

**VETERANS & SENIORS COMMITTEE**  
**OF THE**  
**SUFFOLK COUNTY LEGISLATURE**

**Minutes**

A regular meeting of the Veterans & Seniors 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 30, 2007.

**Members Present:**

Legislator Steven H. Stern, Chairman  
Legislator Jack Eddington, Vice-Chair  
Legislator Cameron Alden  
Legislator Jon Cooper  
Legislator Jay H. Schneiderman

**Also In Attendance:**

Ian Barry, Assistant Counsel to the Legislature  
Renee Ortiz, Chief Deputy Clerk  
Verna Donnan, Budget Review Office  
Deborah Harris, Aide to Legislator Stern  
Catherine Stark, Aide to Legislator Schneiderman  
Brendan Chamberlain, Suffolk County Executive's Office  
Paul Perillie, Aide to Majority Leader  
Linda Burkhardt, Aide to Minority Leader  
Holly Rhodes-Teague, Director of Office for the Aging  
Tom Ronayne, Director of Veterans Service Agency  
Janet DeMarzo, Commissioner of Department of Social Services  
Ralph Diemer, Department of Social Services  
Sergeant Nancie Byrne, Suffolk County Police Department, Elder Abuse Unit  
Mike DePaoli  
All Other Interested Parties

**Minutes Taken By:**

Diana Kraus - Court Stenographer

**(THE MEETING COMMENCED AT 1:10 PM)**

**CHAIRMAN STERN:**

Good afternoon everybody. Committee on Veterans and Seniors will come to order. And everybody join us for the Pledge of Allegiance led by Legislator Alden.

**(SALUTATION)**

**CHAIRMAN STERN:**

Ask everybody to remain standing and observe just a moment of silence keeping our very brave men and women fighting for us overseas in our thoughts and prayers.

**LEG. ALDEN:**

Also our General Counsel's father has past away.

**CHAIRMAN STERN:**

Yes.

**(MOMENT OF SILENCE OBSERVED)**

**CHAIRMAN STERN:**

Thank you. I wish everybody a welcome to our new day, our my time.

**PUBLIC PORTION**

And before we go into some of our presentations this afternoon I do have a card here for Public Portion Mike DePaoli. Mr. DePaoli, please step up. Good afternoon.

**MR. DePAOLI:**

Good afternoon. My name is Mike DePaoli. I'm a Vietnam vet. I'm a resident of Suffolk County. And I'm here today to bring some items of attention to the Suffolk County Legislature and to this Committee and especially for the 2007 term.

To begin with I'd like to re-emphasize the importance of open democracy and the reason why we have government today is because people are on the ground dying and fighting for our rights, not only in Iran and Afghanistan but throughout the world. And moreover the importance of respecting and honoring the veterans that served beforehand and presently.

And just a matter of concern I'd just like to bring to this Committee certain items of consideration for 2007. First thing would be is on job hiring for veterans. I notice that throughout the County a lot of veterans do exist in ten towns. But none of them happen to be members of the staff of elected officials, or very few, starting with the County Executive and all members of the County Legislature. So I'd like to just bring that to your attention and consideration to the fact of hiring veterans and having veterans serve on your staff in paid positions is an important item. It's nice to come out to the funerals. It's nice to come out to Memorial Day, but leading by example would certainly help a lot of veterans.

Member items in association to the ten towns within Suffolk County, none of them, none of the ten towns in Suffolk County have any paid veterans agencies or representation departments. The only totality of it has to do with the Suffolk County itself and veterans' reps. But if you try to see a veterans' rep they're really not very user friendly.

The H. Lee Dennison Building you have to go through security and up to a second floor. And you feel you're going to interrogation just to see a Veterans' rep. So I ask your consideration today for job hiring and to lead by example; to have or to higher veterans on your staff and to encourage the towns throughout Suffolk County to have separate departments for veterans agencies in paid positions.

The other consideration would have to do with housing. On Labor, Workforce and Affordable Housing agenda that I attended yesterday, no reference whatsoever to veterans. It's like they don't exist in Suffolk County. There's no reference whatsoever. Once again I'm just here to bring it to your attention. The idea of veterans everyday, every night they're dying for you. They'll be home shortly or they're coming home everyday in body bags or they're coming home disabled and they're coming home for services. So please, housing is an important item.

Other considerations for veterans are the fee waivers for jobs. Suffolk County Civil Service \$ 25 for an application. Now why can't veterans get a waiver for Suffolk County jobs? Once again the purpose of government democracy. Veterans are fighting. Veterans are dying just from considerations of maybe extending that fee waiver for veterans. And also two other fee waivers within Suffolk County Parks and other items within Suffolk County and perhaps encourage local towns to have some open parks without fees or waiver of fees.

In addition to that the consideration would be Suffolk County Legislators as far as notification of Legislative meetings. Right now if I don't have a computer, if I don't have access to my local library, if I'm not internet savvy, I don't know when the Suffolk County Legislature meets. It's not posted on local media. You don't see it in the newspaper. You don't hear it on the radio. Some member items are just considerations for the open public. Once again open democracy, the idea to have an open forum. We'd probably have more seats here filled not only at this meeting but every other Legislative meeting if the public was notified.

So once again just in summary not only for veterans but for open democracy. I appreciate the opportunity to speak in front of you today. And I wish you all the best for 2007. Thank you.

**CHAIRMAN STERN:**

Mr. DePaoli, thank you. If you can just hold on just a moment, I'm sure that there are questions for you. Legislator Alden.

**LEG. ALDEN:**

Hi. Thanks for coming down. I have -- are you a member of like Vietnam Veterans, War Veterans or --

**MR. DePAOLI:**

Yeah, lifetime member.

**LEG. ALDEN:**

Okay. What -- may I ask you which post?

**MR. DePAOLI:**

Just national. I go national. In other words even with the VFW, I'm more national. But I do attend several times a week for rehab purposes the Northport VA.

**LEG. ALDEN:**

Okay. Because most of us stay in contact with -- you know, we have the DAV, we American Legion and a whole host of them; Amvets, in each one of our legislative districts. And we keep them -- we

try to keep them posted on, you know, whatever issues come up on a county level. And I was glad that you mentioned that we do have, you know, like a good liaison with the veterans in the County. And I'm just a little bit puzzled, though, when you say that you have to go through security and you feel like, you know, basically you're criminal. I wouldn't take it that way because when I try to go into the Dennison Building, you know, I have to go through the metal detectors and everything else. I don't want to see it where, you know, somebody can come in and do what they did on 9/11, you know, just because we are lacking in security or lacking in the foresight that, you know, we should prevent those kinds of things. So I wouldn't take the security as an insult. I would take it as something that we're doing our job to protect, you know, the people going in and out of the building as well as the people that work in the building.

**MR. DePAOLI:**

I understand security. But if you come in this building, there is no security and we have nothing here but elected officials.

**LEG. ALDEN:**

No, but we should have security here. We've fallen down on the job there. And we've actually been put at risk a couple of times where we had to lock the building down because there was a threat against us. But I'm glad you pointed out that we have no security here which that's something we should be thinking about.

The other thing I was just curious about, on a town level what would you like -- what message would you like us to take back to the towns, like, what kind of services to provide veterans with?

**MR. DePAOLI:**

If you go to any town and look at their organization and you look at their flow chart and you look at all their departments, there's every department on there; from youth to dog catching. You name it, they're there. But there's nothing specially mentioned for veterans.

**LEG. ALDEN:**

But they have programs for all those, you know, all those organizations whereas the veterans are usually, you know, number one it's a national issue. So even us getting involved is just a little bit of extra, I think, and New York State getting involved. On the towns, I'm not so sure like what would be appropriate.

**MR. DePAOLI:**

A department. A veterans department in each and every --

**LEG. ALDEN:**

To handle what issues, though?

**MR. DePAOLI:**

To handle every veterans issue I come across. When veterans are returning home now where do they go? There's no town designated department. And there's no -- and there's no paid positions. A lot political patronage that comes on. There's a lot of jobs that are created, but nothing designated for veterans. So I don't know -- basically on your experience would contacts within Suffolk County or contacts within the townships -- but they're not user friendly with the County. And there's no existence on the town level in paid positions. So I ask you to research it. And we'll do it through the media if need be -- if need be because that's where it should be at the forefront.

**LEG. ALDEN:**

But I want to understand from you what's not being covered on a federal or the County level. And then I'd be interested in the County level because that's what government we represent that would be done on a town level without have duplicative type of services and maybe wasting the taxpayers' dollars. What -- what specifically to a town issue that we're not covering on the County?

**MR. DePAOLI:**

Well, in every town they have a youth agency. In every town they have a senior citizen agency. And every town they have replications of county agencies. Why can't they assist veterans? In other words, you're looking at a contingency of 1.4 million plus people who are residents in Suffolk County alone and you ask yourself --

**LEG. ALDEN:**

Please, and I don't mean to badger you but be real specific what program?

**MR. DePAOLI:**

They should have the same veterans services -- when I come out of the service, I have a DD214. It should be registered not only with my county, it should be registered with my town. I should have registration with the town Clerk's Office via other items of necessity and importance.

**LEG. ALDEN:**

And that would be for what? Convenience or just to have a duplicate registration?

**MR. DePAOLI:**

Well, we're talking about veterans in particular. We're talking about reaching out and having user friendly opportunities in each and every town that veterans can go ahead and maybe join an organization or reach out to find out what tax incentives are for them. When they file a tax abatement for a tax reduction of property, they should start with their local town.

**LEG. ALDEN:**

Right. And that's where it does start.

**MR. DePAOLI:**

But there's once again, specifically there is nothing for veterans. Every other agency is covered. Public safety is covered. Political patronage is used throughout each and everyone of the towns in paid positions. All I'm suggesting to you is that you have member items that you use or could use much more effectively by helping the towns to fund positions.

Now getting back to your federal positions, if you look at federal, if you look at state, if you look at county and you look at town, all those elected positions, all those elected from congress, all those elected from the Governor, all those elected from the state senate, from the state assembly, from the local legislative districts, from the local town districts, how many legislators that are elected have veterans on their staff? And if you do a statistical analysis right now, it'll be a disgrace. It would absolutely be a disgrace. And you read every day that veterans are dying. You read everyday that veterans are coming home disabled. And the first thing that they're coming home for is some user friendliness with the town government, county government.

**LEG. ALDEN:**

How many veterans do you think are on the Suffolk County Legislature?

**MR. DePAOLI:**

How many veterans?

**LEG. ALDEN:**

Yeah, do you know?

**MR. DePAOLI:**

At present I would think there's several veterans. But how many of those veterans have paid staff members? How many of those veterans have hired veterans or encouraged the town to hire veterans? Or encouraged state senators or state assembly members to hire --

**LEG. ALDEN:**

I think when you made the statement that veterans should be looked at, I think that -- that was a good statement. I think criticism without you knowing the specifics is unwarranted. And luckily we have the Commissioner for our Veterans Department right here so he's been listening to, you know, your criticisms, which some of them I think are valid. But I would just recommend, you know, get the numbers first before you come and criticize and make that statement.

**MR. DePAOLI:**

Well, I can give you more than numbers. I can give you thousands of numbers of veterans that would come forward. But apparently there's no record keeping, there's no thoroughness as you know of the results of veterans that are served prior -- prior to, presently in each and every town or in each and every Legislative district. This particular Commissioner is -- maybe doing a job that you see that's valid. But as a veteran it's down basically in the ditches, so to speak. It's not a user friendly organization.

**LEG. ALDEN:**

If you want to come back, I'll bring in the Town of Islip. I have my dad's from World War II. It's a Town of Islip's sponsored book of the war effort. And they did an update for Vietnam. I don't think they've done an update yet from the town --

**MR. DePAOLI:**

How many veterans are from Islip?

**LEG. ALDEN:**

I -- the book was this thick for World War I, World War II.

**MR. DePAOLI:**

Since the Civil War, how many veterans -- how many veterans serve in Islip? How many veterans serve from Brookhaven Town? How many veterans serve from Southampton Town? How listings of veterans that you have in Suffolk County right now that are serving? Do you have a list, sir?

**LEG. ALDEN:**

You know what? And that's a major problem because the federal government doesn't want you to have a listing, doesn't want us to have a listing because it would jeopardize our troops. And they don't want to know who's coming home. They don't want to publish those lists. Because once again it would jeopardize the troops. To telegraph to the enemy where our strengths are, who's being rotated out, who's being rotated back is not something that the federal government wants to do. And we've been having trouble contacting those that have been returned and they need some kind of help because of the federal policy.

So I like the idea that you came down here today because you have given me a couple of things that I'm going to try to work on but I still don't have any specifics to go back to the town which I don't represent the town --

**MR. DePAOLI:**

Just go back to the town and ask them how many paid veterans they have working for the town. And then you just go back to the town and ask them do they have a paid or do they have a representing veterans agency? Do they have a veterans department in your town, in Islip right now?

**LEG. ALDEN:**

In my Legislative district I know we've got over 100 that I represent, people that are on the town payroll that are veterans. Guys that I served with, women that served after me, guys who served after me, before me. So, you know what? Those numbers --

**MR. DePAOLI:**

We're talking one in the same thing. In other words the only we're doing right now is just bringing

to your attention the fact to be more user friendly, the fact that come to the forefront to lead by example, to help veterans by setting up agencies in the town, to help veterans but offering them more user friendly services. There's people even though are in the County that are not experienced enough with veterans services. And I've been there a few times. And they don't even know certain wars that are going on or certain disabilities that occur with veterans. And that's right now, sir. That's right now. And I would -- I -- once again I would take you to task to the idea that Suffolk County is not user friendly to veterans. And I would take it to task that the ten towns within Suffolk County are not user friendly to veterans.

**LEG. ALDEN:**

Just for the record, and I appreciate you saying that but approximately ten or 15 times that I've had veterans come to me looking for help, and I send them over to this man sitting here, they have gotten class A service, class A results. And I am in your debt for what you've done for the veterans that live in my district that sought out our help. So I just want to put that on the record.

**MR. DePAOLI:**

Then we're all on the same page, the idea, in other words, to be user friendly and helpful in assistance to veterans. That's all I'm here, once again, to re-cycle that venue for 2007. But the idea that there are special items that could be more beneficial to veterans that are not being done right now starting with the local levels, starting with the towns, going to the County, going to the state, going to the federal level. And I'm at Northport. I don't know if you've been to Northport, but I'm out there several times a week. And I see the disabled veterans. I see the services that are given to veterans. And I hear and listen to the complaints. And I see that they're not being recognized, they're not being serviced by government.

**LEG. ALDEN:**

I agree with you.

**CHAIRMAN STERN:**

Mr. DePaoli, thank you so much for being with us today and do appreciate your comments.

**MR. DePAOLI:**

Once again the whole purpose, just as a veteran, I'm not here to add any accolades to my background. I'm just here to bring to your attention the idea of housing, the idea of hiring, the idea of giving some special services. And so we all serve the same government.

**LEG. ALDEN:**

And just through the Chair, I want to thank you for your service.

**MR. DePAOLI:**

Okay. Thank you.

**CHAIRMAN STERN:**

Okay. Thank you. Yes, Director Ronayne.

**DIRECTOR RONAYNE:**

Thank you. First, my apologies. If you had an experience in my office that was less than satisfactory, I would invite you to please come and see me directly with that. I take great pride in the quality of services that are offered through my office and the level of training. And I must tell you that the level of training that the people in my office receive, they are accredited on a national level for both veteran service organizations and to represent veterans before the Veterans Administration federally. Those credentials are not issued lightly. I pride myself everyday on the services that are offered. So if you -- and again we see an awful lot of veterans, we do an awful lot of work up there. If you had an experience that was less than satisfactory to you, please, bring it to my attention and I'll see to it that it's resolved to your satisfaction.

**MR. DePAOLI:**

Just as an overview could you tell me how many veterans you have on your staff?

**DIRECTOR RONAYNE:**

How many veterans on my staff?

**MR. DePAOLI:**

Yes.

**DIRECTOR RONAYNE:**

Seven.

**MR. DePAOLI:**

Okay. And is there a cross sector between male, females, more or less across the field with minorities? Are you properly represented in proportion to the stats in Suffolk County?

**DIRECTOR RONAYNE:**

I believe so.

**MR. DePAOLI:**

And then I would ask you what is the background and skills and the length of time that your staff is serving?

**CHAIRMAN STERN:**

Yes, Mr. DePaoli, these are questions that you can certainly ask the Director after the session today. We are on a schedule. We do have other speakers that we do need to get to and do have an agenda. But these all, of course, very important questions; important to the Director, important to all of us. And so certainly a discussion that we can continue to have but -- and so I thank you for your comments.

**MR. DePAOLI:**

Once again I just want to say thank you. And we're all here on the same page to serve veterans and to maybe just to re-ignite for 2007 the importance of helping out. Thank you.

## **PRESENTATIONS**

**CHAIRMAN STERN:**

Thank you. Director Ronayne, good to see you. Thanks for being with us today.

**DIRECTOR RONAYNE:**

Thank you for having me. Welcome back to those returning. And certainly welcome to the Committee to those who are joining or re-joining us.

I really don't have a great deal to report on other than we've been moving forward. As you know, we've been in -- or in discussion with the VA on the East End facility. I'm happy to report that we have had some progress made on that front. I spoke with the VA as recently as this morning; I was out there. And we'll probably be asking to re-visit the site with their fire safety and engineering people one day next week. Once I have that information I'll pass it along to you, Chairman. They have not indicated positively or negatively yet as to whether or not they'll be able to utilize the space that we've identified to them, but the process is going forward. So I just wanted you to be aware of that.

I attended a meeting this morning that some interesting information came out of that I'd like to share. I found it very, very interesting. We met at the VA this morning. And the acting director,

Mr. {Culivan} reported to us that VISN 3 which is the New York metropolitan area, New York City, St. Albans, Fort Hamilton and Brooklyn and the Northport VA have been contacted by authorities from of all places the British government. And apparently the British government is beginning to recognize that there are shortcomings in their universal health system with regard to treating some of the specific -- veteran specific issues that come out of their service. And because of the quality and caliber of service offered in the VISN, the British government is going to have a -- we don't know who it is but we're told it's going to be a high ranking delegation come and spend part of a several week visit at Northport to examine how they provide their services, what services are offered, how they operate their clinics, conduct their staffing, their pharmacology and so forth.

I just thought it was very interesting that a foreign government would take exception to what we're doing here and look upon it so favorably that they would actually send representatives of that foreign government to see what we're doing. And, you know, we're very proud of our partnership with the VA. So I'll certainly keep you posted on that. And as I get more information and if I can get the identities of who will be attending I'll share that with you as well. I think the Committee will be interested in knowing more about that.

**CHAIRMAN STERN:**

Very good. Let me also just add for the record that as we continue the conversation regarding the VA operations out on the East End and searching for a suitable place, that at our last session our Presiding Officer had requested of BRO a fiscal impact, an analysis between some of the various options. So I'm told that that fiscal impact statement is in the works and that we should have that prior to our next meeting. And we'll make sure that that's distributed to all committee members and we'll have that information so we'll share that with everybody interested in this very important issue. And then we can continue that conversation. Legislator Schneiderman.

**LEG. SCHNEIDERMAN:**

Commissioner, the site you're looking at is at the County Center; is correct?

**DIRECTOR RONAYNE:**

Yes, it is.

**LEG. SCHNEIDERMAN:**

There was another site that was reported as well at the hospital there; at the Peconic Community. Has that site been looked at at all for feasibility or --

**DIRECTOR RONAYNE:**

My last conversation with Andrew Mitchell who testified before this Committee in December, I believe, Mr. Mitchell was the CEO of the Peconic Bay Medical Center. I've spoken to him several times. The VA -- in essence the VA will not go out without us because they're looking for the County to fund the initiative.

I've spoken with Mr. Mitchell and I've asked him to please put in some form in writing, not even necessarily a proposal, but an invitation for us to visit the site and to inspect what he's proposing to offer us. I have not yet received that invitation but we have had those conversations. So the moment we have something from them inviting us to visit their facility, I've spoken with the VA, they will happily join us and we will -- we will make that inspection.

**LEG. SCHNEIDERMAN:**

And there might be advantages of one site over another. I think one of the most important considerations though has got to be accessibility. I know one site the County Center, there's more bus routes for more places that go there. And if we are going to look at a different site like the Community Hospital, then, we're going to have figure out the public transportation end because I know a lot the vets depend on the Suffolk County transit to get them to these types of facilities.

**DIRECTOR RONAYNE:**

Transportation is absolutely an issue. Thank you.

**CHAIRMAN STERN:**

Okay. Anything else?

**DIRECTOR RONAYNE:**

Thank you.

**CHAIRMAN STERN:**

All right. Very good. Tom, thanks so much. Holly?

**MS. RHODES-TEAGUE:**

Good afternoon. I just wanted to tell everybody how happy I am to work with this Committee again this year. You know I'm always here looking for support when we have applications in front of you. And right now we don't have a lot going on in terms of new things but just for those who might not remember everything that we've done, we do have advocates out in the field in approximately 50 locations a month. They're at libraries, senior centers, housing complexes. So if you have constituents in your area that need to speak to someone on some basic issues, they can either call our office or they can see somebody at a site. We do have that schedule publicized.

We also have the mobile van that's out there that will go see -- you know, they'll go to different sites. They're out a couple days a week. Again, they can always pick up a phone and talk to us as well because we always have advocates and case workers on the phones within the office. So there's a lot of ways for people to reach out to us. And certainly if you have somebody you'd like us to call, we can do that too. But I just wanted, you know, let everybody know that we do do a lot of outreach, but we're always happy to do more outreach. If you have some ideas, we'd be happy to look into them as well.

We have the senior celebration, the luncheon that we do each year where the Senior of the Year is honored. And that luncheon will be May 17th this year. It's at Villa Lombardi's. Which one is it? Right. The Villa. And then the picnic will be July 25th with a raindate of July 26th. We try to pick it so it's not a committee week because we know that a lot of you like to come out and see your constituents out at the -- at the picnic. But we'll send that information out as it gets closer to everything.

Does anybody have any questions for me that I can answer?

**CHAIRMAN STERN:**

Holly, I have a question. And unfortunately it seems to be the same question all the time on Medicare part D prescription drugs and any information that seniors and their families need. Since they've changed all the rules new for this year, are you seeing any kind of uptick in numbers of people that need assistance? Is that an ongoing effort?

**MS. RHODES-TEAGUE:**

It was an interesting year. I know last year we went to each and every town. We did major meetings at each of them. The interest was not great. We kept hearing from the federal government that we were going to get a lot of phone calls the last couple weeks of December because the deadline was December 31st. Two or three phone calls a day. I mean it was not -- it has not been the huge issue that I believe we all thought was going to happen. I think what might happen is down the road we're going to see issues when people find out that they're plans have changed. Because some people even though we tried to get the word out did not look to see that their plans increased the premiums or decreased the -- the things that they covered. So, you know, we might get complaints but unfortunately there is no way to correct that. There was an issue with some plans not providing the notifications on time. And those plans, I think there was two or three of them, people have additional time to make changes. But I don't believe there's a lot that are

affected with the plans in Suffolk. So there are a few people who could still make changes. But for the most part they're stuck until next January 1st in terms of making a change.

**CHAIRMAN STERN:**

Question? Legislator Cooper.

**LEG. COOPER:**

Just had a question for you regarding the senior mobile van. My office has made pretty extensive use of the van. And when it's operational it's great. It's a tremendous resource. But there were a couple times particularly last year where the van broke down. I think that there were parts missing.

**MS. RHODES-TEAGUE:**

The van was in an accident. And it took place approximately two to three months to get that van back up and running for a variety of reasons. The van's pretty old now. It's -- I think it's a '98. So to get the parts, it was difficult. The parts were in Oshkosh, you know, USA. And it took us forever to get the parts. And that was -- that was an issue with that van when it was down, I think, the time frames you're talking about.

**LEG. COOPER:**

So I mean has that problem been overcome?

**MS. RHODES-TEAGUE:**

The van's back -- the van's up and running. Unfortunately, you know, with any vehicle, when it breaks down I don't have a second vehicle or any way to make that better, you know. I mean we've tried to do, you know, like where John worked out of his -- out of his vehicle or we try to go and get a place where we can set up a table. But it's kind of -- it's a problem.

**LEG. COOPER:**

I mean I guess that's my question. Should we consider the possibility of having a backup vehicle because you know there was that one instance when --

**MS. RHODES-TEAGUE:**

I know.

**LEG. COOPER:**

-- he had to operate out of his car. And it was a nightmare.

**MS. RHODES-TEAGUE:**

I know.

**LEG. COOPER:**

And the complaints I got --

**MS. RHODES-TEAGUE:**

I know. And you know what? We were just -- I mean rather than cancel especially because I know -- we always get more bang for the buck when the Legislators have it publicized within your news letters. And we realized that. So we were trying to make every effort to use the vehicle, you know, or try to find some way to cover the site. But if it's a shopping center and it's forty degrees out, I don't really have the ability to find some place else at the shopping center to be if we cancel. So that's where we're trying the best we could but I think we decided that that's not a good way to do it.

**LEG. COOPER:**

And you don't think there's sufficient demand or justification to have a backup vehicle or some other alternative?

**MS. RHODES-TEAGUE:**

At this point I would say not. I mean a vehicle is very expensive to maintain and to keep going. And somebody's got to drive them and make sure that they stay on the road. And, no, I really don't. I think that we have more opportunities to serve people at our sites that we schedule if we had to. But it's just when we have a problem there's no way to really let the public know that.

**LEG. COOPER:**

Right.

**MS. RHODES-TEAGUE:**

You know, so, I know. It doesn't happen that often, but when it does I know it's a big problem.

**LEG. SCHNEIDERMAN:**

Have we had the van out in the -- my district, in the East End?

**MS. RHODES-TEAGUE:**

We go to all sites. We tend to go to the East End sometimes -- like we don't go to Shelter Island in the winter. We try to go there in the summer. We do go out to East Hampton. But that one is a tough one sometimes because of the distance to get out there and back in the same time frames but we do go out to all sites, you know, all over the Island.

**LEG. SCHNEIDERMAN:**

When was the last time you were out, say, in East Hampton or Hampton Bays?

**MS. RHODES-TEAGUE:**

I could get back to you on that. I have to look at the schedules.

**LEG. SCHNEIDERMAN:**

Years or --

**MS. RHODES-TEAGUE:**

Hampton Bays? No, we go out every year to a variety of sites. You know, we go -- if we're invited -- like if the town is doing a picnic or there's something like that, we can always schedule out for those. If there's some place that you know of that you'd like us to be at, you give us a call and we'll try to get it on the calendar.

**LEG. SCHNEIDERMAN:**

Okay.

**MS. RHODES-TEAGUE:**

We usually do the calendars two months in advance. So if you know that there's something out there that's coming up, let us know as soon as you know.

**LEG. SCHNEIDERMAN:**

So you reach out to the human services departments and senior services?

**MS. RHODES-TEAGUE:**

Yeah. We're -- you know, we try to reach out where we think we're going to get people. You know, in over the years there are places where we've been and nobody shows up so then we stop doing those sites.

**LEG. SCHNEIDERMAN:**

Right.

**MS. RHODES-TEAGUE:**

I know you're very popular with your sites.

**LEG. COOPER:**

Jay, just so you know what we do, they probably come to my district more at my invitation than what they scheduled on their own. And I do a postcard mailing to all the constituents in the surrounding ed's. And the driver tells me that they get a better turnout in my district than like anywhere else. I mean hundreds of people sometimes.

**MS. RHODES-TEAGUE:**

To go to a basic shopping center doesn't necessarily do it.

**LEG. SCHNEIDERMAN:**

Okay.

**MS. RHODES-TEAGUE:**

You know, we've been out to Sag Harbor to a couple -- you know, we do go out to different sites. So again if there's some place --

**LEG. COOPER:**

But it helps if you publicize it in advance.

**LEG. SCHNEIDERMAN:**

Right. Well, I it would help me publicize it if you can give me some information on what is in the van, what kind of services are available to seniors. And I'll follow Legislator Cooper's --

**MS. RHODES-TEAGUE:**

The person who drives the van is an advocate. I mean they're trained just like all our other advocates. So they have all the information on basic services that are out there and how to fill out forms. They get the seniors ID cards they can get on the van. They can answer questions for the -- you know -- you know -- my mom needs this; what do I do about that? You know, they answer those types of questions.

And if it's anything more difficult, if they're not able to get the answer, we always take their phone number and get back to them. So, you know, it's kind of a nice way to get the word out about our services. And you know programs and services and guides are on it. So we try to go where we can find the public.

**LEG. COOPER:**

But, Jay, if you'd like I can send your office a copy of the postcard that we send out and it lists the various services that they're able to provide. And like I said we get a tremendous turnout.

**LEG. SCHNEIDERMAN:**

And then I'll -- my office will make arrangements with you to have it come out.

**MS. RHODES-TEAGUE:**

Yeah, give us a call and we'll -- we'll try to schedule out.

**LEG. SCHNEIDERMAN:**

My district has, I think, one of the highest percentage populations of seniors.

**MS. RHODES-TEAGUE:**

The whole East End has a higher concentration of seniors. I think some of the towns have as much as 25 to 28% over age 60 population.

**LEG. SCHNEIDERMAN:**

I believe we're in the 30's.

**MS. RHODES-TEAGUE:**

You might be in the 30's now. I'm not even sure. But I know you have smaller numbers but it's much higher concentration than the west end.

**LEG. SCHNEIDERMAN:**

Yeah.

**MS. RHODES-TEAGUE:**

So we'd be happy to assist with that.

**LEG. ALDEN:**

That's where I'm going when I become a senior.

**LEG. SCHNEIDERMAN:**

Yeah. Good luck.

**MS. RHODES-TEAGUE:**

Great place to be.

**LEG. ALDEN:**

Absolutely.

**LEG. SCHNEIDERMAN:**

Except there's no assisted living facilities. Almost no assisted living.

**MS. RHODES-TEAGUE:**

I know. Doctors are tough to get to. Transportation's lousy. We can go and on.

**LEG. SCHNEIDERMAN:**

Cost of living is high.

**CHAIRMAN STERN:**

Holly. Anything else? All right. Holly, thank you. Good to see you. Okay.

Next, and I believe the Commissioner has arrived. Very good. Commissioner DeMarzo, welcome. And maybe we can invite all of our other guests to come up and take seats along the table. One of the issues that -- that we deal with or need to deal with, not just in our legislative districts, in our offices, but really an issue that affects so many families throughout Suffolk County is a growing concern. And that is abuse of the elderly. It's an issue that I've always had great interest in. And my original exposure to the issue was helping to coordinate a congressional hearing in Washington DC in 1989. And it's something that I followed really throughout my career. And -- so it is -- unfortunate, of course, it's disheartening when you see that year after year the reports, the articles, reading about it in the media all tend to say the same thing; and that it is a growing concern, not one that is diminishing.

And Legislator Alden is absolutely correct when he says that with so many services to so many different groups are in need, our veterans, our seniors, our disabled and dealing with so many different levels of government; and where do you send people when they need that kind of assistance can be daunting. But here certainly the issue of protecting our elderly from financial exploitation, from physical and emotional abuse, I think, fall squarely on us here in county government.

And so I thank everybody for joining us here today and hoping to enlighten us here in this body on what you perceive to be the issue and the concern and some of the things that we can and should be doing at the County level of government. So I welcome all of you.

**LEG. ALDEN:**  
Mr. Chairman?

**CHAIRMAN STERN:**  
Yes, Legislator Alden.

**LEG. ALDEN:**  
Actually before you turn it over, kudos to the Legislators, too, for restoring the senior part of the legal aid budget because they provide a much needed service to seniors being exploited. So I think we did very well on that.

**CHAIRMAN STERN:**  
We did. Commissioner, welcome.

**COMMISSIONER DeMARZO:**  
Welcome. And I'm sorry that I'm late. I had to run from another meeting and I'm glad my timing worked out or you allowed my timing to work out. We appreciate being here to talk about Adult Protective Services. Often it gets overlooked by Child Protective Services significant needs but it is a special unit within the Department of Social Services. And we work very closely with a lot of other agencies in the County as well as not-for-profit organizations and other entities.

With the growth in the senior population having Adult Protective Services is very important. And we've seen changes in our -- our reports. And, you know, financial abuse is one of concern, of course. I have Ralph Diemer who's the Bureau Director that will really speak to the -- Assistant Director of Adult Protective Services who will speak to the details and does a lot of presentations throughout the County. Because making people aware of signs of adult potential abuse, and, you know, we work with financial institutions; a lot of times they are the entity that sees a senior's financial resources being squandered or taken out by another individual. So we have a lot of partners that the Adult Protective Services Bureau works with to really make sure that we have a way of gathering this information. As you know, it's not a mandatory reporting situation in New York State. I think we're only one of four in the nation.

**MR. DIEMER:**  
Six or seven.

**COMMISSIONER DeMARZO:**  
One of less than ten states that does not have mandatory Adult Protective Services reporting. As you know, Child Protective Services is a very large group of individuals that must report from doctors to teachers, social workers, nurses. But it's not the same for Adult Protective Services. So having our cooperative partners is really the way in which we insure that our reporting in an informal basis works well.

Ralph does a lot of presentations throughout the County. And I thought it would be helpful if he told you a little bit about who it is that APS really protects and what are the standards that we look for. And just -- you know, one of the other things, and I've been hearing over and over again about our aging population, and our mental health issues, one of the things that we really have to watch for is that seniors that aren't being abused by others but that can't necessarily take care of themselves. And that's the situation that we're also seeing in a number of cases that we go into. But if you'd like, I would ask that Ralph make an overview of the population we serve and some of the standards for when Adult Protective Services intervenes in an actual case.

**MR. DIEMER:**  
Good afternoon. I brought with me some pamphlets that we provide. I do presentations. This is a County pamphlet which I'll distribute. It just tells our services. And we also have the Elder Abuse Training Manual which was produced a number of years which give some good in depth explanations

of types of abuse and what we look for when we do investigations.

The Commissioner touched on CPS. When I do presentations, I like to explain the difference between APS and CPS. Although they sound alike, and obviously we deal with adults rather than children, there are significant differences in how we operate. And civil rights is a major concern for Adult Protective Services. An adult has a right to live where they want to, with whom they want to and how they want to as long as they have the capacity to understand the risk they're facing and can adequately explain the basis for their decisions.

However, even when their capacity is in question, Adult Protective Services cannot rescue an adult against their will. We have to provide voluntary interventions, try to persuade an individual to accept help. And only where -- when all volunteer interventions have failed and the risks still remain do we then pursue a legal intervention which would be essentially almost in all cases petitioning the courts to have an adult guardian appointed for that individual which essentially then removes their civil rights to make decisions for themselves.

Another -- the lack of mandated reporting was also mentioned which makes our job more difficult because no one is required to report incidents of adult abuse, elder abuse to Adult Protective Services. There's no central state registry for Adult Protective Services and we don't indicate our cases like CPS does. So basically our hands are more tied than Child Protective Services.

Who are APS clients? They're essentially vulnerable adults at risk. They can be as young as 18 to over 100. About 65% of our clients are over the age of 60. A little over 30% are over the age of eighty, which is significant population. And populations is often very frail physically and in many cases they have mental limitations due to dementia or mental illness or both.

I've been with Adult Protective Services for 25 years. And over the years I've seen a change, you know, the population is aging. When I was first working Adult Protective Services it was rare that we had clients in their late 80's or 90's. Now it's pretty common place. There are a lot of people living out there either alone or with families who are at risk. And these are the individuals that are obviously most at risk because of their advanced age.

In Suffolk approximately 40% of the referrals we receive each year involve some allegation of abuse or neglect by others. Possibly it should be more because of the lack of mandated reporting. People, I think, are think likely to report someone who may be self-neglecting themselves as opposed to accusing someone else of neglecting or abusing another.

The Adult Protective Services Bureau is much smaller than Child Protective Services. We have 49 staff members. 29 are caseworkers. 27 the caseworkers have field capacity. We have four geographic field teams to cover the County, an intake unit which is the entry point into Adult Protective Services and then a specialized guardianship family type adult home unit which handles our legal interventions and our family type adult home program. Everything we do in APS has to meet the criteria for protective service for adult which is established by the state. There are three criteria for protective services for adult. And all three have to be met in order for protective services for adults to be provided.

The first criteria is the person has to be 18 years of age or older and have a physical and/or mental incapacity that prevents them from protecting them self from risk of harm through the actions of themselves or others or have unmet basic essential needs such as food, shelter, clothing, medical care. The distinction here is that although someone is disabled or elderly, it didn't make them automatically eligible for protective service for adults. Their disability or advanced age has to be having a major impact on their lives that is putting themselves at risk.

The second criteria is they have to be at risk of harm through the action of themselves or others who have unmet basic essential needs.

And the third criteria is that they have no one willing and able to assist them responsibly. In that area we look to see if there are other agencies involved who we would want to find out if they're intervening and trying to assist the individual to resolve the problems present.

In the area -- criteria number two is the area we look at abuse and neglect. For Adult Protective Services we have four categories of abuse. We have physical abuse which is any intentional act that causes physical injury or harm.

The second criteria is psychological or verbal abuse which is essentially infliction of emotional pain or distress. It's basically a denial of a person's right to live in a setting where they're not being verbally abused, psychologically abused, etcetera.

Third category is sexual abuse which we could consider any nonconsensual sexual contact or consensual contact with an individual who no longer has the capacity consent or may never have had the capacity consent such as the developmentally disabled.

The last category of abuse is unique to Adult Protective Services and that's financial abuse or exploitation. This can take many forms from power of attorney abuse to transfer or theft of resources, any kind of theft, change of names on bank accounts or homes. It's an area we see significant referrals each month. An example of a type of case we get involved in was that we had an elderly woman in her -- somewhere around 87, 88 who owned two properties in the community. One she lived in; and the other she rented out. There was a fire in the house she was living in which forced her to leave the housing. She went to move where her tenants were. The tenants let her come in. They put her in a cluttered room in one part their house, had her sleeping on a mattress and they stopped paying the rent. And then overtime they persuaded her to go to the bank and take out sums of money, considerable sums of money to pay for repairs that never seemed to be adequately done, used to bail out the tenant when the tenant was arrested for a crime. And overtime depleted this woman's savings.

It wasn't able to be proved though because the woman appeared to be doing this freely. And eventually, you know, as she became more confused, we were able to file a petition in court. And we had a guardian appointed for her. However, by that time a considerable amount of her resources had been used up.

And this is the problem with financial exploitation. It's a very difficult crime to prove. If a person does so willingly you have to prove that they lack the capacity to do so at the time it took place. If they might have been coerced to do it, you run into the problem of are they going to be able to testify to this in court? And so it's a crime that continues to be a problem. It's very frustrating for our workers when we see it. And I'm sure it's frustrating for the District Attorney's Office, too. We would make referrals to them. And it's just a real problem. And it's a problem that probably needs to be looked at legislatively.

In addition to abuse, we deal with neglect. The vast majority of the referrals received involve self neglect. I estimate last year about 58% involved self neglect. And this involves anything from failure to obtain adequate medical care, food, clothing, etcetera to wondering. It can cover the whole aspect of failure to thrive in the community. Failure to be able to live independently. Our workers have many examples.

If you speak to any APS workers who have been on board for any period of time, they'll tell you the deplorable housing they have to go into; housing that's cluttered where they walk in the door and they have walk through a pathway between newspapers piled on either side. Houses that might have 20 cats, 20 dogs, individuals who are incontinent. There may be feces or urine on the floor sometimes. The workers have to put coverings on their feet. Mal odorous orders in housing. Spoiled food. Housing that has no utilities. Housing that appears to be almost falling down. And it's amazing that these situations are so hidden from the community at large.

We rarely get called in early in a situation. It's usually when things have gotten so out of hand that someone finally decides to pick up the phone and give us a call. And we're seeing more and more of this because the population is aging. We're running into as I said individuals who are in their late 80's or early 90's who are still living on their own. Maybe couples or individuals living alone, maybe their children have moved out of the area or maybe their children are deceased. They don't have a support system anymore. And overtime because of their failing health plus often diminished capacity as dementia -- onset of senile dementia comes on, they're less able to function out there. And it is a problem. And I think it's a problem that's going to continue overtime.

In addition to self neglect we have caregiver neglect, which is the largest number of referrals we received when allegations of abuse and neglect by others is concerned. Care neglect can vary from failure to provide adequate supervision leaving an individual alone to extreme neglect where there's a failure to recognize a deteriorating physical condition. In the past two years we've had two extremely serious neglect situations.

One involved an elderly woman who had been cared at home. And she had severe decubitus almost to the bone. And she was eventually hospitalized. The family finally called 911. Had to take her to the hospital. It was obviously that she had been neglected for a considerable period of time. And the family for one reason or another failed to get her to see a doctor, failed to hire someone to come help care for her. They just let the condition continue.

Another condition -- another case involved a developmentally disabled young man who was extremely malnourished and ended up in the hospital. The family once again ignored the symptoms. They allowed him to just continue to lose weight overtime. They didn't seek help.

What are the reasons for caregiver neglect? It can be many reasons. Caregiver stress can be a real factor in a person's care. Many caregivers have taken on the responsibility of caring for their aged or disabled relative with the best of intentions. But the care has gone on too long. The care needs have increased overtime. And the family just continued -- failed to recognize the increase need and failed to utilize the resources that might be available to secure the added help that was needed.

Financial considerations are often a factor in caregiver neglect. The refusal or unwillingness of the caregiver to utilize the funds that that person might have to meet their basic needs. Maybe feelings that they're entitled somehow to their inheritance for the care they provided. Whatever the reason, you know, it's a problem. And it's a problem that will continue as people live longer and people may be reluctant to continue their care needs to the level that needs to be cared.

How do we function? In order to become eligible for protective services we go through our intake unit. Our intake unit is staffed by caseworkers who take calls from the community and they question the caller regarding our criteria. They ask callers about the person's physical and mental condition. They find out who's involved with that person, what the person's medical condition, who's involved? Any family, friends, what are the risks they're facing? And what they do is they do an assessment over the phone. If they can't rule out one of the criteria, then we accept a referral and is given to one of our geographic field teams.

When the geographic field team receives the referral, they must go out within three working days unless it's considered a life threatening situation. In those cases a caseworker goes out within 24 hours. If a referral's received late on a Friday or before a holiday, we'll ask our emergency services team from Child Protective Services to make an initial contact and we'll follow up on the next working day.

What our caseworkers do when go into the home is they interview the individual that's being referred to us. We try to assess their mental capacity. We try to assess their physical capacity. We look at their housing. Our workers may look in the refrigerator if they're allowed to do so. We'll see how much food is there. Is there inadequate food? Is there spoiled food? Is there indication -- and some may be an alcohol problem. We try to determine what problems there are with the housing.

Are there repairs needed, you know. What needs to be done in this situation. If there's an allegation of abuse or neglect we try to go out with the police whenever possible. We go out with Sergeant Byrne's unit in western Suffolk. We utilize the police department in the east end, you know, in referrals on the five eastern towns.

If there is an alleged abuser and neglecter, we interview that individual. We try to find out what's going on. We try to find out are there areas that they can receive some help that might improve the situation. If the victim appears to need an order of protection, we would assist in getting an order of protection. If they need medical care, we would try to make arrangements for them to see a doctor or have a doctor come to see them. If they need prescriptions, we would try to meet that need. If they need benefits, we would try to apply on their behalf to secure benefits to stabilize the situation.

As I mentioned, the police, if -- a crime may have been committed against them; we're required by law to report this to the police or the District Attorney. Once we make that initial contact, we will try to contact any collateral contacts for the individual family, friends, neighbors, physicians who might be involved. We try to get as complete a picture of the individual. We have a 60 day assessment period. During that period of time we provide services that might be needed in the hope that by the end of the 60 days the situation has been stabilized and there's no need for ongoing services.

However, at the end of 60 days we do our final PSA assessment. And if they're eligible for protective service for adults, then we continue providing services on a monthly basis, visiting them. And as long as necessary although we usually don't keep our cases for extended periods of time except in those situations where we happen to be representative payee for a person's social security benefit. In those situations we usually will keep a case until that person either moves or dies because social security considers us the payee of last resort.

In situations where a situation can't be improved and there are serious concerns about their risk, we may consider having the case transferred to our guardianship unit to ask for a legal intervention to have a guardian appointed to make the decisions for that individual. Our guardianship team is responsible for filing petitions and appearing in court on any guardianship proceedings we have.

Our team also supervises the family type adult home program which our county investigates and supervises. New York State provides the license for these homes. These are small family type settings where up to four individuals can be cared for in the home. It's an alternative to the large more impersonal adult homes out there. And it's a resource for certain individuals who can no longer remain in the community but don't -- do not need to be put into an institutional setting.

The Commissioner mentioned that we have a working relationship with other agencies. We meet on a monthly basis with representatives from often mental health and working with essentially mostly the homeless mentally ill trying to secure services for those individuals, get them into the mental health system, into possible single point of access housing. We meet quarterly with OMRD Ed to go over cases we have in common. We've been receiving over the past few years significant numbers of referrals regarding developmentally disabled individuals who are victims of neglect and abuse. It's an ongoing problem. In many cases parents of these individuals are quite aged and is in need to develop a long-term for these individuals.

We also meet with VIBES on a monthly basis. We have a model elder abuse project that is modeled on the CPS model where we can provide a VIBES counselor who can either meet with our clients or individuals who aren't eligible who are elderly for protective services to provide services and counseling to those individuals.

As far as significant issues with us, the biggest significant issue we have, I believe, is the under reporting of adult abuse and neglect. There haven't been any studies as far as the whole population as far as disabled adults and elderly, but there have been a number of studies of the elderly. And they estimate that 4 to 5% to as high as 7% of the individuals over the age of 60 will become victims of some form of abuse and neglect. And that's a significant number. And they also estimate

only one in five to six of these cases will be reported to Adult Protective Services or agencies. And so that's a problem.

There might be many reasons why we don't hear of these situations. The victim's perspective is one area. The victim's are very often socially isolated. They may be physically or mentally incapable of asking for help. Or they may simply not believe there is any help out there. We're not that well known. The general population doesn't know too much about Adult Protective Services. The abuser may have convinced the victim that it's their fault that they're being abused. You know, if they were to do something different, this situation would improve. And that's often a characteristic of domestic violence. It holds true with elder abuse also. They may have conflicted feelings especially if the alleged abuser or neglector is an adult child or other relatives. That child might be mentally ill; may have a substance abuse problem or an alcohol dependency problem. They may feel somehow that they're responsible for how their child or other relative turned out. They also may feel if they do nothing things will get better. That's often a characteristic of domestic violence situations also.

Maybe the fear of the unknown, especially with the elderly. There's a fear of institutionalization; a fear of going to a nursing home. In most of these cases the abuser or neglector is a caregiver. They're providing some care. If that person were to be removed, what happens to the victim? Would the victim be able to remain in the community? The fear of the unknown is greater than dealing with what they know, the situation. Or they may just not want their relative arrested.

And then we have societal attitudes, too. We're talking about adults. There may be a general attitude it's none of my business what goes behind the close doors. These are adults. They're not children. Maybe they -- people may feel it's not as important as CPS. They may just not want to believe that this problem is occurring in their community; not in my neighborhood, my friends, my acquaintances, my relatives. They wouldn't abuse their family members.

And so these are all factors that limit the calls that come to us. I think people are more willing, as I said, to report someone who's self neglecting themselves because that's a helping act as opposed to a accusing someone of this kind of neglect or abuse.

I guess that's about -- essentially about it. That's what we do. I can answer any questions you might have.

**CHAIRMAN STERN:**

Also with us today is Sergeant Nancy Byrne. And we welcome you and thanks so much for being with us. We'll have -- my colleagues will ask questions when everybody's done with their presentations. So welcome.

**SGT. BYRNE:**

Okay. Thank you very much. Happy to be here. I thank you for the opportunity to speak before you today. I'm going to keep mine relatively brief. Ralph did a fantastic job of describing -- and you have to excuse my voice -- I had a little bit of a sinus infection yesterday -- describing the clientele that we deal with. When Adult Protective Services receives a referral from the general public or whoever the referring source may be, if there's an allegation of any kind of criminal activity, that referral is then either sent to the District Attorney's Office if it's a financial exploitation case or to my office for any other type of neglect or abuse.

As you said, I'm the Commanding Officer of the Domestic Violence and Elder Abuse Bureau. That bureau has been in existence since 1989. And it's just myself and four officers. When we receive that referral from Adult Protective Services, I would assign that to an officer. And we have -- I have two officers that go out along with the caseworker on a joint visit; at least for the initial visit which has been working out tremendously. The partnership, I can't say enough about it.

If it turns out not to be a criminal situation, at least we can then determine that and Adult Protective Services can give whatever services are needed on their end. So, again, that partnership works out

really well.

One of the cases that Mr. Diemer had referred to, if I could, I do have some photographs if that's something that you would be willing to look at. It's a case where it was an 81-year-old woman who is now deceased. The case has been adjudicated. But just to kind of give you an idea of what one of these severe neglect cases look like. And then I'd like to even though I know it's not on the county level, it is a state legislation issue, but just go through with you the statutes within the penal law that applies specifically to these types of situations and just identify the gaps that do exist. So if I could do that. I'll give you a copies of those.

The photo that you're -- that you're going to be looking at or the photos, like I said, are from an 81-year-old woman who had suffered -- she had suffered from a stroke back in the year 2000. And she needed complete care. She was bedridden, incontinent and had severe memory impairment. She was living in her own home. Her daughter and her daughter's boyfriend along with his two sons also resided with her in her home.

In March of 2005 this victim was brought into the hospital in very poor condition. She was in an altered mental state, dehydrated, covered with bed sores and her body was septic. There were areas, as you'll see on the photos, her one heel and her buttocks area that would require skin graphs. Her primary care physician stated he hadn't seen her in about three years. It was determined that she was basically left lying in bed with these sores that went untreated for weeks. As I had stated earlier this victim unfortunately has since past. It was shown to be due to natural causes, but not to -- I hate in one breath -- I should say I hate handing out these photos, but I don't think you really get a good idea of when you say bed sores what that actually means, what it actually entails, yeah. Once you see the pictures it gives you a much better idea.

The other hand out that I had provided you with are the three laws that currently exist within the penal law that deal with these specific situations and this specific population. Looking at those photos because of the wording in some of these statutes, the first, endangering the welfare of an incompetent or physically disabled person is a Class A misdemeanor. That's what the daughter was charged with in this case. Had it been a paid caregiver, it would have been a felony charge. But because it was familial relationship and we could not show that she was actually getting any true benefit because of the care that they were providing, she didn't fit within those two felony statutes. I highlighted for you there the two -- it's actually four key words. Caregiver and vulnerable elderly person. The vulnerable elderly person, she fit within that category. So that wouldn't have been a problem.

But if you look at page two of the handout, there's specific language in there for caregiver which is very specific. Basically it either has to be by court order that this person is giving the care or they have to be receiving some type of financial benefit which we couldn't prove either. So, again, if this was done by a perfect stranger, it would have been a felony. But because it was a family member that did this, it was actually a misdemeanor was the highest charge that we could come up with on that.

So, again, I just want to point out a little bit. We have submitted some of our preferred language up to the state to look at on a state level. And again I know this is the -- we're speaking on a county level so it's probably not something that can be dealt with directly from you. But if any input is every asked of you, at least it gives you a little bit of a better background of what we're dealing with.

**CHAIRMAN STERN:**

Are you aware as to whether there's been -- you said you sent up -- suggest legislation language for legislation. Has there any kind of a bill proposed at the state level?

**SGT. BYRNE:**

Not that I'm aware of at this point, no.

**CHAIRMAN STERN:**

So it seemed that there's a tremendous gap there --

**SGT. BYRNE:**

There is, yes.

**CHAIRMAN STERN:**

-- because of the absence of some very important language.

**SGT. BYRNE:**

Yeah. And you would think it would be the opposite. It's kind of strange that a, like I said, a perfect stranger could do this to someone and it's a felony. In meanwhile someone who is most trusted -- in this case it was a daughter. And it's, again, only a misdemeanor level offense.

**CHAIRMAN STERN:**

Which may actually be the majority of the cases. And unfortunately so many of those are the ones that don't go reported.

**SGT. BYRNE:**

Both severe neglect cases that we had would not now -- the other case that Ralph Diemer also mentioned was the -- a young man who was 22-years-old, I believe, who weighed less than 40 pounds. He had many medical issues. But he was charged with a misdemeanor also. For him, again, he didn't have a paid caregiver. It was the grandparent that was actually giving the care. And he also would certainly not fit within the parameters of a vulnerable elderly person as the wording is used for the felony statutes so there was nowhere to go with that one either other than the misdemeanor.

**CHAIRMAN STERN:**

Legislator Alden.

**LEG. ALDEN:**

Thanks for coming down. Is your unit a county-wide unit?

**SGT. BYRNE:**

Yes. We work for the Police Department. We're actually located in Sayville. We're not located in the precincts or in headquarters.

**LEG. ALDEN:**

Do COPE units and sector cars, do they coordinate with you when they have what they think might be elder abuse or do they write those themselves?

**SGT. BYRNE:**

Certainly. If it falls within the parameters of what Adult Protective Services would handle, in other words if it's an 80-year-old who gets shoved and somebody, you know, they shove them and they take his wallet and take out with the wallet, that's not going to come to us. It would have to be a vulnerable adult. It's not strictly age. It would have to be someone who is unable to care for themselves. We do get notified, though, from patrol and COPE.

**LEG. ALDEN:**

Do you think there's enough sensitivity in the police department to this problem or do you think that that level should be raised first? Because the COPE units and the sector cars should have a handle on what's going on in their communities.

**SGT. BYRNE:**

They do. And actually we do training in the academy now where Ralph Diemer also accompanies

me. And we do a lecture for the new recruits. And I've also given presentations within the police department especially on these aided cases to just be aware of what you have in front of you; just to kind of keep your ears perked up a little bit more if you have someone that is bedridden and there are injuries, what do these injuries look like? What do you think caused these injuries? Look at it a little bit deeper than you would, say, just for a normal aided case.

**LEG. ALDEN:**

Thanks. And through the Chair, your presentation was -- the first part and the last part was very depressing. I'm glad that we are doing certain things and there are certain things we can do. The answer to the problems that you raise in the middle part and the earlier part of your presentation, would they be solved to a large extent if there was mandatory reporting?

**MR. DIEMER:**

I think it would improve things considerably; because it would force individuals who should be reporting it to make reports. And that would be a start. And I think the -- some concerns regarding mandated reporting is probably concerns as to who is reported. I think if education as far as Protective Services Adult Regulations would negate some of those concerns because it's not like every elderly person who might be abused should be reported to us. It's a question of are they capable of seeking recourse on their own? Like the individual who might be in an altercation who's elderly who calls the police and presses charges is not going to need to be referred to Protective Service for Adult. And sometimes that's the concern that seems to be expressed. And that might be the reluctance to do mandating reporting. But I think mandating reporting would enable us to maybe see more of these situations maybe earlier so we would be able to intervene more appropriately than -- sometimes we get involved in a situation where there's not a whole lot we can do to correct the problem.

**LEG. ALDEN:**

Through the Chair, and I don't know if it would be appropriate to ask but if you can give us a report and certainly what you put on the record before really outlines what the problem is and where we can't act, if you can give us a report or provide us with a suggestion of what legislative action we can take whether it be establishing a mandatory report policy just for Suffolk County and how that would be doable because it's your department, really, and Janet, it's going to be you that would, you know, fall on as far as you need resources or whatever; and if you can report back to this committee then there's a good chance that we could chance that we could, you know, either look at it or try to work on implementing something that's going to take care of that problem. Because there's a huge gap between what we can provide and what the need is out there.

**COMMISSIONER DeMARZO:**

We will put that together. We will look at some of the issues. We may not be able to give you specific legislative action, but we'll try to articulate what the problem is. And if something's apparent on what the solution is, we'll put that in there as well. And as far as APS mandatory reporting I think by making it mandatory reporting it addresses a number of the concerns that Ralph has spoken about. It makes it okay. You know that it is something government wants to hear. There clearly a lot of awareness. And that's how people feel about Child Protective Services. There's always like is this a mandated -- you know, is this something I should report? There's a lot of publicity. And I think if nothing else, making APS mandatory reporting will create an awareness.

There is always a concern, though, quite honestly, you know, we do meet our current workload now. One of the concerns in New York State, I'll tell you, is that if they made mandatory Adult Protective Services reporting, put it in place, what kind of staffing and costs would be incurred but local districts and who would the entity that pays for that?

**CHAIRMAN STERN:**

Well, you had -- I'm sorry. You had gone through the numbers before how many people were in the department. What would you say the average caseload is per worker right now?

**COMMISSIONER DeMARZO:**

Oh, Ralph will actually have that. He does month -- what is it? It ranges like 30 --

**MR. DIEMER:**

I think we average about 100 new referrals a month. And referrals take the most time and effort for the work. And then they carry an ongoing caseload. I would assume most of the workers probably average four to five new referrals a month; a carry over from the previous month maybe four to five. And then an ongoing case load that might vary from 10 to 15 cases. So it's a little different than Child Protective Services because the caseworkers handle everything. They handle the investigation and the ongoing services. And they see all kinds of cases, too. It's not a specialized except for our legal intervention. So beyond that, I don't know what to tell you.

**LEG. ALDEN:**

I have confidence in our Chairman, too -- I mean if you present it to us, you know, like defined a little bit more of what your ideas would be, I think, that with his experience and some of our other experience on the Committee, we should be able to come up with some kind of legislative plan.

**COMMISSIONER DeMARZO:**

We will submit that.

**SGT. BYRNE:**

And, I sorry, if I may, we get the vast majority of our cases from Adult Protective Services. We do get public citizens calling our office from time to time. And we do make an outreach. We go out to the home and we visit with the suspected victim and determine what we have, whether or not there is criminal activity. But the vast majority of our work comes through Adult Protective Services.

**LEG. ALDEN:**

Do you have any room in your budget for or is there a budget that you have for notifying people that, you know, we have a specialized police unit for elder abuse or whatever way you want to phrase it; do you actually advertise that out there?

**SGT. BYRNE:**

We actually -- my unit, the four officers that work for me and myself do actually go out and do lectures to the public.

**LEG. ALDEN:**

Do we use the media to go out there and, you know, tell the public that this is something that, you know, is prevalent now and is a big problem? And here's the number to contact.

**SGT. BYRNE:**

We've have a couple of -- it really is -- it evolves around the case load. We have had some cases that have been picked up by the media. This, of course, was one of them where we did get to get the message out there. But as far as extra money in a budget for a media campaign, I wouldn't know the answer to that. But I certainly could look into it.

**LEG. ALDEN:**

That's something we should -- we should actually look at maybe amending our budget and put something in there so the public is aware of, you know, they're aware of a 911 number when there's an emergency; and maybe just explain it a little bit further that an elder person or an elder adult or an adult being abused would definitely qualify for a call to the police.

**SGT. BYRNE:**

Right. And also just so you're aware Ralph Diemer and myself also sit on the County Executive's Task Force to Prevent Family Violence. And that was an issue that was on the table with that Committee. I believe something was written up and forwarded to the County Executive regarding mandatory reporting. So it may be another avenue for you to gather information of --

**LEG. ALDEN:**

If you're on my committee, through the Chair, could you get that report to us?

**SGT. BYRNE:**

I certainly can try through the Chairperson; I can try to do that.

**LEG. ALDEN:**

Thank you. Thanks, Mr. Chair.

**CHAIRMAN STERN:**

Sure. Legislator Eddington.

**LEG. EDDINGTON:**

Yes, thank you. I'd like to piggyback on what Legislator Alden said that, that I definitely would support the mandatory reporting issue and the crime category. And I think we probably could do some legislature and get it approved easily.

**LEG. ALDEN:**

No sense legislation.

**LEG. EDDINGTON:**

No, no. Well, here's the second part; that I can almost guarantee an assembly sponsor for it so that we could certainly do a memorializing resolution. So Assemblywoman Eddington is a clinical social worker. I know she would be supportive of this. So you let us -- give us some information and direction and we'll do a two-prong attack and get this done.

And then the other issue is that I think we should be an initiative to publicize what your information is in the media because your pictures brought it right to my front brain. I know it exists. I've heard it. I've dealt with it in some ways. But that struck a cord. And I think we have to get the general population to know what's going on.

**SGT. BYRNE:**

Right. And I believe -- I mean the public, they know when they think physical abuse, yes, I can't hit, I can't strike, I can't shove. But when you start talking about neglect and passive negative, I don't -- I don't know if people really are aware that you just can't knowingly leave someone in a situation where they're basically rotting. And that you are the caregiver even though maybe it's not a court ordered -- court order that you're a caregiver but you're really the person who's giving them their daily, you know, meeting their daily needs. So, you're right, sir.

**CHAIRMAN STERN:**

This training manual goes to who and to where and -- how often?

**MR. DIEMER:**

Whenever I do a speaking engagement, that's passed out and the pamphlet. So -- and I think it's been distributed over the years. It's been around awhile. Whenever there's an appropriate occasion we try to pass it out. And I think we've done some mailings on it, also.

**CHAIRMAN STERN:**

And I have just one -- one last question because, of course, certainly when we're talk about reporting requirements and caseloads and personnel required to do the job and do it well -- tell me about -- right now when you've determined that there might not be a family member, there might not be an organization, there might not be someone or some entity to step up and assume that type of a role, and there has to be a referral to your legal team to pursue guardianship; to have a legal guardian appointed, whoever that might be, who the courts determines, how many attorneys handle that aspect of it and what would you say their caseload is like at this point?

**MR. DIEMER:**

Well, we have one County Attorney assigned to APS. And he has other responsibilities. But, as I said, intervention to go file a petition for guardianship is the last choice. So we exhaust all voluntary measures before we go to that step. So we don't have an overwhelming number of petitions going in there now. And unfortunately because of the age and physical condition of many of our clients, often times before we get to that point they may end up getting hospitalized. And the hospitals may them proceed for guardianship. And that's just, you know, the problem of inadequate service and inability to affect a change in a voluntary manner.

**CHAIRMAN STERN:**

Legislator Schneiderman.

**LEG. SCHNEIDERMAN:**

Just quickly. I know Cameron Alden asked a question about, Nancy, your function being county-wide. And just maybe if you could speak to -- some of the examples working with the PD I understood. But in terms of reaching out to the police districts, you know, outside the County district in terms of how you do that, are they all coordinating with your department and bringing you in? Are they aware that you provide that investigative service?

**SGT. BYRNE:**

Well, if you're talking East End, Ralph would probably have the answer to that because I believe their caseworkers work directly with the local police jurisdictions out east of Riverhead. So we would not get involved with that. Not like the major crimes in our department does. Is that true, Ralph? I'm sorry. I don't want to speak for you.

**MR. DIEMER:**

Yeah. Yeah, that's how we do it.

**LEG. SCHNEIDERMAN:**

So you work with the local police?

**MR. DIEMER:**

Yes.

**LEG. SCHNEIDERMAN:**

When you have a case on the east end?

**MR. DIEMER:**

Yes.

**LEG. SCHNEIDERMAN:**

Okay.

**CHAIRMAN STERN:**

All right. Very good, Detective. Thank you, Commissioner. Ralph, good to you see as well. Thanks so much for being with us today. Critical issue and one that we'll continue to exam much more closely as we go through the year.

Any new business; any old business? Motion to adjourn?

**LEG. EDDINGTON:**

Motion to adjourn. Second. We are adjourned. Thank you.

**(THE MEETING CONLUDED AT 2:35 PM)**

{ } DENOTES SPELLED PHONETICALLY