

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, December 12, 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
Renee Ortiz - Chief Deputy Clerk
Lora Gellerstein - Aide to Legislator Spencer
Paul Perillie - Aide to Legislator Gregory
Bob Martinez - Aide to Legislator Montano
Tom Vaughn - County Executive's Office
Dr. James Tomarken - Commissioner/SC Department of Health Services

All Other Interested Parties

Taken By:

Lucia Braaten - Court Reporter

(THE MEETING WAS CALLED TO ORDER AT 2:52 P.M.)

CHAIRMAN SPENCER:

If we could please stand for the salute to the flag, led by Legislator Kennedy.

(*Salutation*)

Thank you. Before you're seated, if we could have a moment of silence again for those that are, again, serving our country fighting abroad, and to all those who are still struggling, although we may have forgotten, with the tragedy over in the Philippines with the hurricane recently; that although they're not in the media, there's still thousands, tens of thousands of people that are still having a very difficult time.

(*Moment of Silence*)

Thank you. Welcome to the December 12th, 2013. This is the last meeting of the Health Committee for 2013, and this also will be the last committee that our Presiding Officer, Wayne Horsley, will -- and Mr. Montano, we just really wanted to -- I wanted to personally recognize both of them. I appreciate working with each of them over the course of the past year. I appreciate their leadership. Rick, it's been a pleasure.

LEG. MONTANO:

Thank you.

CHAIRMAN SPENCER:

You bring a lot of insight, excitement, and you've taught me a lot and I consider you a true friend. I wanted to state that publicly on the record. It's been a pleasure to have you on the committee. Thank you so much.

Are there any cards? Is there anyone that wishes to be heard with regard to the public? Anyone that wishes to be heard? With that, we're going to close the Public Portion.

I did receive a correspondence from Legislator Cilmi with regards to declaring December (January) 26th "Langerhans Cell Histiocytosis Awareness Day" in Suffolk County. He makes a very compelling argument, and mentions a family who are struggling and have done a lot with this particular condition, and it is one of the items that is on the agenda that will get our -- my full support and consideration.

There are no formal presentations that I have. But I do have, as a tradition, since I've chaired the Health Committee over the last two years -- the Health Department is a large complex division, and Commissioner Tomarken really does a fantastic job looking over everything from STDs, to public health nurses, to sewers, to environmental issues, developmental issues, and this committee tackles a wide range of issues. And moving forward, as we transition with the changing climate of health care, I always think it's important that we have kind of a wrap-up session. And I've asked the Commissioner a few weeks ago if he would join us this -- for this meeting and kind of give us a Commissioner's overview of the past year. And I think it's important that we look and see some of the issues of where we've come, but also where he's able to identify areas that will be of particular interest moving forward.

I see the Commissioner is here, so, Commissioner Tomarken, thank you for your presence and taking the time. And if you could come and join us at the table and share with us your thoughts, and accept some questions, it would be greatly appreciated.

DR. TOMARKEN:

Thank you, and good afternoon. I have a report, so to speak, and a summary of this year's activities, which I will try and get through in a reasonable period of time.

We recently just had a three-day visit from the New York State Department of Health. They did what they call a consolidated site visit, so they brought about six or eight people down to look at all our various departments, Public Health Protection, DEQ, Patient Care, Communicable Disease, TB, STD, Pharmacy, Finance, and they were here for three days, and at their exit interview, they basically said that they were quite pleased with us. They had some minor concerns. There will be a formal report coming in mid-January, but they were quite pleased with the activities they had seen. They hadn't been to the health centers for 20 years, so it was a real education for them, and they viewed a lot of our departments as models for other Counties in the State. So that just happened first week in December.

Now, looking at individual departments, I'll start off with our arbovirus surveillance. We conduct weekly surveillance from June through October for West Nile Virus and Eastern Equine Encephalitis. We trap -- we have traps in 56 surveillance sites throughout the County. There's surveillance in all the Townships. Approximately 92 traps are performed every week. We have sent this last year 16 -- over 1600 mosquito samples to New York State for testing. Sixty-six thousand mosquito specimens were tested, and we had 178 West Nile Virus positive mosquito samples, no Triple E -- I'm sorry, no Triple E virus positive samples. We had 130 calls from the public regarding bedbug information, which was up 20% increase over 2012.

In the Bureau of Public Health Nursing, we increased the delivery of patient service and productivity by streamlining operations, improved staff development, and restored three public health nurse positions and one clerical position. The Bureau strengthened the Quality Improvement Team, improving the quality of patient care after successfully meeting the New York State requirements.

EMS: Revenue from the EMS training was on par with an historical high of \$608,000 to date, with November and December vouchers still outstanding. We certified and recertified 635 students at the New York State EMT, basic technicians, EMT critical care technicians, or EMT paramedics this year.

The Division of the American Heart Association Training Center administered 1121 collectively, certifying and recertifying close to 6,000 students, these are EMS workers and the public, in emergency cardiac care, as well as CPR and AED for the public, and ACLS and instructor courses for EMS providers.

We had a pilot demonstration project that has now been approved for permanent status with New York State in terms of Naloxone administration via inhalation for opiate overdose. It was initially a pilot project for the EMT basic trainers, and now has been extended as a permanent program for all EMTs in the state. Our Director of EMS has been appointed to the New York State Technical Advisory Group to address resuscitation of opioid overdoses. We also received approval from the New York State Department of Health to operate an opioid overdose prevention program to extend outreach beyond EMS providers, and train lay people as trained overdose responders and supply them with Naloxone. Our first course was in November 14th this year, we had 18 enrolled, and our second course is due next week on December 17th.

We developed and implemented state-of-the-art advanced life support protocols for our EMS providers. We received a grant from the National Association of County and City Health Officials, NACCHO, to expand an emergency preparedness/training for vulnerable populations, including older community dwelling adults. With the approval from New York State Department of Health, the Division developed and successfully implemented an online web-based learning course used to

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conduct an EMT basic refresher course to EMS providers on remote Fishers Island, and this is the first of its kind in New York State.

In March of this year, the CDC did an audit of our Strategic National Stockpile Plan and the Medical Countermeasures Plan and we received a score of 95%.

All quarter -- excuse me. All quarterly local health departments and city's residence -- Readiness Initiative Grant for mass prophylaxis and medical countermeasures deliverables were successfully met with no deficiencies this year.

In April, we had a full-scale anthrax BDS exercise at the U.S. Postal facility in Melville, New York, and we were commended by the U.S. Postal Service.

In October, we had an electronic point of dispensing at what we call an e-pod for seasonal influenza deliverables for bioterrorism, which is part of a New York State grant.

And we also had a tabletop exercise for a radiological event in Suffolk County. This occurred in October, and this involved the Health Department and hospitals, and it was a deliverable for our Homeland Security Grant.

Patient care services: The Professional Nurses Association of Suffolk County presented the Suffolk County Department of Health Services Registered/Public Health Nurses a Certificate of Excellence on May 8th. The Professional Nurses Association is a district association of the New York State Nurses Association, and currently serves more than 17,000 Suffolk County Registered Nurses.

On May 8th, Mary Beth Petraco, a doctor and a nurse practitioner, was awarded the Friend of Suffolk County Association of School Nurses Award from the Suffolk County Association of School Nurses for her advocacy for school nurses and the health of children in Suffolk County.

The health centers -- I'm sorry. The Patient Care Center's Division Centering Mothers Program held four group sessions for prenatal care at Southampton Hospital and three groups at the Riverhead Health Center instead of using individual appointments.

Through October of this year, the Division of Shots for Tots Clinics provided 3900 shots to 1375 children at 57 clinics. Two Suffolk County health centers, Tri-Community and Patchogue, will receive a Certificate of Excellence award from the New York State Department of Health Bureau of Immunization for achieving over 90% completion rate. We collaborated with the Division of Mental Health for the implementation of the SBIRT, which is the Screening, Brief Intervention, and Referral to Treatment for those with mental illness issues at our health centers, and this was implemented at Brentwood Health Center in June of this year.

We've implemented a more formalized system to allow STD Unit staff to interview patients at the health centers to increase our efficiency.

Through October of this year, the health centers performed approximately 10,600 HIV tests and the New York -- sorry. The new Yaphank Jail Medical Unit opened in March of this year.

And as far as compliance and credentialing, there was an update to the HIPAA regulations, and we've reviewed and updated our HIPAA Privacy Manual. We prepared a HIPAA training for staff for HIPAA Omnibus Regulation changes, and worked with the staff to prepare for the ICD-10, which is the coding system for billing implementation required in 2014.

In the Finance Division, we successfully negotiated the consolidation of the East Hampton and

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Southampton Health Centers with Hudson River Health Care, leveraging our HEAL 6 funds to provide the capital improvements.

We are also working with the County Attorney to streamline the -- I'm sorry -- the contract compliance requirements.

Public Health Prevention, which is our -- part of it is our Education Department, health educators trained in the New York State Diabetes Prevention Program in June of this year. This is an evidence-based program first implemented by the CDC. The yearlong programs, which last for 16 consecutive weeks and then monthly for the remainder of the year, deal with people with prediabetes or at risk for developing diabetes, and the course is offered free of charge throughout the County. We developed a Bullying Prevention Peer Education Training Program for high school students to be peer leaders for middle school students. This is currently being piloted in the West Babylon School District. Twenty students from the Gay/Straight Alliance Club are being trained.

A Suicide Prevention Peer Education Training Program, which is a peer education developed program, and piloted with 30 Sayville High School students.

In our Tobacco Division, we had compliant checks with a minor of 1975. We found 72 sale of product -- tobacco products to minors, and we had 11 sales of -- to minors of e-cigarettes. Fines collected for the sale of tobacco products to a minor amounted to 19,900, and we were in compliance with the ATUPA Program at a level of 96.4%. We had 49 Clean Indoor Act complaints, with four violations, fines amounting to \$1500. We had our smoking cessation courses, in which we had 35 classes with 411 participants. We had two inspections for carbon monoxide detectors at the hookah lounges.

Cancer Awareness Task Force developed a new name change. It's now called the Suffolk County Cancer Prevention and Health Promotion Coalition. This was a result of strategic planning in an effort in 2013 to develop a new focus, the mission and vision refined to acknowledge that promoting healthy lifestyles and creating healthy communities reduces the risk of cancer and other chronic diseases.

We continue to provide lunchtime Lunch and Learn presentations that provide health education and outreach to employees. Since 2009, approximately 1,000 participants, including smoking cessation courses, have occurred.

Children with special needs, the Early Intervention Program: We had 3,681 referrals to the Early Intervention Program. Twenty-nine -- 25 children are currently receiving services, and 752 at-risk children are -- were referred to the Child Find Public Health Nursing Program since the end of last year.

The preschool services, which are those services that go from three to five years of age, we had 6,476 children, 4,786 as of November of this year. We convened a Bilingual Task Force, developed a PowerPoint detailing appropriate techniques and strategies to use when evaluating bilingual children, and that is expected to be released in March of next year.

We successfully completed a process for securing a new contract with school bus transportation providers with reduced costs through various cost-mitigating techniques, and the contract commenced in June of this year. There's a \$1,663,000 savings to date under this new contract.

In the IT Division, we successfully transitioned into a federated IT model. We supported the Yaphank Jail opening, including the Electronic Medical Record, and launched a new application for online public notification of the sewage contamination incidents at our STPs in accordance with Local

Law 57-2012.

Public Health Protection: Our food inspectors had a revenue of \$3,221,375 collected. This represents 105% of the Bureau's adopted Operating Budget. We did 11,885 inspections, reviewed all food establishment floor plans with an average of 2.5 days; launched an online Food Managers Course in Spanish and Chinese; successfully launched an online payment system for the Food Managers class. And we received an award for the National Association of Counties, NACO, for the Emergency Response Kit developed following major storms in 2011 and 2012, details of which were featured in the NACO's online newsletter.

We created and posted online fillable forms for all food control program applications. And Suffolk County's Food Code Article 13 was revised and updated to conform with the FDA model food code. This was unanimously approved by the Board of Health and is pending public comment. We also conducted 174 inspections at children's camps.

DEQ: Backlogs in wastewater management permit applications were generally consistently maintained at or below four weeks. We reduced the backlog in the Pollution Control Article 12 Tank Plan Review Program from 13 weeks to four weeks.

Regarding the Hurricane Sandy response, we continue to provide community support to assist in Sandy recovery. Construction application fees for Sandy reconstruction have been waived. Staff are available to meet at any time with affected parties to assist them.

As for our beaches, some required extensive repairs prior to opening, and some required variances. In all cases, beach managers were required to certify that their beach and swim areas had been checked, were clear of harmful debris and were safe to swim. Only two beaches failed to reopen during Hurricane Sandy.

In Water Resources, we conducted comprehensive annual inspections and collected samples at all 238 public water supply well fields, with more than 1,000 active supply wells ensuring safe water supplies; conducted over 10 private well surveys in areas of known or suspected groundwater contamination.

We installed six fire wells at various locations within the vicinity of the Pine Barrens to assist first responders with fighting brush fires.

The Office -- excuse me -- Office of Pollution Control, we initiated and verified 153 remediations, resulting in removal from the environment of one million gallons of contaminated liquids and 6,000 tons of contaminated soil. It verified proper removal and abandonment of roughly 750 hazardous material storage facilities, and potentially hazardous sanitary systems to protect the drinking water. Sanitary Abandonment Program won a National Association of Counties Award in 2013.

We managed the completion of on-site cleanup at Blue Point Laundry, a brownfield site, from -- due to petroleum spills, and, in turn, remedial measures at Suffolk County Airport Canine Kennel for PCP removal.

We inspected approximately 1200 facilities and 4600 toxic and hazardous material storage tanks for compliance with Federal, State and local regulations. Over 300 enforcement actions initiated and resolved. We received reports from 64 medical facilities documenting disposal practices for unused and expired medications.

In the Office of Wastewater Management, there were -- four new sewage treatment plant technologies were approved for use in Suffolk County for flows between 1,000 and 15,000 gallons

per day.

We have developed a web-based application portal called the Submission and Status Terminal for online forms and guidance, meeting with applicants and other streamlining and coordination improvements. Approximately 3,000 applications for construction received and -- were received, and more than 5,000 inspections of sewage disposal systems were performed.

We also implemented an online reporting system to inform the public and government officials of STP discharge violations and remedial actions in a timely manner.

In the Office of Ecology, all required beach inspections, 163 in total, were conducted, and a total of 4190 water quality samples were collected and analyzed. We issued 35 beach closures due to water quality exceedances, and seven rain-related precautionary advisories. Closure days were very close to the 10-year average.

We sponsored a quarter percent project to develop a Harmful Algal Bloom Action Plan. This will address monitoring, investigation and management of the growing problems of the HABs in our coastal waters.

The Peconic Estuary Program priorities were discussed with committee members and stakeholders, and actions appropriate for addressing the problem, the nitrogen problem, are being planned for in the future.

Public and Environmental Health Laboratory analyzed over 10,000 samples to protect the environmental and public health. Capabilities were expanded, including adding new tests for chemicals, metals, hormones, pesticides, pharmaceuticals and personal care products to drinking water -- for drinking water analysis. We acquired equipment to improve efficiency of processing samples for both pesticides and volatile organic compounds, and to increase the number of samples which can be processed in 2014 for both the Office of Water Resources and Pollution Control.

CHAIRMAN SPENCER:

Wow. Commissioner, again, it's such a vast department that has so many intricate moving parts, and there's a close interplay between State and local agencies, and I have a few questions that I think you'll be able to handle. And I think I'm looking more -- first of all, I'll state this publicly, that as Commissioner, as -- working with you as Commissioner and being Chair of this committee, I really couldn't have a better partner. You've been extremely responsive to my inquiries and respectful to this committee. You've attended almost all of our committee meetings, and you've always been able to give us the information or make available the resources in your Department, and it's a pleasure working with you.

And what I'm trying to do in this wrap-up, some of the numbers, and you gave me a very detailed report that was a summary just because it's so vast, and some of the numbers, taking them alone, I mean, if I look at special needs and we serve this many thousands of children; I want to ask you just as you look at your Department and you look at the difficult times that we've gone through with regards to decreasing some of the numbers of positions and still having to maintain some of the responsibilities, it seems to me, listening to that report, that you have an award-winning Department in a lot of ways and a lot of different divisions. Are you comfortable with the staffing levels within the Department as a whole?

DR. TOMARKEN:

I don't know if I'd use the word comfortable. We have been stretched quite dramatically in terms of what we've been able to do with what we're left with in terms of staffing. When I started four years ago, or almost four years, I had around 1400 people; I now have 750, in that neighborhood.

CHAIRMAN SPENCER:

Wow, wow.

DR. TOMARKEN:

So whether we can continue to provide this level of service with this staff is a question I can't answer at the moment, it's still a question, it's an open question.

CHAIRMAN SPENCER:

That's almost a 50% reduction.

DR. TOMARKEN:

Yes.

CHAIRMAN SPENCER:

That's absolutely incredible. That's -- you know, we hear the number of 10% as far as when we came on the scene Countywide, but it does seem -- and that was one of the concerns that I shared as we were looking, is that the Department of Health seemed to take a disproportionate sort of hit. But I know we've had to make some difficult decisions, but that's incredible. That number for me is shocking. And I don't mean that from any way of criticizing, you know, it's just the nature of where we are today.

DR. TOMARKEN:

Yeah. This is going on in public health departments throughout the country, and funding of public health departments at all levels is severely cut, and the State itself is severely cut, so we're all working under not ideal circumstances. At the same time, the mandates of the Department are fairly similar, but the discretionary activities that we do, we are looking at trying to partner with the private sector in any areas that we can, looking to see if other organizations can do, or share, or be partners with the work we do. And I think going forward, what is expected of health departments and other County departments, I suspect, will change over time and it's going to be an evolutionary process. And it's just very much like with the health centers, we found a viable option where somebody else could do what we used to do, because no one in those days would do it or could do it.

So, going forward, I think what the mission is, is to look around and see who we can share our responsibilities with, and whether it be another county, or a private organization, or a nonprofit, or whatever, is what we should be doing.

CHAIRMAN SPENCER:

Do you have any working relationship with the Nassau Commissioner of Health? Are there any shared functions or resources at this time?

DR. TOMARKEN:

Well, we just finished a Community Health Improvement Plan, which is required by all health departments in conjunction with their hospitals and community partners, and we did it in conjunction with Nassau. And I have a very good working relationship with the Commissioner there, so I think that's fertile ground for further expansion.

CHAIRMAN SPENCER:

One of the big issues that we're going to be getting into at the beginning of the year, obviously, is the -- our health centers, the affordable care, the transition to the FQHC models. And one of the things that I have -- has recently been brought to my attention, is as we transition out of the health care, I guess in certain cases the health care business, there are certain responsibilities that are

embedded in those health centers and those are our Article 6 functions. And so, when we transferred one health center, we were able to -- like when we look at things such as the STDs and the TB proposals and TB surveillance, now that we are looking to do all of our centers, or almost all of our centers, we're going to have to look at still providing those mandated services.

Does the Legislature have a full impact of -- if we do go to the FQHC model, we still have to have contracts with regards to the budgetary impact of maintaining the STD surveillance and the TB surveillance. And has that been taken into consideration, and are we able to adequately do that as we look at the FQHC models with our health centers?

DR. TOMARKEN:

That's part of the contractual negotiations, and also the State has been involved with that as well. And so any plan that would evolve would have to and would go to the State for its approval. So we'd still be responsible, but we can have contractual relationships with different organizations to provide the service. But, at the end of the day, we're still responsible for those public health services, and we will arrange -- that will be arranged in the contract subject to the State's approval.

CHAIRMAN SPENCER:

And BRO has helped educate me, and I'm going to continue to work with them. I know that part of the issue is that as we look at those contracts, some of the pass-through reimbursement that we get from the -- from the Federal and State does depend on us meeting certain benchmarks. And so wherever possible, I want to make sure and have discussions that we're not losing out on monies that we have available to us because we don't have an appropriate relationship or contract in place. So that would be a concern.

DR. TOMARKEN:

Yeah. The Article 6 issue is part of the negotiations as well.

CHAIRMAN SPENCER:

And the other thing we did that was big over the past year -- couple of years was to automate the health -- the permit process with regards to development and things of that sort. With the automation of that process, can -- do you have a ballpark idea of how much has the wait time decreased?

DR. TOMARKEN:

Well, all our backlogs are down to approximately four weeks.

CHAIRMAN SPENCER:

Okay. And that was a -- it was six months before or three months? What was it?

DR. TOMARKEN:

It depended on -- it varied on whether it was commercial or residential, and if it was a wastewater permit or another kind of permit. So some of them were up there, especially some of the tank ones, but now we're in the area of four weeks.

CHAIRMAN SPENCER:

And we've been able to do some public health initiatives. I know you mentioned that we do have ongoing carbon monoxide inspections for hookah bars, so I'm happy to hear that.

We have our beaches where we have the no smoking at our County beaches. Have we been able to get the appropriate signage up, just as far as me just looking back, where people see on County beaches that there are no smoking signs that are posted? As far as you know, have you had any feedback from the Tobacco Cessation Department?

DR. TOMARKEN:

I haven't heard any negative consequences. I can check and see exactly if all our -- if all the beaches are in compliance, but I have yet to hear of any complaints.

CHAIRMAN SPENCER:

And I guess, philosophically, some of the things that I'm concerned about, as a fellow physician, moving forward is meeting our public health obligations. And in light of the changing, let's say, needs of our specific population. And so mental health is a major concern of mine, and I know that there's going to be some interesting proposals coming forward, but that seems to be an area where there's a shortage, and then also the addiction epidemic. And then we -- you know, I think Narcan offers some promise there.

But one question I had with regards to -- we talk about the Foley and the unfortunate closing, and with regards to -- we look at the building, but what happened to the hard assets at the Foley? For instance, ventilators, one ventilator can cost \$250,000. Are those ventilators -- have we sold those assets? Are they sitting -- and we know that the technology changes and they have a very short shelf life, and there's some potential revenue there. What's happening with those items?

DR. TOMARKEN:

We don't have any ventilators. We were not a ventilator facility.

CHAIRMAN SPENCER:

Oh, okay. Well, I said the wrong word, but I guess there are hard care assets that are oxygen --

DR. TOMARKEN:

Like wheelchairs.

CHAIRMAN SPENCER:

Yes, wheelchairs.

DR. TOMARKEN:

All the oxygen tanks have been removed. We had a very big external tank outside the building and that has been -- gone back to the vendor. And we have wheelchairs, and, in fact, we got a request the other day for another facility to purchase some. So we do have -- and it's all there, it's still within the building and it's now under -- we control that material, but the building itself is under DPWs control.

CHAIRMAN SPENCER:

Okay. Well, I know that we're going to be looking at the Methoprene issue. There's a literature search going on. We will be talking about our health centers. But I do appreciate you taking the time and giving a very detailed report. And I hope that if there's feedback that you'd have for this committee in terms of how we could be more effective, it always would be something that would be taken -- given utmost consideration.

I do have -- Legislator Calarco and Legislator Browning have questions. Legislator Calarco passes. Legislator Browning?

LEG. BROWNING:

Okay. You just mentioned about the nursing home and there's someone looking to purchase some of the equipment, did you say?

DR. TOMARKEN:

Somebody just contacted us the other day for some wheelchairs, they were looking for wheelchairs to purchase.

LEG. BROWNING:

Okay. Because I was curious with regards to equipment in there, because I'm assuming there's -- there is an RFP out. I don't know what the results are, or if they're done yet with that process on the RFP for the sale of the facility, that, you know, some of that equipment could be sold to whoever buys the building. So, you know, I'm just curious about that.

And, also, Doc Spencer actually mentioned the mental health issue. I recently heard from Tom Ronayne. You know, I was at a wake not too long ago for a young man, 33, PTSD, you know, having served numerous times in Afghanistan and Iraq, and taking medication for his PTSD, but, you know, was drinking alcohol and subsequently passed away. Then I heard about an attempted suicide of a young man who also served. What does the Suffolk County Health Department, our Mental Health Unit, what do we do with our veterans services? Is there any coordination between the two when it comes to these issues with our veterans?

DR. TOMARKEN:

Coordination between our Health and the veterans --

LEG. BROWNING:

Veterans Services --

DR. TOMARKEN:

Services.

LEG. BROWNING:

-- for our service -- well, for anyone with mental health problems, but, again, specifically our military men and women.

DR. TOMARKEN:

I don't know of a specific program for them. I mean, obviously, there are services available to them as to any other resident of the County. I can check to see if there is any special programs, but not to my knowledge, I don't know of one right now.

LEG. BROWNING:

Okay. You know, because, like I said, it's only with a short period of time, within a couple of weeks, you know, one passed away, one attempted to take his life, so, you know, it is a serious problem.

The other one last thing is our Jail Medical Unit. I know I reached out to you, and I know that the Sheriff, the Commissioner of Corrections has been speaking with him with regards to the Jail Medical Unit and the need to staff it. How are we doing with staffing for the unit?

DR. TOMARKEN:

We're going to be canvassing all the LPNs that are on the preferred list to see those that are interested, and if any of those are interested and/or qualified, then they will be offered. And, mostly, the positions are part-time, so they would be offered those. And then, depending on how many we got, and there's about 22, 23 on that list, we still have to do additional staffing as well, and that's -- there's two, sort of two phases. One is where we're at now, and then when the new jail is at its full capacity, we will continue to have to add staff as we get to that, or as the Sheriff complement gets to that level.

LEG. BROWNING:

Okay. So it's a total of 22 positions? They are all --

DR. TOMARKEN:

No. There's 22 on the list, about 22 on the LPN.

LEG. BROWNING:

There's 22 on the preferred list.

DR. TOMARKEN:

Right, and it's the LPN. But it's not -- just to clarify --

LEG. BROWNING:

I know. I know that I got your email, and can you explain the difference? I mean, they're both LPNs.

DR. TOMARKEN:

Correct, but they have different job titles, because in the jail, an LPN is known as a Jail Medical Attendant, they get a higher salary. So the lists are specific to their job titles, and there is no preferred list for JMAs. There just isn't enough -- there aren't people.

LEG. BROWNING:

Right. But now, is that a competitive position or noncompetitive, the Jail Medical?

MR. FREAS:

I think they're education and experience. Most of our medical titles are education and experience. So they're competitive, but you have to be qualified for the job. We do it basically by your resume and your -- making sure you have the appropriate licenses.

LEG. BROWNING:

Okay. First of all --

MR. FREAS:

There's no civil service test.

LEG. BROWNING:

There's no civil service test.

MR. FREAS:

Right, but we create lists from the education and experience.

LEG. BROWNING:

So -- okay. So, even -- let's say we have our Foley employees, the LPNs out of Foley that are on the preferred list, they're LPN first. So that's your first requirement, that you're an LPN, right?

MR. FREAS:

Yes.

LEG. BROWNING:

And then to be a Jail Medical Attendant there's other qualifications?

MR. FREAS:

No. You just have to -- you have to be an LPN, but we have -- as the Commissioner said, we have

two different titles in Suffolk County that -- for LPNs. One's Jail Medical Assistant, which means you work at the jail, but you're an LPN.

LEG. BROWNING:

Right, right.

MR. FREAS:

And the other one is LPN.

LEG. BROWNING:

But it's not excluding those people on the preferred list from --

MR. FREAS:

No. Well -- but, because your civil service title was Licensed Practical Nurse, you can't go on the JMA title because there weren't any -- there were no Jail Medical Assistants at Foley. You would theoretically --

LEG. BROWNING:

Right, right.

MR. FREAS:

-- have to in some way create an entire preferred list from the LPNs who were at Foley, and I don't think you could just do that out of whole cloth, I don't know.

LEG. BROWNING:

But there is no JMA list. There is -- is there a list of people --

DR. TOMARKEN:

(Nodded yes).

LEG. BROWNING:

Okay. So they could quite easily be transferred over?

DR. TOMARKEN:

I was only just trying to draw the distinction. They're qualified to work, they're just -- they're not -- it's not a preferred list for the jail positions.

LEG. BROWNING:

Right, but they could be hired.

DR. TOMARKEN:

Yes.

LEG. BROWNING:

They have the qualifications. They could be hired and trained to work in the jail.

DR. TOMARKEN:

Correct.

LEG. BROWNING:

Okay.

CHAIRMAN SPENCER:

Commissioner, thank you. I appreciate, again, a fine year, and I look forward to working with you in 2014.

DR. TOMARKEN:

Thank you.

TABLED RESOLUTIONS

CHAIRMAN SPENCER:

That's all that I have, so we're going to move on to the agenda. We have a very brief agenda, and we're going to move to tabled resolution, *I.R. 1679 - To appoint member to the Teen Pregnancy Advisory Board, Lawrence Philips) (Spencer)*. Is Mr. Philips here today?

MR. PHILIPS:

Raised hand.

CHAIRMAN SPENCER:

Hi, Mr. Philips. Please, come forward. Mr. Philips, hi. Good afternoon. I, first of all, apologize. I didn't realize you were here with us, and I should have recognized that. I would have taken you out of order and I just --

MR. PHILIPS:

That's all right.

CHAIRMAN SPENCER:

I took up 40 minutes of your time.

MR. PHILIPS:

No problem.

CHAIRMAN SPENCER:

Thank you. Can you just tell us, what town are you from, and just 30 seconds about your background.

MR. PHILIPS:

I am the Director of Phys Ed, Physical Education, Health, Athletics and Health Services in the Central Islip School District.

CHAIRMAN SPENCER:

And with regards to the issue of teen pregnancy, have you -- has this been a personal interest that you've been involved in? Do you have thoughts?

MR. PHILIPS:

I'm also a graduate of Central Islip High School. So, you know, you're talking about I started kindergarten out there 40 years ago, and it's a very prevalent issue in that district, you know, with my job, again, in charge of Health and Health Services, some of the grants I do. I'm Chair of the Wellness Committee. You know, it definitely hits home.

CHAIRMAN SPENCER:

Well, I appreciate your willingness to serve on this committee. We're really trying to address this issue that can change a young person's life, and we're just trying to encourage better-making decisions through giving them the appropriate information and resources, so you'll be really helping us to do that. So thank you for taking the time and appearing.

Any of my colleagues have any question for Mr. Philips? With that, I'd like to offer a motion to --

LEG. MONTANO:

I'll make a motion.

CHAIRMAN SPENCER:

Motion by Legislator Montano, I'll second that motion. All those in favor? Opposed? Abstentions?
(Vote: Approved 5-0-0-0)

Mr. Philips, this passes this committee. It will go before the full Legislature on Tuesday, and I don't anticipate any issues. You don't have to approve on -- I mean, you don't have to attend on Tuesday. So thank you for taking the time, and I'm glad that you were able to be here for our presentation.

MR. PHILIPS:

Thank you guys, I appreciate it.

CHAIRMAN SPENCER:

Thank you. Take care.

LEG. MONTANO:

Congratulations.

CHAIRMAN SPENCER:

Congratulations.

MR. PHILIPS:

Thank you, guys.

(*Applause*)

CHAIRMAN SPENCER:

I.R. 1692 - Establishing guidelines for the use of Methoprene in Suffolk County (Schneiderman). I'd like to make a motion to table.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

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

INTRODUCTORY RESOLUTIONS

I.R. 2105 - Introductory Resolution declaring January 26th as "Langerhans Cell Histiocytosis Awareness Day" in Suffolk County (Cilmi). I'd like to make a motion to approve.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Second. All those in favor? Opposed? Abstentions? **(Vote: Approved 5-0-0-0)**

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With that, I have no other business before this committee in 2013, and we stand adjourned after a 48-minute meeting. Thank you.

(THE MEETING WAS ADJOURNED AT 3:30 P.M.)