

**PUBLIC SAFETY & PUBLIC INFORMATION COMMITTEE  
of the  
Suffolk County Legislature**

**Minutes**

A regular meeting of the Public Safety & Public Information Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on **November 25, 2003**.

**Members Present:**

Legislator Angie Carpenter - Chairperson  
Legislator Joseph Caracappa - Vice-Chair  
Legislator David Bishop  
Legislator William Lindsay  
Legislator Andrew Crecca  
Legislator George Guldi  
Legislator Pete O'Leary

**Also In Attendance:**

Paul Sabatino - Counsel to the Legislature  
Doug Sutherland - Aide to Legislator Carpenter  
Anthony Figliola - Aide to Presiding Officer Postal  
Jim Spero - Deputy Director/Budget Review Office  
Kevin Duffy - Budget Review Office  
Rosalind Gazes - Budget Review Office  
Maria Ammirati - Aide to Legislator O'Leary  
Tim Laube - Aide to Legislator Lindsay  
Bill Faulk - County Executive's Office/Intergovernmental Relations  
Alan Otto - Chief of Staff/Suffolk County Sheriff's Office  
James Abbott - Chief Deputy Commissioner/Suffolk County Police Dept  
James Maggio - Deputy Commissioner/Suffolk County Police Department  
Phil Robilotto - Chief of Department/Suffolk County Police Department  
Joe Michaels - Suffolk County Police Department  
Bob Donohue - Lieutenant/Suffolk County Police Department  
John Fitzgerald - Chief of Support Services/SCPD  
Ed Zimmerman - SCPD/4th Precinct/COPE Unit  
Dave Fischler - Commissioner/Fire, Rescue & Emergency Services  
Debbie Eppel - Public Information Office  
Vito Dagnello - President/ Correction Officer's Association  
Elie Seidman-Smith - Director/Community Service Program/ARC  
Ruth Cusack - Suffolk County League of Women Voters  
Robert Kearon - Bureau Chief/District Attorney's Office  
Marilyn Proios - Executive Director/Suffolk County Girl Scouts  
Mary Garrote - Suffolk County Girl Scouts  
Dr. Jeanne Alicandro - Director/EMS Division/Dept of Health  
Arty Matuza - Suffolk County EMS Division/Dept of Health  
Mitch Savino - REMSCO/Chairman

Dave Brenner - REMSCO/Vice-Chair  
Ed Stapelton - REMSCO/Response Committee  
Dan Sicilian - Association of Municipal Employees  
Mike Sharkey - Deputy Sheriff's Benevolent Association

1

---

Tedd Godek - Suffolk County Architect/Dept of Public Works  
Dana Kaplan - National Resource Center on Prisons and Communities  
All Other Interested Parties

Minutes Taken By:  
Alison Mahoney - Court Stenographer

(\*The meeting was called to order at 1:11 P.M.\*)

**CHAIRPERSON CARPENTER:**

Good afternoon and welcome to the Public Safety & Public Information Committee. I would ask everyone to rise for the Pledge of Allegiance to be led by Legislator Crecca.

Salutation

Thank you. We have two presentations this afternoon. As a matter of fact, Legislator Bishop had requested that we have Dr. Alicandro give us an update. And if you would, Dr. Alicandro, I know Mitch Savino is here, too, and whoever else you would like to have join you at the table; why don't you come up and we can begin.

(\*Legislator Bishop entered the meeting at 1:12 P.M.\*)

**LEG. LINDSAY:**

You might be better off with the one on the table.

**DR. ALICANDRO:**

Thanks very much, and thank you for the opportunity -- thank you for inviting us, Legislator Carpenter -- to discuss the work that I have been doing in concert with the Regional EMS Council Response Committee. And I have some members of the Regional EMS Council Response Committee with me because they are critical to addressing this issue in our County. They're the statutory authority as designated by New York State Department of Health to coordinate EMS services in a region and determine public need for EMS services, so it is important that they cooperate with this endeavor.

The purpose today is just to orientate you on the work we've been doing with the Regional EMS Council and Response Committee. We wanted to make it clear that this presentation is not about criticizing the individual volunteer. The individual volunteers who make up our

system, as you know, do a very professional, dedicated job, they provide wonderful prehospital care, they have been recognized at the State level for agencies of excellence for the past two years and providers of excellence as well and really do a terrific job. It's really not about them, it's really about working together as a system to try to improve coordination and maximize resources to improve response.

CHAIRPERSON CARPENTER:

If I could interrupt a moment. Do you have a hard copy of your power point?

2

---

DR. ALICANDRO:

I can get you one. We handed out the response report which we've previously distributed which has much of the same information.

CHAIRPERSON CARPENTER:

Okay, thank you.

(\*Legislator Caracappa entered the meeting at 1:14 P.M.\*)

DR. ALICANDRO:

I can get that to you. Just to give you a brief overview of what is involved in our system, all the various components that makes it difficult to coordinate as a single system, there are 109 fire departments, 72 of which provide EMS service, and an additional 26 volunteer ambulance agencies for a total of 98 EMS agencies who have at their disposal 236 ambulance vehicles. Five of the agencies are basic life support first responder agencies, they respond to a scene to provide initial care, do not transport. There are an additional 19 EMS agencies that provide basic life support care only and another 74 that do provide advanced life support when they have personnel available. The issue is that each department has its own response policy as well as dispatch policy; in essence, we have 98 different individual systems within our one regional system.

I'm going to introduce Mitch Savino who is the Chairperson of the Regional EMS Council to give you a little bit of background of the council who, as I said, has been working diligently with us. Mitch himself has been an EMS volunteer for 20?

MR. SAVINO:

Fifteen years.

DR. ALICANDRO:

Fifteen years and has worked with us on Response.

MR. SAVINO:

Thank you, and I promise to be brief on my introduction here.

Basically what I would like to inform you is what REMSCO is, I know a lot of you are very much familiar with what we do. Basically we are a 30 member governing body that was empowered by the State, Article 30 of the State Health Department Law which provides for us to oversee certain components of the system. You can see them listed here, local EMS, police, fire, ambulance, health, general public and physicians and nurses are all part of our makeup; we're supposed to represent a rather good cross-section of what the public safety sector looks like.

Basically, among our responsibilities, in addition to this Response Committee to what you're going to here today, are these other things. Basically determining public need is a big part of what we do and that ties in a lot of what we're going to be talking to today. Public education, disaster planning and coordination of EMS programs within the region, all of that we are empowered to do under Article 30. So hence, the formation of the Response Committee which under Article 30 is empowered to undertake this task.

3

---

DR. ALICANDRO:

We presented our findings from the Response Committee to our EMS providers and what we really wanted to focus on was the critical nature of a timely response, why that's important, what do these entities that really impacts and that's the crux of our work and trying to improve response. I have Ed Stapleton here who has also been in EMS for many, many years, is a national/internationally known speaker and author on EMS issues who is just going to go over the presentation quickly that we gave to our EMS providers.

MR. STAPLETON:

I will be brief. I have been charged with talking about the obvious and the obvious is that EMS has to get there quickly. And just to editorialize on that, if I took all of the interventions that EMS provides, airway management, defibrillation, all of it, the most critical intervention EMS provides is time, getting there quickly. If we had Star Wars where we could get you to an ER by beaming you up, that would be the ideal EMS system because ultimately most of the answers to these problems rest in the emergency department.

So I'm going to address, just discussing briefly, how people die. And I will be very brief about it, but just to give you a perspective on how important time is. And the most critical interventions are listed on the board there ranging from respiratory cardiac arrest, trauma, heart attack, stroke, these are all things that people can die with within minutes if interventions don't occur. For example, in respiratory arrest, when respiratory arrest occurs, and the most

obvious you can relate to in Suffolk County is drowning, somebody drowns, how much time do they have before intervention where they can survive? And from the time of the injury, whether it's drowning, trauma, overdose or all the causes of respiratory arrest till the time cardiac arrest and death is approximately eight to ten minutes. So what you can see is the sensitivity of intervention in that eight to ten minutes in terms of getting the job done.

The interesting thing about respiratory arrest is in every ambulance in Suffolk County, the intervention to save it is in the ambulance and that is resuscitation with ventilation, or {bag/dall/mask} ventilation. And if you take somebody who's in respiratory arrest, for example, a drowning, within a few minutes who gets to the scene, let's say within three or four minutes, it's almost certain that the person will survive, because the intervention they're giving is exactly what's needed which is to ventilate the patient. So respiratory arrest is a good example where EMS makes a big difference.

Hemorrhage you can relate to. If you're in a car accident today and you get out there and you rupture your aorta and start bleeding and you're out there on the Long Island Expressway, the only thing that's going to save your life ultimately is in the operating room. So in fact, what EMS can provide is to some extent airway management fluid resuscitation, but if you're bleeding internally they can't solve that, that only can be solved in a hospital and that means getting there quickly and getting to the hospital quickly. And as a national standard, what the American College Surgeon recommends is a golden ten minutes which is the time an EMS provider should spend on the scene of somebody suffering a hemorrhage.

4

---

Cardiac arrest, I think most of the people in this room are very familiar with cardiac arrest as an issue since you've been one of the most proactive legislation groups in the area of cardiac arrest. I look at Andrew who has worked very closely with us to implement AED's in the school, CPR in the schools, and before that with the Legislators we implemented police AED's, and all of these things to diminish the time for defibrillation and CPR in cardiac arrest. From the time you go into cardiac arrest really, and you all learned this in grammar school, you have about four to six minutes before biological brain death occurs, a very finite time. Now, fortunately enough we can do some interventions in the public to decrease that time, namely CPR and use of defibrillators which you're all very familiar with.

A case you read in the paper a few months ago -- well, more than that, maybe about seven or eight months ago, a cardiac arrest in a school of a school child, I think he was 13 or 14, had a cardiac arrest in the

school. And this school had the benefit of our initiatives, legislative initiatives for getting AED's in the school, happened to have a defibrillator in the schools and was shocked back to life within three minutes at that school and that child is alive today, 13 year old child; the ambulance arrived in 12 minutes. Now, there's no doubt -- you know, we're not criticizing the ambulance, it just happens to be that way, the ambulance arrived in 12 minutes; had that child not had the benefit of that defibrillator in the school, simply they would not have made it. And the other thing to keep in mind is 70 to 80% of cardiac arrests in Suffolk County occur at home, so they're not going to have the benefit of a defibrillator, they're really depending on the responders to show up with that defibrillator, either the police or the EMS responders.

Now, here I've given you some data; well, how does that apply to Suffolk County? Well, you all know that heart disease is the number one killer in the United States, so cardiac arrest and heart attack, I don't think you have any mystery about the magnitude of the problem. But for example, we have 1,600 respiratory cardiac arrests, we have 99 airway obstructions in Suffolk County every year; this is hard data from cases that have been reviewed. So it is a fairly large problem we're talking about of people that are subject to this time sensitivity.

DR. ALICANDRO:

And as you saw, the time windows in each of these time sensitive entities is eight to ten minutes before irreparable damage sets in and that's where the recommendations that we're going to get into in a moment come from, clinical entities that require timely intervention before the eight to ten minute mark. Just a brief overview, and we're trying to be brief here but it's a very complicated, complex system and a complicated and complex issue and it's good to have a little bit of background.

When a call is dispatched to an EMS agency there are 98 possible scenarios of how they're going to respond to it with their dispatch policies, staffing policies and their individual capabilities, so really 98 different possible scenarios. And I'm not going to go through this, this is a busy slide, but this is what happens when a

---

citizen calls 911 for an ambulance. The call is received at police who dispatches an officer, the call is then sent either to dispatch at Fire Rescue on the western towns or to another public safety answering point. It may go from the secondary PSAP, the Fire Rescue and Emergency Services dispatch to actually an in-house dispatcher, so there's many links in the chain before an agency is actually dispatched. If the agency is unable to respond for some reason, I

will go back up the chain and then down another leg for another agency to be accessed. So it's complicated and there are some built-in delays. Alternatively, some of the agencies public a seven digit number and request that that be called so that, again, we don't have that data because we're unable to monitor those frequently and a police officer is not dispatched to those calls either.

Potential for extended delays occur because an individual agency can have variable time frames before they access mutual aid if no one is going to be able to respond to a call they receive. We sent a survey out to all the agencies in the County, got about a 75% response, some of the agencies will actually not request mutual aid before a 15 minute time period has elapsed. If this goes through several agencies because a crew can be confirmed, they can add up to quite a lengthy delay and we have seen that in some cases. Once a next door or a neighboring agency is dispatched in mutual aid, there's no guarantee that that corp actually has personnel available, or if they're in-house so it may go from the next agency to even subsequent agencies.

From our survey, we also know that more often than not the responders are not in-house, they respond from home to go to the agency and then to the scene of a call which adds time on to the call as well. Many corps do not provide advanced life support at all, some advanced life support corps obviously cannot guarantee that there will be an advanced life support person available to respond to a call. Most of the agencies do not notify their dispatching agency that they're intending to respond to a call, but rather the dispatch agency waits to see that someone will show up at the agency. What's important to keep in mind is that there's many agencies who have done a terrific job in meeting response challenges and have really set up excellent programs to respond, but there's always going to be a time due to multiple calls or other circumstances where an agency is not going to be able to respond to an incoming call, they may already be out. So there needs to be system cohesion to ensure that the next agency that's dispatched in mutual aid is dispatched in a timely fashion and that the agency that's dispatched has available personnel. And this lack of cohesion in the system is what we're trying to address.

The dispatch agencies currently, that's the PSAPS or Fire Rescue, follow each individual agency's policy for mutual aid. So again, it may not be the nearest agency, may not be accessed in a timely fashion, it may not be appropriate because it may not be advanced life support and may not have in-house crews.

I'm just going to give you a brief overview. We tried to get a handle on the overall response integral from when a call is received till an agency ultimately responds to a call when the first agency is unable to respond. We looked at a six month period and it's a very

conservative sample because it had to be an exact address match in the dispatch database, so any single letter that was off would exclude it from the database, so very conservative. We looked at six months, found over a thousand calls in which more than two or three agencies, more than two agencies were dispatched before a crew was confirmed; again, this is just the tip of the iceberg because we know that there were many calls excluded. Our biostatistician also excluded calls that had more than three agencies dispatched to a single address. So conservatively there are at least six such calls a day where more than one agency needs to be dispatched prior to someone responding. And of those we looked at, 70% wait longer than 20 minutes for a response; 22% or one or two people a day, and this was very conservative again, wait longer than 30 minutes, and these are the mutual aid calls which we feel are the most significant delays. This is kind of a no-brainer, but the longer the time elapsed between dispatches, obviously the longer the overall response interval before the patient has an ambulance on scene. And of the cases we looked at, most, the vast majority did not occur within five minutes where another corps was asked for mutual aid.

And it's important to note that the identified cases where there were multiple agency dispatches before someone was able to respond were not just minor calls, they were evenly distributed across all call types and priorities, including the most serious and critical calls such as chest pain, shortness of breath, trauma and the unconscious patient. I have Dave Brenner here who is another member of the Regional EMS Council and Response Committee who has also been a volunteer EMS provider for 26 years, right?

**MR. BRENNER:**  
Twenty-six years.

**DR. ALICANDRO:**  
He's going to go through just an example of the case so you can see what occurs in these cases we're talking about.

**MR. BRENNER:**  
All right, this is the real thing. I put together this presentation by listening with a scanner that you can buy in Radio Shack, the dispatch information that's provided by the County and by local corps, and so here's what happened. Now, I do need to tell you, I'm going to give you a little bit of information. Signal 16 is an ambulance call; a Signal 3 means that corp, that ambulance call can't get out, they want more help from their own agency; Signal 24, somebody else called us, they couldn't get out, now it's our turn to get out; a 3 on a 24 is somebody else called us, they couldn't get out, we can't get out, we need more help, all right? So as you hear this cascade through the

system, this call was picked up and it's one of many, many, many calls that is easily picked up just by listening to the public frequencies. And what we did was -- because we don't want to single out any one agency or to give away a person's address, you're going to hear where the corps was announced you're going to hear me say, "Corp 1 or Corp 2." When the patient's address is announced you're going to hear "Patient's address." So it's going to sound a little silly but this is the real stuff.

7

---

#### Played Emergency call

It wouldn't be any good without a little bit of technical difficulty. The second call, five minutes later they're asking for help.

#### Continued With Call

Same corp asking for help, they couldn't get a crew, five minutes has passed by and they're trying to muster up a crew. Again, eight minutes later.

#### Continued With Call

There's a person lying there unconscious and not even a crew in sight, not even a crew in sight; when does it end? It doesn't.

#### Continued With Call

That's a full crew, they need a full crew. Ten minutes later the first corp could not get out, somebody is lying unconscious.

#### Continued With Call

This is the mutual aid.

#### Continued With Call

That delta call you heard means this is very bad. All right? Thank God we could call somebody else.

#### Continued With Call

Seventeen minutes, nobody is on the way.

#### Continued With Call

Seventeen minutes, I hope it's not my house.

## Continued With Call

Twenty-seven minutes later we got a corps, we called for them, they eventually got out. What happened? They had to go across the entire district to get to the patient's side. This is not response time, it's still going to take them time to get their crew and get to the patient's side. We know eventually they got a crew, I don't want you to think -- this is an isolated incident because I collect these. This is easy to collect on a daily basis and I just do it from my house, everyone can hear this. Thanks for listening.

DR. ALICANDRO:

This was one example of the thousands of calls that we located and over a thousand cases that we located in a six month period, this is the kind of thing that happens. What has the Response Committee been doing so far? We looked at expensive data, some of which you've seen, some of which is in the report that we distributed and there are serious limitations to the data because, as I mentioned, if a call

8

---

comes into the corps directly or things of that nature or there are in-house dispatchers, we can lose data, we don't know overall response times, we had difficulty tracking overall response interval if more than one agency was dispatched, so there are serious limitations to our data that definitely needs to be improved and we're trying to work on that.

We have had several Regional Conferences with stakeholders, namely EMS and fire providers, Chiefs and Commissioners to generalize information about why timely response is important and some recommendations that the Regional Council came up with. We've published our report which you have and we also sent to all the agencies for their review. We held a Best Practices Conference in June in which we invited all the agencies to come to discuss with them again time imperatives, dispatch practices, system design and we broke them out into small groups to brainstorm barriers that they had to meeting response goals, possible solutions, we showcase best practices of some agencies who have done an excellent job in cooperating with neighbors and staffing themselves for their general information and we're writing those up, the brainstorming sessions to be distributed back to the agencies and have a similar conference plan for next year.

Since the committee published its report and recommendations, and I don't know that this is directly related but this is a fact, that since this work began nine agencies have become or stated their intent to become advanced life support when previously they were only basic life support. One agency has implemented 24-hour in-house duty crews so that there's always somebody of staff on-site. Thirty-six agencies

currently have support personnel paid in-house, seven since the release of the report; three agencies we know to be currently negotiating to have also paid in-house crews ready to go.

We formed a Dispatch Steering Committee with a participation of all the public safety answering points that actually all have participated in except one, there are 12 of them, so it was quite a good turnout to discuss consensus recommendations for dispatch policies as well as some cohesive QA, quality improvement that we intend to work on.

Next step, we also formed a System Quality Improvement Committee so that when we do receive a case of a delayed response such as we just saw, we can go back to the agency, it's going to be comprised of EMS Division staff, Regional EMS Council personnel and Regional Emergency Medical Advisory Committee, that's a physician group, personnel who will go and meet with the agencies to try to delineate the issues that led to the delay, all the agencies involved, write those up and give it back to the agencies and request a plan of action based on what we found to be given to Regional EMS Council who makes a determination of public need for EMS services, that committee has just been formed.

I think Ed's going to come back up to go over what the Regional EMS Council recommendations were that were distributed, that came out of the Response Committee work. And it's important to note that in the example that was given, we have a lot of dispatch recommendations, the reason being in the case that was given, the initial corp held the call for 14 minutes before requesting mutual aid, and the second corp held it for nine, etcetera. So all those holding of calls rather than

9

---

quickly accessing mutual aid really add up and contribute to the delay.

**MR. STAPLETON:**

Okay, so this is the beef, so to speak, where's the beef. This is the beef. This is through deliberations of the Response Committee, and I might add through the consensus conference we had, the Best Practices Conference where all of the corps were represented, these were some of the recommendations we've put forth. One of the obvious is that 90% of the responses occur within nine minutes. Why nine minutes? I think you can just look at my first few slides and start thinking about the importance of that particular time. Also, the American Ambulance Association actually publishes this time as well, so I think it's a reasonable, attainable time in Suffolk County. And that includes advanced life support would be a goal of the system within 90% of the time.

The other thing has to do with dispatch. What you saw on that tape

that's important to you is that the call can't be held that long. There's nothing wrong with a corp not turning out a crew, that happens, all we're recommending is that if they don't turn out a crew to turn it over to the next corp quickly so that an ambulance does, in fact, respond. So the recommendation we put forth is notify dispatch within two minutes that a crew is confirmed, so if they can have a crew let dispatch know. If no crew is confirmed within two minutes, request additional personnel within two minutes. And finally, if after that two minute period, if they can't get the personnel then they should mutual aid the call which is, again, giving it off to a neighboring corp to respond. So we're trying to establish this rather than have 98 different policies, to establish this as a policy.

The delta echo calls, we're a little more aggressive in our recommendation, we're saying crews should notify dispatch that they're in route within two minutes and if they can't, at that point then turn it over from mutual aid so that an ambulance is, in fact, responding. Now, if that crew can still muster a crew, fine, let them respond, that's fine, but they should turn it over and make sure an ambulance responds.

Data collection is key. Dr. Alicandro has worked very hard to squeeze out the data we have, because sometimes it's hard to find data. So we're saying here that all the PSAPS and all the ambulance corps should work together to make sure we have standardized data so that we know the scope and breadth of the problem or that we know the problem is being solved by virtue of having good CQI and good data.

We also -- the Response Committee is recommending that there should be an EMS Commission, whether it's a Legislative commission or whatever, with the key stakeholders. And if you look at the list, certainly this group is on the list because really what it comes down to is you need all the people who have a stake in it and also the people who have the power in solving it. So we're proposing people who have the power, particularly the towns who hold a lot of economic power in this are represented on this commission so that they can digest the problems and look for realistic solutions hopefully that are economically viable.

---

So the commission -- this would be the charge of the commission, to assess the economics, to assess the clinical data, to recommend recommendations of the consultant, and I'll talk about that in a second, and make recommendations with cooperative input from all the stakeholders, so each of the stakeholders would get input from their respective groups to make sure that everybody has a say in this process. We also think it's important to hire an outside consultant because when I stand in front of the room and Dr. Alicandro stands in

front of the room or a fire department stands in front of the room, everybody is perceived to have a bias. So we would propose that not an extraordinary study but a study to look critically at the system to provide recommendations to this commission to what the key solutions are, both economically and strategically, to improve EMS response.

The ultimate goal is common sense, and that is for 365, 24/7 that when you're in your house and your family member has a respiratory arrest, cardiac arrest or heart attack, that you can count on somebody showing up, that has to be the goal of the system, as realistically as possible. And sometimes that will require some contribution from the County and sometimes that will require cooperation from the towns and sometimes from the fire service. I'll give you an example of South Country, an ambulance corps that has actually merged three ambulance corps to put together resources to improve the response. And they've done an extraordinary job, they are one of the shining stars in Suffolk County, by virtue of thoughtfully putting together regional resources they were able to solve the problem. On the other hand -- so collaborative solutions are important, but on the other hand when you're dealing with 98 variables, ultimately somebody has to look at the big picture and make sure that everybody in Suffolk County has an adequate response.

I would like to end by saying all of the people that presented here today really love Suffolk County EMS, we're all intimately involved in it. And I'm going to actually quote Steven {Cubby}, he said, "Don't let the good you do stand in the way of the good you can do better." And I think that's where we're coming from, we just want to see every effort putting in improving what is already an excellent system but to look at the warts and try and solve some of these problems. Thank you very much.

**CHAIRPERSON CARPENTER:**

Thank you very much. I do believe that there are some questions and I'd like to begin with Legislator O'Leary.

**LEG. O'LEARY:**

Okay. My question is directed to the individual who spoke on response time.

**MR. BRENNER:**

Me?

**LEG. O'LEARY:**

Yes, you.

**LEG. BISHOP:**

David Brenner.

LEG. O'LEARY:  
David.

CHAIRPERSON CARPENTER:  
Why don't all four of you come sit at the table and this way  
Legislators can address their questions to you individually.

LEG. O'LEARY:  
I would like to hear from you your assessment of what you believe to  
be the problem specifically with respect to this response time problem  
that was very clearly demonstrated in your presentation.

MR. BRENNER:  
Well, the example that you saw were corps that had dispatch policies  
that allow the call to stay within the corp for 10 to 15 minutes  
before asking for help. If they would have called in as the  
recommendations indicated, that is they have a call, an ambulance call  
comes in and within two minutes the people respond by calling in and  
saying, "We're coming," so that the dispatcher knows that there is a  
crew. And if within two minutes nobody calls, they redispach it and  
say, "We need help," and if nobody calls again, that first corp which  
held onto it for 11 to 14 minutes gets rid of the call in four  
minutes, already says, "Look, nobody is calling in, we already know we  
have a problem, let's get some help from our neighbors." We can  
continue to look within our own corp, but at least let's have somebody  
else looking.

If you don't know as a responder -- I'm a responder; when I hear the  
tones go off, I know within five seconds if I can respond, I don't  
need two minutes, I don't need four, I call right away, I tell my  
corps, "I'm coming," or if I don't call they know I'm not coming.  
So the time that they spent dispatching it, and if you heard it went  
from one corp to the next with delays in dispatch time, waiting for  
people to come in, waiting for people to not call in, that's the real  
problem. And I think that eventually a corp responded and they did a  
terrific job, but the time waiting, that 27 minutes probably could  
have been brought down to six minutes. And actually, that was a delta  
call and the recommendation is within two minutes if you don't have  
anybody call, ask another corps, and we would have gone through the  
three corps within four minutes.

LEG. O'LEARY:  
Right. The corp you referred to, is that one particular ambulance  
company or an area that has --

MR. BRENNER:  
Corp 1 is one particular -- I'm not going to tell you fire or  
ambulance, it's a fire or ambulance corp.

LEG. O'LEARY:

Okay.

MR. BRENNER:

Corp 2 was their neighbor and Corp 3 was a neighbor on the other side.

12

---

LEG. O'LEARY:

All right. Now, why couldn't it be predetermined as to who is available for purposes of response? This is a voluntary system, is it not?

MR. BRENNER:

Yes, it is.

LEG. O'LEARY:

All right. So --

MR. BRENNER:

Some of it, some of it's paid.

LEG. O'LEARY:

Why couldn't there be a system in place where the individuals who are available make it known well in advance if they're available for call.

MR. BRENNER:

You know what?

DR. ALICANDRO:

That's what we'd like to see.

MR. BRENNER:

Somebody -- Ed Stapleton.

MR. STAPLETON:

You know, it seems ironic what you're talking about is it seems that they don't know --

MS. MAHONEY:

Use the microphone, please.

MR. STAPLETON:

What you're talking about is the gold standard. It seems ironic in EMS that you wouldn't know every ambulance that's available, right? I mean, at three o'clock in the morning when you want an ambulance, as a dispatcher you would say, "Gee, I know I can dispatch this person or that person," that's gold standard of EMS. And very frankly, many

systems have that. We are a volunteer system, we recognize the limitations of that; at three o'clock in the morning the volunteers are at home often in bed and that's just the reality of the system. But at the very least, if they're not getting out of bed and responding to the call, all we're saying is give it to the next guy in the hope that within two minutes they'll respond. So --

LEG. O'LEARY:

I understand that, but from what you're telling me, there is not currently a system in place that addresses that need?

MR. BRENNER:

Not pervasively; some corps yes, most corps no.

13

---

DR. ALICANDRO:

Some agencies have dedicated crews that they will notify in advance, they have designated in-house crews 24 hours a day.

LEG. O'LEARY:

I mean, if you have a system in place where you make it incumbent upon the volunteer to let him or her know if he or she is available, wouldn't that be the way to go with this? When a call comes in you just call those people who have made it known that they're available.

MR. STAPLETON:

Exactly.

MR. BRENNER:

Correct.

DR. ALICANDRO:

That's what we're working towards, yes.

LEG. O'LEARY:

Oh, you're working towards that.

MR. STAPLETON:

That's one of our recommendations.

DR. ALICANDRO:

Well, that was our recommendation.

MR. BRENNER:

Remember, there are 98 corps that have to decide to do this; we've decided that they ought to, we don't have any direct control.

DR. ALICANDRO:

We don't have direct control.

CHAIRPERSON CARPENTER:

When you had the Best Practices Conference in June, did all 98 participate?

DR. ALICANDRO:

No, I believe about 60.

MR. STAPLETON:

Sixty or seventy, actually, of the corps were represented there. Everybody was invited, the people who chose to come, there was sixty something.

CHAIRPERSON CARPENTER:

No, there was something that you had said earlier that indicated that perhaps everyone was represented and that was why I asked the question.

MR. STAPLETON:

I must admit, that was probably a mistake on my part.

14

---

DR. ALICANDRO:

No, I didn't mean to imply that.

MR. STAPLETON:

I said there was an attempt towards consensus. But you're absolutely right, it was 60 or 70 of the corps that actually -- everyone was invited to participate.

CHAIRPERSON CARPENTER:

Okay. And those that were there attending, did they buy into this?

DR. ALICANDRO:

The providers did, yes, and they're -- in the break-out sessions, it was very interesting, we're writing those up now, but a lot of their comments were that there needs to be less distinct boundaries or needs to be cooperation, there needs to be buy-in from their leadership that they need to cooperate, that's what we heard time and again.

CHAIRPERSON CARPENTER:

Okay, thank you. Legislator O'Leary, you done?

DR. ALICANDRO:

Also in-house crews they mentioned, that that's a necessity.

CHAIRPERSON CARPENTER:

Thank you. Legislator Bishop.

LEG. BISHOP:

Thank you. First of all, I want to thank you for the presentation. It doesn't pull punches and it's as troubling and chilling as it was when we discussed it in my office a few months ago and that's why I thought it was critical that we continue to make this problem known publicly and apply the necessary pressure and have substantive change.

The first part of the presentation was that ten minutes is not an arbitrary guideline, it's scientifically derived and it's critical. But the fact is that as I go home or as we all go home, there's not a very good chance of having an ambulance respond within ten minutes; that's correct, is it not?

MR. STAPLETON:

Well, statistically there will be sometimes when you'll get it, you're right.

LEG. BISHOP:

I understand the problem with the balances.

MR. STAPLETON:

Right. On average, no.

LEG. BISHOP:

On average no, right.

MR. BRENNER:

The average response time in Suffolk County is eleven minutes and 40

15

---

seconds; of those calls that we can document, not the ones that are given away because they don't get tracked.

LEG. BISHOP:

Right.

DR. ALICANDRO:

That's old state data, so we don't have good data and we don't know a good response average, that's my point. But the many corps do meet the standard by having in-house crews around the clock that are ready to respond.

LEG. BISHOP:

Okay.

MR. STAPLETON:

Let me say this; averages are a bad measure when it comes to response times. You're more interested at ninety percentile, because fine, you have an average but you may have outliers at 27 minutes and all kinds of gradients that way. So you can't deal with averages --

LEG. BISHOP:

I just wanted to say the first step is that it's not even likely that I'm going to meet what really is the gold standard that I'm going to get a response time within ten minutes.

The second problem, which is not secondary but the second level problem, is there's a lot of this bouncing going on. And the bouncing means that the response time is not going to be 20 minutes, that's 20 minutes until we get somebody to respond, it's actually going to be more like 30 or 40 minutes, and that happens every day and that happens dozens of times a day I guess. And I would further believe that I'm on safe ground in saying that people lose their lives because of that; right, isn't that the bottom line that we're talking about here?

MR. STAPLETON:

I think that's a fair statement.

LEG. BISHOP:

Right. Now, we have a system that is -- you know, has the best -- we could sit here and make speeches about how wonderful the people are, and they are wonderful, they're better than I, they give of their time and they volunteer and that's fantastic. But even they, in speaking with them one on one when I do my campaigning or when I'm involved in community functions and I talk about this problem and I say, you know, it's just not tolerable, they individually will agree yet they're in some sort of system where they will, it seems, too often fight the substantive change that we need.

One of the things that we just were discussing with winks and nods and yeses and nos is there has to be a breakdown of the boundaries that separate these corps, because it's ridiculous that -- we'll take my town. If I'm in West Babylon and it's three in the morning and there's a crew available in Lindenhurst, well, that should be known

---

right off the bat and it shouldn't have to go to West Babylon for a four minute discussion of whether to bounce it over to Lindenhurst.

And I'll tell you something that's spoken about in my town. There are a lot of people who say, "Listen, you got a problem, just put them in the ambulance and drive them -- I mean put them in the car and drive them to Good Sam because you're going to beat the 15 minutes that it

takes or 20 minutes or 30 minutes."

MR. SAVINO:

We're putting pressure on the police to do the same which is not a good thing.

LEG. BISHOP:

Right. Now, here's something that just strikes me. The woman on the tape, I don't know if she had family waiting there who probably -- the worst thirty minutes of their life as they keep waiting to hear that siren and it never comes; they have no idea what's going on, right? And they might be ten minutes away from a hospital.

MR. BRENNER:

That's correct.

LEG. BISHOP:

Or five minutes away from a hospital, and that's just horrifying when you think about it.

So what I want, you know, what I'm concerned about is the language of stakeholders and everybody has to have a consensus; you know, the hell with the consensus. Who has the stick to make the system operate so that people will know that the response times are going to be adequate? You don't have that stick, do you?

MR. BRENNER:

There are 98 sticks.

LEG. BISHOP:

Right.

DR. ALICANDRO:

Yeah. I think Regional Council has some authority in recommending to the State additional EMS services in an area because there's a determination of public need for additional --

MR. STAPLETON:

But that stick doesn't effect change. And I would say the towns have a lot of stick because often they have the economic control over some of the corps, they have contracts with the corps, so there's some stick there but nobody is wielding that stick necessarily.

LEG. BISHOP:

And we know the politics of it. I mean, nobody wants to be perceived as anti-volunteer, but ultimately I think it's up to us at the County level who, you know, our very purpose is public health/public, safety. We as elected officials have got to change that dialogue and create a system that works at it's best and not one that's just, you know, a

compromise that doesn't work. I'll probably have more after I calm down.

CHAIRPERSON CARPENTER:

Thank you, Legislator Bishop. Legislator Crecca and then Legislator Lindsay.

LEG. CRECCA:

Yeah, I won't reiterate some of the things that Dave said, but I will say this. Having dealt with individual constituent concerns in this matter, I can only echo his comments on the magnitude of the problem.

We have had at least one instance since I have been a Legislator where someone has actually died as a result of an outrageous response time, which I won't even state specifically on the record. But we've also had a continuing problem in the recent year-and-a-half with a number of calls that have just never gotten help or got it 45 minutes or an hour later, in some cases we're dealing with unconscious people and children and things like that. So the magnitude of the problem is beyond even what I think Dave is saying.

I guess a couple of questions more specifically. You talked about I guess -- and if I'm stating something wrong, correct me -- but REMSCO made these recommendations, correct?

MR. SAVINO:

Correct.

LEG. CRECCA:

How many -- you said there are 98 agencies?

DR. ALICANDRO:

Ninety-eight.

LEG. CRECCA:

Of those 98 agencies, how many are compliant today with adopting the REMSCO recommendations? I won't hold you to an exact number, but of that 98.

DR. ALICANDRO:

I think just a handful with the dispatch recommendations, but they're all striving for the response goals, or many are in any case. We don't have a good handle on that. We distributed the recommendations and there was a lot of concern that there was a lot of infrastructure that needed to be introduced prior to them complying with them, so we have not recanvassed but we will do that.

LEG. CRECCA:

Now, one of the things, and it came out a little bit in the presentation, but in my prior discussions individually with some of you on this issue is as far as a dispatch policy, am I correct in saying that some dispatchers are using one set of policies and one set of codes and then another one is using a different set of policies and codes?

18

---

DR. ALICANDRO:

As far as priority dispatch, yes. The alpha and delta that you heard about, the different levels, those are different levels of priority as far as the critical nature of the call with delta being the most critical. And that's really recommended Statewide to be used to try to prioritize so that you know what kind of resources to send, so that a charlie level or higher would require advanced life support, so that's another one of our recommendations that this system be used. Not all dispatch agencies are using this priority system, the County uses this priority system.

LEG. CRECCA:

When you say the county, you're talking about FRES?

DR. ALICANDRO:

The County dispatch, yes.

LEG. CRECCA:

Okay. Do we know which ones are not using it? I'm not asking you to name them on the record here today, but we know which ones are using it and which ones aren't?

DR. ALICANDRO:

Yes.

LEG. CRECCA:

Is it -- does it make sense then to do a universal dispatch policy?

DR. ALICANDRO:

Yes.

LEG. CRECCA:

Is that an inordinately difficult thing to do?

DR. ALICANDRO:

Not that I can imagine.

LEG. CRECCA:

Do we have the stick to do it? I guess that's probably -- I might as

well cut to the chase; do we have the stick to do that?

DR. ALICANDRO:

There is some dispatch funding that comes through the County, I don't know how much of a stick that is. There is also indemnification of individual agencies through the County.

MR. STAPLETON:

And again, a town, let's say, that's --

DR. ALICANDRO:

An endorsement would probably be useful also.

MR. STAPLETON:

-- dealing with a particular PSAP economically has the capacity to say, "This is what we want as a criteria." So theoretically there is

19

---

sticks out there, but it's such a complex issue it's hard to say where the sticks are, nobody has ever used one.

LEG. CRECCA:

You have indicated on a number of occasions that there are problems collecting data, or there have been problems collecting data; I'm familiar with some of those firsthand in individual cases. I guess my question for you is where are you collecting the data from, the PSAPS and FRES?

DR. ALICANDRO:

Yes, dispatch agencies, sometimes from individual care reports from the agencies themselves as well.

LEG. CRECCA:

Are those reports -- how is the data collected from them?

DR. ALICANDRO:

From the individual care reports, those come from the State, the State collects individual patient care records and then gives us back response data based on those. Again, if it's the third agency dispatched it will only have the response times of the third agency, so that will be the only thing that's --

LEG. CRECCA:

That's the ICO's, but doesn't the dispatchers, whether it's FRES or --

DR. ALICANDRO:

Yes, locally those dispatch times are collected.

LEG. CRECCA:  
They have those?

DR. ALICANDRO:  
Yes.

LEG. CRECCA:  
Okay. Have we had trouble collecting those?

DR. ALICANDRO:  
Yes.

LEG. CRECCA:  
Okay. I would assume we haven't had any trouble from FRES because it's a County agency, or have we?

DR. ALICANDRO:  
We've had some difficulty in that we have not been able to track overall response interval because it is an alarm-based system versus a patient base system. So that is a new -- a second agency is dispatched it's given a new call number, so that's why the biostatistician had to develop the data base to try to track those overall response times. Those are missing from the response calculations, those calls that are mutual aided to another agency, that's one issue. The other issue is that not all EMS agencies, individual departments report their times

20

---

back to the central dispatch agency as we had wanted them to do, so we're missing data from different regions in the County.

LEG. CRECCA:  
That's something we could do, we could fix.

DR. ALICANDRO:  
Yes.

LEG. CRECCA:  
Okay. And then I guess -- and I don't want to get into -- you know, I realize we're limited on time. The other question I have is are we lacking money, is that part of the problem, or it's more lacking coordination in the overall problem?

DR. ALICANDRO:  
According to providers and agencies, it seems that we're lacking coordination.

MR. SAVINO:  
And resource management. The resources are there, it's not something

we're going to fix by throwing money at it. We need to manage the resources that we have and we have a tremendous amount of resources within the fire and EMS agencies.

LEG. CRECCA:

Certainly I would recommend to the Chair that this is something that we work on collectively, either as a committee or in a small group.

CHAIRPERSON CARPENTER:

Will do. Legislator Lindsay.

LEG. LINDSAY:

That was a very informative presentation by all of you. The woman on the tape, did she make it?

MR. BRENNER:

I don't know.

LEG. LINDSAY:

Don't know, okay.

MR. BRENNER:

What I gathered for you was public information that anybody could pick up; once it became a patient and caregiver relationship I lost track.

LEG. LINDSAY:

One of your recommendations was to create this commission; how would the commission differ from REMSCO that exists now?

MR. STAPLETON:

Well, the key thing on a commission list is there are people who have a little teeth in the process. And REMSCO essentially is represented by people involved in EMS, you know, hospitals, EMS providers, FRES, etcetera. But to effect change, obviously we hope that the Legislature can effect change on some level, maybe not the hundred

---

percent of the system; town Supervisors officers can effect change on some level. So what we tried to recommend in the commission idea was to give people who actually have, to coin a phrase, the stick or have some economic control over the system who might be able to influence change strongly to be part of this, whether it's a representative from each entity so that there's input from those entities that actually have it.

In our charge as REMSCO, we are in charge of oversight of the EMS system, but we cannot go tell an individual corp, "You must adhere to these two minute times;" we'd love to be able to do that, but we're

not in a position to do that.

LEG. LINDSAY:

So REMSCO would still exist because it's --

MR. STAPLETON:

Yes.

LEG. LINDSAY:

-- by virtue of State Statute. Are we going to have a problem with the commission and REMSCO? I mean, are we going to complicate this situation rather than simplify it?

MR. STAPLETON:

Right; you're right.

DR. ALICANDRO:

The problem is very complicating and I think REMSCO plays a roll, but we thought there was shared responsibility with various agencies although not a lot of direct authority, so that getting all the interested parties together, including REMSCO, would be more effective.

MR. STAPLETON:

And it could be a subset. You know, the specifics of how this would be organized, it could be a subset of REMSCO, much as the RESPONSE Committee is. So that, in essence, this group reports to REMSCO in terms of dealing with the problems that are resolved and, you know, REMSCO reporting back to them, you know, so it's a two-way street.

LEG. LINDSAY:

You envision the stick of this commission comes from the parts that make up the commission?

MR. SAVINO:

Correct.

LEG. LINDSAY:

Because no one has clear authority over this. Just a thought as you were going through this whole thing; is the County growing to the point that we're eventually or we're going to be in a situation where we have to go to paid responders, do you think we're almost there?

---

MR. STAPLETON:

I would never say that immediately, but I would say that's the kind of thing getting an outside consultant to really thoroughly look at the system and give recommendations. However, there's so much

infrastructure that exists in the volunteers. Even take New York City, for example, there are volunteer EMS systems in New York City that are interlaced with a paid system. Many of the volunteer systems in Suffolk County have paid people.

LEG. LINDSAY:

Yeah, I'm not talking about a totally paid system.

MR. STAPLETON:

So I'm saying is that an answer? It may very well be. We're not in a position because we don't have -- we haven't truly evaluated the nuances, everything to say that is the answer, but chances are it might be a synthesis of more than one thing. It may have an element of that, it may have the volunteer element, who knows what the answers are; it's going to take a lot of research to determine that.

DR. ALICANDRO:

What I can say is that there are many systems that began as all volunteer, particularly in the Maryland area, various counties who implemented a support structure so that the volunteers and a paid support structure work very well together. What's not efficient is for 98 individual agencies to hire their own 24-hour a day crews, that's not cost effective. Typically they won't cross district lines so we still have the mutual aid problem where one agency is very well staffed but will not go help their neighbor because they're not allowed to go outside the district, that's not efficient. So if there is a paid system, it should really be a global support structure rather than individual agencies.

LEG. LINDSAY:

A roving type of crew that would be available.

DR. ALICANDRO:

Yes.

MR. STAPLETON:

The other thing is --

DR. ALICANDRO:

And there is --

MR. STAPLETON:

-- to layer of the economics. I'm sorry, Jean.

DR. ALICANDRO:

Go ahead.

MR. STAPLETON:

To layer the economics of a whole paid system on top of when all of the economics exist already. Say the economics of our 90 that exist

and just to layer a paid system over that and still have all of that

23

---

money being spent, it's going to have to be thoughtfully constructed so some of that money contributes to whatever synthesis is developed.

LEG. LINDSAY:

Just one last thing. I noticed when you did the one line diagram of the call to 911 and the different arms; can any of that be shortened? Can our communication system be improved somewhere in the middle of that to shorten the process there, is there any time to be saved at that level? Because it seemed like a spiderweb.

DR. ALICANDRO:

Yeah, it is. I think there's been a computer aid dispatch being looked at at the County Dispatch Agency which really would help coordinate and probably shorten some of the dispatch times. The other issue with the dispatch complication is that each individual agency implements it's own preference for dispatch, so many have their own in-house dispatch agencies. And until there is, you know, a good working central system that's coordinated, you know, I don't know how to change that; but it could be better, yes.

LEG. LINDSAY:

Thank you, Madam Chair.

CHAIRPERSON CARPENTER:

Thank you. On the idea of the commission, I have been reviewing some of that; in fact, I had asked Counsel to look at pulling that together. But I'm wondering, and I would just throw it out to the members of the committee, he seems to feel that we could do that legislatively. That perhaps a first step would be a task force looking at it rather than jumping in and, you know, coming up with the Legislative resolution to form the commission, but perhaps having that in-between step of putting together a task force with the interested parties or the players in the system to look at it and again looking at it more globally so that you're not making recommendations that perhaps would not be implemented anyway in the end. Legislator O'Leary and Legislator Bishop.

LEG. O'LEARY:

Yes. Your comment regarding simultaneous dispatchers just struck a position with respect to what I'm going to ask you and that has to do with the role of the Police. Is there not simultaneous dispatch on a 911 call for a prioritized call such as a 10/8/80 case or a 10/9, oxygen needed or whatever --

DR. ALICANDRO:

Yes.

LEG. O'LEARY:  
-- to the police?

DR. ALICANDRO:  
Yes, there is and that helps a great deal.

LEG. O'LEARY:  
But in examples that were given by Dave is do the police respond prior

24

---

to the corps responds with respect to that situation, are they on that -- are they not on the scene well in advance of that?

DR. ALICANDRO:  
That call came in to an individual -- did that come into 911 or an individual fire agency?

MR. SAVINO:  
It depends on how the call came in.

DR. ALICANDRO:  
If it comes directly into the agency via a seven-digit number there may not be a police officer dispatched, if the citizen calls 911 there should be a Police Officer dispatched simultaneously, yes.

LEG. O'LEARY:  
I'm aware of the police prioritizing calls and certainly something like that that would come in would be a 10/8 or a 10/9 it's coded.

DR. ALICANDRO:  
They would have been dispatched, yes.

LEG. O'LEARY:  
That would initiate an immediate response by the first available unit, I would think.

DR. ALICANDRO:  
By the first available, yes, if they were available.

LEG. O'LEARY:  
Well, you would hope that there would be at least one police car available.

DR. ALICANDRO:  
Right.

LEG. O'LEARY:

In that instance, how often does that occur where the police are on the scene administering first aid? The EMT are trained and they do have defibs.

DR. ALICANDRO:

They're there most often first, yeah; about 50, 50%?

MR. SAVINO:

The most recent data we have is 53% of the time the police are on the scene first before the arrival of an ambulance, that's the most recent data we have, and much more than that already providing care but limited to what they can do.

DR. ALICANDRO:

Once again, a lot of the definitive care has to be done at the hospital and they're not a transporting --

25

---

LEG. O'LEARY:

That I'm aware of, but the majority, if not all of them, are trained EMT's, are they not?

DR. ALICANDRO:

Yes, and have defibrillators.

LEG. O'LEARY:

Yes. Thank you.

CHAIRPERSON CARPENTER:

Legislator Bishop.

LEG. BISHOP:

REMSCO, your purpose is to -- well, first of all, you're comprised of people who are a cross-section of the provider community, I mean, your doctors, your EMS?

DR. ALICANDRO:

EMS system, yes.

MR. STAPLETON:

And recipients, too.

LEG. BISHOP:

And recipients. And you're one step removed from the process. I mean, you've taken a look at it, you've diagnosed the problems, and I assume that you have solutions that you'd like to see implemented. So what I would urge is that I think that we have to put ourselves as

Legislators on the hot seat and take these guys off the hot seat because when you -- in these commissions and panels, it's out of the public view and if it's out of the public view it escapes the level of scrutiny that's going to bring about real change.

What I would urge as the process from here -- because I don't think there's anybody who can forcefully make a case that this is not a problem, what I would urge is that REMSCO establish a set of standards, we file those standards as a Legislative proposal, have public hearings, let the user, if there are problems with it, come and testify before us what those problems are, have a vote and if it passes, the standards, whatever final standards we arrive at, then whatever economic stick the County has, which I assume has to do with insurance and other protections that we provide the corps, be withdrawn if they don't meet the standards. And more than the economic standards, more than the economic stick, the stick of shame of not being able to meet the newly adopted standards, I think that that would force real change in the system and that's what we need. So that's the process that I would urge.

Unfortunately, you know, it might be easy for me, I'm term limited, and so are you for that matter. I mean, obviously this could be a very contentious issue, but ultimately there's nothing more important to thousands of families in Suffolk County than this issue. And I think that we owe it to our constituencies to take it upon ourselves and put ourselves on the hot seat and go through a process that will have

26

---

meaning rather than just sending it to more commissions and study groups and so on, the issue has been studied enough.

CHAIRPERSON CARPENTER:

Thank you, Legislator Bishop. I appreciate your comments. The one comment I would just like to offer, as far as an economic stick, I think that would be the one held by the towns since they approve their budgets, not the County.

LEG. BISHOP:

We'll do something for them as well.

CHAIRPERSON CARPENTER:

But not to the magnitude that the towns do.

LEG. BISHOP:

No.

CHAIRPERSON CARPENTER:

And I think that was mentioned earlier, that you need to have that

buy-in from the towns. Legislator Caracappa.

LEG. CARACAPPA:

Thank you. This may have been asked earlier, it actually may have been in the report that was put forward, and I believe it was the springtime, late spring. But first with relation to Dave's comments, when the report originally came out, I received a handful of calls and e-mails almost to the point of a threatening nature from the districts, the fire districts and shockingly enough, members of our own FRES Board, from appointees that this Legislature appoints. I received calls the next day and the following week, "How dare this Legislature let REMSCO do that, who are you? You failed the fire service, you failed this," everything that they fired back with because there was some harsh recommendations -- well, not recommendations but I guess you could say criticism based on their job performance.

My question is -- and if this is in the report already I apologize, the original report -- have you broken down a report card, so to speak, on each and every district based on the information that you're able to put together?

DR. ALICANDRO:

We have not yet done that because of the unreliability of the data at that level, we didn't do that consciously but had a global picture of response initially. We'd like to do that going forward, especially as we go out with our EMS QA Committee to address corps and that's what we intend to do forward. We're trying to tighten up the data collection first so that we make sure that what we're telling them is accurate.

LEG. CARACAPPA:

So that's one of the main goals, to make it district specific so that we can take a look at each and every one of them.

27

---

DR. ALICANDRO:

And especially for the agency's own edification, because frequently if it does go to multiple corps they don't realize --

LEG. CARACAPPA:

Sure.

DR. ALICANDRO:

You know, I've had cases like that where the Chief doesn't realize how long it took ultimately for someone to respond.

LEG. CARACAPPA:

Based on the mutual aid.

DR. ALICANDRO:

Yes.

LEG. CARACAPPA:

I know you're just putting together everything now, but ball park do you have an outside time frame as to when you'd like to see this report card put forward for review?

MR. STAPLETON:

I would say there were some things in our recommendations that in terms of Legislative support such as the two minute 24 time, those kinds of things are common sense issues that should be strong recommendations, so those are recommendations that should happen immediately. But on other things, the broadest recommendation we made is that somebody critically evaluate the system. Part of our problem, and people say "No, your data is no good; " well, yeah our data is no good, we're trying to get better data, you know, that's one of our problems.

But I want to say when you asked before is it hard to get the data; Dr. Alicandro has worked so hard to get this data it's extraordinary. She really has on a level well beyond what she has to do to get these numbers together, she has to go to great efforts to do that. I think that should be knee-jerk, you know, that should be a required thing, too, this is the data we need to make good judgements about the system. Those are the kinds of requirements you can make immediately, you don't have to digest it or otherwise. Some things -- I think one of the first steps beyond that is to get the data to know what we're dealing with and then to make a recommendation, monitor the recommendation. And very frankly, from the corps' point of view, they should know what their own report card is. How am I going to effect change if I don't know how I am next to the other guy?

LEG. CARACAPPA:

But you know it always takes an outside objective voice to really give a proper evaluation.

MR. STAPLETON:

Exactly.

DR. ALICANDRO:

I think --

---

MR. STAPLETON:

You stated itself, in the criticisms you received you're going to hear

that. You know, naturally people are going to get defensive; you're telling me I'm doing a bad job.

LEG. CARACAPPA:

And that's why I want to see a district-specific breakdown from an objective viewpoint and the sooner the better. So any help you need from us to make that happen let us know.

DR. ALICANDRO:

I think the Dispatch Steering Committee will help with that where we have all the PSAPs coming together and we should be able to get data quickly. That was one of our charges that we would like to see.

LEG. CARACAPPA:

Thank you, Doctor.

CHAIRPERSON CARPENTER:

All right. I thank you very much for the thoroughness of the report and being forthright and members of the committee, too, for your diligence. Thank you.

DR. ALICANDRO:

Thank you very much.

CHAIRPERSON CARPENTER:

Okay. Next we are going to have a brief presentation by Marilyn Proios of Suffolk County Girl Scouts, Executive Director, on their Anti-Bullying Anger Management Program. And coincidentally, there is a resolution on the agenda today, a pass-through agency for a grant that they've secured for this program. Marilyn?

MS. PROIOS:

Let me just tell you a little bit about Girl Scouts of Suffolk County if you don't know; I know you know we're cookies and camp, but we are more than that. We're the largest youth organization in both Suffolk and Nassau County, we're the largest Girl Scout Council in New York State, we're eighth in the nation out of 331 Councils. One out of four Girls in Suffolk County is a Girl Scout, we have about 36,000 and we're still counting because it's membership year now, girls that are actively serving and over 9,000 volunteers.

We are talking today about our Anti-Bullying Program. About four years ago we had throughout the County a program that was called Respect which was anger management and that was in response to the horrific events that were in Columbine and different school areas where there was a great deal of violence going on and we presented that to the County children with about over 10,000 kids served. Recently, three years ago we added Anti-Bullying to that program, to the Anger Management Program, and as of today we've served 8,000 children. The program is delivered in small groups to the school

districts, we've served over 40 agencies now in over ten school districts as we speak and today we just had three phone calls from Patchogue-Medford, Riverhead and I think Kings Park, so it's growing constantly.

29

---

We bring it into the classroom, we serve from kindergarten to eighth grade, we talk about what a bully is, we talk about how to combat children who are approached by a bully. But basically what we give them is a reporting system, that it's not tattling, that you need to all band together and protect one another and that classrooms at the end of the presentation make a pledge to be bully-free. So then we have a Certificate and we post it and it becomes a bully-free classroom and we have had very positive results from the presentations that we made. The program really is almost too successful because we almost can't keep up with the demand for the services which, of course, in Girl Scouts are free.

So we are happy that you're working on this resolution. We did get some money from the State, the Edward Burn Fund which we're eternally grateful for and we'll continue to offer this program as long as we can provide the personnel to run with it.

CHAIRPERSON CARPENTER:

Thank you very much, Marilyn. I know I had an opportunity to discuss this a number of years ago and mentioned it in one of my districts and they've really been very pleased with the results from the program. And whatever we can do to help get the word out I guess in our Legislative Districts to maybe contact Girl Scouts and just spread the word, I think it really will make a world of difference.

MS. PROIOS:

Right. We consider it a community service of Suffolk County and right now we're working on an anti-gang component. We really feel going into the elementary schools at the very young grades is really the way to go with the program.

CHAIRPERSON CARPENTER:

There's really a correlation, certainly, between the bullying and the anti-gang. And I know that we had a presentation at this Legislature, and I apologize for not including Girl Scouts because I think you would have found it very interesting and if we do it again we certainly will make sure we include you, but we had representatives from the Police and Probation, and I know these are agencies that you also work with. But no community is immune and I think that that was the message that we heard and we learned, that it is not stereotypical community, any one is vulnerable. If a child is vulnerable to bullying or whatever the issues are, they can be right for the picking

when gangs go out and do recruiting and that they do.

MS. PROIOS:

It's definitely across the board, it's not economic.

CHAIRPERSON CARPENTER:

Thank you. Are there any questions or comments from the committee?  
Then I thank you very much for coming down.

MS. PROIOS:

Thank you.

30

---

CHAIRPERSON CARPENTER:

In fact, since you were so patient through that presentation, I would like to make a motion to take that resolution, 2009, out of order.

LEG. O'LEARY:

Second.

CHAIRPERSON CARPENTER:

2009-03 - Accepting and appropriating additional grant funds from the New York State Division of Criminal Justice Services to the Suffolk County Youth Bureau for the Girl Scouts of Suffolk County (County Executive). Motion to approve and second by Legislator O'Leary. All those in favor? Opposed? The resolution is approved and will go to the Legislature on the 2nd (VOTE: 6-0-0-1 Not Present: Legislator Guldi). Thank you very much for coming down.

MS. PROIOS:

Thank you.

CHAIRPERSON CARPENTER:

Okay, I would ask if the Police Department would come forward; I know the Deputy Commissioner is here and anyone else you care to have join you. I have some -- I called yesterday because someone dropped these photos off at my office, and I'm going to pass them out to the committee, and it's on the condition of the 4th Precinct and you will see when you get the photos, it is on the deplorable side. And I know Tedd Godek is here from the Department of Public Works and we do have some good news in that they are putting some mandates on and perhaps, Mr. Abbott, Commissioner, you can share that with us.

DEPUTY COMMISSIONER ABBOTT:

Yes, thank you. As it relates to the 4th Precinct, I spoke to Deputy Inspector Cahill yesterday, and I would just mention also that before the PBA delegates a seminar, I guess it was two or three weeks ago and this came up and we addressed it somewhat at that time, but you

probably want additional information that I can give you.

Relative to the 4th, the Inspector told me that Inspector Lochrane and himself had spoken to Lou Calderone or Lorraine Hickey of DPW and had given a laundry list over there because of the conditions and the cooperation is forthcoming as we speak from Department of Public Works. There's an issue in all of the buildings and that is that we don't have any services on the weekend to pick up the garbage and refuse throughout the precincts, that's an ongoing issue.

Other issues that are kind of pervasive to most of the -- at least the precincts is the flow of air, the quality of the air and mold in some of the buildings. What's being done as we speak on the 4th Precinct is that the guardrails and concrete steps, tiles are being repaired on the floors, railings are being reset in concrete and there's an ongoing issue to paint the entire place as far as I know.

As you know, there's a master plan, I believe, for the 4th Precinct and one of the conditions there or one of the things that the department is concerned about is when ultimately this master plan is implemented that the Police Department be -- the Police precinct, if

31

---

it's going to be enveloped in a larger building, that it be totally secure, that's a big concern of the department; it's kind of a codicil to what I'm speaking about in the 4th.

The 1st Precinct, there was issues on heating and air-conditioning, mold in the gym, problems on nights and weekends, as I said before, with the picking up of refuse. The temperature control in all the precincts is pretty bad according to the people in the precincts.

The 2nd Precinct, according to the Chief of Patrol's Office, there are no major gripes. The climate control, the duct system needs cleaning.

The 3rd, I'm sorry -- climatic control, the subpar, there's uneven heating and cooling, the space heaters are needed in some offices. The conditions were better when there were two DPW custodians assigned to the precincts.

The 6th Precinct, the conditions are described as workable and adequate per Captain Foley and the Highway Patrol Bureau's periodic problems with air quality heating, as per Lieutenant Bishop.

So as it relates to the precincts, the overall view is the Department of Public Works is doing what they can within the confines of their manpower and their budget.

CHAIRPERSON CARPENTER:

Commissioner, thank you very much. I know that I had thought that most of the issues were really just with the 4th but you've brought up some other concerns about the other precincts, too. And we're very lucky that the Chairman of the Public Works Committee sits on this committee also, Legislator Caracappa, and if I remember rightly, you have a committee meeting today.

LEG. CARACAPPA:

Yes.

CHAIRPERSON CARPENTER:

And perhaps I would ask Legislator Caracappa if he would raise this issue in his committee with the department and ask that they try to, you know, make this a priority because it really is unfair to have people having to work in these kinds of conditions. I know that this is only a band-aid, that we need to look at a long-term solution for that building, but in the meantime we really need to have conditions that are at least humane and safe for the people that are in the building. Legislator Caracappa.

LEG. CARACAPPA:

Just quickly, the 4th Precinct, it's been scheduled to be redone for some time now, it's just there have been competing ideas, so to speak, with relation to the actual building.

CHAIRPERSON CARPENTER:

Yeah, exactly.

LEG. CARACAPPA:

Should it be put into a larger tower for which they want to build here in the North Complex, should they put it where it currently is, move it to a new location altogether? So I think it's not so much the Department of Public Works' fault, in fact I believe they put it in the Capital Program, the recommended Capital Program for the last couple of years and this Legislature has been putting it off based on a finalized plan for not only North Complex but where the 4th Precinct should ultimately be when that's all considered. So I think DPW is doing their best with relation to planning for it, but I will bring up the spec of custodial and all the other short-term fixes that could be done until that overall plan is brought to you.

CHAIRPERSON CARPENTER:

No, thank you for bringing that up because I do know that we did have the resolution, we've had the discussion in committee before because we didn't want to act in haste while this master plan was being put together. And I think, if I understood correctly from Tedd Godek,

that they're looking at having some information in the next month or so; and Tedd, I don't want to put you on the spot, but if you'd like to put it on the record, that might be helpful.

MR. GODEK:

Excuse me. Actually our intent is to have that report, the master plan study, by the end of year so we can use the results of that report in developing the Capital Program for the '05 -- or Capital Budget for the 4th Precinct in the '05 program. So we are looking to them, like I said, whether in the next month or so to have some sort of a draft report from the consultant; that should give us a direction, as Legislator Caracappa pointed out, which way we should be going with that building.

CHAIRPERSON CARPENTER:

Thank you very much. Legislator Crecca.

LEG. CRECCA:

I just have a question, and it doesn't matter who addresses it, probably Tedd, though. But is the holdup on the decision for the 4th Precinct and what to do dependent on what we're doing with the entire North Complex, is that what's in question?

MR. GODEK:

Yes, we are looking at the entire North Complex. There are some competing issues there, I know the ME is looking to expand their facility and that's directly adjacent to the 4th Precinct. We have been renovating and adding on to the precincts; of the four that we've done to date, three of them have been renovations and add-ons. The original plan I believe with the 4th was to do that same thing. However, as I said, with the competing interest at the complex, we have got to look at whether we should be building a new building somewhere else on the complex or possibly even building it off-site. So again, the study will look at those options.

LEG. CRECCA:

And again, I know you just said and I apologize, when is that study -- when do we expect to see the results of that study?

33

---

MR. GODEK:

We expect to see a draft report on that by the end of the year, sometime in December.

LEG. CRECCA:

Okay. Thank you.

CHAIRPERSON CARPENTER:

Thank you very much, Tedd. Okay, are there any other issues or concerns for the department while they're up here. Okay, thank you very much, gentlemen.

DEPUTY COMMISSIONER ABBOTT:

Thank you. Very have a nice thanksgiving.

CHAIRPERSON CARPENTER:

Yes, you too, have a good holiday.

Now there is a resolution on the agenda that the Commissioner of FRES had asked to address; Dave, if you want to come forward. I guess that's IR 1858?

COMMISSIONER FISCHLER:

Exactly, and I'll make it very short. In there you should have -- it's being passed out to you right now, what the Suffolk County Charter is. I spoke with Commissioner Mermelstein this morning, the Charter clearly defines the role of Commissioner of FRES, particularly related to emergency preparedness plans.

In addition, I had the opportunity to speak to Chief Compitello. We've been doing periodic briefings with administration which this resolution requires. There's certain things when we talk about preparedness for terrorism response that are sensitive and is not available to the general public but can be briefed and has been briefed to the appropriate people. In fact, we have even done presentations here and also you've gone to executive committee to hear presentations concerning more sensitive law enforcement, health and fire rescue deployment issues and intelligence issues.

So first, it's an inappropriate person to, you know, defined in the resolution because that is clearly defined in the Charter as one of the aspects. And we all know that we've been recognized for what we get done in Suffolk County, in 1999 creating the Terrorism Response Task Force co-chair by Chief Compitello and myself. And all the time that we've been asked to brief by this body we have and, as I said, we have done periodically briefings with the administration to keep them up to speed on all the things that are occurring. So I would ask that this resolution be defeated.

CHAIRPERSON CARPENTER:

Does anyone have any questions? Well, I haven't had an opportunity to speak to the sponsor, so as far as defeating, I'm not really prepared to do that but I will make a motion to table. 1858-03 - Requiring Annual Emergency Preparedness Reporting (Tonna).

LEG. O'LEARY:  
Second.

CHAIRPERSON CARPENTER:  
Second by Legislator O'Leary. All those in favor? Opposed? The resolution is tabled (VOTE: 6-0-0-1 Not Present: Legislator Guldi).

IR 1873 --

COMMISSIONER FISCHLER:  
Have a nice holiday.

CHAIRPERSON CARPENTER:  
Thank you very much.

LEG. LINDSAY:  
You're on the agenda?

CHAIRPERSON CARPENTER:  
Yeah.

LEG. LINDSAY:  
There's no public comment?

CHAIRPERSON CARPENTER:  
No, there are no cards.

LEG. BISHOP:  
Is the -- well, maybe we could do it --

CHAIRPERSON CARPENTER:  
Did you need anyone before they leave?

LEG. BISHOP:  
The Needs Assessment Phase I Report for the jail, I don't know --

CHAIRPERSON CARPENTER:  
Yes, that was just --

LEG. BISHOP:  
You want to do that at the next meeting, is that your purpose?

CHAIRPERSON CARPENTER:  
I think so because I just received mine, you haven't gotten yours -- okay. So we'll put that on the agenda for the next meeting.

LEG. BISHOP:  
Okay.

CHAIRPERSON CARPENTER:

All right? Thank you. But I'm glad you brought that up, that was distributed Friday or Monday I think the copies went out.

LEG. LINDSAY:

I'm surprised you brought that up.

35

---

CHAIRPERSON CARPENTER:

Okay, 1873-03 - Establishing the requirement for adult childhood sexual abuse prevention education for Suffolk County vendors (Postal).

LEG. CARACAPPA:

Motion to approve.

CHAIRPERSON CARPENTER:

Can I ask for an explanation, how is this -- did we not have bill like this before?

LEG. BISHOP:

I think we had like seven of them.

CHAIRPERSON CARPENTER:

Yeah, and how is this different?

MR. SABATINO:

This bill emerged from a process that's slightly outside of the normal process. And quite frankly, in its current form it would be difficult, if not impossible, to implement, so I would recommend that it be tabled. I brought this to the attention of the prime sponsor. I think somebody was well intentioned but just doesn't quite connect and it's not workable as it's currently drafted so it would require a lot of reworking to straighten it out.

LEG. CARACAPPA:

On the motion.

CHAIRPERSON CARPENTER:

On the motion, Legislator Caracappa.

LEG. CARACAPPA:

Just expand on that, Counsel; why would it be impossible to implement a point system such as it's prescribed in the bill?

MR. SABATINO:

Well, the first problem is the sentences don't tie out. I mean, when you read it it's incomprehensible, so whatever it is that they're trying to accomplish, I wouldn't even know where to start because the language makes no sense. I mean, I think the goal is to try to get a

point system coming out of the Public Safety Committee, but if you're going to do that you have to write it out, you have to specify what's going to constitute the points and you've got to establish what the criteria are going to be and then you have to develop a mechanism to do the scoring. I've read the bill twice and I --

LEG. CARACAPPA:

Did the sponsor ask you to draft the bill on her behalf?

MR. SABATINO:

No.

LEG. CARACAPPA:

Not at all?

36

---

MR. SABATINO:

No.

LEG. CARACAPPA:

Never, it wasn't denied by your office?

MR. SABATINO:

Not this bill, no. There was another bill that was requested which was back on July 21st and that was to designate Parents for Megan's Law as the only organization to train contract agencies. In that particular -- I wrote back a letter identifying the seven reasons why that bill couldn't be done, there were legal issues with that.

LEG. CARACAPPA:

Right.

MR. SABATINO:

But that dealt with the issue of having Parents for Megan's Law designated as the only organization to do the training, there were legal problems with that. This is something -- this is a scoring proposal which I --

LEG. CARACAPPA:

Well, I'd ask of you, if at all possible, on behalf of the sponsor, if you see any sort of problems with the wording, if you maybe could send both she and I as the cosponsor a memo as to the wording that is, in your view, wrong and we'll be more than happy to fix it so that we can move forward at least for a vote on this within the current year.

MR. SABATINO:

Yeah, I'll be happy to. I'll tell you right now, the first RESOLVED clause calls for departments to send out a notice about a law that's

already being notified. The third RESOLVED clause provides for underlining to amend something but it doesn't talk about what it's amending. Then it makes -- I'll leave it at that. I'll be happy to convert this into a memo, it's just I don't know what's trying to be accomplished other than some kind of a scoring system.

CHAIRPERSON CARPENTER:

Well, it sounds like from Legislator Caracappa is saying that they are looking for a scoring system. So perhaps if you, with that in mind, can prepare that memo that he's requesting to the sponsor and cosponsor and see if perhaps they can change this bill to conform with something that can be workable.

MR. SABATINO:

Okay.

LEG. CARACAPPA:

Thank you, Paul.

CHAIRPERSON CARPENTER:

Thank you. So we have a motion then to table by Legislator Caracappa, second by --

37

---

LEG. CARACAPPA:

No.

CHAIRPERSON CARPENTER:

By Legislator Crecca, second by myself. All those in favor? Opposed?

LEG. CARACAPPA:

Opposed.

CHAIRPERSON CARPENTER:

The resolution is tabled with Legislator Caracappa opposed (VOTE: 5-1-0-1 Opposed: Legislator Caracappa - Not Present: Legislator Guldi).

LEG. LINDSAY:

Did we do 1460 under Tabled Resolutions?

CHAIRPERSON CARPENTER:

1460? I don't see 1460.

LEG. CRECCA:

Yeah, I have it.

LEG. CARACAPPA:

I don't have it.

CHAIRPERSON CARPENTER:  
It's not on my agenda.

LEG. CRECCA:  
It's on the original agenda.

LEG. LINDSAY:  
I have an old agenda.

CHAIRPERSON CARPENTER:  
Did that lapse for six month rule or something?

MR. SABATINO:  
It was either adopted or it was stricken, it's not on this.

CHAIRPERSON CARPENTER:  
Yeah, okay.

1940-03 - Amending the 2003 Capital Budget and Program and appropriating funds in connection with improvements at Police Headquarters (CP3122).

LEG. O'LEARY:  
Motion.

CHAIRPERSON CARPENTER:  
Motion by Legislator O'Leary, second by myself. All those in favor?

LEG. BISHOP:  
Is this amending the budget?

38

---

CHAIRPERSON CARPENTER:  
It is amending, yes.

LEG. BISHOP:  
What's the offset? Where's Budget Review?

CHAIRPERSON CARPENTER:  
They've disappeared.

LEG. BISHOP:  
It's a holiday week.

MR. SABATINO:  
It's changing the method of financing.

CHAIRPERSON CARPENTER:

It changes the method of financing, so this confirms with what --

LEG. BISHOP:

So it's not taking from one project.

MR. SABATINO:

It changes the method of financing, so it will need 14 votes instead of 12.

CHAIRPERSON CARPENTER:

Okay.

LEG. CRECCA:

From what to what, G to B?

MR. SABATINO:

It's changing the method of financing from pay-as-you-go to bonding.

LEG. BISHOP:

And was this on the list; wasn't there a list of projects?

LEG. CARACAPPA:

This is new, it should have been -- this should have been put in or a corrected copy should have been put in by the County Executive to change this to -- or use pay-as-you-go funding, what's left of it, and they haven't.

LEG. BISHOP:

Right. I mean, there was --

LEG. CARACAPPA:

Everything that was on the last agenda we, of course, passed because all of those were changed, this one obviously hasn't been.

CHAIRPERSON CARPENTER:

Right. And this is new, so --

LEG. CRECCA:

Can it be changed before Tuesday's meeting still?

---

LEG. BISHOP:

Why isn't this in Public Works anyway?

CHAIRPERSON CARPENTER:

Because it's Police Headquarters I guess, I don't know.

LEG. BISHOP:

Yeah, but it's bonding --

LEG. CARACAPPA:

Believe me, I have been raising this question for two years.

CHAIRPERSON CARPENTER:

I didn't make the decision on where it went, so.

LEG. CRECCA:

Is it a proper motion, and I would only do this with the deference of the committee chair if they want; should we -- can we send it to Public Works, defer to Public Works? Because I think everybody here agrees that that's the place it should be.

LEG. CARACAPPA:

I'm asking Counsel.

LEG. CRECCA:

I mean, can we make a motion to reassign this to Public Works or to defer to Public Works?

MR. SABATINO:

No, because there's no secondary committee. The Presiding Office makes the assignment so only the Presiding Officer could reverse the assignment or a majority of ten; it would take a vote of ten, the committee can't change it.

LEG. BISHOP:

In any case, we'll take care of it here. If I may, what I want to know is that I thought there were a number of bills that were to be paid for out of bonding and then we --

LEG. CARACAPPA:

We did that.

LEG. BISHOP:

-- did well in the sales tax and we said we're going to move those into pay-as-you-go which was a sound fiscal policy. This wasn't on that list.

LEG. CARACAPPA:

This is new.

LEG. BISHOP:

So we're out of money. We're not out of money?

LEG. CARACAPPA:

No, we have a little left.

LEG. BISHOP:

Do we have enough money to pay for this?

CHAIRPERSON CARPENTER:

You know, let's -- I'm going to send Doug down to get someone from Budget Review.

LEG. CARACAPPA:

I can answer it for the most part. There are other resolutions pending using pay-as-you-go that's coming through the cycle now and there's actually one being drafted as we speak to do final improvements to this building using I think another 150 or \$200,000 of pay-as-you-go. So there was \$5 million, we allocated to two point something at the last meeting with all those tabled resolutions that was changing the method of financing, so there's some money left but keep in mind there are competing resolutions as we speak going through the cycle now. So to have the final tally, I don't have that but it should be close.

LEG. BISHOP:

Right. We don't want to over subscribe the cash cow.

LEG. CARACAPPA:

Right, which very well might happen.

LEG. CRECCA:

But if we're --

LEG. BISHOP:

So who's in charge of that?

LEG. CARACAPPA:

Me.

LEG. BISHOP:

And Budget Review.

MR. SABATINO:

This one is coming from 5-25-5.

CHAIRPERSON CARPENTER:

This is.

MR. SABATINO:

Yeah. I stand corrected, it's changing the method of financing to bring it back from 5-25-5. So this would be 10 votes as opposed to 14.

LEG. CARACAPPA:

Okay, so this is pay-as-you-go.

LEG. CRECCA:

So this is what we wanted, then we can --

CHAIRPERSON CARPENTER:

Okay, this is a good thing.

41

---

LEG. BISHOP:

Wait, I'm not sure it's a good thing. 5-25-5 is our pay-as-you-go account; presumably that's the account which received a big infusion of cash. So the point is that there's five million plus whatever was in there in the beginning which may have been zero.

LEG. CARACAPPA:

Zero.

LEG. BISHOP:

Okay, so there's five million and we want to have \$5 million worth of projects out of there, not six million.

MR. SABATINO:

I don't know where that fits in.

LEG. CRECCA:

But that's for this year, though, right, for 2003.

LEG. CARACAPPA:

That's for 2003. We did two --

LEG. BISHOP:

That's what Legislator Caracappa --

LEG. CARACAPPA:

-- million plus last week, so there's about half left.

LEG. CRECCA:

But Joe, why don't we -- can I make a suggestion? Why don't we send this to the floor so we can decide where it's going to go?

LEG. CARACAPPA:

I don't have a problem with that.

LEG. CRECCA:

Sending it to the floor doesn't necessarily mean we have to pay for it.

LEG. BISHOP:

The County Executive's representative.

MR. FAULK:

This resolution transfers money from two sewer Capital Projects.

LEG. CARACAPPA:

That's what I thought.

CHAIRPERSON CARPENTER:

Yeah, exactly, that's what I'm looking at.

MR. FAULK:

And it takes sewer bonds as the offset.

LEG. CARACAPPA:

It was an amendment.

42

---

MR. FAULK:

So it requires 14 votes because it's changing the method of financing, it's from Sewer Bonds to Serial Bonds; that's on the resolution that was filed.

LEG. CARACAPPA:

That's what I say. Sewage Treatment Facility, Southwest Sewer District No. 3 and Southwest Sewer District No. 10, replacing four pumping stations for a total cost of \$545,000.

LEG. BISHOP:

I'm sorry I asked these questions.

MR. SABATINO:

I was on 41.

CHAIRPERSON CARPENTER:

We're on 1940.

MR. SABATINO:

Oh, I'm sorry, I was on 1941, I apologize.

LEG. BISHOP:

We have to have that.

MR. SABATINO:

1940 is an offset resolution coming from -- \$545,000 with the offset coming from Sewer District No. 10.

LEG. CARACAPPA:  
Motion.

LEG. BISHOP:  
From ten?

LEG. CARACAPPA:  
Yeah, and ten.

LEG. CRECCA:  
So we're back to the question why isn't this coming out of  
pay-as-you-go?

CHAIRPERSON CARPENTER:  
Well again, Budget Review is on their way in, so why don't we go to --  
set this aside.

1941-03 - Appropriating funds in connection with Uninterruptible Power  
Supply (UPS) Systems for Computers-Police (CP3202) (County Executive).

LEG. BISHOP:  
That's in the Capital Budget?

CHAIRPERSON CARPENTER:  
Yes, we're just appropriating \$135.

43

---

LEG. BISHOP:  
Motion.

CHAIRPERSON CARPENTER:  
Motion by Legislator Bishop, second by Legislator Lindsay.  
All in favor? Opposed? It is approved (VOTE: 6-0-0-1  
Not Present: Legislator Guldi).

Okay, let us go then to IR 2008-03 - Accepting and appropriating 100%  
grant funds received from the United States Department of Justice,  
Office of Justice Programs, Award No. 2003-DD-BX-1131 (County  
Executive). Motion to approve and put on the consent calendar by  
Legislator Lindsay, second by Legislator Bishop. All those in favor?  
Opposed? The resolution is approved (VOTE: 6-0-0-1 Not Present:  
Legislator Guldi).

Sense 68-2003 - Memorializing Resolution requesting the Federal  
Government to reimburse Suffolk County for Homeland Security costs at  
Long Island McArthur Airport (Caracciolo). I'll make that motion.  
Is there a second?

LEG. CARACAPPA:

Second.

CHAIRPERSON CARPENTER:

Second by Legislator Crecca. All those in favor? Opposed?

Approved (VOTE: 6-0-0-1 Not Present: Legislator Guldi).

Jim, thank you for joining us. If you could, Resolution 1940-03 - Amending the 2003 Capital Budget and Program and appropriating funds in connection with improvements at Police Headquarters (CP3122).

MR. SPERO:

Okay, what's the nature of the question?

CHAIRPERSON CARPENTER:

The nature of the question is -- let me get this out again -- is why this is being -- why we're changing the method of financing done.

LEG. BISHOP:

Why are we changing the authorized of financing.

CHAIRPERSON CARPENTER:

Yeah, why are we changing the method of financing, exactly.

MR. SPERO:

Well, because it's going from Sewer District Serial Bonds to Serial Bonds.

LEG. BISHOP:

Don't --

MR. SPERO:

That's the change in financing. The offsets are from two sewer district projects.

44

---

MR. SABATINO:

Yeah, but using an offset -- aside from the fact that I was on the wrong resolution which I apologize for, on this resolution it makes reference in the WHEREAS clause that it's changing the method of financing, but there's an offset.

MR. SPERO:

That's offset.

MR. SABATINO:

Using an offset wouldn't be changing the method of financing, that's

where I think the confusion is. And what the committee is asking is why can't it be funded from the \$5 million in the pay-as-you-go.

MR. SPERO:

Well, it could be.

MR. SABATINO:

So this clearing offsets --

MR. SPERO:

It could be funded from the five million pay-as-you-go money.

LEG. BISHOP:

Was it ever contemplated to be?

MR. SPERO:

It could be funded this way as well.

CHAIRPERSON CARPENTER:

But is this not really, you know, a Capital Project that would legitimately be bonded; why would you want to use pay-as-you-go for this? You know, this is a Police District --

MR. SPERO:

The offset is two sewer district projects, so it's going from an X to a B, Sewer Serial Bonds to a regular General Fund Serial Bonds.

MR. SABATINO:

Yeah, the trade-offs --

CHAIRPERSON CARPENTER:

But again, we're not necessarily then changing the method of offset, it's just that it's Serial Bonds to regular bonds so is that a 14 voter or a 12 voter?

MR. SABATINO:

No, it's 12, that's why --

CHAIRPERSON CARPENTER:

Okay, great.

MR. SABATINO:

The fourth WHEREAS clause should be stricken because it makes reference to changing the financing and it's not.

---

LEG. CRECCA:

I have another very basic question.

**CHAIRPERSON CARPENTER:**  
Go ahead, Legislator Crecca.

**LEG. CRECCA:**  
I'm sorry, and this is probably -- my question is is it normal for us to use Sewer District projects as offsets? Because I thought the Sewer District projects were self-funded out of the Sewer District Assessments and all.

**MR. SPERO:**  
They are if the bonds are ever floated, but you could use it as an offset if the project is not going to go this year, if the funds aren't going to be appropriated.

**LEG. CRECCA:**  
Is it still open?

**MR. SPERO:**  
We've done it in the past.

**LEG. CRECCA:**  
In other words, it's all still part of the same Capital Budget and Capital spending?

**MR. SPERO:**  
That's correct.

**LEG. CRECCA:**  
Okay, that was really my question.

**CHAIRPERSON CARPENTER:**  
Great, thank you. Okay, I will make a motion to approve, second by Legislator Crecca. All those in favor? Opposed? The resolution is approved (VOTE: 6-0-0-1 Not Present: Legislator Guldi).

And the meeting is adjourned. Thank you very much.

(\*The meeting was adjourned at 2:46 P.M.\*)

Legislator Angie Carpenter, Chairperson  
Public Safety & Public Information Committee

{ } - Denotes Spelled Phonetically