

SUFFOLK COUNTY LEGISLATURE

PUBLIC HEARING

MAY 21, 2013

10:00 A.M.

A PUBLIC HEARING ON PROCEDURAL RESOLUTION NO. 10-2013

WAS HELD IN THE

MAXINE S. POSTAL AUDITORIUM OF THE EVANS K. GRIFFING BUILDING

300 CENTER DRIVE, RIVERHEAD NEW YORK

Present:

Legislator Al Krupski, First Legislative District
Legislator Jay Schneiderman, Second Legislative District
Legislator Kat Browning, Third Legislative District

Also Present:

Terrence Pearsall, Chief of Staff
Tim Laube, Clerk of the Legislature
Catherine Stark, Aide to Legislator Krupski
Pam Donovan, Aide to Legislator Anker

Taken by:

Lucia Braaten, Court Reporter

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*(*The Public Hearing was convened at 10:08 a.m. *)*

LEG. KRUPSKI:

We'd like to open the Public Hearing. All rise for the Pledge of Allegiance. Legislator Browning, would you do the honors?

LEG. BROWNING:

Oh, sure.

*(*Salutation*)*

All right. Tim, are you going to read the announcement?

MR. LAUBE:

I don't have it in front of me, but I think we can just hold it --

LEG. KRUPSKI:

Okay.

MR. LAUBE:

-- and start listening to the cards.

LEG. KRUPSKI:

Okay. Thank you for coming, everyone. I've got a number of cards this morning, and we'll start off with Danny Towle, with Linda McGregor next.

MR. TOWLE:

Good morning. My name is Danny Towle. I've spent the last 21 years with the Department of Health Services.

First and foremost, I'd like to state that I applied for and was approved time off from my job to be here this morning. I mention this because after the last Legislative Health Committee, someone from the Administration contacted my supervisor to check on that. So I just want to put it on record that I'm here on my own time.

I'm currently the AME Patient Care Unit president. Our unit has approximately 250 members, 20 of which work at the East Hampton or Southampton Health Centers. The mission of our Health Department is that Suffolk County Health Department Health Services, through its Division of Patient Care Services is to provide comprehensive primary care in a dignified and respectful manner, emphasizing preventive medicine and providing diagnostic treatment and referrals to all, regardless of their age, race, sex, creed, color, national origin or ability to pay.

And I think it's kind of ironic that, you know, the reason why we're looking to privatize the two East End health centers is about money.

Obviously, we're not going to be able to fulfill our mission if we privatize the Health Department. The residents of Suffolk County's health is as critically important as their safety. However, our elected officials continue to let our men in blue shoot and score and have lucrative contracts, and then they think it's acceptable to show the men, majority of which are women, in white, our health care professionals, the door. Something's wrong with this picture.

In my humble opinion, I believe what's wrong within my own department and throughout Suffolk County government is a lack of leadership. I might be preaching to the choir here because I see some leaders in front of me, but there's too many followers and not enough leaders. Things are a mess, obviously, in Suffolk, we can all agree on that. You know, we've done lag pay, we've borrowed money to make payroll, you've laid off hundreds of employees, all residents here in

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Suffolk, and you're closing the John J. Foley Skilled Nursing Facility. A hundred and seventy-one more employees and residents in Suffolk are going to lose their jobs, not to mention the residents who live there who are getting tossed out of their homes, and now you want to privatize the Health Departments. I say shame on you.

The time has come for you to be leaders. We need to either raise the County portion of our property taxes, or we need to raise the sales tax, or maybe both. Thank you.

LEG. KRUPSKI:

Thank you. Linda McGregor, and then Lynn Tyler is next.

MS. MC GREGOR:

Good morning. Linda McGregor, Registered Nursing, Suffolk County Department of Health Services. Thank you for having us here today.

Could you also please state your names for the record? I apologize. I recognize Legislator Browning. I don't recognize you, and I'm embarrassed to say that.

LEG. KRUPSKI:

Legislator Krupski, for the First District.

MS. MC GREGOR:

Okay. Thank you, Legislator Krupski. You can't dispute the facts, but you can shed a light on them, and you can dispute mistruths and information given to the public that's taken out of context. And I think we'd be having a different conversation right now if all the facts were presented to the public. I want to give you some examples that have created mistrust, and for me, personally, animosity towards our elected officials.

This is an article published in the East Hampton Star, May 9th, 2013, with quotes by Legislator Jay Schneiderman. He -- there's been -- all we've heard about and all the public hears about how -- is Health Services is losing money; they're going to get better care with Hudson River. And words are important. We had gotten a memorandum from the -- from Commissioner, Dr. Tomarken of Health Services to all the staff about this consolidation, and it said in print, "Patients are going to receive better care." And myself and a doctor I work with, after reading it, he turned to me, he said, "What does that mean, I'm not giving my patients good care? We're giving substandard care?" The message to the public is people are going to get good care, better care with Hudson River and we haven't been giving good care. And it's -- it puts us on the defensive.

All we ask is that all the facts are out there, I can accept the facts, and acknowledgment on County Management's part, what decisions County Administration and Management has made over the years to make us lose money.

So, referencing this article, Legislator Schneiderman was quoted as saying, "The County entered into an HMO, and because there's an" -- "and that the HMO is now operated by a private company that has agreements with local practitioners, allowing patients to go to private doctor's offices at a minimum cost." There's an example of the public not being given the facts.

County entered into a contract to accept one HMO. Every day I'm in the Health Center with patients, every day we turn patients away with Affinity Medicaid, Fidelis Medicaid, HIP Medicaid, United Health Care Medicaid. So there's -- misinformation begins with the public there, public. We would like an acknowledgment from County Management that they've taken steps to reduce the profitability of health services by accepting only one Medicaid HMO.

Another comment is many former clinic patients now see doctors, which provide a better care -- a better level of care for the same cost, lower in some cases. Again, there's the better level of care.

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There's the implication implying that we provide a substandard level of care.

"Whereas appointments at the clinic had to be made for up to three weeks in advance, the doctor's offices offer same-day appointments, extended hours, and excellent bilingual services," said Mr. Schneiderman. There again, more misinformation. We do have same-day appointments. There are frozen slots every day to accept patients who want to come in the same day. And we do offer excellent bilingual services. Many people speak Spanish, and we always advise patients of their right to have an interpreter, because that's their right by Federal law.

Another plus, the County Legislator said, is that at the new clinic, visits will cost \$15 for uninsured parents, versus a minimum payment for a clinic visit that would increase to \$75 under former Suffolk County Executive Steve Levy's Administration; that that is true, we used to charge \$15 a visit for years. And under Suffolk County, Steve Levy, who was given a pass on criminal prosecution by District Attorney Tom Spota, he raised the rates and he eliminated services at the same time. We lost so many patients as a result of that in 2011. We've -- radiology has been decreased. Lab services were eliminated, then brought back, then eliminated. We were changing our policies on a weekly basis that patients got frustrated and they just left, and that was a result of policies handed down by a County Administration.

"Under Federal guidelines, in addition to medical services, the clinic will be required to provide mental health and dental services." Again, it's being implied to the public we don't provide these services. No, we don't have psychologists, we don't have psychiatrists on staff, but we have doctors, nurses, medical assistants, laboratory assistants, Xray, medical records personnel. We treat people -- we treat clients, patients every day with mental health issues.

Providers, even lab, just you don't have to be a doctor to be compassionate. Our patients get compassion from people who work in medical records, from everybody in the clinic. People are treated for depression, they're treated for anxiety. Mental illness is addressed, is treated. We have excellent social workers who our patients love. But, yes, if somebody has a mental health disorder, like bipolar disorder, schizophrenia, yes, they have to be referred to a professional, and we do have mental health right upstairs. And there's Catholic Charities, and there's Family Service League. All these patients who have the Medicaid HMOs go directly to them for their mental health services.

As far as dental, I remember the days, I remember when parents used to be lined up with their children for the dentist at the health center. We've reduced those services over the years. You know, we do provide dental service to HIV and AIDS patients. That's not in the paper, that's not anywhere. We provide dental services to pregnant women who can't get insurance. For whatever reason, they don't qualify for prenatal Medicaid, they get dental care through us. So it's not like we don't provide anything.

And Briarcliffe College, the Dental School Briarcliffe has free dental clinic, and they're bilingual. So the uninsured adults who don't have dental, it is a trip, but they can get it for free. We find resources in the community to provide services to the patients that we might -- necessarily can't.

And the County clinic, Mr. Schneiderman said, often didn't even have a doctor. That's true, but that's, again, a result of management by the County. Yesterday there wasn't a doctor at the Southampton Health Center. Why? The full-time East Hampton Health Center doctor was first laid off as part of the layoffs, then she was brought back, then she decided to seek another job. Nobody's filled that -- the County hasn't filled that position for a full-time doctor. So, again, these facts are a result of actions by County Management, County Administration. And the doctors at Southampton are going back and forth between East Hampton and Southampton to fill the void. We had a physician here who had to go to East Hampton to fill the void.

So the providers, you know, are doing their best. They're willingly accepting these -- well, going between three clinics to provide coverage. But why isn't the County filling that full-time doctor

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position?

So I just hope that in the future all the facts come out. The message isn't trying to be controlled by the press. And we really -- you know, we do provide great care. And I don't like the message through certain particular people our care is substandard, because it's not. Thank you.

LEG. KRUPSKI:

Thank you. I could see why you would be offended by those remarks.

*(*Applause*)*

Lynn Tyler, and next would be Michael Finland.

LEG. SCHNEIDERMAN:

Can I just --

MS. TYLER:

Hi. I found myself jobless, and without insurance, and unable to continue getting health care. And I was able to go to the Hudson River and they guided me and helped me get affordable insurance that I could see a doctor and medical blood lab work. And they're a big network where I can go to either the Elsie Owens Center or out in Greenport. And they help me get medication for discounted prices, because I couldn't afford to pay the high price of some of the medicines I was on. And they are very helpful, always there for you, and very organized. They're very -- they're organized in the computer, once you're in the computer, your -- your access to everything, and they're very good.

LEG. KRUPSKI:

Thank you. Legislator Schneiderman, did you want to make a --

LEG. SCHNEIDERMAN:

Yeah. My apologies, I got here a little late. They were doing construction out on County Road 39 and it was challenging getting through all that.

I just walked in, so I didn't really hear the last comments. I just heard you say that you could understand how she might be offended by the comments. I think that was related to comments that was in a newspaper article referring to the East Hampton and Southampton Clinic. What my comments were referring to is not the County employees, who I think do a fabulous job. It's just that the County staffing levels were not what they need to be. We haven't had a pediatrician there. We don't have the adequate staff or the hours. We don't have Saturday hours. Those what I was -- what I was specifically talking about, not the work that the County employees do, which is phenomenal; caring staff who deliver quality health care services. I just wanted to make that clear.

LEG. KRUPSKI:

Thank you. All right. Michael Finland. And after him, Don Dakey (phonetic).

MR. FINLAND:

Good morning, everyone. My name is Michael Finland, I'm from Suffolk County AME. I'm here today to address some plans in moving forward for consolidation of services for the health clinics.

The role of County government is to address two key elements in providing services to the public, and those services include public health and public safety. If we were to continue down the same pathway, I have my own personal reservations as to whether or not we are totally fulfilling our obligation in terms of public health resources.

A master plan is to move our AME workers elsewhere in order to consummate the transfers of assignments at the East Hampton and Southampton Health Clinics. But my question to you is this:

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In the long run, how will the County residents benefit from this changeover? And where will it stop as we continue to tear down the services that we provide. The role of government is to govern. The role of government is not to outsource.

The year 2012 was a painful time for the AME membership in that we lost 50 workers in February, and another 315 were laid off in June. As plans move forward, we could conceivably lose another 171 workers at the John J. Foley Skilled Nursing Facility. The financial impact of the economy is devastating to every municipality across the country, but we cannot keep coming back to the same well in order to solve the problem. Right now, the well is dry, and vital services across the Board are in jeopardy. It would be insouciant of me to suggest that there is a miracle formula that would eradicate our economic woes. However, in dealing with the vicissitudes of a slowly recovering financial situation, we must consider alternatives.

We have recommended through the years having an increase to the General Fund tax. While this will not be an immediate far-reaching remedial endeavor, it would provide us with an alternative revenue source, and would not be an overwhelming financial burden to the public at large. The cost of an increase would be minimal.

Today, residents in school districts across Suffolk County will vote as to whether or not to accept the school budget for the forthcoming year. I would hazard a guess that a majority of them will pass, and this won't even cause a ripple in the pond.

My final advice is that we proceed with caution on this consolidation plan and put the brakes on it. I will be reaching out to each of the Suffolk County Legislators individually to further discuss this matter. Thank you.

LEG. KRUPSKI:

Thank you.

*(*Applause*)*

Don Dakey (phonetic). I'm sorry, I can't read the --

MR. DAILEY:

That's my hand -- my fault.

LEG. KRUPSKI:

And Manuel --

MR. DAILEY:

I'm penmanship challenged. My name is Don Dailey and I'm with AME. AME maintains its stand against privatization; that's what this Hudson River thing is all about.

Last time we were in front of the Legislature, we had Hudson River in front of the Legislative body as if it was -- a deal was already done, signed, sealed and delivered. That was never voted on by the Legislature. I think it was inappropriate that that happened, and they were unprepared to provide -- provide information that they were requested.

While the Administration is celebrating the idea of consolidating these centers in East Hampton and Southampton, there's still many questions regarding the availability to service -- of services to the people that need them. Not everybody that needs the services will be able to get them if they're not able to get from East Hampton to Southampton, or if they're not able to pay the \$75 charge for whatever services aren't covered, or if they don't apply to Medicaid, or if they do apply for Medicaid and they don't -- they're not accepted because they have a Social Security number. How many patients are going to leave with serious illness, and what could be the impact of that on the rest of

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the community?

Also, I had some issues with Hudson River listing themselves constantly as a nonprofit organization. I'm more of a nonprofit organization, I work for a living. Okay? The Hudson River Health Care CEO makes \$400,000 a year. And if you saw the checking statements of the people that care for the people that need it the most in this County, it's staggering, the difference. You're not going to see anything like that. And that's an insult for them to call themselves nonprofit.

We've had health centers close in Central Islip and Bay Shore. The Foley facility is in the process of closing now. How many more workers are going to be -- are going to be lost? How many jobs are going to be lost? And how is Suffolk County going to recover from an economic shortfall with more unemployed people, with more people sitting on the bench? All right. And while all this is going on with Hudson River Health Care, Lexington Company sneaks in the back door and the Administration starts again with the privatization of methadone clinics.

I received phone calls from members of AME that work at methadone clinics saying that it was a done deal, they were sold, the methadone clinics were sold, there was -- and the Union knew all about it when the Union knew nothing about it.

No public hearings, and, to my knowledge, no Legislative vote. I'd like to find out what's going on with that, because that's something that's a secret. Nobody knows what's going on with the methadone clinics. But it's really -- let's not turn our back on the people that need it the most in the essence of saving a couple of dollars, because the dollars aren't really being saved. And if you want to look at the national picture and justify privatization, you still can't do it. Okay? You're taking jobs away from people that need it.

In other areas of the country, they privatize law enforcement. In other areas of the country, they privatize corrections. That would never be considered here. Okay? So why are we going to consider that when it comes to the people, and the people that do the service and do the jobs that people -- other people can't do, normal people can't do, and they're doing jobs that are helping the people that need it the most? And I have nothing against the police. I want everybody to get the most that they can get, that's what I'm all about. Okay? But let's not turn our back on the people that need the services, and at the same time screw the people that are working. Thank you.

LEG. KRUPSKI:

Thank you.

*(*Applause*)*

Last card is Manuel Velasquez.

MR. VELASQUEZ:

Good morning. My name is Manny Velasquez. I am a resident of the Town of Brookhaven. I am also a New York State Department of Labor employee, although I am here on my own free will today. I am also a Democratic Party member for -- committee member for the Town of Brookhaven, as well as on the Hispanic Advisory Board, appointed by Steve Bellone. Once again, this is all completely on my own. However, I am not representing either of those organizations, because, first and foremost, I am a father and I am a community member.

Three years ago, actually about four years ago, I found myself unemployed, and I found myself without medical insurance. COBRA was extremely expensive to be able to afford, and I would not be able to qualify for Medicaid because of the fact that I was getting unemployment at the time. I did discover HRH and they were extremely helpful in trying to guide me through the entire process. They provided me with a scale payment method for me to be able to pay what I was able to afford, because the State agencies would not allow me to go in and see them when I needed to see them

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because they wanted to put me through the whole Medicaid process, which I wasn't able to qualify for. So I didn't know where else to turn to, found HRH, and they were able to assist me.

Four years later, I'm still with them, happily employed, thank God. And even though I have insurance now, I'm still with them. I'd love if you could be able to go and see them at the Greenport facilities or the Coram facilities, which I just went to the last time. I had actually been to their Coram facility prior to HRH taking over. I was there for my kids and it was a nightmare to deal with originally. And this last time that I went there, it was an extremely pleasant experience. I was able to go in, get out, do what I needed to do. It didn't take enough time for me to be able to constantly take time away from work, so it was extremely pleasant.

So the idea of having them -- the opportunity to be able to expand and be able to provide their services are definitely in need for our community. People here are talking about, for example, nonprofits. Yes, nonprofits are there because they don't make the money. However, the people who run them have to get paid, that's a known fact. So, yes, their CEO or president is going to have a paycheck. It's natural. Nobody does it as a volunteer. If they did, then it would be a volunteer organization, not a nonprofit organization.

Also, people are talking about the differences of people getting laid off. Yes, that's going to happen eventually with our community, with the way the economy is going. The HRH I don't think at any point has said that they're not willing to accept any of those employees. If I'm mistaken, please let me know now. However, it is my understanding that they would be able to apply for those jobs, if necessary.

So layoffs will happen eventually due to the economy. The economy is not where it should be at this point. However, I think HRH is doing a hell of a job, and they're providing the best services available. And now, with the ability to be able to also do dental, it's going to be even better. So, hopefully, you will take that into consideration, and I thank you for your time.

LEG. KRUPSKI:

Thank you. Legislator Browning, you had a question?

LEG. BROWNING:

Yeah. Mr. Velasquez, I'm sorry. You say -- you say you're a Brookhaven resident and you go to Greenport?

MR. VELASQUEZ:

(Nodded yes).

LEG. BROWNING:

How do you get there?

MR. VELASQUEZ:

Well, originally, when I didn't have medical insurance, I was able to do that, and I had to make the trip in order to be able to attend HRH. And it was -- it is a long trip still, and I still manage to do it sometimes. But now because of the Coram facilities, I work in Patchogue, it makes it a lot easier for me to be able to attend the Coram facilities as well.

LEG. BROWNING:

Okay, because I know there's a health center in Patchogue and Shirley that you could use --

MR. VELASQUEZ:

That was the first one that I was originally --

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LEG. BROWNING:

-- that are contracted with Brookhaven.

MR. VELASQUEZ:

Yeah, that was the first one I was originally made aware of, the one in Greenport. And I love Dr. Napolitano, who is in Greenport. He's --

LEG. BROWNING:

So you have a car to get yourself to Greenport?

MR. VELASQUEZ:

Oh, definitely, yes.

LEG. BROWNING:

Oh, okay. I'm just curious, because when we look at many of the people who use health centers, transportation is an issue, so I was just curious.

Also, have you ever had lab work, X-rays done, and just curiosity, how much have you had to pay for those?

MR. VELASQUEZ:

I have had them. It depends on the specific thing. I mean, I remember one time I had to do an X-ray for something, and actually HRH informed me that if I were to go to -- I think it was Peconic over here, and I didn't have insurance at the time. And when I went there, they wanted to charge me, I think it was about 300 and something dollars just to get an X-ray of my back. And I told them, "Listen, I'm unemployed, I don't have insurance. Can I pay something? They were like, "Well, are you willing to pay cash?" I'm like, "I'll pay cash if I have to, if it's going to be a lot cheaper. And they charged me, I think, \$75 to get my X-rays done. So if an X-ray can easily cost \$75, why are they charging over \$300 just because it's insurance? That makes absolutely no sense to me whatsoever.

LEG. BROWNING:

Okay. And so you didn't get any of the lab work or any blood work done at --

MR. VELASQUEZ:

I had blood work at HRH.

LEG. BROWNING:

At Greenport?

MR. VELASQUEZ:

Yes.

LEG. BROWNING:

So they sent you to Peconic to get your lab work done.

MR. VELASQUEZ:

No, no. That was for an X-ray, because I needed to get an X-ray for my back.

LEG. BROWNING:

Okay. And they charged you \$75?

MR. VELASQUEZ:

Out at Peconic, yeah.

LEG. BROWNING:

Okay, because you paid cash.

MR. VELASQUEZ:

When they said that if I had insurance, I would pay over 300-and-something dollars with my insurance.

LEG. BROWNING:

Okay. Thank you.

MR. VELASQUEZ:

You're welcome.

LEG. KRUPSKI:

Would you like to make a comment?

LEG. SCHNEIDERMAN:

No.

LEG. KRUPSKI:

All right. That's all the cards we have. Is there anyone who hasn't spoken who would -- come on up, ma'am.

MS. AVEDON:

Good morning. My name is Sue Avedon. One of my major concerns about the consolidation has to do with transportation. I live in East Hampton, and Jay knows how hard it is to get from Montauk, for instance. I mean, from East Hampton, it could take a good amount of time just to get to Southampton in August, you know. This time of year, you know, it's not a problem. So, if we have people coming all the way from Montauk to have to get to Southampton, I'd like to know how that's being addressed.

LEG. SCHNEIDERMAN:

Yeah. Thank you, Sue, for coming out. Let me address the transportation issue.

First, let me say, you know, the East Hampton Clinic, which actually almost closed several years ago because of the rent issues, we were able to keep it open for the last few years by getting the County to pick up the rent that originally the Town had an arrangement with the Accabonac affordable housing complex where the clinic is located.

Over the last few years, though, the clinic patients actually have been migrating away, not because there's less people who are in need of those services, but because we used to have an HMO called Suffolk Health Plan, and now I think it's called Health Plus. Everybody originally who was at those clinics, if you were on Medicaid, you needed to be with an HMO. So the County set up its own HMO called Suffolk Health Plan, and it was exclusive to our clinics. We sold HMO, we got out of the HMO business. That HMO started working on arrangements with local doctors, in particular Gail Schonfeld in East Hampton and Harriet Hellman. A lot of the patients at our clinics now have taken that health insurance that they have, the HMO, and now are going to those local offices. So that's the primary reason why we've seen the numbers drop in East Hampton.

In terms of transportation, when they first started talking about consolidation, I was adamant that if you're going to consolidate, do it in Bridgehampton, so at least it's a little bit closer. Then this opportunity came up with the old nursing home in Southampton. It's, you know, an incredible space. It's -- the bus stop is going right -- the bus stop already goes to the clinic at the hospital, so they're going to actually set up a bus stop in front of this clinic. And then with the HEAL money, you

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know, a significant amount of money, millions of dollars to renovate this facility, it seemed like a very, you know, good opportunity.

So my first question was, what's going to happen to the people in, say, in Montauk, where I live? What are they going to do? How are they going to get there?

So the first thing that Southampton Hospital explained, they actually have a full affiliation with the Montauk doctors' office, they own that doctors' office. They also have a relationship with Dr. Cannon as well in Amagansett. Those doctors' offices will be providing the same -- is taking the same health insurance and providing the same services that are available now at the East Hampton clinic. If you want the additional services, let's say dental or mental health, they will have to go to the Southampton clinic. And there is -- it's on the bus route, so they can take the County bus. If you are a senior or disabled, the Town has, as you know, transportation that covers that. And Hudson River is working on a plan to cover the rest, to provide their own transportation. I don't know the details on that, but that's only for the services beyond what they already get in East Hampton.

So it seems to me, it seems like that component is being fully addressed, the transportation -- if you live in Montauk, you go right to Montauk. You won't even have to go -- right now, you'd have to go to the Accabonac clinic, so those services will be provided closer, not further.

MS. AVEDON:

Okay. Thanks.

LEG. SCHNEIDERMAN:

Does that answer your question?

MS. AVEDON:

Yeah, I think so.

LEG. SCHNEIDERMAN:

You know, one of the things about the model and the reason why the model works is because of the Federal funds. The County tried to become an FQHC, so we paid Hudson River. We'd do it ourselves, but we were rejected. Hudson River gets to get all these Federal funds, a significant contribution, and -- but to qualify, to be able to get the Federal funding, there's certain things, like I mentioned, the dental and the mental health they had to provide. But you also have to have hours that makes sense for the community, evening hours, weekend hours. That we never had at our County clinics.

So we also have not had a walk-in model. So, typically, you have to make your appointment in advance, though sometimes they will take you at the clinics. The Hudson River, the FQHC model allows you basically to go right to the clinic to be seen. And I've been wanting the County to have that ability. It has at some of its clinics, but not at East End clinics. And it's really just a matter of funding. And, you know, the funding hasn't really been there, but with the Federal money coming in, it makes it all possible to make the numbers work, so -- and if you have any other questions, I'd be happy to answer them.

MS. AVEDON:

Yes.

MR. TOWLE:

The clinics have evening hours.

LEG. KRUPSKI:

Wait one second. Wait one second, sir. Is there anyone who hasn't spoken? I'll give you another chance. Is there anyone else who hasn't spoken yet who would like to speak? And, sir, if you'd like

to come up again. Come to the microphone, please, though.

MR. TOWLE:

The clinics do have evening hours Monday nights.

LEG. SCHNEIDERMAN:

Which one?

LEG. BROWNING:

Dan, you need to talk on the mic.

LEG. SCHNEIDERMAN:

Which clinic?

MR. TOWLE:

The clinics do. Riverhead is Monday nights, okay? Tri-Community is Thursdays, and out east it's Wednesdays.

LEG. SCHNEIDERMAN:

Wednesday at what, East Hampton and Southampton?

MR. TOWLE:

Yeah.

LEG. SCHNEIDERMAN:

One night a week, okay.

MR. TOWLE:

Okay? So that's not --

LEG. SCHNEIDERMAN:

Thank you for that.

MR. TOWLE:

You're welcome.

LEG. SCHNEIDERMAN:

It was my mistake. I didn't realize that. And any Saturday hours? No.

MR. TOWLE:

Not now, but there has been in the past. But, you know, we don't control that, you guys do.

LEG. SCHNEIDERMAN:

Right, exactly.

MR. TOWLE:

Thank you.

LEG. SCHNEIDERMAN:

Thank you, sir, appreciate that.

LEG. KRUPSKI:

Thank you. Is there anyone else who hasn't spoken or would like to speak again? Go ahead, ma'am.

MS. MC GREGOR:

Linda McGregor. Legislator Schneiderman, in response to your comments about the Suffolk Health Plan HMO, it's not that we've had an exodus of patients with the Suffolk Health Plan leaving us to go to private doctors. It's been an issue for people coming in for their appointments that are scheduled and being told that they no longer have straight Medicaid, they have now been put into Affinity, HIP, United Health Care, and, for whatever reason, didn't know about it. And we have to turn them away, we can't see them. So it's not an issue that we've lost patients because the patients we do accept now decide they don't want to come to us anymore, like you just said, it's because there's a dozen Medicaid HMOs and the people who made the decisions at the top decided only to take one and deter all the others, send away all the others.

And, as Danny said, they are open a couple of nights. I know the Shirley Health Center is open on Sundays. We also do take walk-ins, same-day appointments; that, again, I'm addressing your comments to the East Hampton Star, as comments that you were quoted as saying.

We do -- I think Hudson River Health Care is a great organization. I am not trying to put them down, defame them or bash them, but I also know -- I feel we're great at what we do, not just me, myself, personally, but the people who are on the front lines every day with the patients and who treat them with dignity, respect and compassion, and we do as much as we can with what we have been given us. But the County has taken resources away from us.

LEG. SCHNEIDERMAN:

Right.

MS. MC GREGOR:

Over the last decade, it's like cut this, raise those rates, slash that. And, you know, there are things that we provide that the public hasn't been aware of. We have a GYN specialist. In a paper I gave to the Health Committee on May 2nd, I listed all the things that we do provide that the public doesn't know about that they're not being told about. I mean, we have women from the Hudson River Health Care Center in Greenport come to us, try to get in to see our GYN specialist because they need a colposcopy or they need a GYN specialist, but we can't take them, they're not our patients, so -- and we provide free LTB, tuberculosis services, the free STD screenings. So I don't want to -- I'm not trying to -- they are a good organization.

And to correct Mr. Dailey, the last 2011 Form 990 filed with the IRS that's available for public viewing, the CEO is making over 550,000 a year now, and that's 2011, we don't know 2012.

So, again, just if -- I think this conversation will be completely different if all the facts were put out by all the sides, there was an acknowledgment by County Management about everything they've taken away, resources to the patients and to the people who provide those services. So thank you for your time.

LEG. SCHNEIDERMAN:

No. Stay up there for a second. I want to try to respond, too. And, again, you know, you were sitting when I made my comments, but I didn't mean to insult any of the County employees, who I think do a phenomenal job. And this isn't about Hudson River versus the County employees. I would have preferred if we would have been approved as an FQHC. You know, my goal is two-fold. I don't want to see anybody lose their job. And I also want to have the highest level of health care that we can deliver, particularly rural health care in -- you know, in the areas that I represent, but really also, you know, throughout the County.

You know, having those Federal dollars allows for services that the County's been struggling to provide financially. We got hit -- when the recession hit, we lost 100 million dollars in one year. We've never recovered from that, you know, expenses versus our revenues. And, you know, we've been stuck making very, very difficult, challenging decisions just to try to get through the years.

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A prerequisite for me to support this consolidation was that no one loses their job. And the Administration assured me, and I'm still working on getting this in writing, so I'm not fully on Board with this until it's in writing that everyone from the two clinics, the East Hampton and Southampton Clinic, will be absorbed within, you know, the facilities at Riverhead and Tri-Community. That's essential before I will fully support this.

But, conceptually, I'm trying to balance out the fact that the County doesn't have any money, and I want to deliver the best quality health care, and I have two great organizations. The work, the workers at the County are phenomenal. And Hudson River, you know, they do a good job, there's no question about it, but they also have the financial resources to do that job because there's an FQHC. And it's unfortunate we didn't get qualified, because that would have solved all this -- the whole problem, I believe. I don't know why we were rejected, but we were.

MS. MC GREGOR:

And, as you said, whether it's -- they're getting Federal funding and we're paying that with our Federal taxes. I know they got a 4.6 mill grant, I think, last year. And you can go to -- there's a website in New York State, you can see the millions they're getting in State funding, and, of course, you know, there's County subsidies. So whether it's through County, State or Federal, we're paying for it.

It's just -- I kind of wish that there was an acknowledgment. Like I understand there's a budget deficit, but that didn't stop new County positions being created for patronage jobs last year. If --

LEG. SCHNEIDERMAN:

I hear your frustration.

MS. MC GREGOR:

I guess if there was an acknowledgement by County Administration and County Management, yeah, we should have accepted more insurances, or, yeah, we should have kept it at \$15 and it would have been offset by the more insurances we should have taken. I mean, there's like no acknowledgment that the County couldn't manage this better --

LEG. SCHNEIDERMAN:

Who made the decision to --

MS. MC GREGOR:

-- to prevent the situation.

LEG. SCHNEIDERMAN:

Who made the decision to go from \$15 to \$75 to -- just to go into the clinic if you don't have Medicaid.

MS. MC GREGOR:

Right.

LEG. SCHNEIDERMAN:

That's a giant jump for people who have no money, and that's really --

MS. MC GREGOR:

And we lost a lot of people because of that.

LEG. SCHNEIDERMAN:

We lost a lot of people, and then we forced everybody to file for Medicaid, right, and be rejected before what, they're second visit; is that how that works?

MS. MC GREGOR:

And that can be changed by you --

LEG. SCHNEIDERMAN:

I know.

MS. MC GREGOR:

-- by County Executive Steve Bellone. Anything that's been done in the past can be changed. It's --

LEG. SCHNEIDERMAN:

Right, but you --

MS. MC GREGOR:

You can enact a newer law, you can repeal laws.

LEG. SCHNEIDERMAN:

You can see how we're losing people, though, why people are turning away. And now that the offices -- you know, originally, with Suffolk Health Plan, it was exclusive for two years after we sold it and stayed exclusive. But after that, you know, the people at the clinics had options.

MS. MC GREGOR:

But we still get new patients every day. Despite the \$75 fee, we are still getting new patients, and we can get patients back we've lost. It's all how we present ourselves and the policies we make.

LEG. SCHNEIDERMAN:

We can.

MS. MC GREGOR:

I just --

LEG. SCHNEIDERMAN:

No, it's -- that's true. Those are choices we're going to have to make, figure out how to balance these factors. Yeah, I'm sure we could make the clinics -- you know, if we change some of these policies, we might be able to bring some people back, but we're not going to get the Federal money.

MS. MC GREGOR:

Well, maybe we can start with you. We can talk to Steve Bellone and say, "Let's do it with that \$75." Let's charge what Hudson River is charging. Let's bring back services. Let's take more insurances.

LEG. SCHNEIDERMAN:

Right, but we're not going to get the Federal money, and that's a big difference.

MS. MC GREGOR:

Well, if we get new income from accepting more insurances, you know, there's one avenue.

LEG. SCHNEIDERMAN:

Right. And did you see the new grant program under the Affordable Care Act? I mean, this is where all the Federal money is going now, through the Affordable Care Act and through these FQHCs. Unless we get certified as an FQHC, we will never be able to compete and be able to deliver the same level of services, I don't believe.

MS. MC GREGOR:

Well, I know that the health centers applied three times for FQHC, but nobody could give me a

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definite answer why it didn't come through the third time. What the Administrator told me was that the program ran out of funds. So they're just going to keep it for the centers that were already approved, and they didn't have any new funds to approve new health centers. I mean, why exactly -- the third time around was the best application ever, I was told by everybody who was involved with the process. Why was it denied the third time around, the FQHC?

LEG. SCHNEIDERMAN:

I don't know. All I've heard is that we don't have -- we have no track record in this area and we're not -- they're not qualifying us. But I don't really know why we were fully rejected. It's unfortunate, because that would solve our problems. We wouldn't need Hudson River in that case.

MS. MC GREGOR:

Thank you.

LEG. KRUPSKI:

Linda, Legislator Browning has a question.

MS. MC GREGOR:

Yes.

LEG. BROWNING:

Hi, Linda. One of the things that I've been hearing about, and the gentlemen before, Mr. Velasquez, talked about having to go to Peconic to get X-rays. Now it's my understanding that if you need X-rays or any kind of lab work, there's a \$25 co-pay through the County facilities; is that correct?

MS. MC GREGOR:

Our services have been reduced to on-site X-ray for chest X-rays only related to tuberculosis or positive tuberculosis tests. For patients who have the insurance, Medicare and Medicaid, Suffolk Health Plan, or the other ones we accept, they can go to North Fork Radiology or Peconic Bay, it's covered. For our uninsured patients who don't have health insurance, we get them set up with Zwanger-Pesiri Radiology Give Back Sunday Program, they get it done for free. So, if they don't have insurance, they can get it for free through Zwanger-Pesiri Radiology Give Back Sunday Program.

LEG. BROWNING:

Okay. And as far as the FQHC is concerned, I know I was Chair of the Committee when -- the Health Committee when we were going through this process initially, and we were rejected, and I guess it's because Suffolk County was doing such a good job in having the health centers located throughout the County. But we -- the only underserved community in Suffolk County was Bellport. And, however, Hudson River approached us under the former Administration and asked about partnering with us as being the FQHC. And I know Christine is sitting here and you probably remember this, that they met with us and said that they would like to be the umbrella for the County with the FQHC. And to this date, I don't know why we can't do that with our publicly-owned health centers, because they said they could do this with us. So we wouldn't have to privatize our publicly-owned health centers, they could be the umbrella and we could have an FQHC with them.

LEG. SCHNEIDERMAN:

Right. That was the initial discussion, is they were going to come in as an administrator with our employees.

LEG. BROWNING:

Correct, but, for whatever reason, that's not being addressed right now and it should be. And, you know -- and, again, we don't have that many publicly-owned health centers. And I think that the effort should be made more with the ones that are contracted first and not with the County-owned ones.

LEG. SCHNEIDERMAN:

And I think it's interesting, too, in Greenport, where the County used to have a health clinic and closed it, shifted everybody to Riverhead, Hudson River went and opened a clinic.

LEG. KRUPSKI:

I have a new speaker, Michael Stoltz.

MR. STOLTZ:

Good morning. Sorry I was late in getting here. I didn't have the benefit of hearing earlier testimony. But I'm Mike Stoltz, I'm the Executive Director of Clubhouse of Suffolk, Suffolk County United Veterans, and the Mental Health Association in Suffolk. We're three organization -- three nonprofit organizations came together and merged, so I now oversee all three.

I'm not here today to address the kind of role of the government, issues that you were just talking about, or the County workforce issues that accompany this proposed transition, but only to give a reference for Hudson River Health and the work that my agency, Clubhouse of Suffolk, has been doing with them now for a little over a year, and the collaboration that we're into that will serve -- help to serve more people, particular people with multiple disabilities, including psychiatric disabilities.

Just to give you a little bit of an overview, my three organizations have about 125 employees, and we're growing, including we hire a lot of people who were formerly unemployed due to disability. One of our programs is particularly at the center of this collaboration with Hudson River Health, it's called the Supportive Case Management -- Case Management Program, and it employs about 25 people who work with about 420 people with psychiatric disabilities from pretty much central Brookhaven all the way out to both Forks of the East End. This has included collaborative work with HRH, with people we serve who make up -- who also use primary care services at HRH's small Greenport facility for a number of years.

But our broader work with HRH has occurred due to New York State's current Medicaid reform processes that have been laid out by the Governor with the guidance of the Medicaid Restructuring Task Force. The center of this reform strategy is the development of patient-centered health homes, or medical homes, designed to target people who live with comorbid conditions that have led to the frequent use of hospitals and emergency rooms. This new model of care relies on strong collaboration through a Care Manager and electronic information sharing with all specialty and primary care providers.

Around the time that HRH assumed responsibility for Coram Health Center, coincidental to some work they were doing in Nassau County with Nassau University Medical Center, Upstate colleagues of mine told me about their efforts Upstate to develop health homes there under the HRH umbrella. My colleagues -- I vetted the organization. My colleagues told me that in its 18 or 20 FQHC centers up and down the Hudson River, up to the Canadian border and from down to Westchester, my colleagues told me that HRH has historically been a wonderful collaborator and provided excellent care to mutual clients through their FQHCs.

Once the Coram deal was completed, I reached out to HRH leadership to see if they were interested in developing a health home model for particularly Central to Eastern Suffolk for Medicaid beneficiaries, and a long story made short, we've commenced health home services as of April 1st, just last month, in concert with several other care management providers. This collaboration will provide better integrated care services to our Medicaid and low income services, and with the provisions of the Affordable Care Act kicking in with new -- more provisions kicking in in January, which will expand the number of people on Medicaid, Clubhouse and the Mental Health Association will be hiring more people in this collaboration to provide care management with Hudson River Health and other services.

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And just parenthetically, from I guess an economic, you know, business point of view, predominantly who we hire as our work with HRH expands to provide care management, usually younger college grads who will be able to stay and work and start families on Long Island because of the evolution of these really good jobs with good benefits.

Health care nowadays requires very nimble providers and planners who can be all-in to meet the challenges and opportunities presented by the many transformative drivers of health care around us, the Affordable Care Act, HIPAA, EMR Interoperability, Regional Health Information Organizations, or RHIOs, and emerging user and communication technology. Contemporary healthcare and behavioral health care, my field, is not for the sheepish. You have to be all-in.

As an FOHC, HRH has a preferred position on a Federal level and on local levels to bring better reimbursement, strong staff development training models for integrated and well-coordinated care, and a relentless focus on national quality measures that all emphasize community collaboration on behalf of the client.

So, just in closing, in my experience for the past year, year-and-a-half with HRH, they've been a terrific collaborator, working with Stony Brook University, now with the County workforce. They bring knowledge and resources to the table for health care. And if you want to look at health care, not only as the health business, but, you know, from a socioeconomic standpoint, they've been a great collaborator in that way, and we're working with them on expansion of services to meet the more vulnerable and more needy. And they have a strong commitment to the community from the bottom up. So a lot of what we've been working with them on is what's called bottom-up referrals into health homes, so finding people who are our most vulnerable who have fallen through cracks, who don't get the benefit of coordinated or well-communicated and integrated care, and our job is to engage them, and that's clearly been the focus in our efforts.

So we're happy to be partners with them for those reasons; you know, strongly support efforts for the County to continue to grow its collaboration with HRH. Thank you.

LEG. KRUPSKI:

Thank you. Danny, you had another comment you'd like to make?

MR. TOWLE:

If I could, yeah. I like the forum, first off. I'd like to just comment on that. It's a lot better than going to the Legislature.

But, in any event, you had mentioned that the 20 employees would be absorbed at the Riverhead Health Center. I just wanted to mention that there's four County-run health centers; East Hampton, Southampton, Riverhead and Tri-Community. Obviously, the plan is to, you know, take out our Southampton and East Hampton. There'll be two County-run health centers left. Hudson River supposedly has plans to take over four more health centers. If, you know, Riverhead or Tri-Community is part of that plan, those 20 employees ultimately are going to lose their jobs, along with 80 to 90 more County employees. So, you know, maybe you have this information. No one seems to know which other four health centers they're going to take over.

LEG. SCHNEIDERMAN:

First, let me be clear. What I was told was they'd be absorbed within Riverhead and Tri-Community, not just Riverhead.

MR. TOWLE:

That's what I heard, too.

LEG. SCHNEIDERMAN:

And, you know, I was told by Dr. Tomarken that because of the -- either the County requirement to provide the tuberculosis screenings and the -- I think it's HIV or other STDs --

MR. TOWLE:

Yeah.

LEG. SCHNEIDERMAN:

-- that those two clinics will remain County clinics. Now that doesn't mean -- you know, who knows, that could change. All I could say is what I've been -- what I've been told. You know, I want to see those two clinics stay County clinics.

MR. TOWLE:

Which four are they talking about? Which four are the ones that they're going to take over next year after the elections; you don't know?

LEG. SCHNEIDERMAN:

No, I don't know. All I know is the plan is for these two to consolidate into one.

MR. TOWLE:

Somebody knows, right?

LEG. SCHNEIDERMAN:

Somebody does.

MR. TOWLE:

Would the County Executive know? I mean, I don't talk to him on a regular basis.

LEG. SCHNEIDERMAN:

I can only relay what they said to me, so --

MR. TOWLE:

Can you guys find out which are the next four?

LEG. SCHNEIDERMAN:

I read, too, somewhere in the paper conversations about more Hudson River Health. There's nothing left.

MR. TOWLE:

Because I read the paper, too, and Vanessa Baird-Streeter was quoted as, you know, all four of the County-run health centers were going to be privatized, and the 150 people that work there are going to lose their jobs.

LEG. SCHNEIDERMAN:

Yeah.

MR. TOWLE:

That's what I read in the East End paper.

LEG. SCHNEIDERMAN:

Yeah. I'm not supporting that. And I don't know where that's coming from, but the Administration --

MR. TOWLE:

Well, that article you were quoted in as well, I mean, in a positive light, but, you know, that was a

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little while back. But I would hope, you know, when you get this all in writing that, you know, you'd think about the Riverhead and the Tri-Community Health Centers.

LEG. SCHNEIDERMAN:

Right.

MR. TOWLE:

Because there's only so many places those 20 people can go.

LEG. SCHNEIDERMAN:

Yeah, and I don't think -- there's nobody from the Administration here today, right? No.

MR. TOWLE:

Okay. Thank you.

LEG. KRUPSKI:

All right. Thank you. Is there anyone who hasn't spoken or who would like to speak again?

MS. MC GREGOR:

The way this is being conducted is the same with John J. Foley. There's a State Law that says municipalities have an obligation to their taxpayers to get the most competitive bid when they sell County assets. This is becoming the norm of Suffolk County, circumventing the RFP process. Why -- I mean, we have State laws that have no validity to them anymore, because the County, with the secret three-person RFP Committee -- I know Mr. Pearsall voted against the -- waiving the RFP for John J. Foley, and the two appointed by the County Executive voted to waive the RFP process. This is a big issue. Why isn't the County following State Law, where in the State Constitution that says municipalities, in a responsibility to their taxpayers, had to get the highest, most competitive price when they sell any County assets, and have to obtain things at the lowest competitive price when they're securing assets for the County taxpayers? So that's another issue that me, as a County taxpayer, I'm getting tired of. I mean, if you went through the RFP process and it was transparent, this wouldn't even be an issue, people wouldn't have these arguments. But I wish the County Legislature would start following State Law and not making up their own laws.

Even with the lease of John J. Foley, a new County Law would have had to have been written to make that legal, even the lease was illegal. The County Executive, members of the County Legislature, they're saying -- they're throwing State Law in the garbage can and they're doing what they want to do and it's not right.

If you go through the RFP process, nobody has any dispute, then you've done what State Law requires, but this is going on continually. Its methadone clinics, the health centers, John J. Foley Skilled Nursing Facility, state law violated in each case, and it's upsetting. And you give us -- you give people who are in disagreement ammunition because you're not following the law. Thank you.

LEG. KRUPSKI:

Thank you. Would anyone else like to speak? Legislator Browning?

LEG. BROWNING:

Yeah, thank you. Linda, nobody does their homework as well as you did. So thank you for doing that, because I wish some Legislators would listen to you more often.

I mean, I clearly have always been opposed to privatization of our health centers. I think there's a place for them. I'm not necessarily opposed to consolidation of certain health centers. I know that the FQHC has its benefits, and, again, that is something that could have been done with our publicly-owned health centers, working out a partnership with the FQHC and keeping them publicly-owned, owned and operated by the County, but, for whatever reason, this Administration

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has made no effort to do that.

You know, I do have some reservations about what's going on right now for many reasons. I know that FQHC helps us when it comes to liability issues, because I know we've had many problems. I know, having -- sitting on the Ways and Means Committee, the lawsuits that we've had to deal with. That does help. But as far as the Elsie Owens Center and the FQHC, Hudson River came in, I can't say that they haven't done a good job, they do do a good job. But there are some questions that have not yet really been vetted out and addressed yet, and that's my concern.

Since HRH took over Coram, there has been a reduction in patients at the Coram facility. The information that I have received from people is now that their X-ray costs and their lab tests are in excess of over \$125, where at the County facilities it can be done for less. So those are things that need to be addressed.

I've had reports of patients being told to go to Shirley Health Center out of Coram, because there was no appointments available. One example was a pediatric case, a woman who went to Coram, and that's the one that's closest to where she lives, could not get an appointment for her child. She was told to go to Shirley, but in the following month, they would be able to accommodate her. I think that's a problem, is that they're not accommodating.

We know that with the reduction -- with the increased costs, and, again, the \$75 co-pay that we have now at the County health centers has created a problem. It's driven down the number of people going to the health centers and forcing them now to go to the emergency rooms, which costs four times as much.

The one thing I know is obviously State funding, we have had a reduction in State funding. But the -- you know, they're going to see that. When there's an increase of patients going to the hospital, the State's going to have to pick up that bill, and maybe at some point in time they might wise up and realize that they need to help us in our local centers.

I think that we should be really looking at all of our County Health -- not all of our centers, throughout Suffolk County, and saying, "Okay, let's look at consolidation, and geographically where's the best places to do that." I don't know why they haven't looked at the West End, because in the West End you have so many health centers that are so much closer to each other; Tri-Community, there's -- you know, you have Amityville, you have Wyandanch. You know, transportation is definitely much better.

So I did make a request of BRO to look at consolidation on the West End, because it shouldn't just be on the East End. And I still have reservation and concerns about the transportation issue. I know, you know, you say that those issues have been addressed. Let's see.

LEG. SCHNEIDERMAN:

We're working on it.

LEG. BROWNING:

Well, working on it. And, again, if you're just working on, let's not go to moving forward with the privatization and merging and putting it over in Southampton until you're sure that transportation is definitely not going to be a problem.

And, again, I made a request of BRO to look at consolidation throughout Suffolk County. Not all of our health centers are owned and operated by the County. Many of them are contracted, like Brookhaven, South Shore. There's plenty of things that can be done.

I asked the question about what's going to happen to the County workers when this consolidation happens, and, yes, they said that they would be moved to the other health centers here in Suffolk

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County that are owned by the County and operated by the County. But when I asked how long, and I think you might have been in the room when I asked, and I said, "Well, how long will that be before you privatize the other facilities?" I never got a response, so I know it's going to happen. They're going to privatize the other County-owned and operated health care facilities, and now what's going to happen? Like Mr. Towle said, what's going to happen to those County workers? And as we're seeing at John J. Foley.

And, again, Hudson approached us under the former Administration to work with us as a partner and be an umbrella for us, and so why we're privatizing, I don't know. It can be done with the County-owned and operated.

Newsday had an article probably about two weeks ago on an increase in jobs in Long Island, but that they are all low-paying jobs. One of the types of employment was in health care, CNAs. So I keep hearing this Administration talking about creating jobs in Long Island to keep our young people here, and we've heard it under the former Administration, and, you know, but what are we doing? We're laying off health care workers. And now we're going to force them into the private sector where they end up being paid less, possibly not receiving any health benefits, no type of retirement. So for this Administration to say, "Well, we want to create good-paying jobs for the people here in Suffolk County," but now we're going to force our County health care workers into the private sector where Newsday is saying they're lower paying jobs, I think it's hypocritical. It's very hypocritical to do that.

So I do have reservations about what's going on right now. We don't have enough information with how things are going at Coram with HRH. And think until we have all of the information that we need, we should not be moving forward with HRH. And, again, like Linda said, where's the RFP process? We know there's a lawsuit, you know, referring to John J. Foley because we didn't do a proper RFP.

LEG. SCHNEIDERMAN:

You are a party to that lawsuit.

LEG. BROWNING:

And I am a party to that lawsuit. However, you know, if that lawsuit is dropped, what's going to happen? It's setting a precedent to allow Suffolk County, this Administration, to continue to violate the law, like Linda said. So we have to do what's right. We have to follow the letter of the law. And I've said it before, we as Legislators make laws and we expect people to abide by them, so shame on us if we're making laws and we can't even abide by our own.

So I think we should take a step back, look at what HRH is doing. Let's look at consolidation Countywide and not do it piecemeal.

LEG. SCHNEIDERMAN:

I just wanted to respond quickly to two things. One, this proposal, as it's being presented, Kate, does not include layoffs. Now, yes, there are the hypothetical or theoretical possibilities that in the future there might be other takeovers, but this consolidation, as it's being presented, absorbs all of the County employees.

The other thing, on the transportation side that you brought up, what I I said is that, yes, there are still details, but that relates to the expanded services of mental health and dental in terms of getting the people to the Southampton clinic. But they don't have access to those services now because the County doesn't provide those. So the basic clinic services will be provided actually closer to those people, and that, hopefully, will, in terms of transportation, solve that problem. And, also, it's -- again, the clinic is on the bus route. The County has the SCAT program for the disabled, the Town has a program for the disabled, as well as for senior citizens in terms of transportation. And Hudson River is trying to develop a transportation plan for anyone who's missed by that. But that's

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primarily so they can get the services that they wouldn't be able to get locally within their own community.

LEG. BROWNING:

Right. But, again, when you say they're going to be absorbed eventually, you know, what we're doing is supporting the privatization of this one, absorb them into the other public-owned facilities, which eventually will be privatized, too. So what happens to them then? And, again, I've not been shy about saying I'm opposed to privatization of our County facilities. We do play a role. Government is not in the business of making money, we provide services. Let's close all our parks. How much money do we spend, about \$30 million a year just in our parks, you know? So let's really look at what do we need. And, yeah, okay --

LEG. SCHNEIDERMAN:

And I don't want to get into a long debate. You know, with Foley, you pushed for a public/private partnership as an alternative.

LEG. BROWNING:

Well, that will --

LEG. SCHNEIDERMAN:

This is a public/private partnership. The County is going to continue, even if this happens, to fund these -- you know, the East End clinics through HRH. There is -- it's not a small subsidy, it's a multi-million dollar subsidy. It's less than what we're currently paying. And HRH, even though they may have a high paid Executive Director, is -- you know, it's not a for-profit company, like the Shermans are with Foley. It is -- you know, their mission is to deliver quality health care to the poor. So, you know, it's hard to, you know, say this is identical to the last situation, I think it's fundamentally different.

LEG. BROWNING:

Right, but -- and just the last thing is let's look at what Hudson River is doing at Coram. Let's make sure that they're doing everything that we need them to do.

LEG. SCHNEIDERMAN:

Sure.

LEG. BROWNING:

And, yeah, they're paying a 30, \$40 co-pay when they walk in the door, but it's lab fees and the X-rays. And let's not be reducing the number of people going to the health centers and forcing them to the emergency rooms. That's what we have to be looking at.

LEG. KRUPSKI:

All right. Any more comments, brief comments?

MS. MC GREGOR:

I'm sorry. Legislator Schneiderman, you were asking before when I made my comments about the mental and dental services we do provide. You've been misinformed. We do provide mental and dental services, not to the degree that Hudson River does provide, but we do provide those services. And that strikes a nerve every time I hear people say we don't provide dental or mental services. We have physicians who treat mental health disorders. We have social workers for those patients. We don't have psychiatrists and psychologists on staff, but we have Riverhead Mental Health Center right upstairs. There's mental health -- County mental health clinics throughout the community. And patients who do have Suffolk Health Plan, which is the only Medicaid HMO we accept as of two weeks ago, because Health First took over Suffolk Health Plan, so now we accept two Medicaid HMOs. But there's a -- you know, a half a dozen more we could accept. The people with the insurance get the mental health services. They'd prefer -- they go to Family Service League,

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Catholic Charities. So we do have physicians who treat mental health issues, and we do have social workers, and dental.

LEG. SCHNEIDERMAN:

At the clinic?

MS. MC GREGOR:

Yes, at the clinic.

MR. TOWLE:

And we have dental, too.

MS. MC GREGOR:

And we have dental. We have dental for HIV and AIDS patients. We have dental for pregnant women who, for whatever reason, don't qualify for the Medicaid HMO.

LEG. SCHNEIDERMAN:

For the general population --

MS. MC GREGOR:

No, no.

LEG. SCHNEIDERMAN:

-- they're complaining we don't have dental.

MS. MC GREGOR:

We used to. That was something that was eliminated, but people -- I mean, Legislators, people are presenting it that we don't provide any mental or dental services, but we do, not to the extent --

LEG. SCHNEIDERMAN:

In terms of mental health, there's Family Service League. And, you know, the County provides significant funding as well to these other entities, not County employees that are providing mental health services. But I didn't -- in terms of at the clinic, we are providing mental health services, you're saying, through physicians?

MS. MC GREGOR:

Physicians are treating mental health issues, anxiety, depression, to provide medications, if needed. Part of our requirement is to do depression screenings, to do mental health screenings. We do that, the nurses do that.

LEG. SCHNEIDERMAN:

But then they're referred out after that point, no?

MS. MC GREGOR:

If it gets to the point where they need more care than we can provide. They're given mental health care and diagnosis and treatment by our physicians. If it's something, a mental illness like schizophrenia or bipolar, no, we cannot treat that, they are referred out. We do have mental health -- County mental health clinics in Brentwood and Riverhead and --

LEG. SCHNEIDERMAN:

Now is it your understanding that Hudson River has psychiatric services, right, or is that -- is that not the case?

MS. MC GREGOR:

I don't -- all I hear is they provide mental health services. I don't know personally if they have

psychologists or psychiatrists on staff. I just wanted to dispute the --

LEG. SCHNEIDERMAN:

No, and that's fair.

MS. MC GREGOR:

Okay.

LEG. SCHNEIDERMAN:

You know, I get this information from -- you know, from the Health Department --

MS. MC GREGOR:

Okay.

LEG. SCHNEIDERMAN:

-- and from Dr. Tomarken, and they -- you know, and I've met with Hudson River. And if it's incorrect, I apologize, but, you know --

MS. MC GREGOR:

Okay. I appreciate that.

LEG. SCHNEIDERMAN:

And if you correct that, I was not aware that we're providing mental health services. It sounds like we are to some degree.

MS. MC GREGOR:

Yes.

LEG. SCHNEIDERMAN:

It sounds like we're providing dental to some degree.

MS. MC GREGOR:

Yes.

LEG. SCHNEIDERMAN:

But at a lesser --

MS. MC GREGOR:

Yes.

LEG. SCHNEIDERMAN:

-- I think it's fair, level than HRH will provide, because they're required to and they get the money to do it. So we could do the same services if we were an FQHC, no doubt.

MS. MC GREGOR:

All right. I just wanted to inform you of that because I keep hearing that we don't do any mental or dental, and I just wanted to inform you that we do --

LEG. SCHNEIDERMAN:

No. And I want to make a decision based on as much information as possible --

MS. MC GREGOR:

Okay.

LEG. SCHNEIDERMAN:

-- and correct information. I appreciate that. If I said something that's incorrect, I appreciate you taking the time to correct that.

MS. MC GREGOR:

Thank you.

LEG. KRUPSKI:

Mr. Stoltz, do you have any comment on any of that, what's being provided?

LEG. BROWNING:

Mike, I know that this is your background. I'm sorry you're limping. I hope you're okay. But I know, you know, the field that you're in and you have a partnership with HRH. So are they providing mental health services to the extent that Legislator Schneiderman is --

MR. STOLTZ:

Here's what I can -- so my agency and six other agencies around the County provide case management services, now called care management services, under this Health Home initiative. So in there, my case managers link people to mental health care. All right? And we serve people who have more serious mental illnesses. I'll say we do work with Riverhead Mental Health, and Riverhead Mental Health refers to us. So from just that domain, as well as the other County clinics, historically the County clinic has struggled with waiting lists for a long period of time, and sometimes have struggled with psychiatric time as well. So sometimes it's there, sometimes it's not. So we do refer to private clinics as well as public clinics when there's availability.

To answer your question about HRH, in the FQHC -- as I understand it, in the FQHC range of services, there's about 20 or 25 different forms of specialty care on top of primary care. In that specialty care is mental health services. So, yes, as I know them Upstate, they do have psychiatry time, they do have psychology time, but still the model of that care is if you have -- and I agree with Linda. If you have a more serious and persistent form of mental illness, you're generally going to be referred to an agency that specializes in it, it's a form of specialty care, so the front end.

And I saw you, Legislator Schneiderman, reacting to medical doctors, not psychiatrists, prescribing psychotropic medications. That is out -- that is out there, you know, in private centers and, you know, for private practitioners as well. You know, putting on my Mental Health Association hat, the advocacy is we want everybody who's going to be prescribing psychotropic meds to be well trained in that, and that's not always the case, whether you're working for a County clinic, a private organization or privately. But because of the lack of psychiatry right now, that is frequently happening. It is not best practice.

LEG. SCHNEIDERMAN:

Well, tell me this: How would you rate HRH in terms of mental health care provisions?

MR. STOLTZ:

I don't have the experience. I can only tell you about my colleagues' experience.

LEG. SCHNEIDERMAN:

It seems to me we've had a mental health crisis in Suffolk County. And, you know, I was talking to the Sheriff the other day about jail population.

MR. STOLTZ:

Right.

LEG. SCHNEIDERMAN:

You know, more than half is there on addiction-related, you know, often petty crimes related to, you

know --

MR. STOLTZ:

Jail, right.

LEG. SCHNEIDERMAN:

And a lot has to be done at the grassroots level for mental health. And not only is it right for our communities, it's also right for the County. You know, the cost of not dealing with this, both societal and financial, is enormous, and we've got a real problem here, there's no doubt. And, you know, if we can improve mental health care and screening at the local level, that's a big deal to me.

MR. STOLTZ:

You guys have tough decisions to make. You know, because of -- I advocate -- I work a lot on a statewide level and a national level with respect to mental health issues specifically, and this issue, this discussion, the role of local government is being discussed everywhere in the country. And the predominance is, is that most local governments are having a partnership of some form with FQHCs or private entities, Article 31 clinics, things like that, because of the complexity of health and behavioral health care. So, you know, Legislator Browning, you and I have lots of synergy and lots of agreement in terms of making sure there's services out there for our most fragile and most disadvantaged folks. But this is what's going on around the country, because, you know, it still comes down to how much money can a local government put into health care, and I don't envy your positions.

LEG. KRUPSKI:

Thank you.

LEG. SCHNEIDERMAN:

Right. I mean, it's a question of like our limited resources and what is the best way to provide the highest level of health care, and that's a difficult decision.

MR. STOLTZ:

And for my agency and the work that we provide as behavioral health, collaborations with the private sector and the public sector become important, and you have to play both sides of the fence. I can't answer your question any better than that.

LEG. KRUPSKI:

Thank you. I'd like to thank everyone for coming this morning. I know it's a pain to come out for a morning meeting, but I appreciate your comments.

We're going to close this hearing this morning. There's going to be another one in Hauppauge at 5 o'clock on Thursday night. Do I have a motion to close the hearing?

LEG. BROWNING:

Motion.

LEG. KRUPSKI:

Is there a second, Jay?

LEG. SCHNEIDERMAN:

Yeah, second.

LEG. KRUPSKI:

Thank you.

*(*THE PUBLIC HEARING WAS ADJOURNED AT 11:25 A.M. *)*