

**Welfare to Work Commission
Of the Suffolk County Legislature
Minutes of the May 8, 2015 Meeting**

Present: Richard Koubek, Chair; Kathy Liguori, Vice Chair; Lisa Pinkard for Leg. Monica Martinez, John Nieves; Ellen Krakow; James Andrews; Luis Valenzuela; Charles Fox; Jackie Powers for Mike Stoltz; Mike Haynes; Kimberly Gierasch; Audrey Gottlieb for Barbara Egloff; Marjorie Acevedo; Kathy Malloy for Joan Travan

Excused: Sr. Lisa Bergeron; Ayesha Alleyne; Peggy Boyd; Ray O'Rourke; Nina Leonhardt; Don Friedman;

Absent: Steve Chassman

Guests: Roberta Leiner and Nicole Jordan Martin, Hudson River Health Services; Jane Smith, SCDSS

1. **Minutes:** Chair Richard Koubek reminded the Commission that the April meeting had been cancelled due to the schedule of committee meetings that month. The minutes of the March meeting were adopted, on a motion by Marge Acevedo, seconded by Kathy Liguori.
2. **Health-Care Delivery System Reforms:** Pursuant to the Commission's 2015 goal of learning about the new State Medicaid health-care delivery system, Mr. Koubek introduced Roberta Leiner and Nicole Jordan Martin of Hudson River Health Care (HRHC) which is assuming responsibility for all but one (Dolan) of the County's health clinics. Mr. Koubek reminded the Commission that HRHC administration of the County clinics allows them to become Federally Qualified Health Centers (FQHCs) with access to additional federal funds as well as higher standards for the delivery of services.
 - a. Ms. Leiner began with a description of the numerous primary-care services provided at the HRHC clinics that now serve 25,000 low-income people annually, with that number expected to double in the course of the next few years. HRHC anticipates assuming oversight of the Brentwood and Riverhead clinics which will contribute to anticipated patient growth.. Ms. Leiner shared a power point with the Commission outlining the range of services available at the health centers. She noted that HRHC has measurable outcomes to monitor care and is prioritizing making each health center a "one stop" center for primary, behavioral -and preventive health care services. She noted that there is a sliding scale of fees based on income and that there is no requirement that patients be documented immigrants. She also stated that in the transition from County-managed to HRHC managed centers, no workers lost their jobs, although some are no longer represented by the AME union.
 - b. Ms. Jordan Martin introduced the Delivery Service Reform Incentive Payment (DSRIP) Project which originated with the federal government and is now being implemented in New York State to reduce what are the nation's highest Medicaid costs. The core principles of DSRIP are to reduce expensive hospital stays by 25% over five years and emergency room visits with preventive primary care that

emphasizes a holistic approach to wellness rather than a “fee for service” delivery system.

- i. Ms. Jordan Martin introduced the 1115 Waiver Amendment that fosters a redesign of New York’s Medicaid system allowing the State to reinvest \$8 billion of the \$17 billion savings generated by Medicaid redesigns into the DSRIP system. The overall goal of the redesign is to make health care more comprehensive, affordable and accessible. These funds will be used as incentives to encourage and stimulate compliance with DSRIP cost saving and patient care reforms by clinics, hospitals and private physician groups. Conversely, federal and State funds will be lost if providers fail to comply with DSRIP reforms.
- ii. There are several centerpieces of DSRIP, including the designation of health-care clinics and providers as a “Patient Centered Medical Home” (PCMH) and Health Home. PCMH is a physician-driven, patient-centered health-delivery system in which each patient is treated holistically by one physician who heads a team. Health Home provides for the coordination of medical, behavioral, family and substance-abuse services across a network of community-based organizations such as the Suffolk County Association for Mental Health and Wellness or LI Council on Alcoholism and Drug Dependence or EOC. Each patient in PCMH and Health Home has a “care manager” who coordinates the delivery of services among the clinic as well as the community agencies. Ms. Martin described the three tiers of PCMH designation noting that HRHC’s goal is to have all the clinics operating at the highest tier, Level 3, which will include a fully-functional Electronic Health Record (EHR) system that will help reduce medical costs by expediting treatments and payments while avoiding duplicative services. Four clinics are already Level 3: Riverhead; Brentwood; Dolan. Four centers are scheduled to become Level 3 in 2015: Southampton; Amityville; Wyandanch; Shirley/Patchogue. There ensued a discussion of DSRIP and the Suffolk clinics. A number of Commission members probed the degree to which DSRIP is cost driven rather than patient driven. Ms. Reiner and Ms. Jordan Martin both noted that costs are the major factor, but that a coordinated, community-based and preventive care health delivery system will benefit patients enormously. Some members asked if holistic, coordinated care was not a “common sense” delivery system that should already be in place. HRHC staff noted that, unfortunately, these practices are not widespread in the current “fee-for-service” delivery system. There was some consensus that DSRIP could revolutionize health care for the poor, and ultimately for all patients, and that there is great potential for community-based, coordinated services that will benefit poor patients in particular. Jackie Powers from the Association for Mental Health and Wellness admitted that the transition has not been without difficulties and tensions, but that progress is being made.
- iii. Mr. Koubek thanked Ms. Leiner and Jordan Martin for this excellent overview and suggested that, per the Commission’s 2015 goals, a similar

presentation on DSRIP be made to the Suffolk Legislature's Health Committee.

3. **Child Support Committee:** Mr. Koubek noted that the Child Support Committee appeared to have reached consensus via email on three goals, however James Andrews stated that he needs more time to assess the emails in which Committee members commented on these goals:
 - a. 9% NYS (Federal) rate of Interest charged – Interest charges end up dwarfing collectible Balance. Lobby for relief.
 - b. More accurate answers / consistent information coming out of NYS Call Center which handles over 85 % of calls for Suffolk County (Maybe a more user friendly NYS Website with better FAQ's)
 - c. Ask NYS for a waiver to allow NCP to make principal balance only collections for the first 6 or 12 months after somebody finds employment thru Suffolk DOL. Basically a reduced /modified payment plan where every \$ collected over a minimum reduces accumulated interest charge or something Similar. A pilot program through NYS OTDA would be good.

Mr. Koubek apologized to Ms. Smith from DSS who attended the meeting to discuss child support, noting that the health-care presentation took longer than anticipated. Mr. Andrews suggested that the Child Support Committee meet to discuss members' comments on the goals. Mr. Koubek stated that this would be a high agenda item at the June Commission meeting and expressed hope that the Committee will meet before the June meeting.
4. **Child Care Commission Resolution:** Lisa Pinkard stated that Legislator Martinez is still working to build legislative support for the resolution.
5. **Child Care Block Grant:** Kathy Liguori reported that the 2015 NYS Office of Children and Family Services (OCFS) Child Care Block Grant (CCBG) allocation to Suffolk County would be a \$135,000 reduction over 2014 compared with a \$2.9 million increase for Nassau County. The 2014 CCBG allocation had a \$600,000 increase for Suffolk County and an almost \$9 million increase for Nassau County. Ms. Liguori and other Commission members expressed dismay at Suffolk's reduction and the disparity between Suffolk and Nassau County allocations. Mr. Koubek said he would discuss this topic with DSS Commissioner John O'Neill. [Note: The Commission, at the request of DSS, sent the April 23rd letter below, that was adopted with an electronic vote on a motion by Kathy Liguori, seconded by Richard Koubek, to Acting OCFS Commissioner Sheila Poole regarding the CCBG allocation formula.]
6. **Sunday Bus Service:** Mr. Koubek stated that Legislator Jay Schneiderman reported that, effective April 1st, Sunday service has been added to Routes 45 and 61 with evening or extended-hour service added to Routes 58 and 92. Ridership figures have thus far been quite positive.
7. **IDA Scoring Tool:** Mr. Koubek reported that he was a speaker at the Suffolk Economic Development Council conference on April 28th at which he presented the Commission's child-care report. The *Newsday* story about the conference gave exclusive coverage to his comments about incorporating child care into the IDA review process. This led to Suffolk Planning Commission Chair David Calone reaching out to IDA Executive Director Tony Catapano, who commented positively on the proposal in the *Newsday* article. A meeting with Mr. Catapano and Mr. Calone will be scheduled to discuss the full IDA scoring tool developed by the Commission.

8. **Announcements:**

- a. Charles Fox announced a health fair sponsored by EOC on May 9th.
 - b. Mr. Koubek announced that Legislator Martinez has arranged for a meeting with her, Commissioner John O'Neill and himself to discuss communication between DSS and the Commission.
9. **Next Meeting:** The next meeting will be on Friday, June 19th rather than June 12th due to conflicts with the Child Care Council Annual meeting and the Vision Long Island Smart Growth Awards ceremony.

Commission Letter to OCFS

April 23, 2015

Ms. Sheila Poole, Acting Commissioner
New York State Office of Children and Family Services
52 Washington Street, Suite 303 South Building
Rensselaer, NY 12144

Dear Acting Commissioner Poole:

In anticipation of changes to the federal Child Care Development Fund which we are concerned will reduce child-care slots and allocations to local districts due, in part, to new and burdensome administrative requirements, we write to you to again request that the New York State Office of Children and Family Services (OCFS) revise the methodology used to allocate the Child Care Development Block Grant (CCBG) funds to local districts in order to better meet their current and future needs.

The Commission's concern for child care and for the chronic underfunding of Suffolk's CCBG allocation prompted us, in the late fall of 2013 to: conduct 2 public hearings that gathered 8 hours of testimony from 26 academic experts, child-care specialists, government officials and members of the public; conduct 11 focus groups with 55 parents or family providers; and conduct a survey 126 parents. Based on data gathered from this extensive process, in June 2014 the Commission released a report, "Who's Minding the Kids? Meeting Challenges and Creating Opportunities for Quality Child Care and Early Learning in Suffolk County."

The Commission found that OCFS uses a funding formula that does not factor in the actual demand for child care in Suffolk County, thereby causing serious restrictions in the number of working-poor families whose children should receive the CCBG subsidy.

We therefore join Suffolk County Department of Social Services-Commissioner John O'Neill in urging you to **revise the current methodology so as to reflect the actual demand for child care in Suffolk.** The current Suffolk County eligibility for the subsidy, which, effective July 1, 2014, is 165% of the Federal Poverty Level (FPL), **should be restored, at a minimum, to 200% of the FPL (\$47,700 for a family of four), which our Commission, along with Long Island academic experts, has defined as the actual poverty level for a high-cost area like Suffolk County**

As you are aware, Commissioner O'Neill sent a letter in January 2014 to you documenting the detrimental consequences to low-income families resulting from the wide fluctuations in Suffolk

County's CCBG allocations. These allocations, not including any rollover funds, dropped from a high of \$35 million in fiscal year 2006-2007 to \$29.9 million in 2011–2012, a decrease of approximately \$5.1 million or 15% during a period when the demand for subsidized child care actually rose. *As a result, Suffolk County was forced to decrease the income eligibility standard for the child care subsidy three times in 2012 from 200% to a low of 100% of FPL.*

As our public hearings and focus groups revealed, these changes caused much anguish to low-income families who lost their child-care subsidies and to the child-care provider community at large, with some providers forced to lay off employees or to close the businesses entirely.

Members of our Commission were grateful when OCFS increased Suffolk's CCBG allocation by almost \$995,000 in state fiscal year 2013-2014. This increase enabled the Suffolk County Department of Social Services to increase its income eligibility standards for the CCBG subsidy from 100% to 150% of FPL by June 2013 and to reduce its family fee from 30% to 20% effective March 1, 2014. Then by applying Title XX funds for child-welfare services child care and offset costs to the CCBG, the Department was able to further increase and maintain the income standard to 165% and thereby serve more families and children.

Following Commissioner O'Neill's letter of January 2014, OCFS increased Suffolk County's allocation by \$580,725 for state fiscal year 2014-2015 - adequate only to meet the market rate increases - and OCFS assured the county that the state's allocation methodology was "predictable, consistent and applied objectively to all districts." Then, unfortunately, in October 2014 we learned that the state in fact, changed the methodology in state fiscal year 2014-2015 and increased the look back period by one year over the state fiscal year 2013-2014 methodology.

This change resulted in the CCBG allocation enhancement to neighboring districts - New York City and Nassau County - at the expense of other districts including Suffolk County. While Suffolk County received a 1.9% increase of \$580,725, Nassau County received a 25.6% increase of \$8.9 million dollars. Nassau County's 2014-2015 CCBG allocation is now nearly \$13 million higher than Suffolk, yet the two counties are subject to the many of the same socio-economic factors except that shelter rates are much higher in Suffolk County and the population of children that are of child-care age is 30,000 more than Nassau County.

Acting Commissioner Poole, we urge you revise the current methodology that does not extend the look back period and better reflects the local needs of the districts, which include the cost of living index, and the respective poverty levels.

Thank you for your consideration.

Richard Koubek

Richard Koubek, PhD, Chair

Kathy Liguori

Kathy Liguori, Vice Chair

Cc: Members of the Suffolk County Legislature
Suffolk Members of the New York State Senate and Assembly

