serve.

MS. BROWN:

Thank you very much.

CHAIRMAN SPENCER:

Thank you. We have another appointment and that's I.R. 1745, and that's Lou Ann Rinde. Is Lou Ann here? Lou Ann, would you mind coming forward? Thank you again for your time, and I'm going to ask -- I'm going to make a motion to take 1745 out of order, and seconded by Legislator Browning. All those in favor? Opposed? Abstentions? We have the resolution before us.

Approving the appointment of Lou Ann Rinde as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities, and Alcohol and Substance Abuse Planning and Advisory Board (County Executive).

I'm going to ask for a motion to approve. I'll make the motion to approve.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Second by Legislator Calarco. We have the resolution before us. Lou Ann, would you like to just give us some introductory remarks? Welcome.

MS. RINDE:

I'm honored and privileged to be asked to be appointed. I have been serving in the mental health community for close to nine years now, and it's because of excellent providers that recognized my gifts and strengths that encouraged me along to take each wobbly step as I went along. And I have come to see that it's not just who you know or who knows you, but who knows of you that paves a way to opportunity.

I am a person that has been involved with Bi-County Conference Planning for the last eight years. I was involved with the NYCRI, the New York Clinical Records Initiative, so I know how much paperwork providers do go through. I transitioned people into the workforce from -- for seven years, and so I know the struggles that people have in regaining their life from my own experience from working with individuals as well.

Presently, I am working as Suffolk County's SPA, Single Point of Access, Housing Mediation Specialist, which these are individuals who are in mental health housing that may be suffering struggles with being housed with a stranger with a disability and not getting along, and if they don't get along or if they're not getting along with their provider, my job is to help them resolve those conflicts. And it is a passion of mine, and I'm privileged to be doing it, and excited that they've recognized -- appear to be in that position. We do need more funding for it.

You know, just as many mental health services, it is very frustrating when somebody finds a provider and there's a waiting list, and, certainly, if somebody comes with conflict, we want that conflict addressed. It does take a difficult amount of time sometimes for people to be willing to have somebody involved. Oftentimes people are fearful of losing their housing. They're fearful of addressing the issues with the stranger that they're now living with because things might escalate, and, you know, they come with their own fears and insecurities to begin with.

So I recently have been granted the privilege of starting something new and innovative in the County where I'm hoping to address these issues early on, before they start, and teach people how to have their own residence agreements and self-awareness, as well as being able to discuss the problems that will be ahead and how will they face it, you know, how will they resolve it. And they will also meet me as a mediator and I will be teaching, as I have been, in the CRs, conflict

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resolution, and self-advocacy. My role is to empower people to advocate for themselves, not to solve their problems.

CHAIRMAN SPENCER:

Thank you. It sounds really important, and it sounds like in that area you're going to have your hands filled over the next few months as we transition to the affordable care world. I know that's a concern of a lot of people on a lot of different levels. But I appreciate you being here.

Any questions for my colleagues? If not, I'm going to call the vote. That's I.R. 1745. We have a motion and a second. All those in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0)**

You are approved. Congratulations, and you do not have to come on Tuesday. So we appreciate your willingness to serve. It will go before the full body on Tuesday. Thank you. Thank you very much.

MS. RINDE:

Thank you very much. And thank you for all that you do in serving our community. I appreciate each one of you.

CHAIRMAN SPENCER:

Thank you. That's all the appointments. Is there anyone else who's here for an appointment? If not, we're going to move on to the agenda. And we have our Commissioner, who's also here with us. Dr. Tomarken, thank you for being here.

TABLED RESOLUTIONS

But we'll go to tabled ***Resolution 1559 - Prioritizing and examining the transition of existing County Health Centers to Federally Qualified Health Center model (Browning)***. Legislator Browning, what's your pleasure?

LEG. BROWNING:

Actually, I did speak with George. In light of the new union contract, I would assume that it's pretty much a dead issue, so I am going to withdraw it.

CHAIRMAN SPENCER:

Thank you, Legislator Browning. So she's withdrawing her motion -- I mean, her resolution.

We have ***I.R. 1601 - To appoint member, Early Intervention Task Force, Salvatore Caravella, M.D. (Spencer)***, who is not present. He has to appear, so I'll make a motion to table.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Seconded by Legislator Browning. All those in favor? Opposed? Abstentions? The motion is tabled. **(Vote: Tabled 5-0-0-0)**

I.R. 1679 - To appoint to the Teen Pregnancy Advisory Board Lawrence Philips (Spencer), who is not here, will have to appear at a later meeting. So I'm going to make a motion to table. All those in favor? -- oh, I'm sorry, I need a second.

LEG. CALARCO:

Second.

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Second by Legislator Calarco. All those in favor? Opposed? Abstentions? The motion is tabled.

I.R. 1692, and that's ***establishing guidelines for the use of Methoprene in Suffolk County (Schneiderman)***. I know there's a lot that's going on on this particular resolution. There's a lot of concern in terms of the science that's out there, and there's some work that's being done. I'm going to make a motion to table.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

And I'm going to ask on the motion, Tom, if you could give us an update just in terms of where we stand. And I just want to make sure that we have a plan moving forward, because I know this is a very, I guess, hot topic out there. So just kind of let me know what's going on in terms of work on this particular issue.

MR. VAUGHN:

We do have a plan. The first part of the plan is actually to have another meeting with Legislator Schneiderman on this bill. Theoretically, we were supposed to meet Tuesday after Public Works, but one of us talking right now forgot to set that meeting up, so he apologies deeply for it and will set that meeting up soon.

Furthermore, to the substance of our plan, the gentleman from Rocky Point mentioned the need for research, and we actually agree with that very much. And as soon as actually Legislator Schneiderman filed this bill, soon after he filed the bill, we spoke with the Health Department, specifically Dr. Tomarken and Amy Juchatz in the Health Department and we've asked them to begin a lit review of all of the scientific studies that are out there right now on this topic. We believe that that lit review will wrap up in approximately five months, so we think probably March. We do have -- Sarah Lansdale was able to find us some funding to make sure that the lit review was paid for, so we thank her for that.

So that is really where we were at with this right now. We're meeting with the sponsor again, as I said, and we are in the process of conducting a literature review on the use of Methoprene and Methoprene in general.

CHAIRMAN SPENCER:

Thank you. Thank you, Tom, appreciate that. And I did have a chance to speak with the Commissioner that had indicated also just working along that same plan. So we appreciate what -- we appreciate your follow-up on that. Keep us posted.

So we have a motion to table? All those in favor? Opposed? Abstentions? Motion is tabled.
(Vote: Tabled 5-0-0-0)

I.R. 1738, 1745 and 1746 were all approved out of order. We're going to move on to the Introductory Resolutions.

INTRODUCTORY RESOLUTIONS

I.R. 1828 (Amending the 2013 Adopted Operating Budget to accept and appropriate 100% additional Federal Aid passed through the New York State Office of Mental Health to Family Service League, Inc. for the purpose of expanding Community Mental Health Family Support Services and Respite Services for children and youth (County Executive). That's amending the 2013 Operating Budget to accept and appropriate 100% Federal Aid passed through New York Office of Mental Health to Family Service League for the purpose of community health and family support services.

I'm going to make a motion to approve and place on the Consent Calendar.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Second by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is approved.

(Vote: Approved 5-0-0-0)

I.R. 1899 - Amending Resolution No. 313-2013 and amending prior capital authorized appropriation for the improvements and modifications to Health Centers (CP 4082) (County Executive). I'm going to make a motion to approve, second by Legislator Browning.

LEG. BROWNING:

Sure.

CHAIRMAN SPENCER:

All those in favor?

LEG. MONTANO:

On the motion.

CHAIRMAN SPENCER:

On the motion.

LEG. MONTANO:

Yeah, I just have a couple of questions on this, maybe Mr. Vaughn or the Commissioner. They should be relatively quick. Hi, Commissioner. How are you?

COMMISSIONER TOMARKEN:

Fine, thank you.

LEG. MONTANO:

This bill amends Resolution 313 of 2011. I have a copy of that bill. I just want to be clear. That bill, 313, that was the bill that moved the money from the HEAL Grant, the HEAL Grant money from Brentwood out east; am I correct in that?

COMMISSIONER TOMARKEN:

Yes.

LEG. MONTANO:

And when that money was moved, another capital project was created to replenish the money for Brentwood; am I correct in that?

COMMISSIONER TOMARKEN:

Yes.

LEG. MONTANO:

Is that money -- so this bill has nothing to do with the five million dollars that was put into the Capital Budget for the Brentwood Health Center renovations; am I correct?

COMMISSIONER TOMARKEN:

Correct.

LEG. MONTANO:

All right. And that money is still in the capital project, the money for the Brentwood Health Center?

COMMISSIONER TOMARKEN:

Yes.

LEG. MONTANO:

Okay. Yeah, that clarifies it for me. Thank you.

CHAIRMAN SPENCER:

Thank you. So we have a motion to approve that's been second. Any further discussion? Hearing none, we'll call the vote. All those in favor? Opposed? Abstentions? Motion is carried. **(Vote: Approved 5-0-0-0)**

I.R. 1954 (Amending the 2013 Adopted Operating Budget to accept and appropriate additional 100% State Aid from the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) to Riverhead Community Awareness and the Pederson-Krag Center, Inc. (County Executive). That's amending the Operating Budget to accept 100% State Aid from New York State Office of Alcoholism and Substance Abuse to the Riverhead Community Awareness and the Pederson-Krag Center. I'm going to make a motion to approve and place on the Consent Calendar, seconded by Legislator Kennedy. All those in favor? Opposed? Abstentions? Motion is carried. **(Vote: Approved 5-0-0-0)**

I.R. 1955 - Accepting and appropriating 100% State grant funds from the New York State Department of Health to the Suffolk County Department of Health Services for the STD Prevention Project (County Executive). I also will make a motion to approve and place on the Consent Calendar, second by Legislator Calarco. All those in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0)**

I have a couple of brief questions. We've reached the end of our agenda, but Commissioner Tomarken, if you could come forward for just one minute.

We had a chance to speak briefly on -- we have on the phone, regarding some -- I guess, some things that are going on within the Health Department. And I know that the one big concern is the transitioning of the health care centers, which there's a time-sensitive issue, budgetary matters that are -- and I just wanted to, one, ask if you would give this committee a detailed report at the, not -- at the end of the year committee cycle, if you could give us an update on operations, but if you could tell us now just where do we stand on the process, and are things going according to planned, and if there's any other information that would be important for us to know.

COMMISSIONER TOMARKEN:

Well, in regards to the Hamptons centers, that's been pushed back to approximately March right now due to building reconstruction issues. And the other four -- the other six health centers, there are negotiations going on, and so there's no definitive timetable, but negotiations are actively going on every week.

CHAIRMAN SPENCER:

And Hudson River would be the entity for all six of these centers?

COMMISSIONER TOMARKEN:

Correct.

CHAIRMAN SPENCER:

And I think that I spoke with you briefly over the phone. I know that we did this with the Coram Center, and you had indicated also that it may need to be a staged process. But with regards to

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looking at all six of these centers and the Hudson River organization, in your opinion, do they have the infrastructure and the staff to be able to negotiate all of these entities and to take over all of these operations at -- in a year period of time? Are they a much bigger organization? That seems to be a logistical issue. Do you have any thoughts about that?

COMMISSIONER TOMARKEN:

Well, four of the health centers are hospital-based, hospital-run, so it will not have a huge impact in terms of it's really just sort of changing the Article 28, theoretically, and some staffing models. So, as best I can tell, they should be able to handle it. Now, how they do it, whether they do it one at a time or a couple at a time, or whatever, will depend on how the hospitals and their negotiations turn out. But the ones that will require a large change in staff will be the County Health Centers. The four hospital-based health centers will not require as much staffing changes.

CHAIRMAN SPENCER:

Thank you, Commissioner. And we look forward to some more detail in your kind of end-of-the-year -- oh, Legislator Kennedy.

LEG. KENNEDY:

Just one very quick one. Doctor, I had a provider contact me about some questions regarding early intervention and preschool handicapped. Who do I speak to in the Department that can give me some -- you know, yet another thing that I have to try to muscle up on? Who's going to give me the back of the napkin?

COMMISSIONER TOMARKEN:

You can either send it to me or Barry Paul.

LEG. KENNEDY:

Mary Paul?

COMMISSIONER TOMARKEN:

Paul.

LEG. KENNEDY:

Oh, Barry Paul, yes. Okay, good. All right. Thank you.

CHAIRMAN SPENCER:

Any of my other Committee Members have any questions for the Commissioner, or any other business before this Committee? Thank you Commissioner. As there is no further business, we stand adjourned. Thank you.

(THE MEETING WAS ADJOURNED AT 3:20 P.M.)