

PUBLIC SAFETY COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

A regular meeting of the Public Safety 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 Thursday, August 11, 2011, at 10:00 a.m.

MEMBERS PRESENT:

Legislator Jack Eddington, Chair
Legislator DuWayne Gregory, Vice Chair
Legislator Kate Browning
Legislator Tom Cilmi
Legislator John Kennedy

ALSO IN ATTENDANCE:

George Nolan, Counsel to the Legislature
John Ortiz, Budget Review Office
Kara Hahn, Aide to Presiding Officer Lindsay
Joe Williams, Commissioner of Fire, Rescue & Emergency Services
Gerald Cook, Director, Suffolk County Probation Department
Russ McCormick, Suffolk County Police Department
Tracy Pollak, Suffolk County Police Department HQ
Anthony LaFerrera, Chairman, FRES Commission
Barbara LoMoriello, Deputy Clerk, Suffolk County Legislature
Bobby Knight, Clerk's Office, Suffolk County Legislature
Robert Calarco, Aide to Legislator Eddington
Paul Perillie, Aide to Legislator Cooper
Jason Richberg, Aide to Legislator Gregory
Aliyah Rdack, Intern for Legislator Gregory
Ed Hennessy, County Executive's Office
Noel Di Gerolamo, PBA
Gail D'Ambrosio, SCPOA President
Ed Boyd, Chairman, REMSCO
Edward Stapleton, Past Chair, REMSCO, Associate Professor at Stony Brook University Department of Emergency Medicine
Bob Delagi, Suffolk County Department of Health
Chris Gavin, HRC/Intern
Dot Kerrigan, AME, 3rd VP

MINUTES TAKEN BY:

Lucia Braaten, Court Stenographer

MINUTES TRANSCRIBED BY:

Kim Castiglione, Legislative Secretary

(The meeting was called to order at 10:00 A.M.)

CHAIRMAN EDDINGTON:

All right, we're going to start the Public Safety Committee. If you guys can try and find an empty seat. Okay. If Legislator Browning would lead us with the Pledge of Allegiance.

(Salutation)

If I could ask everybody to remain standing and I'd like to dedicate this moment of silence to Detective Sergeant Robert Reecks, who lost his life in an accident on Sunrise Highway Friday.

(Moment of Silence)

Thank you. Okay. I don't have any cards.

MS. LOMORIELLO:

No.

CHAIRMAN EDDINGTON:

I think this is a first.

MS. LOMORIELLO:

Yup.

CHAIRMAN EDDINGTON:

Wow, it took me five-and-a-half years to scare everybody away. All right. Okay. I see Mr. Nolan here. I was wondering if you could give us your judgment on the legality of the vote that the group did through E-mail for PSAP.

MR. NOLAN:

At the request of your office we did -- I did do some research yesterday into that issue. And based on that, it's my opinion that the commission is a public body as defined in the Open Meetings Law and, therefore, is subject to open meeting law requirement. The Committee on Open Governments, which generally provides guidance to localities on that law, had pretty much stated consistently that the business of a public body has to be conducted at a meeting that's properly noticed and open, and that people can only vote when they're physically present at a meeting. So it's my opinion that taking a vote by E-mail is legally insufficient.

CHAIRMAN EDDINGTON:

All right. Then what I would like is for you to notify the members by mail, and to also add that if they could possibly get more than a quorum, get every member if possible, because it seems to be a very important issue, and just let them know of that finding.

MR. NOLAN:

If that's your direction I'll do so.

CHAIRMAN EDDINGTON:

Thank you. Okay. We have a presentation. But before that, I'd like to ask the committee if we could take one Introductory Resolution out of order so that Director Cook could be on his way directing Probation. Okay. I'll make a motion to take it out of order.

LEG. BROWNING:

Second.

CHAIRMAN EDDINGTON:

Second by Legislator Browning. If I could get -- then I will bring to the floor *I.R. 1715, Confirming appointment of County Director of Probation (Gerald J. Cook). (Co. Exec.)*

I'd like to ask Mr. Cook -- all those in favor of taking it out of order? All opposed? Any abstentions? *(Vote: 5-0-0-0)*. Okay. Now I have on the floor I.R. 1715, the confirmation. And if Director Cook could come forward, please. Good morning, Director.

DIRECTOR COOK:

Good morning.

CHAIRMAN EDDINGTON:

Legislator Browning would have a question before we take our vote.

LEG. BROWNING:

Good morning.

DIRECTOR COOK:

Good morning.

LEG. BROWNING:

I think now you've had a little bit of time to kind of get your feet wet. I do have a question for you. Prior to you coming in, there was some issues with probationers being reclassified to different levels. That was of a serious concern to all of us here because you're reclassifying some people who probably need more intense supervision, who were no longer getting the intense supervision. I know we received a report as to how many there was, and I'm wondering, have you had an opportunity to review the reclassified probationers to see if any of them need to be moved back?

DIRECTOR COOK:

Certainly. And you can rest assured that there were a handful that -- I think the total was something like 1,250 that we reclassified, and of those, there were only a handful that had issues that were sufficient for them to be reclassified back to the previous level, and that was done.

LEG. BROWNING:

So you're saying some of them have been reclassified back?

DIRECTOR COOK:

Absolutely, yes.

LEG. BROWNING:

If they were a one moved to a three or -- I'm not --

DIRECTOR COOK:

There are three levels of supervision and these were individuals that had spent enough time in the Level 2 classification, which is the middle level, and proved that they could be moved to a Level 3 classification, which is a more minimal level of supervision, and that was done. But you have to understand that if issues in that level while they're being supervised at that level, if issues come up, they will be reclassified back to the former level and receive more intensive supervision, and that was done, but it was done -- that only came to play in a handful of cases out of the 1,250.

LEG. BROWNING:

Okay. Is there an opportunity that we can have I think -- I'd like to see what's been done and I'd like to get an example of, you know, the types of people that they are and what their offenses were,

you know, what level they're at, you know. I know that there's confidentiality and all of that good stuff, but, you know, I'm really concerned. I know that was something that we were all concerned about, that you're taking somebody who was on a more strict supervision and now he's maybe once a month being checked on or just had to make a phone call. You know, we are all seeing the different types of crimes that are being committed, you know, the drug use that's going on. We're very concerned and crime is not down contrary to what some people say. It depends on what type of crime.

So I'm very concerned to make sure -- you know, public safety is at risk if we don't have these people properly supervised. And again, matching that up to what your staffing levels are, and how many probationers do you have, how many -- you know, again, getting that information, you know, what kind of retirements, how many people have left. I think it's something that we need to have continual updates on. And I know that the number of probationers are going up and caseloads have gone up.

DIRECTOR COOK:

Well, I will put everything together if you'd like in the form of a report and I'll issue it to you. But just so you understand, this is what I do for a living, and I've done this for now I'm in my fourth decade, and there's no one more concerned with the supervision of probationers than I am.

LEG. BROWNING:

I'm glad to hear that, but I think our Public Safety Committee would certainly like to know. We do want to be on top of what's going on and we want to know because when I'm knocking on doors and talking to people in my community and they hear that there's a probationer living next door and nobody's coming to see him, and they see, you know, I see him carrying alcohol in or if it's a sex offender is that sex offender allowed to be drinking? You know, these are the kinds of calls I get.

DIRECTOR COOK:

Just in terms of this particular subject also, this is -- the reclassification of probationers is something that's mandated by the State rules and regulations that we do on a periodic basis. This is not something that the Suffolk County Probation Department decided to do of its own volition. This is part and parcel of the rules and regulations that we operate under. And on a periodic basis we are supposed to reevaluate probationers in terms of the supervision level that they should be supervised at. And this is -- you know, a State -- part of a statewide rules and regulation framework in order to apply the resources of the department where it's most needed. So if someone is classified at a higher level of supervision we could apply our resources to those individuals who need it, and those who have been on probation a while and have proved that they have continued to satisfy the conditions of probation and have no issues, those are the ones that are reclassified to a lower level.

And this is -- as I said, this is something mandated. This is not something that we do -- it does make sense. I mean, it's certainly something that evolved -- I mean, I've been around long enough that before this system was put into place, when I supervised people, this is something that you did that evolved on your own. You know, you would apply the resources that you had as an individual to the people on probation that needed it. And this is something, again, just so we understand what the situation is, this is not something that we decided to do, this is part of the rules and regulations we live under.

LEG. BROWNING:

Like I say, this predates you and I think it actually started with the sex offender issue, when the number of sex offenders were being taken off supervision and, you know, they were going back to court to have them removed from the supervision, and that was basically where this all started. Then we found out about the other ones. So I would like to see, you know, how things are doing, what your staffing levels are, because I do believe that some of the concern was your staffing levels

and how it was overloading probationers. And I do talk to them, I ask them how they're doing. And, you know, again, it's making sure that they have the resources that they need to do their job.

DIRECTOR COOK:

Yes. Well, as I've said, there's no one more concerned with those issues than I am.

LEG. BROWNING:

Well, I'm glad to hear that. Thank you.

CHAIRMAN EDDINGTON:

You know, just to be as frank as possible, this committee has always been concerned with public safety and cost cutting measures, and we've been concerned that activities aren't done just to save money, and you're reassuring us that it's part of the process, and we've always given every person the benefit of the doubt, and you have -- I know you're new, but you're not new on the planet around Long Island so you're aware. When we have a rise in local crime, within three weeks you find an article in the paper from the County Executive's Office saying crime is down in Suffolk. So we can't always believe what we hear, we have to go by what we see.

So I think Legislator Browning is asking that you put something together and maybe give it -- you just told me something that I didn't know. I didn't know that it was a regular evaluation, it was kind of sprung on us. So you get a little paranoid when you're not getting all the information, and we've been saying this for six years. Just communicate with us and we'll work with you.

DIRECTOR COOK:

Absolutely. I mean, what you said to me the first time I was before this body is that you would appreciate frankness and candor and forthrightness, and that is what you're going to get from me.

CHAIRMAN EDDINGTON:

Excellent. Thank you. Legislator Cilmi.

LEG. CILMI:

Yes, just to piggy-back on Legislator Browning's remarks. Mandated re-evaluation is one thing, but reclassification to the extent that it was done is a completely other thing. So, you know, I just wanted to add some weight to my colleague's remarks and impress upon you the importance of getting that sort of information. And I look forward to seeing your report.

DIRECTOR COOK:

Okay. Thank you.

CHAIRMAN EDDINGTON:

Question? Question, Legislator Gregory.

LEG. GREGORY:

Okay. Just to piggy-back on the theme here. You know, it's a mandated re-evaluation. This was obviously, or maybe not obviously, but it seems to be a large reclassification. Has there ever been, and I know this all predates you so you may not have firsthand knowledge of it, but has there ever been 1,200 or 1,000 or anywhere near that number reclassification in let's say the past six years, five years, in the Probation Department? Or is this --

DIRECTOR COOK:

Not to my knowledge. What was done was the framework that was in place for the reclassification is that different factors were taken into account, and all probation departments do this, and point values are assigned to those factors, whether or not the person is employed, whether or not they've

been arrested, whether or not there's been any indications of substance abuse. And within certain parameters, that's how you arrive at the supervision level of the individual.

What happened prior to my arrival was the point value for the threshold of the Level 3 was adjusted by a point, so that more individuals could be accommodated within the Level 3 category. Now, what has -- what has happened since, and it's been borne by the actual facts and the statistics, only a handful of the 1,250 individuals that were reclassified were -- demonstrated issues that perhaps they should not have been classified at that level, and those were reclassified back to the Level 2.

LEG. GREGORY:

Right, but --

DIRECTOR COOK:

Just let me -- the framework and the point values that were in place prior to the readjustment of that threshold for a Level 3 were in place since 1984. It probably was time to reevaluate. When that framework was set up, it was set up in terms of the resources that this department had in 1984, which was many, many more officers and fewer probationers. So that might have been appropriate at that time and place.

In my former department in Nassau County, what we did is we periodically re-evaluated those threshold levels and adjusted based upon the population, okay. This was done for, you know, 26 years or whatever it was in this department, and it probably was time to do that. And as has been borne out by the end result, it probably was a correct thing to do at the time. But you will get a report on this from me.

LEG. GREGORY:

Okay. Two things. You just made a connection between this point system and resources, so the more resources you have, the more Probation Officers you have, the more stringent, it seems from what you just said, the point system will be. Did I accurately reflect what you just commented -- stated?

DIRECTOR COOK:

That could be an interpretation of what I said, but that is not the interpretation that I would have sought from you.

LEG. GREGORY:

Okay. Now, two, it's my understanding that the State mandates that there be scales, a point system, but the State doesn't dictate what points will be allocated to different areas. That's at our discretion, am I correct or am I wrong?

DIRECTOR COOK:

Yes. There is actually a system that the State has bought into and we're in the process of integrating that into our caseload management system and we will employ that once it's in place. But prior to that yes, Suffolk County has had its own system.

LEG. GREGORY:

Okay. I know you spoke English, but it came to me in Chinese. So do we have -- my basic question is do we have more discretion in this point system -- do we have discretion in this point system, or does the State dictate this is what the system shall be.

DIRECTOR COOK:

The State does not dictate that. What I meant to say to you, and I will say it again perhaps a little bit more clearly, is that the State does have a computerized system. I had it in Nassau County.

Suffolk County has not employed it as yet. We are attempting to integrate that system and we will in the coming months, the one that the State has approved, into our caseload management computer system that we have now. Once the two things are integrated with each other, we will go with that particular system.

LEG. GREGORY:

Now we're talking -- now that's a software program. Now that still doesn't address the question or the point that I'm trying to make, is whether we use our local software program or the State program, do we have discretion over the point system that is used to evaluate and reclassify probationers?

DIRECTOR COOK:

Yes, we do, and this isn't -- these aren't absolutes anyway. There is a built in override. If a Probation Officer grades someone out at a certain level but he feels that there are issues that are pending or something that he's observed, he can override the whole thing. One does not have to put someone in a category just based upon mere points. There is an override to all of this.

LEG. GREGORY:

Okay.

DIRECTOR COOK:

And there's an override, by the way, there's supervisory review of these things also. A Probational Supervisor in reviewing these can also override the classification.

LEG. GREGORY:

Right. But -- so the point can be made, and I think was made, that the Probation Department can pretty much reclassify on their own, lower the classification or increase the classification, I think in this case it was lowering the classification, based on lack of resources. The State won't even bat an eye to it, because as long as you have a system in place, a point system in place to evaluate these probationers, you can reclassify them if you don't have -- let's just say you can reclassify them to a less intense supervision if you don't have the resources to monitor them at a more intense supervision level. And I think that's what was some of the concern with this large number of reclassifications, that it was -- the game was set up, if you will, to use a system to reclassify these people because we just don't want to hire people to do the monitoring at what some will say at a correct level or a more intense level.

Now, you haven't -- I know you've said a lot, but you haven't said that that could not be a possibility, the way the system is designed, where the Probation Department has control over how probationers are reclassified. Yes, there's supervision, that's another check, but, you know, you could argue that that's not really a check. Who's really watching the barn to see that these -- you know, that reclassifications are done in an appropriate manner? From what you're saying, Suffolk County can have a different classification point system than Westchester County, and Westchester can have a different system, point awarded to particular categories, I don't know what those categories are, than Nassau County and vice versa in another sixty-something counties throughout the State. There's no uniform system other than that there has to be a graded system. But they're not all evaluating the same way. And from what I got, a part of that calculus can be determined by the lower resources and that's a concern for us.

DIRECTOR COOK:

Well, it's certainly a concern for me. Let me just cut to the heart of this matter. If the situation does come up, I'm just telling you now, I will not preside over a Probation Department that cannot adequately supervise probationers.

LEG. GREGORY:

No. And we recognize that this happened prior to you. I make no judgment on what your capability or your ability to manage the department. I give you the benefit of the doubt that you'll do that. And I know you're put in an unfortunate position to defend decisions that were made prior to you. But you are the gatekeeper right now and we're asking you to kind of look back and see and oversee and reevaluate some of the decisions that were made prior to you, because we have real concerns that people that could possibly pose a threat, more of a threat than if you look at their evaluation would demonstrate. And that obviously is a concern for public safety. So --

DIRECTOR COOK:

Well, as I said, I mean, I can only reiterate that your concerns are my concerns. This is what I do and this is what I've done for a long time.

LEG. GREGORY:

You had said that there were a handful of classifications? That I think was the term.

DIRECTOR COOK:

Out of a total of 1,250, yes, a handful.

LEG. GREGORY:

Right, right. You had said that there were five or so out of 1,250.

DIRECTOR COOK:

Perhaps 35 or so out of 1,250. And we're talking about a period of many months now since this was done.

LEG. GREGORY:

Right. If I may, I would be curious to see when the last -- let's say the last two reclassifications, this has to be done periodically, what, in roughly numbers, how many were reclassified? Was it 800, was it 60? I don't know.

DIRECTOR COOK:

As I've said, I will provide a report on this for all of you.

LEG. GREGORY:

Okay. And that will be included in your report. Great.

DIRECTOR COOK:

Sure.

LEG. GREGORY:

All right. Thank you.

CHAIRMAN EDDINGTON:

Legislator Kennedy.

LEG. KENNEDY:

Yes, good morning. Thank you. Good morning, Mr. Cook. How are you?

DIRECTOR COOK:

Good morning. I'm fine. How are you?

LEG. KENNEDY:

Good, good. I have a couple of points that I wanted to talk about operations in the department, but I also had a question for Counsel. I was just curious. Well, you will know this. The appointment as Director of Probation, is this a term appointment similar to some of the other departmental appointments that we do? Is this analogous?

LEG. BROWNING:

(Shook head no)

LEG. KENNEDY:

It is not. Fine, thank you. Okay. There's a couple of specific items that are occurring right now with Probation that I just wanted to try to get your take or your, I don't know, try to get some answers on. The Alternatives to Incarceration Program that's administered by the Red Cross. The Red Cross has elected not to continue that program with us as a contract agency. Is that correct?

DIRECTOR COOK:

That's correct. What the representative from the Red Cross told me is they have decided to go back to their core mission, and there were a lot of ancillary things that they had gotten involved in as an organization that they are cutting back on.

LEG. KENNEDY:

Okay. Well, first of all, I mean, that brings a concern to my mind. They actually are based right here in the North Complex, as you know, and I've had occasion to interact with some of their staff very frequently. They work with a significant volume, I guess, of individuals that are under the court's jurisdiction but are sentenced to community service as opposed to incarceration. Correct?

DIRECTOR COOK:

Yes.

LEG. KENNEDY:

Okay. So then my next question to you is since that contract is winding down some of the staff was let go already, and I guess there's only a handful of staff that are still in there for another two or three months. What are we going to do as far as dealing with that volume of individuals that are continuing to be sentenced to community service?

DIRECTOR COOK:

I believe the Red Cross's contract extends through December and we are putting out a request for proposals now to get another agency in place to do this.

LEG. KENNEDY:

So your anticipation is that we're going to have a successor and this program is going to continue to be operated.

DIRECTOR COOK:

That is correct.

LEG. KENNEDY:

By some kind of a community based agency.

DIRECTOR COOK:

Absolutely. Community service is a very, very important component, obviously, of --

LEG. KENNEDY:

There's no abatement. As a matter of fact, the courts use that quite frequently, don't they?

DIRECTOR COOK:

Yes, they do. Of course they do. And as I said, we now are putting out a request for proposals in advance of the Red Cross dropping out of this issue in December, and certainly in the next coming months we will have another agency in place doing this.

LEG. KENNEDY:

Okay. I'm going to ask you if you would, that's something that's extremely important to me and I think it is to my colleagues, too. All of us are aware of -- witnessed the conversation with you for the last half an hour where we're all of a mind that you have woefully inadequate staffing for your Probation Officers. So if we're left without a contract agency to deal with those -- that volume of core referrals, we're going to be even further behind the eight ball. So I want to know what the progress is with finding a successor agency.

I mean, quite candidly, I'm very happy with the job that the Red Cross had done previously. I'm kind of sad that they elected to pull away from that mission. I know the people who have handled that program have done an excellent job. There have been many, many different types of community placements, as you know. Our whole Graffiti Program out in the communities I believe has been run through people in the Community Service Program. They've done volunteer work in many not-for-profit agencies. They have been a tremendous resource to call upon and, you know, the uncertainty of what's going to happen going forward is certainly a concern for me.

So I'm going to ask that you kind of brief us as far as what's going on, A, with the RFP, the progress with the submissions, the selection process and the entry of contract. Quite candidly, if you can pull this off in four months my hat's off to you, because I can't get a CSI done in six. So it will be quite a feat.

DIRECTOR COOK:

Well, the four months, the clock on the four months didn't begin now. We started this a couple of months ago.

LEG. KENNEDY:

Okay. Mr. Chair, if it's all right, I have about three other areas that I want to go into with Mr. Cook, but my colleague, Legislator Cilmi, has a question specifically on this program. Thank you.

CHAIRMAN EDDINGTON:

Sure. We'll get right back to you. Legislator Cilmi.

LEG. CILMI:

Appreciate the deference. Just relative to Legislator Kennedy's questions, re the Red Cross, what was the -- what did the contract entail financially from our point of view that we had with them? How much was it? How much did it cost us annually?

DIRECTOR COOK:

I'm not familiar with how much it was.

LEG. CILMI:

Do you know?

LEG. KENNEDY:

I honestly don't. I only became aware of this when I went to visit them yesterday.

LEG. CILMI:

Okay. Because my question is simply this. You know, our contract costs us "X" amount, whatever that is. The number of folks that we served or that they supervised in that, within the parameters of that contract, was "Y". My next question would be how many -- what is the caseload of your typical Probation Officer for, I guess that would be some of the lowest level, you know, offenders that we have, right? I mean, there's Level 1, 2, 3. These would be the lowest level of typically --

DIRECTOR COOK:

I'm sorry. I think we're dovetailing two issues. Are we still talking about community service or are we back with --

LEG. KENNEDY:

Community service.

LEG. CILMI:

No, we are. Let me ask -- my point is this, is that does it make more sense to have Probation Officers, to pay for additional Probation Officers I guess is my question, to do this supervision that the Red Cross was doing, as opposed to hiring some other not-for-profit agency to do it for us?

DIRECTOR COOK:

Based on my experience in Nassau County, we did a bit of both. I can tell you it's much more efficient and efficacious to do it contracting out to another agency. What we're exploring now is also the, as I had in place in Nassau County, the possibility of the individual who's performing the community service paying a fee to the agency and to the County perhaps, for the oversight of the community service.

LEG. KENNEDY:

Okay.

LEG. CILMI:

Thank you very much again for the deference.

LEG. KENNEDY:

All right. And thank you, Mr. Chair. Just a couple of other areas, then, that I'm going to want to ask and touch on with Mr. Cook. Predators, sexual predators. I'm very familiar with the Electronic Monitoring Unit. Going back four, five years ago it became an issue in one of my political campaigns. I know the function is an extremely important function. And back at that time my recollection is that we had 60 ankle monitoring units and I believe that was the number of individuals. There were ten or 11 Probation Officers assigned to the function as it was described to me, and what I saw, basically, they were doing computer monitoring and viewing basically 24 by 7 by 365. Where are we at today?

DIRECTOR COOK:

That's correct. That is still in place. As far as the sex offenders, let me again assure everybody that the sex offenders on probation in this County are supervised to an extent that I am unfamiliar with anywhere else in the State. We have something like 340, 350 sex offenders on probation. They're supervised directly by ten Probation Officers. In my former county, in Nassau, they had a similar number and five Probation Officers doing this. You are correct, we do have a staff of ten that's monitoring GPS movement of the sex offenders that are on GPS 24/7. I know of no other county in the State that is currently still monitoring around the clock in this way.

LEG. KENNEDY:

Okay. I would say to you that what you're seeing, then, with this type of operation is a reflection

amongst this body of the degree to which we're willing to commit precious resources and finite resources because of the level of concern that each and every one of us have that these individuals are scrutinized, monitored and watched to the full extent of the law and with all the resources we have to bear. We do not ever want them in a situation where one of your people doesn't know where they are and what they're doing, or the parameters of where they're at.

So I'll tell you, just as the Chair has spoken about our willingness to commit the resources, that one I'm going to say to you is important to me as it is to all of us. And I'm going to ask you to make sure that you pay particular attention to that function, and if you find there's a need for equipment upgrade, software, personnel or whatever, you let us know.

DIRECTOR COOK:

Absolutely. And, again, I can continue to reiterate no one's more committed to this process than I am.

LEG. KENNEDY:

Okay. Two more items, Mr. Chair. I'll go through them quick. Body armor. Before I even became a Legislator I had the opportunity to talk about the shelf life, I had never known that body armor has a particular time span in which it's deemed effective and it has an expiration date. Unfortunately, back in 2004 some of our Probation Officers had expired body armor. Some of our female Probation Officers did not have anatomically correct body armor. What's the status of that today?

DIRECTOR COOK:

The status is that this is something I'm currently taking a look at and getting an inventory of who's got what and the expiration dates, as you put it, on all the equipment. Certainly I do not want to have anybody going out there with inadequate body armor.

LEG. KENNEDY:

Okay. I'm going to ask you again to put that kind of like on your high-pri list because it's 2011 now. Two-thousand and four is when the 50 grand was put in for the '05 operating. There was an issue in '05, that's about six years. Again, I don't manufacture body armor, but I heard through the grapevine it was about seven or eight years maybe, maybe less. So I think that's something that I'm going to ask you, again, to kind of, you know, put you and your administrative staff on as a task that I'm going to want to hear back about sometime in the next cycle or two, please.

DIRECTOR COOK:

No question. Again, so you understand, there are a few things that perhaps not as much attention was paid in the past that are on my radar screen and I am placing a priority to.

LEG. KENNEDY:

Excellent. Okay. The last item that I am going to talk to you about is drug and substance abuse diversion. We have a very active drug court now. We have a network of outpatients, substance abuse treatment providers. You have personnel that are actually directly supervising in some of those out-patient programs. To what extent is that working, and especially with the repeal of the Rockefeller Laws, do we have drug dealers that are basically gaming a system by saying that they're addicts and then getting this community based treatment rather than incarceration.

DIRECTOR COOK:

Well, you know, you raise an issue. I was in my career directly involved having a caseload like that, you know, some time ago, and I do understand that, as you put it, gaming the system is a consideration. However, I can assure you again that the individuals on probation for substance abuse offenses are certainly being adequately supervised. And to me, Legislator Gregory was there,

I recently for the first time since coming into this County was at the Drug Court graduation, and it was a very, very enlightening, heartening and moving experience, as Legislator Gregory can tell you.

LEG. KENNEDY:

No doubt about it, no doubt about it.

DIRECTOR COOK:

And I'm very, very proud of the officers that we have that were involved in this.

LEG. KENNEDY:

Okay. Look, congratulations. I admire the fact that you're willing to take on a difficult task in a difficult time. I think we'll benefit from your years of experience as an officer in the field. And my door is always open to you when it comes to a discussion about what the tools you need to get the job done. Thank you.

DIRECTOR COOK:

Thank you.

CHAIRMAN EDDINGTON:

Okay. With that said, then I'll make a motion to approve I.R. 1715.

LEG. GREGORY:

Second.

CHAIRMAN EDDINGTON:

Second by Legislator Gregory. All those in favor? Opposed? Abstentions? *(Vote: 5-0-0-0)*. Congratulations. Thank you and we'll be talking.

DIRECTOR COOK:

Thank you all very much.

CHAIRMAN EDDINGTON:

I'd like to have before we have our presentation, Commissioner of FRES, Joe Williams, just come up. I think you have a couple of answers to Legislator Browning's questions in the past.

COMM. WILLIAMS:

Good morning. I know at the last meeting I was unable to attend, but there were some questions in reference to manning of our dispatch room. I just want to advise everybody that the County Executive yesterday signed off on two SCINs for our dispatchers.

I also want to let you know that the -- there are -- we are working overtime in our radio room. There has been several items which drove up that overtime also. We started the year off with the gas leak, which was almost a 24 hour event. We've also switched over to our new radio room, in doing that in January of this year into February. What we had to do is that was a refurbished room. When we first opened that room for a number of days, we opened -- we had our backup radio room and our current new radio room open, which generated some overtime. We had to do a due diligence on that as a safety issue. We've had a number of events with fires. We've had classes we had to run. The overtime is up, but we monitor that very closely.

We also have what we call in our own department a little check up on our own dispatchers, a Q and A on it. We review calls, we look at calls. We do that on a normal basis whether overtime is up or not. We review our calls to see if any type of thing was done.

I'm confident that our staffing level, we are right now with these two new people coming on we'll be plus one over 2010. Talking with the County Executive's Office, they're aware that we do have some more positions that we'd be looking to fill, and I am confident that when financially we could do it, we will try to fill them. But I just want to reassure you and thank you for your help with that. We did get the two people and we will be starting that training as soon as we go through the Civil Service list.

CHAIRMAN EDDINGTON:

Legislator Browning.

LEG. BROWNING:

Yeah, what positions are they? Are they, you know, beginning positions?

COMM. WILLIAMS:

Yes. We started with the beginning position, that's where we had the most -- that's where we needed them. They'll go through almost a six month training program where they get certified. They'll be working side by side for a period of time with our other dispatchers that are, what we like to refer to, our older dispatchers that have been around a while. Some real hands on training and they'll be coming online right after the first of the year by themselves.

LEG. BROWNING:

So will that be allowing you -- I know there was supervisory positions that are now vacant. Is that going to allow you to move somebody up into that?

COMM. WILLIAMS:

If we moved somebody up now into promotion, as much as I would like to reward somebody with that, that would only complicate my -- give me a negative back end on my lower positions. Right now I can't justify a promotion, even though they deserve it, to promote them to make the void in the other positions that we're filling now.

LEG. BROWNING:

Okay. Thank you.

CHAIRMAN EDDINGTON:

Okay. Thank you very much. All right then. We have a presentation. Mr. Boyd and Mr. Singleton, if you guys would come on up. Stapleton, right. I'm sorry.

MR. BOYD:

Good morning, Ladies and Gentlemen. I thank you on behalf of REMSCO for the opportunity to come before you, because you are a group that enables us to get a number --

CHAIRMAN EDDINGTON:

Can I stop you for a second?

MR. BOYD:

Certainly.

CHAIRMAN EDDINGTON:

I got a problem with my hearing. If you could speak a little more directly into that.

MR. BOYD:

Is this better?

CHAIRMAN EDDINGTON:

No, actually. You got to kind of like almost hit your lips on that thing.

MR. BOYD:

All right. Is it working all right now?

LEG. GREGORY:

Better.

MR. BOYD:

As I said before, I want to thank you all for giving us the opportunity to appear before you this morning and to discuss matters that are of importance. You are a group that enables things to get done in Suffolk County, particularly in the area of the public safety and taking care of the population that we have.

I think it's only fair that I know who you folks are, I introduce myself. My name is Edward Boyd. I am an attorney. I have offices in Riverhead and Southold. I am a past Chief of the Southold Fire Department. I have been an emergency services provider for well over 30 years. I've got over 9,000 calls that I've attended in that period of time, and I'm in my second term as Chairman of Suffolk County REMSCO.

Now, the question is what is REMSCO. I'm sure most of you are aware of what we do and so forth. It is a statutory body that was created by the Legislature, Section 303 of the Public Health Law. We are charged with a certain amount of oversight for the provision of emergency medical services within our region. Our region is Suffolk County. There are 18 REMSCOs throughout the State who are responsible for the procedures that take place in each one of those regions.

Each REMSCO is staffed with a maximum of 30 members, and those people who are selected are supposed to be knowledgeable and are knowledgeable in areas of delivering emergency medical services. Following the oversight mandate that we have from the State and statutorily, we decided the time was right in Suffolk County to do a review of where we are at the present time and where we are going. The -- in order to do this, we decided the best thing to formulate was a Working Group. The entire REMSCO body of 30 members would have been an unworkably large operation, so we formed this Working Group comprised of the leadership of REMSCO, the Chair, the Vice Chair, the chairmen of the various committees.

In order to get the best information we possibly could to perform our study, we reached out and we selected a group of experts to bring testimony before us. The invited experts are listed on these slides; I'm not going to go through them for you, you can read that as well as I can, but it shows you the broad group that we picked to pick their brains to get information as to what was going on in the field of emergency medicine, how we're doing in Suffolk County, what has been done in other areas of the State and other areas of the country, what has worked and what hasn't worked.

The credentials of these experts, those of you who are very astute mathematically will add up in the right-hand column and you will notice there are 46 various categories filled there for 14 experts. There's a simple reason for that. These people who asked to testify to give us their best input have all been providing emergency medical services for a period of time. During their careers they have acted in various capacities, and that's how they have built up their expertise. That's why we considered them valuable to talk to, to get the information that we wanted to get.

Now in doing our study, we had a series of principles that we wished to follow. Those principles were mainly for our own guidance. Some of them really have internal meaning to us, much more than the broad import, but there are three of them that I think are very important that we highlight

and we bring forward to you. Number one, all of our studies were directed towards serving the best interest of the patients in Suffolk County. Number two, we are trying to establish leadership of emergency medical services in Suffolk County through the position of a single full-time Medical Director. And finally, we have a commitment in all of the decisions that we make to follow evidence based medicine, to use what works, to go into areas that we know that we're going to get a good return on, things are going to work properly for us.

In conducting the various interviews to put our working paper together, transparency was a very, very important thing. We wanted to make sure that everything we did was on the record and could be replicated. The interviews were a minimum of 45 minutes in length. Each interview was taped. It is available as the resource material that we relied upon in preparing our report. All of the Working Group members participated in the collection of the data, and they all voted on the procedures that we were to put forth as recommendations.

Now, the key areas of recommendations that we talked about basically are four different areas. The structure of the Emergency Medical Service Office within the Health Department, the establishment and maintenance of the Medical Director in the County as a full-time position, the structure of the response. And by this we're talking about the number of ambulances, the number of providers we have relative to the number of calls and the locations of calls throughout the County. And finally, the roles of the PSAPs, the public service answering points. We have a number of those, and the coordination that we get is not uniform. It's something we certainly had to study and to come up with some recommendations.

The process overview that we used shows that we started off with the interviews of the experts. After getting all of the information from them we prepared a working paper. This paper was distributed to the REMSCO, to the full REMSCO body, was studied by them, was discussed by them, voted on, and after that vote to approve the committee report, we had it prepared for distribution throughout Suffolk County. We have done some of that presentation, some of that distribution. Our appearance before you this morning is a further part of our presentation.

It's important also to know where we stand in Suffolk County with Suffolk EMS and where we are. Last year we did over 117,000 calls in the County. Of those 117,000, 22,000 calls were responsible for contact with medical control. This is where the provider in the field calls on the radio to medical control to get advice as to how to handle a particular situation that the provider is faced with, to tell the medical control the process of the care that is being given. Direct physician contact in those calls is a very, very important thing, and also we have something that's known as RMA. You see that listed on there. There were over 4,000 of those calls last year.

RMA is where a patient that we are called to assist really does not want to go to the hospital, does not want any further care. And sometimes the providers in the field find it necessary to get assistance in convincing that person to get additional care. The statistics are very, very clear that a great number of the people that initially don't want to go to the hospital really are in very serious condition. They do need additional care, and by the ability of the provider in the field to get a physician to talk to that person on the cell phone at the scene of the incident, convince them to go to the hospital, is terribly important for what we're doing. And it underscores the working relationship between the provider in the field, medical control and medical control physicians, how it all works together to assist the provider doing his job and providing the best possible medical care to the patients in the County.

In Suffolk we have emergency medical services in several different levels. We have 101 ambulances all told. Eight-seven of those ambulances provide advanced life support services. Basic life support, fly cars, first responder services, are provided by the remainder of them. Medevac Service we have one, and of course you are very much acquainted with that. It's the

Suffolk County Police Department helicopter, and it's a terribly important thing for what we are doing to have that helicopter and to use it, particularly in an area where I am on the East End. It's absolutely vital for us that we have it and continue to use that service.

The administrative structure shows that the predominance of the ambulance in the County are run by fire departments. We have 69 fire departments. There are 27 volunteer ambulance --

CHAIRMAN EDDINGTON:

Excuse me.

MR. BOYD:

Yes.

CHAIRMAN EDDINGTON:

You know what, I'm sorry. I just didn't want to be rude. Where you had one Medevac Service and we have four helicopters --

MR. BOYD:

That's correct.

CHAIRMAN EDDINGTON:

So we were just debating well, what's the deal on that, and why don't you address that right now.

MR. BOYD:

We're talking about the service itself.

MR. STAPLETON:

I'm actually getting into that in a couple of more slides, so that will be addressed. Thank you.

CHAIRMAN EDDINGTON:

Okay. Great. Thank you. We didn't want to be rude and talk while you are talking.

MR. BOYD:

Not at all. But I'm talking about the overall structure. There's one service that provides the helicopters, not that it's one helicopter.

CHAIRMAN EDDINGTON:

Okay. Gotcha.

MR. BOYD:

I didn't mean to mislead you on that at all. The services that we talked about is that the majority of them, the fire departments, a lot of the volunteer ambulance corps, and then there are a number of smaller groups. We have 11 PSAPs in the County. Again, you're very much aware of the PSAPs and what they do in dispatching the calls, but there are certain problems that we have encountered in getting data from the PSAPs, and Mr. Stapleton will talk about that as part of his presentation.

The providers in the County break down as nearly as we can tell with approximately 5,000 EMTs at the basic level. This is a number that's a little bit hard to pin down on a daily or weekly basis, because we have people graduating from courses all the time, we have people deciding that they've done enough and they're going to move on and do other things in their lives. So it's a little bit difficult to keep an actual day to day count on the number of basic EMTs we have. When we go to the advanced EMT and to the paramedic it's a much easier sort of a thing and those numbers are actually pretty good. But at the present time we have approximately 5800 EMTs providing care in

Suffolk County.

The oversight for these EMTs is provided by one part-time Medical Director. We have 84 ambulance service Medical Directors. These are physicians who advise the various ambulance corps under various fire department ambulances directly as to what they're doing, responsible for their performances in the field. There are 57 medical control physicians at Stony Brook that we're able to rely upon, and the medical control volume, as you can see, has been increasing fairly steadily from 1993 up to the present. 2010, which doesn't appear on that slide, was 22,763 calls. You break that down on a 365 basis, that's a little bit over 60 calls per day that they handle in medical control. We have a very busy system here in Suffolk County, and one that requires a fair amount of maintenance to keep it going.

On the theory that two heads are better than one, I'm going to turn the rest of the presentation over to my colleague, Ed Stapleton, who will continue as to what our progress has been and where we're going. If you have any questions about my presentation I'd either answer them now or wait until the end, whatever you'd like.

LEG. KENNEDY:

I got a couple.

CHAIRMAN EDDINGTON:

Okay. Would that interfere with your --

MR. STAPLETON:

It's up to you. You know, it's fine.

CHAIRMAN EDDINGTON:

It's probably better to get it off their heads right now. Legislator Kennedy.

LEG. KENNEDY:

Thank you. Good morning, Counselor. How are you?

MR. BOYD:

Good morning Legislator. Just fine, thank you.

LEG. KENNEDY:

Good to see you and thank you for coming forward with this report. Your three decades of service speak to, I guess, your depth of knowledge and importance, you know, particularly with some of the things that you talk about. And for some of us, many of us, you know, we know that you folks in the volunteer community are doing an excellent and outstanding service, but there are some things that are some complexities sometimes. The PSAPs are one of them. I've had the opportunity to be somewhat involved with. I represent the southern part of Smithtown. As you know, the Township of Smithtown is a PSAP.

First off, we -- let me ask you about the numbers. My understanding is that there is a -- I thought we had ten non-County PSAPs and a request by the Sheriff's Office through the 911 Commission to create a new PSAP, taking us to a total of what would be 13 PSAPs in the County, or am I misinformed?

MR. BOYD:

I believe that the number we have there is correct, but I could be misinformed on that as well.

LEG. KENNEDY:

All right. I'm not so concerned as to the particular count itself or the number as to completeness, if you will. So maybe we can talk about that a little bit after the fact.

The other thing that I guess I'd ask about is talk a little bit again about the Medical Director and what role the Medical Director plays with the emergency service providers throughout the departments. Do they actually function and operate under his or her medical license? Is that how that structure works?

MR. BOYD:

Yes, they do. That is how that structure works. The Medical Director is a vitally important part of this entire service. The Medical Director is our leader. The Medical Director is in a position to put forth various treatment options that we may follow, various things that we will want to do. Mr. Stapleton has this as part of his presentation and will go into it in greater detail than I will at this particular time. But it is crucial that we have a system the size of what we have in Suffolk County, that we have a Medical Director who is able to devote a considerable amount of time, full-time, to filling that that role as Medical Director. I'm not saying that we have any particular complaints at the present time about how the acting Medical Director was doing her job, but she is terribly overworked as I'm sure you're all very much aware. We have a system that is huge and if the system is to grow, if the system is to prosper and do the best that it possibly can for the people of this County, it really deserves a full-time Director.

LEG. KENNEDY:

Okay. And the part-time Director we have now, that's Dr. Mermelstein I believe?

MR. BOYD:

That is correct.

LEG. KENNEDY:

Okay. All right. That's fine. I'll yield. Thank you. Thank you.

CHAIRMAN EDDINGTON:

Okay. Thank you.

MR. STAPLETON:

Okay. My role is to talk a little bit about what's been done in Suffolk County to give a sense of what's possible. There have been many things -- many achievements have been done that you're quite familiar with, and you mentioned the helicopter -- what we believe as a committee based on the data we've collected and talking to all these experts, where we should be heading in terms of some general recommendations, that the Legislators can act upon.

This slide is a very compelling slide. This is looking at cardiac arrest outcome in Suffolk County. I happen to be from Stony Brook. I'm an Associate Professor in Emergency Medicine at Stony Brook. I've been in EMS for 44 years. So it's always been an area of interest to me. And very frankly, we E-mailed you an article link from U.S.A. Today. Cardiac arrest outcome is the litmus test of the EMS systems, how good is your EMS system. Well, learning how patients who have sudden cardiac survive becomes really a standard to the quality of an EMS system.

Well, as you can see by this slide, we have almost 1,000 cardiac arrests in Suffolk County each year. It's a pretty big number if you think about it. It's one of the largest killers in the United States. ROSC refers to return to spontaneous circulation, meaning how well are the EMS providers resuscitating the patients, how many patients are they bringing back. So you can see that in and of itself, which is an important indicator, is not that impressive. And I'll give you a comparison

nationally in a second.

And more importantly, let's go to the end to get to the real important stuff, is how many people actually survive cardiac arrest in Suffolk County. Two percent of people survive sudden cardiac arrest in Suffolk County. To give you a comparison, in Seattle, depending on how you measure it, is about 30%, Seattle, Washington, which is the sort of the gold standard. In O'Hare Airport it's 60%. In casinos it's 60%. So that gives you an indication of what's possible. You are safer in O'Hare Airport than you are at Cook County Medical Center in Chicago. Why? Because they have defibrillator deployment and they get to sudden cardiac arrest victims and they provide CPR quickly.

We've had some great initiatives, many of them Medical Director initiated. And this is just a sort of list that may not be relevant. I'll quickly review it. For example, recently in Suffolk County we added end tidal carbon dioxide waveform capnography. I'll tell you how important this is to you. If you're in respiratory arrest in Suffolk County and a provider puts an endotracheal tube in you, which is a very sophisticated task putting in your trachea, you can't be sure whether that endotracheal tube is in when you get to the hospital or not without end tidal CO2 waveform capnography. In one system there was a rate of 20% undetected removal of tube on the way to the hospital. Now, think of that. You don't have to be a clinician to understand if you're not breathing and the tube comes out, and you're not breathing the patient, what the potential consequences are. So that was a great initiative. It shows what can happen on a systemwide level with medical direction where you're assuring quality in terms of the management of the patient.

To skip to some of the more important things, for example, CPAP, that's when they give positive pressure to patients who are dying of pulmonary edema and it prevents exacerbation of the patient and it's a very important treatment. It was implemented extensively in Suffolk County. And 12-lead EKG, which diagnoses MI's. And, for example, if you're having a heart attack, where do you want to be if you're having a heart attack. You want to be somewhere where you can get a cardiac catheterization and a stint and an angioplasty, that's where you want to be. And what a 12-lead EKG tells you is this person needs a cardiac catheterization, a stint. They have to be in a center such as Stony Brook or Brookhaven or other centers that provide that kind of care, and it is really improved significantly survival from heart attack. It reduces time to cath, think about you having a heart attack, by 30 minutes. So you get your catheterization and your stint 30 minutes sooner.

And, of course, the expansion of the helicopter, the Medevac helicopter, which I would certainly credit this body with. That's what happened. So this gets to the discussion. Yes, there are four helicopters, there are really two responding Medevac helicopters now. But prior to the Year 2000 there was only one if you remember, and the East End of Long Island was underserved as a result of that. They didn't have a helicopter. Well, you guys added a helicopter to the East End. Well, at Stony Brook we published a very comprehensive paper in the Prehospital Journal of Emergency Care on what was the benefit. We actually published what was the benefit of that action taken. You're going to see some pretty impressive statistics.

For example, the little grid on your left represents it was a pre and post -- pre and post implementation of the helicopter. So the left side is before you put the East End helicopter; the right side, and I'm not going to go through every nuance of this, was when you gave the East End helicopter. For example, scene. Look at the helicopter transports from the scene, and is that middle number on the left side of the screen, the 133. And the transport of all patients to a regional trauma center is the bottom number. So you see on the right, which is the post implementation, clearly it doubled for transfer by helicopter and almost doubled for increase in the regional trauma center. As I said, if you're having a heart attack, where do you want to be? You want to be in a cath lab. If you're having a multi-trauma situation, where do you want to be? You want to be in a trauma center where they have the level of care that can provide you with the

sophistication you need to survive, no doubt about it.

Did it work? Well, first of all, just to tell you -- just to show the validity of the study, this is the statistical characteristics of the patients in the pre-group and the post-group, and if you know anything about statistics, you look at that list and you say very good. It's a good measurement of what happened before and after and they were the same types of patients, same ages, same genders, etcetera.

And this is the important slide of all the slides I'm showing relative to the helicopter. This is what you did when you implemented an East End helicopter. You reduced mortality from severe trauma from 16.2% to 11.9%. You know, so that's a lot of people that benefitted by having an East End helicopter because they got to the OR quickly. It made a difference for them, so it wasn't just yeah, we're putting a helicopter, which is an extraordinary expense, by the way, as you know, but you actually had an impact on survival that was published. This is just showing the number of severely injured patients that came in and you'll see the percent of all patients that increased, the severely injured patients increased in terms of going to a trauma center. So that was an important variable.

Okay. Let's get into the nitty-gritty of this. What are we recommending here? Well, one of the first things we're recommending is full-time medical direction. You may not know this, you probably do, but the Police Department has full-time Medical Director. EMS has a part-time Medical Director, who is an interim Medical Director, and this has been going on, and don't quote me on this, for four years. Just to give you an idea, I really want you to appreciate this slide. Since 1960 EMS Magazine looked at who were the most influential people on improving EMS in the United States. There were Fire Chiefs on the list and EMS leaders on the list and yada, yada, yada. Well, guess what? Twelve of the 14 people that were voted to be the most influential on improving EMS in the United States were doctors. That's because doctors are the visionaries because they have the depth of knowledge that says what's our situation here, what can we do to improve medical care to the patient. On a national level I'm just showing you the importance of doctors.

So our Working Group, after hearing all of the testimony from the State EMS Medical Director, from the local EMS Medical Director, the Fire Chiefs, etcetera, came to the conclusion that we strongly recommend that the County Executive hire a full-time board certified Emergency Physician as the Medical Director as soon as possible. Because, and I say board certification, that's actually -- it's not my recommendation, that's a national recommendation ideally should be board certified in emergency care, should be the Medical Director, so that they have a full comprehension of what's possible in EMS. So the qualification should follow the National Association of EMS Physicians. We're not stating the qualifications, the National Association of EMS Physicians states the qualifications.

We also recommend strongly that we have data collection. You know, data collection in Suffolk County, this is my third time presenting to this group, and every time I come here I say the same thing. We have to have data, we have to have -- we don't know where we are. If you ask me what the response time is in Suffolk County I couldn't tell you. I was the Chairman of REMSCO, I could not tell you what the response time is in Suffolk County. Is that acceptable? How do you guide a system when you don't even know what the system is doing? That's unacceptable. And we're recommending, and this is -- a lot of it has to do with authority. Who has authority here, who can make sure that this happens, you know, and that's one of the problems we have. We think to whatever extent possible the Legislature and the County Executive should encourage the PSAPs to give us data so that we can have a centralized database to see how well the system is doing.

One of the best ways of doing that, and Bob Delagi is the Chief EMS, is in the audience, that we could strongly -- is e-PCR, which you supported by the way, which has -- had gone through a pilot study and I know it is slow to act. One of the complications of e-PCR -- and this is the difference.

If this was New York City EMS or if this was Seattle, you know what they do? We are having e-PCR, take the damn e-PCR, collect the data, and that's what we have. We can't do that in Suffolk County. Everything's a long, drawn out process to have electronic PCR. And so obviously the electronic PCR you are sitting with the patient, you're putting in all the data. The data is all there. Everything about the patient, everybody about their response, it's all in the e-PCR. So to the extent possible we should be encouraging the evolution of this. It is difficult, because when you're in a volunteer system and you have to learn this, this is a fairly complicated process, it does put a burden on a volunteer to become familiar and competent in these technologies, I will say that.

So what's possible. This is a report from EMS in Seattle King County, which is sort of mecca for EMS. This is the kind of report. You're Legislators, you're not EMS people. You can look at this slide and figure out the value of this data. You know, this is showing responses, ALS responses. They know exactly where the density of population, where the most responses, strategic deployment of units. They know all that. They have all that data. We do not.

This is their cardiac arrest event factor. They know how many people are doing bystander CPR, when the bystander CPR was not quality, if there was delay reaching 911. They're looking at system variables that can be dealt with to improve the system response. That's good stuff.

So we need data. We can't collect it in fragmented ways from the individual corps. When we got in a battle over data before it's always, "Well, it's the right of the corp to release the data". You know, whatever. We need the data centrally. I mean, is it that you're concerned that it's going to make you look bad? I don't know what the possibilities are. We can even blind the data. So if we had the data for the whole corps we could blind the data to the corps and give individual feedback to the corps with identified data for them, whereas the other corps don't know how that corps is doing, that kind of thing. It could be very valuable in terms of that.

So the other thing is we have -- our infrastructure is better than any in the United States. I mean, it's just amazing infrastructure. We've got lots of ambulances, lots of firehouses, lots of EMS corps. We have a ton of stuff. The only thing we don't have is a system. If you happen to live in Babylon and, you know, somebody in the neighboring -- - and you have to drop on the line for the next neighboring EMS system when you're two minutes from an EMS provider, "Well, we got to send it to Babylon, we can't send it to that -- we can't do that". In real EMS systems you can say, "Well, Unit 313 is right there. We're going to send Unit 313 which is one block away and have a coordinated system." We don't have that really in Suffolk County.

So, you know, a system is not, you know, one corps doing 5,000 and another doing 500, which is the case in Suffolk County. You have corps like Brentwood, for example, that have extraordinary call volumes and you have other corps that are very small that have tiny corps volumes sitting there 24/7. It just doesn't make sense. And I understand the autonomy. If you happen to live in community A and you're paying a lot of money for your EMS system, having full-time providers and all that, you're sure as hell saying "Well, I don't want my providers to be going over there" and these are the kinds of issues that emerge in terms of preventing. But in Islip Town, for example, all of the ambulance Chiefs got together and said to hell with this, we're going to cross borders, we're going to coordinate things and had a very nice impact on the outcome, because they got together with resources.

So really what we're trying to encourage is us, REMSCO, you, the Legislature, and anybody else who has anything to influence this process, to get these things done, and you know, keep monitoring the system. So you're the agents of change. We're encouraging you to fund a full-time Medical Director. In the scheme of things, for all the money that's spent, and let me tell you, a full-time Medical Director can be a visionary. They're not -- you know, obviously a Medical Director in EMS is not going to know everybody in Suffolk County, but they're going to know the system and they are

going to say, "You know what? It would be very good to do this, to do that" and they can come to you in a credible way. I'm a doctor -- I'm a board certified -- I'm not a doctor -- but them, I'm a board certified doctor, I'm telling you we need this, and really do a strategic improvement in the system.

Let me just say this. The EMS Office is doing a terrific job, but it's my belief and belief of the committee -- we have hundreds of ambulances and thousands of providers, but we don't have a system. And once we look at that and have a way to navigate ourselves through the political minefield and really impact a difference we, you know, should work together to do that to the extent that you can or to the extent that we can. We certainly try. But, you know, we've been the bad guy a couple of times. You know, kill the messenger on this issue, but it's a very important issue and we thank you for your time.

I just want to thank the people that participated. These are the people that were on the committee. Of course, as you can, this is a very prestigious list of people who testified to the committee. I want to thank Rob Delagi, who is the Chief of EMS for Suffolk County who was very cooperative, and Kevin Pesce, who collected the clinical data for me. Thank you. So there you go.

CHAIRMAN EDDINGTON:

Thank you very much. I have a couple of things. I enjoyed the end where you said Legislators are agents of change. I would say that I think that is the intent, but I can tell you that I've spent five-and-a-half years trying to keep the system from changing me, because it is very frustrating trying to get things done.

Cardiac arrest and response time seems to be, I mean, really a key there. And that's a question I have. You know, we had about four, five years ago, we had a big controversy about police response time. You know, when the 911 operator gets it and when there is an available car, because that was a problem. They would be somewhere else and we got numbers like 45 minutes, 35 minutes. So the County changed the way they calculate response time. It isn't until that car is free and how long it takes -- then that's the response time. Are we dealing with that type of --

MR. STAPLETON:

I don't think -- in EMS the funny part is we can't tell you what we're dealing with. We're so separated from the data that we couldn't tell you -- yes, but in a sense, we probably are dealing with some of that somewhere. You know, it's hard for us to say; it's just speculation. But the truth is all of the data is there to be had. The PSAPs are the best source of the data because the PSAPs are collecting the data. They're the ones sending out the ambulance and how they -- the architecture of how they qualify response times.

We ran into that with what's called a 24 times, where how they calculate response -- for example, it's a little bit better now, but it used to be that if you were Babylon -- and I am using Babylon, I live in Babylon so I keep using them as an example. But if you are using Babylon as an example, they might have had a rule that said well, we're waiting ten minutes before we send that call to another district. That was their rule necessarily. And I'm not saying it was Babylon's rule, I'm just giving an example. So that was another example of manipulation of times, not the least of which was not responding and then sending it -- and then that corps may delay. So there is probably that going on, but we'd be happy just to know whatever is out there. You know, we don't even know what the response times are very frankly. That's the bottom line.

Let me say this. There has been some progress. Eight PSAPs have sent us some data and we're working on it. Ed formed a Task Force specifically for this purpose. But, again, it's always a question of what's our authority and we don't have to give you this and that kind of profile.

CHAIRMAN EDDINGTON:

Okay. You mentioned PSAPs, and we have -- I think we have ten or -- and with the Sheriffs looking to become it would be 11. But whatever the numbers are, we're having some controversy here because it's like they're getting limited funding. And let's say it's ten, and we're trying to keep them as efficient as possible. We're now trying to decide if there's now another one, so we split the pie now into 11 pieces, are we lowering the efficiency of the ten to get an extra PSAP? You know what I mean? And as change agents, we're trying to change it for the better and not for the worst. Can you give any opinion on that?

MR. STAPLETON:

Well, the Sheriffs -- I presume there's no medical response associated with that particular PSAP. I don't even know -- honestly, I don't know about it. But let's put it this way. If I was running the County we'd have one PSAP because then you'd have a coordinated system and you can use all the resources of the County. That's a bailiwick.

CHAIRMAN EDDINGTON:

Right, right.

MR. STAPLETON:

You know, you've got Smithtown, you've got Babylon. You've got these big infrastructures that exist. I don't pretend that you are going to solve that, but --

CHAIRMAN EDDINGTON:

Basically more is not necessarily better.

MR. STAPLETON:

Yeah, you'd probably have efficiency if you have one PSAP with the staff to support the whole County is a better efficiency than having 11 PSAPs, you know, which have to have duplication of roles. Supervision duplication, a lot of duplication. It wouldn't make sense to me. I mean, other people can comment on that. All large EMS -- we're 1.4 million people. I mean, we're more than Seattle. They have one PSAP dispatching Seattle. They have volunteer corps and stuff like that in Seattle, but it's obviously a municipal system. It is a fire department based system so they have coordination and that. But obviously wouldn't you want to know all that's going on in the County, you know, in terms of resources and particularly if a disaster would occur. You know, I think it's inefficiency in my opinion. Other people may have other opinions.

CHAIRMAN EDDINGTON:

Well, once you start trying to figure out what commonsense tells you then we lose it here, so. Let me give it to Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair.

MR. BOYD:

If I may for a moment. With regard to the PSAPs, the problem is not necessarily with the dispatcher of the various ambulance corps. They're getting out in fairly good time. Our problem comes with the data collection, the assimilation of the data. A major stumbling block here is that the PSAPs are using different programs, and the data that is collected in East Hampton is not something that's easily folded into the Suffolk County data or the Southold Town data or something like that. And it's a very difficult situation because there's so much money involved.

If there had been, and I know we're going back by saying this to a previous time, if there had been some coordination and the various PSAPs had used the same type of system, we wouldn't be in the

situation that we are now. And to go back and to change the programs that some of the PSAPs use is going to be an expensive sort of a thing. But it's very, very difficult, nearly impossible, to coordinate the information from the PSAPs when we have the different reporting programs.

CHAIRMAN EDDINGTON:

Thank you.

LEG. KENNEDY:

Thank you, Mr. Chair. And both of you gentlemen, as a matter of fact, we probably could spend a better part of the rest of this week talking about the intricacies of PSAPs, where the various software elements are and what we worked very hard to put into place at a County level. And I'm glad that Dr. Alicandro was one of your experts on this, because, as you know, she at that time was the Medical Director, worked with Bob Delagi and a number of the rest of us to actually work with the County based PCR Program. The e-PCR seems to be the unifier that will capture probably 80% of your data that you need to be able to go ahead and do a model like your Seattle, Washington model.

The difficulty seems to be in getting departments to buy into it, and it's a variety of different things. Yes, some of it is resource, no doubt about it, but the majority of departments have made decisions to go forward with the Panasonic toughbooks, they go for about three grand, 3500. A number of us have sponsored many of the departments to actually acquire them. Hauppauge/C.I, as you know, one of the highest volume units, I sponsored them for a number of the toughbooks and they're supposedly loading up their software.

But here's where I'm going to ask you guys to help me and us, because you guys are important recommenders of change. And based on a meeting that Bob and I were at and a subsequent Smithtown Chiefs Council meeting that I went to, I wrote to our State, and somebody's probably going to have to help me with this, Deputy Director for Emergency Service Planning, asking them to allow latitude for departments to simultaneously work with the electronic version, the e-PCR and for those gentlemen or gals that were more long-term, mature members of a department who said I'm never going to use a computer, to continue to go ahead and work with the paper system. And what I got back was three paragraphs that basically said you go one way or you go the other and that's how we pronounce it.

So when you are trying to get volunteers to buy in and you get a dictate from Albany that says tough luck, you do it the way we say, otherwise go fly a kite. How do we promote buy in? We need you guys to basically help us to talk to Albany and say wait a minute, time out. We're trying to do the right thing here. We're trying to cultivate and encourage and get buy in. You know, that talk to the hand edict to tell volunteers you're going to do it this way or not at all just doesn't cut it. Because everybody shows up at that department, not because they're getting paid, because they want to do the right thing civically.

So you can help us and I'll give a copy of the letter to each one of you. As a matter of fact, don't leave. I'll go across the street and get it to you before we finish today. And I need your help to go ahead and get them to shake loose up there so we can move this piece of software. It's a good piece of software. We invested a lot of money in it. And we had a number of departments that did it originally, test it, and half of them got fed up and just took a walk on it. We're working with the software provider to get a little bit more flexibility on it. But we need some latitude from the oversight agency and not this dictatorial posture. That doesn't cut it.

The rest of it I'll talk to you, I guess, privately. I couldn't agree with you more about the recommendations. Yes, we do need a Medical Director, absolutely, positively. The operation has been unconscionable, but there's been quite a few things that we hope are going to change very shortly with the Health Department. Thank you for your work.

MR. BOYD:

What the Legislator is saying about the electric PCR is a very accurate representation of where we stand at the present time. The software itself is not really the problem, but it is introducing it to the various providers. If you're in a high volume agency and you're running a number of calls, the learning curve is accomplished in a fairly short period of time. If you're at an agency where you have fewer calls and you may only be responsible for preparing one or two PCRs in the course of a week, it takes you quite a while to learn how to get into this thing and to get it working. That's why I think you find a number of the smaller agencies have dropped out. They find it takes perhaps 30 minutes to do a PCR electronically when if they're filling it out in paper it's maybe a five minute process. This is something that we have to address.

I don't think there's any doubt in anyone's mind, certainly on our side of providers in REMSCO or among the Legislators, that electronic data collection, electronic PCRs, are certainly the way things are going to go in the future. That's the way the State is doing it. Yes, if we can have a little bit of breathing time so that some agencies can use a combination of electronic PCRs and the paper PCRs while they're implementing the new system, it would be a big help.

CHAIRMAN EDDINGTON:

Legislator Browning.

LEG. BROWNING:

Yeah, I think I've been seeing those advertised on TV quite a bit. That's the one where it's showing the patient and the doctor at the hospital can actually see the patient. Is that the same thing?

MR. STAPLETON:

No, that's telemedicine type of structure. But the day may come. But you know what? My own point of view is there's plenty of direct communication between physicians and providers to guide them in the prehospital care. That's really not a big issue in Suffolk County. They're getting that. But telemedicine.

LEG. BROWNING:

You know, we've been looking to do the electronic medical records. We have them at the nursing home and we'll be working on getting them in with the health centers. Do you know what the cost is for those PCR's?

MR. STAPLETON:

There's a person in back of me who knows every nuance of the e-PCR process, Bob Delagi, who deals with this every day. You know, he'd be the person for the nuances that you're talking about to talk to. I'm sure he could give you --

LEG. BROWNING:

I'm just curious if every ambulance company was to get the PCRs what would the cost be.

MR. STAPLETON:

I'm sure it's significant. Does Bob want to address that?

LEG. BROWNING:

Yeah, Bob is here, yeah.

MR. DELAGI:

Hi. Bob Delagi, the EMS Chief and Acting Division Director for the Division of EMS over at the Health Department. Thank you for the opportunity to answer the question. Currently each ambulance company would have to spend approximately 3000 to \$3500 per ambulance vehicle in

order to equip themselves with the appropriate tablet for the collection of this data through our system. The County has already spent close to \$900,000 to build the infrastructure, and the buy in would simply be on the part of the ambulance service to purchase the tablets to attach to our system of enterprising license. There is no additional cost to the ambulance service other than the time necessary to train.

LEG. BROWNING:

So we have the infrastructure. If they were to buy them, it wouldn't be an issue, they could operate them right away.

MR. DELAGI:

Absolutely.

LEG. KENNEDY:

Mr. Chair, could I, to Legislator Browning and Bob, you'll probably be able to validate this. There would be probably a benefit to the departments if we could aggregate departments and do volume purchase. When we looked at this initially, if a provider, we were placing an order for 50 or 100 tablets, then that \$3500 per unit might come down with a volume purchase. So, again, through each of us in work with our different departments, if we could aggregate a buy, we could probably wind up bringing down some of that cost to the departments themselves if we could place a volume buy.

MR. DELAGI:

I believe you're correct, and actually there's two issues that play directly into that. The first one was our negotiation with the vendor to get enterprise licensing for a single fee and a single maintenance cost so that as time goes on and more agencies join in, there would be no additional costs to either the County or to the ambulance service.

The second piece to that is we're in the infancy stages of exploring the newly created the Nassau Suffolk Purchasing Consortium to see if there is a way that we can get those toughbooks on the Purchasing Consortium list to see if we can reduce the cost through, you know, a Consortium purchasing. I have no real information to share with that yet, but it is one of the things that we're looking at.

LEG. KENNEDY:

Thank you.

CHAIRMAN EDDINGTON:

All right. Great.

MR. BOYD:

I'd like to also highlight something that Mr. Stapleton said. He referred to King County, Washington, where all of the EMS is under the direction of the fire department. They're able to make a mandate, okay, we're going to switch a certain date, we're going with an electronic PCR. We have the same sort of thing here. North Shore University Hospital was able to dictate to all of its people in the field we are going to use a PCR, electronic. They do it in New York City, the fire department there. We can go with it. We don't have the ability to make a mandate like that in Suffolk County that covers all of the providers. We can't tell them in any way as of a certain date we're going to go to this electronic program and that will make it work. We have in many ways a Byzantine empire that we're trying to administer it and sometimes it makes it very, very difficult.

CHAIRMAN EDDINGTON:

I can relate to that. Yeah. Okay. Thank you very much. It was a great presentation.

MR. STAPLETON:

Thank you. It was an honor. Thank you.

CHAIRMAN EDDINGTON:

All right. Let's start with the agenda.

Tabled Resolutions

J.R. 1124, A Local Law to change the formula for distribution of funds and fees generated from the seizure and forfeiture of vehicles. (Schneiderman)

I'll make a motion to table.

LEG. GREGORY:

Second.

CHAIRMAN EDDINGTON:

Second by Legislator Gregory. All those in favor? Opposed? Abstentions? **(Vote: 5-0-0-0)**

J.R. 1612, A Local Law to strengthen the County's All-Terrain Vehicle Law. (Stern)

I'll make a motion to approve.

LEG. GREGORY:

Second.

CHAIRMAN EDDINGTON:

Seconded by Legislator Gregory. All those in favor? Opposed? Abstentions? **(Vote: 5-0-0-0)**

Introductory Resolutions

J.R. 1624, Defining child concealment in Suffolk County. (Romaine)

I'm going to ask George to make a comment on this, please.

MR. NOLAN:

Well, what the resolution does is it contains a definition for child concealment and then directs the Police Department to consider that definition when investigating crimes under the Penal Code for child abduction or custodial interference. I had some issue in terms of the legality, but I think before we move this we should at least get some input from the Police Department as to how they feel about it and whether they could work with it.

CHAIRMAN EDDINGTON:

Okay. Then taking that into consideration I'll make a motion to table.

LEG. GREGORY:

I'll second that.

CHAIRMAN EDDINGTON:

Legislator Gregory seconds that. All those in favor? Opposed? Abstentions? **(Vote: 5-0-0-0)**

J.R. 1625, A Local Law to amend Resolution No. 395-2011, A Local Law to protect animals in Suffolk County from abuse. (Cooper)

It has to be tabled for Public Hearing?

MR. NOLAN:

Yep.

CHAIRMAN EDDINGTON:

Tabled for Public Hearing. I'll make that motion.

LEG. BROWNING:

Second.

CHAIRMAN EDDINGTON:

Second by Legislator Browning. All those in favor? Opposed? Abstentions? **(Vote: 5-0-0-0)**

I.R. 1676, Accepting and appropriating a grant in the amount of \$134,406 in Federal pass-through funds from the New York State Division of Homeland Security and Emergency Services for the 2009 Bomb Squad Initiative with 100% support. (Co. Exec.)

I'll make a motion to approve and put on the Consent Calendar.

LEG. GREGORY:

Second.

CHAIRMAN EDDINGTON:

Second by Legislator Gregory. All those in favor? Opposed? Abstentions? **(Vote: 5-0-0-0)**

I.R. 1689, A Local Law mandating prompt reporting of children missing in Suffolk County ("Caylee's Law"). (Cooper)

I'll make a motion to table for Public Hearing.

LEG. GREGORY:

Second.

CHAIRMAN EDDINGTON:

Second by Legislator Gregory. All those in favor? Opposed? Abstentions? **(Vote: 5-0-0-0)**

Seeing no other business, I'll adjourn the meeting.

(The meeting was adjourned at 11:34 A.M.)