

**HEALTH COMMITTEE  
OF THE  
SUFFOLK COUNTY LEGISLATURE  
2017 OPERATING BUDGET MEETING**

A Special 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 Tuesday, October 18, 2016, scheduled at 3:30 p.m., to discuss the matter of the 2017 Operating Budget.

**MEMBERS PRESENT:**

Legislator William Spencer - Chairman  
Legislator Bridget Fleming - Vice-Chair  
Legislator Robert Calarco  
Legislator Tom Cilmi  
Legislator Leslie Kennedy  
Legislator Monica Martinez

**ALSO IN ATTENDANCE:**

George Nolan - Counsel to the Legislature  
Jason Richberg - Clerk of the Legislature  
Amy Ellis - Chief Deputy Clerk of the Legislature  
Robert Lipp - Director/Budget Review Office  
Craig Freas - Budget Review Office  
Benny Pernice - Budget Review Office  
Elizabeth Alexander - Aide to Legislator Spencer  
Liz Sutton - Aide to Legislator Fleming  
Dr. James Tomarken - Commissioner/Department of Health  
Christina Capobianco - Deputy Commissioner/Department of Health  
Jennifer Culp - Assistant to the Commissioner/Department of Health  
Anne Nolon - Hudson River HealthCare  
Allison Dubois - Hudson River HealthCare  
James Sinkoff - Hudson River HealthCare  
Dr. Paula Fabrizio - CN Guidance Counseling  
Michael Maryea  
Patricia A. Smith - Learn To Be Tobacco Free  
John J. Leone  
Lisa Clark - Suffolk County Bureau of Public Health Nursing  
Richard Nickless - Health Care Education  
John Martin  
Owen Durney - Preventive Medicine/Falls Prevention  
Kathleen Harty - Learn To Be Tobacco Free

**TAKEN BY:**

Lucia Braaten - Court Stenographer

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*(The meeting was called to order at 4:55 p.m.)*

**CHAIRMAN SPENCER:**

Thank you. We're going to begin the Health Committee. And I do -- I know we're behind, but I think it's appropriate if we could stand to salute the flag and recognize all those that are serving this country, led by Legislator Calarco.

*(Salutation)*

Please remain standing for a moment of silence for all the men and women who are serving this country, both at home and abroad.

*(Moment of Silence)*

So welcome to the Budget Committee for Health. And we have some cards for our public hearing portion. The first one -- some of these people may have left, but the first one is Dr. Paula Fabrizio, Opioid Withdrawal Services. You will have three minutes. And due to just the extreme lateness of the hour, I'm going to be pretty firm with the three-minute time limit, so thank you.

**DR. FABRIZIO:**

Good afternoon, Committee Members. My name is Dr. Paula Fabrizio, and I'm a Psychiatrist at CN Guidance and Counseling Service, a nonprofit that helps people affected by substance use disorders and mental health issues. I testify before you today with urgency to assure our continued joint focus is on the epidemic of heroin and prescription opioid use in Suffolk, and to urge your inclusion of \$400,000 in the 2017 budget. This allocation is urgent, because fatal heroin overdoses have escalated from an intolerable 38 deaths in Suffolk in 2010 to an unthinkable 111 heroin and 96 prescription deaths in 2014, with dozens more dying in '15 and '16.

Suffolk is now suffering more than any county in New York State. Our current detox outpatient service in Smithtown, the only such program in Suffolk, will close later this month because we do not have enough funding from government or insurance to cover the costs. This means the 20 or more people referred to us each month will have yet another reason to become a statistic. Yes, it's expensive to run a medically supervised facility which must include a psychiatrist, a registered nurse, a peer advocate, and responsive administrative staff. As expensive as it is to run this program, it's far more expensive not to run the program. It will pay for itself by saving lives and preventing many other fiscal and societal costs. And our program is saving lives.

I think of a 26-year-old man I'll call Joe, addicted to painkillers after three surgeries on his hand. Before long, he was buying the pills on the street, which led to shooting one to two bundles of heroin a day. Having lost to friends to heroin overdoses, out of work, broke and soon to be homeless, he called private doctors about Suboxone induction, but couldn't afford the quoted \$600, with follow-up visits up to 300. He read about our program and called. When I first saw Joe, he was a mess, physically as well as mentally. With a face full of shamefulness, he made no eye contact. By the second dose of Suboxone, he was smiling. The next day he returned jumping for joy. Joe told me this was the first morning he awoke not worrying how to get his next fix. The following week he had started training in a job. We helped him enroll in an outpatient program for ongoing treatment. He was so grateful to get his life back.

I urge you as Legislators to join me in supporting the requested money for preserving our outpatient withdrawal services. We must be able to reach out and save more Joes. Thank you.

**CHAIRMAN SPENCER:**

Thank you. There's -- excuse me, Doctor, there's a question for you --

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**DR. FABRIZIO:**

Sure.

**CHAIRMAN SPENCER:**

-- from Legislator Kennedy.

**LEG. KENNEDY:**

Thank you for coming out to speak. Just a couple of questions. You just do the inductions? Do you do the prescriptions?

**DR. FABRIZIO:**

We do the inductions in two weeks; in two days, and then come back for a following visit the next week. And then we -- they usually come and we help them find an outpatient program to continue their treatment in.

**LEG. KENNEDY:**

And the outpatient program prescribes from then on after the two weeks?

**DR. FABRIZIO:**

Yes, yes. We always make sure it is an outpatient program that prescribes the Suboxone.

**LEG. KENNEDY:**

Okay. Thank you.

**DR. FABRIZIO:**

You're welcome.

**CHAIRMAN SPENCER:**

I'm sorry. Legislator Calarco has a question.

**D.P.O. CALARCO:**

Before you go away, ma'am, are you currently receiving funding from the County?

**DR. FABRIZIO:**

Yes.

**D.P.O. CALARCO:**

And are you in the County Executive's proposed budget?

**DR. FABRIZIO:**

They had proposed it, and from what I understand, that the Legislature dropped it.

**D.P.O. CALARCO:**

Well, the Legislature hasn't acted yet, so we haven't dropped anything.

**DR. FABRIZIO:**

Oh, okay.

**D.P.O. CALARCO:**

There's a proposed Budget from the County --

**DR. FABRIZIO:**

I'm sorry. That it was -- that it was dropped from the budget. I'm sorry.

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**D.P.O. CALARCO:**

Okay.

**LEG. KENNEDY:**

Yes, the County Executive's.

**D.P.O. CALARCO:**

Well, what's your organization again?

**DR. FABRIZIO:**

CN Guidance and Counseling. Right now we're working out of Smithtown Horizons, we rent space there.

**D.P.O. CALARCO:**

And you were in the budget as CN Counseling and Guidance -- Guidance and Counseling -- excuse me -- because I couldn't -- I didn't find the line in the budget when I was looking.

**DR. FABRIZIO:**

Maybe Central Nassau Guidance.

**D.P.O. CALARCO:**

Central Nassau. Okay. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Our next speaker is Michael Maryea, representing self. Michael still here? I know we had lost a few speakers. All right. Next speaker is Patricia A. Smith, Learn To Be Tobacco Free.

**MS. SMITH:**

Thank you. I'm here to express to you how valuable the Learn to Be -- Learn to Be Tobacco Free, the smoking cessation program, has been to me. I have been through the program several times and each time I've quit 9 months, 6 months, 2 months, and now I'm 39 days smoke-free. I'm attending the class at Sachem Library.

Aside from the nicotine replacement medications the program supplies, which are extremely cost effective, the program gives me the support I need. Each time I attend the program, I learn something new to help me with my quick plan. Not only are the instructors and guest speakers knowledgeable and supportive, but the other people in the class, classes I attend, are also a means of support, because they are going through the same thing I am.

Smoking is an addiction. I'm a recovering addict and this program is something I need to help me stay smoke-free. Thank you.

**CHAIRMAN SPENCER:**

Thank you. And that's extremely important, especially now, what we're facing with new challenges with nicotine, with the new delivery devices, and it's not a time to let up, so thank you.

Our next speaker is John Leone. Is John still here? Hi, John.

**MR. LEONE:**

Hi. I'm also speaking about Learn to Be Tobacco Free. Seven years ago I was at my whits end. I was smoking two-plus packs of cigarettes a day, even though to breathe properly I required medicine. On my own volition, I quit drinking, reduced coffee, and curbed my cigarettes to about 25 cigarettes. I did this for 11 months. I was at one of my frequent doctor appointments and she said I am starting to get a handle on it, but I still need to get rid of the cigarettes completely. Then she gave me the card for Learn to Be Tobacco Free.

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I chain-smoked on the way to my first meeting. Then I sat down and listened to everything said. Took my handout and lessons and studied them all the next week. After my second week, they had me have an appointment with the nurse practitioner. I sat with her for over the allotted half hour and went over my laundry list of ailments, and also my extensive list of ways I tried to quit smoking. By the end of the six-week program, I was not smoking. However, I was not out of the woods. For over ten months I used nicotine replacement. Every month there was a meeting in the beginning of the month in Hauppauge, and in the middle of the month in Riverhead. For over a year I went to both meetings. Then for the next year or so, I went only to the Hauppauge meeting. I did due diligence and it has paid off. I am not over six years smoke-free.

I still have some issues from smoking, but they have eased considerably. The damage I have done could have been worse. I have my nebulizer and breathing medicines, but I only need them when my breathing flares up about once or twice a year. That you're planning on pulling their funding pains me, because this program had not only helped me, but many others. And I know that in this age of budgetary headaches, it's difficult to work a budget. But when you look at what you are doing to balance it, must you really line-item out your life-savers?

### **CHAIRMAN SPENCER:**

Thank you for -- for sharing your personal story with us, we appreciate it. Lisa Clark with Public Health Nurses.

### **MS. CLARK:**

Hi. My name is Lisa Clark. I am a Nurse Practitioner at Stony Brook in the newborn nursery and in the Department of Pediatrics. I'd like to thank the committee the opportunity to address -- my important issue is Public Health Nursing.

At Stony Brook, the role of Public Health Nurses play a very critical part. People think you can just get a nursing agency. Well, let me tell you, it takes hours and then they turn around and say no. And there is no rules or regulations saying that any agency has to take you as a client, or a subspecialty, like I work with women and children. So to cut the Suffolk County Public Health Nurses, we have to remember that part of our role is that the well-being of the community by preventing disease, promoting health and behavior, and preserving the health of our residents.

I'm also on the PHN Professional Advisory Committee. We meet about four times a year, so I get to see the numbers. I know what good they do, and I know the clients that they serve. The proposal to eliminate it is going to be a problem for our community, especially women at risk and infants, homebound elderly, infirmed, and children in foster care. Right now, the services -- keeping services is the compassionate thing to do, but not because of just being public health nursing, it's cost effective. In your budget, it was a net zero, the way of keeping current health care costs down, and it's an important investment for the future of helping infants and families both, given the populations problems that we have with opiates. I work with opiate infants, and now the new upcoming health risk of Zika virus, of which we have no idea. And on Long Island we have that mosquito here, and when will Zika come?

The needs are a strong and expanded bureau for public health nursing. The proposal to eliminate it makes really no economic sense. And the nurses are the special forces in our health system, so they help achieve shorter stays, and many of you know all of this.

The Public Health Nurses and Dr. Tomarken have had excellent caretakers of our community and demonstrated their effectiveness in the past, and in turn have really had programs that have been absorbed throughout the United States, with lowering infant mortality, as well as asthma, teenagers, supporting pregnant women with addiction, and better quality of life for our elderly. At this time, these gains are not set in stone, so termination of the program will lead us to reverse us in this area. Yes, people will die, hospital visits will increase, infant mortality will go up, and the economic cost to

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the County will far outweigh any alleged budgetary savings eliminating the program. The economic and human costs were staggering.

I have worked with these infants, like cleft palate, these parents are very stressed, all the way through to opiate addiction. The nurses go out, we identify the problem. The nurses go out, and with that, ends up -- we need time, we need more than 24 to 36 hours from a discharge, and they continue once at home.

So I urge the Legislature to consider -- reconsider the elimination of public health cuts in 2017's budget, and to restore public funding for the PHN in the omnibus bill that you, hopefully, will put together. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Legislator Cilmi has a question for you.

**LEG. CILMI:**

Thanks, Mr. Chair. Thank you for coming.

**MS. CLARK:**

Yes. I'm sorry I'm a little hoarse.

**LEG. CILMI:**

I don't know if it's appropriate to ask a question of the speaker and Budget Review perhaps at the same time. My understanding is that in the proposed budget, the County Executive has many of the Public Health Nurses moving to the Jail Medical Unit; is that correct?

**MS. CLARK:**

That is what I read in your budget.

**LEG. CILMI:**

Yeah.

**MS. CLARK:**

But, again, I don't know what level and what expertise you need to be in the Jail. There's many different ranges, from an attendant --

**LEG. CILMI:**

Right.

**MS. CLARK:**

-- to an RN, from an LP as such.

**LEG. CILMI:**

It was suggest to us at a previous meeting that some of the -- some of the nurses, some of your colleagues would be amiable to retiring and then coming back on a part-time basis with their maximum salary of whatever that would be, coming back part-time \$30,000, or something like that. We may still be able to provide the services that are currently provided, albeit perhaps not at the same level, but, nevertheless, we could still provide some services that you're currently providing. And because, in the aggregate, you'd all be making less money, it would actually save the County money. So I'm asking, maybe you could reflect on that, and maybe I could ask Budget Review to reflect on that as well.

**MS. CLARK:**

I'm not employed as a Public Health Nurse. I'm employed by the State for -- as a Pediatric Nurse Practitioner, caring for the infants that --

**LEG. CILMI:**

Okay.

**MS. CLARK:**

So I serve our community. From what I understand, it's just that a majority of their visits are more than 85% reimbursable from the insurances that we get. The people that can't get served that I -- you know, I see calls go out and they can't get served when they get discharged, the only option is the Public Health Nurse. And then the goal is, is when they go to the house, they can assess, as well as arrange for either a social worker or insurance, so that they can eventually get what they need to be on some kind of assistance for medical.

So I'm under the impression that the reason why it was net zero in the budget, though I am not a budget person, is just that due to the requirements and the extra funding that we get in the County for services that we provide, not me, but you provide, is really reimbursable. The extra money for the Jail, in looking at the budget, is due to possibly overtime, lack of people in relationship to the medical issue. And from reading what I could read in the budget, it looked like that you also have an outside possible company that you work with to provide maybe some medical in the Jail, I'm not exactly sure. Or maybe that was a proposal that was going to maybe possibly happen, I'm not exactly sure.

But, generally, nursing is net zero in the sense, not -- for expenditures that go out and expenditures come in, and for preventing hospitalizations and long-term care, which does have an effect. And when you look at the infants that I serve, one infant who doesn't get early intervention correctly identified, or through the infant home assessment through the State that they provide, what is the cost going to be in our schools --

**LEG. CILMI:**

Right.

**MS. CLARK:**

-- from zero to three to five?

**LEG. CILMI:**

Right, right, right.

**MS. CLARK:**

So --

**LEG. CILMI:**

So maybe, then, to Budget Review, if you could comment on my initial comment/question, but then also speak to the matter of whether or not current services that are provided by our public health nurses are reimbursable to us or reimbursed to us, and whether or not the cost of those nurses, if they were to move to our Jail Medical Unit, would likewise be reimbursable.

**MR. FREAS:**

Okay. So that I'm going to talk to the revenues first. The nurse -- the Public Health Nursing Bureau receives revenue in two ways, one through the work it does as a line in the revenue portion of the budgets called Public Health Nursing fees. Pretty self-explanatory. That includes Medicaid fees, fees from whatever, I think from one or two managed care companies, self-sliding fee scales, all of those, those revenues. The second way that Public Health Nursing receives revenues is through this State -- the Public Health Aid For Municipalities, Article 6. You know, we talk about that. The Article 6 portion is only on certain visits and certain types of visits from people who don't have -- if the visit could not in another way be reimbursed through insurance, and if it's a certain type of visit.

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The Public Health Nursing fee revenues from Medicaid and from various other third party payers has been going down for the last two or three years, more or less because -- there are a number of reasons, but one of the drivers seems to be a lack of referrals from the current health center system compared to the previous health center system. So they're not -- they're not -- they don't have as many visits, because the referrals have gone down.

**CHAIRMAN SPENCER:**

I'm so sorry. Let me do this, Tom, if you don't mind. I know I have -- I've got seven more cards, and some of the speakers needed to get out by 5 o'clock, and I want to give the public their due.

**LEG. CILMI:**

It's late.

**CHAIRMAN SPENCER:**

So let me let you -- I mean, well, they need to -- they want -- you know, I'm working towards that.

**LEG. CILMI:**

I understand.

**CHAIRMAN SPENCER:**

So let me, if I may, with -- if you're not offended, let me take this offline, and because we're going to be getting into a more substantive department -- I mean, with members of the department. But can I get to the public that are --

**LEG. CILMI:**

Sure.

**CHAIRMAN SPENCER:**

Thanks. Thanks a lot. I apologize.

**LEG. CILMI:**

As long as Craig can hold his thought --

**CHAIRMAN SPENCER:**

Okay.

**LEG. CILMI:**

-- and then pick up where he left off.

**CHAIRMAN SPENCER:**

All right.

**MS. CLARK:**

I took notes.

**CHAIRMAN SPENCER:**

Okay. All right. That's great. So I did -- I knew a couple of people were antsy and they're still hanging around, so I'd like to try to get them out.

**LEG. CILMI:**

I'm always glad to oblige.

**CHAIRMAN SPENCER:**

Thank you, I appreciate that. All right. Thank you. So we're going to come back. Hold that

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thought. Our next speaker is Richard Nickless. Is Richard still here?

**MR. NICKLESS:**

Yes, I am.

**CHAIRMAN SPENCER:**

Okay.

**MR. NICKLESS:**

Good evening. My name is Richard Nickless. I'm a concerned citizen. I've been a resident of Suffolk County for 26 years. I'm a former paramedic in the City of New York. I'm a retired correction officer from the City of New York. I was an LPN, and I'm also retired as that.

My concern: I see some young faces here. I have put you through school. For 26 years that I've been a resident here, I've put my neighbors' kids through school. It's a joke. It's a joke that you rocket scientists can't figure out why a guy with gray hair, who now has diabetes, you want to reassign the Public Health Nurses, the Health Nurses to go to the Jail for people who don't pay taxes. Well, I've paid taxes for 26 years. Please don't answer. I've got three minutes, right? Please don't answer, don't cut me off.

**LEG. CILMI:**

I'll just say that it's the County Executive's proposed budget, not ours.

**MR. NICKLESS:**

I want you rocket scientists from all these 13 districts to figure out and propose to him what you have to do to fix it. It says here in the Newsday, every day that I look in the Newsday, there's bad news, "The Shrinking Middle Class".

Now I don't understand in Melville how we have the dumping of waste material again, and I wonder how many millions of dollars that's going to take to cart away. But we have drones in the air, and we have Google Earth, and we can't find a line of trucks and go backwards.

Farm flight: We have to worry -- you people in Suffolk County spend \$260 million on buying farmland that I'll never eat an apple from, but I've got diabetes. They've closed the program at Brookhaven Hospital. Reassigned the nurse, oh, what a wonderful deal. These people from Suffolk County going to the Jail, who cares. All you have to do is feed them. I was a Correction Officer. We stroke them, and you know what, they go out again and take drugs. They don't care about their lives. They steal, rob, rape, whatever the story is. You know who cares about them? Their mommas. Those are the children that I educated. But you don't understand. But Steve, Steve Bellone has the chutzpah for God and country that he's going to run in a marathon. Why? Because he's going to maybe get reelected? Is he a Democrat or a Republican, can anybody tell me?

**LEG. KENNEDY:**

Democrat.

**MR. NICKLESS:**

His job is gone. Do you think that I'm not going to stand up again? Listen, Steve Levy didn't do a great job. I think he did a little bit better job than this guy. If you can't find somebody to balance the budget -- you got rid of the Foley thing, the nursing home. Brookhaven Hospital, they're opening up a cardiac center. Ooh, ooh, you know what they didn't open up? A diabetic, the third killer of the United States. Diabetes kills. Does anybody have diabetes? Raise your hand.

**CHAIRMAN SPENCER:**

(Raised hand).

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**MR. NICKLESS:**

Bingo. Why don't we have a tax at Dunkin' Donut. I was at CVS. They were piling a truckload yesterday of candy. Doesn't that give you diabetes? We need to educate young people, old people, everybody, including you. Thanks for your time.

**CHAIRMAN SPENCER:**

Richard, the -- preserving that -- what you're speaking of is a top priority of mine, personally, and I do -- I want to reach out to you and share with you a memo that I'm working on. But I do appreciate --

**MR. NICKLESS:**

You know what the -- I don't mean -- some guy over, I had 50 seconds, I'm going to use his 50 seconds, if you don't mind. Listen, I went for the Step It Up Program, that was one of these Health Department programs for senior citizens. You know what, the room was packed.

**LEG. KENNEDY:**

Yeah.

**MR. NICKLESS:**

The room was packed. Excuse me, you're nodding your head. If you keep senior citizens in their home, they pay taxes. So there was black people, there was white people, there were Hispanic people, all races and all differently economic things. If they stay home, they don't have to go to a nursing home and go on Medicaid, they're paying taxes. But, excuse me. William, do you want to die in your bed? I've been here for a long time. I moved to a place I used to have to go to a park to visit the green grass. The grass grows in front of my house, we just have to water it, and pay for the water, of course. The longer I can stay here, my gray hair won't be a bother. But my life expectancy in a nursing home is slim to none, three years on an average. Because what? Young people are bringing the germs from the kids that go to school. Every time school opens up, the kids got lice, they got -- oh, boy, if you don't need Public Health Nurses. We should have a hiring, not a firing. They're not being fired, they're just going someplace else, they're going to be absorbed.

Tom, you said that maybe they could retire and come back at half pay? Why, so the County doesn't have to pay their health benefits? Oh, ObamaCare, ObamaCare. Oh, that's another story. Stony Brook, by the way, doesn't take ObamaCare. I hope you don't have to use it.

**CHAIRMAN SPENCER:**

Thank you. John Martin. Is John --

**MR. MARTIN:**

Good afternoon. Really, I have to follow that gentleman?

*(Laughter)*

Darn it. I am John Martin. I am a Senior Public Health Educator. I work for the Office of Health Education. I do have to say I deeply appreciate you being here. You know, these are long days indeed for the Legislators. I really, truly admire what you are going through. I don't know how you don't get burned out. And I have this vision you getting home and your daughter says, you know, "I just married the president of the Hells Angels and he just got out of prison," and you guys probably will say, you know, "Good, honey, I'll look into it," right, because you burn out. And so I don't want to take anymore time than I need to.

I'm here because I worked for the County for 25 years. I'm a Senior Public Health Educator. I used to be a drug counselor. I started in the Methadone system, working with heroin addicts that were, you know, passing HIV, and we -- I moved into the Tobacco -- Learn to Be Tobacco Free Program in 2000, started it with Laura Giardino and Lori Benincasa, and was proud to have served

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over 10,000 people. We got -- we worked with Stony Brook campus, getting that to tobacco-free. We taught our program to Physician Assistants from Lenox Hill Hospital out to Stony Brook, Suffolk Community College. We got our -- how to talk to smokers and help them with quit into their curriculum and serve the public.

And I currently function as a happy, happy, grateful County employee. I'm happy to go to work on Monday, as we all are. And when I saw the County Executive's budget had eliminated the Office of Health Education, I needed to come and tell you and just make sure that you take a great look at what the BRO review said, which was that we're not just one feature, we are a very tight little unit, just over a dozen people, that do a multitude of tasks from tobacco cessation to the tobacco enforcement, which is funded by the State, to STD prevention, going in and out of the schools, do concussion information, falls information. We send PowerPoints to the schools when we develop them. We say in tune with the CDC's risk behavior survey, so that we know what's coming up that needs address.

Our bosses were at the Supervisor's meeting some time ago, and Emergency Services asked for help to do Narcan classes. And it wasn't drug and alcohol that raised their hands, it was Lori Benincasa that said we will do it. And we've served over 5,000 Narcan constituents, you know, gave out over 5,000 kits last year with Bob Delagi's program. And I started a bullying prevention program four years ago. Some of you -- I came in to testify about it. And this bullying prevention program teaches kids to teach kids about bullying prevention. And it didn't stop there. Now it's into suicide and Upstanders creation.

So we're listed as a unit that's supposed to go into the Addiction Response Team. I would like to say that we're already doing that every time we go into a -- I go into a school and --

**CHAIRMAN SPENCER:**

John, I'm sorry, but your time is up.

**MR. MARTIN:**

I'm happily -- happy to pass it over. I would just say thank you for listening, and if you could restore us to the Office of Health Education, I would be eternally grateful.

**CHAIRMAN SPENCER:**

And that is something that is extremely important to me, and that I've worked with the Health Education Department, and I do feel very strongly about it. And I will be working to look for some sort of remedy. So thank you.

**MR. MARTIN:**

Beautiful. Thank you. I -- could I just say that there's -- Article 6 gives us \$300,000 for our office, and to refund us would be 188,000. It's a no-brainer at that point.

**CHAIRMAN SPENCER:**

I definitely want to get the details on that, because I am putting together -- just looking at very specific portions of the budget to be able to come up with a plan to present to the Working Group, so please --

**MR. MARTIN:**

Wonderful. That's why we love you. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Our next speaker is Owen Durney, and Owen had to teach a class at 5. He was one of the folks that was trying to hang around. He passed out a memo, and he left a statement for the record. So I'm going to submit the statement to the Clerk. He asked if I would just briefly

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paraphrase, and I am going to do that in about 30 seconds.

So he's representing the Preventive Medicine Division, and that's including Public Health Nursing, Health and Education, and as well as the senior falls and prevention injury. And he wanted to discuss the impact of eliminating funding for the Senior Citizen Falls Prevention Program in the 2017 budget.

There are some very compelling facts from the -- according to the Center for Disease Control. Sixteen percent of older adults have fallen in the past three months. Each year, more than one-third of adults age 65 and older sustain a fall. Falls really shorten lifespan, create significant morbidity and mortality. And there's been a 30% increase since 2000 in senior citizen population.

So one of the things that's important is that funding has totaled \$18,000 a year in the past. This year they requested 12,000. I don't think that they have received funding, which is why he is here. And he is -- he wants to advocate for that, and he has a statement for the record that I will submit to the Clerk, as well as handouts that have been distributed to each of the members on the committee. So that was Owen Durney.

Our next speaker is Kathleen Harty. Is Kathleen still here? Thank you.

### **MS. HARTY:**

Hi. I'm not a speaker, I'm a hairstylist, but I am here for the Learn to Be Tobacco Free program. And it was very good. I'm a nonsmoker now, I'm happy to say. And the education was wonderful. And Laura did a personalized prescription for me of multiple medicines, and it was very comfortable to stop smoking. And I think that it's not advertised enough. I don't think the program is out there for people that smoke. I had to go find it. I found it at Saint Charles Hospital, and I waited until it came there. And I walked in, I was not ready to quit smoking, and I walked in and I just said I'm just going to roll with it, and I'm not smoking anymore. So thank you. I hope you, you know, consider keeping it and expanding it.

### **CHAIRMAN SPENCER:**

Congratulations. Anyone who's dealt with being addicted to smoking and nicotine can really understand what a big feat that was to be able to do that. Congratulations on that. And any resources that we can provide to continue that. It's such a devastating societal impact, that I do think it would be shortsighted to eliminate the prevention program, so thank you.

### **MS. HARTY:**

Thank you.

### **CHAIRMAN SPENCER:**

Our next speaker is Anne Nolon. And I think that brings us to the end of our public speakers. But we have Hudson River here, and they have asked -- they called in advance and asked for a bit of consideration, so I'm going to invite them to come up. And I know that, again, it's -- did you have something very important to discuss with us? And, you know, I'd like -- you're very well known to us. I just ask that -- I think you're going to be far more effective in just getting directly to the point. And I think we're very familiar with the history, and if you could keep it to just 7 to 10 minutes, it would be -- it would be great. Thank you.

### **MS. NOLON:**

Thank you for the time. Am I on? Thank you.

### **CHAIRMAN SPENCER:**

Thank you.

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### **MS. NOLON:**

We're here to request the budget allocation for HRHCare, as Elsie Owens Health Center, be increased from 336,000 to 650,000 for the Year 2017 based on the tremendous successes we've had in our public/private relationship. And, in particular, our emphasis in these past couple of years in reducing the emergency room utilization, reducing inpatient services, and helping to support patients in the -- in their homes and in our health center. And that by reducing that, we have also reduced and impacted the cost of Medicaid over these -- over these last few years.

We have increased the access in the Elsie Owens Health Center. Seventeen thousand, over 17,000 patients have been seen since 2012. However, one of the interesting numbers that we had not anticipated is that 30% of the patients still remain uninsured and on -- receive services under our sliding fee scale. We have seen -- 9% of our patients have diabetes, 15% of hypertension, and 30% are children below 18. Our service expansion in this -- in these last few years have included dental health services, including a relationship with residency training in Stony Brook, behavioral health services in support of Medicaid assisted treatment, podiatry care, care management and nutrition support. We -- and I will just allow for -- I would ask Alli to mention a few other things that have been a success. Again, we'll stay within our 7 to 10 minutes.

I just want to recognize as my -- when I put my Public Health hat on, because I have my Masters in Public Health, that is my area of training, that when I hear of the reduction in Public Health Nursing, and in the smoking cessation, and in the opiate supports, and in health education, all of these are vital public health services that we, as a community health center, can wrap our arms around and help in some kind of transition for services in addition to try to help out what's going on in public health reduction. We really believe this is happening all over the country, and is certainly not where we should be putting our emphasis when we can see the impact on public health and its direct relationship to the cost of Medicaid, and the growth or the reduction in Medicaid costs. Alli.

### **MS. DUBOIS:**

Again, just by way of accounting all of the goals that we set forward for the transition of the health center and those we've accomplished. So the health center is 100% on an electronic health record. We have secured Primary Medical -- Primary Care Medical Home recognition since 2014. The site has also passed Joint Commission accreditation as a part of its time as a part of Hudson River Healthcare System.

In addition, it's really important to speak to the experience of patients. We're really pleased Hudson River HealthCare has implemented a patient-centered medical home quality level of patient experience surveys, the CAHPS surveys, and through those, in the last six months, over 1,000 respondents have been surveyed about their experience at the Elsie Owens Health Center. Ninety-eight percent of those patients report they're likely to continue using the Health Center, and 97% are likely to refer a friend or family. The nature of their commitment and their compliments to the health center are around the expanded evening hours and Saturday hours that are routinely available four evenings a week and every Saturday, as well as the comprehensive nature of the services provided that are not just focused on the particular issue that someone came in for, but on a comprehensive approach to care that looks at the whole person.

That brings me to just a little bit of a touch on the Population Health Management accomplishments that have happened. Nine-five percent of patients in the health center are screened for depression and substance abuse as a part of the model that we've implemented. We've doubled the rate of colorectal cancer screening, and we've increased both the services for HIV-positive individuals, and integrated screening and testing within the Elsie Owens Health Center.

### **MR. SINKOFF:**

So our big concern, of course, is that all the advances that we've made in partnership with the County we don't want to put at risk. And so I think we've made tremendous strides to reduce the cost at Elsie Owens and the burden on the County over the last five years. In the aggregate, we've

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been able to help save the County \$77 million for the transition of the health centers. We've brought all the FQHC benefits and programming to the proposition.

The issue of the uninsured, unfortunately, has not been eliminated. And through the expansion of our services and access, we've increased the total number of patients using primary care. That's had a net benefit on the overall reduction in the Medicaid share to the County. We want to make sure that we continue to do that.

What we are concerned about, without the establishment of the request, is the reduction in dental services. That would be really unfortunate. We opened three chairs. We were able to open a fourth chair with Stony Brook through the residency program. We would have to look at the elimination of laboratory services, so that would have to go to a private vendor.

The elimination of care for complex patients, and I think some of your other speakers spoke most eloquently about the issues of chronic diseases, hypertension, diabetes, substance abuse. We're doing a tremendous amount of work when it comes to opioid addiction. It's a real issue here in Suffolk County, it's an issue in our country, it's an issue in New York, and, of course, the elimination of evening hours, all things that I think would send us backwards from the advances that we've made in the opening of Elsie Owens. And anyone that's been to the center, I think, also really appreciates the kind of investment that we've made in the center. Thank you.

### **CHAIRMAN SPENCER:**

So thank you for coming here. And I guess what I want to do -- and I think that when we started this process, actually, it was during my first term, and Elsie Owens, I think, was the first center to transition. So I have some thoughts, some concerns, and also some suggestions. So I think that I consider myself someone that is looking for a way to collaborate, and someone that's not going to be unduly critical or hostile, and I think that's extremely important.

So, first of all, congratulations on what you've done. And I do understand that it's a very difficult climate in healthcare nationally for a lot of different reasons. So one of the things, then -- you know, I'll start with that, and then suggestions, and then I'll get to really my concerns. And so one of the things, and maybe you could verify this, is you mentioned the HIV services. And, you know, I think that here we've got a very robust contract agency field out there that provides various services, and one of those is Thursday's Child and Mr. Noone that provides counseling for HIV. And my understanding is that Hudson River may have brought in an outside party to do some of the HIV training, and this -- this isn't verified, maybe it's something different. But I guess I'll start with a statement. And I do think wherever possible, I would encourage Hudson River to incorporate existing organizations within Suffolk County. Number one, if they're contract agencies that's receiving fund, then that funding can become part of the total picture and we eliminate the overhead. So I'm not sure if -- just briefly, if someone can confirm. Is there -- you know, was there a collaboration examined potentially there, and are you using a third party and --

### **MS. DUBOIS:**

So we're working very closely with Thursday's Child, so, you know, that's concerning that something was raised that there was a missed opportunity. You know, the services that are there are absolutely a part of our go-to list of being able to link patients to care.

From a Hudson River HealthCare perspective around offering training, occasionally we do that as an entire system, and so those things may happen in other areas of our system, and we offer them to service providers and clinicians throughout our system. So there might have been a scenario where we offered training in that way. But I will -- I'll look into the details of what you're asking, because we've been really committed to that partnership and connection.

### **CHAIRMAN SPENCER:**

So, from an overall global point of view, any chance that we can use an existing collaboration that

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we're funding already? And if you bring that into your organization, then that's funding that, you know, you're going to save them as far as overhead, and that will be -- will go more into programming. I've got a little ways to go.

### **LEG. CILMI:**

If I could just quickly on that one point.

### **CHAIRMAN SPENCER:**

Okay.

### **LEG. CILMI:**

I just want to make sure that the folks from Hudson River know that the County Executive has eliminated all funding for Thursday's Child in the proposed 2017 budget, so they'll cease to exist and you won't have that partnership anymore.

### **MS. DUBOIS:**

Yeah, we were aware of that, and we did understand that. Again, it has been a key part of the Service Delivery Network. Hudson River Healthcare has been fortunate to secure some United Way dollars, but the partnership for other funded agencies in the County has been a key part of what we've woven together to provide services for patients, so it's absolutely critical. We -- the HRSA dollars for Suffolk County are now going to Northwell rather than into these County health centers, and so it is -- it was a redirection of those dollars. So the system that we've created is based on the Ryan White funding that comes through the United Way, and through creating a system of care with Thursday's Child, with the LGBT Network, with a lot of other community service, Stony Brook service providers to ensure that we can maximize all the local resources wherever possible.

### **CHAIRMAN SPENCER:**

Okay. I mean, that would be important. And then just a couple of other observations. I know that as an Otolaryngologist, looking at -- with CMS and some of the -- reaching PQRS standards to maintain some of the funding or the reimbursements that I do as an individual doctor, is there -- I would like you to look at -- with the Tobacco Cessation Program that's been eliminated, I know that for counseling, as an individual physician, that there is a CPT code for that. And I just want to make sure that we are maximizing, because I'm sure a large part of the population coming in that's smoking, and that if we can add that to services where there is a built in counseling, and if we can collaborate to where we then are able to capture some of those dollars federally, I don't know if you looked at that, if that's possible. I don't know if you have a brief response. Are we doing tobacco cessation and are we billing for it?

### **MR. SINKOFF:**

Yeah. So as part of the Primary Care Medical Home and as part of our being a Safety Net provider, so smoking cessation and smoking education, and tobacco cessation and education are all part of what is part of the primary care visit. We code for every one of those visits and we bill for every one of those visits.

### **CHAIRMAN SPENCER:**

Oh, good.

### **MR. SINKOFF:**

So it is integrated directly in it, along with depression screening. There are many preventive modalities that are right integrated into previsit planning, and billed for and coded for as part of the comprehensive visit.

### **CHAIRMAN SPENCER:**

Okay, good. And if there's any chance that, in follow-up to that, if you could share with me across the Suffolk County system some of the numbers.

**MR. SINKOFF:**

Sure.

**CHAIRMAN SPENCER:**

And if we are, if -- what type of reimbursement dollars we are seeing with our coding, and, you know, what we're submitting, if you could share that with me. And just if -- so I could get a sense of what the scale is. And, you know, if there's any ideas we have of maximizing that, that would be great.

And then with the Public Health Nurses and Article 6, you know, I think you are in a better position sometimes to capture Article 6 funds, and I -- you know, and I know that we had an offline conversation with May, but if there's a way that we can maybe work with the existing Public Health Nurses and then utilize your Federally Qualified Status to be able to get more Article 6 dollars.

**MR. SINKOFF:**

Right. So as part of all of the transitions, we made sure that we contracted with the County of Suffolk to provide those Article 6 services. We code for all those services, and we actually help with the revenue maximization aspect of it for the County of Suffolk, so we're receiving a lot. We run reports every month and every quarter showing all the Article service -- 6 services that are rendered, so that the County of Suffolk can maximize its revenue. And we work with our lab vendor to make sure that all the laboratory codes are correct. I know this very directly because I see the lab bills, and we have to reconcile all of them as well. So that's also integrated into the service delivery and we're trying to make sure that we maximize the access to the patient, but also maximize the reimbursables for the County.

**MS. NOLON:**

In some conversation recently with Dr. Tomarken, after we became aware of this, I think there are some programmatic integrative work that we can do that could help to increase referrals for the kind of Public Health Nursing services that are focused on maternal and child health. We also have some other services that are in a different segment of the population where we could use some home health care. And so to the extent that we can work on some referral systems and making sure that we're fully utilizing public health nursing, which we know is at its best in the County, we would like to do that.

**MR. SINKOFF:**

There is just one other, I think, important point on the reimbursement, Dr. Spencer, that you were talking about. So for those who are providers like yourself and physicians, everybody's now worried about MACRA and what does MACRA mean in terms of changing reimbursement. One of the important things as Federally Qualified Health Centers, while we're subject to pay for performance issues, we're not subject to the MACRA issues. So that gives us a little bit of protection, and why making sure that our access is not diminished will be beneficial in the overall programming, because we're not subject to some of the MACRA changes. And I know they're very concerning for private practicing physicians and what that means for their reimbursement going forward.

**CHAIRMAN SPENCER:**

So let me get to -- you know, for me, I think it's important to try not to be unnecessarily oppositional on the record, but I do have some concerns and I'll express those. I need to express them on the record and I don't think it will damage your cause, but I am going to tell you what is a little disheartening to me.

Since I was a young Chair and been working -- you know, we have a working relationship, and over the years I've taken a lot of difficult votes as far as putting our eggs in the Hudson River basket. And there have been some criticism from colleagues that have said, you know, the deals that we're giving with regards to, you know, us still supporting the real estate and some of the different

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aspects are just not seeing the savings that we expect. And so having Elsie Owens, which was kind of the original deal, and to see you back at the well at the end of the five years, there is some concern that I don't want this to be extrapolated; that every time we see one of our contracts come off of the five-year agreement or the various terms that we have, that Hudson River is coming back to the well.

And I'm sympathetic, definitely, to a very difficult landscape. And I also admire, really, the services that you've provided. But I'm not going to -- you know, I know that our Budget Working Group has a challenging job and you're coming to us when we're -- you know, you're looking for \$300,000 from an organization that has tens of millions of dollar deficit, and I think that we have to have a collaborative plan. But what I don't want to see to be the case, because a lot of times on the record that I stood one after one after one of helping and working and promoting these deals, and now, when we get to the end of the first deal, we see that the criticism of those that oppose this, that are saying you're not going to see the savings, and as soon as we get there, you know, the deals are too sweet, as they are with -- we're still carrying the burden of a lot of the centers, and sure enough, we get to the end of our first deal and we're back at the well for money. And I understand why, and I'm, again -- but I am -- you can understand that there may be another dialogue out there that will say, "See, uh-huh, look."

And just with -- I know this year with adding -- and I know you're keeping these pots of money separate, but I think there's roughly \$8 million that's going to be coming aggregate to Hudson River for all of our centers together this year with the contracts that we have in place.

So there is a word of caution, and I know that there's going to be -- and I think I'm saying it because I'm hoping to defer a lot of harsh criticism from colleagues that may have a lot stronger feelings regarding this. So I will work on all of these things from a personal point of view, but it's concerning. I know it's -- you know, you went from a million to 300,000, we'd like to have 600,000. But, really, coming to us at the worse possible time, where we just eliminated Thursday's Child, or that's in the proposed budget, where we're seeing organizations going out of existence. So it's a heavy lift that you're asking us for, and we can work -- and, again, I hear your points, I see your value, I see your benefit. But we're also -- when we went into this journey, there was representation that we could do these deals and these deals would work, and the numbers that we proposed would work. And I just don't want this to be a domino effect, that every contract that comes off, we're back at the well looking for more money.

So I hope that -- you know, that's as nice as I could be to tell you how -- you know, that -- to express my frustration.

### **MS. NOLON:**

Thank you for doing that. I think it gives us something to reflect on and we will do that. I think we did point out a few things that were variables in the number of people who are uninsured, with the expectation the Affordable Care Act would include more people, and that the demand on the sliding fee scale referenced earlier, where it feels like they don't have insurance because of the high deductible. So people still come to us and they fall in that uninsured category, because the deductible is so great, and so we're able to relieve them. And that would be one of the biggest reasons to have -- an uninsured rate still at 30% of our patients is quite high, and so -- and we have not gotten any additional Federal -- we got a few Federal grants, which we're cuing for, and we're hoping very much to increase that over time.

We believe that the program has some potential federally for doubling the number of people served in the United States over the next five years, and that also there will be an increase in the funding for community health centers. And so we only bring -- the opportunities for the future, I think, are much greater than even what we've experienced. So thank you for the opportunity.

**CHAIRMAN SPENCER:**

And thank you. And, really, your concerns are well taken and, you know, I'll be working with you. Any questions from any of my colleagues? Okay. Thank you.

**MR. NOLAN:**

Thank you.

**MR. SINKOFF:**

Thank you.

**CHAIRMAN SPENCER:**

Thank you very much. With that, I know the Commissioner is here, or I think he was huddling, so I'm sure that they can hear us. Ah, there he goes. So, Dr. Tomarken, how are you? And please come up and so we can take a look at the Health Department.

Hi. How are you? Commissioner, thank you very much. I apologize for the late hour. So, Commissioner, you are aware of the budget for the Department of Health. And I don't know if you have any kind of introductory remarks before we'll ask any questions.

**COMMISSIONER TOMARKEN:**

Not so much introductory remarks, recognizing the hour and the length of time everybody's been working, but there are a couple of housekeeping issues I would like to address, first one being a \$3.8 million 15-program funding. It was inadvertently left out of the budget. The Budget Office has found an offset and relayed that information to BRO, and we just want to bring that to your attention so that that could be rectified.

**CHAIRMAN SPENCER:**

I'm sorry. You're going to have to give us more details than just saying, "Doc, we left out \$3.8 million, but don't worry, we have" -- you know, can you -- I know the lateness of the hour, but I would ask for a little more detail on that one.

*(Laughter)*

**MS. CAPOBIANCO:**

So Christina Capobianco. There were 15 programs that were inadvertently left out of the budget due to an oversight. These programs are all 100% funded and the revenue is in the budget. The Budget Office identified an offset and relayed that to BRO. We're simply asking for a budget transfer from the offset account to reinstate the appropriations, so that when the revenue comes in, we can spend it.

**CHAIRMAN SPENCER:**

Okay.

**MS. CAPOBIANCO:**

And that's in the amount of \$3.8 million. Craig has highlighted it in his report.

**CHAIRMAN SPENCER:**

So it's an offset that we're just kind of forwarding the money or using the money until the reimbursement comes in. Technically, it's not that we're taking money from another source that will permanently fund these programs, these programs are self-funding.

**MS. CAPOBIANCO:**

They're self-funding.

**CHAIRMAN SPENCER:**

So okay. All right. Craig, can you -- is that --

**MR. FREAS:**

Let's be careful about saying they're self-funding.

**CHAIRMAN SPENCER:**

They're --

**MR. FREAS:**

And I don't -- I don't -- they are State-funded programs.

**CHAIRMAN SPENCER:**

Okay.

**MR. FREAS:**

The revenue is in the budget.

**CHAIRMAN SPENCER:**

Okay.

**MR. FREAS:**

The expenditure appropriations are not. Since they are State-funded and we have -- we are the -- we're more or less, to put it, we're kind of the bad man for the State in these particular -- with respect to these particular programs. So we won't get the revenue if we don't spend the money on the programs.

**CHAIRMAN SPENCER:**

What's the offset?

**MR. FREAS:**

The --

**CHAIRMAN SPENCER:**

You know, it's -- we're going to be looking for every dime. I'm trying to find a few thousand dollars to save like the Health Education Department. And that you could just have \$3 million to offset this, can you explain that, where that's coming from? How is that possible when, you know, we've got some people here that are very passionate about programs that are being eliminated?

**MS. CAPOBIANCO:**

You know, all I can say is that the Budget Office immediately realized this back when the budget came out. They reached out to BRO with an offset to offset the \$3.8 million that was left out of the budget.

**CHAIRMAN SPENCER:**

Sure. What's the offset?

**MR. PERNICE:**

So that offset is going to be a policy decision for you guys. It's not up to them to offset their own budget with their own holes, so --

**CHAIRMAN SPENCER:**

What's the policy decision that we need to make?

**MR. PERNICE:**

Policy decision will be you need to restore \$3.8 million in expenditures. You will need to either cut

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\$3.8 million from something else or add \$3.8 million in revenue.

**LEG. CILMI:**

Doc, may I just --

**CHAIRMAN SPENCER:**

Okay. Legislator Cilmi, please.

**LEG. CILMI:**

You know, our involvement in the budget, Katie, is predicated on us receiving a budget that makes sense, and that's structurally at least sound without \$3 million mistakes here and there. I came in the latter part of the conversation, but I'm gleaning what happened here. And our role here, as a Legislature, is to adjust a budget from a policy perspective, to tweak it here and there based on where -- you know, from a policy perspective, where we think the County should be heading, not to completely redo a budget that's just so poorly put together that it's beyond belief. And when there are \$3 million -- and forgive me, I don't know if this is what you were talking about before, but I saw somewhere in your report, Budget Review, that there was some \$3 million mistake, or something that was inadvertently left out. I don't know if that's what you're talking about.

**MS. CULP:**

Yes.

**COMMISSIONER TOMARKEN:**

(Nodded yes).

**LEG. CILMI:**

You can't just inadvertently leave out \$3 million and then expect the Legislature to find a way to fix that, it's just wrong. It's ethically wrong, and it's, from a -- from the perspective of what our role is as a Legislature, it's wrong. I mean, we've been provided with a budget here that it's almost as if the County Executive just gave up and said, "You know what" --

**MS. HORST:**

Legislator, that's --

**LEG. CILMI:**

-- "you guys figure it out."

**MS. HORST:**

That's not true. This was an oversight by the Budget Office. They are -- I mean, they've been working on this budget for months. It was an oversight. And to say that it's supposed to come over perfectly is not fair, it's not fair.

**LEG. CILMI:**

I agree with you. I'm not saying it should come over perfectly, but when it's not perfect, when there's a -- when there's an error of some sort, it shouldn't be left up to the Legislature to have to fix that. There's enough for us to do here.

**MS. HORST:**

So the Budget Office realized the mistake. They've, from my understanding, and maybe -- and I'm trying to get the correct answer from Connie, but they provided an offset. So the budget's with you now, you have the opportunity --

**LEG. CILMI:**

Wait, wait, they provided an offset?

**MS. HORST:**

Yes.

**LEG. CILMI:**

What was the offset they provided? That's not what we were just told.

**MS. HORST:**

Well, I --

**MR. PERNICE:**

We didn't want to put it on the record because it's a policy decision for you guys, but they suggested that the Salary Contingency Account be used to offset the mistake. That being said, that's a decision totally up to the Legislature.

**LEG. CILMI:**

Okay. But they did make a suggestion?

**MS. HORST:**

Yes.

**MR. PERNICE:**

They did.

**LEG. CILMI:**

Okay.

**MR. LIPP:**

So one of the reasons why we were not comfortable talking about that is we don't know what the tentative Probation contract looks like. We were not aware that there is one in the works. And, clearly, we don't know what the Deputy Sheriffs' contract might look like, or AME --

**MS. HORST:**

I believe 8.7 million.

**MR. LIPP:**

-- for that matter. So for us to say that we could take that money out would be based upon lack of information. We just want to confirm the number.

**LEG. CILMI:**

Katie, I -- listen. My point about what the Legislature's role should be should be well taken by the Administration.

**MS. HORST:**

Absolutely.

**LEG. CILMI:**

It's -- you know, I appreciate the fact that the Administration offered an offset for this particular issue. But the budget as a whole, we should not be left with dealing with just, I mean, things that are in the budget, that are not in the budget, misstatements in terms of expected revenue, misstatements in terms of -- or underestimating expenses, \$50 million fee -- you know, fee -- increases in fees, which is tantamount to 100% tax increase in the General Fund, borrowing for this, that and the other thing, and even borrowing to the extent that we don't even know will be approved at this point by the State Legislature. It's unfair to give us a budget like that. And I know that you didn't write the budget, but the County Executive is the Chief Fiscal Officer of the County. We should have a budget that's structurally sound when we have to deal with it. We're

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almost left with completely recreating a budget at this point, and that's just -- that's just wrong.

**MR. LIPP:**

Just a point of information. The contingent for salaries is 8.7 million.

**CHAIRMAN SPENCER:**

How many programs were neglected and are in this group? Do you have a list? Can you give us a memo and what each of these programs and what they add up to? But how many programs, roughly, were --

**COMMISSIONER TOMARKEN:**

Fifteen.

**MR. FREAS:**

Fifteen.

**CHAIRMAN SPENCER:**

Okay.

**MS. HORST:**

I believe -- is it in the report?

**MS. CULP:**

Yes.

**MS. HORST:**

It's in the BRO report.

**CHAIRMAN SPENCER:**

Oh, okay. All right.

**MS. CAPOBIANCO:**

Page 148 of the BRO report lists the 15 programs that have to be restored through transferring from the contingency account to this line.

**CHAIRMAN SPENCER:**

Okay. All right. Okay. So start it off with a --

**LEG. KENNEDY:**

Okay.

**CHAIRMAN SPENCER:**

That was -- Commissioner, you really like to come in with a bang, I have to say.

*(Laughter)*

**COMMISSIONER TOMARKEN:**

We're not done yet.

**CHAIRMAN SPENCER:**

Okay. All right.

**LEG. KENNEDY:**

You're not done yet?

**D.P.O. CALARCO:**

As long as there's no more 3 million holes.

**MS. CAPOBIANCO:**

There's one other housekeeping issue.

*(Laughter)*

Now this one is -- it's a net difference. There was -- there's a program, New Horizons, \$310,000. It was on the Comptroller's list as being noncompliant, so it was put into a contingency fund, but that was a mistake. The contract agency is compliant and we're just asking for a budget transfer to transfer it from the contingency account to where it belongs to fund this program.

**COMMISSIONER TOMARKEN:**

That's all.

**CHAIRMAN SPENCER:**

Anything else, Commissioner?

**COMMISSIONER TOMARKEN:**

No, that's all.

**CHAIRMAN SPENCER:**

All right. So with that, I think that there -- you saw from the public testimony and conversations that we had, I think, Commissioner, that there's a proposal with the Health Education Department, and part of that being the Tobacco Cessation Program. But, effectively, the savings of a half a million dollars would kind of take the members of that department and they would be reassigned or repositioned. And, you know, I just wanted to get a sense of -- you know, I think that -- I have a personal concern with that. I know that the medications are about \$150,000 of that, but that's something that -- from a policy point of view, I think that would be shortsighted in light of the current environment out there, and the new nicotine delivery system, and some of that gain -- the ground that we gained, and we look at it as a percentage of the entire Health Department budget or the entire County budget. I don't know what led to that program necessarily being eliminated. It doesn't -- it seems that the risk versus savings seems disproportionate to me.

So, Commissioner, I would like to do everything I can to save that program. I want to send that message back that I will be working with the Working Group, and that's a top priority for me on the Health Committee, as Chair of this committee. And I don't know if there are any thoughts or if it's definitely -- I would hope that both you, as the Commissioner, and the Executive's Budget Department would work with me to look for a way to kind of preserve that, and I have some ideas.

**COMMISSIONER TOMARKEN:**

Yeah, we agree, at least I agree that we need to try to retain this program. You know, as you know, e-cigarettes is out there. Tobacco is still an issue and smoking. What we -- what I'm proposing is that we take that -- that we not continue to fund the medications as we are at the \$150,000 level, and that we work with managed care companies, insurance companies, grants, anything we can find to help people access the medication, and that we no longer be responsible for the medication.

The strength of our program is the support structure that -- and counseling that we give to people. And with insurance companies, and if you -- there are about five different categories of ways people can access, depending -- access medication, depending on their coverage, whether they're Medicare, Medicaid, with the State Health Insurance exchanges, employers, sponsored insurance, and then the uninsured.

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So we need to be creative, we need to be aggressive with the managed care companies and insurance companies, and we need to reorganize our program such that we don't -- no longer are required to subsidize the medication. The idea behind it was that it was much more easy to implement if we had the program and if we could give out the medication, but those days are over, and we're just going to have to revamp it. And I don't think there's any reason we can't in one way, shape or form meet that goal.

### **CHAIRMAN SPENCER:**

So just a couple of thoughts on the record of looking at that. And I know we had asked this question of BRO, but maybe -- I don't know if they were in the best position to answer it, because it was really more of a policy funding decision as far as the process of -- with smoking cessation counseling, and I mentioned, you know, Hudson River, is doing that. In our current Health Education Program, is there -- with the smoking cessation programs and patients that do have insurance, are we billing for that?

### **COMMISSIONER TOMARKEN:**

We are not at the moment, but that's what we need to do.

### **CHAIRMAN SPENCER:**

That's -- so that is something I, you know -- and I know that that is a possibility that we could do that, and I would like to investigate that possibility.

Craig, did we account for the \$310,000 in the Article 6 funding in the budget?

### **MR. FREAS:**

I went back and forth about this a little bit yesterday with some of the Health Department people. The way that we wrote the review of this -- this portion of the review, is we were unclear whether -- we were unclear whether the Health Department would be able to claim the Article 6 reimbursement, considering the gaining division for the Office of Health Education. I had a --

### **CHAIRMAN SPENCER:**

I'm sorry, I lost you. Can you break it down?

### **MR. FREAS:**

Sure. They're going to mental health, okay? So -- and they're going to be in a new thing called the Addiction Response Team. We don't claim Article 6 on any part of the Community Mental Health Program because they have separate funding streams through OASAS and Office of Mental Health, and Office of People with Disabilities and so forth. My impression yesterday is that the Health Department assume the aid would continue, because their intention was for the remainder of the programs to continue. I am more pessimistic about us sending a claim up with the unit moved.

### **CHAIRMAN SPENCER:**

Sure.

### **MR. FREAS:**

But the bottom line is the aid is accounted for in the budget, or that's my understanding at this point. That being said, and the tobacco -- the tobacco program is not reimbursable under Article 6, the tobacco portion isn't. So that \$188,000, 156 of it is the -- the tobacco program, is the cost to restore the unit to whatever it's going to be.

### **CHAIRMAN SPENCER:**

Okay. Commissioner?

### **COMMISSIONER TOMARKEN:**

Well, I was just going to say that if we don't take on the obligation to supply medication, then we

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can move forward with, you know, the insurance companies and other ways to raise -- to help people access medication. You know, it's not unlike somebody goes into a private doctor's office, says, "I want" --

### **CHAIRMAN SPENCER:**

Right.

### **COMMISSIONER TOMARKEN:**

-- "to, you know, get on a smoking cessation program," and a doctor would write a script and they would, depending on their insurance, get whatever the insurance company covered, whether it be Medicaid, or private, or whatever.

### **CHAIRMAN SPENCER:**

So that's a possibility, potentially, you know, counting for those funds, looking at billing for smoking cessation counseling, which I know is -- can be done. The other suggestion that I was thinking --

### **COMMISSIONER TOMARKEN:**

Just to clarify, we're not billing for medication. We would -- the patient would request --

### **CHAIRMAN SPENCER:**

Right, no. But counseling, though, there are CPT codes for counseling that you're able to -- that I don't know. My understanding --

### **COMMISSIONER TOMARKEN:**

No. You have to -- yeah, that's complicated in the sense that you have to be a certain kind of organization, and certain skill -- you have to have certain levels of expertise, and etcetera, etcetera.

### **CHAIRMAN SPENCER:**

Okay. I mean, it might be --

### **COMMISSIONER TOMARKEN:**

It's certainly what we should be looking at as well.

### **CHAIRMAN SPENCER:**

Okay. That's right. I'd like to see what's involved there. And then another great suggestion that Legislator Calarco had said that was brought to him was we've been trying to figure out what to do with a lot of the smoke shops, the vaping stores and things, and there might be a revenue opportunity there as far as going in and counseling them, as far as what some of the standards are that we could charge a fee for them to exist. And, you know, I think that they're contributing to a -- something that's a significant burden on the taxpayers. I'm not looking to squelch business, but if we have to spend time, and resources, and enforcement, and inspections that as far -- there could be a fee associated with really doing this counseling, and training them at the standards that it should be. So I don't know if there's -- that was suggested, I think, to Legislator Calarco, that he brought that to me also.

### **COMMISSIONER TOMARKEN:**

And I agree. I think there's lots of potential for oversight regulation to make sure that these businesses are conducting themselves appropriately. And it's a combination of oversight, as well as ways to offset some of these costs.

### **CHAIRMAN SPENCER:**

Okay. So the second major priority for me is the Public Health Nurses. And I am going to share with you a memo that I'd like you to review. I know that you haven't had a chance to look at it, but I've been working with my office and done an analysis of just the Public Health Nurses. And, you know, again, I think that the idea of transferring them to the Jail, and I think there's some very

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critical services that we're going to lose, and it's going to impact the most vulnerable population, and we're just not going to be able to recover them. And we have to do something about that, and I hope -- you know, I'm making that my top priority to the Administration, that we do something to preserve some semblance.

And I think that when we look at the structure, and the salaries, and the retirement, and some of the reimbursements that they provide, I think we can also preserve that program, you know. And I'm very limited in my ask, you know, I don't ask for the world. But let me make it very clear on the record to the Commissioner, to the Administration, that preserving the Public Health Nurses and the Health Education Prevention Program is my top priority. That's extremely important to me. So I just wanted to make -- you know, not be ambiguous about my intentions there.

**COMMISSIONER TOMARKEN:**

Thank you. And we look forward to working with you on that.

**CHAIRMAN SPENCER:**

Thank you. Are there any questions for the Health Department?

**LEG. CILMI:**

Yeah.

**CHAIRMAN SPENCER:**

Legislator Cilmi.

**LEG. CILMI:**

So I don't know if we want to continue with -- I know you were trying -- sort of circuitously getting to what I was -- I think what I was getting at earlier.

**CHAIRMAN SPENCER:**

Yes. So you're back.

**LEG. CILMI:**

But I'm back, baby.

*(Laughter)*

All right. So, Craig, the hour is late. You all have to go back to your offices and work some more, and we have things in our districts that we have to do. So maybe you could just sort of quickly speak to the issue of -- and maybe the Health Department here, they could add to the conversation with respect to the transfer of the Public Health Nurses to the Jail Medical Unit. Is there -- is there -- we talked about -- you began talking about the extent to which we're reimbursed for those Public Health Nurses. You said it wasn't full reimbursement, but a portion of it's reimbursed. I guess -- so the first question, to make this very, very simple and quick, would there be any reimbursement for the Public Health Nurses once they get transfer to the Jail Medical Unit?

**MR. FREAS:**

No.

**LEG. CILMI:**

Okay. So there's zero reimbursement. We're reimbursed now, at least to some extent, for the work that they do. Their salaries would not go down working for the Jail Medical Unit, right?

**MR. FREAS:**

No.

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**LEG. CILMI:**

Okay. And yet there's no reimbursement working in the Jail Medical Unit?

**MR. FREAS:**

Correct.

**LEG. CILMI:**

So I'm not exactly sure what the point is of that, except that if we -- if we're mandated to carry a certain level of staff in our Jail Medical Unit that we're not carrying now, I suppose this would help us fill that mandate. Is that accurate, or are we not mandated, or what's going on?

**MR. FREAS:**

I don't believe we're mandated to carry a certain amount of staff. The Jail Medical Unit, since the expansion, could certainly benefit from additional personnel. It was one of the few units, when we looked at the request process, that had -- that retained salaries with the expectation of hiring in 2017.

**LEG. CILMI:**

Our Health Department manages that unit, right, Doc?

**COMMISSIONER TOMARKEN:**

Maybe I can clarify this. The -- we have a requirement to staff the Jail Medical Unit appropriately. That's our decision as to --

**LEG. CILMI:**

What's appropriate.

**COMMISSIONER TOMARKEN:**

-- how many, yeah.

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

What the idea was, that if these nurses were transferred to the Jail Medical Unit, it would offset overtime and contract employees, agency employees that we currently use. So it's, you know, kind of shifting one --

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

So it's --

**LEG. CILMI:**

Was the decision to move them there subsequent to the decision -- in other words, did somebody decide we're going to eliminate this program in the Health Department, all right, well, we have a no-layoff clause, what do we do the employees, let's put them over here?

**COMMISSIONER TOMARKEN:**

That's my understanding.

**LEG. CILMI:**

Is that basically what happened?

**COMMISSIONER TOMARKEN:**

That's my understanding.

**MS. CULP:**

Well, right, but there's also an absolute need in our Jail Medical Unit for nursing. When you look at our overtime use, when you look at our contract agency use, it's two facilities 24 hours a day, seven days a week.

**LEG. CILMI:**

Right.

**MS. CULP:**

So those costs continue to grow. We have a lot of nurses that are retiring, we have nurses out on medical leave.

**LEG. CILMI:**

What about -- what about the proposal that we heard -- go ahead, Doc, I'm sorry.

**COMMISSIONER TOMARKEN:**

Let me just add that, you know, you talked about the Article 6 funding.

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

Remember, there's revenue that they generate as well. So there's additional -- there's another 300-plus thousand dollars that the Public Health Nurses generate in addition to the 200,000 plus. So there's --

**LEG. CILMI:**

How do they generate that?

**COMMISSIONER TOMARKEN:**

By billing.

**LEG. CILMI:**

For billing through Medicaid, basically.

**COMMISSIONER TOMARKEN:**

Well, it's whatever insurance.

**LEG. CILMI:**

A variety of things, right. And what about the suggestion that was made by a Public Health Nurse, I think, at our last General Meeting, that some of the Public Health Nurses may be at retirement age and may be -- may be willing to retire and then come back at a lesser salary, because they'd be capped out at, I think, \$30,000 a year, and work part-time for the County? Obviously, they wouldn't retire if they weren't guaranteed that there would be, you know, some agreement to come back and work part-time for the County. But at least if we did that, we would reduce our cost of managing this department.

I don't think -- look, we all -- I know or I believe that government does way too much and -- but I don't believe that we should cut things out completely, just, you know, like -- you know, like ripping a Band Aid off. I think that causes more pain than anything. So, you know, there's some merit in gradually reducing the level of service that we provide, I think. But to eliminate it completely I don't think makes sense in this case.

**COMMISSIONER TOMARKEN:**

Right. Let me give you some ideas on that. First of all, we'd have to look at, you know, the amount of service that we currently render, and whether an option like that would meet that demand.

The other thing to keep in mind is that the DSRIP Program is looking at some point, if they could, if they had the money, to help fund this kind of service, because it's so vital. And what's at stake is that the DSRIP Program is scheduled to receive \$8 billion in a CMS waiver, if they meet the requirement of reducing hospital admissions by 25%. And that's exactly what the Public Health Nurses do, by keeping -- by going into the home and seeing people on a proactive basis, they keep them from ending up in the ER and being admitted to hospital when it could have been avoided.

So this is not just -- you know, it's part of a bigger program as well. Add to that that we have an expertise in this clientele, maternal child care, that most CHAAs don't have, and, frankly, don't want to get involved in, because our patients are very complicated, very time consuming, and from a revenue generating point are not what you as a businessperson would embrace. And that's why we get them, because they're not the profitable cases for them to get involved in. So, having said that, we're open to all kinds of suggestions and opportunities. We want -- we want DSRIP to be involved. We want -- we'll work with anybody. But I think -- I agree with you 100%, we shouldn't rip the Band Aid off, it's just not appropriate. And this is an at-risk population that no one is required to take care of.

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

And I talked to the State about that today, just to be 100% clear. So I agree, and we're open to any kind of suggestions and --

**LEG. CILMI:**

Is that -- Budget Review, do you know if that's something that the County has ever done, you know, offered in terms of -- I don't know how to even characterize this, but allowing folks to retire and then -- but with the knowledge that they'd be coming back on a part-time basis, living within a certain salary cap because of their retirement status?

**MR. LIPP:**

You know, there is a program in DSS that has retired County workers come back and work, I guess, when it's needed. I don't have any details right now, but there is a program like that. I don't know how applicable it would be to Health, A, and also how successful it is at DSS or not.

**LEG. CILMI:**

Maybe that's something that, Doc, you could speak with John O'Neill about and --

**COMMISSIONER TOMARKEN:**

Sure.

**LEG. CILMI:**

-- and see if maybe there's some application in the Health Department that we could --

**COMMISSIONER TOMARKEN:**

Absolutely.

**MS. CAPOBIANCO:**

You know, it might be helpful if I just ran through the numbers for the program for you --

**LEG. CILMI:**

Sure.

**MS. CAPOBIANCO:**

-- so you could put it in context. So our 2017 budget request, the cost of running the program is 1.45 million in salaries, 404,000 in operating expenses. It does generate revenue of \$306,000 approximately, and it does take in 16% in State Aid. So the net cost for the program is approximately \$1.3 million based on our budget request.

**LEG. CILMI:**

And most of that is salaries and benefits?

**COMMISSIONER TOMARKEN:**

(Nodded yes).

**MS. CAPOBIANCO:**

Yes.

**LEG. CILMI:**

Okay. But I guess the -- one of the things to note would be that we're not really losing the salary and benefits by doing what we're doing here. Jen makes a good point, that we need to have, you know, people in that Jail Medical Unit. But what's our overtime like, Jen, in that Jail Medical Unit?

**MS. CAPOBIANCO:**

We have \$510,000 budgeted for 2016 for Jail overtime.

**LEG. CILMI:**

What's our --

**MS. CAPOBIANCO:**

Well, through September 30th, our overtime for the Jail is \$386,500.

**LEG. CILMI:**

Okay. So we'll probably come close to what our budgeted number is in that unit, right?

**COMMISSIONER TOMARKEN:**

Yes.

**MS. CAPOBIANCO:**

There's also contract agency staff.

**LEG. CILMI:**

Right. But we -- did we budget for that?

**MR. FREAS:**

Budget for what, sir?

**LEG. CILMI:**

For the contract agency staff that helps us fill in the gaps.

**MR. FREAS:**

Yes.

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**LEG. CILMI:**

We did. So my point is we're not going over budget in 2016, it sounds like.

**MR. FREAS:**

In the Jail?

**LEG. CILMI:**

Yes.

**MR. FREAS:**

In 2016, we are, we're going about 200,000 over budget, well, in overtime, and about -- we're going over in hospitalization, I think, the adopted versus the estimate. Hold on.

**COMMISSIONER TOMARKEN:**

There are certain costs we can't control --

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

-- like pharmacy, hospitalizations, things like that.

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

And what we are seeing is an older population coming into the Jail with many chronic diseases, requiring some very expensive treatments --

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

-- that we're required to provide.

**LEG. CILMI:**

Right, right, right. But that's not -- that's not -- I guess it is relative to the Jail Medical Unit, but it's not really what we're talking about here. We don't -- that money doesn't -- we don't save money there by adding these -- by adding these nurses to that unit.

**COMMISSIONER TOMARKEN:**

It has nothing to do with it.

**LEG. CILMI:**

Right. So my point is, though, that in terms of staffing needs, we're not -- we're not running over budget for the Jail Medical Unit this year.

**MS. CULP:**

No, we are over budget this year.

**LEG. CILMI:**

We are?

**MS. CULP:**

In both of those lines, absolutely.

**LEG. CILMI:**

Okay.

**MS. CULP:**

And having permanent staff come in would reduce.

**LEG. CILMI:**

Right. Is there some happy medium, though, Jen? I mean, is there -- can we -- how many did we propose to add? It was like six or seven, or something like that, to the Jail Medical Unit from the current Public Health Nurse staff?

**MR. FREAS:**

Nine.

**MS. CULP:**

Right. And I think we've talked about that the need doesn't exist solely in the Jail either, that there are needs throughout the Department for nursing staff, including our Public Health Division, and STD and Communicable Disease, our Methadone clinics as well. So if this was to come, there would be a look at where people are most needed.

**COMMISSIONER TOMARKEN:**

We will probably precipitate several retirements by such a move.

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

So, you know, the number that is anticipated or planned for is unlikely to be the same.

**LEG. CILMI:**

Well, assuming that this moves forward as planned, then maybe we can entertain after the fact, you know, hiring back on some basis, like Social Services does, the experienced nurses that might be able to provide those in our population who utilize the Public Health Nurses for a variety of reasons, might be able to provide some benefit to them at a much less cost.

**COMMISSIONER TOMARKEN:**

Well, you have to be careful about -- the CHHA is a State-regulated entity --

**LEG. CILMI:**

Okay.

**COMMISSIONER TOMARKEN:**

-- and has rules and regulation how -- and so you can't just send a nurse out to see Mrs. Jones without under some auspices. And the services that the CHHA person --

**LEG. CILMI:**

Well, they would be employed by us.

**COMMISSIONER TOMARKEN:**

Right.

**LEG. CILMI:**

But they would just be employed on a part-time --

**COMMISSIONER TOMARKEN:**

But you still have to have a CHHA so they could do what they currently do.

**LEG. CILMI:**

CHHA.

**COMMISSIONER TOMARKEN:**

CHHA. Sorry, the Certified Home Health Agency, the organization of which they are a part of.

**LEG. CILMI:**

Right.

**COMMISSIONER TOMARKEN:**

That's who they are.

**LEG. CILMI:**

And that's us?

**COMMISSIONER TOMARKEN:**

Well, it's us under the -- the State grants you that status.

**LEG. CILMI:**

Right. Oh, so, are you suggesting that we may lose that status if we eliminate the department?

**COMMISSIONER TOMARKEN:**

Correct.

**LEG. CILMI:**

Oh.

**COMMISSIONER TOMARKEN:**

I mean, you know, if we eliminated them, then you have to go through a closure plan. It's very much --

**LEG. CILMI:**

Oh, like the nursing home.

**LEG. KENNEDY:**

Like the nursing home.

**COMMISSIONER TOMARKEN:**

Right, right, right.

**LEG. CILMI:**

It's never easy.

**COMMISSIONER TOMARKEN:**

Yes, that's for sure.

**LEG. CILMI:**

All right. Thanks.

**CHAIRMAN SPENCER:**

Any other questions from any members of the committee? Okay. And so thank you for taking the time, we appreciate it. And, you know, we look forward to working and getting more information so

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that we can continue to provide the necessary services that the Health Department does, so thank you.

**COMMISSIONER TOMARKEN:**

Thank you.

**CHAIRMAN SPENCER:**

All right. I don't have any other business before this committee. Is there anyone else that has an issue or a budgetary concern with the Health Department? No? Seeing none, we stand adjourned. Thank you.

*(\*The meeting was adjourned at 6:33 p.m. \*)*