

HEALTH COMMITTEE
VETERANS SERVICES COMMITTEE
SENIORS & CONSUMER PROTECTION COMMITTEE

Of The

SUFFOLK COUNTY LEGISLATURE

2017-2019 Joint Capital Budget Meeting

A special joint meeting of the Health Committee, Veterans Services Committee and the Seniors & Consumer Protection Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, William J. Lindsay County Complex, 725 Veterans Memorial Highway, Smithtown, New York, on Wednesday, May 18, 2016 at 11:30 a.m., to discuss the matter of the 2017-2019 Capital Budget.

Members Present:

Legislator William Spencer - Chairman/Health Committee

***Legislator Sarah Anker - Chairwoman/Seniors & Consumer Protection Committee
Vice-Chair/Veterans Services Committee***

Legislator Bridget Fleming - Vice-Chair/Health Committee

D.P.O. Robert Calarco - Member/Health Committee

Legislator Tom Cilmi - Member/Health Committee

Member/Seniors & Consumer Protection

Legislator Leslie Kennedy - Member/Health Committee

Member/Veterans Services Committee

Legislator Robert Trotta - Member/Health Committee

Legislator Tom Barraga - Member/Veterans Services Committee

Legislator Lou D'Amaro - Member/Veterans Services Committee

Legislator Tom Muratore - Member/Seniors & Consumer Protection Committee

Also In Attendance:

Legislator Kevin McCaffrey - Legislative District No. 14

Amy Ellis - Chief Deputy Clerk/Suffolk County Legislature

Robert Martinez - Aide to Legislator Muratore

Liz Alexander - Aide to Legislator Spencer

Catherine Stark - Aide to Legislator Krupski

Ali Nazir - Aide to Legislator Kennedy

Robyn Fellrath - Aide to Legislator Anker

Robert Lipp - Director/Legislative Budget Review Office

Craig Freas - Budget Analyst/Budget Review Office

Robert Doering - Budget Analyst/Budget Review Office

Andrew Tarantowicz - Budget Analyst/Budget Review Office

Katie Horst - Director/Intergovernmental Relations - CE's Office

John Morafino - County Executive's Office

Kerri Suoto - County Executive's Office

Mohammed Awais - County Executive's Office

Dr. James Tomarken - Commissioner/Department of Health Services

Christina Capobianco - Deputy Commissioner/Department of Health Services

Jennifer Culp - Assistant to the Commissioner/Department of Health Services

Joette Pavelka - Chief/Public Environmental Health Laboratory-DHS

Dr. Scott Campbell - Chief/Arthropod-Born Disease Laboratory-DHS.
Susan Hodosky - Principal Financial Analyst/Department Health Services
Chris Sortino - Chief Public Health Sanitarian/Dept of Health Services
Cari Besserman - Deputy Director/Alcohol & Substance Abuse-DHS
Barbara Russo -Principle Financial Analyst/Community Mental Hygiene-DHS
Tom Schmidt - Clinic Administrator/Community Mental Hygiene-DHS
Scott Mastellon - Deputy Commissioner/Information Technology
Holly Rhodes-Teague - Director/Office of the Aging
James Andrews - Director/SC Department of Consumer Protection
Barbara D'Amico -Principal Accountant/Department of Consumer Protection
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Stenographer

(*The meeting was called to order at 11:36 A.M.*)

CHAIRMAN SPENCER:

Okay, we're going to begin. If we could please stand for the salute to the flag.

Salutation

Just remain standing one more moment for a moment of silence for all the men and women who are serving this country.

Moment of Silence Observed

Thank you. Good morning. Welcome to the Capital Budget Hearing for combined committees for Health, Vets, Seniors & Consumer Protection. At this time, we'll open the hearing for any public comment. I don't have any cards from the Clerk. 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'll close the public comment at this time.

Just opening up to the different departments. Since I Chair the Department of Health, I see we have our Commissioner Tomarken with us. Commissioner, would you mind coming up for a moment? One of the Legislators also who's not here, Legislator Krupski, had some specific questions regarding the tick program. I'm not sure if any of my colleagues, I know Legislator Fleming is aware, but there might be a couple of questions. But in any case, Commissioner, I don't know if you have a presentation or if you would like to give us an overview of the Capital Budget for the Health Department. And it could be as detailed or as brief or if you have no comment, that's fine also, but I would love to hear your thoughts on the Capital Budget.

COMMISSIONER TOMARKEN:

We do not have a presentation, but we're here to answer any questions and address any issues people have, so.

D.P.O. CALARCO:

You want to ask about the ticks?

LEG. FLEMING:

Sure. Are you here for Al's questions.

CHAIRMAN SPENCER:

Legislator Fleming.

D.P.O. CALARCO:

I know he had questions.

LEG. FLEMING:

Thank you, Mr. Chair. I know Al Krupski had some questions with regard to the new proposed tick-borne illness Capital Projects. And I see there are a couple of members of the Health Department -- of your department, Dr. Tomarken, who might be able to answer those questions. My understanding from Al's staff is that his question was how does this proposed funding fit into the current Vector Control Program, which is in DPW, but I think maybe Scott Campbell might be able to answer, or Chris, I don't know who would be more likely to.

DR. CAMPBELL:

Hi. Good morning, everyone. It is morning? Yes. Dr. Scott Campbell, I'm the Chief of the Arthropod-Borne Disease Laboratory, Department of Health Services.

The overall plan, basically, is a guide to what and how the County is supposed to address tick-borne issues, whether it's pathogens or control issues. So this is part of the overall plan, is trying to determine the level of risk throughout the County so we can better target the areas where there is a higher risk as opposed to areas where there may be a limited risk or no risk at all.

D.P.O. CALARCO:

I -- do you want me to?

LEG. FLEMING:

Sure.

CHAIRMAN SPENCER:

Legislator Calarco.

D.P.O. CALARCO:

I guess the question that Legislator Krupski had specific to this new project was what exactly are we acquiring with this -- I think it's 100,000? Where is that equipment going to reside? Who's going to be the primary user; is it you or is it DPW through Vector Control?

DR. CAMPBELL:

Yes. The agreement we have between the departments is the Health Department will oversee tick pathogen surveillance. The Vector Control will oversee any kind of control issues as well as what else is in that control plan. So the equipment that is purchased under that Capital Project would reside in the Arthropod-Borne Disease Lab and would be used for the pathogen surveillance that the Health Department would be conducting.

D.P.O. CALARCO:

And this is specific equipment that will help you be able to do the -- what exactly are you getting?

DR. CAMPBELL:

Yes. The equipment that is being asked for is equipment that will complement what we have currently and allow an increase in capacity. We plan to have a baseline of ten sites and approximately 2500 specimens.

D.P.O. CALARCO:

Okay. Who goes out and collects the specimens?

DR. CAMPBELL:

Currently we are collaborating with Vector Control, so it's the ABDL, the Arthropod-Borne Disease Lab, as well as Vector Control staff.

D.P.O. CALARCO:

Okay, and so you're doing that with existing staff. And how did you come about determining what locations were going to be --

DR. CAMPBELL:

The locations, we look at locations that obviously have ticks and appear to have some sort of longevity, both sites that we have done previously as well as sites that we hope will not change in future years. That way we can compare, have a historical perspective. Most of them, if not all of them, are parks. Actually, we do have -- of the ten sites, we chose one per township in Suffolk County, and I can go through them if you'd like. Any interest?

D.P.O. CALARCO:

Sure.

DR. CAMPBELL:

Okay. So in Huntington we have Comsett State Park; Babylon, Belmont State Park; Smithtown, Blydenburgh County Park; Islip, Connetquot River State Park; Brookhaven, we have Brookhaven State Park; Riverhead, we have Robert Cushman County Park which is in Manorville; in Southold, Laurel Lake Preserve; in Southampton we have Tuckahoe Hill Preserve; East Hampton we have Cedar Point County Park; and Shelter Island we have Mashomack Preserve. So these are obviously sites, most of them are either parks or preserves that should be longstanding and allow us to have a historic perspective with regards to tick-borne pathogens in Suffolk County.

D.P.O. CALARCO:

Okay. Thank you. I hope I asked all of his questions.

CHAIRMAN SPENCER:

Legislator Fleming has a follow-up.

LEG. FLEMING:

Thank you, Mr. Chair. Thank you for coming, Dr. Campbell. So I just wanted to make a couple of statements and make sure that I'm right, just to keep the record clear.

So first of all, I mean, you have identified a number of sites, but my understanding is that these are not necessarily set in stone and that with the -- with the additional funding, the hope is that your -- you'll be able to refine the program because it will become more robust and -- well, let me ask that question before I get into compound questions. Is that accurate?

DR. CAMPBELL:

Obviously this is the baseline, the ten sites. We hope that with the appropriate resources we're able to obviously accommodate those ten sites as well as expand where we think the risk is greater or where we think we should be. The hope is obviously, you know, this is the baseline expanding it over time, assuming that the resources are available to do so.

COMMISSIONER TOMARKEN:

We're trying to establish the at-risk areas, and we do that by sampling over a wide variety of

spaces. So as Scott said, we're trying to establish a baseline, find out where the high incident areas are and then do more testing in those areas.

LEG. FLEMING:

Thank you. And just historically, this is the first time that tick-borne illnesses will actually have a presence in the Capital Program. Prior to this, Vector Control has primarily focused on mosquito-borne illnesses; correct?

DR. CAMPBELL:

There -- when I first came in the 90s, we had a Capital Project that was for the ABDL, but those equipment that were purchased were really for mosquito. Again, there is some cross use, so that is the complement that would complement the current proposed Capital Project.

LEG. FLEMING:

Thank you. And if I could just share with my colleagues, I think we did do a presentation at the Health Committee out in Riverside on tick-borne illnesses. And I think it's particularly out east, but now also up west we're finding that the tick population is really out of balance and it's -- I don't know the -- I know epidemic is a term of art, but we on the East End consider it an epidemic. Very few people haven't been affected, either in their families or in their immediate circle, by tick-borne illnesses. And one of the reasons why it's so important to take this scientific approach and gather this data is because we now have at least four major tick species, they have different -- they pose different threats to human health at different stages of their lives. Each of them is -- travels on different hosts and they each carry different pathogens that result in different illnesses. So it's a pretty complicated dataset and we haven't had the resources to date to really get a handle on how all of those variables are interacting and impacting human health.

So, I mean, it's my hope that with this very modest funding that Dr. Campbell and his team have asked for, that we'll at least be able to, as Dr. Tomarken said, get a baseline with regard to all those variables so we can start to look at what solutions, is there a variety of solutions for each of these different illnesses and how they get to humans. So I'm hoping that that modest funding will at least start us off to find that baseline and I was hoping that we were in touch with DPW and Vector Control as well and that's sort of what we were working on, Dr. Campbell. And I just hope I've said it all right because I am no scientist.

DR. CAMPBELL:

It is very complex. And, you know, there's multiple species, multiple stages, a wide stance of Suffolk County, so we have to start somewhere. And we've done some collaborative work in the past, but it's really, you know, spotty, so the vision is that as well, spotty. So we're hoping to have a County-wide tick-borne pathogen surveillance program that gives us a better idea of risk to Suffolk County residents.

*(*Legislator Anker entered the meeting at 11:49 A.M. *)*

CHAIRMAN SPENCER:

Are you good?

LEG. FLEMING:

I just want to make sure I have Al Krupski's questions, but I think at this point that answers all the questions. Thank you so much.

DR. CAMPBELL:

You're welcome.

LEG. MURATORE:

Doc?

CHAIRMAN SPENCER:

Legislator Muratore.

LEG. MURATORE:

Thank you. Good morning, Dr. Campbell. How are you?

DR. CAMPBELL:

Good morning.

LEG. MURATORE:

Has the monitoring started on the ticks; have we started monitoring them?

DR. CAMPBELL:

Yes, we've actually been out collecting the last several weeks. Weather has been kind of rainy and cool, so that slowed us down a little bit, but we're doing a pretty good job of covering those sites and getting enough specimens to be analyzed.

LEG. MURATORE:

Is there an epicenter for ticks that have the Lyme Disease? Is there a portion of Suffolk County that has more ticks with Lymes than do other parts of the County?

DR. CAMPBELL:

If you look at the Tick Task Force Report that was put out in the last several months, it actually has some maps that indicate the tick-borne pathogen incidents by zip code. And if -- you know, generally what we see is there are more tick-borne illnesses out east than there are out west, and that's just a function of ecology. Obviously, you need deer and mice and all those hosts and wooded areas. So, you know, if you have spotty areas in the western towns that have the components, the ecological components to have that type of infection, and that's why we've included them in those sites, in our ten surveillance sites. But the majority of the hosts and the grasslands and the woodlands are out east and that's where we see the highest incidents of most of the tick-borne illnesses.

LEG. MURATORE:

So do we see the number of Lyme Disease cases increasing or decreasing? I mean, are we winning the battle or have we even started the battle?

DR. CAMPBELL:

Well, the -- (*laughter*). The number of cases is kind of very difficult because reporting -- there's difficulties in all reporting illnesses. So it fluctuates over the years. It has fluctuated over the years. There are some that continue to climb, there are some that are starting to decrease; Lyme Disease is actually one of them. CDC recently published an article saying that they feel it's ten times under reported. So nationally we have 30,000 cases reported, but they think it's more along the line of 300,000 cases reported. So, but what we're seeing is a fluctuation. Again, getting that baseline is a place to start, then we can look at the incidents by zip code and really target some of these areas where we think that the public health risk is highest.

LEG. MURATORE:

Great. Thank you, Doctor.

DR. CAMPBELL:

You're welcome.

LEG. MURATORE:

Thank you, Mr. Chairman.

CHAIRMAN SPENCER:

Thank you very much. I appreciate it, Dr. Campbell. So I have a few questions, and fortunately the Health Department's section is pretty small in projects. But I wanted to first start with the Environmental Health Laboratory equipment, and it looks as if every year it's been 270, 275, 265 when you look at 2016, '17 and '18, so it's been kind of a continual sort of replacement. So we're just replacing existing equipment in the Environmental Health Laboratory, but we're adding one liquid chromatograph mass spectrometer. So my question is with regards to what we're doing with water priorities, is this a substantial enough investment in this type of equipment? I understand these mass spectrometers are very delicate there's a lot of work that needs to be done. I just would love to hear from the Department of Health, do you have any thoughts as far as this equipment is concerned? Is it what we need?

DEPUTY COMMISSIONER CAPOBIANCO:

We have here with us today Joette Pavelka, she is our Chief of our Public Environmental Health Laboratory.

CHAIRMAN SPENCER:

Okay.

DEPUTY COMMISSIONER CAPOBIANCO:

And she can answer your specific questions on this equipment.

CHAIRMAN SPENCER:

So my understanding is most of this equipment has a use-for-life of about ten to twelve years.

MS. PAVELKA:

Correct.

CHAIRMAN SPENCER:

And some of this hasn't been replaced in 17 years. But I think one of my concerns when I look at the scope of what we are trying to do, that relying on equipment or the same amount of equipment from -- that we had 17 years ago, adding only one mass spectrometer, I just want to make sure that we have the sufficient infrastructure in place to be able to meet the needs. It seems that that would be quite a bit expanded at this point.

MS. PAVELKA:

We have what we call an LCMSMS, liquid chromatography MSMS. We have one already and it is used for herbicide metabolites, hormones and it is for -- we are continually trying to add new pesticides to that and pharmaceuticals and personal care products which are of late a hot item. And it's part of our comp plan that we add more of these analytes to our capabilities. The need right now is for low level detection and the instruments -- actually, I'm a little nervous that this 275,000 is low-balled. Suffolk County Water Authority just purchased one for \$400,000 that was a rebuilt one, so I'm a little concerned about the cost.

CHAIRMAN SPENCER:

That's my concern.

MS. PAVELKA:

Yeah.

CHAIRMAN SPENCER:

So I guess I understand the concern and that's what I heard -- and I know what these mass spectrometers cost. So -- but it's not the Executive recommended or BRO recommended, they recommended what was requested. So if that's the case, why would there be a request for such a low amount? If they're getting a rebuilt one for 400,000, how do we expect to get one for 275,000? Why wasn't there a higher request?

MS. PAVELKA:

We haven't really -- it was too far -- we keep pushing this off. This was supposed to be like last year purchased, this year purchased, and then as the years come by priorities change because service contracts get dropped by vendors and then all of a sudden, *All right, now we need this instrument*, and we have to put off the LCMSMS. We have not gotten a recent quote for that instrument.

CHAIRMAN SPENCER:

Well, I think -- and if you don't mind. It's interesting, because you see this big book and you see these numbers that my colleagues are looking at and sometimes, you know, I'll dive into the weeds. You can't get a mass spectrometer for \$275,000, it's just -- so I don't know what I'm funding here. I don't know where you're going to get it from. I mean, I don't -- to me that's concerning and I don't know what the plan is.

MS. PAVELKA:

If they want us to continue doing herbicide metabolites, if they want us to add pharmaceuticals and personal care products and hormones and pesticides for the pesticide grant, we need this instrument.

CHAIRMAN SPENCER:

I agree with you. I just think that the request is woefully underfunded and not realistic. And it's troubling for me --

MS. PAVELKA:

Okay.

CHAIRMAN SPENCER:

-- because my colleagues are going to pay for this. I know as a physician that worked in a lab that worked with one of these machines, unless there's something that I'm missing, if we're taking -- you can't buy one for that amount of money. So, I don't know, is there anyone that can maybe --

D.P.O. CALARCO:

Doc, may I ask a question about this?

CHAIRMAN SPENCER:

Sure. I don't know if there's an answer or --

DEPUTY COMMISSIONER CAPOBIANCO:

I just wanted to add that --

CHAIRMAN SPENCER:

Sure.

DEPUTY COMMISSIONER CAPOBIANCO:

-- there is some residual value of the old machine, so that will defray the cost of the new machine and the new equipment would be competitively procured.

CHAIRMAN SPENCER:

No, I get that. But this is only one item, the rest are replacement. So my understanding looking at this, and maybe I'm just reading it wrong, was that we were replacing existing things --

MS. PAVELKA:

This was a replacement.

CHAIRMAN SPENCER:

-- but this was going to be a new item.

DEPUTY COMMISSIONER CAPOBIANCO:

No.

MR. FREAS:

No, no, it's a replacement item, it's not an additional item.
The instrument that it's replacing --

MS. PAVELKA:

It says twelve years old.

MR. FREAS:

Right.

CHAIRMAN SPENCER:

All right.

MS. PAVELKA:

It's the bottom line on the Capital Project.

CHAIRMAN SPENCER:

All right. That makes sense, and I was reading Items for Consideration, I'm reading from -- this is from the Legislature, *"Only one item will be purchased, the rest are replacement items,"* so I think that the semantics may have thrown me off. I still am concerned that I don't know what the residual value is, but at least that seems reasonable, but these mass spectrometers are 750 --

MR. FREAS:

No.

MS. PAVELKA:

No, no.

CHAIRMAN SPENCER:

No? Five hundred?

MS. PAVELKA:

We could never do that. We wouldn't be able to go down to that type of detection limit, we'd have to work with what we have.

CHAIRMAN SPENCER:

Are we looking for --

LEG. CILMI:

Apparently that's what they charge private doctors.

*(*Laughter*)*

MS. PAVELKA:

We would have to go along the refurbished route and we may not be able to report to the lowest levels that are capable out there, which is what we do now.

CHAIRMAN SPENCER:

So with the residual value plus the 275 that would --

MS. PAVELKA:

We should be fine.

CHAIRMAN SPENCER:

Is why the request is as it is. Okay, I needed clarification Legislator Calarco.

D.P.O. CALARCO:

Well, I was just going to ask in addition to that. So this particular budget line which isn't specifically just to a liquid chromatograph mass spectrometer -- it sounds like something on Back to the Future -- it's not specific to just that item, so they have 40,000 in appropriations currently in their budget and 270 that's in the '16 budget to be appropriated. So is the department expecting to spend all of those '16 and current appropriations or is some of that going to go towards purchasing that piece of equipment in '17?

DEPUTY COMMISSIONER CAPOBIANCO:

These items for 2016 are all estimates and it's possible we could reorder priorities if need be, and they haven't -- we haven't purchased them yet.

D.P.O. CALARCO:

I don't see any --

CHAIRMAN SPENCER:

Which makes me more concerned that there's more than one item that we're talking about here. We're not just talking about this money --

D.P.O. CALARCO:

I don't see any other items listed.

MR. FREAS:

For 2017?

D.P.O. CALARCO:

Oh, okay, I see incubator arctic life.

DEPUTY COMMISSIONER CAPOBIANCO:

2017 was just one item.

D.P.O. CALARCO:

So are you expecting to expend the whole 2'17 monies for that particular items? It looks like to me that you guys basically are getting generally a lump sum every year to purchase and replace equipment as you need fit.

DEPUTY COMMISSIONER CAPOBIANCO:

Yes, in 2016 we do plan to purchase three pieces of equipment under the 2016 Capital Project. The estimate for those three items is \$270,000.

D.P.O. CALARCO:

Okay.

CHAIRMAN SPENCER:

Okay. So that's helpful to me. Still, I am -- you know, I don't feel that I have enough detail and these are big round numbers and, you know, I would love to have further information once there's an actual number or quote on the machine.

MS. PAVELKA:

Okay.

CHAIRMAN SPENCER:

I would appreciate it if I could get some follow-up on that.

Moving on, the next item that I have --

LEG. FLEMING:

May I just ask one question about that?

CHAIRMAN SPENCER:

Oh, about that? Legislator Fleming.

LEG. FLEMING:

Just a quick question; what's the status of the 2016 funding? Was that drawn down on and is there a balance?

D.P.O. CALARCO:

We haven't appropriated.

DEPUTY COMMISSIONER CAPOBIANCO:

The 2016 funding, we still have to come to the Legislature to appropriate the funds.

LEG. FLEMING:

Thank you.

CHAIRMAN SPENCER:

The next two items are together, and that's the new Patchogue Health Center and the new Wyandanch Health Center. So I know that this came before the Legislature and we were talking at this point when it was proposed, but I do understand that we were successful in the DSRIP Capital Funding Restructuring Financing Program and we received 8.775 million in State funding and 8 million for the second one, the new Wyandanch Center. Congratulations on that.

So I saw something and you can help me clarify, you know. So I see we have a lease extension, but I thought when this was presented before this Legislature that we were applying for this grant and we signed off on it, that there was a stipulation; *According to the CFRP Work Grant, the health center should be operational by the end of 2017.* That seems to be a stipulation of \$8 million. So as of April we don't have a site, and when I see that the request was for 2017, I just wanted to make sure that we're okay where I see the recommended from the Executive and recommended from BRO was to push it to 2018. So I'm looking at \$16.7 million that has a stipulation that the centers be operational by the end of 2017, I don't even see, you know, this being funded until 2018. So someone please help me understand why we're able to do this.

MR. FREAS:

The grant -- the grant application, and I believe that's how I worded it for both of the write-ups for the projects, the grant application presumed that we would be operational by 2017. I don't -- I haven't seen the grant award letter, although New York State generally, though not specifically, gives some leeway in the project. But my concern, which is why I wrote it that way, was that the -- knowing how difficult it can be to acquire and build stuff here on Long Island, that the grant -- that the project plan was a little ambitious with respect to its timeline.

CHAIRMAN SPENCER:

Sure.

MR. FREAS:

And because of the things that we noted and that you just noted, Dr. Spencer, that we do not have sites yet, that it was reasonable for the equipment funding which is what the \$1.2 million in each center was, would probably not be required until 2018.

CHAIRMAN SPENCER:

So -- thank you. I appreciate that. So definitely that's -- cause I remember that we've had a few Certificates of Necessity brought to this Legislature with regards to health centers over my five years here that were certificates because of the issue of it being money that we could lose. And so is there any danger we could lose this money and why haven't we identified sites? Where do we stand that? I know it's not so easy to do that, but it seems like -- we've got to find a site, we've got to get this -- there's \$16 million out here. So do we have an extension? Are we at any risk of losing this money?

MS. CULP:

So if you're remember, DSRIP, the original award date I believe was supposed to be April of 2015. Those award letters just came down --

DEPUTY COMMISSIONER CAPOBIANCO:

In March.

MS. CULP:

Yeah, in March, a few months ago. So the State was a full year late in making those award determinations for the entire State of New York. So all of the timelines have been pushed back. Since receiving those award letters, we've been working closely with the State and moving forward to find sites and select sites, so right now that's an active process of site selection and working closely with the State to ensure all goals and milestones are accomplished.

CHAIRMAN SPENCER:

Well, I appreciate that. In the award letters does it have a date specified of when they should be operational?

MS. CULP:

I'm not sure. I can look and get that information for you.

CHAIRMAN SPENCER:

Great. And my next question if we're anticipating this type of money, and I understand the State was a year behind, who's responsible for looking at the sites? Is that coming out of the Health Department or is that coming through the Administration? Is there a shortage? I mean, we know this is coming, it's a year behind. What's the holdup as far as finding suitable sites for this?

MS. CULP:

I think it's been a joint effort. I mean, I think a lot was waiting on to see what was going to happen with the DSRIP applications, so as soon as these awards were given everything sort of kicked into high gear to really solidify those plans.

COMMISSIONER TOMARKEN:

The Administration's playing a very active role in this endeavor.

CHAIRMAN SPENCER:

Well, I really think you all should be congratulated on getting \$16.775 million. That's money that's coming into Suffolk that we didn't have that's going to help keep us -- so I cannot express, you know, just how much I appreciate it. You know, I think that's innovative, it's money coming in from the outside that we didn't have, it's taking advantage of programs that are out there and I think you've done a great service to the taxpayer. So I don't want my tone in any way to reflect that I'm not appreciative of the grant. And it was very quiet as far as the actual that you got the awards, you know, but I think you should probably tout that a little bit more. But I do hope, you know, if there's some way that we can assist, that we don't lose this money if at all possible. And I know they can be very finicky in terms of looking at an excuse, and I would appreciate it if I can be kept in the loop on this process.

The last thing that -- let's see, that was in the Health Capital Budget was the Mental Hygiene Consolidated Electronic Data Management System. And I see that there was 175 in 2017, 225 in 2018. So with this particular database, I know the Comptroller was here earlier talking about a software upgrade. Is this a software? Can someone explain this database and the 450,000 and what it will allow us to do? You know, if we're being very selective, I just want to make sure that this will kind of give us what we need.

MS. CULP:

Sure. I can give you an overview and if you have any specific questions, the Mental Hygiene team is here as well. The division currently manages patient information with software provided by two vendors, so we have our mental health clinics and our Methadone Programs and our Intensive Management Programs that use it for patient management, the clinical records, some billing and scheduling. Then we also have NetSmart software that manages our automated dispensing and inventory of our Methadone for our Opiate Treatment Programs. We also use Access databases and several of our other critical mental health programs, like our camera unit or single points of Access and our assisted out-patient treatment. So while these systems -- the systems that are in place now are over a decade old, and while they have given us clear benefits over paper, it's -- they don't communicate and it's time that as the landscape changes that we have one comprehensive system that the entire division can use. We believe it will bring a lot of efficiencies to the division.

(*Legislator McCaffrey entered the meeting at 12:10 P.M. *)

We currently, right now there's a lot of manual entry involved which leads, obviously, to a lot of time taken up by our staff. There's been some delayed billings, delayed data entry, there can be transcription errors. So we've been working closely with the Department of IT on looking at solutions and how to really maximize our resources throughout all of these very critical programs. And it's been, you know, recommended that it's time that we explore the use of one software, comprehensive software for the division. The timing is nice, the current contracts expire in 2018. The departments will be putting out an RFI this year to identify qualified vendors and implementation costs and then, you know, we'll hopefully be moving forward with the new system that will ultimately provide lower maintenance costs, improve deficiencies and lower costs on the amount of technical and non-technical resources we use on almost a daily basis.

CHAIRMAN SPENCER:

Is this number that we're looking at that would cover the software costs, does it also cover the implementation of this? What's the expected implementation? Because as the Comptroller pointed out with Nassau's Program that they spent \$30 million as far as revamping what they do there and they're still not operational. Will this be up and operational? And I see that Microsoft will no longer support Access after 2020. Does this new program involve Access at all which is totally different from Access? If it does, what are we going to do after 2020 if it's not supported,

DEPUTY COMMISSIONER MASTELLON:

Okay. My name is Scott Mastellon, I'm the Deputy Commissioner for Technology. I'll answer a couple of those questions, so first of which is the total cost associated with the \$450,000. What we did was we looked at the total cost associated with maintenance as it relates to the multiple systems, and based upon that number we came up with an estimated total for both licensing and implementation to replace all the different systems. At this point in time, it was an educated guess, okay, based upon professional experiences as it relates to, you know, what's currently in place and what is out on the market place. It was not based on a specific quotation. But the idea behind the approach here is that by issuing an RFI, we'll include requests for specific costs and that will give us the opportunity to identify whether or not there needs to be any adjustments, whether up or down, as it relates to the overall implementation. But the intent is for the \$450,000 to cover both the licensing in addition to the implementation services.

CHAIRMAN SPENCER:

How about the Access question; will this new software use Access?

DEPUTY COMMISSIONER MASTELLON:

Access is ultimately a desktop database reporting tool and -- our database tool, if you will. And for the most part, there's a lot of that that currently resides in the County and what we're looking to do is to transition off of that. So this would ultimately use a standard relational database management software tool such as something like Sequel Server or Oracle. So no, it would not use Access.

CHAIRMAN SPENCER:

Okay. That's great news. You answered my questions. I appreciate it. Are there any other questions from my colleagues, no, with regard to the Health Department?

LEG. FLEMING:

Just one question.

CHAIRMAN SPENCER:

Legislator Fleming; for the gentleman?

LEG. FLEMING:

I think the Health Department can probably answer. With regard to the integrated systems, have you identified any lost revenue from not being able to meet, for instance, Medicaid deadlines, or do you anticipate that might happen if we don't -- if we don't upgrade?

MS. HODOSKY:

Hi. Susan Hodosky from the Health Department. In our revenue unit, we have not lost any revenue to date. We have a 90-day billing deadline for Medicaid. So we're concerned, but we have not lost revenue.

LEG. FLEMING:

But did you -- do you anticipate that you might if you don't integrate by the time the Medicaid changes from single payer to -- well, you know, the anticipated changes that are coming in the Medicaid system? I would expect that your integrating your five systems might put you in a better position to be sure to capture that revenue as Medicaid becomes more complicated.

MS. HODOSKY:

Right. So this is definitely one of the reasons that this request was put forth, that there are concerns, but to date we have not lost revenue.

COMMISSIONER TOMARKEN:

The additional concern is that Medicaid can actually penalize you if you don't submit appropriately.

CHAIRMAN SPENCER:

Yep.

COMMISSIONER TOMARKEN:

And so you not only lose revenue, but then you have a penalty added on top, potentially.

CHAIRMAN SPENCER:

With regards to that question, has Medi -- has the Department of Health, with Medicaid -- I understand that's one of the reasons why we went with the Federally Qualified model. But a lot of the offices have been -- had to go through a process of tracking a certain number of cases in order to get full reimbursement. The name escapes me. I don't know, do we have -- are we under any particular rules for CMS to do -- oh, meaningful use (*laughter*). I couldn't think of the word, I apologize; I'm on the record stumbling. But meaningful use; do we -- because I know that the penalty for not doing meaningful use is that you get a reduction in your reimbursements. Are we complying with meaningful use?

COMMISSIONER TOMARKEN:

We're not in meaningful use anymore because we're not -- we don't have our health centers anymore. And in fact, CMS just came out, I think it was yesterday, with a new program in which meaningful -- meaningful use is the use of electronic health record to a level for which you can get compensated for by the Federal government, and if you fall below that then you can get penalized. They've now taken the meaningful use criteria and program and put it into a larger, new quality management program for CMS. Yeah. I know you're shaking your head like -- yeah. There weren't enough programs out there already, so there's another new one. But from our perspective, because of our situation, we don't really fall into that, although we may in this new program. But we started using it when we had the health centers and now that we don't have the health centers anymore, it's not an issue for us.

CHAIRMAN SPENCER:

Okay. Legislator Anker.

CO-CHAIRPERSON ANKER:

I know we were discussing -- just going back to the liquid chromatograph mass spectrometer. I Googled it and they do have them for \$125,000, so I think you mentioned 250,000.

COMMISSIONER TOMARKEN:

There's a variety of --

CHAIRMAN SPENCER:

There's a variety of different for what they're trying to do, but I appreciate --

COMMISSIONER TOMARKEN:

That's the home version.

CHAIRMAN SPENCER:

That sounds like a bargain; you should -- can you order that right away, please? *(Laughter)*

CO-CHAIRPERSON ANKER:

I Googled it a few minutes ago, you have it. You have that information. By Conquer Scientific, it's a company that sells these. And yes, there are a variety of different types and things like that.

CHAIRMAN SPENCER:

Right. I think for the lower level, some of the detection and things that they were doing, but that is comforting because there's a lot of different flavors of the spectrometers.

CO-CHAIRPERSON ANKER:

I can imagine. I just wanted to mention, too, before we close with the health aspect of this Capital Budget. I just wanted to compliment working with the Health Department and the mental health study that was done at Suffolk County's jail, with the Sheriff's Department and Stony Brook University's intern, students. And, you know, if there's a way that we can share costs on not just the studies but, you know, maybe Capital Projects or expenses with the universities, perhaps we can look into that. Because the study was incredibly successful. It showed almost like a white paper or a peer review paper that rehabilitation is extremely successful and reduces recidivism in our jails. So with that in mind, again, if you need help reaching out to the universities or the colleges, I'd be more than happy to do that.

COMMISSIONER TOMARKEN:

Thank you.

CHAIRMAN SPENCER:

Thank you, Legislator Anker. Thank you, Commissioner. We appreciate, you know, your team and all the hard work. And thanks for answering our questions, we appreciate that.

I'm going to move on next -- is there anyone here from Vets and Seniors from the Commissioner's Office that -- are there any questions or concerns with the Vets and Seniors Capital Budget? No? Anything that you want to share or any -- if not, that's fine. Are there any questions for Vets and Seniors from any of the Capital Budget items?

D.P.O. CALARCO:

Nope.

CHAIRMAN SPENCER:

I think we're in good shape. Thank you. A little bit easier. And the last one was Consumer Affairs was part of this?

CO-CHAIRPERSON ANKER:

Seniors and Consumer Affairs.

CHAIRMAN SPENCER:

And Consumer Affairs. Is there anyone here from Consumers Affairs with any information or question or concerns regarding the Capital Budget? Do any of my --

D.P.O. CALARCO:

He's here.

CHAIRMAN SPENCER:

He's here? Any questions from any of the Legislators for Consumer Affairs? Any concerns? Hi. Good -- well, now it's good afternoon; it started in the morning.

DIRECTOR ANDREWS:

Good afternoon. I'm James Andrews, I'm the Director of Suffolk County Department of Consumer Affairs. I'm here to address any questions on our Capital Program.

CHAIRMAN SPENCER:

Thank you very much. Are there any questions for James, for Consumers Affairs?

LEG. CILMI:

Can you shout out for Holly to come back in?

CHAIRMAN SPENCER:

Okay. For Holly? Would Holly from Seniors please come back in to the auditorium? Okay, they got her. So let me finish with Consumer Affairs. No -- Legislator Muratore.

LEG. MURATORE:

Thank you, Mr. Chairman. Hi, Mr. Andrews. Over here. How are you today?

DIRECTOR ANDREWS:

Good.

LEG. MURATORE:

My question is do you have enough personnel to do the necessary investigations and field and handle the complaints that you are beginning to get?

DIRECTOR ANDREWS:

At the current time, we field all questions, investigations, complaints as to the best of our ability with the staff that we have.

LEG. MURATORE:

So you're okay with the staff. You're okay with the staff; is that what you said? I couldn't hear you.

DIRECTOR ANDREWS:

We are okay for today.

LEG. MURATORE:

My question -- one thing I'm concerned about is the gasoline retailers. I notice down the block here there are two retailers that are selling gas -- well, for a while they were selling at about \$0.19 difference on price. So I went to one of them and I said, *How come the guy down the road from*

you is \$0.19 cheaper than you? And he said it's because he bootlegs gas. So I guess that means he's bringing gas in that's not taxed, or he's not collecting tax on the gas that he brings in. Is there a way for us to collect our sales tax on gasoline before it gets to the pump? Can we collect it before the retailer has or can collect it?

DIRECTOR ANDREWS:

That would be out of the purview of our department, those issues. Those issues can be addressed to either the Comptroller's Office or the New York State Taxation Office.

LEG. MURATORE:

Well, do you know of a way to do it? I don't say you can do it; do you know of a way to do it?

DIRECTOR ANDREWS:

No, I do not.

LEG. MURATORE:

You do not. Okay, I'll talk to them. Okay, thank you.

CHAIRMAN SPENCER:

No other questions? Thank you very much for being with us. We appreciate that.

DIRECTOR ANDREWS:

Thank you.

CHAIRMAN SPENCER:

Holly, thank you so much for coming back. Legislator Anker had a question for you. You almost got away.

DIRECTOR RHODES-TEAGUE:

I almost got away (*laughter*). Hello.

CO-CHAIRPERSON ANKER:

Okay, we're going to go to 1749, and it looks like it's one of the only ones related to the Office of the Aging. And this has to do with the purchase and replacement of nutrition vehicles for the department.

DIRECTOR RHODES-TEAGUE:

In order to run the nutrition programs, we need vehicles to transport seniors to the sites and also to deliver the home-delivered meals.

Out and this project has been going on for many years and what it does is it provides the vehicles necessary. So for the one for 2017, we're requesting two meal delivery vehicles, which are like Ford Escapes, the small ones, and then there's one vehicle that's a center-aisle vehicle to transport seniors. In the vehicles that transport seniors, very often they're also used to do medical appointments on the off-hours. And as another aside, the contractors take care of the drivers and the upkeep of those vehicles while they have them. It's a lease that we do for the contractors.

CO-CHAIRPERSON ANKER:

So we have how many vehicles out?

DIRECTOR RHODES-TEAGUE:

We have 50 vehicles in the fleet right now. We never expand the fleet; I mean, if anything, it might be reduced if somebody doesn't ask for another vehicle. But it's about 50.

CO-CHAIRPERSON ANKER:

Okay. And again, we're looking at a, you know, half a million dollar request. And that includes how many new vehicles?

DIRECTOR RHODES-TEAGUE:

Three vehicles for 2017 which is 109,000, we're estimating.

MR. LIPP:

It's also on the board.

DIRECTOR RHODES-TEAGUE:

Oh, there you go.

CO-CHAIRPERSON ANKER:

And it says the nutrition sites; Brookhaven, Huntington and Catholic Charities. Now, as far as these vehicles, do they -- those are the entities that actually will take the vehicles and use them; is that how that works?

DIRECTOR RHODES-TEAGUE:

We have -- all of our nutrition contractors have vehicles of one kind or another from us, and that takes up the 50 vehicles in total. We look at the condition of the vehicles, the mileage of the vehicles. You know, if they've had extraordinary repairs because the vehicles are lemons or that they're getting older, we look at that every year to see which vehicles we should try replace.

CO-CHAIRPERSON ANKER:

Okay. And you had mentioned, too, though that they basically take care of the vehicles once they get them; is that correct?

DIRECTOR RHODES-TEAGUE:

Yes, they do. And then when they're done with the vehicles, they come back to the County to decommission.

CO-CHAIRPERSON ANKER:

Okay. And again, you know, it's going to be 2017, 2018, 2019; 2017 has the \$109,000 for the three vehicles. One is in fair condition, one is decommissioned and the other one is in fair condition. How do you -- let me go to the decommissioned. What happened to the one in Huntington?

DIRECTOR RHODES-TEAGUE:

At the time they requested the decommission, it was no longer usable, so that's when we decommission.

CO-CHAIRPERSON ANKER:

Okay.

DIRECTOR RHODES-TEAGUE:

You know, the -- and we try to put fair, good, whatever, but, you know, it's really -- we base it on what they tell us and we do have somebody who looks at the repair bills when they go out to do an annual evaluation of them, and we get mileage from them every month.

CO-CHAIRPERSON ANKER:

Okay. And again, as far as the use, basically one is a 14-passenger bus, that's the one in Brookhaven, and it's a transit bus. So basically it picks up the seniors and it brings them to senior

centers.

DIRECTOR RHODES-TEAGUE:

The senior centers nutrition sites. The programs are all based on the fact that in order to get people to a meal, we need a way to -- you know, we need that vehicle.

CO-CHAIRPERSON ANKER:

So it's not necessarily -- I thought, to some extent, it's taking the food to the location.

DIRECTOR RHODES-TEAGUE:

The center-aisle vehicles are used to take the seniors to the site. The small Escapes are used to provide the meals at people's homes.

CO-CHAIRPERSON ANKER:

So it's both.

DIRECTOR RHODES-TEAGUE:

It's both. I mean, you can use the center-aisle vehicles for it, but it's not efficient. You know, they do it sometimes, but the smaller ones, if they're not needed for transporting seniors, it makes more sense to buy the small SUVs.

CO-CHAIRPERSON ANKER:

Right. And we serve how many -- it was a pretty large number of seniors.

DIRECTOR RHODES-TEAGUE:

There's approximately 2500 seniors getting meals a day between the congregate and home-delivered, and then we say over the course of a year it's 625,000, 630,000 meals a year that are delivered out or out of site.

CO-CHAIRPERSON ANKER:

Now, there -- you know, I was at Leisure Village and there was a lady, her neighbor had said that -- or the lady's neighbor needed food, you know, there was an issue there, and that she had to go on a list or something. Is there a way that -- how does that work when there's a senior that needs --

DIRECTOR RHODES-TEAGUE:

There's waiting lists in a lot of our programs for the nutrition, and so they would go on the list with whatever town or program is in that area, and when they can put them on the program they will.

CO-CHAIRPERSON ANKER:

Can you get to me the list and let me know how many seniors are requesting that -- are waiting to participate in the nutrition program?

DIRECTOR RHODES-TEAGUE:

There's a lot reasons why people may be on the program. Some of it is not for lack of funding, some of it is because they don't have the resources in terms of maybe drivers or they don't have the resources in terms of that particular run, having a space available, things like that. So yes, I can get you that list.

CO-CHAIRPERSON ANKER:

It's heartbreaking to hear. You know, you're wondering is that person getting food. And like you said, you don't know what is the severity of the situation, you know.

DIRECTOR RHODES-TEAGUE:

And our program is not meant to cover every meal a person has. We are a Monday through Friday five meals a week program, so there has to be other resources to available to assist somebody with nutrition. You know, and if they don't have that, we try to find other ways to provide -- you know, to find other providers for that.

CO-CHAIRPERSON ANKER:

And I think that's also why we partner with the other entities, the towns, the not-for-profits to provide the services.

DIRECTOR RHODES-TEAGUE:

Correct.

CHAIRMAN SPENCER:

When I'm looking at the vehicles there, one thing that I see is kind of consistency, like in Brookhaven they are going from a 14-passenger bus to a 14-passenger bus and the cost is 59,000. Catholic Charities in Riverhead were both Chrysler Town and Country vehicle and a Ford Escape SUV, 25,000. So my concern when I see Southold and Brookhaven, they were 14-passenger buses, they're going to another 14-passenger bus; but in Huntington it was a 15-passenger bus, but they're going down to a Ford Escape.

DIRECTOR RHODES-TEAGUE:

I'll explain Huntington's issue. Huntington has their own transit system and they cannot use our vehicles to transport people in their transit system because they charge a fee. My programs all require that there are no fees charged. It's voluntary donation. So what they chose to do is get rid of their large passenger vehicles, get a vehicle that would provide the meal delivery, because they're not used for transporting people in the system. So that was a choice they made.

CHAIRMAN SPENCER:

Oh, okay (*laughter*). Good answer.

(**Laughter**)

DIRECTOR RHODES-TEAGUE:

I'm lucky I remembered that one, because that -- they haven't had a vehicle in a couple of years for that reason.

CHAIRMAN SPENCER:

I'm the Legislator from Huntington, but -- (*laughter*).

DIRECTOR RHODES-TEAGUE:

Yeah. There you go. No, that was a unique issue because they have their own transit system.

CHAIRMAN SPENCER:

All right, thank you.

DIRECTOR RHODES-TEAGUE:

Okay.

CHAIRMAN SPENCER:

I think that's all we have, Holly.

DIRECTOR RHODES-TEAGUE:

Okay, thanks.

CHAIRMAN SPENCER:

SO thank you very much. You almost made it out of here and I think you'll be successful.

That's all the committees, the business that I see for this hearing today. Is there any other business that we need to address? Seeing none, thank you very much, everyone. Have a good afternoon. We stand adjourned. Thank you.

(*The meeting was adjourned at 12:31 PM*)