

HEALTH & HUMAN SERVICES COMMITTEE

VETERANS & SENIORS COMMITTEE

Of the

SUFFOLK COUNTY LEGISLATURE

Capital Budget Minutes

A special joint meeting of the Health & Human Services Committee and Veterans & Seniors 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 May 19, 2010 to discuss the matter of the Capital Budget.

Members Present:

Legislator Kate Browning - Chairperson/Health & Human Services
Legislator John Kennedy - Member/Health & Human Services
Legislator Jack Eddington - Member/Health & Human Services
Vice-Chair Veterans & Seniors

Members Not Present:

Legislator Vivian Vilorio-Fisher - Vice Chair/Health & Human Services
Legislator Tom Muratore - Member/Health & Human Services
Legislator Cooper - Member/Veterans & Seniors
Legislator Losquadro - Member/Veterans & Seniors
Legislator Romaine - Member/Veterans & Seniors

Also In Attendance:

Presiding Officer William J. Lindsay
George Nolan - Counsel to the Legislature
Legislator Steve Stern - Sixteenth Legislative District
Legislator Tom Cilmi - Tenth Legislative District
Gail Vizzini - Director Budget Review Office
Lance Reinheimer - Assistant Director Budget Review Office
Rosalind Gazes - Budget Review Office
Diane Dono - Budget Review Office
Craig Freas - Budget Review Office
Ben Zwirn - County Executive's Office
Brendan Chamberlain - County Executive Assistant
Ed Hennessey - County Executive's Office
Linda Bay - Aide to Minority Leader
Paul Perillie - Aide to Majority Leader
Josh Slaughter - Aide to Legislator Browning
Barbara LoMoriello - Deputy Clerk/Suffolk County Legislature
Greg Blass - Commissioner/Department of Social Services
Edward Hernandez - Deputy Commissioner/Department of Social Services
Linda O'Donohoe - Asst. to the Commissioner/Dept. of Social Services
Dr. Tomarken - Commissioner/Department of Health Services

Margaret Bermel - Dir of Health Adminis/Department of Health Services
Robert Zielinski - AME rep
And all other interested parties

Verbatim Minutes Taken By:

Lucia Braaten - Court Stenographer

Verbatim Minutes Transcribed By:

Denise Weaver - Legislative Aide

[THE MEETING WAS CALLED TO ORDER AT 11:41 A.M.]

CHAIRPERSON BROWNING:

Okay. Good morning. I think we will start the Health and Human Services and Veterans and Seniors Committee public hearings with the Pledge of Allegiance, led by Legislator Kennedy.

(Salutation)

CHAIRPERSON BROWNING:

Okay. Good morning. I guess -- I don't know where we'll start. I see we have Dr. Tomarken here from the Health Department. Do you have anything you'd like to report, Dr. Tomarken, and whoever else you might want to bring with you?

DR. TOMARKEN:

Thank you. I don't have anything actually to report, but we are here for questions.

CHAIRPERSON BROWNING:

Okay.

LEG. EDDINGTON:

I've got a question.

CHAIRPERSON BROWNING:

We do have questions. Do you want to come and sit at the table? It would be easier. Legislator Eddington has a question.

LEG. EDDINGTON:

Yes. I don't know if you're aware that originally there was an RFP out for health centers, particularly the south Brookhaven one, the Patchogue one, and it was taken out, and I've just put legislation in to again look for another site. Have you heard anything about it? Is it going to be pursued vigorously? Because I think, if I'm not wrong, I think the lease is up June, which is not far away, and so we probably will be extending it. And what is our -- what is our goal? Are we going to continue extending it? Because what I've heard from the Health Department over the years is that place is not adequate. We can't even put I believe a mammogram unit that was bought years ago in there. So -- and what is your feeling on this whole situation if you've been able to get up to speed?

DR. TOMARKEN:

My understanding is that your resolution was adopted, and we will be looking for a place, but, in the meantime, we've been looking for a short-term lease to stay there and offer our services. My understanding it takes roughly two years to move a center if we were to do that. So, you know, we will continue on the process to look at other places and/or the possibility of even building if that was a possibility.

LEG. EDDINGTON:

I guess what I would ask you that if it's been inadequate for years, I mean I've been here for five years that's what I've been told since I got on board and we knew the lease was going to be up in June and now we're -- we stopped the RFP now I've got it back in, but it's going -- you're telling me it's going to take two years. Doesn't that sound like poor planning? I mean, I want to be assured that under your directorship, under your leadership, that this is not what's going to be happening.

DR. TOMARKEN:

It is working now. It's not the ideal situation. A lot of internal changes were made to the flow of patient care and so it is more efficient than it was. So that at this point it's part of an issue as to whether or not the location is appropriate and I know that you have concerns about the actual location let alone the facility itself. So we have two issues to deal with. And ideally, if we don't want to stand in the way of economic development and if we can always use a bit of a bigger facility, but

it's not urgent that we're not able to serve the population that's there. But with the other issues involved I think it's going to -- it needs to be relooked at and vigorously.

LEG. EDDINGTON:

Okay. Thank you very much.

CHAIRPERSON BROWNING:

John.

LEG. KENNEDY:

Yes, thank you, Madam Chair. Good morning, Doctor, how are you today?

DR. TOMARKEN:

Good, thank you.

LEG. KENNEDY:

Good, good. There are two items that I wanted to just briefly ask you to comment about. One of them in their analysis, Budget Review, capital project 4041, spoke about the RoamAlert WanderGuard System out in the John J. Foley out in the nursing facility, and it notes that the existing alarm alert system is 12, 13 years old. I guess it's degrading as far as its capability of keeping our residents safe. And notwithstanding some of the issues that have been swirling around, nevertheless, these are still our residents, our patients, and I'm wondering if you've got any thoughts about how we may be moving forward to address our. Safety needs for our residents.

DR. TOMARKEN:

Sorry.

LEG. KENNEDY:

Margaret can tell me. That's okay.

MS. BERMEL:

Oh, I'm sorry.

DR. TOMARKEN:

First, let me say that I agree with you 100% that we have to keep the facility up to current standards especially for issues like this.

LEG. KENNEDY:

Okay, which I appreciate Doctor. There are a myriad of other things we can speak about the facility but I'll save those because this is supposed to be limited to our capital investments and what method that we're going to use. If it's not a Capital, would we then point to Operating? What's your thoughts, Margaret?

MS. BERMEL:

Good morning. Margaret Bermel. Good morning, Legislator Kennedy. The project for the WanderGuard has been advanced to 2011. In speaking to Mr. Fine, the administrator at John J. Foley, he believed that the system is adequate but he does have some concerns about the system aging out. We believe that it can be -- it can be purchased in 2011 without compromising the safety and security of the residents. However, if we find prior to that that there is some urgency, if the system has suddenly failed in the current year we will certainly find and appropriate Operating funds to purchase that system.

LEG. KENNEDY:

Okay.

MS. BERMEL:

The intent is to purchase it out of Capital, but we will be responsive. If we need to purchase it out of Operating to secure the safety of the residents, we will certainly do that.

LEG. KENNEDY:

So, then -- it's your statement here today that the current system is functioning, is that it?

MS. BERMEL:

Yes.

LEG. KENNEDY:

Okay. And my understanding is that both of those dementia units on -- I think it's what, Four North and Four South, we've been running pretty consistent. We average somewhere in the neighborhood of between 77 and 79 residents with 80-bed capacity. And all those who are in advanced stages of dementia or who are known to be, I don't like to use the term wanderers, but I guess, for lack of a better description, that's what we're dealing. All those patients as identified are being properly monitored as we speak?

MS. BERMEL:

That is our understanding from Mr. Fine; yes, is that correct.

LEG. KENNEDY:

Doctor.

DR. TOMARKEN:

Let me say that I will look into this and give you further information to make sure that the system is up to its standards.

LEG. KENNEDY:

Okay. I would genuinely appreciate that. Obviously we all want to stay on the same page notwithstanding as I said some of this other distraction or whatever you want to call it.

Shifting gears for just another second, but also staying somewhat I guess on a mental health vein, I just want to ask or hope that we still have that same degree of commitment to supporting the CPEP expansion over at Stony Brook University. Again, that's something that I'm sure you're directly familiar with, Doctor. And, you know, that the groundbreaking, as a matter of fact, for the new facility I believe is going to occur in the beginning of June. I just got some information from Dr. Sedler. So are we -- I looked for that briefly, I didn't see it, so I'm going to ask you and I guess I'm going to ask BRO, I believe we have a million dollar commitment towards the construction of that facility. Is that commitment still reflected in our Capital Budget documents?

MS. VIZZINI:

I'm checking.

LEG. KENNEDY:

Okay. I didn't mean it to be a trick question, folks. I'm sorry.

MS. VIZZINI:

What we think and we need to confirm is that there's \$2 million in the 2010 adopted Capital Program.

LEG. KENNEDY:

Okay.

MS. VIZZINI:

But in terms of the status of our -- the necessary legal agreements with Stony Brook and the status

of the project, I would defer to the department.

LEG. KENNEDY:

Okay. Well, I appreciate that. Thank you. Thank you, Gail. Doctor, have you had an opportunity to be briefed on this? Has any of these been brought to your attention yet?

MS. BERMEL:

If I can respond to that, Legislator Kennedy.

LEG. KENNEDY:

Well that's up to him, he's the boss.

DR. TOMARKEN:

She's going to talk about the financial, I'll talk about the briefing.

MS. BERMEL:

Just following up on what Ms. Vizzini had stated about the million dollars.

MS. VIZZINI:

It is a million.

MS. BERMEL:

I'm sorry.

MS. VIZZINI:

One million.

MS. BERMEL:

The one million. Yes, the million dollars in 2010. That is in 2010. There are still some bonding issues to be worked out with bond counsel primarily because the site is not a County site, so there are some bond issues that need to be resolved.

LEG. KENNEDY:

Nevertheless though, Margaret, I mean it's fairly important that we move forward in resolving them. And I know when this resolution was brought forward to actually address that, those issues were raised in the first instance. Our Legislative Counsel, as a matter of fact, I believe had extensive conversation with bond counsel. It was agreed that there will be the sufficient memorandums issued provided that there was actual space dedicated in the construction of the facility itself that would be identified as, if you will, County space. And clearly when you see the schematics and the drawings, Doctor, that's how Stony Brook has proceeded with its actual architectural preparations and all of the approvals that have been obtained from State Department of Health and state OMH in order to go forward with constructing this facility.

So I think, if you've not had an opportunity to see some of the specifics, first of all, I would strongly encourage you to, if you could, talk with Dr. Strongwater and Dr. Sedler, because this is something that all of us, as a matter of fact, know firsthand based on the transportation requirements for the so-called EDPs, the emotionally disturbed persons that are transported actually from all over Suffolk County to Stony Brook for psychiatric intake.

Secondly, that facility is seeing probably upwards of 6500 individuals on an annual basis for psych assessment, psych eval., and treating psych emergencies, if you will, and a significant number of those individuals coming into the facility is are a direct result of Suffolk County Police Department transport. For that matter Suffolk County Sheriff, people coming out of our correctional facilities, direct involvement with the County in a variety of ways.

So I would ask and request that you please reach out and have some dialogue. And if there's

anything that needs to be done with bond counsel, I don't want to find out in December that we still have the same types of lack of understanding or finality for the purposes of bond issuance to make this occur.

DR. TOMARKEN:

I will follow up on that.

LEG. KENNEDY:

Okay. I appreciate that. Thank you very much.

CHAIRPERSON BROWNING:

Okay. Anyone else have a question? No? The emergency medical -- I'm sorry, electronic medical records, I know we haven't yet passed anything on that, and can you give me some idea? I don't think -- do we have a resolution yet to -- for the EMR?

DR. TOMARKEN:

At this point we don't. We -- it was still basically a bond issue.

CHAIRPERSON BROWNING:

Right.

DR. TOMARKEN:

The resolution passed, but the bond did not. So the question becomes what's the best way to approach the funding of this project and we have researched this to the point where we have made it -- we've been able to find out and determine that we can pay for this project within the first year from the incentive funds that the government is providing or will provide. So at this point, it's really another bond issue that needs to be brought up and voted on.

LEG. STERN:

I have a quick question on that issue --

P.O. LINDSAY:

Go ahead.

LEG. STERN:

-- as far as Federal monies that might be available. Do you know what the status is of those Federal dollars, if any? And I raise that as an issue because I had read something recently that those Federal monies for that purpose are not as quickly forthcoming as -- as I think other levels of government had hoped. Any update on that? Do you know where that's at?

DR. TOMARKEN:

Well, we talked with the people at the State because the funds go through the State and then down to us. And they felt that the money was -- I use the word advisedly, pretty solid and almost guaranteed. But it's not been specifically allocated at this time. But they're moving ahead and everything we've heard and read indicates that they're planning to move on this very quickly, especially in the first year when the requirements are looser and easier to meet than if we wait for subsequent years.

LEG. STERN:

Is there something that comes to us from the State or from the Federal Government that lets us know definitively if it's worth us pursuing? In other words, I'm sure we would all share the concern that if we move at our level that the monies from higher up are going to be there ultimately for us. Is there something that we get more definitively from the State from the Federal Government before we proceed?

DR. TOMARKEN:

Well, the actual process is is you purchase the system first and go to the Federal government. But we have contacts in New York State that could -- we are constantly in contact with and we can proceed with that kind of relationship and say where are we and what are -- what's the guarantee if there is such that the funds would be available? So do we have an absolute guarantee or is it printed anywhere? It's not, to my knowledge, in the register yet, but we have these good contacts in the State and they were not giving us any indication that we should hesitate or not move ahead precipitously.

LEG. STERN:

Madam Chair, if it's okay with you, BRO.

CHAIRPERSON BROWNING:

Sure.

MR. FREAS:

The regulations that will govern the funding stream are still undergoing the rules-making process on the Federal level, as Doctor Tomarken mentioned. It's not -- the final rule is not in the register yet. I believe it should be June. I'm not quite sure on that, but I believe it should be June that the final register should be out. I haven't seen anything from Health and Human Services or even in health care media that this is a controversial issue, so I would assume that the rules will once they complete the process go through more or less as we originally proposed in March when the Health Department briefed the Health Committee on the possible revenue stream. So the revenue will be in place by then and it's based on the number of providers that use the electronic medical record. And I believe it's 15, \$20,000, per provider in the first.

DR. TOMARKEN:

Closer to 20, the first year.

MR. FREAS:

Right.

DR. TOMARKEN:

Twenty-one thousand in the first year. Total of 65,000, approximately, over this five to six-year program per provider.

CHAIRPERSON BROWNING:

Bill?

P.O. LINDSAY:

Are you done, Steve?

LEG. STERN:

I'm done.

P.O. LINDSAY:

Here's my confusion, and maybe Budget Review can help, and Legislator Kennedy was involved in this as well. We originally were going to fund this as part of a reallocation of money that we had assigned to the Central Islip health clinic and we were going to put the money back and didn't this get involved with the suboxone issue, electronic medical records, and there was a reluctance by this body to buy the whole package at once?

CHAIRPERSON BROWNING:

Right.

P.O. LINDSAY:

You sponsored a stand-alone resolution for the suboxone.

LEG. KENNEDY:

Yes.

P.O. LINDSAY:

The medical records portion is still in limbo. Am I -- do I have my facts right on this?

CHAIRPERSON BROWNING:

That's why I was asking, because I know we broke that up and we never got --

P.O. LINDSAY:

Yeah, but that was Operating money. Now we're talking about it in terms of the Capital Budget.

LEG. KENNEDY:

Well there was two resolutions, Mr. Chair, if I can, Madam Chair, Mr. P.O. There was -- my recollection is in the original resolution, 1164, put forward by the administration that was that whole host of the items; there was money in there associated with Operating funds for consultants to actually work with the software provider to implement it. But there was a separate stand-alone bond of about 1.1 or 1.2 million for procurement of the software and, I guess, some of the equipment upgrades that would be installed in various centers. And so, you're right, what happened was there were a number of things that occurred when we tried to take the hard look.

I'll also share with you, Doctor, I saw this -- a similar article to what Legislator Stern raised about the elusiveness of the electronic medical records funds under ARRA, and I think many of us had this running concern when we were being told that, "Oh, there's Federal money," and, "Oh, there's multiple pay-offs," and, "Oh, there's long-term streams," but nothing substantive ever appeared. So therein may still lie the dilemma.

MR. FREAS:

Just to clarify.

P.O. LINDSAY:

Go ahead.

MR. FREAS:

The funding stream, the 20,000 per provider is not -- it's not attached to ARRA, it's partially attached to the new health care reform act and also via those or even before then, from Center for Medicare and Medicare Services rules making procedures. And it's -- it's an incentive based -- there's actually sanctions if you don't have an electronic medical record by, I believe, 2014 that penalize you for not having one.

P.O. LINDSAY:

Okay. Here's my question, getting back to my original question. Are we talking now about putting this in the Capital Budget or are we going back to the original resolution and --

MR. FREAS:

It's two separate things.

P.O. LINDSAY:

-- and covering it under Operating?

MR. FREAS:

It's two separate things. Legislator Kennedy mentioned that the bond is for the licenses and software and hardware that's needed. In the original 1164, in the original resolution that the County

Executive proposed it had the different things happening with the Central Islip funds, there was provision in the Operating Budget for two office system analysts to help implement the electronic medical record. I would -- you know, whether they can do it or not without the two additional staff I think is a question for the department, but the procurement process is straight on the bond. It's just the extra people to help maintain the electronic medical record. That's the only portion of it that was originally in the Operating Budget amendment.

P.O. LINDSAY:

Okay. But do we have to put something in the Capital to purchase the actual system?

CHAIRPERSON BROWNING:

That was my question, because I know -- that's why I asked.

MR. FREAS:

Yes.

CHAIRPERSON BROWNING:

Do we have a resolution for the medical records?

MR. FREAS:

We have a resolution that -- appropriating the funds, that passed. The bond resolution did not pass two times, and that's what the issue.

P.O. LINDSAY:

Okay. But that was the all-encompassing resolution; am I correct?

MR. FREAS:

That was --

P.O. LINDSAY:

No?

MR. FREAS:

That was the bond resolution -- excuse me. That was the Capital resolution that would allow you to procure the software licenses and needed hardware for the EMR. It did not include any provision for the --

P.O. LINDSAY:

So the money was included in the current Capital Budget and we haven't appropriated the money, is that the idea?

MR. FREAS:

You've appropriated it, but you haven't passed the bond.

P.O. LINDSAY:

Okay. But it's in this Capital Budget.

MR. FREAS:

The 2010, yes, sir.

P.O. LINDSAY:

Okay. So, I mean, are we going to go forward with this system or not? I mean --

CHAIRPERSON BROWNING:

To be honest with you, I think we do. I know when Linda Mermelstein was here, you know, they had the issue on the East End with the storm, they lost the roof and they had patients that they had

to cancel, they couldn't reschedule them to go to another location. But that's a perfect example of why the medical records, the electronic medical records would have been helpful because you could move them to another, tell them go to another center and they could be treated. And with the medical records the electronic ones, they would have that information. But because we don't have it, they have to wait.

P.O. LINDSAY:

Well, I think that's the practical application of it. But, in terms of fiscal issues, eventually we have to install it.

CHAIRPERSON BROWNING:

Right.

P.O. LINDSAY:

Otherwise the penalties will kill you.

CHAIRPERSON BROWNING:

Right.

P.O. LINDSAY:

And it's better to install it when we have some incentive money than when the incentive money runs out.

CHAIRPERSON BROWNING:

So I guess our Working Group will work on that.

P.O. LINDSAY:

No, because it's already in the Capital.

CHAIRPERSON BROWNING:

It's already in this year's.

P.O. LINDSAY:

It's already in.

CHAIRPERSON BROWNING:

Okay. So then we need to make it happen. Okay?

P.O. LINDSAY:

Okay.

CHAIRPERSON BROWNING:

I guess -- you know, I was hoping maybe somebody would be here to talk about the IRS Building for the Health Department. I guess there's nobody here from the County Executive's Office to respond to that. So I guess we can't ask questions unless there's anybody from -- yeah, I know.

P.O. LINDSAY:

Go down in the bowels of the building and talk about it.

CHAIRPERSON BROWNING:

There you go. So Dr. Tomarken, is there any other --

DR. TOMARKEN:

No, I'm just here to answer any questions I can for the Committee.

CHAIRPERSON BROWNING:

Okay. And you looked at BRO's report?

DR. TOMARKEN:

Yes.

CHAIRPERSON BROWNING:

Okay. And, BRO, do we have any -- is there anything different from what you proposed versus what the County Executive's proposal was?

MR. FREAS:

Yes. In project dated 2/23, which is the Brownfields Program we recommended the addition of \$820,000 in 2011. This is the -- that's as requested originally by the Department. That funding was eliminated in the County Executive's proposed program. We feel that the -- in the fact that there may not be -- that the sites -- the 820,000 is to help remediate the Blue Point Laundry site, one of the five sites on the -- in the Brownfields Program. Based on the probable lack of funding from State DEC, the fact that the site is pretty close to a residential area, it's actually more or less in a residential area in Blue Point, and that the currently -- the current fund balance is probably going to be expended in remediation this year that it would be prudent to add the \$820,000 back in.

CHAIRPERSON BROWNING:

Anything else?

MR. FREAS:

Yes.

CHAIRPERSON BROWNING:

Dr. Tomarken has a response to that.

MR. FREAS:

Sure.

CHAIRPERSON BROWNING:

But I don't know if you want to respond or wait until he's finished. You want to take his laundry list and talking about laundry. Do you want to continue, Craig, and then maybe he might want to respond to everything else?

MR. FREAS:

Yeah, do you want me to go through it or -- that's entirely okay. In project 4055, which is purchase of equipment for the health centers, we recommended funding one of the requested digital converter upgrades in the 2010 budget. I believe in our Operating Budget report we had mentioned that we probably don't need to be doing x-ray services at every health center. Based on that fact, you could eliminate at least one. The County Executive eliminated both of the digital x-ray converters that were going to be purchased in 2010. We believe that one should be purchased, you just need to kind of decide where x-ray services would be provided in.

In addition, we recommended including an additional 100,000 in that project in 2013 to allow for digital upgrades as necessary. We rescheduled -- we recommended rescheduling funds in 4079, the environmental health lab. We recommended rescheduling funds in 4081 to allow the department to procure the consultant and work on the specifications for the geographic information system database, and that's a rescheduling only.

The Brownfield's Program I mentioned.

We recommended in the 2011 budget for project 8226 adding \$45,000 in additional funding to allow

the well drilling team to purchase their support vehicle in 2011. The County Exec had eliminated that funding.

And in the Estuary Program we recommended rescheduling \$148,000 from 2012 to 2011 to allow them to replace their current open water vessel, a 25-year-old 34 foot vessel with a newer version that actually would then be in the water. The current vehicle is not operational -- the current vessel is not operational.

CHAIRPERSON BROWNING:

Is that it? That's it?

MR. FREAS:

That's it.

CHAIRPERSON BROWNING:

Okay. Dr. Tomarken, and can I ask real quick? The digital mammography in Riverhead, is that still being moved to Brentwood? Margaret? I know, I hate to put you on the spot, the new guy on the block, right?

DR. TOMARKEN:

Yeah, no. Right, exactly. There are no plans to move it at the moment.

CHAIRPERSON BROWNING:

I thought that that was something that was coming up.

MR. FREAS:

We had recommended it in our proposal.

CHAIRPERSON BROWNING:

Okay. Maybe Margaret can answer.

MS. BERMEL:

We have had some discussions on that topic. At this point we're -- we haven't reached a final conclusion on the determination of that machine. We have another bonding that we can go out on this year. We can request the funding for it to actually purchase the mammography machine for Brentwood and install it in Brentwood as was in the Capital. We did have some concerns on the utilization rate in Riverhead. The utilization of the machine has not been what we had expected.

CHAIRPERSON BROWNING:

Right.

MS. BERMEL:

So we did have these internal discussions as to the best use of the existing machine in light, of course, of the current fiscal economy.

CHAIRPERSON BROWNING:

It's just that I remember I visited the Brentwood Health Center before Christmas, and there was discussion about moving the digital mammography because there was going to be an agreement with the hospital out there to use their mammography because the Riverhead one is not being utilized enough to move it to Brentwood and that was -- I was told back then that it would probably happen before Christmas that they would get and it's -- so it's still sitting in Riverhead.

MS. BERMEL:

It's sitting in Riverhead. It is being used. I believe the average is about 30 patients per month. So it is not being utilized to the maximum capacity.

CHAIRPERSON BROWNING:

Right.

MS. BERMEL:

We are open, of course, to working a solution to the issue, but if necessary, we are prepared to request the borrowing for the new machine, but we are open to the alternative as well to move the existing machine.

CHAIRPERSON BROWNING:

John.

LEG. KENNEDY:

Doctor, I guess I'll address it to you, but also to Margaret. I recall when we lobbied extensively for the installation of the digital mammography out in Riverhead, and as a matter of fact we worked extensively with the County Executive's Office to even begin to find a physical location in that building. Having found that; the digital equipment was installed. You know, it was just this year that we retired our mobile mammography van under the premise that the analog technology was no longer preferable, and that we could no longer sustain the cost of manning that mobile mammography unit. I have to tell you, I am troubled and concerned to hear that we are contemplating relocating a digital piece of equipment out on the East End. Now, obviously it's an expensive piece of equipment and just like any health care facility, you optimize your return by operations in the equipment.

So the first question I'd is, if we are only seeing 30 women a month at this facility, are we operating 9:00 to 5:00 Monday through Friday or have we expanded our evening and weekend hours to accommodate working women, women that are not drivers, women that need accommodations so they can come to our site, utilize the equipment, get the enhanced screening and receive the important coverage that we must have thousands and thousands of East End women without adequate health insurance to obtain?

DR. TOMARKEN:

In visiting all of the -- I haven't visited all, but of all the health centers I've visited, only one so far has any substantial evening or weekend hours and they all say that they don't need it. Having said that, I was at the Shirley health center recently and they surprisingly enough to them, they now send all their mammography patients to the hospital, and they say that they have more patients going to the hospital now than they did before, because they love the facility. It's a very user friendly nice place. And that they even have -- they set aside a certain amount of money for transportation of which they have not used any.

And so the assumptions that we often make sometimes don't turnout to be correct. So whether we need extra hours, according to the people that I've met with, and these are all the directors of the clinics, centers, they have not indicated that there has been any indication that they need extra hours. Maybe it's one of those issues of "build it and they will come." But what we found at Shirley, for instance, is that people are very happy going to another facility that is geared for mammography where people are trained, the ambiance is very nice, they don't request help for transportation.

So I think we need to look into this and I think some of the assumptions we may have made in the past may not turn out to be true, but I still think it's certainly worth looking at.

LEG. KENNEDY:

Doctor, again, I would turn to your decades of experience as a practitioner and also as a health systems expert, if you will, and what I would say to you is I'd be very happy to be guided by the quantitative assessment that you're able to obtain. If there's true community investigation and input solicitation, I think I would be persuaded, perhaps.

However, I'll also say to you, I don't know, again, from a systems perspective whether or not

patients that are for all intent and purposes patients of our Suffolk County health clinic system should routinely be serviced for mammography by Brookhaven or Peconic or wherever it is they're routinely going. Quite candidly, doctor, I was told by the Health Department last year when I expressed my concerns about retiring the mobile mammography van that there will be accommodations made for women without resources at Saint Catherine's. Now most recently I was advised by your Chief Deputy, there's no funding whatsoever to transport women or to assist them at the Women's Pavilion at Saint Catherine's. So there's a dichotomy from what was related last fall to what our actuality is now.

Again, the bottom line here is as you would agree, is that mammography helps save women's lives. And I think it goes to are we as a health care provider going to include that in our range of services, or have we made a decision to move away from that and move our patients to a facility, a community-based facility, for that service? And if that is the case, I'd like to know that that was made with the discussion with the CEOs from the community facilities. I'm not getting that sense.

DR. TOMARKEN:

No, to my knowledge we have not made that policy change. We are not eliminating or even trying to reduce mammography. And I think even if FQHC becomes a reality, we would probably be mandated to provide it. Our goal is to increase it. And the question is each health center is a unique institution, and the population responds to different service delivery systems.

LEG. KENNEDY:

Absolutely.

DR. TOMARKEN:

And so what we saw at Shirley may not work at Brentwood or others, but at the same time we have to be cost effective and efficient. And --

LEG. KENNEDY:

No doubt, no doubt. And I don't like to personalize these things, but I will share with you, when I had my MRI seven years ago prior to back surgery I was in a tin can at Stony Brook at 10 o'clock at night on a Friday night. They ran that thing 24/7 by 365. Now, that's not to say that one of our health centers is the equivalent of a major level 1 trauma university, but there are -- are many needs of our residents on the East End that I think you can appreciate. Somewhat rural in nature, pockets of population that are Hispanic, Polish, Russian, not even conversant in English, let alone able to travel, you know, within a Monday to Friday 9:00 to 5:00 kind of parameter.

So I'm just hoping that we do the assessments that are necessary before we would abandon that facility for this kind of equipment.

DR. TOMARKEN:

I agree. We do perform outreach to the communities, and I can't speak in detail how effective it is or the exact program, but we do outreach programs, and our -- one of the things that the FQHC would offer would be additional transportation services as well.

LEG. KENNEDY:

Good.

DR. TOMARKEN:

That would help us.

LEG. KENNEDY:

Maybe we'll be moving in a direction that's a positive direction.

DR. TOMARKEN:

Yeah.

LEG. KENNEDY:

Okay. Thank you.

CHAIRPERSON BROWNING:

Okay. Thank you. And, Doctor Tomarken, you had some reports, as you said, we're slowly, but surely, the Working Group is meeting at 12 o'clock, and I'm on it also, but I know you wanted to respond to some of the comments from Craig.

DR. TOMARKEN:

I just want to say, in general, we support County Executive's positions on these proposals. In terms of Brownfields Program, we are waiting just so you understand the context, we are awaiting the State's direction. When that will come we have really no idea. And in the context of the current clinic -- financial climate, I can understand the proposal and we support it. If BRO thinks it's prudent to return the money, we have no major objection to that.

CHAIRPERSON BROWNING:

Okay. I guess that makes it done. So I guess we are done with Health and Human Services. Thank you, Doctor, and Margaret. And I guess I'm the only one left. Vets and Seniors. Is there anyone here for Veterans and Seniors who would like to make comments? Nope. With that, I guess we are adjourned.

[THE MEETING WAS ADJOURNED AT 12:24 P.M.]

{ } DENOTES BEING SPELLED PHONETICALLY