HEALTH COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

Minutes

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, July 23, 2015 at 2 p.m.

Members Present:
Legislator William Spencer - Chair
Legislator Kate Browning - Vice-Chair
Legislator Rob Calarco
Legislator Robert Trotta
Legislator Monica Martinez

Also In Attendance:
Presiding Officer DuWayne Gregory - District #15
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant Counsel to the Legislature
Jason Richberg - Chief Deputy Clerk/Suffolk County Legislature
Elizabeth Alexander - Aide to Legislator Spencer
Debbie Harris - Aide to Legislator Stern
Bill Schilling - Aide to Legislator Calarco
Ali Nazir - Aide to Legislator Kennedy
Michael Pitcher - Aide to Presiding Officer Gregory
Craig Freas - Budget Analyst/Legislative Budget Review Office
Lisa Santeramo - County Executive's Office
Katie Horst - County Executive Assistant
Kerri Suoto - County Executive Assistant
Dr. James Tomarken - Commissioner/Department of Health Services
Jen Culp - Assistant to the Commissioner/Dept of Health Services
Phyllis Seidman - Bureau Chief/Suffolk County Attorney's Office
Barbara Marano - Executive Assistant for Finance/DHS
Allison DuBois - Chief Operating Officer/Hudson River HealthCare
Dr. Carmen Chinea - Chief Medical Officer/Hudson River HealthCare
All Other Interested Parties

Minutes Taken By:
Alison Mahoney - Court Stenographer

Minutes Transcribed By:
Denise Weaver - Legislative Aide

(*The meeting was called to order at 2:01 P.M.*)

CHAIRMAN SPENCER:
Good afternoon. It's now 2 o'clock and we are going to begin our Health Committee. If any Legislators are in the building who are part of this Committee would report to the horseshoe at this time. If everyone could please stand and we'll be led to the Pledge to the flag to be given by Legislator Kennedy.

Salutation

Please remain standing for a moment of silence for all of our service men and women who are protecting this country, both at home and abroad. And also let's remember the victims in the Chattanooga shooting.

Moment of Silence Observed

So at this time we are open for public comments. I don't have any cards. Is there anyone in the audience that wishes to be heard? Is there anyone in the audience that wishes to be heard? Seeing none, we are going to close the public comment section.

Next on the agenda is our presentation, which is a very rare, this will never happen again, there are no presentations in Health today, and that happened with me kicking and screaming (*laughter*). So we'll have a nice end of July Health Committee.

So I did want to give one bit of correspondence. I want to extend a congratulations to HRH as they are celebrating their 40th anniversary. Congratulations. And I know that you have a 40th anniversary event and so we're going to be addressing you first.

I also wanted to also extend my appreciation to Commissioner Tomarken and his staff, and also the Administration, for their diligent work in terms of helping to reopen the Centerport Yacht Club beach. This was a beach that was closed seven years ago due to water quality concerns, and through their hard work over the past five years and taking over 600 samples in recent weeks and lobbying the State, this was one of the first times that we've seen a beach that was permanently closed to bathing that was reopened right here in Suffolk County. We saw nitrogen levels drop from close to 20 pounds per day down to seven pounds per day, we saw bacterial levels in the region drop 90% from the upgraded sewer treatment plant and 50% on that beach. And Suffolk County, this is a template of what we're able to do with an aggressive water quality plan. And really, Commissioner Tomarken, I just really want to express my appreciation to you and your staff publicly for a job well done. Thank you for working with us, we appreciate that.

Are there any other correspondence, announcements? Seeing none, there was a request to take 1435 out of order, but I'm not going to follow that request because there's only one item on the agenda before it and by the time we take it out of order we will have covered it.

<u>Tabled Resolutions</u>

And that is ***IR 1151***, which is a ***Local Law to ban the sale of personal care products containing microbeads in Suffolk County (Hahn).*** At the request of the sponsor, I think there's still some activity, but we're going to make a motion to table that. Second by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is tabled. ***TABLED (Vote: 6-0-0-1 Not Present: Legislator Martinez)***

That brings us to ***1435,*** which is ***Requesting Legislative approval of a contract with Hudson River Healthcare, Inc. (HRHCare) for operation of the Riverhead Health Center (County Executive).*** So we have that resolution before us. For the purpose of considering this, I'll make a motion to approve.

LEG. BROWNING:
Motion to table.

CHAIRMAN SPENCER:
And there is a motion table.

LEG. CALARCO:
Second the motion to approve.

CHAIRMAN SPENCER:
Second the motion to approve by Legislator Calarco. So we have two motions; we have a motion to approve, seconded by Legislator Calarco, and we have a motion to table. Is there a second on the motion to table?

LEG. TROTTA:
(Raised hand).

CHAIRMAN SPENCER:
Seconded by Legislator Kennedy. So we have two motions that are on the table, so we now have it before us. On the motion, I'd like to invite the representatives from Hudson River who are here. Commissioner Tomarken, if you will bring up the appropriate people who can help us to discuss this matter. I see Jen Culp.

All right. Welcome, Commissioner. Thank you, again, for being with us. It's great to see you. And would you please introduce the table, who's here, which we know. Commissioner, is there a formal presentation or statement? Because I have already a list of Legislators with questions and we anticipate a fairly rigorous discussion. Is there a formal presentation?

COMMISSIONER TOMARKEN:
Yes.

CHAIRMAN SPENCER:
Okay. So with that, please introduce the table who's here and we'll -- we look forward to your presentation.

MS. CULP:
Hi, good afternoon. Jen Culp, Health.

CHAIRMAN SPENCER:
Hi, Jen.

MS. MARANO:
I'm Barbara Marano, Health Department.

MS. DUBOIS:
Allison DuBois with Hudson River Healthcare.

CHAIRMAN SPENCER:
Hi, Allison

COMMISSIONER TOMARKEN:
Okay, thank you.

CHAIRMAN SPENCER:
Thank you.

COMMISSIONER TOMARKEN:
Good afternoon. We are here to -- for IR 1435-2015, requesting the Legislative approval of a contract with Hudson River HealthCare, otherwise known as HRHCare, for the operation of the Riverhead Health Center. This would transition the Riverhead Health Center to Hudson River HealthCare utilizing the FQHC model of care to provide essential health services to the medically underserved and uninsured. We would maintain continuity of care to patients and expand services in compliance with the FQHC program requirements.

The key benefits of the proposal are to preserve and expand access to care, increase Federal resources to the health center through the FQHC benefits, and a net savings to Suffolk County of $11.1 million through the five-year Community Benefit Grant Agreement.

The existing partnerships that we already have with HRHCare are the Elsie Owens Health Center at Coram, which was transitioned in May of 2012; the Kraus Family Health Center of the Hamptons was transitioned in March of 2014; the Maxine S. Postal Tri-Community Health Center transitioned in June of last year; MLK Community Health Center transitioned in September of last year; Patchogue Health Center and the Marilyn Shellabarger Health Center at Shirley transitioned in November of last year; and the Brentwood Family Health Center is scheduled to transition in August of this year. We share three stated goals which are enhanced services, increased access and reduced costs to the County.

MS. DUBOIS:
So through this partnership we're really excited about the success of these transitions. They've each now been with us; the youngest being the Shirley and Patchogue health centers, and as Dr. Tomarken mentioned, they transitioned in November and have been with us just over six months.

So in this time, Elsie Owens, we're very pleased to say, has -- is serving 8,493 patients with over 32,000 visits; we have achieved PCMH Level 3 recognition in that practice. The Kraus Health Center in the Hamptons, again, has been with us over a year now and in that time we've served 3,718 patients with just under 15,000 visits. We just started our second year of the residency program in partnership with Stony Brook and Southampton Hospital and they have achieved PCMH Level 3 recognition in May of 2015. The Maxine Postal Health Center just had its year anniversary with us, has served 40 -- just over 4200 patients with 18,000 visits, includes a comprehensive service delivery of family medicine, prenatal, HIV and behavorial health. This center has also received primary care -- Primary Care Medical Home Recognition Level 3 in May of '15. T.

The MLK Health Center will be a year in September, and in just -- this period of just under a year we've seen just over 5,500 patients with 20,000 visits. This program also has a residency -- this health center has a residency, family medicine, pediatrics and OB/GYN residency program and podiatry. The site has a Level 2 recognition and they're working on achieving a Level 3 recognition.

Patchogue and Marilyn Shellabarger in Shirley have both been with us since November; 5,718 patients in Patchogue with 16,800 visits, and 5,500 patients in Shirley with just under 18,000 visits. These centers were not in the time window to apply for PCMH and so they will be eligible for the new

2014 standards and they're working towards those right now.

COMMISSIONER TOMARKEN:
Can you explain PCMH?

MS. DUBOIS:
Sure, Dr. Tomarken has asked me to explain what PCMH is. PCMH is a program of the National Center for Quality Health Care, and Primary Care Medical Home Level 3 is a recognition of the service delivery within that setting, it's focused on care coordination and focusing on the outcomes for patients in that health center. And so it is one of the deliverables on Medicaid redesign, was that all primary care practices achieve this PCMH Level 3 recognition.

CHAIRMAN SPENCER:
Is this part of the Delivery System Reform Incentive Plan, or is this separate from it, the PCMH?

COMMISSIONER TOMARKEN:
It's part of it and it's part of ACA.

CHAIRMAN SPENCER:
Okay.

COMMISSIONER TOMARKEN:
Affordable Care Act.

MS. DUBOIS:
Sure, I can certainly. You know, we're really excited about how all of these transitions have helped us achieve the goals that we set out to, which is to maintain or increase access to affordable health care through the implementation of the FQHC sliding fee scale through an expansion of Medicaid Managed Care plans and through additional commercial insurance plans. And while the percentage of uninsured has remained constant, so, again, committed to keeping those doors open for all members of the community.

Upon each of the transitions, they have implemented an electronic health record. We use eClinicalWorks as our electronic health record and that has happened at the point of transition to Hudson River HealthCare in each of these scenarios.

Again, our commitment to culturally confident staff through recruitment and retention of staff from the community and that is continued to be an important part of what we offer. And the expansion of services, which we've talked a lot about around these tables, such as dental, behavior health, transportation, translation and other ancillary and support services.

COMMISSIONER TOMARKEN:
(Inaudible)

MS. DUBOIS:
Sure. In addition, one of the things we're very excited and there was a little bit of press coverage since the last time we were here, was the expanded hours that have been -- been able to be implemented in the health centers. Additional evening hours and Saturday hours have increased across the system and really made a commitment to addressing barriers to care through those additional hours.

CHAIRMAN SPENCER:
You know, what I'd like to do, and I think I may have done this the last time, too, is that -- you guys are great, we know that. So, you know, I think that as far as -- and I mean that sincerely, I don't mean that facetiously, that what you do we respect, that you do it well. And I think that it may be, Commissioner, if we could get specifically to the parts where we're talking about this particular transition and how it differs. And I just -- you know, a couple of my colleagues have just whispered and said, you know, *Doc, we've heard this, we know -- we know the drill, you know, God bless you, but let's --*

COMMISSIONER TOMARKEN:
Did they actually say that?

CHAIRMAN SPENCER:
Let's get to this particular transition and, you know, we just -- we just wanted to give you -- because I think there's so many questions that are going to tie in particular to this that we're going to have a discussion. So I apologize, I didn't mean to cut you off, but if we could do that maybe.

COMMISSIONER TOMARKEN:
Okay. So how is this proposal funded? The project costs consists of the operating cost. County payments to HRHCare would total 12.4 million over five years and the net savings to the County is estimated at 11.1 million over those five years. You know about the Federal Torts Claim Protections; there's a sliding fee scale, all the public health services, TB and STD, will continue to be provided to patients as required by Public Health Law. At the end of the day -- in this slide in the lower right-hand corner, and it is in green, the $11,076,043 is the net savings to the County.

The A-96 process. So public hearings were held in June, Legislative public -- those were County Executive ones; Legislative Public Hearings were held in June as well. The A-96 analysis exceeds the 10% required savings for each of the five years, the average savings of 47%. BRO's report certified that the proposal meets the saving requirements outlined in A-96.

Okay. So the majority of County staff will be reassigned to appropriate locations within the Health Department in accordance with all employee contract requirements. The final assignments at least 30 days prior to transition, pardon me, potential assignments include positions in the mental health clinics, the methadone clinics, Jail Medical Unit, DEQ and Public Health. A small number of employees may continue in their positions at the health center. All County staff will continue as County employees.

Benefits to Suffolk County; net savings of 11.1 million over five years. Release from future medical malpractice liability for non-County staff and continued operation and enhanced services to the community. Proposed transition is November of this year. We plan to have no disruption in health care services to patients and Health Department and HRHCare will collaborate to respond to any community concerns.

CHAIRMAN SPENCER:
Thank you. So I think with this particular transition there's some concerns, especially looking back with what's happening now with Brentwood, I understand there's a process going on with the employees who are -- who are there as we see that their positions have to be eliminated and they have to receive notice and there's some -- they're looking to replace or fill those positions. But really, I think, what I've heard from my colleagues, I'm expressing them as -- just as a Committee in general, is just wanting to know specifically where employees are going and positions that are budgeted for and what will be eliminated and who will -- people having a commitment of a position but not knowing where their work environment will be or what their drive or what will change, and

so what I will do at this time I think Legislator Browning has probably expressed her desire to ask questions and so I'll yield to her at this time.

LEG. BROWNING:
(Inaudible)

CHAIRMAN SPENCER:
And Legislator Kennedy will be next.

LEG. BROWNING:
Okay. I clearly said it before, you know, I visited the Coram facility, I certainly -- this is no objection to Hudson River, you do do a good job, but we do have a responsibility to the County workers here also and what their future could be. You know, Legislator Schneiderman, I think at a couple of meetings ago, one of our General Meetings said, you know, maybe this is -- maybe this is an opportunity where maybe we need to do it a little slower and, granted, while the savings may not be as -- as immediate, but it would be, I think, more humane way to do the transfer and that would be to, you know, have Hudson River run the facility, run Riverhead, keep the County workers there and through attrition and -- and even offer the opportunity, you know, who wants to retire, who would like to transfer, you know, and through attrition eventually allow people to leave and Hudson River could eventually bring in all of their own people and that would be okay. That would be, I believe, the more humane way to do it, because we're constantly hearing this Administration talking about creating jobs on Long Island and, you know, however, need I remind you three years ago Suffolk County I don't think should be exempt from that position when we do have County workers who lost their jobs, who don't have jobs, many of them still not working. So while we're saying, we'll create jobs, we've actually created layoffs and unemployment.

Now, the Brentwood County workers, how many County workers are there in Brentwood and where will they be going? And again, Tri-Community, I'm not going to overload you, you know, I have a list here of the Tri-Community people, how many went to the jail, went to Yaphank jail, went to Riverhead jail, and, so can you give me a little bit of FYI on the Brentwood people because obviously that's what you're doing, what the job titles were and where did they go?

MS. CULP:
Sure. So we just -- we met with Brentwood staff last Wednesday, so right before the 30-days notice we met with them in person with members of the Health Department, also our Personnel Unit, and talked with each of them and then gave each of them their reassignments.

The -- it's about 16.6 FTE so remember that our Family Planning Program and our Dental Program, those individuals may rotate between the health centers, so that's why it's a little off. So it's about 16 -- 16.6 FTE's but about 25 bodies. The Family Planning staff will remain within the Family Planning Program. We've had some recent retirements, so they will continue on at Riverhead and Dolan, you know, for now. The Jail Medical Unit received almost four FTE's and that included our dental staff. Our mental health clinic, who's around three and-a-half FTE's, mental health, a program in our Administration was one, we have some Q nurses that went to Methadone and Public Health Nursing, one individual in Public Health Protection, one individual is going to the Riverhead Health Center for the interim, this is something that we did discuss with her and she'll be going to Mental Health after -- when Riverhead transitions and this is something she was okay with and we also gave her her, you know, final placement so that she's aware so it wasn't too much transition, and then our STD Unit was one body.

LEG. BROWNING:
Okay. Now, you mentioned some that are going to Dolan and temporarily to Riverhead. How many was that again?

MS. CULP:
Aah, 4.4. Right, this is FTE.

LEG. BROWNING:
Yeah, I'm trying to count the numbers. I'm not seeing 25.

MS. CULP:
Well, it's 25 bodies, 16.6 FTE, so you may have someone that's only at Brentwood for a day or maybe only at Brentwood for an afternoon, but they would need a placement so they're captured in that in terms of bodies.

LEG. BROWNING:
Okay. Have any of them decided to retire?

MS. CULP:
No, not that I'm aware of.

LEG. BROWNING:
No retirements. So now you have some that are going to Riverhead, so when you do the transfer with Hudson River in Riverhead, what do you propose to do with those people that are temporarily at Riverhead?

MS. CULP:
Well, they'll be -- they'll have reassignments like everyone else so we'll be looking at their titles and where they can go. So there's some clinical staff so the Jail Medical Unit, mental health clinics, the methadone clinics, also some of our administrative programs.

LEG. BROWNING:
Okay. So I'm assuming you've been working with the union and Labor Relations?

MS. CULP:
Yes, we work closely with our Personnel Unit making sure we're following all employee contracts and Civil Service rules and, you know, also figuring out, making sure the moves we're making are in line with seniority and then also beyond that, looking at an individual's residence so making sure their commute time, you know, we've encouraged staff if they have -- if they have concerns to talk to one of us or talk to personnel, whoever they're comfortable with, their supervisor -- and even with Brentwood when we went and talked to them and gave them their reassignments, you know, we also made it very clear that if there's something we don't know, if there's an issue, please come talk to us first and see if it's something we can work together on. You know, we can't guarantee it, but we would like to know before you make any other type of decision.

LEG. BROWNING:
Okay. How many jail titles do you have left to be filled?

MS. CULP:
How many jail vacancies?

LEG. BROWNING:
Yes.

MS. CULP:
I'd have to get that for you, I don't have that.

LEG. BROWNING:
Okay. So my question is is of all of the employees of -- I believe, what was the number again at Riverhead, 40 something? Okay.

MS. CULP:
43.9 or? FTE.

LEG. BROWNING:
Yeah, something like that. And, again, the issue that I have is to say *well, we're going to have somewhere for them to go* and *we have no layoffs*. I mean, I'm really getting tired of the *we have no layoffs* because obviously come the next contract that's something that the union's going to have the try to get in to the next contract is no layoffs, which is probably slim to none, and I wouldn't be surprised that it would never happen again.

So my concern is is that the Riverhead employees have no clue where they're going. They -- what I think would be, again, the best thing to do is you do have a couple of months that between now and November, in fact, I know a couple of workers who are retiring in November, they know now that they're going to retire. So if you were canvassing -- to me the right thing to do would be to go canvas that membership that's currently in the Riverhead Health Center and say, *Do you plan to retire? How many plan to retire? We have X amount of positions in Public Health. We have X amount of positions in the Methadone Clinic, we have X amount of positions at the jail*, you know, *what is your desire?* Then when they make that request of where they would like to go, can you honor their request? And if you do, when -- if someone says I want to go to the jail and they're senior to someone who currently works in the jail, is that person who currently works in the jail, who maybe works a day shift or maybe works a midnight shift, is now being told you're going to get bumped because someone from Riverhead who's more senior to you, wants your -- wants to go to the jail and wants that slot, wants that shift. So are you going to honor that request of that senior member? I mean, how do you plan to do that because I know you have to abide by the collective bargaining so if I have seniority over you and I'm coming to the jail and you're already there, I have a right to bump you. Correct?

MS. CULP:
My understanding is that's not correct. That you -- you do not have a right to bump an individual who's already in a position. So if we have someone who's in the jail who started in 2003 on a day shift and someone outside of the jail that we cannot -- you cannot knock someone out of a position that they already hold.

LEG. BROWNING:
Even if you're the same title?

MS. CULP:
Yes. If they're already holding that position and it's not an open -- if it's an open position then it's all on the table so then it does come down to seniority. That's my understanding.

MR. FREAS:
There's -- there's also a lot more leeway because this isn't happening within the budget process. So we don't have to -- we don't have to abolish positions to move people around, we don't have to -- there are -- you had asked a question before, I'm looking at the position control register as of 19 July, and there are -- there are 41 positions, okay, at the jail, however, some of them are -- are currently half-time positions, some of them full-time. The department also has the option not only to fill the positions but to earmark against current positions so they -- there is a certain amount of flexibility. I think the jail's probably the largest option, you know, with respect to open positions but they can also earmark in various places as well, other places as well.

LEG. BROWNING:
So there's 41 positions in the jail; how many of them --

MR. FREAS:
There are 41 vacant positions in the jail.

LEG. BROWNING:
Forty-one vacant?

MR. FREAS:
Correct.

LEG. BROWNING:
Okay. How many are vacant funded positions?

MR. FREAS:
Give me a minute for that. Well, they're going all going to be funded because there's no layoffs so that the money that's -- that was at Riverhead Health Center for that particular individual, will transfer to the jail. Do you see what I'm saying? So the positions -- there's currently a no layoff clause in the contract, so the funding -- they're funded -- so they're -- that position, let's say it's a nurse, right, so she's funded for a year at whatever her pay and grade was. That funding would then transfer to the jail and she'd be funded adequately so if you have a job your position's funded right now.

LEG. BROWNING:
Okay. And I thought that's the whole reason of this transfer is to save money because that's the employees positions are what -- is one of the complaints is that they cost -- that's one of the biggest parts of our budget problem is -- is their salaries.

MR. FREAS:
The A-96 process, and we have put this in every one of the reports that we have written from the nursing home on down through all of the health centers, does -- only contemplates the program that it's looking at with the oncoming contract versus the amount it costs us. It does not -- it does not require us to say -- it doesn't require us to lay anybody off necessarily. And it doesn't -- it doesn't require us to analyze the cost including the retention of employees who are being shifted. The argument is that, well, in the case of the health centers is that they're fulfilling other titles that we -- other names that we -- we have. So there's a theoretical gain at least.

LEG. BROWNING:
Okay. So bottom line is, why I am not comfortable to vote for this today, is because the members in the Riverhead Center have not been canvassed, you're still in the process of finishing up with the Brentwood facility, so you haven't canvassed the Riverhead members to see if anybody might retire and where they will all go. And everybody is comfortable with their transfer. So I can't see how in the next month, and I think it's about a month away before our next Committee meeting, that that can't be done. You know it's going happen, you know -- you know you've got your votes to do it. Give the respect to the people who've been working there, many of them for many, many years, to say *We want to take care of you, we want to make sure that you're all being placed appropriately* and after you can come back to me and say, *We're very comfortable, the members are happy with where they're being transferred, this is where they're going, we have a position for everybody, they stay in the County, nobody's going to be upset with their transfer*, then I can vote for this. But when I'm constantly being told, well, you know, the Administration made a commitment, they made a promise that they're going to do the right thing by everybody, I'll remind you about a nursing home how this Administration made a commitment to me, in front of me and the residents and the

employees, that he was going to do everything he could for them. And within weeks of taking office that commitment was not held up. They got stabbed in the back, that's what happened. So I'm not prepared, you know, fool me once -- you're not going to fool me a second time. So I am not comfortable unless I see it in writing and I know for a fact that every single one of these employees are properly placed.

CHAIRMAN SPENCER:
Thank you, Legislator Browning. Legislator Kennedy.

LEG. KENNEDY:
While I echo pretty much everything Kate Browning just said, there are a few things I want to question and I want to ask. First, I want to say to the Hudson River people, this is not about you, we like you, you're doing a great job, you're working hard, you've made some decent changes and I will get over to visit a facility.

There is a bit of lack of trust with what we experienced over the nursing home over the years, but this particular facility is in Riverhead. Most of the workers that work in Riverhead live out east, they live in Orient or Quoque, their transportation is within a legitimate range to their office. I have a list here of the vacant -- the soon to be vacant positions, I have a list of how many we have open that are funded. Now I'm hearing that we're moving Brentwood people into Riverhead. Is that correct? Into positions in Riverhead. Did I hear that correctly?

MS. CULP:
We're moving one individual who is replacing someone who just retired, so we need a social worker at Riverhead, so she's going into someone's position that just retired, and then our Family Planning staff, they're within their same positions in the budget, they're simply changing their location. So they'll be also actually replacing some retirements in both Riverhead and Dolan to continue our Family Planning programs there.

LEG. KENNEDY:
Okay. How can I put this? So is -- when this person moves from Brentwood to Riverhead there will be two social workers at that -- at Riverhead that we will need to find positions for? Because I already have a social worker listed here with no position to go to, so I'm just concerned.

MS. CULP:
Well, the individual from Brentwood, we have a final landing place for her. She will be going over to our Division of Mental Hygiene, into one of their programs, and so she's taken care of. She knew. You know, we wanted to make sure she knew where she was going since she was going through one transition and then following up with another one.

LEG. KENNEDY:
And is she the second social worker at Riverhead? Do you have one or two social workers at Riverhead once she's there?

MS. CULP:
We have a social worker there who also acts part-time as an acting administrator, helps us with the administration, so perhaps that's where, so you're -- that's another individual who we'll also have a landing place for.

LEG. KENNEDY:
Okay. I'm concerned it's 42, actually, she'll make 43 people whose lives are hanging. What is to say that you're not going to take someone who lives in Orient Point and say *We have a job for you, it's in Lindenhurst*. Unless they know, they're insecure at this point about their future, and we all

understand what that is like. Unless they know this one I particularly feel uncomfortable with doing the okay now. I didn't have a problem with the last one, I voted on it all, because I thought it was going to work out. Brentwood now disturbs me with what's going on, and this is the first I heard of Brentwood situation. But this particular one because of the location, because of where the people are at, I would like to see, as Kate had said, something in the next month where there's contact with the employees, where you know does someone want to retire and then we don't have to worry about them. Tell them what's out there, ask them if they're interested in the position. You have a whole month to deal with that. I think that's feasible.

MS. CULP:
The concern we have is that the changes of the department are ongoing. I mean, even with Brentwood, we spoke to the staff on Wednesday, that Friday before there was a change that we needed to make a reassignment. So, you know, we have been looking at this for several years. A lot of our planning in terms of the department we're thinking about what staff we have out there in the health centers, you know, we've been very thoughtful in terms of who they are, what their skill sets are, you know, what's allowed by their Civil Service titles and absolutely where they live. I understand that, and, you know, that's something we have taken into consideration with every transition to make sure that an individual's not going to be overly burdened by their commute. We have facilities, you know, not as far as Riverhead, but we have facilities in Coram or in Farmingville, our Yaphank, we have the Riverhead Jail Medical Unit, so these are absolutely, you know, places that we can consider to have someone. But to make these decisions and tell staff this is where you're going to be going and then to have it change, you know, we find that to be very disruptive and not fair to staff either. And, again, with the Brentwood staff and even with the Tri-Community staff, after the assignments were given, you know, we had a list of four or five people please come to us, talk to us, if there is something we don't know that is going the impact your ability to get to this place of employment or you have a concern about, you know, the duties, to talk to us first, let us work with you.

We are, you know, here to work with staff but first and foremost we really need to focus on the needs of the department. We're certainly not putting anybody in a place to sit in a corner, you know, this has been long-term planning, looking at where these staff are going to go, what opportunities we have. If an opportunity -- we've had a few instances in the past where we've needed someone to come earlier and we've done that, we've posted it -- posted it at those health centers, made sure those individuals were aware they came and, you know, followed the rules but people were placed and we made those assignments earlier when needed.

So we are, you know, trying to pay very special attention to this. We do recognize the difficulty, but as far as giving individuals assignments fairly early, there's great possibilities of change, which we're not so comfortable with.

COMMISSIONER TOMARKEN:
I would just add that this process is not any different than any of the processes we followed with any of the other health centers and as we just did with Brentwood where we gave them a little over 30-days notice, so far we've had not heard from anybody saying that they're at this point in time unhappy with their position. If they are, we'll do our best to -- to deal with it as we would with any employee in any position whether they -- it be part of a transition or somebody -- some employee whose circumstances change in their life such that they would prefer to work a different shift or work in a different setting. We're always open to that and that's our standard approach. So I just want to make that point.

LEG. KENNEDY:
I understand and I understand you've been working on this for three years, whatever it is. I am not saying you're evil, I'm just saying this is a different situation. These people live far out on the

Island and they're terrified. And we as an employer, 30-days notice is not enough when you've been anxious and concerned for three years. We have to do something now. I understand that there are changes, if you explain that to all of them, that there's a potential for change, they're all adults, they'll all be able to understand this, but them not having any idea where they will go, what positions are available, I just think is cruelty. It's a long trek from Orient to anywhere in the West End and people are fearful. Why can't we as an employer treat our employees with respect? I just -- I have a real problem and looking at this list, I know as a nurse I made a successful move from one speciality to another. There are nurses that don't feel comfortable making moves into mental health or into substance abuse, things that you suggested, or the jail. The jail is a combination of mental health and many other things. When you want to keep a job, sometimes if you don't have enough time to think about it you'll say yes to anything.

So I think we have to have contact with these people as an employer. I really am concerned for Riverhead. As I said, I voted for the last one I was capable of voting for, the other -- the first couple I was not a Legislator, but I said to myself let's see how they do, they're doing fine, this one I'm concerned about. That's it. It's also out east.

CHAIRMAN SPENCER:
Thank you, Legislator Kennedy. Legislator Trotta.

LEG. TROTTA:
I'm sure you'll do the right thing with the employees. My question is, you know, why aren't we getting more, why aren't we getting rent? You know, if we're just giving this building, you know, rent free, you know, there's some value there, if they were to move out somewhere else and I don't know if we would be required to pay their rent. I mean, I looked at the salaries of some of these people, there's some hundreds of thousands of dollars. This is a not-for-profit, which is basically getting most of its money from taxpayers, you know, who are going to these facilities. So why -- you know, I'm for this but I think that we should be getting more. We're getting no rent. Is that correct?

MS. SEIDMAN:
That's correct. Phyllis Seidman from the County Attorney's Office. As we've said in the prior seven transitions, we feel that we're partnering with HRH to keep these services continuing in the communities.

LEG. TROTTA:
Is the County required to provide this extensive services, these health facilities like this?

MS. SEIDMAN:
The County's not required to do anything. You know, I think it's the will of this Legislature to keep health centers in these communities and in order to do that, you know, I don't think the financial commitment of paying rent or purchasing facilities is really something HRH would have been able to do, you know, wholesale with the County's health centers. And I think that it is, you know, a model of partnering whether it's sharing the facility with the municipality in other places in which HRH does business or somehow partnering. That's the model that we accepted and this Legislature has voted to do that for the past seven transactions.

LEG. TROTTA:
So, you know, we're actually renting buildings and paying their rent. You know, we're not required to even have these health facilities -- there are private ones that they can go to. So we're subsidizing something that we're not even required to have. Is that correct?

MS. SEIDMAN:
That's correct. It's not mandated but it has been the will of this Legislature to do this.

LEG. TROTTA:
Over the years when we had some money and now we --

MS. SEIDMAN:
And over the last three years when they've voted to transition the health centers and partner with HRH in terms of providing a facility in the community.

LEG. TROTTA:
A question to HRH, and I have another one for you in a minute, but the -- what percent of people go there with private health insurance?

MS. DUBOIS:
So it varies significantly by site. It's anywhere from eight to 15%.

LEG. TROTTA:
I'm sorry, I couldn't hear you.

MS. DUBOIS:
It's anywhere from eight to 15%, it ranges.

LEG. TROTTA:
Eight to 15? Okay. So the majority -- the large majority of people are going there with Medicaid or Medicare.

MS. DUBOIS:
So Medicaid, Medicare and the uninsured. So about 45% of our patients are uninsured so, you know, it's still a significant -- Medicare, you know, ranges from 8 to 13%. Again, a lot of variability across sites and representative of the community.

LEG. TROTTA:
How many different facilities do you manage or, you know, own or take care of or whatever you would call it.

MS. DUBOIS:
Brentwood will be number 25.

LEG. TROTTA:
And describe the breakdown where they are, if you would.

MS. DUBOIS:
Sure, so we have the system here in Suffolk County and, in addition, we have Greenport, which was with Hudson River Healthcare prior to the transition.

LEG. TROTTA:
I'm sorry, repeat that. I must be going deaf, cause I can't hear anything.

MS. DUBOIS:
I said, we have the system, like the Suffolk County system that we've been talking about plus the Greenport Health Center, which was a part of Hudson River Healthcare prior to the transition. We have our flagship health center in Peekskill. We have health centers in Yonkers, we have seven in

Dutchess County, Poughkeepsie, Beacon, eastern Dutchess County, we have Monticello, we have New Paltz, we have farm worker sites in New Paltz and Goshen. We have two centers in --

LEG. TROTTA:
Okay, let me stop you. How many do you have where another County is paying the rent?

MS. DUBOIS:
So in none of the current situations is the county contributing to the rent.

LEG. TROTTA:
All right. So we're the only --

MS. DUBOIS:
However, just one follow-up to that, in many of the circumstances there were other arrangements made to help secure the space. For example, the hospital contributed.

LEG. TROTTA:
I didn't ask you that, I asked you what other counties are helping out. None. Are any of the facilities or is any counties giving you money besides us?

MS. DUBOIS:
So we do have other arrangements with other counties in Dutchess County and Westchester County.

LEG. TROTTA:
How much money are they giving -- how much money are they giving you and what are the particulars about that.

MS. DUBOIS:
So I actually, I don't -- I didn't come with the information about any of those specifics, but it is for services provided for STD's and TB management for --

LEG. TROTTA:
Which are required, those are the few things that are required by the State that the counties do.

MS. DUBOIS:
Yes.

LEG. TROTTA:
So we're the only County that's giving you free rent and paying you to take over these facilities. There's something wrong with that.

MS. SEIDMAN:
Well, I think if I could also add that, I believe that we are one of the few counties that actually operates health centers to the extent that we do. There are --

LEG. TROTTA:
And there's something wrong with that. I mean, clearly these people are being taken care of in other places. I mean, listen, I'm all for this, however, I don't think we should be subsidizing, you know, a not-for-profit with very, very high salaries and I think that it should have been negotiated with the taxpayers of Suffolk County, were relieved even more than what they are, because they're really not being relieved, we're still paying. We're paying by paying rent, we're paying by subsidizing this and it's, you know, while I'm for it, it's for different reasons than other people are for it.

MS. SEIDMAN:
Well, that's the point of bringing it to the Legislators who are the voice of your constituents.

LEG. TROTTA:
Okay, thank you.

CHAIRMAN SPENCER:
Any other?

P.O. GREGORY:
Yeah, I have a few.

CHAIRMAN SPENCER:
Legislator Gregory and then Legislator Kennedy again. Presiding Officer.

P.O. GREGORY:
I'll defer to Legislator Kennedy.

CHAIRMAN SPENCER:
Okay.

LEG. KENNEDY:
We own the building so we're not paying any rent just for Riverhead, for the other ones we do. Correct?

LEG. BROWNING:
We own Shirley.

LEG. KENNEDY:
We own Shirley also? All right.

MS. CULP:
We own Shirley and Tri-Community in Amityville.

LEG. KENNEDY:
Oh, okay. So then that's three that we don't pay rent for, but this particular one we're discussing now there's no rent involved.

CHAIRMAN SPENCER:
All right.

LEG. BROWNING:
Can you explain the lease?

CHAIRMAN SPENCER:
Presiding Officer.

P.O. GREGORY:
I'm sorry, you had a question.

LEG. BROWNING:
No, no, go ahead.

P.O. GREGORY:
So we've obviously addressed the -- or had questions about some of the personnel issues. You know, this being the last County-run facility, there's obviously some concerns, which are unique to, you know, to the other transitions of the County employees. So you feel comfortable that the -- there are enough positions? I know they're kind of in general terms where you're looking to place people and that could be subject to change but you're comfortable that you'll be able to meet all the needs that are there?

COMMISSIONER TOMARKEN:
Yes, we feel very comfortable that we will be able to place all the people that need to be placed within the current department.

P.O. GREGORY:
Okay. And they're not all going to the jail. Because I keep hearing the jail, and it's like, you know, at some point it's going to be like every -- there's like two nurse practitioners for like every inmate to the jail. Where are we -- where are we as the total number in the jail, cause I remember at some point it was like 16 LPN's, or something like that, the number 16 sticks out to me for some reason.

MR. FREAS:
I'm sorry, Mr. Presiding Officer. What was the specific -- was it a job title you were looking for?

P.O. GREGORY:
Yeah. Well, I guess more pertinent, I guess, would be personnel but overall staffing in the Jail Medical Unit. What's that number?

MR. FREAS:
I'm looking at -- as I'm looking at the -- the pay for 719, which is the latest pay record and I have 46 total personnel, there may be some half-timers and -- in here but 46 total personnel, if you give me a second I can sort it and count different.

P.O. GREGORY:
Well, is that --

MR. FREAS:
And that's give or take a couple of people because of the way that this file sorts.

P.O. GREGORY:
Now does that include the transitions? I mean, as you stated earlier, the funding is going to follow the bodies, right?

MR. FREAS:
I'm sorry, I'm sorry, I misspoke. That was -- I was looking at Riverhead Health Center. I just realized from the name -- the name of somebody who is on here. Give me one second. I actually got 69 personnel at the jail.

P.O. GREGORY:
Really.

MR. FREAS:
That does not include anyone -- if someone came from Brentwood, I guess they would be in here. I don't see anybody off the top of my head. I do see some people who have transitioned from other areas in the County who I knew worked elsewhere. But I think 69 is what we have now. I

can -- and, again, I can give -- if you give me a second I can give you a count by job title.

P.O. GREGORY:
No, that's fine. So that as of right now what do we budget for? Like positions, is there -- where I'm getting at, is there an increase and is that increase because we're doing these transitions or are we at where we were anticipating we were going to be at regardless of the transitions?

MR. FREAS:
Well, there's been an increase but there had been an increase, I think -- I think I know in our review we've mentioned the fact that, you know, we're running two -- two different jail medical units now and while we don't -- we anticipated 24-hours at both originally, I think in 2011 or 2012, that that's been somewhat mitigated, but we still do need arguably more personnel at the jail medical units, both at the Riverhead facility and at the new Yaphank facility. I think before you walked in I mentioned we had 41 vacancies, but not all of those are full-time vacancies, and that there's some flexibility both for earmarking to positions that may not necessarily be in there and also to say, *well, okay, this position, we're going to fill this full-time and we're not gonna have two part-time positions.*

P.O. GREGORY:
Right, and the reason why I'm asking about the number is because, you know, I'm trying to think what's sustainable. If we -- if it was in our plans to have say 46 and we're up to 69, long-term, you know, what's our sustainable -- 69 sustainable, are we going to at some point feel pressure to reduce that number or is that, you know, something that we can -- you know, that was in our -- kind of our model to kind of move forward with for, you know.

MS. CULP:
The ramp-up of the medical units has always kind of -- we've looked at as we ramped it up looking at as the health centers transition and this is something we've working with the State on, the COC, you know, we were able to decrease medical restrictions at Yaphank after the Tri transition. Intake has started to begin at Yaphank after Tri as well so, you know, we're balancing that now. So we're always kind of looking at where we need to expand in the jail as it relates to also what's, you know, what's in the health center as the health centers transition, but that's not saying that the entire health center is just going to go into the jail.

P.O. GREGORY:
Right, right. No and also, you know there's, I know there's concerns, I'm not sure if the right question was asked, but there's some concerns about the -- the current contract, you know, if you ramp up to a level that -- that's not sustainable and then the contract expires and there could be some potential vulnerabilities there that I think that what's kind of fueling some of the concern as well. You know, I just want to be comfortable that we're at a level that's sustainable. That, you know --

MS. CULP:
I'm very confident in saying where -- we would not be overstaffing the jail medical units so we would be at a -- at a very good place.

P.O. GREGORY:
Great. Good, good. Okay. All right, thank you.

LEG. BROWNING:
George, I got a question for you. The seventh resolved clause; the assets and inventory used to carry out the function and operation of the Riverhead Health Center basically saying declared surplus to the County's needs. Are we required to declare this surplus before we do this? Should we

be -- should we have had a resolution to declare the County facilities surplus?

MR. NOLAN:
Well, this is -- I think this is talking about the personal property at the facility. It's not really talking about the real estate. Am I correct on that, County Attorney's Office?

LEG. BROWNING:
Okay --

MR. NOLAN:
That's my reading of it, that they're talking about the equipment --

MS. SEIDMAN:
Right, that's correct.

MR. NOLAN:
-- associated with the operation of the health center that the County owns, not the real property part of it.

MS. SEIDMAN:
Right, that's correct. We no longer need most of the inventory, you know, to operate a health center obviously, so they'll declare that surplus.

LEG. BROWNING:
Okay. Can you explain, I believe, the State statute if we lease County owned property.

MS. SEIDMAN:
Right.

LEG. BROWNING:
What -- are we supposed to declare it surplus? If we lease County-owned property, are we supposed to declare that property surplus?

MS. SEIDMAN:
Well, no, in this case, you know, we're leasing it but it's still for a governmental purpose with the condition in the lease that they operate a health center and show us proof of operation and, you know, all the appropriate rules and regulations for operation and FQHC are followed, and we consider that to be for a governmental purpose, which would obviate the need to declare it surplus, which is what we did for Shirley and Tri-Community. It's the same model for that.

LEG. BROWNING:
Okay, and the -- the lease agreement is 15 years and I know I had asked George earlier is that -- it's my understanding that there is something with regards to 25 years lease and it was something that was written for educational entities, for example, Coindre Hall, not for County facilities in general?

MR. NOLAN:
The -- our code says that notwithstanding what's in New York State County law, which talks about leases being permissible for up to five years, notwithstanding that under the County Administrative Code we can do a lease for periods up to 25 years, including two not-for-profit corporations. So, I think, for a not-for-profit corporation that we're dealing with we could do a lease with that entity for a period up to 25 years.

MS. SEIDMAN:
Right. A charter county wouldn't have to follow the constraints of the New York State County Law.

LEG. TROTTA:
Doc?

CHAIRMAN SPENCER:
Legislator Trotta.

LEG. TROTTA:
Yeah, I have some -- I have some questions. With the whole new health care system, with Obamacare and all that -- I mean, is that -- I'm asking for education about this, a 15 year lease. In five years will things change where -- first of all, in the lease, are we paying the lights, are we paying the maintenance, are we paying the electricity and the heat and all that?

MS. SEIDMAN:
No, no. In the case of Riverhead, since it's a shared facility and there are other County operations, HRH is going to be paying its proportionate share of utilities of, you know, of major operating expenses, they're going to have their own custodial, they're own security system for the non-shared parts of the building.

LEG. TROTTA:
What about in the buildings we're lease -- we're renting for them?

MS. SEIDMAN:
It's the same.

LEG. TROTTA:
They pay the utilities.

MS. SEIDMAN:
Correct.

LEG. TROTTA:
And how much money are we giving them every year?

MS. SEIDMAN:
Well, I can't tell you off the top of my head. I think it's in the presentation or bullet points and I would defer to the Health Department for that. I mean, I can tell you it's in front of you in the most recent contract.

LEG. TROTTA:
Okay.

MR. FREAS:
It depends -- right, it depends on the contract. We contracted separately for each health center.

LEG. TROTTA:
Let's pick this one; Riverhead.

MR. FREAS:
The first year, the net -- our estimate of net County expenditures is about $2.8 million. That's the contract expenditure, some reimbursement that we'll receive and whatever MILOR we think is left

over. I believe yours is a little less.

LEG. TROTTA:
So out of that two point, what did you say, 2.8, what percent are we being reimbursed by the Federal Government or other governments?

MR. FREAS:
That's the net. We're getting reimbursement of about 159, about $160,000 and that's State reimbursement from State Article 6 Public Aid -- Public Health Aid to municipalities.

LEG. TROTTA:
And that's for the required like, you know, SDS and that kind of stuff like STD's.

MR. FREAS:
Basically one of the reasons that the County -- yeah, one of the reasons the County has chosen to not -- to get out of the public health access business in this -- in the more direct manner it's been in historically is because this reimbursement has dropped so precipitously over the last five years.

LEG. TROTTA:
So we didn't need to spend all this -- these millions of dollars on these health clinics over the years? We just did it out of the --

MR. FREAS:
We used to get reimbursed at a much better rate both from a combined -- from our combined revenues from the bed and charity pool and from Article 6 Public Health Aid to municipalities. We used to get reimbursed about 25% give or take. It was -- well that's -- I'm counting the -- when -- that's true, in 1968 when the first health center opened, Article 6 reimbursement was 50% of net cost and at that time we also got more -- Medicaid and Medicare were -- or Medicare had just started. Over the years that dropped down to in general 36% although only about 60% of the health centers' activities are reimbursable under Article 6. Now I think we're down to like six or 8% of their activities are considered are reimbursable by New York State. Our reimbursement has dropped for a variety of reasons on the Medicaid/Medicare side and our bed and charity has dropped for on -- for a variety of reasons as well.

So what -- what had happened, like when I started working for the County in 2003, when I worked for patient care, and I may be telling you need more than you need to know, Legislator Trotta, but I want you to understand. The health centers were reimbursed about 20 cents on the dollar, I'm sorry, 80%, so they cost the County about 20 cents on the dollar. Right now they cost about 45 cents on the dollar and we're probably looking if we don't -- if these transitions don't occur that that cost will go higher, probably up to 50 or 60%.

You know, to answer your question as to whether we need to do this is it's a policy decision. It's a way to get public health access. A lot of counties chose hospitals. That's like buying a boat, we didn't do that. Probably a good decision in 1968 or so when we decided to build health centers instead of a County hospital. Ask Nassau County about county hospitals. So it, again, it's a way to get people health care and lower inpatient costs for people who wouldn't have access.

LEG. TROTTA:
The whole nature of the health care system's changing. It's all these -- now NorthShore is building all these little satellite things.

MR. FREAS:
That's true, but let me point out in -- in the 11798 catchment area, which is where Martin Luther King, where the original health center was, for the longest time it's not -- it's not just a matter of -- of access because of -- able to have -- of finances. It's also a matter of access of there being a doctor there in the first place, and that's a lot of what they've -- why you have dual health centers. You have -- you have health centers that do public health stuff, which a lot of counties have, STD's and TB's, but instead of building a County hospital or contracting with a County doctor, we built these health centers where some -- where people could go to the doctor, you know, because there were places in this County where there were no doctors.

COMMISSIONER TOMARKEN:
If you just add one quick point. The 46% of uninsured are not taken care of by the Affordable Care Act and that's where -- that's the part of the safety net that this system the County has had and now HRH has, fits in so it's not like a duplication. So the idea that these people could go to some other clinic with no insurance, they wouldn't get seen.

LEG. TROTTA:
If, in fact, down the road, are these contracts based upon the number of people -- let's say tomorrow no one goes to these clinics any more. Do we still pay them or is it based upon patients?

MS. SEIDMAN:
We would pay them because we have a contractual obligation to pay them based on the operation of a health center and we do receive reporting and there's a reconciliation of expenditures. So, you know, we do take into account that if we've, you know, excessively over paid we will reconcile it at the end, the Comptroller's Office will audit and reconcile.

LEG. TROTTA:
So there is a -- so if tomorrow no one went to these clinics ever again and we pay them $5 million a year, whatever it is, the following year we'd say -- *you owe us $5 million, no one went there?*

MS. SEIDMAN:
I'm not really following --

(*Laughter*)

P.O. GREGORY:
That's all right, none of us do.

(*Laughter*)

LEG. TROTTA:
If the nature of health care changes --

MS. SEIDMAN:
We're going to honor -- we're going to honor our contract until both parties agree.

LEG. TROTTA:
This is why we're two-and-a-half billion dollars in debt, because no one asked these questions. Go ahead.

P.O. GREGORY:
No, stop it.

LEG. TROTTA:
Please answer the question.

MS. SEIDMAN:
What's the question?

LEG. TROTTA:
Are we required to pay them regardless if anybody goes to those clinics or not?

MS. SEIDMAN:
We are contractually obligated to pay under our agreement and HRH is contractually obligated to reconcile and -- and tell us what their surplus is at the end of the agreed upon time.

CHAIRMAN SPENCER:
What would be a scenario that no one would go?

LEG. TROTTA:
If health care changes. If the nature of health care changes significantly in the next 15 years, which I'm sure it's going to in some degree, I want to know if people don't use these things enough, are we still obligated to pay their rent, to pay these people with taxpayers' money? I mean, this is -- these are questions that should be asked and answered.

COMMISSIONER TOMARKEN:
This is a five year agreement and I doubt that the health care system will change that radically.

LEG. TROTTA:
It's a 15-year lease.

COMMISSIONER TOMARKEN:
That's separate, you know, I'm talking about the service agreement, the CBG is five years.

LEG. TROTTA:
So the negotiation of the fees and how much we pay is every five years.

COMMISSIONER TOMARKEN:
It ends in five years.

MS. SEIDMAN:
It ends in five -- it sunsets in five years.

LEG. TROTTA:
And then it's -- or it's over in five years, we don't pay them anything in five years.

MS. SEIDMAN:
Correct.

LEG. TROTTA:
Never mind.

CHAIRMAN SPENCER:
I think we've discussed this at length and I'm going to entertain the motions that we have, we have a motion to table by Legislator Browning and was seconded by Legislator Kennedy; the tabling motion goes first. All those in favor? Opposed?

I'm sorry, I assumed you were at work. I apologize.

(*Laughter*)

MR. RICHBERG:
Mr. Chair, I don't have a chair. Can I have a chair, please?

CHAIRMAN SPENCER:
I'm sorry, Mr. Clerk, please let us know.

LEG. BROWNING:
Can I say one more thing?

CHAIRMAN SPENCER:
And Legislator Browning has one last thing.

LEG. BROWNING:
I know Monica wasn't here yet, and again, I was very clear that I don't see what one month can do to hurt and allow the Administration, Labor Relations and the Health Department to sit down with the members, canvas the members, and determine where they may go and I can't see what one month can hurt that they can't do that in a month, so that's why I'm asking for a tabling motion. If you can come back a month from now and say that you have confidently put everybody in a good spot and they're happy with where they're at, I'd be happy to vote for this, but because I'm not given the information and, again, I don't -- I don't take that so-called promise that was made to the membership to the bank. So show me in black and white that everybody is happy, hold it off for a month and I'll vote for it.

CHAIRMAN SPENCER:
Thank you, Legislator Browning. So we have a tabling motion, which was given by Legislator Browning, seconded by Legislator Kennedy. Now we're going to take the vote. All those in favor? Opposed?

It was in favor, it was in favor. Well -- well, I -- no, no, I was counting the hands of the opposed and the abstentions. If there's no, if we don't -- we typically when we -- we don't raise hands to count, but if that's what you would like to do. All those in favor of the tabling motion then, please raise your hand. All those opposed to the tabling motion? All those who are abstaining? All right, so the tabling motion fails.

All right. We have a motion to approve offered by Legislator Spencer, seconded by Legislator Calarco. All those in favor of approval? All those opposed to approval? All those who are abstaining? So do we have that? It looks like the -- the motion to approve carries. ***APPROVED (Vote: 4-2-1-0 Opposed: Legislator Browning and Legislator Kennedy - Abstention: Legislator Trotta)***

I have no other business before this Committee. Anyone that has anything else that they need to address at this time? Seeing none, we are adjourned. Thank you.

(*The meeting was adjourned at 3:15 P.M.*)