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NASSAU COUNTY LEGISLATURE

NORMA GONSALVES,
Presiding Officer

RULES COMMITTEE

1550 Franklin Avenue
Mineola, New York

Monday, July 10, 2017
5:16 P.M.

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2 A P P E A R A N C E S:

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4 LEGISLATOR NORMA GONSALVES

5 Chair

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7 LEGISLATOR HOWARD KOPEL

8 Vice Chair

9

10 LEGISLATOR VINCENT MUSCARELLA

11

12 LEGISLATOR RICHARD NICOLELLO

13

14 LEGISLATOR KEVAN ABRAHAMS

15 Ranking member

16

17 LEGISLATOR SIELA BYNOE

18

19 LEGISLATOR ARNOLD DRUCKER

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1 Rules - 7-10-17

2 LEGISLATOR GONSALVES: I'm going
3 to, since there are so many people here
4 waiting and waiting, including my colleagues
5 on both sides of the aisle, we have several
6 contracts. The Rules Committee is on. I'm
7 not taking a break, I'm sorry, unless you need
8 to. We are going to go right through.

9 I was going to do the hospital
10 first but I see a number of the county
11 officials back there waiting for some of the
12 contracts to be put forth and since there
13 aren't that many we probably could do that
14 first and spend the rest of the time on the
15 hospital.

16 I'm going to ask the members who
17 are not, my colleagues who are not members of
18 the Rules Committee, when it comes to the item
19 on the NUMC contract you may ask your
20 questions but remember you are not to vote.
21 Is that understood? In other words, you are
22 invited to sit here. You may ask questions
23 when we come to the hospital contract
24 everything else let's move it so we can get to
25 the hospital contract. I'm going to ask Linda

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2 to please call the roll for the Rules
3 Committee.

4 MS. VOCATURA: Legislator Siela
5 Bynoe substituting for Legislator Solages.

6 LEGISLATOR BYNOE: Here.

7 MS. VOCATURA: Legislator
8 DeRiggi-Whitton.

9 LEGISLATOR DeRIGGI-WHITTON:
10 Here.

11 MS. VOCATURA: Ranking member
12 Kevan Abrahams.

13 LEGISLATOR ABRAHAMS: Here.

14 MS. VOCATURA: Legislator Kopel.

15 LEGISLATOR KOPEL: Here.

16 MS. VOCATURA: Legislator
17 Muscarella.

18 LEGISLATOR MUSCARELLA: Here.

19 MS. VOCATURA: Vice chairman
20 Nicolello.

21 LEGISLATOR NICOLELLO: Here.

22 MS. VOCATURA: Chairwoman
23 Gonsalves.

24 LEGISLATOR GONSALVES: Present.

25 MS. VOCATURA: We have a quorum.

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2 LEGISLATOR GONSALVES: Thank you
3 very much Linda.

4 LEGISLATOR ABRAHAMS: We are
5 going to substitute Legislator Drucker for
6 Legislator DeRiggi-Whitton.

7 LEGISLATOR GONSALVES: We are
8 going to move as quickly as we can on the
9 other contracts. I'm going to call contract
10 A-22.

11 MR. BECKER: Madam Chair, do you
12 want to call A-35 for lieutenant?

13 LEGISLATOR GONSALVES: We can do
14 the two of them. A-22 is a contract between
15 the County of Nassau acting on behalf of the
16 Nassau County Police Department Asset
17 Forfeiture Bureau and Independent Equipment
18 Corporation.

19 And A-35 is a contract between the
20 County of Nassau acting on behalf of the
21 Nassau County Police Department and Axon
22 Enterprise.

23 Moved by Legislator Nicoletto.
24 Seconded by Legislator Muscarella.

25 Now lieutenant you are going to

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2 speak to both items.

3 MR. STEPHANOFF: Good afternoon.

4 Lieutenant Greg Stephanoff from the police
5 department Item A-22 of '17 is to authorize
6 and award a purchase order to solar powered
7 silent message boards for the Nassau County
8 Police Department. This solicitation was
9 advertised in Newsday and we received five
10 bids. The lowest responsible bidder that met
11 the specifications was chosen. The price is
12 \$142,800. That's going to be paid by asset
13 forfeiture funds. These boards will enable
14 the Nassau County Police Department to impart
15 timely information to the public where and
16 when needed to assist in major events,
17 emergencies, traffic enforcement, safety
18 checkpoints and crime reduction strategies.

19 LEGISLATOR GONSALVES: Any
20 questions or comments regarding that item?

21 LEGISLATOR ABRAHAMS: Quick
22 comment.

23 LEGISLATOR GONSALVES: Minority
24 Leader.

25 LEGISLATOR ABRAHAMS: Hello. We

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2 notice that Independent Corp. bid 17850 but
3 Hertz bid a little bit lower. Can you clarify
4 why we went along with Independent?

5 MR. STEPHANOFF: Independent met
6 all the specifications. The equipment has a
7 320 watt solar array, a 45 amp battery charger
8 and a 520 amp power, which will require less
9 batteries to run the board, and also a
10 built-in GPS that will run over cellular, that
11 will be able to update it over a cellular
12 line. The Hertz didn't have these
13 specifications. If they added it they would
14 have went over.

15 LEGISLATOR GONSALVES: Any
16 questions on A-35?

17 LEGISLATOR BYNOE: I have a
18 question. Good afternoon. Just a quick
19 question. The use is not going to be used for
20 commercial type of --

21 MR. STEPHANOFF: These boards?
22 Not that I'm aware. We don't generally do
23 that. Commercial meaning.

24 LEGISLATOR BYNOE: Commercial
25 entities and commercial enterprise and

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2 private.

3 MR. STEPHANOFF: No. What I was
4 told this is going to just be to impart
5 information that's needed that we need to get
6 across to the public from a police department
7 perspective.

8 LEGISLATOR GONSALVES: Is that
9 pertaining to A-35?

10 MR. STEPHANOFF: No. That was
11 A-22.

12 LEGISLATOR GONSALVES: Any
13 questions on A-35? There being none, all
14 those in favor of A-22 and A-35 signify --
15 yes.

16 LEGISLATOR ABRAHAMS: Can you
17 take the vote separately?

18 LEGISLATOR GONSALVES: All those
19 in favor of A-22 signify by saying aye. Nay?
20 A-22 s four to three. A-35, all those in
21 favor signify by saying aye. Any opposed.
22 That's unanimous seven zero. Moving along.

23 The next item I'm going to be
24 calling is the E-156. A personal services
25 agreement between the County of Nassau acting

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2 on behalf of the Nassau County District
3 Attorney and Mid Island Animal Hospital.

4 Motion please. Moved by Legislator
5 Muscarella and seconded by Legislator
6 Nicoletto.

7 MR. MCMANUS: Bob McManus
8 District Attorney's Office.

9 In 2015 the district attorney
10 received a donation of a companion dog from
11 Canine Companions for Independence. This
12 organization trains both dogs and handlers in
13 assisting victims and witnesses, especially
14 children, in stressful scenarios such as those
15 faced in prosecutors' offices. The dog is
16 very effective in providing comfort to
17 children who are either the victim of or
18 witness to family violence or sexual abuse.

19 This item is the second one year no
20 cost extension of an agreement with the
21 veterinary office in Hicksville to provide
22 basic care for the dog. We are still working
23 off the same \$5,000 encumbered from the
24 original agreement back in 2015.

25 LEGISLATOR GONSALVES: Any

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2 questions or comments from the legislators?

3 Any public comment? There being none, all

4 those in favor of E-156 signify by saying

5 aye. Any opposed? It's six zero one.

6 The next item is E-157. A personal

7 services agreement between the County of

8 Nassau acting on behalf of the county

9 Departments of Health, Social Services and

10 Human Services and Ventek, Inc.

11 Moved by Legislator Nicoletto.

12 Second by Legislator Muscarella.

13 MR. EISENSTEIN: Ed Eisenstein IT

14 commissioner here. This is for Ventek. It's

15 one of the software support companies that

16 works with DSS to manage their WMS or their

17 welfare computer system.

18 LEGISLATOR GONSALVES: Any

19 questions of Mr. Eisenstein?

20 LEGISLATOR ABRAHAMS: I don't

21 want to get into a long thing but the term of

22 this contract started when Mr. Eisenstein?

23 MR. EISENSTEIN: Let me take a

24 look.

25 LEGISLATOR ABRAHAMS: Is it May?

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2 MR. EISENSTEIN: Yes, that's
3 correct.

4 LEGISLATOR ABRAHAMS: It was on
5 the list?

6 MR. EISENSTEIN: I believe it was
7 on the list, yes. Again standard support.
8 Been a vendor here before I got here
9 supporting the system between the county and
10 the state.

11 LEGISLATOR ABRAHAMS: Thank you.

12 LEGISLATOR GONSALVES: Any public
13 comment? There being none, all those in favor
14 of E-157 signify by saying aye. Any opposed?
15 The item passes four to three.

16 The next two items are E-158 and
17 U-41, both with the Nassau County Department
18 of Parks, Recreation and Museums. And I
19 believe the first one, 158, is a personal
20 services agreement between the County of
21 Nassau acting on behalf of the Nassau County
22 Department of Parks, Recreation and Museums
23 and Philip Citron, Inc.

24 U-41 is a personal services
25 agreement between the Nassau County Department

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2 of Parks, Recreation and Museums and SwingTime
3 Big Band.

4 A motion please. Moved by
5 Legislator Muscarella. Second by Legislator
6 Kopel.

7 Ms. Krieb.

8 MS. KRIEB: Eileen Krieb,
9 Department of Parks. The first contract is
10 for the promoter for Tony Orlando show on
11 August 5th at Lakeside Theater in the amount
12 of \$38,000. Funded through hotel-motel.

13 And the next contract, U-17.

14 LEGISLATOR GONSALVES: No.
15 That's the one with the Swingtime. The first
16 one is 158 is with Phil Citron.

17 MS. KRIEB: Phil Citron who is
18 promoting Tony Orlando's show.

19 LEGISLATOR GONSALVES: That's
20 August 5th. Talk to us about U-41.

21 MS. KRIEB: U-41 is with the
22 Swingtime Big Band who also is performing at
23 Lakeside Theater in the amount of \$3,000
24 funded through hotel-motel.

25 LEGISLATOR DRUCKER: Can you just

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2 explain why it's a sole source?

3 MS. KRIEB: Because of the type
4 of band they are. They promote themselves.
5 That's why they are a sole source.

6 LEGISLATOR DRUCKER: It's
7 swingtime big band. Isn't that kind of
8 generic?

9 MS. KRIEB: It is but the way we
10 source them is through -- the larger bands get
11 sourced through a promoter and these get
12 sourced through referrals or -- we don't use a
13 promoter because they're so small.

14 LEGISLATOR DRUCKER: It's not
15 necessarily sole source though.

16 MS. KRIEB: No, they're not sole
17 source but it's the way we don't use a promoter
18 to promote them. They promote themselves to
19 us and through their reputation we receive the
20 service.

21 LEGISLATOR GONSALVES: You want a
22 separate vote again? All those in favor of
23 E-158 signify by saying aye. Any opposed?
24 That's Tony Orlando one.

25 And U-41, all those in favor

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2 signify by saying aye. Any opposed? We got
3 seven to zero for both.

4 The next one is U-40, a personal
5 services agreement between the County of
6 Nassau acting on behalf of the Department of
7 Social Services and the Laboratory Corporation
8 of America Holdings.

9 Moved by Legislator Nicoletto.
10 Second by Legislator Kopel.

11 MR. BRODERICK: Good afternoon.
12 Paul Broderick, deputy commissioner Department
13 of Social Services. The contract before you
14 is for \$24,000 with Lab Corp. of America.
15 It's a mandated service to provide paternity
16 testing in support of child support
17 enforcement mandates.

18 LEGISLATOR GONSALVES: Any
19 questions for Mr. Broderick? Yes Minority
20 Leader.

21 LEGISLATOR ABRAHAMS: Thank you
22 Presiding Officer. Just for the record, our
23 records show that this contract is seven
24 months late and there's was only one bid
25 received. Our backup shows that this contract

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2 was seven months late and only one bid
3 received. Was this contract outlined on the
4 late list?

5 MR. BRODERICK: I believe it
6 was. We had some difficulty. Lab Corp. is
7 like a \$9 billion international corporation
8 and to get some of those disclosure forms back
9 it was a little bit time consuming to say the
10 least. They were totally unfamiliar with
11 Nassau County's process. But going forward I
12 think that made it through this year, next
13 year we are anticipating it to be a lot
14 easier.

15 LEGISLATOR ABRAHAMS: And the one
16 bid received the department is okay with only
17 one bid received?

18 MR. BRODERICK: This is pretty
19 standard. It is for laboratory testing.
20 There are other testing companies out there
21 but this was the only one that came in.

22 LEGISLATOR ABRAHAMS: Okay.
23 Nothing further.

24 LEGISLATOR GONSALVES: Any other
25 questions? Any other comments? Any public

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2 comment? There being none, all those in favor
3 of U-40 signify by saying aye. Any opposed?
4 The item passes four to three.

5 I have three items that have been
6 requested to be untabled, that's E-141, E-142,
7 U-13.

8 MR. BECKER: That is correct
9 Madam Chair.

10 LEGISLATOR GONSALVES: A motion
11 to untable E-141, E-142, U-13. Motion by
12 Legislator Nicoletto. Second by Legislator
13 Muscarella. All those in favor of untabling
14 those three items signify by saying aye. Any
15 opposed? They are now untabled.

16 Go ahead and talk to us. See what
17 you're going to tell us. One at a time.
18 First of all, introduce yourself.

19 MS. BLOOM: Tamara Bloom, medical
20 examiner's office. First contract is for the
21 renewal of a contract with the forensic
22 neuropathologist. He's the specialist or
23 expert who diagnoses degenerative disease or
24 traumas in unusual cases helping medical
25 examiners to establish cause and manner of

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2 death. We are required to do that by law, and
3 his expertise is absolutely needed for us as
4 it also set by standards established by the
5 National Association of Medical Examiners.
6 It's a renewal for one year.

7 LEGISLATOR GONSALVES: Any
8 questions on E-141? Any questions? No
9 questions. Go on to the next one.

10 MS. BLOOM: And the next one is
11 for forensic orthodontologist. We required to
12 have their services when they help us in
13 identification of the bodies of decedents,
14 those who are decomposed, skeletonized or
15 mutilated in the car accidents when we cannot
16 perform visual identification. Forensic
17 orthondologists use their expertise by
18 comparing antemortem or dental records which
19 were taken before the death or after the
20 death. So we can quickly perform this
21 identification and release the body in a
22 timely fashion.

23 LEGISLATOR GONSALVES: Any
24 questions or comments? There being none, move
25 on to the next one U-13.

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2 MR. BECKER: U-13 is from
3 housing. You may want to vote on these two
4 first.

5 LEGISLATOR GONSALVES: Let's take
6 a vote on E-141 and E-142. All those in favor
7 of E-141 and E-142 signify by saying aye. Any
8 opposed? Unanimous.

9 And the last one, who is going to
10 speak on U-13? John.

11 MR. SARCONE: This is a contract
12 between Housing and Leslie Francis Esquire.
13 He is our fair hearing officer for our Section
14 8 fair hearings.

15 LEGISLATOR GONSALVES: Any
16 questions of Mr. Sarcone regarding this item?
17 Any public comment? There being none, all
18 those in favor of U-13 signify by saying aye.
19 Any opposed? Is it four to three? The item
20 passes unanimously.

21 MR. BECKER: Forgive me for
22 interrupting. I have someone here to speak on
23 E-155 before you get into the NUMC contract.
24 She is a little pressed for time. With your
25 consideration.

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2 LEGISLATOR GONSALVES: I will
3 call the item. The next item is E-155, a
4 personal services agreement between the County
5 of Nassau acting on behalf of the county
6 sheriff's department and Community Oriented
7 Correctional Health Services.

8 Moved by Legislator Nicoletto.
9 Second by Legislator Kopel.

10 MS. CRISEL: My name is Martha
11 Crisel. I'm a deputy county attorney with the
12 Office of the Nassau County Attorney. Thank
13 you for taking this amendment. I have a board
14 meeting across the street. I would have run
15 back and forth but this is much easier.

16 This is a second amendment on the
17 COCHS contract. It's a little bit different
18 than the original contract and the first
19 amendment because it does include for
20 additional services which have to do with the
21 NUMC contract that you will be hearing a lot
22 more about.

23 LEGISLATOR GONSALVES: Any
24 questions regarding this item? Any
25 questions? No questions? Legislator Bynoe

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2 you got a question for this young lady?

3 LEGISLATOR BYNOE: Under the
4 current contract, is it your understanding
5 that COCHS is supposed to be part of the
6 contract negotiation between the jail and
7 whatever provider is selected?

8 MS. CRISEL: It's not that they
9 will be part of the contract negotiations.
10 What COCHS has been doing is monitoring and
11 there's going to be some continuation of
12 that. But also there will be some new
13 services that COCHS will be providing as NUMC
14 comes in.

15 LEGISLATOR BYNOE: In the
16 contract summary it says that personal
17 services to provide technical assistance in
18 the provision of inmate health care at NCCC
19 and in contract negotiations and transition
20 with the new inmate health care provider at --

21 MS. CRISEL: So there will be
22 some transition but the amendment itself
23 focuses on four specific services. Those
24 specific services are review of invoices of
25 different services, both inpatient, outpatient

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2 and some utilization review and analysis and
3 some preparation and submission of written
4 reviews of different claims. That's the very
5 specific amendment language. That is the new
6 piece of the services that COCHS will be
7 providing.

8 LEGISLATOR BYNOE: Are you not
9 acknowledging that based on the summary in the
10 backup that I have for the contract that COCHS
11 was supposed to have played a role in the
12 contract negotiations?

13 MS. CRISEL: I can't speak to
14 whether they played a role in the contract
15 negotiations because basically what this
16 amendment is is there was the original
17 contract, there was amendment one and then
18 there was amendment two.

19 MR. RIBANDO: COCHS was involved
20 with reviewing the Armor contract. They
21 didn't like the way that setup was. So their
22 input was using Armor's template contract to
23 mirror with NUMC's. That was their
24 involvement in the present new contract coming
25 up.

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2 LEGISLATOR BYNOE: You're saying
3 that by way of assessing the current provider
4 their assessment was taken in consideration
5 when you created a new contract? Is that what
6 you're saying?

7 MR. RIBANDO: They liked the
8 Armor template. They liked the template that
9 was used in the Armor contract. That was
10 their only involvement as far as negotiations
11 was. Just using that template as putting
12 together the NUMC contract.

13 LEGISLATOR BYNOE: In their
14 current contract it reads that providing
15 technical assistance on the inmate contract
16 process as needed and during the transition.
17 You're saying there was no formal role that
18 they played?

19 MR. RIBANDO: Other than what I
20 just said they will be part of the transition
21 though.

22 LEGISLATOR BYNOE: Not the
23 transition, just the contract. They didn't
24 play any formal role in the negotiations at
25 all?

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2 MR. RIBANDO: No.

3 LEGISLATOR BYNOE: Contract calls
4 for it but okay. Can you just recap again,
5 I'm sorry, what were the four services?

6 MS. CRISEL: The four services
7 specifically were the reviews of inpatient
8 medical, mental health and dental claim
9 services for services provided to inmates.
10 And that's inpatient. And then the same under
11 it's clause B of two, reviews of outpatient
12 medical, mental health and dental claims for
13 services provided to inmates. And then the
14 third one or C, is the utilization review and
15 analysis based on claims for services provided
16 to inmates in the custody.

17 And then the last is prepare and
18 submit written reviews of those aforementioned
19 claims which shall minimally include the
20 following and then just some of the
21 information that would be included in it.
22 Those are the four additional services in
23 amendment two.

24 LEGISLATOR BYNOE: And
25 outpatients are those the patients that would

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2 be cared for directly at NUMC?

3 MS. CRISEL: Or any hospital.

4 It's when a patient must leave the facility in
5 order to get appropriate hospital care. It
6 could be NUMC but it could be other hospitals
7 as well.

8 LEGISLATOR BYNOE: I have a
9 question that I have to go back to the first
10 point. Given the fact that we contracted with
11 COCHS because we considered you to be the
12 professional and the ones with the ability to
13 have the appropriate oversight at the jail and
14 we felt that Armor's services that kind of
15 supplemental oversight. Why wouldn't COCHS
16 have played a more active role especially
17 since the contract calls for it?

18 MS. CRISEL: In the negotiation
19 with the hospital itself, is that what you're
20 asking legislator?

21 LEGISLATOR BYNOE: Okay.

22 MS. CRISEL: I wasn't part of the
23 contract negotiations with NUMC. What I do
24 specifically is I focus on COCHS's
25 monitoring.

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2 LEGISLATOR BYNOE: Maybe somebody
3 else might want to answer that. So I'm not
4 sure who the appropriate person is.

5 MR. RIBANDO: They were involved
6 in negotiations with the anticipation of a
7 vendor selected through the RFP process, not
8 with NUMC.

9 LEGISLATOR BYNOE: Say again.

10 MR. RIBANDO: They were involved
11 in some negotiations in anticipation of the
12 vendor who would win an RFP when we put an RFP
13 put out, not with NUMC.

14 MS. CRISEL: Prior to the current
15 contract that will be discussed this evening,
16 the county had RFP'd and had responses to the
17 RFP. What DC Ribando is saying is that during
18 that now terminated RFP process COCHS did
19 consult on that vendor. On the selection of
20 that vendor. Ultimately those negotiations
21 terminated.

22 LEGISLATOR BYNOE: Did we
23 attribute the termination or the breakdown in
24 those negotiations to COCHS in some way?
25 Because why wouldn't we have engaged them in

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2 NUMC? I think with the negotiations with NUMC
3 I would think if they played a vital role in
4 the initial --

5 MR. RIBANDO: They didn't play a
6 vital role. They were involved.

7 LEGISLATOR BYNOE: She said they
8 were involved in the initial RFP process where
9 there was some other vendor selected and then
10 negotiations between that vendor and the
11 county broke down and so we didn't move
12 forward on that selection process. You're the
13 experts. That's why we hired you. Why you
14 wouldn't be involved in this.

15 MS. CRISEL: I'm not COCHS. I'm
16 just a deputy county attorney. What happened
17 was with COCHS is, after the RFP issued and
18 during the initial meetings with the vendor to
19 whom the county did issue the notice of intent
20 to award there were certain meetings that took
21 place where COCHS was there as well as this
22 particular vendor. They raised questions
23 about certainly things. For example,
24 electronic medical records. Different
25 things. And when that terminated and the

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2 county moved forward with the hospital, COCHS
3 did not -- the COCHS lens was not -- their
4 expertise was dealing with vendors along the
5 lines of the vendor with whom we terminated
6 negotiations as opposed to their expertise
7 being involved with the hospital. That was my
8 understanding of why we moved forward on our
9 own. When I say on our own, we moved forward
10 with county attorney, with NUMC, with those
11 discussions and COCHS was not involved in
12 that. But they were involved in round one
13 when there were the private companies pending
14 and being evaluated.

15 LEGISLATOR BYNOE: I think it was
16 a missed opportunity. I think any opportunity
17 to have any professionals, whether we felt
18 that their exposure in the industry was
19 limited or not they should have been at the
20 table. I appreciate your answers today.

21 MS. CRISEL: Any other questions
22 legislators?

23 LEGISLATOR DRUCKER: I just have
24 one.

25 LEGISLATOR GONSALVES: Legislator

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2 Drucker.

3 LEGISLATOR DRUCKER: I'm sorry.

4 One quick question. You mentioned about the
5 evaluations that the amendment provides that
6 they would be doing going forward. Who do
7 they submit the evaluations to? Who reviews
8 them?

9 MS. CRISEL: They submit them to
10 the county.

11 LEGISLATOR DRUCKER: Who
12 specifically?

13 MS. CRISEL: There's a function
14 within the contract where there's somebody,
15 where's there is an individual at the jail who
16 will be charged with reviewing that type of
17 documentation. Captain Golio is extremely
18 knowledgeable in this regard as well but there
19 is a health service administrator who will
20 also be evaluating those submissions.

21 LEGISLATOR DRUCKER: But we don't
22 know specifically who?

23 MS. CRISEL: The health service
24 administrator position is being filled.

25 LEGISLATOR DRUCKER: Thank you.

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2 LEGISLATOR GONSALVES: Minority
3 Leader.

4 LEGISLATOR ABRAHAMS: Just a
5 quick question. Has COCHS had an opportunity
6 to review the current contract and the
7 staffing analysis?

8 MS. CRISEL: The current contract
9 with NUMC not to the best of my knowledge,
10 no. Not that I been made aware of.

11 LEGISLATOR ABRAHAMS: Do they
12 plan to review it? When will that actually
13 take place?

14 MS. CRISEL: When will what take
15 place Legislator Abrahams?

16 LEGISLATOR ABRAHAMS: The review
17 of the contract by COCHS or any other review
18 of the staffing analysis.

19 MS. CRISEL: When NUMC is
20 transitioning in COCHS will be reviewing the
21 enumerated items that I reviewed with
22 Legislator Bynoe.

23 LEGISLATOR ABRAHAMS: The bills?

24 MS. CRISEL: The third party
25 billing, correct.

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2 LEGISLATOR ABRAHAMS: They're to
3 actual review the actual contract that's in
4 place?

5 MS. CRISEL: No. I want you to
6 be aware they are also available and working
7 on the transitioning. That's going to be sort
8 of the beginning. But on an ongoing really
9 the COCHS's focus is the third party billing.

10 LEGISLATOR ABRAHAMS: They're
11 going to be reviewing the transitioning?

12 MS. CRISEL: Assisting with the
13 transitioning, correct.

14 LEGISLATOR ABRAHAMS: And that's
15 tied to staffing?

16 MS. CRISEL: It will be tied to a
17 number of different things as this develops,
18 yes.

19 LEGISLATOR ABRAHAMS: But one of
20 which will be staffing?

21 MS. CRISEL: To the best of my
22 knowledge I think staffing will be I don't
23 know whether anybody at the table --

24 LEGISLATOR ABRAHAMS: Is there
25 anyone here from COCHS?

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2 MS. CRISEL: No.

3 LEGISLATOR ABRAHAMS: Is there
4 anyone that can speak to what COCHS does in
5 regards to the transitioning a little bit more
6 directly?

7 MS. CRISEL: COCHS is currently,
8 as I believe the legislature knows, COCHS
9 currently makes a monthly appearance and does
10 some evaluation of some of the physical
11 records that are maintained at the jail. As
12 we transition that will be the initial piece
13 and then there will be the refocusing of the
14 COCHS's hours on to the third party billing.

15 LEGISLATOR ABRAHAMS: I just want
16 to make sure I'm clear because I know there
17 has been a tremendous issue with the current
18 contract agreement and agreement with Armor as
19 it pertains to staffing and making sure that
20 we are adequately staffed. It was my
21 understanding that COCHS was actually going to
22 participate in reviewing the staff analysis
23 not just initially but on a going forward
24 basis. Is our understanding correct?

25 MS. CRISEL: They are going to be

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2 at the outset involved in transitioning and
3 then that will be -- there will be less of
4 that and more of the third party billing. And
5 the piece of the COCHS that will be taken over
6 will be by the health contract monitor.
7 That's part of the sheriff's department.

8 So COCHS will be providing
9 technical assistance to the sheriff during the
10 transitioning and will be providing services
11 as a third party billing reviewer for all
12 inmate health care services provided offsite
13 and that's going to be ongoing. The sheriff's
14 department and its health contract monitor
15 will be responsible for ensuring the contract
16 compliance, reviewing the NUMC reports
17 required pursuant to the contract and
18 attending meetings with jail-based medical
19 staff.

20 Also, just so there's some comfort
21 level on behalf of the legislators, both
22 county DOH and OMH intend to play an active
23 role as well in monitoring of the NUMC
24 provision of care at the jail. Do you want me
25 to go over that again?

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2 LEGISLATOR ABRAHAMS: No.

3 Something else we're talking about.

4 MS. CRISEL: That's really the
5 vision that we have here.

6 LEGISLATOR ABRAHAMS: Thank you.

7 MS. CRISEL: You're welcome.

8 LEGISLATOR GONSALVES: Any other
9 questions or comments from the legislators?
10 Any public comment? Legislator Kopel? There
11 being no other questions or public comment,
12 all those in favor of E-155 signify by saying
13 aye. Any opposed? The item passes
14 unanimously.

15 MS. CRISEL: Thank you.

16 LEGISLATOR GONSALVES: Now for
17 the highlight of the day. E-154, resolution
18 authorizing the county executive to execute a
19 personal services agreement between the county
20 of Nassau acting on behalf of the county
21 sheriff's department and Nassau Health Care
22 Corporation.

23 Moved by Legislator Nicoletto.

24 Second by Legislator Kopel. We're on. Who is
25 coming up here to speak first? Why don't you

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2 all introduce yourselves now. If you're going
3 to speak introduce yourselves now.

4 MR. GRIPPO: Dan Grippo from the
5 county attorney's office.

6 MR. GOLIO: Michael Golio from the
7 sheriff's department.

8 MR. RIBANDO: Good evening. So
9 you are all aware of the RFP process we went
10 through dating back to last August. We had
11 awarded the contract to CCS. We got involved
12 in negotiations with them which ended in
13 February. As you well know, I brought this up
14 on the Armor extension. CCS was just
15 constantly adding and adding and there were
16 some issues with them. We cancelled them
17 out.

18 We did another RFP specifically for
19 hospitals. We got no response at that point
20 in time. Nobody asked to do a walk-through.
21 So, since NUMC is a preferred vendor, we
22 reached out to them starting in March to start
23 negotiations and come up with a staffing
24 level.

25 This is, as you well know, a cost

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2 plus contract. The primary increase is
3 staffing obviously because we're going from
4 private to public where Armor now uses 12 hour
5 tours, which is two shifts, now we're going to
6 three shifts. Obviously we are handcuffed by
7 contract rules and civil service rules.
8 That's the majority of the going to be the
9 cost update.

10 The contract is a little bit
11 different from when NUMC had it before whereas
12 the staffing levels increased greatly so that
13 most of the, if not all of the health care
14 that's provided will be done in-house at the
15 jail itself.

16 I told you before COCHS was
17 involved specifically only in the part that
18 they liked the way the Armor contract was
19 structured. So we kind of did the same thing
20 with NUMC. They will be involved in the
21 transitioning of NUMC into the jail and also
22 just the oversight is going to be done by our
23 health contract monitor whose been in place
24 there right now. Norma and the county exec
25 have actually proposed to have the county

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2 attorney draft an amendment to Section 903 to
3 give the Department of Health complete
4 oversight of the health care in the jail.

5 We also have a contingent of NUMC
6 here if there's any questions you have for
7 NUMC.

8 LEGISLATOR GONSALVES: Legislator
9 Kopel.

10 LEGISLATOR KOPEL: Quick thing.
11 Is it fair to say then at this point that NUMC
12 is essentially the only game in town?

13 MR. RIBANDO: That's correct.
14 It's very fair to say that.

15 LEGISLATOR KOPEL: There's really
16 not a lot of choice out there in other words.
17 We really have to do that or else these people
18 have no health care?

19 MR. RIBANDO: That's correct.
20 There is no choice.

21 LEGISLATOR KOPEL: Are you
22 satisfied given that situation that this is a
23 reasonable contract and fair to the county
24 taxpayers?

25 MR. RIBANDO: Based on the

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2 staffing I do. Like I said before, we're
3 handcuffed a little bit with civil service
4 rules and contract rules. So where Armor can
5 staff the jail with two shifts or two tours if
6 you will, we are bound to make it three
7 shifts.

8 LEGISLATOR KOPEL: With Armor how
9 did that work out? Okay. These long shifts
10 I've never been a fan of doctors working
11 ridiculous hours.

12 MR. RIBANDO: I'm trying to
13 justify the added cost.

14 LEGISLATOR KOPEL: I get. Thank
15 you.

16 LEGISLATOR GONSALVES: Legislator
17 Nicolello.

18 LEGISLATOR NICOLELLO: Deputy
19 County Attorney can you highlight the
20 differences there will be under NUMC as
21 opposed to Armor just briefly in terms of the
22 oversight, who is going to be staffing the
23 center, et cetera?

24 MR. RIBANDO: I can have NUMC.
25 But I can tell you, to answer your question,

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2 going to a public entity where their only
3 mission is health care. So I guess you can
4 say that since it is a hospital their mission
5 is to provide health care.

6 LEGISLATOR NICOLELLO: I think I
7 will wait on my question until NUMC makes
8 their presentation.

9 LEGISLATOR GONSALVES: Legislator
10 Bynoe you have your hand up.

11 MR. RIBANDO: Legislator Bynoe, I
12 just wanted to make one comment to you. When
13 we did get the capital plan on the purchasing
14 it did include telemedical.

15 LEGISLATOR BYNOE: I do see
16 that. That's good to see. I also want to
17 thank you for taking the time to meet with us
18 last week and have that extensive dialogue on
19 some of the questions that we had at that
20 point. Obviously since receiving some of the
21 information some other questions now have
22 bubbled up. Also to you Captain Golio I know
23 you were part of the conversation.

24 MR. RIBANDO: From the ceiling.

25 LEGISLATOR BYNOE: Telemedicines

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2 is in here. So I think they were trying to
3 break this up or was there a presentation.
4 I'm not sure the structured today. I see that
5 Legislator Nicoletto deferred his questions
6 until the hospital comes forward. So I may
7 have some questions also. I'm not even sure
8 how to break this up since we're doing it. I
9 thought everybody was going to be up there at
10 one time.

11 MR. RIBANDO: If you have
12 question I can't answer.

13 LEGISLATOR BYNOE: Why don't we
14 have NUMC first.

15 MR. RIBANDO: That's pretty much
16 it for me.

17 LEGISLATOR GONSALVES: I think
18 members of the hospital are here to do a
19 presentation as well.

20 LEGISLATOR BYNOE: Let's here from
21 them and then we'll do the questions. Is that
22 okay?

23 LEGISLATOR GONSALVES: Yes. Ask
24 questions based on information.

25 DR. POLITI: Victor Politi

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2 president CEO of Nassau University Medical
3 Center. Nuhealth. We look forward at Nassau
4 Medical Center to working together with you
5 and the county to provide health care to the
6 patients at the Nassau Health Care for Nassau
7 correctional facility. We understand there
8 might be some issues or questions that you
9 might have, and I brought my team of finance,
10 nursing, physicians as well as persons that
11 are experts in insurance, malpractice
12 insurance that will be covering us. If there
13 are any specific questions that you might have
14 that need in-depth answering I hopefully have
15 the people here to set your mind at ease and
16 answer any questions that you might have.

17 That, without being said, you know
18 Nassau Medical Center. We are the public
19 safety net hospital here in Nassau County. We
20 provide health care for those patients in
21 Nassau County no matter what their pair mix
22 is. Fifty percent of our patients are
23 Medicaid. 25 percent are uninsured. Seventy
24 five percent of our patients are in dire need
25 of health care and can't provide it anywhere

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2 else. We welcome those patients. That's our
3 mission.

4 The other 25 percent of our
5 patients are addiction medicine patients.
6 It's all psychiatric patients. We are the
7 only hospital in Nassau County that has an
8 inpatient rehab and detox. In this crisis of
9 heroin that's going on, the epidemic that we
10 see in Nassau County we are the only hospital
11 in Nassau County that has that.

12 As far as psychiatric services, we
13 have 166 psychiatric beds and we have a full
14 function psychiatric emergency department. We
15 receive patients from all over Long Island.
16 Other hospitals, well known hospitals to you
17 in Nassau County are closing their psych
18 beds. Two hospitals just closed psych beds
19 this month. We are receiving those patients.
20 There's a hospital in Queens that just closed
21 their psych patients. So we are receiving
22 them as well.

23 I'm just giving you this for the
24 idea that we are a public hospital. We are
25 financially challenged at best. We have a

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2 very limited pair mix. Our basically
3 penetration of managed care, paying patients,
4 are about four percent. The literature will
5 show you that anywhere under 50 percent is
6 unsurvivable as a hospital. But we do it. We
7 do it because we have a lot of dedicated and
8 hard working people that really care about
9 their patients.

10 That said, I'm the CEO. Been now
11 for three and a half years and I'm very, very
12 proud of what we have accomplished in those
13 three and a half years. We have some of the
14 finest and top physicians that you will find
15 anywhere. Our orthopedic surgeons, our
16 opthomology surgeons, our neurosurgeons are
17 the top. I would bring my family there
18 immediately and recommend any one of you to
19 those physicians. They provide the top care
20 no matter your payment. If you come from the
21 poorest of communities we are there for you.
22 That's our mission.

23 The mission notwithstanding, we
24 receive a mission payment. You used to give
25 me \$13 million a year for mission payment. In

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2 2015 -- you gave it to me for 15 years -- in
3 2015 for you took it away. Also at that time
4 we were receiving tobacco money and that was
5 stopped as well. It was up to us to look at
6 different ways ingenuitive ways to save money
7 and provide the services to those patients
8 that need it.

9 Most people think Nassau County is
10 a very rich community. We think of the Gold
11 Coast. We think about large houses on the
12 ocean. But there's a swath of patients that
13 go from the Atlantic Ocean in Long Beach up
14 through Freeport and Roosevelt up through
15 Hempstead, up through New Castle and Glen
16 Cove. These patients are in need. These are
17 the most vulnerable patients and those are our
18 patients and that's our mission. We take that
19 very seriously.

20 Not only do we have the hospital,
21 we have the nursing homes and the federally
22 qualified health centers. Five of them in the
23 most needed areas of Nassau County. We are
24 there providing health care for tens of
25 thousands of people in those communities.

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2 So now you want to me take over the
3 health care of the Nassau jail. And we are
4 going to take that just as serious as we do
5 anything else. I sent my team in there.
6 Every one of these experts, whether in
7 radiology, pulmonology, lab, pharmacy and they
8 went there and met with the Armor people, they
9 looked at the place, they toured the place,
10 they looked at best practices and they came to
11 me and said Dr. Politi, for us to do this the
12 right way to provide the care that's standard
13 care for these patients this is what we need
14 to do.

15 And over three months we sat
16 together with Chuck and his team from the
17 county and we worked out a contract that we
18 feel will adequately provide the care
19 necessary for those patients. We feel firm
20 that what we have there is a minimum. We
21 looked at every staffing measure that we can
22 so that we can provide the care to those
23 patients. Make no doubt about it, these are
24 very sick patients. These are patients that
25 do not take care of their health. A lot of

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2 them are homeless. A lot of them are
3 psychiatric and dual access diagnoses and drug
4 and alcohol addiction.

5 I had a patient the other day, 60
6 year old gentleman. I'm talking to him about
7 his diabetes, out of control. His glucose is
8 in the 600s. I said you have to take care of
9 yourself. He looked me in the eye and said
10 Doctor, I'm a heroin junkie. Do you think I
11 care about my health? And it really hit home
12 that these are the types of patients that we
13 have to reach. And these are types of
14 patients that we have to make to sure they
15 take their medications.

16 Patients that we see in a
17 jail-based population are sick. They have
18 multiple medical problems. They're not
19 compliant with their medication regime and
20 they have alcohol and drug problems. So it is
21 a very difficult patient population. I'm not
22 going to tell you I'm going to answer every
23 question and that we're not going to have
24 problems going forward. But I can promise you
25 that we will throw the best we have at that

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2 jail. Give them the top priorities that we
3 can and provide the best care from Nassau
4 County Medical Center. Thank you very much
5 for hearing me out.

6 LEGISLATOR GONSALVES: Legislator
7 Nicoletto.

8 LEGISLATOR NICOLELLO: I wanted
9 to cover that question I asked before. I'm
10 asking because you had a briefing for us in
11 our caucus before, but tell us about the
12 staffing you are going to have at the jail
13 facility.

14 DR. POLITI: When we looked at
15 the jail staffing we determined that for the
16 volume of patients that they see they are
17 going to need a certain amount of attention.
18 We would like to put licensed nursing,
19 physician's assistants and nurse practitioners
20 in the jail 24 hours a day seven days a week.
21 We intend to continue serving the jail
22 population at the jail as they have now. We
23 are going to function there at their current
24 infirmary and their current clinics and
25 satellite clinics providing the care they need

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2 from our staff at NUMC.

3 Any specialty care that they need
4 we're going to expand our area at NUMC
5 specifically for inmates. In other words, we
6 have an area that we'd like to dedicate
7 specifically for the prisoners that is safe
8 and is an area that the officers, the
9 correction officers feel comfortable. To that
10 regard, we are going to ask some input from
11 the correction officers to come to tour the
12 area and give us suggestions how they think
13 that area should be made so that they feel
14 safe and prisoners feel safe.

15 We are going to wire that area with
16 telemetry monitors and all the latest state of
17 the art equipment so those prisoners receive
18 the exact same medical care as anyone else
19 does. So our physicians at Nassau Medical
20 Center, our drug counselors, our psychiatrists
21 will all be available for those patients and
22 we are looking to provide the adequate amount
23 of attention for them and for all their needs.

24 LEGISLATOR NICOLELLO: In terms
25 of oversight over medical decisions what

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2 oversight will be in place?

3 DR. POLITI: We are actually
4 absorbing them into our current table of
5 organization. As far as the nursing
6 leadership at the hospital we have here Ms.
7 Kathy Scarka. She will be the chief nursing
8 officer at the hospital. She will also have
9 direct oversight over all nursing, LPNs and
10 hospital aids at that facility.

11 Our chief medical officer, a very
12 notable physician, Dr. Paul Propeia is here as
13 well and Dr. Propeia will meet and be direct
14 oversight of the physician coverage for all
15 the physicians other than the psychiatrists.

16 We have a world class physician
17 named Dr. Ragu Ra, who is our chief
18 psychiatrist and he will handle all of the
19 oversight of the psychiatry, as well as our
20 addiction medicine program. We plan on
21 expanding our addiction medicine program into
22 the jail. We feel that is a time when
23 patients more most vulnerable. When they're
24 in jail and addicted to drugs that we are able
25 to have a captive audience. And we are able

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2 to get them with some counseling. Get them on
3 to some programs and hopefully make a
4 difference in their life.

5 LEGISLATOR NICOLELLO: You've
6 spoken generally about the staff that's in
7 place, the overall supervision. But more
8 specifically, if a decision is made at the
9 jail facility by a nurse is it reviewed up the
10 chain? How is that going to work?

11 DR. POLITI: A patient will come
12 in the intake in the jail. If there's any red
13 flags there are certain forms that we have
14 that are filled out by that screening or
15 intake nurse. If they have hypertension,
16 diabetes, asthma, any other chronic medical
17 condition they get red flagged and seen
18 immediately by a health care professional in
19 which an in depth medical examination will
20 occur.

21 Any kind of medication that they
22 need it will be audited at that time. We will
23 ask the patient for medication that they are
24 on. If they have a physician we will contact
25 their physician to find out that we're getting

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2 the right medication and the right dose.

3 We will have a pharmacy with
4 pharmacists in that jail that will provide the
5 medication to that prisoner. If they don't
6 have it on hand we will have our hospital as a
7 resource to provide that medication.

8 If that person needs other medical
9 care, for example, if it's an acute event,
10 they will be taken immediately by 911 by an
11 ambulance to the Nassau University Medical
12 Center Medical Center. I think that may have
13 been an issue in the past, but it's not going
14 to be an issue going forward. We made it very
15 clear to all of our staff that if there's any
16 emergency or any concern that there should be
17 no hesitation and that patient should be
18 brought to our emergency department
19 immediately for full treatment.

20 LEGISLATOR NICOLELLO: You're
21 going to have to do some hiring obviously?

22 DR. POLITI: Yes.

23 LEGISLATOR NICOLELLO: That will
24 be pursuant to civil service rules?

25 DR. POLITI: Every one of our

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2 staff will go through civil service. We are
3 in the process right now of working through
4 that with Chuck Ribando, Carl Camp,
5 establishing CS-4s. Looking at lists. We had
6 actually three job fairs with several hundred
7 people have shown up for those job fairs.

8 LEGISLATOR NICOLELLO: Thank
9 you.

10 LEGISLATOR GONSALVES: Legislator
11 Muscarella.

12 LEGISLATOR MUSCARELLA: Doctor,
13 we understand that a substantial amount of
14 money will be expended for capital expenses,
15 capital expenditures in terms of work done at
16 the hospital in order to accommodate for the
17 prisoners. Can you take us through what those
18 capital expenditures are? Why you're doing
19 them? How they will make it more effective.
20 And how it will protect not only the inmates
21 but also the other patients at the hospital
22 and the staff at the hospital.

23 DR. POLITI: Right now when we
24 walk through the facility we immediately
25 realized they do not have electronic medical

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2 records. Things are still being written on
3 paper. The old folders and there's racks and
4 racks of medical records. So we're going to
5 put in place an electronic health record that
6 will be able to access patient data. A lot of
7 patients are recidivists. We will be able to
8 have that data on hand. And if that patient
9 is transferred to another hospital or facility
10 that medical data will be available to the
11 other practitioners for their assistance.

12 There are other things such as
13 digital x-rays. The machines that are in that
14 jail right now are pretty much at end of
15 life. We would like to upgrade the machine
16 for x-ray. Upgrade the sonogram machines.
17 Upgrade their EKG machines. At this time they
18 actually had to borrow one of our EKG machines
19 from the hospital because they only had one
20 working EKG machine and it broke. So the
21 machines and the equipment there are really at
22 end of life and we are looking to upgrade and
23 replace all of them.

24 That said, at the hospital itself
25 there are several things we need. One in

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2 particular is that certain floor area that we
3 want to harden to increase from three rooms to
4 six rooms. Plus an isolation room, because
5 they do have a lot of tuberculosis patients,
6 that will be able to treat patients with
7 infectious diseases as well. That's going to
8 be at a cost.

9 We are also going to increase some
10 of our radiology equipment at the hospital to
11 provide care not only for the prisoners but
12 also for the constituents that need it most.
13 Of note is our MRI. Our MRI is end of life.
14 It's not going to be able to maintain its
15 current volume. Never mind take on the added
16 volume.

17 We notice that a lot of the
18 patients that were treated there for cases
19 such as stroke or seizures or loss of
20 consciousness were not receiving these types
21 of examinations. We are going to have
22 neurologists available, neurosurgeons
23 available and specialist that will require
24 these types of tests, which will require to us
25 have an additional or a newer MRI to handle

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2 that type of volume.

3 LEGISLATOR MUSCARELLA: I
4 understand you're going to segregate a certain
5 floor of the hospital?

6 DR. POLITI: Yes. One wing of
7 one of the floors will be segregated and
8 hardened for jail use.

9 LEGISLATOR MUSCARELLA: Just take
10 me through. An inmate comes in and has a
11 particular problem. He's seen at the hospital
12 or initially seen at the jail?

13 DR. POLITI: A person is having
14 chest pain in his cell. He will notify the
15 jail security or correction officer. That
16 person will be brought immediately downstairs
17 to I guess their infirmary to our infirmary.
18 In which case he will be evaluated by a
19 medical professional. If it's determined that
20 there's something wrong, he's medically ill,
21 an ambulance will be called immediately.
22 911. The ambulance will take that patient to
23 our emergency if we are the closest emergency,
24 which I assume we are. They will bring him to
25 us. They will be seen in the ER just as every

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2 other patient. If it's a stroke or heart
3 attack they will be seen by the appropriate
4 specialist. They will be admitted to NUMC and
5 brought to the appropriate floor. If the
6 person is critically ill they will go to our
7 intensive care unit or our cardiac care unit
8 or even to our cath lab if need be.

9 If they are somewhat stable they
10 can go to the seventh floor, which is
11 outfitted with telemetry for cardiac patient
12 as well as for regular patients and they will
13 be placed on the team just like everyone else
14 in that hospital. We have six teams that have
15 to take care of the patients in the hospital
16 and that particular patient no longer -- still
17 an inmate but he's our patient -- will be
18 treated as a patient and be put on that team.

19 LEGISLATOR MUSCARELLA: How many
20 correction officers will go along with that
21 patient? What provisions will be in place to
22 make sure that the staff is safe and the other
23 patients in the hospital are safe when an
24 inmate is being treated?

25 DR. POLITI: As far as the

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2 appropriate level of correction officers, that
3 will be up to the sheriff to determine as per
4 what their policy and procedures are. As of
5 this time, I know that all of prisoners that
6 are brought to Nassau University Medical
7 Center, and they still are being brought there
8 on a daily basis, have correctional officers
9 with them. What the coverage or actual number
10 of officers is I do not know.

11 LEGISLATOR GONSALVES: I believe
12 Mr. Golio is right there. Can you answer that
13 question?

14 MR. GOLIO: It depends on the
15 circumstances but all inmates are escorted to
16 the hospital in the emergency situation that
17 Dr. Politi described there would be two
18 officers to go with the ambulance to the
19 emergency room. And depending on where that
20 person was admitted to the hospital, if it's
21 the seventh floor there's a grid. There's so
22 many officers for so many prisoners. If it
23 would be in place that was isolated in the
24 hospital, like an ICU or CCU, there would be
25 two officers assigned to that floor. We have

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2 different staffing for psychiatric patients as
3 well.

4 LEGISLATOR MUSCARELLA: For the
5 equipments and the work to be done at the
6 hospital there needs to be bonding; is that
7 correct? This may not be a fair question to
8 you.

9 MS. D'ALLEVA: The county would
10 come to this body for a bond ordinance.

11 LEGISLATOR MUSCARELLA: Thank
12 you. It was said up here. How much? Do we
13 know?

14 MS. D'ALLEVA: The estimate is
15 12.2 million.

16 LEGISLATOR MUSCARELLA: For the
17 work to be done at the hospital to make the
18 hospital -- that's at the hospital and the
19 jail?

20 MS. D'ALLEVA: Yes.

21 LEGISLATOR MUSCARELLA: To make
22 this relationship work. With your permission,
23 that bonding will come before us you think
24 before September 1st when the contract goes
25 into effect or shortly thereafter?

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2 MS. D'ALLEVA: I think when we
3 are solid with the list and there should be
4 procurement procedures in place. There's
5 things that they need to order and depending
6 on how it's procured. If the county procures
7 it or the hospital procures it we may come in
8 different tiers for the bond ordinance. It
9 depends.

10 LEGISLATOR MUSCARELLA: And some
11 things come off the state list and some things
12 get bid out I guess?

13 MS. D'ALLEVA: Correct. Sealed
14 bids. We have to follow procurement
15 procedures. Perhaps the county attorney can
16 speak better to that. But we would have to
17 follow procurement procedures.

18 LEGISLATOR MUSCARELLA: Thank
19 you.

20 LEGISLATOR GONSALVES: Legislator
21 Bynoe first. She's been patient.

22 LEGISLATOR BYNOE: Thank you
23 Presiding Officer.

24 When we met on last week I was very
25 interested to hear about telemedicine and how

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2 it would be incorporated into the contract.
3 It was absent of the contract. At that time I
4 expressed my disappointment because I had been
5 talking about telemedicine for a while. Then
6 I was pleasantly surprised when the capital
7 plan came over and it actually included a
8 modest amount to go towards telemedicine.

9 MR. RIBANDO: The reason for that
10 is it wasn't part of our negotiation. So when
11 we got the capital list of what was needed
12 that's when we found out they already put that
13 in there.

14 LEGISLATOR BYNOE: Good. It
15 would have been great to have it as an
16 enforceable measure in the contract. I think
17 we missed an opportunity there. I won't
18 belabor that point. We talked extensively
19 about it last week.

20 But I would like to know how the
21 telemedicine equipment will be used and what
22 is the vision behind the telemedicine?

23 DR. POLITI: Telemedicine today
24 is almost standard of care. Particularly in
25 certain areas such as psychiatry where we need

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2 to do an interview with a patient and the
3 psychiatrist may not be available that
4 particular time. But we will be able to have
5 a camera set up where that person can talk in
6 real time to a psychiatrist.

7 Also helps in certain instances for
8 example if you have a rash. Rather than
9 taking that patient from the jail and
10 transferring him to a dermatologist we can
11 video and conference with that dermatologist
12 right there and make the diagnosis and
13 prescribe the appropriate medication for
14 them. The use of telemedicine today is
15 endless in many different ways.

16 LEGISLATOR BYNOE: I'm a
17 proponent for it. I have been talking about
18 it for a while and I was disappointed it
19 wasn't part of the contract negotiation with
20 the hospital and the county for implementation
21 in this contract. So it's not an enforceable
22 measure now. It's not a provision within the
23 contract because it wasn't discussed during
24 that time.

25 But I'm interested to hear

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2 specifically what is the hospital's plan. I
3 hear dermatology, emergency potentially,
4 psychiatric. Let's start first with what type
5 of equipment are you envisioning purchasing
6 with this? I have it at about \$215,000
7 because I'm including the video conferencing
8 along with the behavioral, the telemedicine
9 and some medical off shift coverage as
10 described in the capital plan that was
11 provided.

12 DR. POLITI: We have certain
13 telemedicine in place already. For example,
14 all of our radiologists, x-rays that we take
15 in the evening, all of our x-rays are sent to
16 an offsite radiology, teleradiology group
17 called V-Rad. The radiologists read those
18 x-rays and then send us a wet reading
19 immediately and a more official reading the
20 next day. We are doing that currently. The
21 radiology equipment at the jail will be
22 upgraded to digital radiology. Meaning when
23 they take the picture at the jail, whether
24 it's x-ray or sonogram or even our EKGs, those
25 can be telephonically, through the Internet,

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2 transmitted to a physician so they can read
3 that.

4 We are also doing it in the
5 dentist. So the dental x-rays that we're
6 going to change the dental chairs, which have
7 never been changed in the jail, to have
8 digital dental. All of those x-rays and films
9 can be sent electronically to a computer based
10 to be read by a physician and also stored on
11 that database for other physicians to read it
12 at a later date.

13 Other equipment requires cameras.
14 Simple video cameras on a television today.
15 You can get a laptop and open it and there's a
16 camera built in and you can actually Skype or
17 Face Time the physician right there and then.
18 It's really not that big of a deal. If you
19 notice the capital equipment cost is only
20 about \$175,000. In today's day and age we can
21 purchase this equipment, really high quality
22 equipment for very inexpensive.

23 LEGISLATOR BYNOE: Would it be
24 possible, because it was not part of the
25 contract therefore not defined, to give this

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2 body an opportunity to see a schedule of
3 services that would be provided via
4 teleconferencing and also what, aside from
5 what currently can be done, how we can look to
6 expand that over time maybe to include certain
7 specialists? Because what we've talked about
8 is really more general medicine type of use
9 for it. That would be something I would be
10 very interested in. Are we saying that
11 initially the pilot is going to specifically
12 deal with dentistry, psychiatric and then
13 maybe emergency care and radiology? Is that
14 what I can hear in the immediate?

15 DR. POLITI: Yes. It actually is
16 in the contract, I forgot what paragraph, when
17 it talks about capital cost, it does say x-ray
18 and radiology and digital dental. So it is in
19 the contract itself. That is definitely
20 something that we are going to do. And
21 basically all services that we can provide
22 such as psychiatry and specialty care will be
23 utilizing that equipment as well. We will
24 certainly work together with you to formulate
25 a plan you will be comfortable with.

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2 LEGISLATOR BYNOE: I think
3 everybody should be aware of that. Taking
4 into account that telemedicine will in fact be
5 used, has there been any discussion with the
6 jail personnel, administration, Captain Golio,
7 we talked about including correctional
8 officers to do an analysis of space, has there
9 been any dialogue about staffing? We heard
10 earlier from our COBA president that there is
11 a concern about staffing and getting
12 appropriate level staffing to be able to
13 support the transportation back and forth to
14 the jail and the oversight of the jail while
15 they are receiving services. Has there been
16 any reconciliation between services and
17 staff? Have we looked at that in terms of the
18 jail? That question is probably for either
19 Mr. Ribando or Captain Golio.

20 MR. GOLIO: I think initially,
21 Legislator Bynoe, the services that Dr. Politi
22 is talking about will be provided and
23 performed within our existing medical
24 treatment areas where we have existing staff.
25 The additional staff I think that was

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2 referenced earlier was for people that go to
3 the hospital and there is an increased
4 staffing level when we send an inmate from the
5 jail to the hospital. But all of the things
6 that Dr. Politi is a talking about could be
7 effectuated within the existing medical
8 treatment areas at the jail.

9 LEGISLATOR BYNOE: This was
10 something that in terms of the contract I
11 shared my sentiments about this. Our lead
12 counsel had also. I felt like the contract
13 definitely didn't have a lot of specificity in
14 there in terms of protocols and the like. I
15 specifically asked for it in terms of
16 telemedicine. I would like to at some point,
17 and I think this body should receive it, more
18 specific detail in terms of developing the
19 protocols at the jail by way of NUMC.

20 In fact, the contract, I believe,
21 leaves the developmental process of written
22 policies and procedures to the hospital
23 without the necessity of county approval and
24 that was something else that I had significant
25 concern about.

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2 So, while it doesn't require our
3 approval, while I believe that the county
4 should have the opportunity and certainly bear
5 some responsibility since they're shouldering
6 the enormous burden of the indemnification of
7 NUMC to have some ability to see these
8 policies and procedures I think it's
9 essential. I know that the health contract
10 administrator --

11 MR. RIBANDO: Will be monitoring
12 those proposals.

13 LEGISLATOR BYNOE: Right. But I
14 think in some way they should be shared. I
15 actually felt like there should be a different
16 level of engagement on creating policies. But
17 nonetheless, I believe at the very least they
18 should be shared with us.

19 MR. GOLIO: If I could point out,
20 I know we discussed it a little during the
21 phone call. Under the scope of services we
22 make reference to three specific bodies of
23 regulations if you will. One is the DOJ
24 settlement agreement. One is New York State
25 minimum standards. And one is the NCCHC

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2 standards. So we've had discussions with Dr.
3 Propeia regarding the NCCHC standards. We did
4 exchange the policies that were in place the
5 last time when NUMC was there.

6 At this point it's an ongoing
7 process. But there is some frame of reference
8 for those guidelines and those policies and
9 protocols and that is those three materials we
10 just discussed. The NCCHC standards are
11 actually specific and are actually what the
12 DOJ relied on when they were at the facility
13 in the late '90s and 2000s.

14 LEGISLATOR BYNOE: In terms of
15 staffing, I know Legislator Nicoletto had
16 asked some questions, but I want to ask
17 specific questions. I'm seeing the staffing
18 needs, the document that was provided to I
19 guess at least the minority caucus, states
20 there is going to be about 144 employees. Can
21 someone tell me how that compares to what
22 Armor is currently providing or required to
23 provide by way of contract?

24 MR. GOLIO: We didn't have an
25 absolute number when we had Armor, but the

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2 Armor number ran somewhere around 85. They
3 did use contract employees as well. So if
4 they needed a specialist that they didn't have
5 in their employ they would execute a contract
6 with them and those people would work on an
7 as-needed basis.

8 Additionally some of the services
9 that are going to be provided by the hospital
10 were provided by Armor's back office and
11 payroll things, HR, things like that the
12 hospital will be performing now. So the
13 numbers don't correlate exactly. In addition
14 to what deputy county executive Ribando
15 mentioned earlier, Armor was utilizing ten
16 hours tours and 12 hour tours for some of
17 their employees, which will not be case for
18 the hospital.

19 LEGISLATOR BYNOE: Who at the
20 county has been able to review the staffing
21 plan and have they issued a written opinion
22 about it or anything?

23 MR. RIBANDO: We actually got the
24 staffing plan when you got it late Friday
25 night. Again, we asked the hospital to put

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2 together a staffing plan that they felt was
3 adequate to give the proper health care to the
4 jail.

5 LEGISLATOR BYNOE: So this is a
6 working document then. It's fluid. So it
7 could have some change. I would ask if there
8 is some change that this body receive a
9 modified staffing plan.

10 MR. RIBANDO: Just, as you know,
11 it's a cost plus contract. We are going to
12 reconcile this every quarter and staffing
13 levels obviously will be a part of that
14 review.

15 LEGISLATOR BYNOE: One other
16 question. Who is Farook?

17 DR. POLITI: Farook is our
18 director of IT.

19 LEGISLATOR BYNOE: His name was
20 throughout the document. I was like woo, this
21 Farook is a busy person. That concludes my
22 questions for the moment. I appreciate it.

23 LEGISLATOR GONSALVES: Legislator
24 Solages.

25 LEGISLATOR SOLAGES: Good

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2 afternoon Mr. Politi. Been a pleasure to work
3 with you as acting commissioner and also now
4 as CO. My first question is, you mentioned
5 three standards that you were considering from
6 the DOJ to local standards. But did you also
7 incorporate some of the considerations made by
8 the United States Attorney General's Office in
9 their various complaints made against Armor?

10 DR. POLITI: Yes. Particularly
11 in the psychiatric and drug addiction.

12 LEGISLATOR SOLAGES: One common
13 complaint I received from members who were
14 related to inmates at the facility was that
15 the inmates allegedly waited long period of
16 times for just simple medications, aspirin.
17 What is your for point of action for that
18 issue now for the inmates?

19 DR. POLITI: We are going to be
20 very clear to our staff that any complaints,
21 any problems that develop with potential
22 patients should be handled expeditiously as
23 possible. We are going to work together with
24 the correction officers so that if there are
25 any complaints with the patients that are

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2 received by us and that we follow-up with that
3 the best we can.

4 LEGISLATOR SOLAGES: Addressing
5 that specific problem, at times I was told
6 that inmates would wait at least several days
7 for an aspirin. As a result their initial
8 condition could have worsen to something
9 greater than it was initially. How would you
10 address the timeliness of providing medication
11 to inmates. Inmate.

12 DR. POLITI: So they have what
13 they call sick call. And we have medication
14 distribution. And patients I guess are talked
15 to on a daily basis by the correction officers
16 to ask how they are feeling and if they would
17 like to be registered for a visit with the
18 physician or the medical provider. We are
19 going to continue that policy with the jail.

20 LEGISLATOR SOLAGES: New York
21 State Attorney General's complaints against
22 Armor alleged numerous failures to meet its
23 contractual obligations, not timely responding
24 to inmates' request for medical assistance, at
25 times failing to respond entirely, not

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2 providing required reports regarding
3 assessment of care, improvement plans where
4 audit shows failures, failing to provide
5 timely and continuous access to prescription
6 medication. Please describe again what
7 safeguards are specifically built into the
8 proposed contract in terms of both the
9 hospital obligation and the county's right to
10 conduct oversight.

11 DR. POLITI: The hospital will
12 take its side very seriously. We are going to
13 make sure any complaints are responded to
14 quickly. As far as oversight is concerned,
15 there will be third party oversight that will
16 review the medical care at the jail. From
17 what I understand they are also expanding the
18 role of our Department of Mental Health and
19 also the Department of Health. To also be
20 more actively involved in the oversight of the
21 care provider at the jail.

22 LEGISLATOR SOLAGES: Understood.
23 One benefit of the Armor contract we were
24 indemnified for their actions or lack
25 thereof. Can you please describe the case

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2 under this contract?

3 DR. POLITI: As far as the
4 indemnification for --

5 LEGISLATOR SOLAGES: Yes.

6 MR. RIBANDO: The hospital will
7 be indemnified of anything that happens within
8 the confines of the jail and will not be
9 indemnified whatever happens within the
10 confines of the hospital. We are taking the
11 responsibility of indemnification inside the
12 jail.

13 LEGISLATOR SOLAGES: At what
14 point does that indemnification apply? If
15 there is a situation where an inmate is
16 transferred from the jail to the hospital and
17 God forbid that patient dies enroute where
18 does that indemnification apply? At what
19 point?

20 MR. RIBANDO: When the person is
21 actually inside the jail. We're actually
22 purchasing insurance also for the
23 indemnification.

24 LEGISLATOR SOLAGES: Understood.
25 But a man is transferred from the jail to the

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2 hospital and in that process on route to the
3 hospital that patient dies, God forbid. Where
4 does that indemnification apply or kick in?

5 MR. GOLIO: I don't know that
6 that line can be clearly drawn obviously in
7 the scenario you described. The contract is
8 written for jail-base services. So that's
9 clear. Things that happen at the hospital is
10 clear. Those in between lines would have to
11 be decided on a case-by-case basis.

12 LEGISLATOR SOLAGES: Understood.
13 Let's follow along in that example. If at
14 12:20 a.m. an inmate is being transferred to
15 the hospital and as a result you need two
16 sheriff personnel to transfer that
17 individual. Let's just say at 12:45 there's
18 another emergency situation where another
19 inmate needs to be transferred to the
20 hospital. What procedure will apply?

21 MR. RIBANDO: As far as if
22 there's two transportation at the same time?

23 LEGISLATOR SOLAGES: Correct.

24 MR. GOLIO: There will be
25 adequate officers with each inmate and

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2 transferred by ambulance.

3 LEGISLATOR SOLAGES: Can you
4 foresee a situation in which there are
5 multiple inmates needing multiple vehicles?
6 How much backup personnel will you have in
7 order to transfer a large amount of inmates?

8 MR. GOLIO: It really depends on
9 the time of the day what you're describing
10 happens. Sometimes it happens during the day
11 even now we have people we take to the
12 hospital for clinic visits. We have people we
13 take over because they had injuries but didn't
14 require ambulance transfer. And we have
15 people that we take over by ambulance
16 transfer. So we do do some of that now. But
17 obviously we have to have adequate staff to
18 cover those assignments.

19 LEGISLATOR SOLAGES: Understood.
20 Financially Mr. Politi you began your
21 discussion and you described how you're able
22 to do a lot under a tight budget. In greater
23 detail how do you truly plan to handle this
24 financial cost?

25 DR. POLITI: It's going to be a

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2 cost plus contract. So we reconcile quarterly
3 for exactly expenses. If we have certain
4 amount of salary, fringes and benefits and
5 other types of expenses that will be well
6 documented and we will meet quarterly to
7 determine what that is. As you see, it's
8 about \$1.5 million a month. That's give or
9 take. It's going being to be negotiated every
10 quarter to determine whether or not we are
11 below that or above that. That will be very,
12 very clear and transparent. If that occurs,
13 along with the capital and the
14 indemnification, we feel confident that we
15 will be able to take on the additional
16 responsibility and not in any way affect the
17 ongoing daily operation of the hospital.

18 LEGISLATOR SOLAGES: Understood.
19 Thank you. The contract with Armor at least
20 required semi annual operational reviews of
21 certain substantive areas, access to care,
22 sick call, emergency care, off site care,
23 utilization, infirmity care, chronic illness
24 care, mental health, intake, transfer
25 screening, special care infection control and

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2 safety. Can you please describe under your
3 plan of action the period of reviews that will
4 be conducted?

5 DR. POLITI: Just clarify that
6 again.

7 LEGISLATOR SOLAGES: How often
8 will you perform audits and other reviews in
9 order to oversee those areas such as access to
10 care, sick call, emergency care, off site
11 care?

12 DR. POLITI: We have a very
13 active quality improvement quality assurance
14 program at the hospital. We've enlisted them
15 into the jail as well. So a team of qualified
16 nurses and other experts will be actively
17 involved in oversight of the jail. We have
18 not gotten an exact amount. We are working on
19 that right now. But based on the volume we
20 will have very adequate oversight of any
21 patients that we are seeing and being
22 treated. Right now about 100 percent of the
23 patients that are coming to the hospital are
24 being QA'd and QI'd by our team based on their
25 need for being evaluated and admitted to the

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2 hospital.

3 LEGISLATOR SOLAGES: I would like
4 to thank Mr. Ribando again for seeing this
5 through. We've given you such a hard time
6 from my caucus, well, my former caucus and
7 just know that I really appreciate all the
8 hard work you've done.

9 LEGISLATOR GONSALVES: Legislator
10 Gaylor.

11 LEGISLATOR GAYLOR: Thank you
12 Madam Presiding Officer.

13 I want to talk about veterans for a
14 minute. The wounds of war can go far beyond
15 the battlefield. We see many of our veterans
16 returning home with issues of mental health,
17 the pain issues that last much longer than
18 they are discharged from the service and they
19 face a multitude of different health troubles
20 that are unique to veterans and that are not
21 normally seen in general medicine and the
22 general population environment.

23 What specific measures are you
24 going to take to identify veterans? And if
25 you could, describe the additional screening

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2 processes or screening intake that you are
3 going to do at the hospital to insure that
4 identifies who veterans are versus
5 non-veterans and what we're doing to address
6 their needs.

7 DR. POLITI: I myself appreciate
8 your extra concern for the veterans. We all
9 feel very, very special and thank them for
10 their service on a daily basis. God bless
11 them all.

12 We fervently feel in that special
13 population that the veterans be screened
14 individually and there is on our question
15 sheet asking them specifically whether or not
16 they are veterans. Whether or not they've had
17 any type of PTSD, any type of medication that
18 was prescribed for any type of psychiatric
19 disease or illness. We plan on continuing
20 that with following up with our social workers
21 and our psychiatric case workers. We are
22 very, very concerned about the veterans. We
23 are going to basically make that one of our
24 priorities with the patients that we do see in
25 the jail.

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2 LEGISLATOR GAYLOR: Is the nurse
3 screener, for lack of or a more technical
4 term, qualified to identify the uniqueness of
5 the military, you know, PTSD, muscular
6 skeletal injuries, back pain, the persistent
7 chronic pain that many veterans complain of
8 but you can't really identify very easily what
9 their injury is. Are we qualified to do that
10 intake?

11 DR. POLITI: There is a
12 questionnaire that we utilize, a tool that's
13 provided to us that is specific for these
14 types of patients that might raise a red flag
15 that there might be some sort of issue with
16 them. This questionnaire that the nurse
17 screener would ask that patient would pick out
18 certain qualifiers which would basically red
19 flag them to immediately be seen by a
20 psychiatric expert.

21 LEGISLATOR GAYLOR: How about on
22 your screening process? If the first question
23 is have you ever served in military? they're
24 automatically evaluated by a psychiatric
25 professional. Rather than having to rely on

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2 then answering a question do you suffer from
3 PTSD, which everyone is going to say no
4 because we don't want to admit we have our own
5 self shortcomings I guess. Once they identify
6 them as a veteran I think that they should be
7 screened in a different manner, more intense
8 and more unique manner to address the
9 potential illnesses that may they harbor.

10 DR. POLITI: I understand. Yes,
11 that is something that is not currently being
12 done but that has been recommended by our
13 chief medical officer and our chief
14 psychiatric officer. Two things they were
15 really focused on were the veterans having
16 psychiatric illnesses and patients with drug
17 addiction being screened and more closely
18 watched.

19 LEGISLATOR GAYLOR: Am I hearing
20 you say that once they identify themselves as
21 veterans they're going to be screened
22 differently?

23 DR. POLITI: We are going to work
24 on a screening tool that would specifically
25 identify the veterans and identify any

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2 individual processes or problems that they
3 might be somehow experiencing.

4 LEGISLATOR GAYLOR: Will there be
5 a point in time in the future after you assume
6 the duties there where you will come back and
7 brief us on maybe veterans, care of the
8 veterans who enter the correctional facility?

9 DR. POLITI: Yes, sir. I look
10 forward to that.

11 LEGISLATOR GONSALVES: Legislator
12 Drucker.

13 LEGISLATOR DRUCKER: Very much
14 appreciative of your forthrightness your
15 eloquence and the comprehensive nature of your
16 presentation today. It's very heartening to
17 me personally and I'm sure to the rest of the
18 body here that we're getting involved with a
19 provider that is going to be using state of
20 the art equipment, top notch doctors, et
21 cetera.

22 You're aware of the shortcomings
23 and failings of the current provider, and we
24 as the legislature have to ensure or make sure
25 that these types of tragedies that have

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2 occurred don't repeat themselves. Obviously
3 that's the goal of everyone.

4 If you had to pick one area or one
5 aspect where you're going to be so different
6 from Armor that you really predict that these
7 types of tragedies won't occur where would
8 that be? You were very articulate in
9 explaining how if an inmate for example is
10 complaining of something, chest pains, while
11 in the cell and then they're brought
12 downstairs to the infirmary that they are
13 going to be transported via 911 to the
14 hospital.

15 But we are still relying upon that
16 so-called triage that takes place in the
17 infirmary and it's really a subjective
18 evaluation by your medical care personnel
19 there to determine whether it warrants
20 ambulance or not. We're kind of still being
21 asked to take a leap of faith that the
22 professionals that you have there in the
23 infirmary are going to be able to make the
24 split second subjective decisions that are to
25 prevent these types of tragedies from

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2 happening. We're still being asked to take
3 that leap of faith with you.

4 It's reassuring to me and the rest
5 of us that we are going forward with a company
6 that is in the 21st century, that is providing
7 the state of the art and cutting edge
8 equipment. But can you reassure us a little
9 bit further on how you are going to make sure
10 the type of tragedies that have occurred are
11 not going to occur again, since we're on the
12 hook for everything else.

13 DR. POLITI: I believe it's a
14 different philosophy and different motivation
15 under the Nassau Health Care Corporation. We
16 are going to be a little more proactive. If
17 someone comes down with some sort of medical
18 issue that needs further care we are going to
19 have nurses, PAs, nurse practitioners, qualified
20 personnel that do this on a daily basis. This
21 is their job. They're medical professionals.
22 There's no benefit for them not transferring
23 to the hospital. We are going to encourage
24 from an administrative standpoint that any
25 issues that might require hospitalization that

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2 these patients be sent over. There will be
3 absolutely no reason for them not to.

4 As far as patients coming down to
5 the infirmary and a triage, at that triage
6 emergency care is provided. If someone needs
7 oxygen or they need some sort of medication
8 for chest pain, nitroglycerin or EKG that can
9 be provided in that infirmary while we are
10 waiting the 911 emergency ambulance to
11 arrive.

12 So, it's not as though we are
13 triaging or delaying them being brought to a
14 place where they receive emergency care. Many
15 of the practitioners that are in that triage
16 area or in that infirmary are emergency type
17 nurses, emergency type doctors, people that
18 are experienced in that field and work in that
19 field on a daily basis.

20 LEGISLATOR DRUCKER: Would it be
21 fair to say then that the current provider
22 when things occurred in which inmates have
23 died or have been seriously -- their condition
24 worsened by a lack of emergency care, would
25 you be able to conclude that it's because of

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2 maybe economic reasons that they didn't
3 transport them to the hospital and tried to
4 treat them there at the jail?

5 DR. POLITI: No sir. I don't
6 have enough knowledge of that or any of those
7 facts to make any of those determinations nor
8 am I qualified to speak about the care by
9 someone else at another time.

10 LEGISLATOR DRUCKER: Thank you.

11 LEGISLATOR GONSALVES: One more
12 time Legislator Solages.

13 LEGISLATOR SOLAGES: Dr. Politi
14 sorry for addressing you before as mister.
15 You are actually a doctor. But my last
16 question for you is, in your professional
17 opinion is this contract sustainable?
18 Recently NIFA ordered for all county
19 departments to review their budget practices.
20 Is this contract, you mentioned before \$1.5
21 million a month, is this contract sustainable
22 given the current, delicate financial status
23 of the county's finances?

24 DR. POLITI: Again, Legislator
25 Solages, I cannot speak for the county's

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2 finances. But the numbers and staffing and
3 the equipment that we have come to present to
4 you today were based on months of discussions,
5 reviews of what we felt as medical experts
6 were needed. These are the staffing levels of
7 practitioners and specialties that we need to
8 provide the care. As far as the county's
9 finances I won't be able to speak towards
10 that.

11 LEGISLATOR SOLAGES: Can we have
12 someone from the county here who can at least
13 speak on that because that is my concern. It
14 all sounds great but again we are under a
15 state financial watchdog and I'm very
16 concerned about the county's finances. Is
17 this contract sustainable sir?

18 MR. NAUGHTON: Good evening
19 Legislator Solages. My answer to that
20 question is this is important to the county.
21 It's a mandated service. We will honor the
22 terms of the contract. But when we submit our
23 budget in September we hope that this
24 legislative body provides the necessary
25 funding that's going to be required to support

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2 it.

3 LEGISLATOR SOLAGES: And if that
4 report states that we're not able to afford it
5 and that a tax increase is needed would you
6 make that recommendation?

7 MR. NAUGHTON: You have to make
8 choices in an entire budget process. The
9 legislature sets the policy and you will
10 decide on the revenue that will support this
11 contract.

12 LEGISLATOR SOLAGES: It's
13 possible that due to the failure of the Armor
14 contract that the county might have to have to
15 incur a tax increase to afford this contract.

16 MR. NAUGHTON: No, I did not say
17 that. We are all acknowledging that the
18 services that are going to be provided by the
19 hospital, which we think are going to be
20 better, is going to cost us more and we will
21 have to find a way to pay for it.

22 LEGISLATOR SOLAGES: In light of
23 these financial issues, it's important that
24 all individuals receive the best health care
25 and state of art machines are being used. But

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2 if we can find any particular areas where we
3 can have cost savings. Again, inmates deserve
4 just as much health care as everyone else.
5 But if we can identify a couple of areas where
6 we could save money that would be great.
7 Thank you.

8 LEGISLATOR GONSALVES: Legislator
9 Bynoe.

10 LEGISLATOR BYNOE: Thank you
11 Presiding Officer. So, to piggyback back off
12 of my colleagues' sentiments, I agree that
13 it's essential that we provide the necessary
14 care at the jail and in the hospital for
15 inmates. Too many have suffered for too
16 long. But with that being said, I am
17 concerned about the finances, and I was
18 wondering if there was any estimate that has
19 been projected at this point for cost for
20 services that will be provided at the
21 hospital? That to me potentially could have
22 been backed in based on some historical data.
23 So I'm wondering if we have a projection for
24 that.

25 DR. POLITI: The care provided at

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2 the hospital is a separate and distinct entity
3 and has been such going back even with the
4 Armor contract. Patients that are brought to
5 the hospital for admission basically will be
6 provided care and paid for by the county.
7 It's legislation that says we're not allowed
8 to charge greater than the Medicaid rate. So
9 they're receiving care at the lowest possible
10 rate, which is the Medicaid rate, for all care
11 provided for that patient while that patient
12 is in the hospital.

13 So, that was something that was
14 separate and distinct and was not part of the
15 \$1.5 million a month that we negotiated. It
16 has been ongoing with the county for as many
17 years as I can remember.

18 MR. RIBANDO: Let me just add
19 historically the average has been inpatient
20 care between 1.3 and 1.6 million a year.

21 LEGISLATOR BYNOE: Thank you.
22 So, you talked about cost outside of the
23 contract, right? And so, like, I noticed
24 training was part of a start-up cost and that
25 was also not part of the contractual expense.

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2 Did we make any projections as to like what
3 training would cost for the start-up? I
4 haven't seen any numbers that we've made
5 any --

6 MR. RIBANDO: I think we had this
7 discussion. What we are referring to was like
8 an orientation in a jail-type setting. The
9 training for -- I can't speak for Dr.
10 Politi -- but the training that his staff --
11 his staff has already been trained as far as
12 medically. But I think with this training
13 we're talking about is a one day orientation
14 for working in a different type of setting.
15 Meaning a jail setting.

16 LEGISLATOR BYNOE: Do we have any
17 costs again associated with training 144
18 individuals in that type of -- for that type
19 of process?

20 MR. RIBANDO: I think the answer
21 to your question is, probably would be offset
22 by the people that already worked there and
23 are staying on. There were approximately 40
24 people that used to work in the jail back when
25 NUMC had it and stayed on that was hired by

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2 Armor that will also be staying on. If that
3 answers your question.

4 LEGISLATOR BYNOE: It doesn't
5 answer my question because I'm not getting a
6 number. But what you're saying -- I'm
7 thinking we should have something like. There
8 should be some requirement that there is a
9 projected cost for training for the 100 right
10 now is the scheduled -- the staffing schedule
11 suggests 144 individuals. What I heard you to
12 say is that a portion of that 144 will be
13 people who are currently employed at the jail.

14 MR. RIBANDO: And they won't need
15 the training.

16 LEGISLATOR BYNOE: I would argue
17 that they need to be retrained in some way or
18 another because we didn't yield the result of
19 sustaining life there in many cases.

20 MR. RIBANDO: I can speak towards
21 not so much the medical training it's more or
22 less the orientation of working in a confined
23 jail setting. That type of training. I don't
24 know so much they would need a refresher for
25 that.

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2 LEGISLATOR BYNOE: Can I hear
3 from Dr. Politi? Is that the only type of
4 training you envision your staff needing to go
5 and work at the jail?

6 DR. POLITI: Yes. First they
7 need a general orientation to whatever the
8 policies and procedures are for that
9 particular environment. They are also going
10 to have learn how to use the IT and computer
11 and medical record. On top of that, what Mr.
12 Ribando suggested, they need to be familiar
13 with jail policy procedures. What happens if
14 there's a lockdown. When is the change of
15 shifts. When everyone is locked down. Things
16 along those lines. So they need to be
17 familiarized with their new environment.

18 I don't have a number. I can't
19 give you a dollar amount but I can certainly
20 ask my HR person and come back to you with
21 that.

22 LEGISLATOR BYNOE: Do you
23 envision that to be a one day type of
24 experience? I visited the jail a few times
25 and I know that that space is going to have

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2 inmates, officers, going to have personnel
3 walking, medical personnel walking around and
4 through that. We want to make sure that the
5 medical staff is properly trained to make sure
6 that inmates don't get harmed and also our
7 personnel don't get harmed by way of having
8 access to a space that staff has not been
9 properly trained for. Do you envision that to
10 be a one-day experience?

11 MR. RIBANDO: Currently right now
12 it's a one-day orientation inside the jail. I
13 can't speak for Dr. Politi whether or not he
14 wants to expand but right now currently it's
15 one day.

16 LEGISLATOR BYNOE: I think if I
17 were to go work in the jail, I'm not a medical
18 professional, and I know that you will have
19 some lay people in there working too, I would
20 envision them needing more -- I would like to
21 see what the training schedule is and how many
22 days this is going -- I want to see a well
23 oiled transition here at the jail. I want to
24 make sure no inmates don't receive care. I
25 want to make sure everybody receives care

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2 during that transition. I want to make sure
3 everybody is properly trained. I want to make
4 sure that there are no breaches in security
5 that would impact inmates looking to receive
6 care, as well as our officers and other
7 personnel that work at the jail.

8 I think a one day training for
9 someone to come in and understand protocols on
10 top, you know, just having a familiarity of
11 where everything is placed in a computer
12 system. I think that's pretty ambitious. I
13 have some concern in that area. I would like
14 to hear more about that and see more about
15 that. I think the Department of Health and
16 the correctional administration should want to
17 see more of the same as well. I think that
18 finishes it off for me.

19 LEGISLATOR GONSALVES: Are you
20 it? I guess so. Go ahead Minority Leader.

21 LEGISLATOR ABRAHAMS: Thank you
22 Madam Presiding Officer. How are you
23 gentlemen? I just want to ask more direct
24 questions on the cost. Just for the record, I
25 don't think I heard it, the cost of the

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2 agreement is how much exactly?

3 DR. POLITI: The cost is \$1.5
4 million approximately per month and that is a
5 cost-based figure which will be reconciled
6 quarterly. It's 1.5 for quarter. If it's
7 less it comes back less and we'll reconcile
8 with you. If it's more it will be more.
9 That's about basically \$18 million a year plus
10 or minus when we reconcile. On top of that is
11 a 16.7 percent administration fee. Which on
12 \$18 million is \$3 million. To be said, when
13 we had the contract the last time we had the
14 jail we were also about the same amount. I
15 think at that time administration fee was
16 about 21 or so percent above that. It was a
17 higher administration fee.

18 On top of that there is a cost for
19 capital, which is \$12 million approximately,
20 which will cover for all the capital requests
21 that were presented to you guys on Friday. As
22 well as a coverage for indemnification and the
23 malpractice. That would be the total costs
24 that we envision for the jail.

25 LEGISLATOR ABRAHAMS: If we can

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2 go through for one second, let's start with
3 the \$18 million cost, which is the one and a
4 half million cost. I believe it's broken down
5 on this sheet. I know it's too small for you
6 to read from there. But it's highlighted
7 Nassau Health Care Corporation Nassau County
8 Correctional Center Medical Services. If I'm
9 hearing what you're saying, the \$18 million
10 cost, which is the 1.5 monthly cost, should
11 tie up to this to some degree I guess
12 roughly?

13 DR. POLITI: That's the personnel
14 cost, yes.

15 LEGISLATOR ABRAHAMS: Is there
16 anything else in the one and a half per
17 month?

18 DR. POLITI: There may be some
19 licensing costs. For example, radiology.
20 Some other costs for telemedicine, hardware,
21 things along those lines. So there will be
22 other costs. But they will all be clearly
23 transparent and presented to you on a
24 quarterly basis.

25 LEGISLATOR ABRAHAMS: Do you have

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2 any projections of what those costs will be?

3 DR. POLITI: We're projecting
4 \$1.5 million a month.

5 LEGISLATOR ABRAHAMS: That's the
6 total including the salaries. I'm talking
7 about the stuff in terms of the hardware and
8 infrastructure. Do you have any projections
9 for that?

10 DR. POLITI: I think all in total
11 we are looking at 1.5 million a month.

12 LEGISLATOR ABRAHAMS: We don't
13 have it broken down?

14 DR. POLITI: No.

15 LEGISLATOR ABRAHAMS: On this
16 salary budget sheet it indicates that there's
17 a bonus pay. I know sometimes things get
18 rephrased technically maybe not the way it's
19 indicating. Here it indicates bonus pay.
20 What exactly is that?

21 DR. POLITI: We have current NUMC
22 employees that work at the hospital. It will
23 be a stipend for them through an MOU that we
24 are currently working with the union to
25 complete to have them return back to the jail

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2 and for them to return back to the jail would
3 be approximately a \$5,000 stipend for them to
4 return.

5 LEGISLATOR ABRAHAMS: This is
6 like a one-time cost?

7 DR. POLITI: It will be a yearly
8 cost.

9 LEGISLATOR ABRAHAMS: So why
10 isn't it just rolled into their salaries?

11 DR. POLITI: Because we are civil
12 service and our salaries are based on a band
13 and our salaries are based on grade and step.
14 So it can't be rolled into the salary itself.

15 LEGISLATOR ABRAHAMS: But you can
16 give a bonus?

17 DR. POLITI: Yes, you can.

18 LEGISLATOR ABRAHAMS:
19 Mr. Ribando, do we give any other county
20 employees bonuses?

21 MR. RIBANDO: It's more or less
22 like a hazardous duty pay. I wasn't around
23 back in the first contract but I think they
24 actually got \$5,000 stipend back in 2010 and
25 2009.

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2 DR. POLITI: We're just
3 continuing what was past practice.

4 LEGISLATOR ABRAHAMS: I wasn't
5 familiar with it.

6 DR. POLITI: You can do that as
7 long as you have an MOU with the CBA.

8 LEGISLATOR ABRAHAMS: The \$18
9 million --, let's stay with on second on
10 staffing. The staffing that I see I think
11 Legislator Bynoe or maybe someone else had
12 mentioned is 144.8 FTEs. Are you familiar
13 with that number on the staffing spreadsheet?

14 DR. POLITI: Yes.

15 LEGISLATOR ABRAHAMS: I think it
16 was said before that Armor was about 80
17 something.

18 MR. RIBANDO: 85.

19 LEGISLATOR ABRAHAMS: How did you
20 determine 144, 124? Where is the analysis
21 that backs up why 144 is necessary or if not
22 more or less?

23 DR. POLITI: The 85 presented
24 earlier didn't include some of the back office
25 positions that Armor had. Didn't include some

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2 of the specialists and some of the other
3 outside agency people that they brought in,
4 which they did use quite a lot of agency
5 nurses and agency help at the jail.

6 This is an all encompassing cost.
7 We actually met with all of the different
8 departments at the jail. With our nursing
9 specialist, with our physicians that were
10 specialists in those particular areas and they
11 talked about the different types of patients,
12 they looked at the data that was provided even
13 in the RFP where it really broke down the
14 types of patients, the time patients were
15 seen, the different complaints the patients
16 had and this is how they came to the
17 appropriate staffing for that level of a
18 patient population.

19 LEGISLATOR ABRAHAMS: Is anything
20 documented? Like is anything written down?

21 DR. POLITI: Just what you have
22 in front of you legislator.

23 LEGISLATOR ABRAHAMS: You mean
24 this spreadsheet that indicates the number?

25 DR. POLITI: Yes. Each

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2 department had handled that on their own.

3 LEGISLATOR ABRAHAMS: But some of
4 the staff, they spoke to themselves. Someone
5 had to jot down some notes, some ideas, memos.

6 DR. POLITI: I'm sure they did
7 sir, yes.

8 LEGISLATOR ABRAHAMS: Where is
9 that documentation?

10 DR. POLITI: I believe in the
11 possession of those particular people. Our
12 chief operating office Harold MacDonald is
13 here. He was the one that actually sat down
14 with each individual department head. They
15 looked at what would be the appropriate
16 staffing and they are the ones that came up
17 with those numbers.

18 LEGISLATOR ABRAHAMS: The county
19 is supposed to just trust this process that
20 144 people is enough, too much, too less,
21 right number?

22 DR. POLITI: That's for 365 days
23 24 hours a day.

24 LEGISLATOR ABRAHAMS: Do you see
25 the precarious situation that we are in that

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2 we are supposed to trust a number without any
3 backup on how you got to the number?

4 DR. POLITI: The Armor contract,
5 the Armor personnel was their data backing up
6 their numbers.

7 LEGISLATOR ABRAHAMS: I wouldn't
8 use Armor as a reference. I'll be honest with
9 you.

10 DR. POLITI: There are numbers
11 that are used in a hospital setting. For
12 example, you'll need one CC nurse for every
13 two patients. There are some numbers that are
14 utilized on med surgical floors and in
15 emergency departments. I don't believe there
16 are any standardized nurse-patient ratio for
17 the jail. But this basically says that we
18 need one nurse, one clerk, one per eight hour
19 tour for the 365 days a year.

20 LEGISLATOR ABRAHAMS: Some of
21 these FTEs are very exact. Like the license
22 practition nurse one 35.2. There has to be
23 some backup that feeds into these FTEs in
24 terms of the frequency of services. There has
25 to be.

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2 MR. MACDONALD: My name is Harold
3 MacDonald. I'm the chief administrative
4 officer at Nassau Health Care Corporation.
5 There was a tremendous amount of work that
6 went into developing the staffing plan. There
7 are numerous documents that have been put
8 together to figure out exactly how many FTEs
9 per type of skill mix that we needed. Nursing
10 is the largest by far group. We have a table
11 of organization. We have the number of LPNs.
12 The number of RNs. They are assigned to
13 different areas at the correctional facility.

14 So this was not worked up in a
15 vacuum. This was worked with the different
16 departments at the hospital to come up with
17 the staffing plan that they felt was adequate
18 adequate for the need.

19 The need was determined two
20 different ways. One was based on the
21 activities and the areas in the jail that
22 needed to be covered. So they are two
23 separate areas. And then for medication
24 administration there are LPNs that need to go
25 out throughout the hospital and distribute

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2 medication. So depending upon the volume of
3 inmates and the number of medications that
4 needed to be distributed, the number of
5 visits, the number of admissions or triages
6 for the inmates when they came into the
7 hospital were all accounted. And then also
8 the number of specialty visits that will be
9 needed in the hospital for whether it's for a
10 cardiologist or for dental care were all taken
11 into consideration. There are so many health
12 care providers you need per visit and those
13 standards were used to develop the plan here.

14 That plan we will not have 144.8
15 FTEs every week. This plan and the staffing
16 is in transition now. We are developing this
17 and over the course of the rest of July and
18 August we will be fine tuning this. Then once
19 we get into the operations we will see exactly
20 how many FTEs by skill mix know we will be
21 needing. But this is a pretty general idea of
22 just how many employees we will be needing and
23 the skill mix and the type of --

24 LEGISLATOR ABRAHAMS: Mr.
25 MacDonald you said your title was chief

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2 administrative officer?

3 MR. MCDONALD: Yes.

4 LEGISLATOR ABRAHAMS: If I'm
5 understanding this correctly, someone
6 presented to you ideas for what the
7 correctional center needed to provide health
8 care; is that correct?

9 MR. MCDONALD: Yes.

10 LEGISLATOR ABRAHAMS: They must
11 not have just given it to you verbally before
12 you said this is okay. Where is the written
13 documentation before you can make a decision
14 on whether or not this is okay?

15 MR. MCDONALD: What I just
16 mentioned earlier, that there is a tremendous
17 amount of documentation that supports.

18 LEGISLATOR ABRAHAMS: Can you
19 provide it to this legislature?

20 MR. MCDONALD: Sure. We can
21 gather all of the ground work that we put
22 together.

23 LEGISLATOR ABRAHAMS: I would
24 like to see it.

25 Going to the second part. Not you

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2 Mr. MacDonald, Dr. Politi actually mentioned
3 it. A \$3 million cost for administrative
4 fees. What exactly is that?

5 DR. POLITI: Those are basically
6 overhead fees for the hospital to provide the
7 care. Anything that might be an in addition
8 to the \$1.5 million. For example, I believe
9 65,000 or so that's required for an additional
10 rider for a malpractice policy. That will
11 come out of that. There will be other
12 specialists and other types of maybe
13 transportation issues that we might need that
14 might come out of that. That is basically the
15 amount of money that was determined needed to
16 run the day-to-day operations of the oversight
17 of that jail.

18 LEGISLATOR ABRAHAMS: If there is
19 a cost that is submitted to -- I guess this
20 would be a better question for Mr. Ribando.
21 If there is a question concerning a cost
22 that's submitted that the county doesn't
23 believe it should pay how is that resolved?
24 It doesn't seem like a there's a clear
25 delineation of what this \$3 million is going

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2 to go towards.

3 MR. RIBANDO: We have a health
4 care monitor that's going to review all the
5 stats and will be rectified by that third
6 party.

7 LEGISLATOR ABRAHAMS: Counsel is
8 identifying to me in the contract, Mr.
9 Ribando, that it looks like in section, I
10 guess paragraph five -- I'm sorry section two
11 B3 NHCC professionals have the authority to
12 make the final determination of the
13 appropriateness of all services provided or to
14 be provided to inmates and the location at
15 which such services are provided. Monthly
16 advance payments to NHCC shall not be subject
17 to reductions based on retrospective reviews.
18 It seems like that's in total contradiction of
19 us having that health care monitor.

20 My finance person is telling me
21 that the \$3 million fee is regardless of
22 whether or not you provide services or
23 anything.

24 MR. RIBANDO: That's an
25 administrative fee.

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2 LEGISLATOR ABRAHAMS: If I'm
3 understanding this correctly, the \$3 million
4 is not questionable. It's part of the payment
5 which makes the contract \$21 million.

6 MR. RIBANDO: Yes. That's
7 correct.

8 LEGISLATOR ABRAHAMS: Say for
9 example there's no peculiar situations there's
10 no chance of the contract being \$18 million.
11 It's going to be 21 million regardless of
12 whether there's many things provided.

13 MR. RIBANDO: Quarterly the
14 monthly payment, the 1.5, would be reviewed on
15 a quarterly basis. At that point in time
16 whatever was less than 1.5 would be
17 reimbursed. Whatever was more obviously we
18 pay. So it could be less. But you're right,
19 the \$3 million is the \$3 million.

20 LEGISLATOR ABRAHAMS: But the \$3
21 million we pay regardless. So the cost of the
22 contract is \$21 million minimum.

23 MR. RIBANDO: No. Unless the
24 quarterly review comes out to less than 1.5
25 for any given month. In other words, it's

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2 cost plus. So the 1.5 is an estimate. If it
3 turns out at the end of a quarter one month
4 was 1.3, one month was 1.2 one month was 1.4
5 it would be adjusted quarterly. It could be
6 less than 18 million.

7 LEGISLATOR ABRAHAMS: I'm talking
8 about the \$3 million.

9 MR. RIBANDO: That three million
10 is three million.

11 LEGISLATOR ABRAHAMS: The three
12 million is three million but the 1.5 monthly
13 cost I understand could be either 1.2, 1.3 it
14 may be at the end of the year \$18 million or
15 it could be \$17 million. I get that. But the
16 \$3 million administrative cost is locked in?

17 MR. RIBANDO: It's locked in,
18 yes.

19 LEGISLATOR ABRAHAMS: Chuck, real
20 quick. My finance person is also advising me
21 that if the contract goes over \$1.5 million
22 for that month they get an additional
23 administrative charge of point seven percent
24 as well.

25 MR. RIBANDO: You're saying if

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2 the contract goes up it's 16.7 million -- 16
3 percent on seven percent of the actual yearly
4 cost on a monthly basis. Right.

5 LEGISLATOR ABRAHAMS: So we're at
6 \$21 million minimum. Get in to the cost. The
7 cost that's tied to the infrastructure, which
8 I guess my page is one of two, looks like it
9 was done on 7-6, 201, I don't know what that
10 means. It starts off with an MRI machine, a
11 1.5 Tesla for \$4.7 million. This machine is
12 going to be located at the hospital is my
13 understanding?

14 MR. RIBANDO: Excuse me,
15 Legislator Abrahams, Dan Grippo just wanted to
16 jump in on the last question.

17 MR. GRIPPO: I just wanted to
18 point out because the discussion was almost
19 sounding like this was a license for a blank
20 check that you can run up staffing, whatever
21 the level the hospital wanted there were no
22 controls in place and I didn't like the sound
23 of that. That in fact isn't the case.

24 If you look in the contract, it's
25 Section 3A, the overriding control is that the

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2 staffing levels, everything is going to
3 reasonable and necessary. There are some
4 controls in place. I wanted to note that.
5 What you said was right about the
6 administrative fee being the higher of the \$3
7 million or the 16.7 of the actual. But the
8 actual is subject to the reasonable necessary
9 standards. Just to point out to you to give
10 you some comfort in the event you were
11 concerned that this is open ended.

12 LEGISLATOR ABRAHAMS: I
13 understand the staffing levels will be
14 monitored. I'm trying to get a better
15 understanding of how much it's going to cost.
16 At the end the day it looks like we're
17 spending \$21 million minimum for two years for
18 a total of \$42 million, and I haven't even
19 dived into the capital cost which starts with
20 the MRI machine which I started to ask. This
21 machine if I'm understanding correctly is at
22 the hospital?

23 DR. POLITI: Correct.

24 LEGISLATOR ABRAHAMS: This is
25 going to be for \$4.7 million?

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2 DR. POLITI: Yes, sir.

3 LEGISLATOR ABRAHAMS: This
4 machine will be installed by when?

5 DR. POLITI: We did not put it
6 out for bid yet. We have to go out for bid
7 for that.

8 LEGISLATOR ABRAHAMS: Have you a
9 submitted a certificate of need with the
10 Department of Health for this machine?

11 DR. POLITI: It's a replacement.
12 It does not require a CON.

13 LEGISLATOR ABRAHAMS: It will
14 require a notice though to the Department of
15 Health.

16 DR. POLITI: I was corrected. It
17 requires a CON.

18 LEGISLATOR ABRAHAMS: Yes, it
19 would. And the cost is \$4.7 million?

20 DR. POLITI: Yes, it is.

21 LEGISLATOR ABRAHAMS: Is that an
22 estimate.

23 DR. POLITI: That was a number
24 given by the companies we went out to bid --
25 not to bid -- went out for information and

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2 that was the cost for the machine and the
3 installation.

4 LEGISLATOR ABRAHAMS: Who handles
5 the procurement?

6 DR. POLITI: We basically have --
7 I will bring up my facilities manager and
8 he'll talk about the MRI.

9 LEGISLATOR ABRAHAMS: I don't
10 know if he can talk about as well the other
11 costs I want to ask about is expand the
12 seventh floor jail med surg unit including a
13 lockdown suite.

14 DR. POLITI: Yes.

15 LEGISLATOR ABRAHAMS: That's also
16 going to require a CON.

17 DR. POLITI: Yes.

18 LEGISLATOR ABRAHAMS: Has a CON
19 been submitted for that?

20 DR. POLITI: Not yet.

21 LEGISLATOR ABRAHAMS: Is this
22 anticipated this will be up and running for
23 September 1?

24 DR. POLITI: Most likely not.

25 LEGISLATOR ABRAHAMS: How will

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2 you facilitate this particular responsibility
3 if not implemented by September 1 by September
4 1.

5 DR. POLITI: We currently have
6 the rooms on the seventh floor. We have three
7 rooms six beds that are available for being
8 occupied by the patients. That's good. We
9 have three rooms next to it, which will start
10 doing construction as soon as we have
11 everything approved.

12 LEGISLATOR ABRAHAMS: Will you
13 need additional county personnel such as
14 correction officers to man this? Because I
15 don't see how this --

16 DR. POLITI: That will be
17 basically depending on how many patients are
18 there. If more patients are brought over that
19 patient will require county correction
20 officers.

21 LEGISLATOR ABRAHAMS: But
22 Dr. Politi, we're saying that we need a
23 lockdown suite that's not going to be there by
24 September 1. If an inmate comes have you
25 spoken to the sheriff about the protocols that

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2 will be in place to insure that the facility
3 will be safe?

4 DR. POLITI: We have been
5 handling these patients continuously for the
6 last many years. We do have an area on the
7 seventh floor. We have three rooms six beds
8 that are currently housing our inmate
9 population. Those rooms are built out. They
10 have monitors. They're telemetry. And there
11 are rooms for their security for the
12 correction officers to sit in front of those
13 rooms. So we do have that space available.
14 We have been utilizing it. We don't
15 anticipate a large volume of patients coming
16 into the hospital based on us taking over, but
17 we do need to know if we do see more patients
18 based on past experience that we do have the
19 room for them.

20 There are three additional rooms
21 adjacent to these rooms that we are currently
22 using that are available to be utilized. They
23 won't have the telemetry monitoring in them.
24 But they are just adjacent, the next three
25 rooms in the hallway, that are available for

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2 those correction officers.

3 As far as securing that area, we
4 plan on walling that off so that area becomes
5 somewhat isolated from the rest of the seventh
6 floor. But that work can be undertaken in
7 house at a relatively quick time, relatively
8 easy.

9 LEGISLATOR ABRAHAMS: But it
10 still requires some type of regulatory with
11 the Department of Health.

12 DR. POLITI: Right now we are
13 doing absolutely nothing that's different.
14 We're just utilizing those rooms for
15 correction officers.

16 LEGISLATOR ABRAHAMS: No. Maybe
17 I'm reading verbiage or maybe understanding it
18 wrong. It says expand the seventh floor. So
19 you're going to make it larger?

20 DR. POLITI: No. The seventh
21 floor is there.

22 LEGISLATOR ABRAHAMS: That part I
23 understand. But it sounds like you're going
24 to expand your med surg unit.

25 DR. POLITI: No. Right now we

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2 have about 40 rooms on the seventh floor. Of
3 those 40 rooms it's broken into two wings like
4 a Y. One of those wings is utilized for, the
5 last three rooms on that wing are used for the
6 prisoners. We are going to use the next three
7 rooms in that wing for prisoners. So we're
8 not expanding it. Instead of putting regular
9 med surg patients in those three rooms we will
10 use those three rooms for additional
11 prisoners.

12 LEGISLATOR ABRAHAMS: I would
13 recommend you get the Department of Health
14 Certificate of Need in as quickly as possible
15 because the regulatory process with the
16 Department of Health is very slow.

17 Just to go back to the MRI
18 machine. The MRI machine is not just going to
19 be used for inmates. It was my understanding
20 it was going to be used for all patients, am I
21 correct?

22 DR. POLITI: Yes sir. We believe
23 the community is in need of an MRI as well.

24 LEGISLATOR ABRAHAMS: And then my
25 last question in regards to budget and

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2 regulatory. Currently there's an infirmary we
3 all know at the correctional center. My
4 understanding is correct?

5 DR. POLITI: Yes sir.

6 LEGISLATOR ABRAHAMS: That
7 infirmary operates health care under what
8 regulatory process of New York State
9 Department of Health? Who submitted the
10 actual application so that they can provide
11 health care at the jail?

12 DR. POLITI: Currently that's
13 under the Department of Justice and they have
14 their own requirements for jails. There are
15 several regulatory agencies that oversee the
16 health care at the jail. Once we take over as
17 a hospital then it would fall under our
18 policies. Under our regulatory concerns.

19 I do have Mr. Jeff Trope. Do you
20 want to talk to that? Does the county
21 attorney want to talk about the regulatory
22 oversight of the jail care?

23 MR. DENION: This is Conal Denion
24 from the county attorney's office the
25 corrections law requires each county jail to

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2 have a jail physician and we fulfilled that
3 requirement historically by hiring a
4 corporation such as Armor or previously with
5 the Health Care Corporation.

6 LEGISLATOR ABRAHAMS: What I was
7 asking is, is there anything regulatory that's
8 necessary to --

9 MR. DENION: I'm not aware of
10 anything. In addition to the requirement to
11 have a jail physician. Which, again, we do
12 through a corporation.

13 LEGISLATOR ABRAHAMS: So when
14 Armor was providing health care, still
15 providing health care until the end of August,
16 when Armor was providing health care, the only
17 thing that needed to be done was a transfer of
18 ownership, for lack of a better term, under
19 the Department of Justice guidelines?

20 MR. DENION: I don't understand.

21 LEGISLATOR ABRAHAMS: Let me back
22 up. Armor is currently providing care
23 vis-a-vis in the infirmary at the correction
24 center?

25 MR. DENION: Correct.

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2 LEGISLATOR ABRAHAMS: How did
3 that transfer from the hospital to Armor?

4 MR. DENION: Prior contract -- we
5 no longer operated under the prior contract.
6 That terminated and we had a new contract with
7 Armor. So it was us fulfilling our
8 requirement to have jail health. We did it
9 through one contract and then another and now
10 we will do it through a third

11 LEGISLATOR ABRAHAMS: But there's
12 some regulating process that oversees the care
13 that's being provided at the infirmary. If I
14 understand Dr. Politi correctly, he had said
15 it's under the Department of Justice.

16 MR. DENION: I think there's
17 various oversight boards. I ask if captain
18 Golio want to address it. Obviously at the
19 jail we had the consent agreement with Justice
20 Department. We have the state corrections
21 department. Various regulatory bodies
22 obviously oversee what happens at the jail
23 including Health. They will still do that to
24 the extent to their jurisdiction.

25 LEGISLATOR ABRAHAMS: Did Armor

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2 need any regulatory approval from the
3 Department of Justice to provide care there?

4 MR. DENION: As far as I know,
5 no. Not Department of Justice. I think the
6 consent agreement was already --

7 LEGISLATOR ABRAHAMS: Or any
8 other agency?

9 MR. DENION: From the state, I
10 don't believe so.

11 LEGISLATOR ABRAHAMS: Who
12 oversees the care at the infirmary is --

13 MR. DENION: Again State
14 Commission of Corrections has general
15 oversight of all the county jail. They have
16 general oversight. They have statutory
17 oversight of the county jail.

18 LEGISLATOR ABRAHAMS: Who is
19 they?

20 MR. DENION: The State
21 Commissions of Corrections.

22 LEGISLATOR ABRAHAMS: Before I
23 forget, there was mention of there's going to
24 be some hiring in regard to these 144 plus
25 some odd titles. When is the job fair so we

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2 can notify our constituents?

3 DR. POLITI: We've already had I
4 believe two job fairs. They are planning for
5 more in the near future. I don't have exact
6 dates.

7 LEGISLATOR ABRAHAMS: If you can
8 let our offices know. I'm sure everyone up
9 here would appreciate that.

10 DR. POLITI: I had my HR people
11 here but they had a family emergency. They
12 had to leave.

13 LEGISLATOR GONSALVES: I have a
14 couple of questions but I really want to begin
15 with the fact that I think our goal is
16 mutual. The goal of the hospital is to
17 deliver quality health care and this body
18 wants to make sure that it does.

19 I need to -- first of all, we've
20 been dealing with the State Corrections
21 Commission regarding health care at the jail.
22 I think I have been under the impression that
23 they are an oversight to the kind of care
24 that's been delivered at the jail because
25 we've gotten letters upon letters regarding

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2 the services that were performed under Armor.
3 That's neither here nor there.

4 This is something that we all
5 wanted to see. We all knew that this was not
6 going to come cheap and I can understand why.
7 It is a very, very flexible situation here. I
8 believe that the number of inmates will
9 certainly, and you can bear me out, will play
10 a factor in staffing and also cost. Am I
11 correct in that?

12 Right now we have a very low count
13 in the jail. The lowest I think we've had in
14 a long, long time. I can remember when the
15 jail had 1500, 1600, 1700 inmates. Hopefully
16 that never happens because that will, without
17 a doubt, impact on staffing and of course cost
18 as far as the hospital is concern. Am I
19 right?

20 DR. POLITI: You are correct.

21 LEGISLATOR GONSALVES: That's why
22 I say this is not something that we can put a
23 cost factor on and say this is it and this is
24 where it's going to be. It's understandable
25 because of what the nature of the facility is

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2 that costs can continue to rise. We have to
3 be realistic about it and know if we want the
4 mission to be a mutual one, you delivering the
5 best health care for the inmates and we making
6 sure that this is being done, that can be
7 something that we can expect going forward.

8 I'm an optimist but at the same
9 time I also can see that I am a realist as
10 well. I am familiar with that facility. I
11 have been familiar with that facility for
12 almost 30 years as a member of the community,
13 as a member of the jail advisory community and
14 of course as someone who has taken a keen
15 interest in not only the jail but in the
16 hospital as well.

17 I really and truly thank you Dr.
18 Politi for stepping up to the plate and being
19 willing to do this magnanimous task. And it
20 is. A lot of eyes will be watching. I will
21 tell you, hopefully people will be objective
22 and see that the task is not an easy one and
23 that you will be doing the best you can under
24 the circumstances that you have been asked to
25 take over. So, I say thank you on behalf of

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2 this body for being so magnanimous in coming
3 forward and saying okay. And there were
4 several hospitals that received RFPs and none
5 of them really responded. And the only one
6 that of course was left standing was the one
7 that's in the East Meadow community and it's
8 Nassau University Medical Center, as well as
9 the jail.

10 I have to say that your
11 presentation today was excellent. I think you
12 were able to answer most of our questions and
13 those questions that were not answered I know
14 that you are going to deliver the responses.

15 I thank you Deputy County Executive
16 Ribando for chairing this whole venture. I
17 know it wasn't easy.

18 And of course Captain Golio, who I
19 happen to know from the jail as well. This
20 was not an easy, easy task. Thank you for
21 what you're doing and really and truly on
22 behalf of this body wish you the very best of
23 carrying out the mission that is a mutual
24 one. So.

25 MR. RIBANDO: Legislator

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2 Gonsalves, can I interrupt you for a second.
3 Can you take a five minute recess? We have to
4 discuss something that might need to go into
5 executive session.

6 LEGISLATOR GONSALVES: You got to
7 be kidding?

8 MR. RIBANDO: I'm sorry. I have
9 to discuss something really quickly.

10 LEGISLATOR GONSALVES: You want
11 to us go into executive session?

12 MR. RIBANDO: Give me less than
13 five minutes.

14 LEGISLATOR GONSALVES: Listen,
15 Mr. Ribando, there is a definite reason why we
16 need to go into executive session, correct?
17 We're not doing this just -- I think if you
18 requested it there must be a reason.

19 MR. RIBANDO: They're going to
20 discuss it with counsel first.

21 LEGISLATOR GONSALVES: Go ahead.
22 If we need to go in executive session so be
23 it.

24 While we're waiting would you like
25 to get up and say something? Three minutes.

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2 MS. MEREDAY: After what, five
3 hours. Meta Mereday. My question has to do
4 with, again, when we're talking about and it's
5 much needed it, granted, but my concern is not
6 necessarily for again those individuals who
7 stood here to try to brain resources. I'm
8 concern that I sat here to hear about
9 equipment that was outdated, and as the point
10 was made, end of life at the jail. I have had
11 to deal with the family of the lance corporal
12 who committed suicide at the jail, in addition
13 to the other suicides at the jail.

14 Again, what are the safeguards
15 moving forward with regard to the estimates
16 that they are providing? That whoever is
17 going to be sitting on that dais post election
18 is going to come to the taxpayers again to say
19 well, the previous group voted for this but
20 there were additional costs that were incurred
21 i.e. the bus situation in Nassau County. When
22 the taxpayers were promised that by
23 subsidizing and sending off to private sector
24 that it would save taxpayers money, when it
25 cost money and you had to cut routes and

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2 people are out here walking and losing their
3 jobs.

4 So again, where is the protection?
5 I appreciate the fact that at least Legislator
6 Gaylor asked the question as it pertained to
7 services for our veterans and I still didn't
8 get a satisfactory answer. We're still not
9 addressing the needs of the constituency who
10 are voiceless and unrepresented in this county
11 and particularly in this forum.

12 Does anybody back there understand
13 what cost plus actually means? Is there an
14 estimate? You don't know what the actual
15 costs are going to be. But we can't afford to
16 build a VA hospital in Nassau County when we
17 have over 80,000 veterans and their families
18 who are essentially going to build another
19 hospital facility attached to the medical
20 center. I don't understand.

21 And please let's not talk about the
22 corner office that is considered a VA facility
23 that's currently at the medical center.
24 Because that really does not do the service
25 that it should do for the number of veterans

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2 that we have in this community.

3 Again, where is the oversight? No
4 one has talked about the staffing from the
5 correctional side of this agenda. Nobody has
6 talked about the support services for the
7 families. Not only of the inmates but of the
8 residents in that community itself.

9 Again, where is the representation
10 for the taxpayers? Do we have to literally
11 vote everybody out of those seats behind there
12 before we actually get somebody in here who
13 can speak to our needs? We're dying on the
14 vine here in Nassau County. We are dying on
15 the vine and no one seems to get it. You want
16 to talk about the most asinine things over the
17 course of six hours and you're still not
18 addressing what is going to happen three
19 months from now, six months from now when you
20 say we already approved this contract. Just
21 because they're coming in looking for another
22 \$10 million we have to pay it on the backs of
23 the taxpayers. Thank you.

24 LEGISLATOR GONSALVES: We are
25 taking a five minute recess.

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2 (A recess was taken.)

3 LEGISLATOR GONSALVES: Recess is
4 over. Back to class. Everybody back in the
5 seats. Before we take the vote on this
6 contract I believe that Minority Leader, and
7 keep it short otherwise guess what? I'm
8 cutting your mic off. Make it very, very
9 brief.

10 LEGISLATOR ABRAHAMS: Would not
11 be the first time.

12 Thank you Madam Presiding Officer.
13 It has come to my attention based on the
14 request of the administration that I disclose,
15 which I have always done in the past, the
16 nature of my conversations with Northwell. As
17 most people know, I work full time for
18 Northwell Health in addition to being
19 obviously in this great body of this
20 legislature. That being said, I have spoken
21 to, in anticipation of this vote, I have
22 spoken to my own counsel Pete Kleins as well
23 as counsel at Northwell and they do not
24 foresee or do not see any impediment, any
25 conflict for me to hear testimony on this

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2 particular item as well as vote on this
3 particular contract.

4 That being said, in the spirit of
5 also full disclosure, I would like to hear, so
6 the record can be clear, the relationship,
7 Dr. Politi, that NUMC has with Northwell
8 Health.

9 DR. POLITI: NUMC actually has an
10 excellent relationship with Northwell Health.
11 They have a clinical affiliation with NUMC.
12 We share many services and work together with
13 them to provide an excellent level of care.

14 LEGISLATOR ABRAHAMS: Good to
15 hear. But in terms of this contract is there
16 any portion of this contract that is being
17 assigned to Northwell Health?

18 DR. POLITI: Through this
19 affiliation, this clinical affiliation with
20 Northwell Health, they do provide physicians
21 and staff for certain departments that might
22 provide health care to the jail as well. I
23 can give you an example, our department of
24 cardiology for example.

25 LEGISLATOR ABRAHAMS: What I'm

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2 asking is more direct. You're saying that
3 there is a Northwell possible doctor that's on
4 this list?

5 DR. POLITI: No. Not on that
6 list.

7 LEGISLATOR ABRAHAMS: Nothing
8 further.

9 LEGISLATOR GONSALVES: Here we
10 go. First of all, again, thank you for your
11 presentation of course and being able to
12 address the concerns of this body. Now it's
13 time for to us vote on contract E-154. The
14 personal services agreement between the county
15 of Nassau acting on behalf of the county
16 sheriff's department and Nassau Health Care
17 Corporation.

18 All those in favor of the contract
19 signify by saying aye. Any opposed? Any
20 opposed? Nada? It passes unanimously. Seven
21 to zero. Thank you.

22 We are not adjourning this. Oh
23 Rules. Sorry. Motion to adjourn. Legislator
24 Nicoletto. Second by Legislator Kopel. All
25 those in favor signify by saying aye. Any

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2 opposed? We are adjourned.

3 (Meeting was adjourned at 7:44

4 p.m.)

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CERTIFICATION

I, FRANK GRAY, a Notary
Public in and for the State of New
York, do hereby certify:

THAT the foregoing is a true and
accurate transcript of my stenographic
notes.

IN WITNESS WHEREOF, I have
hereunto set my hand this 16th day of
July 2017

FRANK GRAY