

PUBLIC SAFETY COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
MINUTES

A 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 December 10, 2020.

Members Present:

Legislator Tom Donnelly - Chairman
Legislator Bridget Fleming - Vice-Chair
Legislator Kara Hahn
Legislator William Spencer
Legislator Leslie Kennedy
Legislator Susan Berland
Legislator Steven Flotteron
Legislator Rudy Sunderman
Legislator Samuel Gonzalez
P.O. Robert Calarco - Ex Officio

Also in Attendance:

Legislator Al Krupski - District No. 1.
Legislator Anthony Piccirillo - District No. 8
Legislator Tom Cilmi - District No. 10
Legislator Robert Trotta - District No. 13
Legislator Jason Richberg - District No. 15
Sarah Simpson - Counsel/Suffolk County Legislature
Lora Gellerstein - Chief of Staff to Presiding Officer Calarco
Dan Dubois - Chief Deputy Clerk/Suffolk County Legislature
Derek Stein - Aide to Presiding Officer Calarco
Karen Klafter - Aide to Legislator Donnelly
Tim Rothang - Aide to Legislator Anker
Bob Doering - Budget Review Office
Phyllis Seidman - Deputy County Attorney/Suffolk CA's Office
Steve Randazzo - Assistant Deputy County Executive of SC
Nicole Amendola - Director/Intergovernmental Relations/CE's Office
Doug Sutherland - Chief Deputy Comptroller
*Craig Pavlik - Finance & Asset Forfeiture Bureau Chief &
Director of Finance - District Attorney's Office*
James Skopek - Deputy Commissioner of Police/SCPD
Anthony Calandrillo - Lieutenant/Chief of Department's Office-SCPD
Michael Sharkey - Chief Deputy Sheriff/SC Sheriff's Office
Richard Fessel - Lieutenant/Suffolk County Sheriff's Office
*Colleen McKenna - Program Coordinator/Criminal Justice Coordinating
Council - Suffolk County Sheriff's Office*
*Dr. Kristie Golden - Associate Director of Operations/
Stony Brook University Hospital*
*Suzanne Marriott - Associate Director of Nursing, Department of
Psychiatry & Behavioral Health/Stony Brook University Hosp.*
Daniel Flanzig - New York Bicycle Coalition

1 **Minutes Taken By:**

2 Gabrielle Severs - Court Stenographer

3
4 **Minutes Transcribed By:**

5 Alison Mahoney - Court Stenographer

6
7 *(*The meeting was called to order at 9:35 a.m.*)*

8
9 *(*The following testimony was taken by Gabrielle Severs &*
10 *Was transcribed by Alison Mahoney - Court Stenographers*)*

11
12 **CHAIRMAN DONNELLY:**

13 Good morning, everybody, and welcome to this Thursday,
14 December 10th meeting of the Suffolk County Legislature's Public
15 Safety Committee. I'd ask you to all please rise for a salute to
16 our flag led by our Chief Deputy Clerk Dan Dubois.

17
18 ***Salutation***

19
09:35AM 20 Thank you, all. Thank you, Dan, for leading us in the Pledge;
21 very much appreciated.

22
23 I would just like to take a moment of personal privilege, as we
24 always do, to remember all those First Responders who are on duty
25 today, as well as continued prayers for our health care workers who
26 continue to battle the devastating effects of the COVID crisis.

27
28 We also remember the military personnel who gave their lives in
29 defense of the United States of America on December 7th, 1941.

09:36AM 30
31 And as always, we say prayers for those First Responders who have
32 given their lives in the line of duty, in particular we remember
33 Detective Steven Mullen of the Suffolk County Police Department's
34 1st Precinct who lost his life two years ago as a result of
35 injuries sustained as working as part of the World Trade Center
36 Recovery & Rescue Task Force on September 11th, 2001.

37
38 This morning's meeting is going to be co-hosted by both myself as
39 the Chair of Public Safety as well as the Presiding Officer and his
09:36AM 40 staff. Public comments via Zoom are permitted during this meeting,
41 sign-up is available at
42 www.snyLegislature.us/CommitteePublicPortion. Speakers will be
43 limited to three minutes. Public comments related to this
44 committee may also be provided through the submission of a
45 three-minute message to 631-853-3685, or via e-mail to
46 clerk.legislature@suffolkcountyny.gov or, as always, mailed to the
47 Clerk's Office at the William H. Rogers Building, 725 Veterans
48 Memorial Highway, Smithtown, New York, 11787.

49
09:37AM 50 We do have, I believe, one public speaker. I'm going to turn it
51 back over to the Presiding Officer and his staff to manage the
52 public comments of today's meeting.

53
54 **P.O. CALARCO:**

55 Thank you, Legislator Donnelly. We do have one speaker who signed
56 up, Daniel Flanzig. Mr. Flanzig, are you there?

1 **MR. FLANZIG:**

2 I am. Good morning.

3
4 **P.O. CALARCO:**

5 Okay, Mr. Flanzig, you have three minutes to speak and you can
6 start whenever you are ready.

7
8 **MR. FLANZIG:**

9 Thanks so much. Thanks, everybody, for allowing me to give comment
10 this morning. My name is Daniel Flanzig, I'm a member of the New
11 York Bicycle Coalition, a Member of the Board of Directors, and
12 I've spoke to you once before.

13
14 Again, thank you for taking an interest in cycling in New York and
15 in Suffolk County. As I had mentioned when we spoke once before,
16 you are all in the County where we have the highest number of
17 pedestrian cyclist deaths, so the fact that we're talking about
18 cycling is a great thing.

19
20 I had an opportunity to go over and look at the reckless cycling
21 bill. And thank you, first of all, for reducing my biggest issue
22 which was the VTL violations, no longer making those misdemeanors,
23 that's a great step in moving in the right direction.

24
25 In terms of some of the other stuff I saw within the bill, one of
26 the things you offer up which I don't think exist but NYBC would be
27 happy to work with you is one of the penalties would be having a
28 judge have you submit to a bicycle safety class. Well, we all know
29 there's DMV classes to reduce points, but nothing exists like that
30 in New York State at the moment. So NYBC would love to work with
31 Suffolk County developing that type of program for you, so that if
32 you do want to send recidivist cyclists or somebody to learn about
33 cycling laws, you know, it's a place to go because it doesn't
34 really exist right now. So, I love that you added that in, but we
35 need to have a vehicle for them to go somewhere, so that's
36 something to talk about down the road.

37
38 And then my only other comment I still have in in regard to the
39 cycling is while intoxicated. By no means am I telling people do I
40 endorse riding whilst drunk, okay? But my fear is when you have a
41 law that's consistent with driving while intoxicated, you don't
42 really dissuade people from driving if you're going to tell them
43 they're going to get the same offense if they are drunk. It's the
44 same issue we have with the hit and run law in New York right now,
45 it's the same penalty for fleeing the scene of a hit and run crash
46 as if you're drunk, right? We always need to raise that level of
47 the hit and run so that there's a greater penalty for leaving the
48 scene of a crash. Here -- I don't know of any other state in New
49 York that has a cycling while drunk law. And to spend 15 days in
50 jail for riding your bike home from a bar instead of using your
51 car, it's relatively a victimless crime, right? We have drunk
52 driving laws, and the majority of the purpose of that is to protect
53 vulnerable road users. Here we're not going to really be afraid of
54 anybody being injured, a third party being injured while a cyclist
55 is riding their bike drunk.

1 So, you know, you have all these great places in Suffolk County
2 like Farmingdale, places where you want people to ride their bikes,
3 leave their cars at home. I'm not telling them to get wasted and
4 get so drunk you can't stay balanced on a bike, but if you have one
5 or two glasses of wine that might push you a little bit above that
6 .08, I don't think the penalty should be 15 days in jail for that.

7
8 So those are my comments about what I see so far with the reckless
9 cycling. But again, thank you, thank you, thank you for putting
09:40AM 10 this on your radar, for talking about cycling and keeping these
11 issues open for debate.

12
13 **P.O. CALARCO:**

14 Thank you, Mr. Flanzig. I'm going to turn it over to Legislator
15 Donnelly to Chair the rest of the meeting. And Legislator Berland
16 I do believe has a question for Mr. Flanzig, though.

17
18 **MR. FLANZIG:**

19 Sure.

20
21 **CHAIRMAN DONNELLY:**

22 Go ahead, Legislator Berland.

23
24 **LEG. BERLAND:**

25 Yes, I do. Mr. Flanzig, I understand what you just said about the
26 drunk cycling, but have you considered the effect that driving a
27 bicycle drunk, although the bicycle might not cause an accident in
28 and of itself the way the car does, but a bicyclist can then put
29 other drivers of cars at risk if they're in the middle of the road
09:41AM 30 and the driver may hit the drunken bicyclist because, you know,
31 they're not able to, you know, ride their bike in the right way.
32 So, you know, they're going to be doing damage to themselves, but
33 have you not considered the fact that they're going to possibly
34 irreparably change the life of the person driving a car who might
35 hit them because they're drunk?

36
37 **MR. FLANZIG:**

38 I understand what you're saying. My point is you're balancing the
39 two things; somebody getting behind the wheel of a 5,000 pound
09:42AM 40 piece of steel, right, or getting on their bicycle and riding home.
41 I'm not aware of any data that really shows that there's a large
42 percentage of people being injured while cycling drunk, and I spend
43 a lot of time reading data. I'm not telling you it doesn't happen,
44 I'm not telling you that -- unfortunately a lot of the crashes that
45 we do see in Suffolk County involve some people who are leaving
46 bars, but usually it's not what I imagine these downtown locations,
47 it's usually a lone rider maybe riding home from work after, you
48 know, finishing a landscaping job and having some beers.

09:42AM 49
50 I really don't envision what I'm afraid of, like having these
51 beautiful downtown areas where people have bike racks and they
52 could ride their bikes for dinner or for a cocktail or your
53 beautiful vineyards you have in Suffolk County where people ride
54 and do biking tours; I don't think that's going to be a real risk.
55 And if you weigh the two -- I understand what you're saying, but
56 the reality is somebody in a 6,000 pound car and somebody on a

1 bike; the bicycle is going to lose that fight, right? And I
2 understand that --

3
4 **LEG. BERLAND:**
5 Oh, yeah.

6
7 **MR. FLANZIG:**
8 -- that somebody is going to be traumatized for killing somebody
9 and I understand that.

09:43AM 10

11 **LEG. BERLAND:**
12 Right. Right.

13
14 **MR. FLANZIG:**
15 And I do, Legislator Berland. I've sat across a table for 25 years
16 deposing people. I represent cyclists and pedestrians who have
17 been killed, and I depose those drivers and I see the look in their
18 eyes and they always say there's two victims when this occurs,
19 right?

20
21 **LEG. BERLAND:**
22 Right.

23
24 **MR. FLANZIG:**
25 Two lives are altered forever. I do understand what you're saying,
26 but I don't think the data is there to really support it. I think
27 we're safer -- I honestly believe this; I think we're safer to
28 allow people to get on a bike and not be so blitzed to the point
29 that they can't ride straight, but they might be if they took a
30 breathalyzer, yes, they would fail, they might be impaired, they
31 might be drunk because they're above .08; that's my point.

09:43AM 30

32
33 **LEG. BERLAND:**
34 All right, I appreciate that. Just as someone who has like been
35 there seconds after -- someone who I knew actually hit someone who
36 was walking drunk on the street and she ended up dying. And, you
37 know, there's no law against? You know, like the Public
38 Intoxication Law didn't stop this woman from walking across the
39 street and, you know, the car happened to be in the wrong place at
40 the wrong time and it was dark and didn't see her and, you know,
41 his life changed forever as well, you know.

09:44AM 40

42
43 So I think that when you're talking about intoxication, you have to
44 have a number of what's intoxicated and what's not. And if you're
45 going -- the first time that I ever heard about, you know, the ride
46 and drink things at the vineyard was when we had the public
47 hearing. It would never occur to me in a million years that
48 someone's going to take their bikes to a bike trip at the vineyard
49 and, you know, taste the night away and they get on their bike and
50 drive home.

09:44AM 50

51
52 So, you know, I just -- I just want you to recognize, I don't think
53 that this is -- at least from my perspective, it's not put in
54 there, you know, to punish the bike because we clearly know that a
55 bike is not, you know, going to do the damage a car does.

1 **MR. FLANZIG:**
2 Right, right.

3
4 **LEG. BERLAND:**
5 I think it's protecting the people who are in their cars who,
6 you know, may kill someone who is getting on a bike. If you're
7 intoxicated, you shouldn't be operating any kind of equipment, so.
8 But I appreciate your points. Thank you so much.

9
09:45AM 10 **MR. FLANZIG:**
11 No, and I understand where you're coming from.

12
13 **LEG. BERLAND:**
14 Okay. Thank you.

15
16 **CHAIRMAN DONNELLY:**
17 Thank you, Legislator Kennedy -- Legislator Berland.
18 Legislator Kennedy.

19
09:45AM 20 **LEG. KENNEDY:**
21 Thank you, Legislator Donnelly. And thank you, Mr. Flanzig, for
22 coming out and speaking today. This morning driving to work on
23 Route 347, that's three lanes and a left-hand turning lane, there
24 was a bicycle rider. He was probably about 70 or 80 years old, in
25 definitely good shape, probably belongs to a bicycle riding club
26 and he was riding the white line of the bicycle lane. I was a
27 passenger in the car and it was terrifying. We stayed behind
28 backed-up traffic until he -- we got to a red light where he pulled
29 back into the bicycle lane, then he drove in front of the car at
09:46AM 30 the front of the line that was stopped at the red light, and when
31 the light changed he went back into the bicycle lane. How do we
32 stop that kind of behavior?

33
34 **MR. FLANZIG:**
35 I mean, I don't -- the only thing I could say, because I road cycle
36 all day long, is a lot of times cyclists have to change road
37 position because of road conditions. They're riding on 25
38 millimeter tires, so I don't know if there were pot holes or chewed
39 up roadway. I don't know if anything was there. But -- and again,
09:46AM 40 there's a more -- forgive me because I'm not that familiar, I live
41 in Nassau County. Is there a marked designated bike lane?

42
43 **LEG. KENNEDY:**
44 Yes.

45
46 **MR. FLANZIG:**
47 Yeah, then he is required in -- there aren't that many marked
48 designated bike lanes, and there are none, very few in Nassau, you
49 guys have more than I've ever seen.

50
51 **LEG. KENNEDY:**
52 Uh-huh.

53
54 **MR. FLANZIG:**
55 Yeah. I mean, it's part of the program; part of what we do is try
56 to educate the cyclists. Look, I will tell you this all right now,

1 every time I lecture to any single bike club I ask them, *Do you*
2 *think motorists hate you*, and they all say yes. And then when I
3 say why do -- let me finish. And I tell them *Why do you think they*
4 *all hate you*, and they're like, *Because we ride two or three*
5 *abreast, right? We don't ride in a single-file line and we block*
6 *traffic*. So it's -- the message I try to get to every single bike
7 club and I talk at shops, that what you need to do is ride pursuant
8 to the Statute, Vehicle & Traffic Law 1234 which says you need to
9 be along the shoulder no more than two abreast. So I am doing the
10 best I can to educate that part.

09:47AM

11
12 I know what you're upset about. I know -- I literally get phone
13 calls, you would think I'm responsible for every cyclist in the
14 planet. Because my friends call me up and say, *Your friends were*
15 *out there again today*.

16
17 **LEG. KENNEDY:**
18 *(Laughter)*.

19
20 **MR. FLANZIG:**

21 So, I know what you're talking about. Look, the beauty part about
22 what you're talking about is, number one, we get the cyclists to be
23 along the shoulder, right; and then we go ahead and we get the
24 second important statute you all are working on which is that
25 three-foot law. And if we have both of those pieces together,
26 right? We have the cyclists in the proper road position and we
27 have motorists passing at a safe distance, we are going to take
28 your numbers down from being the worst County in the state to the
29 best County in the state. But like everything else, it takes
30 education and it takes the ability to get the message out there.

09:48AM

31
32 **LEG. KENNEDY:**

33 Okay. First I want to say that there are bicycle clubs that ride
34 347 all the time and I don't have a problem with them --

35
36 **MR. FLANZIG:**

37 Okay.

38
39 **LEG. KENNEDY:**

40 -- because they stay inside the bicycle lane and they're decent
41 citizens that do what they're supposed to do.

09:48AM

42
43 **MR. FLANZIG:**

44 Yeah.

45
46 **LEG. KENNEDY:**

47 So they're not the issue, they seem to be well educated on what it
48 is. My only problem with the three-foot law --

49
50 **MR. FLANZIG:**

51 Yeah.

52
53 **LEG. KENNEDY:**

54 -- is our bicycle lane is not three foot, and so you'd have to get
55 rid of on 347 -- and this is what I'm using because this is a main
56 road in my area.

1 **MR. FLANZIG:**

2 Yeah.

3
4 **LEG. KENNEDY:**

5 You'd have to get rid of an entire lane to follow the three-foot
6 rule. And then if you have gentlemen like the one this morning who
7 ride on the white line you'd have to get rid of the second lane, so
8 you'd have one lane.

9
10 **MR. FLANZIG:**

11 Yeah. I mean, most -- again, you have to look road-by-road. Most
12 roadways, as they were designed since the 60s and 70s, the lanes
13 are typically anywhere from 10 to 12 feet. And if you look at the
14 redesigned roadways now and what the standards are, they're down to
15 eight feet because a car is usually only about six or seven feet.
16 So again, I didn't go out -- and I'm being honest with you, I
17 didn't go out and measure the roadways, but I think predominantly
18 most of the roadways in Suffolk County are at least 10 to 12 feet,
19 so the ability to pass a three-foot should not be an issue. It's
20 working in almost 27 other states in the country, more I think,
21 almost 30 some-odd states in the country. So, the way roadways are
22 even being designed, they've now increased shoulder length when
23 they're being done to create space for cyclists narrowing down the
24 passing lane to eight feet, but I don't -- I can go out with a tape
25 measure and take a look at 347, but there should be enough room for
26 everybody to share the road.

27
28 **LEG. KENNEDY:**

29 Well, I invite you --

30
31 **MR. FLANZIG:**

32 Okay (*laughter*).

33
34 **LEG. KENNEDY:**

35 -- to go take that trip and do that measurement, because it is
36 horrifying when somebody is riding the line. It's terrifying.
37 But thank you.

38
39 **MR. FLANZIG:**

40 Yes.

41
42 **LEG. KENNEDY:**

43 But thank you.

44
45 **MR. FLANZIG:**

46 Thank you.

47
48 **CHAIRMAN DONNELLY:**

49 Thank you, Legislator Kennedy. Legislator Krupski.

50
51 **LEG. KRUPSKI:**

52 Thank you. Thank you, Mr. Chair. So, Mr. Flanzig, I have a couple
53 of questions, and I'll start with Legislator Kennedy's question
54 about the three-foot. We have on the North Fork a lot of
55 well-traveled side roads, especially since the pandemic hit,
56 We've had a marked increase not only in full-time population but in

1 visitors, and we're very busy. And a lot of the people are riding
2 their bicycles to recreate, the people who have moved out here
3 because it's a good, healthy way to get outside and the roads are
4 beautiful. But on a side road you have no shoulders, and quite
5 often they're crown roads, they're -- they were not engineered,
6 they were built. And how could you -- if you use a three-foot
7 rule, you would basically shut the road down, possibly in both
8 directions many times, because it would be physically impossible to
9 comply with a law and pass someone three feet -- pass a bicycle
09:51AM 10 rider who can't ride on the edge because there is no edge.

11
12 **MR. FLANZIG:**

13 I mean, you are -- the Statute allows you -- and I went over this a
14 few times and I'll find -- if you're interested, I'll try to dig
15 down into the VTL and tell you. But you are allowed to overtake a
16 vehicle on the left-hand side, you are allowed to go over the
17 double yellow line if you need to do that to make that safe pass.
18 So if it's an area -- you know, if it's an area of single-lane in
19 each direction, you're allowed to move over to the left lane in
09:51AM 20 order to pass safely, and that's in the Vehicle & Traffic Law.

21
22 And look, some of this I always say is a little bit of patience
23 from a driver, because you just might have to wait until there's a
24 safe place to pass. It might not be immediately, it might not be
25 right when you want to pass a cyclist, but in order for people to
26 be safe on the roadway, they're going to need to be patient and
27 find a safe place to pass, maybe where the road narrows up or where
28 the cyclist can get back to a shoulder.

29
09:52AM 30 I understand it could be frustrating to drivers, and it's been
31 frustrating probably to drivers in 27 other states, but ultimately
32 they have brought their death rate down because they've gotten
33 their drivers and cyclists to share the road and the drivers ARE
34 just being a tad more patient.

35
36 **LEG. KRUPSKI:**

37 Well, that's why I preceded my question by saying that we have a
38 huge influx of permanent and transient population.

39
40 **MR. FLANZIG:**

41 Right.

42
43 **LEG. KRUPSKI:**

44 So when you say you have to wait for the other lane to clear,
45 you're presuming that you can wait for the other lane to clear,
46 so that's a -- that's another scenario.

47
48 So the other one I wanted to address is Legislator Berland's
49 question about people drinking and operating anything mechanical,
09:52AM 50 whether it's a car or a bicycle or a chain saw.

51
52 **MR. FLANZIG:**

53 Uh-huh.

54
55 **LEG. KRUPSKI:**

56 So you're going to -- you know, when you're on the public road

1 operating a bicycle, how do you -- because there's very few places
2 that I can think of in Suffolk County that have physically separate
3 bike lanes.

4
5 **MR. FLANZIG:**

6 Right.

7
8 **LEG. KRUPSKI:**

9 So if you were -- if you got on a bicycle and you were hammered,
10 you would not impact motor vehicle traffic because you would not be
11 on -- you would not be on the road. So how -- how could you -- how
12 could you possibly, you know, address that if you're still in the
13 public domain there?
14

15 **MR. FLANZIG:**

16 Yeah. I mean, again, by all means I'm not encouraging drunk
17 cycling, right? So I want to be perfectly clear about that, and
18 I'd never encourage that. And the statute is never really -- other
19 than actually -- I will tell you, the only amendment -- I don't
20 know if you all know, but E-Bikes became legal in New York State
21 this year and in that New York State law it finally became illegal
22 to ride an E-Bike intoxicated or an electric scooter intoxicated.
23 But bicycles have never been -- it's never been unlawful to ride a
24 bike while intoxicated.
25

26 But going back to your question, I don't think -- you know, if
27 somebody's blitzed, whether they're riding a bike, they're going to
28 be a hazard to themselves or to somebody else, whether or not
29 they're walking, biking or whatever they're doing. And I don't
30 think every statute -- and you all know this, you've been writing
31 laws your whole careers; not every statute is going to fit every
32 scenario perfectly.
33

34 My big thing is from a public safety standpoint, if I can take a
35 drunk person out of their car and put them on a bike, me and my
36 family and anybody else on that road is going to be much safer.
37 I'm telling you myself, in my village I'm lucky, I can walk or ride
38 my bike into the village and have dinner, and I do that with my
39 wife and my family. I have a cargo bike, I put my wife in my car
40 -- I don't know if you know a Dutch cargo bike, but she rides up
41 front and we ride to dinner. I have one or two glasses of wine.
42 Yeah, if I blew a breathalyzer I would be drunk and I would go to
43 jail. Do I feel like I'm unsafe, that I can't handle the bike,
44 that I'm putting my wife in danger? No. But I feel like I've done
45 two good things: I've taken one car off the road for environmental
46 purposes; number two, I didn't put myself at risk or my law license
47 at risk, and I don't think I've endangered any member of the
48 public. So that's my personal take on this.
49

50 And I'm telling you, I've been a safety advocate my entire life,
51 I'm not really afraid about somebody having one or two glasses of
52 wine and riding a bike. Go to Europe, my friends, really. Like
53 Amsterdam, Italy, it's part of life, it really is. It's not a
54 norm. Even going back to the tourism part, go take a wine tour in
55 Italy, in Tuscany; that's what you do, you do wine testing and
56 biking, it's part of the norm. So again, getting super drunk,

1 yeah, that's a problem, but, you know, just going into town to have
2 a glass of wine or one or two glasses of wine and ride home, I'm
3 not fearful of the person, I'm more fearful of somebody in their
4 car.

5
6 **LEG. KRUPSKI:**

7 Thank you, Mr. Flanzig. Thank you, Chairman Donnelly.

8
9 **CHAIRMAN DONNELLY:**

09:55AM 10 Of course, Legislator Krupski. Just to the Presiding Officer or to
11 the Clerk, we don't have any more public requests for public
12 comment, do we?

13
14 **MR. DUBOIS:**

15 We do not.

16
17 **CHAIRMAN DONNELLY:**

18 Thank you, Dan.

19
09:56AM 20 So we're going to move on. This morning we're going to have a
21 presentation; it's going to be the first of two presentations that
22 deal with mental health here in Suffolk County.

23
24 This morning we're going to hear from Dr. Kristie Golden from Stony
25 Brook Hospital's Comprehensive Psychiatric Emergency Room, CPEP.
26 She's going to address some of the ongoing issues and
27 characteristics of admitted patients as well as the community
28 response and coordination with the Suffolk County Sheriff's Office
29 and the Suffolk County Police Department.

30
31 She gave this presentation at the most recent Criminal Justice
32 Coordinating Council, of which I serve as the Legislature's
33 representative; it was very eye-opening and I thought it'd be
34 appropriate for the Public Safety Committee to hear her
35 presentation as well. And then in January, as long as I'm the
36 Chair again, we're going to have another presentation on some of
37 the mental health issues confronting our society and our County
38 from members of Legislator Sara Anker's Heroin & Opioid panel,
39 and that would be in late January.

09:57AM 40
41 So I'm going to turn the meeting over to Dr. Golden as well as
42 Colleen McKenna who is the Coordinator of the Criminal Justice
43 Coordinating Council for this very informative presentation.
44 So, thank you, Dr. Golden and thank you, Colleen.

45
46 **DR. GOLDEN:**

47 Thank you. I'm not sure if Colleen had anything she needed to say
48 beforehand,

49
50 **MS. McKENNA:**

51 *(Inaudible)*

52
53 **DR. GOLDEN:**

54 You're on mute.

1 **CHAIRMAN DONNELLY:**
2 Colleen, you're on mute.

3
4 **MS. McKENNA:**
5 Okay. Hi, guys. Hello, everybody. Good morning. Nope, I am
6 going to leave it to Kristie. If anyone has questions for me in
7 terms of the Council, I'm happy to answer.

8
9 **DR. GOLDEN:**
10 Thank you.

11
12 **CHAIRMAN DONNELLY:**
13 Thank you. Dr. Golden, the floor is yours.

14
15 **DR. GOLDEN:**
16 Thank you. One of my colleagues is probably trying to get into the
17 meeting right now; she would come through as Suzanne Mariott or a
18 number, perhaps a telephone number. She has some things that she
19 would contribute as well, if it's permissible for her to be part of
09:58AM 20 the meeting.

21
22 **CHAIRMAN DONNELLY:**
23 Yeah, I think we have her, I think I just let her in.

24
25 **DR. GOLDEN:**
26 Okay, great. So thank you, and thank you all for allowing me to
27 take the time to present. I know many of you and I appreciate
28 seeing all of your faces. It's difficult these days when we don't
29 get to see one another in meetings, so thank you for letting me
09:58AM 30 present.

31
32 So, to start, what we have been doing in CPEP and at Stony Brook is
33 just tracking some of the information that we've seen, because
34 we've seen a significant uptick in the aggression and anti-social
35 characteristics of the patients that we're seeing come through CPEP
36 and our in-patient unit. So I spent some time reaching out to
37 other hospitals to get a sense of what they were experiencing and
38 they're seeing the same things as we are. So this is in some ways
39 a cry for your help to look at what's happening in the systems of
09:59AM 40 care across both mental health and criminal justice to get a better
41 sense of what we can do to change the current pattern that we're
42 seeing. It's resulting in a lot of staff injuries and some
43 significant concerns that we have at Stony Brook.

44
45 So with that said, I'm going to share my screen with you. If --
46 I'm hoping that the person who is running the meeting has given me
47 permission to share?

48
49 **CHAIRMAN DONNELLY:**
09:59AM 50 Yeah, we can do that, either myself or the Clerk can. Thank you,
51 Dan.

52
53 **DR. GOLDEN:**
54 I think I may have permission. Can you see that?

1 **CHAIRMAN DONNELLY:**

2 Yes.

3
4 **DR. GOLDEN:**

5 Okay, great. I want to apologize, it's difficult for me to see you
6 and look at the screen at the same time, so forgive me if I'm
7 looking away.

8
9 So to start with, we have some just key points to consider. So
10 we're seeing, as I said, more persons presenting in CPEP that are
11 violent, more persons with legal history, anti-social
12 characteristics. We are seeing more individuals with substance use
13 disorder and more staff are being injured. I also sit on the
14 Heroin & Opiate Task Force of Sarah Anker for the County in terms
15 of looking at patterns in what we're seeing. So some of what I
16 know from that committee is incorporated into this presentation,
17 just from a data standpoint.

18
19 So, you may know that CPEP is the site, the primary site for
20 individuals being brought in by law enforcement for services as
21 well as many people who walk in. We have people who walk into CPEP
22 who walk into our main ED and are brought over to CPEP for mental
23 health services. So this is just a graph that depicts the volume
24 of services that we have. Can everyone see it? You don't have to
25 see the detail per se, but I want you to be able to see what it has
26 in it.

27
28 So the blue line is 2017, orange line is 2018; so as you can see,
29 our volume has continuously gone up over the years. The gray line
30 is 2019, and you may be familiar with when DASH opened, the
31 Diagnostic Assessment stabilization Hub run by Family Service
32 League that's in Hauppauge. So we were hoping, and to our -- you
33 know, we were glad to see that the actual number of visits dropped
34 in CPEP, as you can follow that gray line, after DASH opened, so
35 that's a very positive thing. I want to make sure that you all
36 understand that that program makes a difference in the number of
37 people that we see coming to CPEP, and that's terrific.

38
39 This yellow line is 2020. You can see when COVID began, we had a
40 precipitous drop in visits in CPEP because most people weren't
41 coming to the hospitals at that time, and then it slowly came back
42 up to about 2017 numbers and has continued on a lower path than
43 prior years. So that is what we expected on some level, these
44 numbers here. It could also be a little bit lower due to COVID,
45 but we hope that it will continue to drop as people begin to
46 utilize DASH more frequently. And please interrupt me with
47 questions if you have.

48
49 So for four months we took a snapshot -- this is one, two, three,
50 four, four months -- a snapshot of the drop-offs made by precinct
51 to CPEP. So these are -- we have -- just to put it into
52 perspective, when a police officer comes and drops off or any other
53 Sheriff, local police, County police, when they drop someone off
54 they sign a log that tells where they're from, so we track that and
55 we just ran these graphs based on those -- that data. About, I'm
56 going to say somewhere between 80 and 90%, maybe 80 and 85% of the

1 people who come to CPEP are brought in by law enforcement. So this
2 is the large majority of the people we see. You can see in July we
3 had a significant increase from the 7th Precinct; I believe that's
4 in Shirley, right? We had some decreases across the other areas in
5 August. By the way, forgive me, this is comparing 2017 data to
6 2020, so it gives you a perspective when we had on that prior graph
7 the least number of visits in CPEP compared with the 2020. So
8 we're not comparing extremely high numbers to low numbers, we're
9 trying to do it as closely as we can.

10:03AM

10 So we did begin to see some patterns, increase from the 7th,
11 increase from the 5th, decrease from the 6th, increase in the 5th
12 again, stable in the 7th, slightly in the 6th, and again a
13 significant decrease from the 6th, increase in the 7th. So we just
14 really looked at basic patterns, so this being more important than
15 those slides with the data on them.
16

10:04AM

17
18 The biggest increase in drop-offs at CPEP, drop-offs meaning police
19 bringing people to CPEP, it doubled for July from the 7th, and
20 there were increases from the 7th in three out of four months.
21 That may be because of things happening in that community, more of
22 an effort being made to distinguish between who needs to go where,
23 to whether they go to the jail or whether they come to CPEP. The
24 5th Precinct also had an increase, an average increase of 20% over
25 four months. Riverhead PD had an increase. Their numbers are
26 quite small so it's not -- it's significant for them but it's not
27 significant in terms of volume.
28

10:04AM

29 On the flip side in a very positive way, we had a 30% decrease from
30 the 3rd, which is in Bay Shore, close to DASH; 12 to 15% decrease
31 from the 4th -- again, close to DASH; and a 20 -- 20 to 30%
32 decrease over four months from the 6th Precinct, which of course is
33 in Selden closer to DASH, not so far from us, but closer than the
34 7th and the 6th Precincts.
35

10:05AM

36 So this is what we're finding. We have a lot of people getting
37 hurt, a lot of staff that are out. This is a trend in the
38 workplace violence reports that we have seen. And it's not because
39 we have an increase in reporting, it's compared, if you will, to
40 the lost days, so these are employees that are out as a result of
41 injuries, and I'm talking about fractures and sprains and serious
42 injuries. So you can see that from 2017 up through '20, we've had
43 a continuous increase in the number of people out due to being
44 injured.
45

10:06AM

46 This is our Adult Psychiatry Unit. And I want to preface this by
47 saying there are a lot of hospitals in the County to which we
48 refer. There's nothing mandating those hospitals to take patients
49 that come to CPEP, they take them based on their ability, based on
50 their physical plant capability, the availability of beds and their
51 clinical capability of handling certain types of cases. So
52 needless to say, when we have someone in CPEP that's presenting
53 with a significant legal history, significant aggressive behavior,
54 it's not common that another hospital says, *Gee, send them to us,*
55 *we'll take them.* So as a result, 10 North, which is our Adult
56 Psychiatry Unit, becomes the default place for these patients that

1 need more significant attention.

2
3 So that's -- there is the workplace violence trends in reporting on
4 our adult unit, and then again, this is lost days. So we had a
5 significant increase in lost days in 2019; 2020 data is still being
6 caught up to. But my point in showing this slide here is this is
7 not a result of COVID, this has been happening for the last two
8 years, this was 2019, prior to COVID.

9
10 10:07AM There's something that we do at the hospital. We track the number
11 of one-to-ones, which means how often do we have to place one staff
12 member with one patient, either due to aggressive, homicidal
13 behavior or suicidal behavior. So as you can see, our number of
14 one-to-ones during this year have dramatically increased. I didn't
15 put 2019 data up here, but the trend is similar in that it was
16 continuing to increase.

17
18 And a Code M is when we have -- just like if you were in a hospital
19 and you heard a Code Blue called because someone's heart stopped
20 and we needed to intervene immediately to try to bring them back to
21 life, a Code M is a Code Manpower, and that basically means someone
22 is tearing up the place and we need help, so we have a group of
23 people that come and help provide support to that patient. And it
24 may be a psychotic episode, it may be something that's tied
25 specifically to a severe mental illness that's treatable that we
26 can do something for that patient, and we work very hard to help
27 those patients, but it's also tied to cases where someone is
28 carrying out jail-like behavior, if you will; ganging up, other
29 kinds of things.

30
31 10:08AM So when I was creating this presentation, I reached out to the CHS
32 Hospitals, Northwell Hospitals, Pilgrim State, Brookhaven, or
33 should I say Long Island Community Hospital. I also reached out to
34 Family Service League and to the Association for Mental Health and
35 Wellness that are out-patient provider systems. So what we found
36 across the other hospitals is that everyone is experiencing the
37 same thing as us, one-to-one staffing has increased and even
38 two-to-one staffing; two-to-one staffing meaning someone is so
39 violent that we have to put two staff members on them to prevent
40 them from injuring others.

41
42 More patients wearing ankle bracelets, so they're coming in and
43 they're wearing the law enforcement ankle bracelets. What happens
44 when some someone comes in like that, which I'll talk about a
45 little later, too, is that when they need to be charged, which
46 isn't very often but when they do need to be charged they have to
47 have a one-to-one, they have to have a one staff member ratio with
48 them because of the ligature risk associated with the cord, they
49 can hang themselves or choke themselves or others. So there's been
50 an increase in patient-to-staff assault and patient-to-patient
51 assaults.

52
53 10:09AM Violent restraints on medical -- medical units. In other words,
54 someone comes in for some other problem, whether it's cellulitis or
55 a heart attack or diabetes or whatever it is, these are individuals
56 that have more significant aggression and psychosis, so they're

1 needing more violent restraints. Violent meaning as -- in a
2 hospital setting, let me clarify, a violent restraint is because
3 someone is behaviorally acting out.

4
5 Change in routines. We're seeing people gang up. We had a group
6 of patients, we had eight patients out of 30 on our Adult
7 Psychiatry Unit last month that were collaborating with one another
8 to create violent attacks on people. We had someone pop over a
9 five-foot nursing station door that was locked to get to the staff.
10:10AM 10 Property damage. I can't tell you, I'm the -- you know, I'm the
11 person who holds the wallet here for psychiatry and some of the
12 other areas, and the amount of money that we spend. We had
13 radiators ripped off the walls, windows, insulated windows broken,
14 plexi-glass. There's a video that I wish I could show you but I
15 can't; it's a patient walking by himself in the hallway -- not
16 provoked by anything or anyone, he was by himself -- and he decided
17 he was going to smash a glass case, it's actually plexi. It
18 shattered into pieces and he picked up a shard and held it, a large
19 shard, to two of the nurses.

10:11AM 20
21 Hold on. Sorry, I'm trying to get to the next slide here. More
22 data points from other hospitals. Again, approximately 5 to 7
23 patients every day needing to be on a one-to-one or a two-to-one.
24 So multiply that times the number of staff that you have to have
25 and how those staff are taken away from other things. The ligature
26 risks related to the battery charges, although that's not something
27 that happens every day, it is something that contributes to the
28 need for one-to-ones.

10:11AM 29
30 One of the hospitals reported a trend in increases in hospital-wide
31 injuries as well as on their psychiatry unit; two staff in 2014
32 were injured as opposed to 12 in 2019.

33
34 Interventions. So a lot of the hospitals are requiring security
35 interventions. Now, security can't intervene like law enforcement
36 in a health care setting; they have to follow the lead of the
37 clinical staff. They don't carry weapons, they can't tackle
38 patients, it's not what you think it is. They have to provide some
39 support, but they cannot intervene the way law enforcement would
10:12AM 40 intervene.

41
42 Millions of dollars in property damage, as I mentioned. Personal
43 items; so this is another interesting thing we're seeing and some
44 of the hospitals are seeing as well, is people hiding contraband.
45 So they'll hide items that they can either injure themselves or
46 others with inside of things like deodorant, inside of their
47 clothes, inside of body cavities.

48
49 And the forensic admissions to Pilgrim State have gone down.
10:12AM 50 There's some question as to why that's happening. We're not really
51 sure where those individuals are going, but they've decreased
52 significantly in the last four years.

53
54 Case reviews. We looked at about over a hundred cases, we looked
55 at about 107 cases. From the last -- most of those cases, about
56 85% of them were from the last two months, so these are not

1 three years, four years, five years, these are just from the last
2 two months. Some are from last year and some of them had multiple
3 admissions, so 49% had a substance use disorder, 32% had a pretty
4 significant legal history; we're able to look in the system to look
5 at those things, in WebCrimis or in E-Courts where you can see what
6 their history is. Anti-social characteristics, jail-like
7 behaviors, manipulation, a lot of violence. And we're also have
8 continued to see an increase in volume of people with other types
9 of disabilities, intellectual, developmental, etcetera, that
10 behaviorally may be acting out but may not be able to control those
11 behaviors the way that another person might.

10:13AM

12
13 So, what we really want to know is what's happening. So this is --
14 there's no political agenda behind this, it's not meant to point
15 fingers at any one person. It's not meant to be a bandwagon onto
16 which any one group can jump and say, *Ya see, I told you so.*
17 That's not the purpose of this, so I just want to make that clear.
18 This is really about what's happening across the board that we can
19 try to work together on to figure out what needs to be done.

10:14AM

20
21 So, criminal justice considerations. We've had an increase in
22 prison population discharges to the community. We have more ACT
23 Team slots. A lot of the people who would have been held pretrial
24 are now not being held pre-trial. So what does that mean; does
25 that mean that they're not getting the immediate mental health or
26 substance use disorder care in the jail that might have prior to
27 being released in the community? Fifty percent. The census in the
28 jail, all of you know, has decreased dramatically in the last
29 24 months, 18 months, the fewer forensic admissions, and of course
30 the court closures due to COVID, so that's had an impact, too, on
31 people getting processed.

10:14AM

32
33 We have mental health considerations in here as well. The
34 reduction in the beds at Pilgrim, the -- Pilgrim State has had
35 significant changes, the State system. Their out-patients used to
36 get directly admitted to Pilgrim some time ago, a while ago, but
37 that changed over the course of the years. More recently, in the
38 last four years, three or four years, Pilgrim used to take its own
39 readmissions. So if someone was discharged from Pilgrim into the
40 community, they would then be readmitted. If it happened within a
41 certain period of time, let's say 30 days, they'd be readmitted
42 directly to Pilgrim; that doesn't happen anymore. They come to
43 CPEP, they're brought to CPEP. They're in the community, someone
44 brings them to CPEP, police or otherwise, and then they have to be
45 admitted to one of the local hospitals to be treated, or attempted
46 to be treated before they'll be readmitted to Pilgrim. So you have
47 more of these individuals that are circling through, cycling
48 through.

10:15AM

49
50 There's a Zero Restraint Policy and the Justice Center Oversight
51 that are both good things globally speaking, but there's a
52 threshold that you reach where restraint is necessary. OMH does
53 not require us to have zero restraint, but they request us to
54 strive for zero restraint which is -- which is exactly what we
55 should be doing for the large majority of people. But providers
56 get stared, they get afraid they're going to get in trouble, they

10:16AM

1 don't want to have reports going to the Justice Center, they're
2 afraid they're going to have their licenses taken away, so people's
3 response to situations is difficult, and I think many people in law
4 enforcement can appreciate that sentiment. But just to put it into
5 perspective, too, when a medical staff member has to restrain
6 someone, we're not able to do the same things that law enforcement
7 can do. We have much stricter rules around what we're permitted to
8 do and not do when it comes to restraining individuals.

10:17AM 10 There's different housing levels that are offered through the
11 Office of Mental Health. Some of them require more significant
12 wrap-around services; like supportive housing is not 24/7
13 supervision. So you may have individuals who can benefit more from
14 24/7 supervision who can't necessarily -- where there are not
15 enough slots for them. There may be other housing slots that are
16 available to people, but they're not getting enough, you know, 24/7
17 type attention, and of course changes to the Medicaid system.

10:17AM 19 So where do we go from here? How do we know as a community, or as
20 a State or as a collective group of service providers and separate
21 silos, how do we know when we've gone too far with things like
22 these that I've mentioned, whether it's bail reform or reduction in
23 State beds or an expectation that everyone can be discharged from
24 wherever they are, whether it's a hospitalization in a short stay
25 from the jail. How are we looking at these things from a
26 cross-system standpoint? In my experience, I find that a lot of us
27 look at our own information in silos and we say, *Great, look at
28 this! We've done this, great. We've done this.* But if you've
29 ever been to a carnival and you've played the whack-a-mole game,
10:18AM 30 you know that when you knock it down in one place it pops up in
31 another. So how do we go about looking at these things across
32 systems?

34 So I'm hoping that my colleague Suzie was able to join; and if she
35 is on, I want to ask her what she can add to that, if she'd like to
36 add to anything I've said. Suzie has a background in forensic
37 nursing, so I want her to be able to share a little bit of her
38 experiences as well. Suzie, are you there?

10:18AM 40 **MS. MARRIOTT:**
41 Yes. Yes, sorry, I was having connectivity issues, so I've joined
42 on my telephone.

44 **DR. GOLDEN:**
45 Thank you.

10:18AM 47 **MS. MARRIOTT:**
48 Thank you, Kristi. That was a really thorough presentation of our
49 current situation.

10:19AM 50
51 So we're finding that our environment was not designed also for the
52 patients that we're currently seeing, too, because we have very
53 limited space. The patients are coming into the environment and
54 patients who are aggressive need more space, which we're struggling
55 to provide them. And that is exacerbating the situation, we think,
56 with our levels of violence, really, between patients but also

1 towards the staff. And the staff are now getting very frightened,
2 so we've had lots of resignations, too, because staff are really,
3 really struggling with the change in the population, so it's having
4 a big impact. And we're seeing lots of patients also come back to
5 us as well, which is frustrating for the individual patients but
6 also worrying for the staff in the system.

7
8 **DR. GOLDEN:**

9 Suzie, can you share just for a moment what your experience was in
10 the UK; when they changed and they started moving people into the
11 communities?
12

13 **MS. MARRIOTT:**

14 Yeah, sure. So we did the similar thing with downsizing
15 psychiatric services, and also looking at the prison population
16 specifically because we realized that we could actually tie the
17 downsizing of the psychiatric services with the increase in prison
18 population. So there was a number of things that were done
19 strategically across the country.

20
21 We started putting nurses in police cars, so they would go out in
22 teams for the mental health referrals and work with people in the
23 community as well and try and link them to services. Because the
24 advantage, which isn't a great advantage, but the advantage of
25 putting people into prison is they can access services, it's a
26 good, one-stop shop. And that was what was happening, people would
27 be remanded into custody because Judges were very limited about
28 realizing they needed help, but where would they get that help,
29 So at least if they went into prisons they could do that. So we
30 put community mental health teams in jails as well to try and
31 divert people from the courts, prisons and in police custody as
32 well to try and reduce the numbers of people that were going into
33 prison and not accessing services.
34

35 **DR. GOLDEN:**

36 Thank you. So, questions for us.
37

38 **CHAIRMAN DONNELLY:**

39 So Dr. Golden, this is Legislator Tom Donnelly, I'm the Chair of
40 Public Safety. I just want to thank you for coming on and bringing
41 this to our attention via the Criminal Justice Coordinating
42 Council.
43

44 Just for my colleagues, we do have -- in addition to Lieutenant
45 Calandrillo, we do have Deputy Commissioner Skopek from the Suffolk
46 Police Department who I think is going to be available to answer
47 any questions related to, you know, this situation that's going on
48 within our County right now. So we can open it up to questions,
49 and it looks like we'll start with Legislator Fleming.

50
51 **LEG. FLEMING:**

52 Thank you, Chairman Donnelly. And I want to thank you for bringing
53 this critically important discussion to our attention. And I
54 personally would be more than willing to amplify this discussion in
55 whatever way folks see fit because people need to hear this story.
56

1 I'm very struck by the suggestion that we need to look across
2 systems and wondering for the speaker or for our Police
3 representatives who are here at committee, where should that
4 discussion happen? I mean, clearly decisions have been made,
5 primarily in Albany but also, I think, maybe driven by County
6 budgets or private institution budgets, strained budgets, to sort
7 of shift folks around the system without a recognition of the
8 impact on where they're being shifted. I mean, that's what
9 we're -- what we're seeing here. I mean, clearly these are
10 individuals in need of services as well as individuals who need to
11 be removed from the population; the gentleman you described holding
12 shards of plexi-glass against innocent nurses, you know, comes to
13 mind. But surely, you know, folks who -- maybe our jail system is
14 not ideal and we're not necessarily getting services that they
15 needed and maybe that's why we saw the movement to release everyone
16 back into the community. But, I mean, clearly there are services
17 that are needed by individuals that are not being received and you
18 folks are seeing -- you know, sort of having to pick up the slack
19 on that and don't have the -- don't have the facilities to do that
20 or the resources.

21
22 So where do you suppose that conversation should most effectively
23 be had? I mean, we can, you know, be alarmed. As a former
24 prosecutor, I'm alarmed, you know, we could jump in as a County
25 Legislature and, you know, try to start having discussions, but we
26 could run the risk of, you know, balkanizing those discussions just
27 as much as the service providers are being balkanized. So I'm
28 wondering if -- you know, this is such a thoughtful presentation.
29 I know you're just -- this is -- I hear a cry for help here. I
30 wonder if anybody who's listening here has a thought about where
31 the core of that wholistic discussion, that discussion that would
32 cut across the systems, should take place or should be generated
33 from. Maybe the presenter would be -- from CPEP would be first.

34
35 **DR. GOLDEN:**

36 I can -- you know, I have just off the top of my head, it's a
37 systems issue.

38
39 **LEG. FLEMING:**

40 Yes.

41
42 **DR. GOLDEN:**

43 So we have the different silos. I work -- I used to work at
44 Northwell for a long time, now I work at Stony Brook since 2013.
45 So, no matter where you work there are always silos. But I find
46 that in the system of care and in the State, and even in the
47 County, that we have silos that people work within, even the
48 budgets are sort of silo'd on some level. So, everyone gets their
49 bucket of money and their bucket of stuff to look at, but we -- and
50 we have meetings. We have things like the CJCC or other kinds of
51 meetings among hospitals where we do talk to one another. But
52 someone has to own that that can direct various systems together
53 into moving something forward.

1 So until we have someone in a position of authority who can say,
2 *You, you, you, you and you; you all need to sit in a room together*
3 *and figure this out and come up with solutions*, then I think we're
4 just going to go back and forth. So I'm not sure who that owner is
5 who has that power, per se, to get people in a room together, but I
6 think it may have to start at that level.

7
8 **LEG. FLEMING:**
9 Right.

10:26AM 10
11 **DR. GOLDEN:**

12 And it's not because people don't want to do the work, it's not
13 because people don't want to help. It's just because by the nature
14 of things we all have so much different priorities that it's easy
15 for these things to go to the bottom of the pile. So until we're
16 charged with, *This is an initiative, this is -- we have to come up*
17 *with solutions. This is a task force, what are we going to do*
18 *about it*, I think we need that level of leadership.

19
10:27AM 20 **LEG. FLEMING:**

21 Yeah, you're hearing exactly what I'm saying. Because this is a
22 very dramatic impact from a series of decisions that have been made
23 across the system. And I don't mean to pass the buck, but it
24 sounds to me very much like our State representatives need to be
25 aware of the human impacts of the decisions that they've made and,
26 you know, it seems to me that that's where decisions can be made
27 that can really address this on a system-wide level. I mean, I'm
28 not saying that we shouldn't do it here at the County level, and
29 I'm inclined to think that we should, but are you taking this on
10:27AM 30 the road? Are you going to Albany with this? Because the State,
31 our State Legislature and Governor have made some decisions that
32 are having very real impacts here and that I think you've described
33 really well. Are you presenting this to State representatives?
34

35 **DR. GOLDEN:**

36 Well, we -- our first point of contact was the Office of Mental
37 Health. So we did speak to the Regional Office of Mental Health
38 about all of this data and about what we're experiencing; we have
39 asked for them to intervene in some way. We are having a meeting
10:28AM 40 among all hospitals that they're just putting on the calendar for
41 all the hospitals to be talking about some of what they're
42 experiencing.
43

44 I know that Legislator Donnelly -- I think it was Legislator
45 Donnelly, forgive me if it wasn't -- had said it was a good idea as
46 well to perhaps bring this to the State representatives attention,
47 and we haven't done that yet other than to bring it to the Office
48 of Mental Health, that was our first stop. But I'm happy to take
49 it to whatever level we need. And I'm sure, relatively sure that
10:28AM 50 we are not the only CPEP that's experiencing this, I'm sure there
51 are others, although we have not done that direct outreach to the
52 other CPEPs; something we could do.
53

54 **LEG. FLEMING:**

55 Well, yeah. And if I can facilitate that in any way, I'd be more
56 than happy. And Tom, if I can be helpful. I mean, clearly State

1 Legis -- the State Legislature and the State -- and the Governor
2 need to understand the repercussions of their decisions at a, you
3 know, fundamental level. People's lives are at risk at this point.

4
5 **DR. GOLDEN:**
6 Uh-huh.

7
8 **LEG. FLEMING:**

9 So, yeah. I just -- if I can be helpful in that way. I think it
10 won't be helpful to you for us to all run off and start doing un --
11 you know, uncoordinated efforts, so that's why I would look to the
12 Sheriff, I would look to Chief Cameron and the Commissioner and,
13 you know, how can we do this in a most effective way because these
14 are, as you say, across system problems.

15
16 But thank you very much. And I wish you well, my gosh. You know,
17 we've got to move quickly because your staff is really at risk here
18 and that's not acceptable. Thank you very much. And thank you,
19 Tom, for bringing this to our attention.

20
21 **CHAIRMAN DONNELLY:**

22 Yes, thank you, Legislator Fleming. Legislator Kennedy.

23
24 **LEG. KENNEDY:**

25 Thank you. Hi, Ladies. Hi, Kristi. I'm going to ask the question
26 that nobody likes to hear. You discussed people brought to CPEP by
27 the police, you discussed people brought to DASH. There are people
28 that come to CPEP that don't come with the police, correct?

29
30 **DR. GOLDEN:**
31 Yes.

32
33 **LEG. KENNEDY:**

34 They come by themselves, so they were not included. And just from
35 what I see I'm asking this question. Years ago we had Pilgrim
36 State, we had Kings Park, we had many State hospitals, which some
37 of them were fairly decent and some of them were not.

38
39 Do you think that since medical management of some of these people
40 is a long-term project and some of them sedation is the only way to
41 go; do you think we need a facility that is a long-term facility so
42 medical management for people who are violent can be taken care of
43 in there? Because while I think our jail is wonderful here, that
44 is not a place for mental health services, in my opinion; it's
45 really not. Just the -- they're in there because they committed a
46 crime, you have to separate -- in my opinion, you have to separate
47 the crime from the mental health behavior. And some of these
48 people did not learn how to socialize. They -- you know, I can put
49 it another way, they were dragged up, not brought up and they never
50 learned behavioral controls, so they have to be taught some
51 behavioral controls and that's not easy over a short-term, even a
52 three or four-month stay.

53
54 Do -- has anybody done a study on whether we need a long-term care
55 facility? And I'm not talking about the entire State system that
56 we used to have, and I'm talking about one that's under medical

1 control, in there. I'm just wondering, has anybody thought of
2 that?

3
4 **DR. GOLDEN:**

5 I mean, I'll share with you my thoughts on your question.
6

7 **LEG. KENNEDY:**

8 Okay.
9

10:32AM

10 **DR. GOLDEN:**

11 So I think the advocate in me says most people can live in the
12 community successfully; the clinician in me tells me that there's a
13 percentage of people would can't. And for those of you who are
14 non-clinical, there's a distinction between -- in psychiatry
15 between someone who has anti-social characteristics and someone who
16 has a treatable mental illness. So the Police struggle every day
17 to distinguish between those two things just like we do, because
18 it's very hard to know in short order is this person, you know, a
19 sociopath or are they experiencing, you know, some kind of
20 psychopathology, right? It's a difficult thing to assess in
21 short-term. But there are people who experience these, what I
22 would refer to as anti-social personality characteristics that are
23 not treatable with medication.
24

10:33AM

25 **LEG. KENNEDY:**

26 Correct.
27

28 **DR. GOLDEN:**

29 There's no medication that changes your personality type in the way
30 that would be necessary for someone who is aggressive, homicidal
31 and so forth that is not experiencing a truly defined mental
32 illness. So understanding all of that, there are some individuals
33 that aren't treatable in a mental health setting, so they need some
34 kind of setting where they are perhaps not in the community, that
35 are taught with evidence-based practices like -- I'm just going to
36 throw out some acronyms that you may or may not understand, like
37 CBT and DBT, and these are approaches that are taken to help
38 someone's move towards a different way of thinking in changing
39 behavior. It doesn't work for everybody either, so there's going
40 to be a percentage of those people who are still not treatable.
41 So we need someplace to consider that creates a safety for all of
42 those individuals, whether it's a different unit at Pilgrim,
43 whether it's -- I mean, because our State system does attempt to
44 serve some of these folks. It's a matter of their length of stay
45 used to be years and years and years and years, now their average
46 length of stay is about three months. So these factors have an
47 impact on who is in your communities and who is affecting your
48 constituents and who is affecting the hospitals that are in your
49 districts. Suzie, do you want to add to that?
50

10:35AM

51 **MS. MARRIOTT:**

52 And -- no, I mean, that's right. The Pilgrim State and the State
53 system still does the long-term care, they just do -- they have
54 less capacity, which was correct. I mean, morally and ethically
55 that was the correct thing to do, because lots of people stayed in
56 the State system who shouldn't have stayed in the State system.

1 But at the moment we only have -- we have one psychiatric service
2 and most hospitals have one or two, so all of these patients are
3 going in together and that's a risk for the patient population. So
4 we need different types of services, not just psychiatric, but also
5 within psychiatrics. Maybe we need some joint services, because
6 some people have complex mental health needs but also have a
7 forensic history; you know, they do commit crimes but they still
8 are mentally ill as well, so there's that population, too.

9
10 **DR. GOLDEN:**

11 You know, Leslie, just in -- excuse me, Legislator Kennedy.

12
13 **LEG. KENNEDY:**

14 You can call me Leslie.

15
16 **DR. GOLDEN:**

17 *(Laughter)* Just in the response to the question that you had about
18 has a study been done. I mean, there have been studies done over
19 the course of time looking at how to address these things, and
20 that's why the number of beds in the State system came down, that's
21 why there's a recognition that some diversional programs, jail
22 diversion programs are very successful, some re-entry programs are
23 very successful for some of these populations. Whether we have
24 done a study in New York State or locally that looks across systems
25 at what has happened in the last decade; if there was a study, I
26 don't know. Could I have not seen it? Certainly, because we all
27 live in different silos and sometimes we don't get all the same
28 communications from one another. But if we haven't done one we
29 should.

30
31 **LEG. KENNEDY:**

32 Yeah.

33
34 **DR. GOLDEN:**

35 You know, some -- we used to have -- you know, I think about
36 someone that comes to mind is Bob Marmo. Some of you may remember
37 Bob Marmo, and Bob would do a lot of these interesting studies
38 where he would pull data from here and there and put it all
39 together and make sense of it for people, and perhaps we need to do
40 something like that across the different systems to look at what's
41 happening.

42
43 **MS. MARRIOTT:**

44 Yeah, look at the data, but also look at the cost. So if we did
45 work in a joined-up way, we might actually save some money.

46
47 **DR. GOLDEN:**

48 Yeah.

49
50 **MS. MARRIOTT:**

51 So we also wanted to do that, too. Because we're still looking
52 after the patients we're looking after, but so are the police.
53 They're continuing to bring these patients to us, so something
54 isn't working very well, so we're saying let's do something
55 different; we've got to rock bottom, it feels like, now let's do
56 something different.

1 **LEG. KENNEDY:**

2 Correct. Okay, thank you, Ladies. I will e-mail something over to
3 you that I think is interesting in there, but good answers, good
4 answers. Thank you.

5
6 **CHAIRMAN DONNELLY:**

7 Thank you, Legislator Kennedy. Legislator Gonzalez.

8
9 **LEG. GONZALEZ:**

10 I actually got the answer in between Legislator Kennedy and Kristi
11 Golden's conversation, but thank you. Thank you, I heed back.
12 Thank you.

13
14 **CHAIRMAN DONNELLY:**

15 Okay. I don't see any other Legislators raising their hands.
16 Does anybody else have a question for Dr. Golden?

17
18 **D.P.O. HAHN:**

19 *(Raised hand)*.

20
21 **CHAIRMAN DONNELLY:**

22 I do not see any.

23
24 **DR. GOLDEN:**

25 Kara Hahn. Legislator Hahn.

26
27 **CHAIRMAN DONNELLY:**

28 Legislator Hahn, do you have a question? I didn't see you raising
29 your hand.

30
31 **D.P.O. HAHN:**

32 Yes, thank you. I know it's hard, with the screen being shared you
33 can't see all the little boxes of our faces. I should have raised
34 my digital hand *(laughter)*.

35
36 **CHAIRMAN DONNELLY:**

37 *(Laughter)* No worries.

38
39 **D.P.O. HAHN:**

40 Thank you very much, Chairman Donnelly.

41
42 Thank you, Dr. Golden and Suzie -- I didn't catch your -- there we
43 go.

44
45 **MS. MARRIOTT:**

46 Marriott.

47
48 **D.P.O. HAHN:**

49 I was hoping you guys would put that up there so that I could just
50 take a picture. When we contact you guys later, I want to make
51 sure -- okay. Thanks for all you do in our community.

52
53 Do you have any sense of how many of your patients, of these
54 patients, the aggressive patients have trauma history?

1 **DR. GOLDEN:**

2 A significant portion.

3
4 **MS. MARRIOTT:**

5 Yeah, definitely.

6
7 **D.P.O. HAHN:**

8 Yeah. You know, I just -- from a prevention perspective, I think
9 our systems also need to consider trauma-informed practice and, you
10 know, treatments recognizing, from the moment of trauma, the
11 long-term consequences of letting trauma experiences go untreated
12 and properly treated.

13
14 **MS. MARRIOTT:**

15 Yes.

16
17 **D.P.O. HAHN:**

18 Has these kinds of consequences. And, you know, I'm working on --
19 working towards an idea of having our County be a trauma-informed
20 County in all interaction. I don't know if the hospital has done
21 that as well, I don't -- you know I'd love to work with you all on
22 that.

23
24 I'd love to know and take -- you know, if you could study that or
25 look at or even ask those -- I don't know if you ask those
26 questions upon intake or if we should, you know, and compare
27 against the most violent cases. I imagine we'd see a very high
28 correlation.

29
30 **MS. MARRIOTT:**

31 You would.

32
33 **DR. GOLDEN:**

34 Yeah. And we do for us. We -- every hospital that has a
35 psychiatric unit has to have a crisis prevention training program
36 for all of its staff. And we utilize the one that's used across
37 the State system, the State Mental Health System which is called
38 Preventing and Managing Crisis Situations. OPWDD providers often
39 use something called SCIP, other people use CPI, you may have heard
40 some of these acronyms before, but it's all about using
41 deescalation before using a hands-on approach to restraining
42 someone. So, all of the PMCS training is trauma-informed, it
43 focuses on all of that.

44
45 Our staff are, in my estimation, very well trained in utilizing
46 deescalation techniques and they really work hard to not have to go
47 hands-on with people. But with that said, they still face these
48 situations where you have --

49
50 **D.P.O. HAHN:**

51 Oh, don't get me wrong, I wasn't suggesting that you're not
52 treating them in a trauma-informed way. My suggestion was that if
53 earlier interactions with systems who are trauma-informed and we
54 recognized how important those moments in their childhood are or
55 their teen-age years or even, you know, adult years, the trauma
56 that people experience and then it comes back and haunts not only

1 them but systems and communities because they were never properly
2 treated.

3
4 **DR. GOLDEN:**

5 Yes.

6
7 **D.P.O. HAHN:**

8 I'm just suggesting that trauma-informed systems at the government
9 level, you know, whether it be PD or DSS, CPS, you know, you name
10 it, almost every agency that might interact could have an
11 opportunity to guide towards treatment that could prevent
12 ramifications of severe trauma, not only on individuals but on
13 communities.

14
15 **DR. GOLDEN:**

16 Yes, yes, I agree. I didn't -- I didn't take what you were saying
17 negatively.

18
19 **D.P.O. HAHN:**

20 Great.

21
22 **DR. GOLDEN:**

23 What I was just conveying is that that focus has to start at a very
24 early age in the children's system. And I guess my point was even
25 with that in the ideal system, in the ideal world, you're still
26 going to have individuals that fall into this category as they get
27 older. So it's just something to bear in mind. There's no simple
28 one-off solution, but yes, the more we can do to help address the
29 issues that occur the better.

30
31 I think some of the school districts have worked very hard over the
32 last couple of decades to get ahead of things with children with
33 disabilities, things like they have transitional services, they
34 help kids explore employment, they're helping kids to get into the
35 adult world in a way that's smoother than it was in the beginning
36 of let's say my career, they've worked hard at doing that.

37
38 With that said, I think there's still a struggle with balancing how
39 do we serve all these kids' needs when in society, society is
40 different. So the schools can't be everything to everyone. So we
41 have to recognize that there's more to this than can be met in a
42 school system or even in a community system, it's families, it's
43 culture, it's the way people are brought up, it's the stress that
44 people are experiencing without a work/life balance. They're
45 spending an exorbitant amount of hours; I mean, I'm just as guilty,
46 I start looking at my work e-mail at 6:30 in the morning and I
47 don't put my phone down until 11 o'clock at night. So if that's
48 happening with me, I'm sure it's happening with other people, and
49 Suzie will tell you she's looking at her e-mail at three in the
50 morning (*laughter*). So --

51
52 **D.P.O. HAHN:**

53 I think we're all guilty as charged. And of course --

54
55 **DR. GOLDEN:**

56 Yeah, and I'm not making light of it.

1 **D.P.O. HAHN:**

2 Of course trauma-informed practice won't solve everything. And
3 yes, there will always be people who need those hospitals. I think
4 -- I think when that kind of major transformation happens in a
5 system, the downsizing of psychiatric services, you know, the
6 closure of the beds is not the end. And clearly there was botched
7 follow-up and -- but it should be, you know, we should have a
8 five-year review, we should have, you know, a ten-year review, an
9 annual review. I don't know if those are -- that's happening on --
10 you know, did we close too many? Population's rising, we need more
11 beds now, you know, or this is happening, pandemic, you know, open
12 up a new wing, reopen a wing. You know, how can that be -- how can
13 that system be more flexible to respond to what's going on? The
14 addiction crisis, you know, there are all kinds of issues. I don't
15 know enough about the down -- I think that was the critical turning
16 point. I don't know enough about those decisions that were made
17 and what kind of system assessment is happening on an ongoing
18 manner to -- you know, to assess this. So I think these are all
19 really good questions to be asking. Thank you.

10:45AM 20
21 **CHAIRMAN DONNELLY:**

22 Thank you, Legislator Hahn. Legislator Spencer.
23

24 **LEG. SPENCER:**

25 Thank you, Mr. Chair. And thank you for that wonderful
26 presentation. My question relates to some of the discrepancies we
27 see between people of color seeking health care, and I think
28 Legislator Richberg has his hand in the air. But when people are
29 seeking CPEP treatment, I was wondering, do you have any numbers
30 based on when you look at restraints or length of stay or those
31 that may get their services in prison? Do we see that is it
32 consistent with the community as far as percentages of population
33 or do we see higher numbers in blacks and Hispanics? And if there
34 are any thoughts about that, because we do see that in other areas
35 of health care.
36

37 **DR. GOLDEN:**

38 I don't have statistics at my fingertips, although I'm sure we can
39 get them. But my global experience has been that we see patients
40 probably in a similar breakdown to the populations that are in our
41 community. I don't think we see any significant portion of any one
42 cultural or ethnic group than another, just based on what I think
43 I'm seeing. Suzie, would you agree with that?
44

45 **MS. MARRIOTT:**

46 I would agree anecdotally, yes. But we can certainly look at those
47 statistics specifically, locally.
48

49 **DR. GOLDEN:**

50 Yeah.
51

52 **LEG. SPENCER:**

53 Okay. Thank you.
54
55
56

1 **DR. GOLDEN:**

2 You know, there's also cultural differences in how people feel
3 about mental health; racial, ethnic differences in the way people
4 are raised and perceive what they are comfortable asking for help
5 with versus not. So we do see differences in how one racial or
6 ethnic group may be more likely to reach out than others, how they
7 may be more like to accept help earlier than others. So we do see
8 those kinds of differences, but not necessarily in the population
9 that presents for care.

10:49AM 10

11 **LEG. SPENCER:**

12 Thank you very much. And thanks for the wonderful information
13 presented this morning. Thank you, Mr. Chair.

14
15 **CHAIRMAN DONNELLY:**

16 Thank you, Legislator Spencer. Legislator Richberg is next.

17
18 **LEG. RICHBERG:**

10:49AM 20

19 Thank you. Legislator Spencer took some of my questions, but I
20 also had a question in terms of just the population in general.
21 I ended up having a conversation -- actually, I have two
22 questions -- with someone who was talking to me about the ability
23 of access. You know, Stony Brook is the -- is the mental health
24 hospital, right, the CPEP for the Island; am I correct?

25
26 **DR. GOLDEN:**

27 Yes.

28
29 **LEG. RICHBERG:**

10:49AM 30

30 Or for Suffolk County.

31
32 **DR. GOLDEN:**

33 It's for the Island, but the large majority of people who come to
34 us come from Suffolk County.

35
36 **LEG. RICHBERG:**

10:50AM 40

37 Right. And, so to that end, do you see -- you know, folks, I would
38 venture to guess, you know, on the tips of the forks or on the west
39 end, they don't necessarily have the same amount of access, right?
40 So do you see -- you know, are you seeing more folks really from
41 Central-Suffolk and then less from, you know, from the east and the
42 west?

43
44 **DR. GOLDEN:**

45 Yes and no.

46
47 **LEG. RICHBERG:**

48 Okay.

10:50AM 50

49
50 **DR. GOLDEN:**

51 You know what? This might help you put it into perspective, let me
52 just go back.

53
54 **LEG. RICHBERG:**

55 And I apologize for missing some of the presentation.

1 **DR. GOLDEN:**

2 No, that's okay. So if you just look at this -- I had mentioned
3 before that probably 85%, give or take, of the patients who come to
4 CPEP are dropped off by the police.

5
6 **LEG. RICHBERG:**

7 Uh-huh.

8
9 **DR. GOLDEN:**

10:50AM 10 So if you just look at this one month of data, it gives you a
11 perspective of where they're coming from. So with Central-Suffolk,
12 I guess, if you would describe Central-Suffolk as the 5th, 6th and
13 7th Precincts, maybe; 4th, 5th, 6th? I'm not sure how you'd
14 categorize that, but we do see more from those than the town
15 departments out east. But we do see a little bit of a drop-off, as
16 an I mentioned earlier, here when DASH opened, we do see precincts
17 here that are closer to DASH are probably bringing more people to
18 DASH. But that in and of itself is not particularly affecting the
19 patients that I'm describing because most -- the Police have worked
10:51AM 20 very hard, the Police and the Sheriff and the local PDs have worked
21 very hard to try to distinguish between who needs urgent care,
22 which is the descriptor you could associate with DASH, versus who
23 needs emergent care which would be the people who would come to
24 CPEP.

25
26 So we have found that the Police and the Sheriff and, as I said,
27 the other law enforcement agencies have done a pretty good job at
28 making that distinction. Because there are very few people who
29 they bring to DASH who they put back in the car to bring to CPEP.
10:52AM 30 Generally speaking, people who go to DASH, they're appropriately
31 brought there for urgent care versus emergent care. So that's
32 important for all of you to you understand, too, that we're not
33 getting a ton of people -- excuse me, DASH is not getting a ton of
34 people that they're going, *Oh, my God, this patient is so difficult*
35 *to handle. I can't handle them, we're sending them to CPEP,* they
36 don't get a lot of those. So we're getting the continuous inflow
37 of individuals that are at a threshold where the police are clear
38 saying, *Oh my goodness, we need to take the people to CPEP,* for
10:52AM 39 whatever -- you know, whatever it is, the precipitating event.

40
41 **LEG. RICHBERG:**

42 Thank you, because that's definitely clarifying. So my worry is if
43 you're in Northport or in Amityville Village or, you know, in
44 Montauk or somewhere else, you know, in Greenport or somewhere and
45 you're having a mental health issue, right, and you need help, you
46 know, especially if you're on the fork, that could be, you know, an
47 hour-and-a-half, two-hour drive.

48
49 **DR. GOLDEN:**

10:53AM 50 Yep.

51
52 **LEG. RICHBERG:**

53 Right? And if a family member is taking you, they might not want
54 to risk that, right? And so I'm thinking they -- you know, if
55 you're further away from CPEP that you're more inclined to kick the
56 can down the road and say, *Oh, well, that's just crazy Uncle Tony,*

1 as opposed to say, you know, *We need to get this person help.*

2
3 **DR. GOLDEN:**

4 Yeah.

5
6 **LEG. RICHBERG:**

7 And that's sort of, you know, my worry, is that not that you guys
8 aren't doing good work, you're doing great work, but the further
9 you are away the less likely you are to get help. I mean, to be
10 honest with you, I didn't learn about CPEP until ten years ago
11 until I started working in the Legislature. And I can say, in
12 Amityville we had a person who was a regular in our office for
13 30 years and she was a victim of a horrible, horrible crime and
14 there was a traumatic brain injury and the folks at CPEP definitely
15 talked us through how to get her help. But I think it's just --
16 you know, it's important to think about that, and maybe to figure
17 out if there's a way to even do a satellite set up, especially on
18 east and west side of the County.

19
20 My second question is have you heard of the CAHOOTS Program in
21 Eugene, Oregon?

22
23 **DR. GOLDEN:**

24 No.

25
26 **LEG. RICHBERG:**

27 Okay. So I'm on this Police Revisioning Task Force and there is
28 a -- it's not a volunteer, but it's a community-based intervention
29 program that works with the Police Department in Eugene, Oregon,
30 and one of the things that they specialize in is mental health
31 situations. And they sort of are able to triage certain -- certain
32 problems or certain instances and then take them to the appropriate
33 place, which I think is a very interesting, you know, concept.

34
35 **DR. GOLDEN:**

36 Yes.

37
38 **LEG. RICHBERG:**

39 And it's actually based out of -- it's called the Whitesberg
40 Clinic; over the last four months I've been doing a lot of research
41 on it. But it might be something that we could think about in
42 conjunction. I know the County is definitely looking into it, but
43 it might be something that you all -- you folks might want to think
44 about doing as well.

45
46 **MS. MARRIOTT:**

47 Yeah, we'd love to do something like that. I certainly have
48 history of that previously in Britain, so that's -- it's very
49 effective. Because it actually helps the police as well, have a
50 different understanding and a different perspective of the services
51 that are out there. So it was very powerful.

52
53 **LEG. RICHBERG:**

54 Well, and my mother-in-law used to be a nurse in Britain, and so
55 she always -- you know, she definitely tells me, you know, what we
56 could be doing differently in health care in terms of our family,

1 but just the different ways that even Britain just looks at how to
2 treat folks. You know, there used to be each Police Department,
3 she would say, because her mother was a chef there, you know, they
4 would feed the police officers and they'd go out and feed the
5 homeless people in the area because that's -- and then they'd go
6 there with nurses and doctors to triage what other problems they
7 would have. You know, that's just stuff that we don't necessarily
8 do here, so. But thank you. And thank you, Mr. Chair, for
9 allowing me to speak.

10:56AM 10

11 **CHAIRMAN DONNELLY:**

12 Of course, Legislator Richberg. Legislator Trotta is next.

13

14 **LEG. TROTТА:**

15 Quick question; is it your opinion that a lot of these people, the
16 violence you're seeing are people that probably would have been in
17 jail, you know, because they're out on bail?

18

19 **DR. GOLDEN:**

10:57AM 20

21 Anecdotally, I would say yes, that could be accurate because of the
22 pretrial detention numbers have gone down so dramatically. I think
23 we have to assume that some of them are individuals that would have
24 been held in jail, that maybe would have had treatment initiated in
25 jail before trial? So --

25

26 **LEG. TROTТА:**

27 That was my next question; do you think it's doing them a
28 disservice by not getting their -- you know, their treatment, if
29 they're a drug addict or if they, you know, need some other type of
30 health? If they would be in jail those services are available. Is
31 that a fair synopsis?

10:57AM 30

31

32 **DR. GOLDEN:**

33 I think if -- it's a little bit of a loaded question. But I think
34 that if someone is appropriately supposed to be held pretrial and
35 they can get services, then that makes sense. If there's
36 inequities and discriminatory practices that cause us to hold
37 certain individuals in pre-trial detention versus others, then we
38 need to think about that. But globally speaking, I would say that
39 in what we're seeing, something has changed who is coming to CPEP.
40 So the only thing I can do is look at what has happened in the
41 system over the last two years, and certainly the bail reform was
42 one of those things, so.

10:58AM 40

41

42

43

44 **LEG. TROTТА:**

45 I mean, if you're letting someone out on bail and they're not
46 getting drug treatment, let's say -- because, you know, most of the
47 people you arrest have some drug or alcohol problem, generally --
48 and they're not getting it and then they're ending up with you, you
49 know, violence, I mean there's a relationship there.

10:58AM 50

51

52 **DR. GOLDEN:**

53 Yeah. I would say that -- as I said, in the hundred cases that we
54 reviewed, just under 50% of them had a substance use disorder. So
55 -- and, you know, I could share -- I don't necessarily want to take
56 up your time now, but in the course of gathering the information of

1 that hundred some-odd cases, we included the -- we included a
2 narrative about each case. So as I read those narratives for each
3 case, there's significant legal implications in many of them. So
4 the 32% of them had a pretty significant legal history, and among
5 those things many of them were substance use related.

6
7 **LEG. TROTТА:**

8 Okay. All right, thank you.
9

10 **DR. GOLDEN:**

11 I want to just go back to what Legislator Richberg was talking
12 about before. And that to put it into perspective from a numbers
13 standpoint, we used to do about 8500 visits in CPEP at its peak;
14 it's been reduced probably overall by about 10%, let's just say.
15 So, you know, for example sake let's just say it's been reduced by
16 a thousand visits, a thousand visits a year. If a CPEP visit on
17 the Medicaid system cost \$1200 -- and that's -- I'm just giving you
18 the basic Medicaid reimbursement for an initial CPEP visit. You're
19 talking about whatever that is, 1,000, whatever 1,000 is times
20 1200, right? I know, I can't do the math in my head while I'm
21 presenting at the same time, so 1.2 million. So \$1.2 million in
22 money that would have been charged out for people coming to CPEP
23 that aren't; a portion of those have gone to DASH, and the fee, the
24 expense of DASH is far less than that at CPEP.
25

26 So Family Service League is attempting to do a few things; they're
27 trying to deliver a more DASH-like urgent care service out in
28 Riverhead in their clinic, and they're also trying to get the State
29 to finalize reimbursement rates for them for this crisis service.
30 So from a numbers game alone, it makes a huge amount of sense to
31 spend a little bit more money to get your urgent care center out
32 east set up and situated. And, you know, in full disclosure, I'm
33 not on Family Service League's board, so I have no motivation
34 behind saying this other than to say there's a logic to it
35 financially for the County and the State because it's a lot less
36 expensive.
37

38 So the reason why I say that is because even though we still see
39 7,000 some-odd individuals in CPEP every year, only about 30%, 30%
40 get admitted. So that means that 70% are discharged back to their
41 communities. So why do they need to come to us if we're going to
42 evaluate them and turn them out -- around and send them back home?
43 They should have these urgent care spots to go to, and it'll be far
44 less expensive to the Medicaid system. But that's --
45

46 **LEG. RICHBERG:**

47 And Dr. Golden --
48

49 **DR. GOLDEN:**

50 It's just so logical that it's hard to wrap your head around it,
51 you know? (*Laughter*).
52

53 **LEG. RICHBERG:**

54 I couldn't agree with you more. And almost to -- I don't want to
55 make Legislator Trotta's point, but some of the things that I've
56 looked at, some other places have like sober -- sober tanks, right,

1 to go along with those DASH-like centers. So instead of holding
2 somebody in a holding cell, you put them in a place that's, you
3 know, basically for them to detox for a couple of hours for that
4 same thing. Because the cost is so prohibitive. You know, if
5 you're putting someone in jail, if you're taking someone to the
6 CPEP center or something, especially if they don't need it. So I
7 think, you know, looking at these alternative ways is so important.
8 And thank you for bringing that out, because you're definitely -- I
9 agree with you a thousand percent.

11:02AM 10

11 **DR. GOLDEN:**

12 Yeah.

13

14 **MS. MARRIOTT:**

15 And it's that white ticket -- sorry.

16

17 **MS. McKENNA:**

18 If I can make an additional point? Legislator Donnelly?

19

11:02AM 20

20 **CHAIRMAN DONNELLY:**

21 Yes, you can; of course, Colleen.

22

23 **MS. McKENNA:**

24 Oh, okay. Before COVID hit, and acknowledging the fact that we
25 were going to get impacted by the number of people who were
26 released to their own recognizance or on Probation supervision
27 instead of incarcerated, we were working through different
28 committees that the Sheriff's Office is represented on; Kristie's
29 on one of the committees. But there was discussion, and I had made
30 contact with different community-based treatment centers to work --
31 to incentivize folks who were going to be released to their own
32 recognizance, because a vast majority of them have Legal Aid.
33 And Legal Aid was on board with the idea that if these folks worked
34 with the social workers in Legal Aid and their attorneys to seek
35 help, community-based treatment at places that would address their
36 medical issues, their mental health issues, their substance use
37 disorders, we could really basically make them more aware of the
38 correlation between their use disorder and their mental health
39 condition and their criminal behavior, at the same time, you know,
40 showing that they're willing to make an effort to address the
41 features that are making them higher risk. But that completely
42 fell to the wayside with COVID, understandably.

11:03AM 30

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11:04AM 40

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11:04AM 50

50 **DR. GOLDEN:**

51 Yeah.

52

53 **MS. McKENNA:**

54 But we were discussing the possibilities there and I really tested
55 it out with judges, lawyers, district attorneys, everyone, to see
56 what the feedback would be and everyone was really positive about

1 it. We just -- we need to put that back into play, but obviously
2 not during a time when our hospitals are completely getting crushed
3 with COVID.

4
5 **CHAIRMAN DONNELLY:**
6 Thank you, Colleen.

7
8 **DR. GOLDEN:**

9 I think in our -- from our perspective, the summary of all of this
10 is really well pointed out by all of you, that we can't necessarily
11 say cause and effect, this caused that. There's a lot of things
12 that have caused X, Y and Z, so how do we look at all of those
13 things to figure out how they've contributed to the current
14 situation.

15
16 **CHAIRMAN DONNELLY:**

17 Thank you, Dr. Golden. Does anybody else have any other questions
18 for Dr. Golden or Colleen McKenna or Suzie? I don't see anybody's
19 hand digitally raised; I'm just scrolling my screen here. Okay.

20
21 So I don't think we have any other questions. I just want to take
22 a moment to thank you, Dr. Golden, and to thank Colleen as well as
23 Sheriff Toulon, Commissioner Hart, to help us get the presentation
24 out to the County's Legislative Public Safety Committee. I thought
25 it was pretty important. We're going to follow up next year in our
26 first Public Safety Committee meeting with a similar discussion,
27 with subject matter experts from Legislator Anker's Heroin & Opioid
28 panel, very similar to what we did today.

29
30 So Dr. Golden and Colleen, thank you so much for coming this
31 morning, it's very much appreciated. If we don't have any other
32 questions, we'll continue on with our meeting, and I don't see any.
33 So thank you again, Dr. Golden and Colleen.

34
35 **DR. GOLDEN:**
36 Thank you.

37
38 **MS. McKENNA:**

39 You're welcome. Have a good day, everybody. Stay well.

40
41 **CHAIRMAN DONNELLY:**

42 So before we get to the agenda, we have representatives from the
43 Police Department. We have Steve Randazzo and we have reps from
44 the County Executive's Office. We wanted to be able to offer the
45 body an opportunity to ask questions on Resolution No. 1628 which
46 is adopting a Local Law to strengthen the County's School Bus Photo
47 Violation Monitoring Program. It is currently out of the Public
48 Safety Committee but it's tabled at the General Meeting and it may
49 be coming up for a vote on Tuesday. So we'll open it up for
50 questions. If I could just ask folks if you could just raise your
51 hand digitally as well so that we can try to do this organized, if
52 anybody has any questions.

53
54 *(Brief Pause)*
55
56

1 I don't see anybody with any questions. Okay. So we'll continue
2 along.

3
4 We'll go to our **Tabled Resolutions**, which is Resolution
5 **No. 1830(-20)**, that's **Adopting Local Law No. -2020, A Local Law**
6 **to ensure the safety of bicyclists in Suffolk County (Hahn)**.
7 Legislator Hahn, your preference?
8

9 **D.P.O. HAHN:**

11:08AM 10 Well, it has to be tabled for a Public Hearing.

11
12 **CHAIRMAN DONNELLY:**

13 Table for a Public Hearing.

14
15 **D.P.O. HAHN:**

16 So I move to make a motion to table.

17
18 **CHAIRMAN DONNELLY:**

11:08AM 19 Okay, and I will second it. And Dan, as the Clerk, if you can just
20 list me as a cosponsor on that one as well, I would appreciate it,

21
22 **MR. DUBOIS:**

23 Will do.

24
25 **CHAIRMAN DONNELLY:**

26 And roll call.

27
28 *(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)*
29

11:08AM 30 **D.P.O. HAHN:**

31 Yes.

32
33 **CHAIRMAN DONNELLY:**

34 Yes.

35
36 **LEG. FLEMING:**

37 Yes.

38
39 **LEG. SUNDERMAN:**

11:08AM 40 Yes.

41
42 **LEG. GONZALEZ:**

43 Yes.

44
45 **LEG. FLOTTERON:**

46 Yes.

47
48 **LEG. KENNEDY:**

49 Yes.

11:08AM 50

51 **LEG. BERLAND:**

52 Yes.

53
54 **LEG. SPENCER:**

55 Yes.

1 MR. DUBOIS:

2 Nine. (*Tabled for a Public Hearing - VOTE: 9-0-0-0*)

3
4 CHAIRMAN DONNELLY:

5 Thank you.

6
7 I see Legislator Cilmi with his hand raised; so before I move on,
8 Legislator Cilmi?

9
10 LEG. CILMI:

11 Thanks, Mr. Chair. I just wanted to ask, I don't know if I missed
12 it, I was sort of in and out of the presentation by Kristie Golden
13 muting for a constituent call or two now and again. But I had
14 tuned in this morning regarding the presentation on the school bus
15 issue and I'm wondering, did I just miss it, or --

16
17 CHAIRMAN DONNELLY:

18 No, we have representatives from the County Executive's Office as
19 well as from the Police Department. There wasn't going to be a
20 presentation, we were just going to allow Legislators to ask
21 questions.

22
23 LEG. CILMI:

24 And nobody had any questions?

25
26 CHAIRMAN DONNELLY:

27 No, none that I asked. You were the first hand that I see raised
28 on my screen, Legislator Cilmi.

29
30 LEG. CILMI:

31 (*Laughter*). Okay. Uh --

32
33 CHAIRMAN DONNELLY:

34 Before we continue on with the agenda, I will give the privilege to
35 my colleague.

36
37 LEG. CILMI:

38 So, if no one else has any questions, I don't want to -- I
39 don't want to hold up your meeting. I don't -- off the top of my
40 head, I don't know what my questions are, I was going to listen to
41 a presentation and then sort of formulate questions from there.
42 But I'll reserve them and ask any questions privately, but thank
43 you.

44
45 CHAIRMAN DONNELLY:

46 Okay, Legislator Cilmi.

47
48 Seeing no other questions, we'll continue along with our agenda.
49 We'll start with *Introductory Resolutions* and it's Introductory
50 Resolution No. *1884(-20) - Further extending the reporting deadline*
51 *for the Police Headquarters Task Force (Flotteron)*.

52 Your pleasure --

53
54 LEG. FLEMING:

55 Motion to approve.

1 **CHAIRMAN DONNELLY:**
2 -- Legislator Flotteron?

3
4 **LEG. FLOTTERON:**
5 Motion to approve.

6
7 **D.P.O. HAHN:**
8 Second.

9
10 **LEG. SPENCER:**
11 Second.

12
13 **CHAIRMAN DONNELLY:**
14 Motion to approve by Legislator Flotteron. Seconded by Legislator
15 Hahn. Roll call.

16
17 (**Roll Called by Mr. Dubois - Chief Deputy Clerk**)

18
19 **LEG. FLOTTERON:**
20 Yes.

21
22 **D.P.O. HAHN:**
23 Yes.

24
25 **CHAIRMAN DONNELLY:**
26 Yes.

27
28 **LEG. FLEMING:**
29 Yes.

30
31 **LEG. SUNDERMAN:**
32 Yes.

33
34 **LEG. GONZALEZ:**
35 Yes.

36
37 **LEG. KENNEDY:**
38 Yes.

39
40 **LEG. BERLAND:**
41 Yes.

42
43 **LEG. SPENCER:**
44 Yes.

45
46 **MR. DUBOIS:**
47 Nine. (*Approved - VOTE: 9-0-0-0*)

48
49 **CHAIRMAN DONNELLY:**
50 *Introductory Resolution No. 1892(-20) - Accepting and appropriating*
51 *grant funding in the amount of \$50,000 from the State of New York*
52 *Governor's Traffic Safety Committee passed through the STOP-DWI*
53 *Foundation for the Suffolk County STOP-DWI Program to fund DWI*
54 *Enforcement related high visibility road check patrols with 100%*
55 *support (County Executive). I'll take a motion from --*
56

1 LEG. HAHN:

2 Motion.

3

4 LEG. BERLAND:

5 Motion.

6

7 CHAIRMAN DONNELLY:

8 -- Legislator Hahn, seconded by Legislator Berland to place on the
9 Consent Calendar. Roll call.

11:11AM 10

11 (**Roll Called by Mr. Dubois - Chief Deputy Clerk**)

12

13 D.P.O. HAHN:

14 Yes.

15

16 LEG. BERLAND:

17 Yes.

18

19 CHAIRMAN DONNELLY:

20 Yes.

11:11AM

21

22 LEG. FLEMING:

23 Yes.

24

25 LEG. SUNDERMAN:

26 Yes.

27

28 LEG. GONZALEZ:

29 Yes.

11:11AM

30

31 LEG. FLOTTERON:

32 Yes.

33

34 LEG. KENNEDY:

35 Yes.

36

37 LEG. SPENCER:

38 Yes.

39

40 MR. DUBOIS:

41 Nine. (*Approved & placed on the Consent Calendar - VOTE: 9-0-0-0*)

42

43 CHAIRMAN DONNELLY:

44 Resolution No. 1893(-20) - *Accepting and appropriating 100% Federal*
45 *funds awarded by the Federal Bureau of Investigation to the Suffolk*
46 *County Department of Probation (County Executive)*. Counsel, can we
47 take the same motion, same second?

48

49 MS. SIMPSON:

50 Yes, we can.

11:12AM

51

52 CHAIRMAN DONNELLY:

53 So, same motion, same second to place on the Consent Calendar.
54 Roll call.

55

56

Public Safety Committee - December 10, 2020

(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)

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11:12AM

11:12AM

11:12AM

11:13AM

D.P.O. HAHN:

Yes.

LEG. BERLAND:

Yes.

CHAIRMAN DONNELLY:

Yes.

LEG. FLEMING:

Yes.

LEG. SUNDERMAN:

Yes.

LEG. GONZALEZ:

Yes.

LEG. FLOTTERON:

Yes.

LEG. KENNEDY:

Yes.

LEG. SPENCER:

Yes.

MR. DUBOIS:

Nine. (*Approved & placed on the Consent Calendar - VOTE: 9-0-0-0*)

CHAIRMAN DONNELLY:

Resolution No. 1905(-20) - *Accepting and appropriating a supplemental award of Federal funding in the amount of \$19,180 from the United States Department of Justice, Federal Bureau of Investigation, for the Suffolk County Sheriff's Office participation in the Long Island Gang Task Force with 100% support (County Executive)*. Same motion, same second to place on the Consent Calendar. Roll call.

(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)

D.P.O. HAHN:

Yes.

LEG. BERLAND:

Yes.

CHAIRMAN DONNELLY:

Yes.

LEG. FLEMING:

Yes.

1 LEG. SUNDERMAN:

2 Yes.

3

4 LEG. GONZALEZ:

5 Yes.

6

7 LEG. FLOTTERON:

8 Yes.

9

11:13AM

10 LEG. KENNEDY:

11 Yes.

12

13 LEG. SPENCER:

14 Yes.

15

16 MR. DUBOIS:

17 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

18

19 CHAIRMAN DONNELLY:

11:13AM

20 Resolution No. 1921(-20) - *Extending the authority of the District*
21 *Attorney to distribute special duty and stipend pay (County*
22 *Executive)*. I'll make a motion to approve. Seconded by Legislator
23 Berland. We do have Mr. Pavlik here from the DA's Office for any
24 questions. Legislator Hahn, do you have your hand raised?

25

26 D.P.O. HAHN:

27 Yes.

28

29 CHAIRMAN DONNELLY:

30 Go ahead, Legislator Hahn.

31

32 D.P.O. HAHN:

33 I didn't have a chance to raise it digitally, but thank you for
34 noticing *(laughter)*.

35

36 CHAIRMAN DONNELLY:

37 No worries.

38

39 D.P.O. HAHN:

11:14AM

40 I think something was sent over to us on this, Craig; is that
41 correct?

42

43 MR. PAVLIK:

44 Something meaning the report or a resolution?

45

46 D.P.O. HAHN:

47 Yeah, did you send over a report? Can you summarize that report
48 for us on how it's being used?

49

11:14AM

50 MR. PAVLIK:

51 Absolutely. So, there's actually two reports that got sent this
52 year to the Legislature, there was two separate resolutions last
53 year, as you may recall, since you helped draft them, Legislator
54 Hahn.

55

56

1 The first report was e-mailed over to Legislator Donnelly, as Chair
2 of the committee, to be shared with the committee in July --
3 actually, July 30th -- and that was for stipend payments in
4 accordance with the resolution twice a year. So we gave you a
5 report laying out how we paid the stipends, what shifts were
6 covered and payments were made. It's rather robust. I mean, I'm
7 happy to share that report with any other Legislator that wants it,
8 if they don't see it already. But it basically broke it down by
9 the number of shifts per -- that were covered during each period of
10 time for the first six months of the program. I expect, according
11 to the resolution, to send you the second report for the second
12 half of the year sometime in early 2021.

11:15AM

13
14 There was also a report sent most recently on 11/23 of '20 for the
15 special duty pay which was the payments to be made to ADAs assigned
16 to certain bureaus that were called out on crime scene pay, and
17 those were basically -- and that report lists each of the ADAs'
18 names along with the amount that each ADA got.

11:15AM

19
20 **D.P.O. HAHN:**

21 Are there -- can you, you know, explain to the committee in either
22 case, whether it be the special duty or the stipend pay, you know,
23 where it tends to go; the type of activity that it tends to go to?
24

25 **MR. PAVLIK:**

26 Sure. So on the special duty pay, the payments are primarily made
27 to ADAs in the Homicide and what's now called our Major Felony
28 Bureau who covered crime scenes and went out, actually, to crime
29 scenes, as well as to ADAs assigned to the Vehicular Crimes Bureau
30 which goes out on every call where there's an incident; not
31 necessarily a criminal incident initially, because we're not sure,
32 but will be called out when there's a vehicular crime that occurred
33 out on the roads of Suffolk County. So those payments went to
34 those ADAs only in those two bureaus for the special pay, because
35 they're the only ones who are going out at night, in the middle of
36 the night, weekends/holidays on crime scenes.

11:16AM

37
38 The stipend money for the new Intake Bureau established by the
39 District Attorney offer any ADAs who cover -- who cover shifts that
40 are outside the normal working hours, so anytime after 5 PM through
41 the middle of the night; we staff that bureau, as you're well
42 aware, 24-hours a day. And so those payments go to those ADAs who
43 are picking up extra shifts when the current ADAs assigned to those
44 shifts are unable to cover them.

11:16AM

45
46 So obviously there's vacation that ADAs are allowed, there is sick
47 time; when those shifts can't be covered by the normally scheduled
48 ADAs in the after hours, then we ask other ADAs to pick up those
49 shifts. When other ADAs pick up those shifts that are not normally
50 assigned to those shifts, then they get a stipend for doing that
51 extra work. Does that make sense?
52

11:17AM

53 **D.P.O. HAHN:**

54 Sure. And can you explain to the committee what you have put in
55 place to make sure they're fairly distributed?
56

1 **MR. PAVLIK:**

2 Yes. As far as the -- you know, the special duty pay, the ADAs who
3 are assigned to those bureaus gets evaluated by their supervisors
4 and those determinations are made by those supervisors and the
5 executive team for those two bureaus. So, you know, those two
6 bureaus are given special duty stipends because of the nature of
7 their duties in those bureaus.

8
9 As far as the stipends for the Intake Bureau, there's protocols in
10 place based on seniority, the ability of senior -- so the stipends
11 also, let me back up for one second, on the Intake are broken down.
12 You have supervisors who work Intake and then you have the line
13 assistants. So the stipends will be given out to both categories,
14 if they need to be covered, and those stipends are based on the
15 seniority of the ADA. We try and roll those stipends, meaning that
16 the same ADA is not getting the opportunity to get those extra
17 stipends, we try and go through a listing offering it to people on
18 a rolling basis so that we try and, you know, parse out the work
19 amongst those extra shifts.

20
21 Granted, you know, there are times when certain ADAs will come back
22 up more frequently for a stipend just by the nature of what's going
23 on; other ADAs don't want to cover the shifts, you know. But the
24 protocols we've put in place are there to ensure that the same ADA
25 is not getting a stipend and bank rolling a large amount of money
26 in their paychecks.

27
28 **D.P.O. HAHN:**

29 Can you tell me how many ADAs got a stipend out of how many were
30 eligible?

31
32 **MR. PAVLIK:**

33 I don't have those figures in front of me, but I'm happy to get
34 that to you. I know that as far as the Intake Bureau, I believe --
35 strike that. As far as the special duty pay, I believe there
36 were -- I think there were ten ADAs that got the special duty pay
37 between the two bureaus, because the bureaus -- that's the number
38 of individuals in those two bureaus, Homicide and Vehicular.

39
40 As far as the stipends for the Intake Bureau, I can get you those
41 figures. That's a little more -- we have those figures, I just
42 don't know them in front of me because we offer that to every ADA
43 in the office to work that stipend.

44
45 **D.P.O. HAHN:**

46 Right. So it would be interesting to know just like how many got
47 it out of how many were -- you know, if you talk about all of them,
48 then that total number, you know.

49
50 **MR. PAVLIK:**

51 Sure, I can get you the information on the Intake Bureau and give
52 that to you.

53
54 **D.P.O. HAHN:**

55 Thank you. Thank you for transparency.

1 **MR. PAVLIK:**

2 Sure. Well, that's what we're here.

3
4 **CHAIRMAN DONNELLY:**

5 Thank you, Legislator Hahn. Legislator Kennedy.

6
7 **LEG. KENNEDY:**

8 Thank you, Legislator Donnelly. And thank you, Mr. Pavlik, for
9 coming to speak on this. I remember voting and I remember that it
10 was much more economical to go this way than to go any other way.
11 I just am forgetting; this is being paid out of the General Fund,
12 not out of asset forfeiture half?

13
14 **MR. PAVLIK:**

15 That is correct, Legislator Kennedy. And it looks like at this
16 particular time we're probably right on the mark, too, as far as
17 the money. We had budgeted, or requested from the Legislature and
18 received, as far as the stipend pay, \$210,000 in funding and we're
19 probably going to come right in around that number this year, so.
20 But yes, it's paid out of the General Fund out of our payroll
21 accounts.

22
23 **LEG. KENNEDY:**

24 Okay. And this bill covers the last payments for 2020 and sets up
25 for 2021 the same structure; correct?

26
27 **MR. PAVLIK:**

28 Yes and no. This bill will take -- 2020 is covered in the original
29 resolution. This bill basically extends -- we had looked at the
30 bill and wanted -- we tweaked a little bit to more comport with
31 what the Legislature had written last year. And so all this
32 resolution does is extend the same parameters that were put in
33 place by your bills last year, for 2021.

34
35 **LEG. KENNEDY:**

36 Okay, thank you.

37
38 So my next question is for BRO. Being as our budget is really
39 crimped, do we have money in our budget for 2021 to pay this or are
40 we voting for something that we don't have funding for? That
41 always frightens me.

42
43 **MR. DOERING:**

44 No, the money was included in the 2021 adopted budget.

45
46 **LEG. KENNEDY:**

47 Okay, all right. Thank you. I'm done.

48
49 **CHAIRMAN DONNELLY:**

50 Thank you, Legislator Kennedy.

51
52 **MR. PAVLIK:**

53 Thank you, Legislator.

54
55 **CHAIRMAN DONNELLY:**

56 Anybody else for questions to Mr. Pavlik from the District

1 Attorney's Office? Seeing none, we have a motion and a second.
2 Roll call.

3
4 (**Roll Called by Mr. Dubois - Chief Deputy Clerk**)
5

6 **CHAIRMAN DONNELLY:**

7 Yes.

8
9 **LEG. BERLAND:**

10 Yes.

11
12 **LEG. FLEMING:**

13 Yes.

14
15 **LEG. SUNDERMAN:**

16 Abstain.

17
18 **D.P.O. HAHN:**

19 Yes.

20
21 **LEG. GONZALEZ:**

22 Yes.

23
24 **LEG. FLOTTERON:**

25 Yes.

26
27 **LEG. KENNEDY:**

28 Yes.

29
30 **LEG. SPENCER:**

31 Yes.

32
33 **MR. DUBOIS:**

34 *Eight (Approved - VOTE: 8-0-1-0/Abstention: Legislator Sunderman).*

35
36 **CHAIRMAN DONNELLY:**

37 Resolution No. -- thank you, Mr. Pavlik.

38
39 **MR. PAVLIK:**

40 Thank you, Mr. Chairman. And have a happy holiday to all of you.
41 Take care.

42
43 **CHAIRMAN DONNELLY:**

44 Thank you, sir. You, too, and to all personnel in the DA's Office
45 as well.

46
47 **MR. PAVLIK:**

48 Thank you.

49
50 **CHAIRMAN DONNELLY:**

51 Moving along, Resolution No. 1948(-20) - *Accepting and*
52 *appropriating an award of Federal funding in the amount of*
53 *\$2,149.67 from the United States Secret Service for the Suffolk*
54 *County Police Department's participation in electronic crime*
55 *investigations with 78.90% support (County Executive). I'll take a*
56 *motion from Legislator Berland, seconded by Legislator Kennedy, to*

1 place on the Consent Calendar. Roll call.

2
3 (**Roll Called by Mr. Dubois - Chief Deputy Clerk**)

4
5 **LEG. BERLAND:**

6 Yes.

7
8 **LEG. KENNEDY:**

9 Yes.

10
11 **CHAIRMAN DONNELLY:**

12 Yes.

13
14 **LEG. FLEMING:**

15 Yes.

16
17 **LEG. SUNDERMAN:**

18 Yes.

19
20 **D.P.O. HAHN:**

21 Yes.

22
23 **LEG. GONZALEZ:**

24 Yes.

25
26 **LEG. FLOTTERON:**

27 Yes.

28
29 **LEG. SPENCER:**

30 Yes.

31
32 **MR. DUBOIS:**

33 Nine. (*Approved & placed on the Consent Calendar - VOTE: 9-0-0-0*)

34
35 **CHAIRMAN DONNELLY:**

36 Resolution No. 1949(-20) - *Accepting and appropriating an award of*
37 *federal funding in the amount of \$9,000 from the United States*
38 *Department of Justice, U.S. Marshals Service, for the Suffolk*
39 *County Police Department's participation in Operation Suffolk*
40 *support with 78.90% support (County Executive). Same motion,*
41 *same second to place on the Consent Calendar. Roll call.*

42
43 (**Roll Called by Mr. Dubois - Chief Deputy Clerk**)

44
45 **LEG. BERLAND:**

46 Yes.

47
48 **LEG. KENNEDY:**

49 Yes.

50
51 **CHAIRMAN DONNELLY:**

52 Yes.

53
54 **LEG. FLEMING:**

55 Yes.

1 LEG. SUNDERMAN:

2 Yes.

3

4 D.P.O. HAHN:

5 Yes.

6

7 LEG. GONZALEZ:

8 Yes.

9

11:23AM 10 LEG. FLOTTERON:

11 Yes.

12

13 LEG. SPENCER:

14 Yes.

15

16 MR. DUBOIS:

17 Nine. (*Approved & placed on the Consent Calendar - VOTE: 9-0-0-0*)

18

19 CHAIRMAN DONNELLY:

11:24AM 20 Resolution No. 1950(-20) - *Accepting and appropriating Federal*

21 *funding in the amount of \$19,180.25 from the United States*

22 *Department of Justice, Drug Enforcement Administration (DEA), for*

23 *the Suffolk County Police Department's participation in the DEA*

24 *Long Island Tactical Diversion Task Force with 78.90% support*

25 *(County Executive). Use the same motion, same second. Roll call.*

26

27 (**Roll Called by Mr. Dubois - Chief Deputy Clerk**)

28

29 LEG. BERLAND:

11:24AM 30 Yes.

31

32 LEG. KENNEDY:

33 Yes.

34

35 CHAIRMAN DONNELLY:

36 Yes.

37

38 LEG. FLEMING:

39 Yes.

11:24AM 40

41 LEG. SUNDERMAN:

42 Yes.

43

44 D.P.O. HAHN:

45 Yes.

46

47 LEG. GONZALEZ:

48 Yes.

49

11:24AM 50 LEG. FLOTTERON:

51 Yes.

52

53 LEG. SPENCER:

54 Yes.

55

56

1 MR. DUBOIS:

2 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

3
4 CHAIRMAN DONNELLY:

5 Resolution No. 1951(-20) - *Accepting and appropriating Federal*
6 *funding in the amount of \$95,901.25 from the United States*
7 *Department of Justice, Drug Enforcement Administration (DEA), for*
8 *the Suffolk County Police Department's participation in the DEA*
9 *Long Island Task Force with 78.90% support (County Executive).*

11:25AM 10 Same motion, same second. Roll call.

11
12 *(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)*

13
14 LEG. BERLAND:

15 Yes.

16
17 LEG. KENNEDY:

18 Yes.

19
11:25AM 20 CHAIRMAN DONNELLY:

21 Yes.

22
23 LEG. FLEMING:

24 Yes.

25
26 LEG. SUNDERMAN:

27 Yes.

28
29 D.P.O. HAHN:

11:25AM 30 Yes.

31
32 LEG. GONZALEZ:

33 Yes.

34
35 LEG. FLOTTERON:

36 Yes.

37
38 LEG. SPENCER:

39 Yes.

11:25AM 40
41 MR. DUBOIS:

42 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

43
44 CHAIRMAN DONNELLY:

45 No. 1952(-20) - *Accepting and appropriating a supplemental award*
46 *of Federal funding in the amount of \$40,000 from the Department of*
47 *Homeland Security, United States Immigration and Customs*
48 *Enforcement (ICE), for the Suffolk County Police Department's*
49 *participation in the ICE El Dorado Task Force with 78.90% support*
11:26AM 50 *(County Executive).* We'll do the same motion, same second --

51
52 LEG. GONZALEZ:

53 On the motion.

54
55 CHAIRMAN DONNELLY:

56 -- to place on the Consent Calendar. On the motion, Legislator

1 Gonzalez.

2

3 **LEG. GONZALEZ:**

4 Legislator Berland, this is the same one that we talked about;
5 correct?

6

7 **LEG. BERLAND:**

8 Yes.

9

11:26AM

10 **LEG. GONZALEZ:**

11 Okay, thank you. Thank you, Mr. Chair.

12

13 **CHAIRMAN DONNELLY:**

14 Okay. We have a motion and a second. Roll call.

15

16 *(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)*

17

18 **LEG. BERLAND:**

19 Yes.

11:26AM

20

21 **LEG. KENNEDY:**

22 Yes.

23

24 **CHAIRMAN DONNELLY:**

25 Yes.

26

27 **LEG. FLEMING:**

28 Yes.

29

11:26AM

30 **LEG. SUNDERMAN:**

31 Yes.

32

33 **D.P.O. HAHN:**

34 Yes.

35

36 **LEG. GONZALEZ:**

37 Yes.

38

39 **LEG. FLOTTERON:**

40 Yes.

11:26AM

41

42 **LEG. SPENCER:**

43 Yes.

44

45 **MR. DUBOIS:**

46 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

47

48 **CHAIRMAN DONNELLY:**

49 Resolution No. 1953(-20) - *Accepting and appropriating Federal*
50 *funding in the amount of \$9,590 from the United States Department*
51 *of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives,*
52 *for the Suffolk County Police Department's participation in the ATF*
53 *Task Force with 78.90% support (County Executive). Stay with same*
54 *motion, same second. To place on the Consent Calendar roll call.*

11:26AM

50

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Public Safety Committee - December 10, 2020

(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)

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11:27AM

11:27AM

11:27AM

11:27AM

11:28AM

LEG. BERLAND:

Yes.

LEG. KENNEDY:

Yes.

CHAIRMAN DONNELLY:

Yes.

LEG. FLEMING:

Yes.

LEG. SUNDERMAN:

Yes.

D.P.O. HAHN:

Yes.

LEG. GONZALEZ:

Yes.

LEG. FLOTTERON:

Yes.

LEG. SPENCER:

Yes.

MR. DUBOIS:

Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

CHAIRMAN DONNELLY:

Resolution No. 1954(-20) - Accepting And appropriating Federal funding in the amount of \$38,360.50 from the United States Department of Justice, Federal Bureau of Investigation, for the Suffolk County Police Department's participation in the FBI Long Island Gang Task Force formerly the Safe Streets Task Force with 78.90% support (County Executive). Stay with the same motion, same second to place on the Consent Calendar. Roll call.

(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)

LEG. BERLAND:

Yes.

LEG. KENNEDY:

Yes.

CHAIRMAN DONNELLY:

Yes.

LEG. FLEMING:

Yes.

1 LEG. SUNDERMAN:

2 Yes.

3

4 D.P.O. HAHN:

5 Yes.

6

7 LEG. GONZALEZ:

8 Yes.

9

11:28AM 10 LEG. FLOTTERON:

11 Yes.

12

13 LEG. SPENCER:

14 Yes.

15

16 MR. DUBOIS:

17 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

18

19 CHAIRMAN DONNELLY:

11:28AM 20 Resolution No. 1955(-20) - Accepting and appropriating Federal

21 funding in the amount of \$19,180.25 from the United States

22 Department of Justice, Federal Bureau of Investigation, for the

23 Suffolk County Police Department's participation in the FBI Long

24 Island Violent Crimes Task Force with 78.90% support (County

25 Executive). Stay with the same motion, same second to place on the

26 Consent Calendar. Roll call.

27

28 *(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)*

29

11:28AM 30 LEG. BERLAND:

31 Yes.

32

33 LEG. KENNEDY:

34 Yes.

35

36 CHAIRMAN DONNELLY:

37 Yes.

38

39 LEG. FLEMING:

11:28AM 40 Yes.

41

42 LEG. SUNDERMAN:

43 Yes.

44

45 D.P.O. HAHN:

46 Yes.

47

48 LEG. GONZALEZ:

49 Yes.

11:29AM 50

51 LEG. FLOTTERON:

52 Yes.

53

54 LEG. SPENCER:

55 Yes.

56

1 **MR. DUBOIS:**

2 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

3
4 **CHAIRMAN DONNELLY:**

5 Resolution No. 1957(-20) - *Accepting and appropriating Federal*
6 *funding in the amount of \$38,360.50 from the United States*
7 *Department of Justice, Federal Bureau of Investigation, for the*
8 *Suffolk County Police Department's participation in the FBI Joint*
9 *Terrorism Task Force with 78.90% support (County Executive). Stay*
10 with the same motion, same second to place on the Consent Calendar.
11 Roll call.

12
13 *(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)*

14
15 **LEG. BERLAND:**

16 Yes.

17
18 **LEG. KENNEDY:**

19 Yes.

20
21 **CHAIRMAN DONNELLY:**

22 Yes.

23
24 **LEG. FLEMING:**

25 Yes.

26
27 **LEG. SUNDERMAN:**

28 Yes.

29
30 **D.P.O. HAHN:**

31 *(Not Present).*

32
33 **LEG. GONZALEZ:**

34 Yes.

35
36 **LEG. FLOTTERON:**

37 Yes.

38
39 **LEG. SPENCER:**

40 Yes.

41
42 **D.P.O. HAHN:**

43 *(Not Present).*

44
45 **MR. DUBOIS:**

46 Eight. *(Approved & placed on the Consent Calendar - VOTE: 8-0-0-0*
47 *- Not Present: D.P.O. Hahn)*

48
49 **CHAIRMAN DONNELLY:**

50 Resolution No. 1958(-20) - *Accepting and appropriating Federal*
51 *funding in the amount of \$19,180.25 from the United States*
52 *Department of Justice, Federal Bureau of Investigation, for the*
53 *Suffolk County Police Department's participation in the FBI*
54 *Financial Cyber Crimes Task Force with 78.90% support (County*
55 *Executive). Stay with the same motion, same second to place on the*
56 Consent Calendar. Roll call.

Public Safety Committee - December 10, 2020

(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)

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11:30AM

11:30AM

11:30AM

11:31AM

11:31AM

LEG. BERLAND:

Yes.

LEG. KENNEDY:

Yes.

CHAIRMAN DONNELLY:

Yes.

LEG. FLEMING:

Yes.

LEG. SUNDERMAN:

Yes.

D.P.O. HAHN:

Yes.

LEG. GONZALEZ:

Yes.

LEG. FLOTTERON:

Yes.

LEG. SPENCER:

Yes.

MR. DUBOIS:

Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

CHAIRMAN DONNELLY:

Resolution No. 1959(-20) -Accepting and appropriating a grant in the amount of \$38,360.50 from the Federal Bureau of Investigation (FBI) for the Suffolk County Police Department's participation in the Long Island Child Exploitation and Human Trafficking Task Force with 78.90% support (County Executive). Stay with the same motion, same second to place on the Consent Calendar. Roll call.

(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)

LEG. BERLAND:

Yes.

LEG. KENNEDY:

Yes.

CHAIRMAN DONNELLY:

Yes.

LEG. FLEMING:

Yes.

LEG. SUNDERMAN:

Yes.

1 **D.P.O. HAHN:**

2 Yes.

3
4 **LEG. GONZALEZ:**

5 Yes.

6
7 **LEG. FLOTTERON:**

8 Yes.

9
10 **LEG. SPENCER:**

11 Yes.

12
13 **MR. DUBOIS:**

14 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0).*

15
16 **CHAIRMAN DONNELLY:**

17 Resolution No. 1961(-20) - *Accepting and appropriating an award of*
18 *Federal funding in the amount of \$14,500 from the United States*
19 *Secret Service for the Suffolk County Police Department's*
20 *participation in Electronic Crime Investigations with 78.90%*
21 *support (County Executive). Stay with the same motion, same second*
22 *to place on the Consent Calendar.*

23
24 **LEG. GONZALEZ:**

25 On the motion.

26
27 **CHAIRMAN DONNELLY:**

28 On the motion, Legislator Gonzalez.

29
30 **LEG. GONZALEZ:**

31 Lieutenant, just a quick question. Can you just explain briefly
32 about what is this electronic crime investigation. I just want to,
33 you know, just grasp my hands around this.

34
35 **LIEUTENANT CALANDRILLO:**

36 Sure. This is a renewal of an annual grant that we've gotten since
37 2019 and it's for participation in this program with the Secret
38 Service, the funding provides overtime reimbursement for digital
39 forensics to support our investigations. So the overtime being
40 performed, or being reimbursed, is directly related to SCPD
41 investigations; this is work we would have done anyway.

42
43 This partnership basically allows us -- it's a collaborative
44 partnership with the Secret Service. Our Detectives are trained on
45 forensic techniques with the Secret Service, and as part of the
46 Memorandum of Understanding, in the case of a major event we must
47 assist the Secret Service with investigations, which we would
48 normally do anyway. It also gives us access to Secret Service
49 facilities if we need that for advanced work. So that's pretty
50 much the partnership with them. But again, this is related to our
51 investigations, it's work we would have done anyway and this
52 program allows us to be reimbursed for the overtime.

53
54 **LEG. GONZALEZ:**

55 Thank you, Lieutenant. Thank you, Chairman.

1 **CHAIRMAN DONNELLY:**

2 Thank you, Legislator Gonzalez. Any other questions? Seeing none,
3 we have a motion and a second. Roll call.

4

5 *(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)*

6

7 **LEG. BERLAND:**

8 Yes.

9

11:34AM

10 **LEG. KENNEDY:**

11 Yes.

12

13 **CHAIRMAN DONNELLY:**

14 Yes.

15

16 **LEG. FLEMING:**

17 Yes.

18

19 **LEG. SUNDERMAN:**

11:34AM

20 Yes.

21

22 **D.P.O. HAHN:**

23 Yes.

24

25 **LEG. GONZALEZ:**

26 Yes.

27

28 **LEG. FLOTTERON:**

29 Yes.

11:34AM

30

31 **LEG. SPENCER:**

32 Yes.

33

34 **MR. DUBOIS:**

35 Nine. *(Approved & placed on the Consent Calendar - VOTE: 9-0-0-0)*

36

37 **CHAIRMAN DONNELLY:**

38 Thank you.

39

11:34AM

40 **Resolution No. 1975(-20) - Accepting and appropriating Federal**
41 **funds from the Office of Justice Programs (OJP), United States**
42 **Department of Justice (DOJ) to the Suffolk County Sheriff's Office**
43 **for "Strategies for Policing Innovation: Supporting Innovation"**
44 **(County Executive). I'll take a motion from Legislator Fleming,**
45 **second by Legislator Gonzalez. Roll call.**

46

47 *(*Roll Called by Mr. Dubois - Chief Deputy Clerk*)*

48

49 **LEG. FLEMING:**

11:34AM

50 Yes.

51

52 **LEG. GONZALEZ:**

53 Yes.

54

55 **CHAIRMAN DONNELLY:**

56 Yes.

1 LEG. SUNDERMAN:

2 Yes.

3

4 D.P.O. HAHN:

5 Yes.

6

7 LEG. FLOTTERON:

8 Yes.

9

11:35AM

10 LEG. KENNEDY:

11 Yes.

12

13 LEG. BERLAND:

14 Yes.

15

16 LEG. SPENCER:

17 Yes.

18

19 MR. DUBOIS:

11:35AM

20 Nine. (*Approved - VOTE: 9-0-0-0*)

21

22 **CHAIRMAN DONNELLY:**

23 Resolution No. 1976(-20) - *Accepting and appropriating a*
24 *supplemental award of Federal funding in the amount of \$33,000 from*
25 *the Department of Homeland Security, United States Immigration and*
26 *Customs Enforcement (ICE), for the Suffolk County Sheriff's Office*
27 *participation in the ICE El Dorado Task Force (County Executive).*

28

29 LEG. FLEMING:

30 Motion to approve.

31

32 LEG. GONZALEZ:

33 Motion.

34

35 **CHAIRMAN DONNELLY:**

36 Motion from Legislator Fleming. Seconded by Legislator Gonzalez.
37 Roll call.

38

39 (**Roll Called by Mr. Dubois - Chief Deputy Clerk**)

11:35AM

40 LEG. FLEMING:

41 Yes.

42

43 LEG. GONZALEZ:

44 Yes.

45

46 **CHAIRMAN DONNELLY:**

47 Yes.

48

11:35AM

49 LEG. CILMI:

50 Yes.

51

52 LEG. BERLAND:

53 Yes.

54

55

56

1 LEG. FLOTTERON:

2 Yes.

3

4 LEG. KENNEDY:

5 Yes.

6

7 LEG. SPENCER:

8 Yes.

9

11:35AM

10 MR. DUBOIS:

11 Nine. (*Approved - VOTE: 9-0-0-0*).

12

13 CHAIRMAN DONNELLY:

14 Thank you.

15

16 That's it for our Introductory Resolutions. I see -- I'm going to
17 recognize Legislator Sunderman for a point of personal privilege.

18

19 LEG. SUNDERMAN:

11:36AM

20 Yes, thank you, Chairman Donnelly. I just wanted to recognize the
21 letter we did receive from the late Legislator Tom Muratore's wife
22 Linda in regards to IR 1646 -- 48, which is now is 1767 in regards
23 to this bicycle bill. I thought that was very appreciative of her
24 thanking us for our support and moving forward with Tom's bill.

25

26 So I'd like that, you know, the letter was passed around via
27 e-mail, but it was very supportive of Tom's wife to send a letter
28 over to the Legislature and I will be reading it in the minutes at
29 the Legislative meeting on the 15th. Thank you.

11:36AM

30

31 CHAIRMAN DONNELLY:

32 Thank you, Legislator Sunderman.

33

34 Just before we go off, does anybody else have anything, any other
35 members of the committee have anything that they would like to add
36 or say?

37

38 So we do not have any Procedural Motions, we have no Home Rule
39 Messages. I just want to, again, take a point to compliment and
40 thank the Presiding Officer, the Presiding Officer's staff, Carey
41 Flack, the Clerks, all the folks at the horseshoe who really have
42 made this hybrid version of running our government which is so
43 important in a time of crisis, having continuity of government
44 facilitate these meetings in such a professional way. So, thank
45 you to all. And again, thank you to the Presiding Officer for his
46 faith in me to Chair this committee.

11:37AM

47

48 Seeing no further business, I will take a motion from Legislator
49 Hahn, seconded by Legislator Flotteron, to adjourn, and we are
50 adjourned. Thank you all.

11:37AM

51

52 (**The meeting was adjourned at 11:37 a.m.**)

53

54

55

56

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