

VETERANS COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
MINUTES

A meeting of the Veterans 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 January 31, 2017.

MEMBERS PRESENT:

Leg. Steve Stern, Chairperson
Leg. Sarah S. Anker, Vice Chair
Leg. Leg. Thomas F. Barraga (excused absence)
Leg. Lou D'Amaro
Leg. Leslie Kennedy
Leg. Monica Martinez

ALSO IN ATTENDANCE:

Amy Ellis, Chief Deputy Clerk/Legislature
Andrew Tarantowicz, Budget Review Office
Tom Ronayne, Director/Veterans Service Agency
Brian Rooney, Veterans Service Agency
Marlo Paventi, Deputy Program Director/Supportive Services for Veterans Families
Brian Pacella, SUS Outreach Coordinator
Christina DeLisi, Aide to Presiding Officer
Deborah Harris, Aide to Leg. Stern
Justin Littell, Aide to Leg. D'Amaro
Robyn Fellrath, Aide to Leg. Anker
Ali Nazir, Aide to Leg. Kennedy
Michael Pitcher, Director of Communications/PO
Seth Squicciarino, Aide to Leg. Hahn
Katie Horst, County Executive's Office
John Marafino, County Executive's Office
Rick Brand, Newsday.
Dave Schwartz, Newsday
Carol Kolar, Citizens Committee for Medicare
William Kokell
And all other interested parties

MINUTES TAKEN BY:

Diana Flesher, Court Stenographer

THE MEETING WAS CALLED TO ORDER AT 9:36 AM

CHAIRPERSON STERN:

09:35 Welcome to the Veterans Committee meeting of the Suffolk County
09:35 Legislature. I ask everybody to please rise and join us in the Pledge
09:35 of Allegiance led by Vice Chair Legislator Anker.

SALUTATION

09:36 I ask everybody to please remain standing and join us in a moment of
09:36 silence as we keep all of our brave men and women fighting for our
09:36 freedoms overseas around the world in our thoughts and prayers.

MOMENT OF SILENCE OBSERVED

09:36 Thank you. Again, good morning and thank you to everybody for joining
09:36 us today. Let me first note for the record Legislator Barraga will not
09:36 be joining us this morning. He has an excused absence.

09:37 We do have some special guests with us today that we're looking forward
09:37 to hearing from. Before that we will be hearing from Director Ronayne.
09:37 But before we get to that, I do have two cards. Carol?

MS. KOLAR:

09:37 Hi, Carol Kolar, Citizens Committee, military medicare. We have been
09:37 coming for about nine months now so sometimes I feel like I'm going to
09:37 have a baby. (Laughter) I wanted to thank Mr. Stern for working on
09:37 getting -- when we first came, we had requested a letter of support
09:37 from this Legislature for extending healthcare -- access to healthcare
09:38 for our veterans on Long Island and actually throughout the country to
09:38 community providers so that we don't -- they're not so restricted as to
09:38 where they can obtain care through the Veterans Administration. To be
09:38 clear, we were not asking to privatize Veterans Administration
09:38 healthcare at all. What we were looking to do is make it available --
09:38 make the healthcare available to people like Bill. And, of course,
09:38 Bill Kokell, he'll speak briefly, you've heard his story. And there's
09:38 quite a few stories like that.

09:38 In August we had someone -- one of the veterans commit suicide in the
09:38 Northport VA parking lot. And Mr. Zeldin, Lee Zeldin, came here and
09:38 said they would be looking into the problems in the VA healthcare
09:39 system. And our response to that is, they have been looking into this
09:39 for many, many years. And we really feel that there's enough -- enough
09:39 of the looking into and now we need some action.

09:39 So we understand that we are a local -- you are a local Legislature and
09:39 we need federal -- federal movement on this. And we also understand
09:39 that now we have a new executive, you know, new president. We would
09:39 expect with a new president and this new congress that they will move
09:39 on it because they've been speaking to it quite a bit on the campaign
09:39 trail about how they will support veterans, so. But we feel that a
09:39 letter of support from this group will start the ball rolling as far as
09:39 us being able to approach the federal representatives.

09:39 So we would like to -- thank you for the work that you're doing to get
09:40 this ball moving.

09:40 **CHAIRPERSON STERN:**
09:40 Carol, thank you. Okay, Bill?

MR. KOKELL:
09:40 Yeah, hi everyone. Thanks, Steve, for the work you've done and -- did
09:40 you want me to go over what happened with me or --
09:40

CHAIRPERSON STERN:
09:40 Well, I think, I certainly am and I believe my colleagues are familiar
09:40 with your story and background.
09:40

MR. KOKELL:
09:40 Yeah.
09:40

CHAIRPERSON STERN:
09:40 I did want to make sure since -- it's always good to see you, I did
09:40 want to make sure that you had an opportunity to say a few words today.
09:40 We always appreciate you and your service and, of course, for your
09:40 continuing involvement --
09:40

MR. KOKELL:
09:41 Right.
09:41

CHAIRPERSON STERN:
09:41 -- in this very important issue. I know it's personal to you, but I
09:41 also know that it is a continuation of your service to all of our
09:41 veterans and our nation.
09:41

MR. KOKELL:
09:41 Yes.
09:41

CHAIRPERSON STERN:
09:41 Every time you're here, we appreciate it. Every time we have an
09:41 opportunity to hear from you, we certainly appreciate it. So I just
09:41 wanted to make sure that we had the opportunity to say hello and give
09:41 you the opportunity to say a few words if you chose to do so.
09:41

MR. KOKELL:
09:41 Yeah. Well, I just wanted to add what we're doing is not necessarily
09:41 for me. It's for all the veterans.
09:41

CHAIRPERSON STERN:
09:41 Yes.
09:41

MR. KOKELL:
09:41 And I talk to so many veterans who have had problems in the VA. I've
09:41 also talked to veterans who say the VA's okay. And for years I didn't
09:41 have insurance. I used the VA for -- since 1963, '64. And I never had
09:41 a problem until I had the big problem with my heart. But I just want
09:42 to say that all that I read, all that I've read over the last 20, 30
09:42 years, particularly the last ten years about how much is being done for
09:42 veterans; and my answer is that if you're gonna say it, do it. If
09:42 you're not going to, then don't say it. *We're not going to give you*
09:42 *anything*, fine. Say that. But don't come out and say we're going to
09:42 do this for veterans, they're going to do that for veterans and leave
09:42 them out in the cold. Thank you.

09:42 **CHAIRPERSON STERN:**
09:42 Thank you. Okay. Let's see. Ready, Director Ronayne? I wanted to
09:42 wait until you were -- had just sat down before I called you.
09:43

09:43 **DIRECTOR RONAYNE:**
09:43 Good morning, Mr. Chairman, members. As always, thank you for your
09:43 invitation to be here this morning. I will be very brief this morning.
09:43 I know that you have other guests that you would like to hear from.

09:43 But before I begin, as a reminder and perhaps to pick up a little bit
09:43 on what Bill and Carol just spoke somewhat to, we had another veteran
09:43 who took his own life yesterday. This gentleman was assigned to the
09:43 naval operational support system in Farmingdale, Aviation Petty Officer
09:43 Third Class Ralph Conde; was also an officer with the NYPD; was
09:43 assigned -- his naval responsibilities brought him to his assignment at
09:43 the Farmingdale facility. But it just goes to the point that this
09:44 problem is ongoing. It continues. Ralph is the most recent. These
09:44 are continuing.

09:44 And to the extent possible, I do believe that for the -- how many
09:44 years, Steve, have we been discussing this? There is, I think, an
09:44 increasing awareness. I think that the community to a larger extent is
09:44 beginning to understand that this is an issue that is prevalent in the
09:44 community. We're not immune to it because we lack a significant
09:44 military presence on Long Island. Our veteran presence, our veteran
09:44 population, lends itself to these numbers. But I just wanted to
09:44 acknowledge Petty Officer Conde and, you know, for the record, thank
09:44 him for his service, offer my condolences on behalf of all the veterans
09:45 of Suffolk County. And we wish and pray for his family.

09:45 I should continue, then, moving down my list, one of the things that we
09:45 have been more active on in the past six months or so is having had
09:45 several meetings of the Suffolk County Veterans and Military Suicide
09:45 Prevention Task Force. We have been working on a couple of action
09:45 items that require a fair bit of community-based support and
09:45 coordination. And I'm excited -- I actually have a meeting scheduled
09:45 to discuss a particular MOU that we're trying to create that will allow
09:45 a degree of information sharing to occur between community-based
09:45 providers, medical providers and governmental entities specific to this
09:45 issue of veterans mental health, veterans wellness and suicide
09:46 prevention.

09:46 So, I'm certain that we are moving forward in this area. And as soon
09:46 as we have a further update on that piece of the process -- because
09:46 that is significant. Once we accomplish that, we can move to the other
09:46 side of a fairly significant barrier. But any of the players that you
09:46 would expect, pardon me, would be at that table, I assure you are. So
09:46 I'll keep you posted on that, but this has been ongoing.
09:46

09:46 **CHAIRPERSON STERN:**
09:46 And, Tom, to develop that MOU and share that information, are the
09:46 entities that you are referring to, do they have the authority just by
09:46 executing an MOU to go ahead and share that otherwise confidential
09:46 information? Or are they bound by a higher authority state or federal
09:46 law; do they have the ability to do that?
09:46

DIRECTOR RONAYNE:

09:46 Well, we believe so. And that is why we are having this series of
09:46 meetings. There is a provision in HIPAA, and I know we have some
09:47 attorneys on the dais today, there is a provision in HIPAA that permits
09:47 for the emergent sharing of information that would bring us around the
09:47 prohibitions or the restrictions for sharing information. What we're
09:47 concerned with is not that when we find ourselves in an emergent
09:47 situation, but that we can act in a more proactive, more preventative,
09:47 more prophylactic fashion before we get into that emergent stage. And
09:47 it's being examined. But I can tell you that some of the partners at
09:47 the table exploring this agreement are the VA and a number of our
09:47 community health providers, both primary and mental healthcare
09:47 providers.

09:47 So it is a -- it's been an ongoing discussion. We think we've made
09:47 significant progress, but obviously until we put pen to paper, we have
09:47 nothing. The belief is that there will be a way to navigate through
09:47 this provided that the information is held in -- the information's
09:48 maintained in a confidential nature and that -- you know, one of the
09:48 things that I think is interesting is -- or significant is that each of
09:48 the partners who would be signator to this, are already in some regard
09:48 HIPAA-bound. We are all either governmental entities with a specific
09:48 function in this realm; or they are medical providers. So we already
09:48 preexist that role within the scope of what we're trying to accomplish.

09:48 On a very positive note, and I think this goes to some extent hand in
09:48 hand with the suicide prevention outreach, is we recently, we began in
09:48 December, and we've since held three trainings, but the Suffolk County
09:48 Police Department -- and I have to thank and congratulate Commissioner
09:49 Sini, we've met with the Suffolk County Police Department a number of
09:49 times and we now have a component of the academy training that includes
09:49 a session taught by Suffolk County Veteran Service Officers where we
09:49 meet with the police officer trainees at the academy and we -- we
09:49 conduct a series of two-hour trainings specific to veteran culture,
09:49 veteran needs, deescalation tactics that are specific to veterans,
09:49 suicide awareness, identification of resources, specific information on
09:49 how to access and take advantage of these resources. And I think that
09:49 that's a very significant step in a positive direction.

09:49 So often our police officers are the first ones to encounter these
09:49 folks when they are in a form of crisis. And if we can extend the pool
09:50 of informed educated people who are out there dealing with this
09:50 population, we can better serve this demographic. So the police
09:50 department, I think, has really stepped up in this regard and I'm very
09:50 grateful.

09:50 It should also be mentioned that the current classes, I think, on
09:50 average between the two classes we are somewhere about 70% of our new
09:50 police officers are themselves veterans. So we have a strong
09:50 environment for this particular subject matter when we go in there.
09:50 They're very, very receptive.

09:50 Outreach has continued. And I know that we have with us today SUS who
09:50 is a partner that we work with very closely in the community. SUS has
09:50 been an invaluable component to much of the success not limited to but
09:50 certainly including the milestone of achieving the HUD and VA threshold

09:51 of what they describe as ending homeless among veterans. We certainly
09:51 don't agree that we've ended anything, but we've made tremendous
09:51 progress. And that is in no small part to the good work being done by
09:51 the folks at SUS and the other partners. So I'm very happy that we
09:51 have them here in the room today. I'm excited to hear what they have
09:51 to say in their presentation.
09:51

LEG. ANKER:

09:51 I just want to mention, too, though, that SUS has been instrumental in
09:51 working with an area over in Coram. And they're, you know, also
09:51 working with Long Island Coalition with the homeless and our DSS. But
09:51 they are just a wonderful group. So I just wanted to give them a shout
09:51 out.
09:51

DIRECTOR RONAYNE:

09:51 And the program that they administer is really so, so important to the
09:51 community because they have the ability to extend services and
09:51 resources that so often we simply don't have. And, you know, whether
09:51 it's housing or, you know, through bill paying, moving expenses, so
09:52 many things that we just don't have direct access to, it's comforting
09:52 to know that very, very often those resources are really no more than a
09:52 telephone call away. And SUS is doing good stuff. We're happy and
09:52 proud to be partners with them in this effort.
09:52

09:52 I think to Bill's point, I would just like to -- and this had been --
09:52 my intent had been to speak on some changes in the administration at
09:52 the Department Veterans Affairs. The new president has appointed Dr.
09:52 Shulkin as the new Secretary of the Department of Veterans Affairs. I
09:52 do not know Dr. Shulkin. I've met him. He has a long history in
09:52 hospital administration. He has a wonderful reputation as a strong
09:52 administrator and we're hoping that he will bring those strengths to
09:52 the leadership in VA. He presently serves as an undersecretary within
09:52 the Department of Veterans Affairs. So I'm hopeful that his knowledge
09:53 and understanding of the culture as it presently exists will serve him
09:53 well in terms of being able to go forward and have a preexisting
09:53 knowledge of areas where maybe some change is needed.
09:53

09:53 VA, I make no secret of it, I use VA for some of my own care. I think
09:53 that VA largely does a good job. We don't acknowledge the positives;
09:53 we don't highlight the miracles that happen at VA each day. But when
09:53 there are problems, when there are failures, they should be profiled
09:53 and we should be aware of them and we should make every effort to
09:53 address them. I am hopeful that Dr. Shulkin who has been a, not
09:53 frequent, but a fairly regular visitor to Long Island, he's been to
09:53 Northport several times, will be a part of that solution.
09:53

CHAIRPERSON STERN:

09:54 Tom, as always, thank you.
09:54

DIRECTOR RONAYNE:

09:54 Thank you. And if I could, just for the record, I'd like to
09:54 acknowledge that I have one of my service officers in the audience
today, Petty Officer First Class Navy Veterans Service Officer with
Suffolk County Veterans Service Agency, Brian Rooney. And Brian is
here; he's torn about being here this morning because he's got a
09:54 4-day-old baby at home that he would much rather be home with. So

09:54 congratulations to Brian Rooney and Eleanor Patricia Rooney on their
09:54 new family. And I just wanted to acknowledge him on the record.

CHAIRPERSON STERN:

09:54 Congratulations. And it's good to see you this morning. Thank you for
09:54 being with us.

MR. ROONEY:

Thank you.

CHAIRPERSON STERN:

09:54 Okay. The Committee is pleased to welcome Marlo Paventi, Deputy
09:54 Program Director, Supportive Services for Veterans Families this
09:54 morning. Thank you for being with us.

MS. PAVENTI:

09:55 Thank you. Good morning. Thank you for the opportunity to speak this
09:55 morning and thank you for the great introduction, Tom, and all of you.
09:55 That was some very kind words. And we're very proud of the work that
09:55 we do and continue to do. And it feels good to hear that it is being
09:55 recognized so thank you very much.

CHAIRPERSON STERN:

09:55 Marlo, before you begin, Brian Pacella is here with us as well. I'm
09:55 going to have you come up and share the table as the SUS outreach
09:55 coordinator. Thank you, Brian, for being with us as well.

MS. PAVENTI:

09:55 So, Marlo Paventi, I'm the Deputy Program Director for the SSVF program
09:55 at SUS. This is Brian Pacella. He's our outreach coordinator and he
09:55 also served our country proudly in Iraq so we're happy to be here
09:55 today. Thanks for the invite.

09:55 I'm not sure if all of you know a little bit about SSVF, Supportive
09:56 Services for Veterans Families, it's a department of Veteran Affairs'
09:56 initiative that aims to assist veterans -- veterans and their families
09:56 who are homeless or on the verge of becoming homeless. There are two
09:56 SSVF programs here on Long Island. SUS has one of the grants and EOC,
09:56 the Economic Opportunity Council of Suffolk, has the other. And we do
09:56 work very closely with them.

09:56 In October of 2013 Services for the Underserved began to serve Long
09:56 Island by providing -- by providing these services, conducting outreach
09:56 and other service -- with other service providers and municipal offices
09:56 like Suffolk and Nassau DSS, the Suffolk PD, the Southampton PD and the
09:56 MTA police. We help assist in identifying affordable and permanent
09:56 housing for veterans. We offer employment assistance to veterans who
09:56 are able to work by helping them create resumes, update resumes,
09:56 helping them with interview skills and linking them to resources for
09:56 business attire at the Career Couture Boutique here at the County and
09:57 the Boutique at the Long Island Coalition for the Homeless.

09:57 For veterans who are not employable, we can offer assistance in
09:57 applying for the entitlements through DSS and the VA. And we can even
09:57 walk them through the very rigorous process of applying benefits
09:57 through the Social Security Administration. SSVF provides case

09:57 management to coordinate all services as well as provide linkages to
09:57 outside sources that will aid veteran families to sustainability.

09:57 According to the VA boot camp challenge data published in 2013, there
09:57 was said to be 800 veterans -- homeless veterans on Long Island. I'm
09:57 proud to say that three years later with the help of other service
09:57 providers and other agencies like Suffolk County vets, we have housed a
09:57 total of 1,167 veterans. SUS has been one of the champions of leading
09:57 this effort to end veteran homelessness; and to date SUS, just as
09:57 itself, we've served over 1300 veterans.

09:58 When SSVF first started in 2013, our staff was a small group of 11 and
09:58 we have since doubled in size. And we can probably say that we also
09:58 have about 50% veterans on staff including Brian. We're in the process
09:58 of reapplying for additional funding through the VA. This is funding
09:58 that we've had. We call it our priority one funding and it was search
09:58 funding that was offered to us because the VA saw that there was a need
09:58 for additional funding here on Long Island. And that application is --
09:58 we think we're submitting it on Friday, I believe.

09:58 Just a little bit about SUS and I know that we're not a big name here,
09:58 we're the -- SSVF is the first office here on Long Island. We had a
09:58 vision to grow and we are growing. We have a five-year contract with
09:58 the MTA where we perform outreach along the train tracks in the train
09:58 stations between Nassau and Suffolk County. And we were recently
09:58 awarded HUD funding through the COC to replicate our rapid rehousing
09:59 programs with veterans and to offer to the general homeless population.
09:59 And this funding will allow us to serve 40 additional individuals.

09:59 That's just a little bit about what's going on because that's what I
09:59 heard that you wanted had to hear. So thank you for the opportunity to
09:59 speak. We're always looking to grow our program and to work with our
09:59 community leaders. So I would love the opportunity to visit your
09:59 offices and talk a little bit more about what we do and how we can work
09:59 together.

CHAIRPERSON STERN:

09:59 Thank you. And thank you both for being with us today. I'm sure you
09:59 guys would agree, because I know my colleagues felt the same way, that
09:59 we were all very excited and very proud, I know Director Ronayne
09:59 certainly was, when we got word from the federal government that our
09:59 area had achieved a notable status of having effectively ended
09:59 veterans' homelessness in our area. But we all know that while it's
10:00 something to be very, very proud of, it also raised a concern that it
10:00 doesn't end.

MS. PAVENTI:

10:00 Sure.

CHAIRPERSON STERN:

10:00 That the challenge continues and that we -- none of us have the luxury
10:00 or the opportunity to sit back and rest on that prestigious
10:00 distinction, that the challenge continues and that we have to be ever
vigilant --

MS. PAVENTI:

Yes.

CHAIRPERSON STERN:

-- to make sure that those who are homeless and those that are in danger of becoming homeless continue to receive the aggressive efforts that -- like those provided by you and your organization provide. So my question to you is while those are impressive statistics and numbers to be proud of, what would you say -- how would you characterize the current status of those that are just about homeless or in danger of becoming homeless? And how do you see that going forward? Is the challenge as great as it has been? Is it -- has it alleviated somewhat by the resources coming from different levels of government and outstanding organizations like yourself? How do you see that going in the next year or two?

MS. PAVENTI:

So I can assure you that right after that press conference, we didn't celebrate, we didn't, you know, go out and have a party. We got back to work and we continued to do the work that we do so well. We still continue to see an inflow of cases coming into our office of people in need whether it's being literally homeless or people who are falling behind because they lost jobs or they had to help out a family member. And, like I said, we're applying for additional funding so that we can continue to do that work because we do know that, I think, in the shelter system, and maybe, Tom, I don't know if you had updated numbers from the coalition, but we still have a little over a hundred veterans identified in the shelter system.

So we are continuing to work with them. We do conduct street outreach on a weekly basis with the County police and DSS to make sure that we're engaging those who up to this point have declined receiving permanent housing or assistance that we're still continuing to pursue them. How does that look with the year? You know, I don't know. We might see an increase in numbers; we might see a decrease. We're going to continue to still do the work as long as there's funding available.

CHAIRPERSON STERN:

As you make application for that additional funding, do you have any idea what kind of a dollar amount that might result in? What has the assistance been in the past and what would you be looking for going forward?

MS. PAVENTI:

Sure. So the P 1 funding, I believe, was \$3 million over the course of three years. So that comes to an end at the end of this year, which is why we're reapplying. With our new administration, no numbers have been put out for us. We just know there's an application process. Even our original grant was a three-year grant and we learned that as a new administration came in, it's no longer guaranteed to be renewed. We'll continue to operate as long as there's funding available. But depending on the new leadership and how he wants to operate, you know, we just don't have those answers as of yet. But we're going to continue to apply as if we know that we expect it's going to be the same because veterans should always be a priority and we'll just really hope for the best.

CHAIRPERSON STERN:

10:03 Legislator Anker.

10:03

LEG. ANKER:

10:03 Again, I just want to thank you both for the work you've been doing.
10:03 And, you know, it's been -- it's been -- it's always challenging.
10:03 Mental health is pervasive in our nation and in the world. And many
10:03 times we do not recognize mental illness, you know, as a disease; drug
10:03 addiction as a disease. You know, it goes from small children with
10:04 either addiction or ADD, you know, all the way, you know, through the
10:04 drug addiction situation with so many of our teens; mental health,
10:04 schizophrenia, manic depressant, just depression in general, all the
10:04 way over to our senior communities with Alzheimer's and dementia. It's
10:04 the full spectrum.

10:04 And until we address that and recognize that as a -- as a severe
10:04 disease, I just don't -- it's very frustrating that the funding is not
10:04 going towards that. So we will do everything in our power to advocate
10:04 and try to get that funding so you can continue to do the good work.
10:04 And I do -- again, I want to thank you for helping my Coram
10:04 Revitalization Task Force and working with those individuals that,
10:04 again, you can offer help. And those people they have maybe the mental
10:04 level of maybe a seven-year-old child. Would you leave a
10:05 seven-year-old child in the woods? Would you? You know, and this is
10:05 what I don't understand with our society in general is that we do not
10:05 address mental health as we should.

10:05 But I appreciate all the work and the effort that you've put forth and
10:05 I hope you can continue for, you know -- and I hope there will come to
10:05 a time where you'll be proud of our society that we've been able to
10:05 accomplish, and we will continue, but we're still not even at the
10:05 halfway point. We're not there yet. But, again, thank you for your
10:05 efforts.

MS. PAVENTI:

10:05 Thank you.

10:05

CHAIRPERSON STERN:

10:05 First of all, let me say thank you for being with us today. And, of
10:05 course, thank you for your service.

MR. PACELLA:

10:05 Thank you.

10:05

CHAIRPERSON STERN:

10:05 To our nation and your ongoing service. And it's a very important
10:05 ongoing effort. Director.

10:05

DIRECTOR RONAYNE:

10:05 Mr. Chairman, if I could, I just wanted to maybe pick up on a couple
10:05 things that Marlo had said. And I agree wholeheartedly with everything
10:06 that she spoke to. I think it's very important and I think that this
10:06 is an opportunity for us to all appreciate that the numbers are
10:06 spectacular. The successes have been remarkable. And a lot of people
10:06 come to us in the community while we're engaging outreach or while --
10:06 when we work with agencies, who are not typically a part of this, this

10:06 continuum of care, and they will say things to us, like, well, look at
10:06 the rate, how steadily the rate has declined in the veterans who we are
10:06 engaging and who we are placing.

10:06 And, I think, unfortunately in more than a few areas, the work has
10:06 actually become more challenging as the numbers have appeared to have
10:06 been reduced. And I don't say this disrespectfully and I don't know
10:06 what honest way to put it, but in many ways that 1300 in so many ways
10:06 represents sort of the low hanging fruit. These are the folks who we
10:07 know of, who we have an awareness of, who we have access to and who we
10:07 can extend services to where they will engage us and accept services.

10:07 Many of the folks who we're dealing with today are people who have been
10:07 outreached to, who have had contact made; and for a variety of reasons
10:07 not always, but certainly including mental illness, substance abuse,
10:07 alcohol addiction, drug addiction, refuse or resist services. And they
10:07 require a great deal more effort. The labor intensive nature of
10:07 reaching the remaining folks is really difficult to quantify because
10:07 each case is so different. But one of the things that we desperately
10:07 need is enhanced public awareness. It is so, so true: If you see
10:07 something, say something. So many of the folks that we encounter
10:07 during outreach have been out there.

10:08 I had a meeting yesterday with Frank Amalfitano from Beacon House.
10:08 They had somebody come in over the weekend who has been in the woods
10:08 for 33 years. Thirty-three years this veteran has been living in the
10:08 woods. And -- now he came in because he had a particular need. But,
10:08 you know, the issue of why have the numbers appeared to decline and are
10:08 we near to achieving the -- completing our mission or achieving the
10:08 ultimate goal? We're far, far from it. And, please, just always be
10:08 aware that, you know, just because there's a shift in the numbers, it
10:08 does not reflect a diminished activity level or a reduction in the
10:08 level of the commitment or the desire to resolve this problem. It is a
10:08 serious problem.

10:08 Another thing that I would say to you is we have not had a large
10:08 component return from deployment on Long Island for a couple of years
10:09 now. And, thankfully. You know, we've always prayed that one day the
10:09 deployments would end and all our service members would be home. One
10:09 thing that does not exist is a clear, defined, accepted latency period
10:09 or a definition for a latency period on PTSD. And some would agree
10:09 that three to five years seems to be about the norm when veterans will
10:09 present for the first time exhibiting symptomology of PTSD. But I
10:09 would say to you that today we still -- we still see veterans,
10:09 certainly if not daily but weekly, Vietnam veterans presenting for the
10:09 very first time because of issues related to their post traumatic
10:09 stress caused by their service.

10:09 So the fact that we're not seeing large numbers of returning service
10:09 members and the fact that the numbers on paper appear that we've served
10:09 a great many in this population, this problem will go on for
10:10 generations. And we need to remain committed to being present and
10:10 being in the fight. If we're not engaged in this fight, we're going to
10:10 lose it. And, thankfully SUS and other partners are out there doing
10:10 the good work that they are doing. But the awareness is crucially
10:10 important. If we lose that -- if we lose the level of awareness and if

10:10 we don't achieve a degree of public awareness, it remains an uphill
10:10 battle. I just wanted to -- I know Marlo meant to say all of that I
10:10 just wanted to chime in.

10:10 **MS. PAVENTI:**
10:10 May I say one more thing?

10:10 **CHAIRPERSON STERN:**
10:10 Hold on, Tom.

10:10 **LEG. ANKER:**
10:10 Tom, question. We have the largest vets community here in Suffolk
10:10 County in the State of New York; is that correct?

10:10 **DIRECTOR RONAYNE:**
10:10 Yes, it is.

10:10 **LEG. ANKER:**
10:10 I know this is going to be a hard question, but what is the percent of
10:10 our vets with post traumatic stress disorder?

10:10 **DIRECTOR RONAYNE:**
10:11 Brian? I don't know. And there are -- it's a complex question. It is
10:11 believed -- well, we know that approximately 35% of our returning Iraq
10:11 and Afghanistan veterans have been screened for and treated for some
10:11 form of PTS. Now PTS -- most of them respond well to specific
10:11 treatment. Sometimes the best medicine is just the passage of time.
10:11 We know that about 22% of our Iraq and Afghanistan veterans who have
10:11 returned continue to receive ongoing care for post traumatic stress.
10:11 That does not factor those veterans who have never presented at VA,
10:11 those veterans who have diagnoses outside of the VA healthcare network
10:11 and those veterans who self-medicate and self-treat. We believe the
10:11 number to be probably in the -- it's about one-third, we believe.

10:11 But I will tell you that for all of the good things that I do have to
10:12 say about VA, the VA only has penetration into the veterans' community
10:12 of about 30% of our veterans. So if you go out and knock on the door
10:12 of 100 veterans, 30 of them will be enrolled in VA. That leaves 70%.
10:12 The majority of our veterans are not enrolled at VA. And those numbers
10:12 become much, much more difficult to quantify because we don't have a
10:12 reliable method of tracking and identifying the nature of the care that
10:12 they receive; their particular diagnoses; and in many cases the extent
10:12 or degree of their need. So most of the numbers are going to be drawn
10:12 from VA. But if you extrapolate from that, you can argue that it's
10:12 probably very similar in the larger community of the veterans who are
10:12 not engaged at VA.

10:12 **LEG. ANKER:**
10:12 Thank you.

10:12 **CHAIRPERSON STERN:**
10:12 Thank you. Thanks, Tom. And, Brian, and, Marlo, thank you for being
10:13 with us today. And I know that my colleagues would like to get some
10:13 additional information so maybe you can stick around and we can get
10:13 that to them. Anybody else? All right. (Off mike) Oh, is that
10:13 right? Marlo, did you have anything else?

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10:13 **MS. PAVENTI:**

10:13 That's okay.

10:13

CHAIRPERSON STERN:

10:13 Okay. All right. Again, thank you for being with us and thank you for
10:13 your continued service to our veterans and their families.

10:13 There being no other business before the Committee, we are adjourned.

**THE MEETING CONCLUDED AT 10:13 AM
{ } DENOTES SPELLED PHONETICALLY**

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