

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 November 14, 2008.

Members Present:

Leg. Steven H. Stern, Chairman
Leg. Jack Eddington, Vice-Chair
Leg. Ricardo Montano (not present)
Leg. John M. Kennedy, Jr.
Leg. Edward P. Romaine

Also In Attendance:

Presiding Officer William Lindsay
George Nolan, Counsel to the Legislature
Barbara LoMoriello, Deputy Clerk
Deborah Harris, Aide to Legislator Stern
Holly Rhodes-Teague, Director/Office for the Aging
Tom Ronayne, Director of Veterans Service Agency/Human Services Div.
Dennis Brown, County Attorney's Office
Paul Perillie, Aide to Majority Leader
Linda Bay, Aide to Minority Leader
Debra Alloncius, AME Legislative Director
Joseph Beneduce, Ombudsmen
Bill Wergate, Ombudsmen
Joe Harbin, Ombudsmen
Lou Raid, Ombudsmen
Bill Oben, Ombudsmen
John Martino, Ombudsmen
Jim Gallagher, Seniors Against Discrimination
Mary Ann Malack Ragona, CEO Long Island Chapter Alzheimer's Association
Donna Bonacci, Director of Senior Services
Members of the Marine Corps League
All Other Interested Parties

Minutes Taken By:

Diana Kraus - Court Stenographer

Minutes Transcribed By:

Denise Weaver - Legislative Aide

THE MEETING WAS CALLED TO ORDER AT 1:15 PM

CHAIRMAN STERN:

Welcome to the Committee on Veterans and Seniors. We're going to ask everybody to please rise, join us in the Pledge of Allegiance led by Legislator Kennedy.

SALUTATION

Ask everybody to please remain standing and join us in a moment of silence as we keep all of our brave men and women fighting for our freedoms overseas in our thoughts and prayers.

MOMENT OF SILENCE

Okay. Thank you. Before we begin today's meeting I'm going to start off with a presentation. I have a special proclamation to award to the Marine Corps League, the Huntington detachment, who have brought great pride to the organization and to the entire community for winning first place in the 2008 National and New York Marine Corps League Best Newsletter for its official newsletter the Scuttlebutt. So our hometown detachment placed not just first in the State of New York, but in the entire nation.

And so with that it is a great pleasure to award you this proclamation to say congratulations, but more importantly to say thank you, thank you for all that you do for our veterans and our entire community.

PROCLAMATIONS AWARDED

PUBLIC PORTION

I have one card today so, Debbie.

MS. ALLONCIUS:

Good afternoon. Thank you very much, Chairman Stern. My name is Debbie Alloncius. I stand before you on behalf of the Suffolk County Association of Municipal Employees on behalf of Cheryl Felice and the members.

And I take this opportunity as a segue into your proclamation. We now have the ability to rehab and treat our veterans at the John J. Foley Skilled Nursing Facility in Yaphank. We are a full provider in the -- with the TRICARE Health Coverage, with their network. And I would like to request that perhaps the Marines in their newsletter put this information out. We did this in anticipation of being able to rehab any traumatic brain injury, spinal cord injury, physical rehabilitation. We have many beds there and we're just waiting for a veteran who may be at the point where they are done with their surgeries and just rehabbing and that we might be able to assist them there. And we have also have the beds where we could assist them -- the TBI's and the spinal cord injuries on a full-time basis.

And I think it's important for the public to know that -- that it is available and what a perfect venue, a newsletter going out to veterans. And I will be presenting them with my card. And I also am hoping that our own Veteran's Service Division here across the street, that they, too, are letting the

-- putting the information out there about the availability. Thank you.

CHAIRMAN STERN:

Debbie, do you know, is there something that the Foley facility has prepared in that regard? Are there any -- is there any kind of information or written materials available?

MS. ALLONCIUS:

There is no written material at this point. The best conduit would be through me. I can get them the information regarding the TRICARE. The TRICARE is like a provider, where we have Blue Cross/Blue Shield through the County. And there are certain providers that take it in full. This is the same scenario. You go on a -- on the -- on a website, you find out that you can, you know, what services are available and who is available to be -- avail themselves of these services. It could be the veterans, their families, you know, if a young child was hit by a car and needed, you know, needed rehab for hip problem, pelvis, anything like that, anybody who is covered under that contract.

But my -- my biggest input was to try to bring the veterans home here so that they could rehab and be close to their families. It's not an easy ride to get back and forth to Walter Reed or to Fort Drum out in Texas or wherever they may be. We just had with {Samsilla}, the family had to relocate to Washington while he was doing his rehabilitation. We don't want that. We want to keep them here. This is their home. Thank you.

CHAIRMAN STERN:

Thank you. Okay.

PRESENTATIONS

Mary Ann? It is great pleasure to welcome to the committee today Mary Ann Ragona, CEO of the Long Island Chapter of the Alzheimer's Association. Mary Ann, welcome.

MS. MALACK RAGONA:

Thank you. On behalf of the Long Island families we serve, I would like to thank Legislator Stern and the committee members for giving me the opportunity to talk about a most important population, our informal caregivers. Coincidentally, in addition to November being National Family Caregiver's Month, it is also National Alzheimer's Disease Awareness Month. So this is a perfect opportunity for me to talk just a little bit about our caregivers and the important role that they play in our society.

Today in this country we have over five million people who've been diagnosed with Alzheimer's disease. More startling, we have approximately 500,000 individuals under the age of 65 with a diagnosis of Alzheimer's disease. In the world of Alzheimer's disease, 70% of all individuals diagnosed with Alzheimer's disease are being cared for in the home by informal caregivers. Caregivers for an individual with Alzheimer's disease face tremendous challenges. Many caregivers are trying to juggle work, family and caregiving. For caregivers in the world of Alzheimer's disease, caregiving can mean 24-hour days, seven days a week, depending on the progression of the disease. It can also mean long days and restless nights.

In addition to the physical burden placed on these individuals, there is also a tremendous emotional burden and many caregivers run the risk of developing their own health issues because so many -- so much focus is placed on their loved ones and these caregivers actually ignore their own physical and mental well being.

Our workers at Chapters are centered on keeping families in their homes for as long as possible. And we do this by providing support, resources and referrals. AALI offers care and consultation with

the geriatric care manager on staff who will meet with families, as well as individuals who are in the early stages of the disease to ensure that there is an appropriate diagnosis. Once we established a credible diagnosis, we will work with the family to develop a long-term care plan and stay with that family throughout the disease process; a process that could run anywhere from one to 20 years. We offer information and referral which includes our 24-hour National Contact Center. And the contact center also hosts a translation services and a Crisis Prevention Center.

Today I brought with me several of the information brochures that we have available for our caregivers, and they can be found in our Chapter office. But these are just a small sampling of the kinds of information we can provide for our family caregivers.

In addition, we also host a website both at the national and local level where families can find information and additional resources. A big part of what we do centers on education. Our Chapter provides training for informal caregivers, as well as for professional caregivers. And the goal of our training programs are to ensure quality care at all levels of care.

Our national Medical Alert -- Medic Alert and Safe Return Program addresses wandering. It is common for a person with Alzheimer's disease to wander and become lost and many wander repeatedly. In fact, 67% of those with Alzheimer's disease will wander at some point during the course of the disease. Here on Long Island, working with Nassau and Suffolk County law enforcement agencies, we are proud to say that we have better than a 95% success rate when it comes to returning those individuals who wander off.

We offer a number of support groups throughout both Counties helping caregivers to cope with the many challenges they face. Recognizing the changing dynamics of Alzheimer's disease, the Chapter has just recently launched its first early stage and early onset under the age of 65 support groups, right here in Suffolk County.

As the President of the New York State Coalition of Alzheimer's Association Chapters, I have been successful in helping to pass state legislation aimed at expanding the types of programs and services we offer at our Chapters. We have a seat on the Assisted Living Task Force and the Alzheimer's Disease Coordinating Council to ensure that the voice of our caregivers and those with the disease is heard loud and clear.

Today we know that there are 78 million baby boomers at risk for Alzheimer's disease. We will be seeing more and more informal caregivers as the years go by. These caregivers provide quality care without compensation. This equates to millions of dollars in savings to local and state governments, while still providing quality care.

The American Academy of Neurology has an ongoing study entitled *Improving Caregiver Well Being Delays Nursing Home Placement of Patients with Alzheimer's Disease*. This study shows that when an appropriate community support services are in place, we can avoid premature placement into an institution by more than 550 days, again, saving millions in Medicaid dollars.

Alzheimer's Association Long Island salutes our informal caregivers and we thank Legislator Stern and this Committee for recognizing National Family Caregivers Month. Our caregivers are most -- are our valuable resource and we can continue to encourage every level of government to recognize these individuals and their needs and to continue to work to ensure that valuable community services are funded so that we can all continue to provide the support needed to keep families together for as long as possible. Thank you.

CHAIRMAN STERN:

Mary Ann, thank you. It's an issue that affects literally an entire generation of children who are now caregivers for their elderly parents and, of course, charged with taking care of young children, in many cases at the same time. And I'm sure we all deal with it in our own families or know someone who is touched by having the responsibility of caring for an elderly parent or loved one.

What would you say in your experience is one of the more common mistakes or misconceptions that caregivers are under? If it's someone that we come across when we're speaking with some type of organization within our Legislative districts and we become aware of a situation, what are some of the things that we might be able to assist with in our role here at County government? And what are some of the mistakes that family caregivers are making out there?

MS. MALACK RAGONA:

Well, the first mistake that families make is not moving ahead to get an appropriate diagnosis. I mean, that's clearly one of the biggest issues we face at the Chapter. Many of our primary care physicians are not skilled in recognizing the characteristics of Alzheimer's disease or even recognizing the difference between Alzheimer's disease, dementia and maybe another issue that needs to be addressed.

So when anyone is talking to physicians, you know, it would be a really good idea to start to begin the process of encouraging physicians to learn more about what's going on with the disease and then further to take a little more time with the families. Because families come to us always complaining that someone will go into a doctor's office and complain that they have some memory loss, the doctor will write a prescription for Aricept or Exelon, one of the few drugs that are out there, without doing the full comprehensive evaluation. They send the family home, these drugs have side effects. This disease progresses. And depending on the individual it could progress very quickly. And families aren't ready to handle the challenges that are coming from this disease.

I think the other myth is that many families don't believe that there's help out there for them and there really is. And I always say that we're like this secret on Long Island because when we're finally found out, the families are just so excited that they've got someone to turn to for assistance. They don't have to hide this. This is no longer a disease that has to be hidden away in the closet. People understand that there is a disease process going on here and there are a lot of people impacted by this disease.

And so those are some of the things that we see at the Chapter. And I -- again, I think mostly people just don't believe that there's help out there for them and there is and they need to know about that. And that's why we have all these wonderful pieces of information. We are working to get them into offices such as yours and other -- the New York State delegation. We want people to know who we are, where we are and what we can do to help them.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

Yes. I just want to say that I absolutely and completely agree with you. I lost my father-in-law last month to Alzheimer's, devastating disease. Sometime ago I had introduced a bill to allow the study of establishing a Division of Geriatrics in the Health Department. We live in a County that's graying out everyday. And of the 18 Legislative districts, probably I have the oldest in terms of median age. Many people retired to Southold. Many retirement communities in Riverhead, Shelter Island, well over 40% of people 62 years of age and older. And unfortunately, that resolution was repeatedly tabled. Called only for a study to set up a Geriatric's Division in our Health Department.

I believe, again, and I will say again, that we need to seriously consider in a Health Department of our size in a County of a million and a half people, having at least a Division of Geriatrics so that as our population ages out, we can focus in on those issues that health issues that are so critical such as Alzheimer's, hearing loss, joint problems, arthritis, etcetera, so critical to our population that now are getting short tripped, particularly as some of our healthcare insurers drive general practitioners from the Island and those who special in geriatrics. We have very few doctors that special -- specialize in geriatrics in Suffolk County. And that's why I thought it was very important that we create that.

I mean obviously my colleagues in the majority did not share that opinion at the time. I'm hoping that with time the light will dawn and I'll be happy to co-sponsor with someone in the majority an attempt to put a Division of Geriatrics in our Health Department in Suffolk County. But thank you for your information. It was illuminating.

MS. MALACK RAGONA:

Thank you.

CHAIRMAN STERN:

Presiding Officer.

P.O. LINDSAY:

Thank you very much, Mary Ann, for coming down and testifying and enlightening us to this problem that is expanding more than we'd like it to expand. I know like Legislator Stern talked about us being a sandwich generation, every one of our families experience that, certainly I have in my experience of taking care of our relatives both young and old.

Home healthcare is -- I agree with you, is if you can keep somebody at home it's absolutely the best way to go. It's certainly better than even the best institutions. And there was a discussion about what we can do. Is there any programs now for respite care that because, you know, it's a very, very trying job to take care of one of your loved ones, it's 24/7 job. And every once in a while they need to get their tank refueled a little bit and get away from it, you know. Does a program like that exist?

MS. MALACK RAGONA:

We have, we have minimal programs. I will tell you in my testimony I mentioned about the Alzheimer's Disease Coordinating Council. That process actually came to Long Island in May and we did forums here. And we listened to caregivers tell us some of the things that they needed. And one of the top three issues that are on that recommendation list right now is, in fact, respite care.

We have some -- through the association, folks can call us and we work with assisted living facilities and we have short term stays that we can arrange for respite care. There are a couple of agencies out here that provide respite care. Some of it's free. Some of it is based on a sliding scale. But many times there's a huge waiting list for that to have happen. So it is one of the high points of some of the things that we're looking at in Albany.

P.O. LINDSAY:

That isn't something that would be fundable under Medicaid?

MS. MALACK RAGONA:

Respite care?

P.O. LINDSAY:

Yeah.

MS. MALACK RAGONA:

Probably not.

P.O. LINDSAY:

Yeah.

MS. MALACK RAGONA:

Probably not.

P.O. LINDSAY:

See that's something that probably should be looked into because --

MS. MALACK RAGONA:

And I think even aside from Medicaid, most of the families we see, believe it or not, I know there are a lot of people working under the Medicaid Program, but most of the people we see are not even eligible for Medicaid. And they're probably not eligible by a very small dollar amount. But now they're faced with the potential of having to bring someone in the home and as we all know, home care is very, very expensive.

So all of those issues have to be addressed. Whether they're on Medicare, Medicaid. I mean, there are people that can absolutely pay for this kind of service, but I'm going to say the majority of the families that we see cannot, are burnt out, need some help and we need to get it to them. And now even with that problem, we've asked the Department of Labor to come to the table up in Albany because even if we can fix the issue of respite and get some help for these families, we have a terrible workforce issue right now. We don't have qualified trained people to come in and do that respite. And so we have to address that as well.

P.O. LINDSAY:

Well, even -- and you're -- I guess you're talking about respite within the home. I'm talking about --

MS. MALACK RAGONA:

Well, in or out, really.

P.O. LINDSAY:

-- in or out.

MS. MALACK RAGONA:

Yeah.

P.O. LINDSAY:

And, I mean, even if you just want to look at this issue financially, if you burnout the caregivers, and they institutionalize the patient, they might have enough money to pay for it initially, but that isn't going to last long. I mean, they're eventually going to wind up on Medicaid. So just to give the caregivers some break probably would save government a lot of money in the long run.

MS. MALACK RAGONA:

Millions, millions. We've already put that up to Albany. We've been successful. I've been with -- doing this now for six years. We had absolutely no funding when I came on board six years ago. Through the coalition we've now been able to secure three grants for the seven Chapters. We have seven Chapters in New York State. And we've been able to do that because of that report that I referred to showing that you can -- you can see tremendous savings to the Medicaid Program when the support pieces are in place to keep the caregivers, the informal caregivers going and moving ahead.

Because you're right, the point of last resort, when a caregiver can no longer handle this is, I need to put this person in a nursing home. And I'm going to venture to guess that the majority of the people that are being placed in nursing homes under a Medicaid provision probably really shouldn't be there, but they're there because there's no other way to care for this individual. It's a huge problem. We need to look forward. We need to be proactive on this. And I -- we could -- we could really look to save a good deal of money all over on this.

P.O. LINDSAY:

My wife is on the board of AHRC. And they have a number of group homes, residences around Suffolk County. And there is spots reserved in most of those homes for respite care, to give, you know, caregivers that have their -- whether it be siblings or at home that just need break, you

know, and the program works pretty well, you know.

MS. MALACK RAGONA:

Yep. We have similar programs, but not enough, not for the number of baby boomers that are now slated to age over the next couple of years.

P.O. LINDSAY:

Okay. Thank you.

CHAIRMAN STERN:

You know, with the tremendous challenges that New York State government is facing right now, wouldn't it be great if they finally took a meaningful look at our health care system and instead of being completely upside-down the way it is right now, that in an effort to save money that they did it in a more intelligent way rather than cutting across the board. But finally, you know, coming up with meaningful, you know, meaningful reform.

MS. MALACK RAGONA:

I tell you what scares us the most right now is the fact that we made so much headway over the last two or three years and we're now looking at the potential of falling all the way back to where we were three or four years ago. It's very frightening.

CHAIRMAN STERN:

Yeah, Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Thank you for coming out. I listened as you spoke and like it seems most of us on the horseshoe here, I have my own personal experience with this as well. As a matter of fact, my wife actually stopped working to care for her mother-in-law in our home up until the time she passed in 2004. And it was a particularly vicious type of decompensation mimicking Parkinson's, but going through much of what happens with Alzheimer's. And I can remember vividly trying to find someplace to get even an evening off so we could go shopping and it was next to impossible to achieve.

Nesconset Nursing Center had two beds that they called respite beds at that time when Mr. {Reniere} ran the place, but it was always booked with like a 30 to 45 day waiting list, which always seemed odd to me in that it was short term respite, which was something where people would be looking to reach out to and they were finally saying, *I got no more rope left, I need to get some help somewhere now.*

It also occurs to me that we have a County nursing home that we have some beds at now. So as you advance this notion of trying to make short term respite a reality, I'm wondering how you're interacting with our nursing home facilities?

MS. MALACK RAGONA:

That's a very interesting point that you raise because I had a meeting two, three weeks ago with our County Exec and some of the members from the Legislature. And I brought to the table the owners of Nesconset Nursing Home and they also own what was Hilaire Farms is now Huntington Village.

LEG. KENNEDY:

Yep, know Mr. Heppenheimer well.

MS. MALACK RAGONA:

Bob Heppenheimer, right and {Anu Lampa}. And I brought them there because there is the real possibility that a) that nursing home could really develop some good quality care programs. But there was also discussion about putting an assisted living on that property and that assisted living could in fact, provide us with some respite beds.

So there is a process that's now being discussed. I don't know where it is at the moment. But we are working to try to make that type of a situation happen there and in other areas as well. I mean, we've been very successful in getting many of the assisted livings not only to agree to give us some respite beds, but to agree to give it to us at some reasonable cost because families just really can't afford 150, \$200 a day for this. So we've been working on that as a Chapter.

LEG. KENNEDY:

As Mr. Chairman points out though, too, as it seems that our state government is now wrestling with this, you know, a monumental deficit and we know for a fact that Medicaid is going to go through a major revision with their allocation for reimbursement effective in the beginning of January, might this be an opportunity for your organization to be saying, recognize an unmet need and fund it at a reasonable rate so people can continue to do the lion's share of their care, uncompensated in their own home -- in their own homes.

MS. MALACK RAGONA:

It's already up there. It's already sitting on the Governor's desk.

LEG. KENNEDY:

Okay.

MS. MALACK RAGONA:

We have been in -- we have been in this process for a good four years now, showing them the results of putting these support pieces in place and the benefits that government can save by doing this.

LEG. KENNEDY:

Okay.

MS. MALACK RAGONA:

They really need to continue to look at that, but we have to continue beating them over the head to make sure that they look at it.

LEG. KENNEDY:

Good. Keep swinging. Thank you.

MS. MALACK RAGONA:

Okay.

CHAIRMAN STERN:

Good. Anybody else? Very good. Mary Ann, thank you.

MS. MALACK RAGONA:

Thank you so much.

CHAIRMAN STERN:

Thanks so much for being here today. Tom?

DIRECTOR RONAYNE:

Chairman, members, thank you, thank you for the invitation to be here today. Before I begin my presentation, I'd like to follow-up if I could for a moment on the -- it's not quite respite care, it falls short of actually being what I -- what I would think would be considered respite care, but for -- and again not for the entire population but for veterans, spouses of veterans, eligible dependents and surviving spouses, the Long Island State Veterans Home in Stony Brook has a really fabulous adult day care facility. They have an Adult Day Care Program that I've spoken to a number of people who use it for this very reason, that being home day after day, providing care for their loved one,

presents such challenges and there is a burnout, that they take advantage of this adult day care to a) dependent upon the degree of impairment, an assessment would be made, that the Alzheimer patient them self or herself, could participate in the program and/or the caregiver. Again, providing that they were eligible.

There is a per diem payable by the VA for eligible veterans. It is Medicaid approved. And the costs are not significant. They pick you up, it's porter to porter service. They pick the participants up at home in the morning and return them back to home in the evening. They provide two meals and they provide access to all of the -- the programs that are offered in the Long Island State Veterans Home. I know some of you are more familiar than others with the facility. But speaking for myself, if I ever, and God forbid, have to find myself in a facility, or have a family member, I would hope that it would be there. It's truly an exceptional place. So that's one potential resource for that segment of the population. It's not a fix-all, but it's certainly one additional option that is out there for some of us.

Quickly, I would also like to report that about two weeks ago, United Veterans Beacon House, which is a significant provider of housing for veterans, opened two additional homes in Huntington on Park Avenue. Each home has ten beds. So we now have housing for 20 additional homeless veterans in the County, which two would be wonderful; 20 was a godsend. These beds are already filled.

CHAIRMAN STERN:

Is that right?

DIRECTOR RONAYNE:

They are filled.

CHAIRMAN STERN:

And is there -- does there continue to be a list taking names so that if there becomes availability that we know where those that are still in need are and how to contact them and perhaps bring them in?

DIRECTOR RONAYNE:

Through our office we're in constant contact with United Veterans Beacon House. They're running at about a 98% occupancy rate. As one bed becomes vacant it's filled almost immediately. There are waiting lists, as is the case with United Veterans of Suffolk County in Yaphank. The only place that we're not seeing having full beds, there generally are beds available are at the Salvation Army residence on the campus at Northport. It's a slightly larger facility. Depending upon where we are in the year, they float from between 45 and 65 beds. Right now I think it's closer to the 45 number. But those are, again, all out there and doing good work.

On the same note with the homeless veterans, I had spoken at our last session concerning the HUD and VA partnering and creating the VASH vouchers, which is essentially HUD giving to the VA, Section 8 vouchers to house homeless or chronically homeless veterans and veteran families. There were about 10,300 vouchers awarded statewide. We in Northport unfortunately, the way they were distributed, got 35. So we got 35 out of the 10,300 nationally. We've been assured that if there were any inequities in terms of the distribution of these vouchers that the '09 program, which is going to be a continuation of what we're talking about, will include a larger number of vouchers for the Northport VA.

Okay. I'd like to report also we've been working long and hard, I know Dennis -- Dennis Brown is here with us. Dennis has been working with our office as well as Legislator Beedenbender. And we have finally gotten the Veterans Assistance Fund off the ground. It's up and running. And as of today, I checked before I left the office, we have had to date three veterans make inquiry as to receiving assistance from the fund. I don't have any information as to whether or not any aid has been provided yet, but I know that we had three -- three inquiries to date.

CHAIRMAN STERN:

Before I continue, how has that information been distributed to the community? How do veterans and/or their families in need know of the program?

DIRECTOR RONAYNE:

We're relying very heavily on the veteran service organizations, the AMVETS, the American Legions, the VFW's to bring the word back to their memberships and that the membership, when they are interacting in the community, to get the word out while they're in their community. It's largely right now word of mouth. There is no funding for advertising. I would also add that for 2008 it's a small amount of money and I would fear that if the word were too broadly broadcast that we would quickly exhaust the fund and have nothing remaining.

That being said, I want to thank some of the members here for their generosity in supporting the program going forward into '09. I know that the program looks like it'll be expanding going into '09, which certainly will provide a needed service. Thank you.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

Yes. Could we go back for a second on the Section 8 vouchers?

DIRECTOR RONAYNE:

Sure.

LEG. ROMAINE:

How many came to New York State, are you aware of that number?

DIRECTOR RONAYNE:

New York City got 1000.

LEG. ROMAINE:

So you would have thought the state maybe got four or 5000 overall?

DIRECTOR RONAYNE:

No, it was not that many.

LEG. ROMAINE:

No?

DIRECTOR RONAYNE:

Most of the -- the VISN, the Veterans Integrated Health Network, is how they allocated the vouchers.

LEG. ROMAINE:

So we got 35. New York City has about 8 million people, they got a thousand. We have been about a million and a half people, we got 35.

DIRECTOR RONAYNE:

The math doesn't work.

LEG. ROMAINE:

Yeah, it certainly doesn't work. Who was the one that did the -- who was the one that made the decision as far as the distribution of the Section 8 certificates?

DIRECTOR RONAYNE:

Department of Veteran Affairs in Washington.

LEG. ROMAINE:

Okay. And you are preparing a letter for all 18 of us to sign, I would assume, the Presiding Officer would be in agreeance with that, registering our dissatisfaction. How many homeless veterans do you estimate we have in Suffolk County?

DIRECTOR RONAYNE:

Our best guess is 1500 to 2000.

LEG. ROMAINE:

All right. The gentleman I ran against who was a veteran and we became friends after that, Mr. Bjorebrick, had indicated he thought there was as many as over 4000 in Suffolk.

DIRECTOR RONAYNE:

We think -- well, we think the four to 5000 number is an Island wide number.

LEG. ROMAINE:

Oh, okay. So in Suffolk it's about 1500.

DIRECTOR RONAYNE:

Yes.

LEG. ROMAINE:

And we got 35 certificates. Who's going to administer these Section 8 certificates for the County? Is it going to be the County or is it going to be -- who's in charge of administrating it.

DIRECTOR RONAYNE:

There's a Rose Jillian and a Greg Curran at VA.

LEG. ROMAINE:

Oh, at the VA.

DIRECTOR RONAYNE:

Yes.

LEG. ROMAINE:

So the VA can directly administrate. The County has no role in administrating the Section eight.

DIRECTOR RONAYNE:

Correct. They come directly out of VA.

LEG. ROMAINE:

Okay. And how are they -- they obviously have their methods of outreach and prioritizing which 35 to benefit?

DIRECTOR RONAYNE:

Yes.

LEG. ROMAINE:

Okay. And they'll do the placement?

DIRECTOR RONAYNE:

They're doing the placement. The other thing --

LEG. ROMAINE:

Do they have a contract with a not-for-profit housing, you know --

DIRECTOR RONAYNE:

Several, several.

LEG. ROMAINE:

-- like CDC, Community Development Corporation?

DIRECTOR RONAYNE:

CHI, they have several contracts with not-for-profit providers.

LEG. ROMAINE:

So those, the not-for-profits will do the placement. Not the town governments, which also many town governments run Section 8 programs as well. But they'll do it through a not-for-profit.

DIRECTOR RONAYNE:

That's my understanding, yes.

LEG. ROMAINE:

Okay. And -- well, okay. I'll contact your office for more information. Obviously there's people in my district in need that have approached me that I'm aware of. And if someone from your office could contact us and just give us a person so we could put those people in touch with the proper people who's running this program that might be beneficial.

DIRECTOR RONAYNE:

Be happy to.

LEG. ROMAINE:

I appreciate that. Thank you.

DIRECTOR RONAYNE:

I come with good news. Two things: The Honor Flight Program, which I know some of you are familiar with, recently held a special trip. Normally the trips are held on Saturdays because of the availability of people to work with it. The program is very heavily reliant on volunteers to escort the World War II veterans on their trip to Washington. We recently did a Friday trip. And the reason the trip was held on Friday was that CBS network had agreed to cover the trip from beginning to end. They sent an anchorperson and a camera crew to MacArthur in the morning, started shooting at MacArthur and followed them through the day in Washington returning back to MacArthur later that evening.

The program is just extraordinary. It's intended to at no cost to the World War II veteran, take these veterans -- many of them are wheelchair bound. We try and do everything possible to get around these barriers, and at no cost again to the veteran, take them from here, bring them to Washington for the day, put them on tour buses and travel around the city to the various military monuments.

After having a lunch prepared, the second half of the day is spent at the World War II monument, where they then re-board the buses, go to the airport and come from home. It's a terrific program. It's very, very heavily reliant on volunteers. And it's all donations. There is no cost to anybody who travels. The volunteers pay their on way, but funding is their issue.

So I'd be happy to forward the link for the CBS story that ran it. They ran it -- they ran it about three and a half minutes on the group that left from Islip. And I think it's something that we should all be well aware of for our World War II veterans. But Suffolk County hit the ground running. This is our fifth trip that we've done out of Suffolk County and we're looking to pick it up again come March or early April, weather permitting, to get going again.

CHAIRMAN STERN:

Okay.

DIRECTOR RONAYNE:

I also have a meeting tomorrow morning with the family members of the Fighting 69th, Major Bjorebrick's unit. The word has come down that there's an attempt being made to return the unit back to Long Island earlier than had originally been anticipated. So hopefully their rotation is being accelerated. The goal was to get them back here before Christmas or New Year's. I'm meeting with the families tomorrow morning to, you know, talk to the moms and the dads and the wives, certainly to make them aware of what we want to do in terms of providing services and so forth. But also extending our hand and finding out how we can participate in their return just as we did with their departure.

So I'll be happy to report back at the next -- at our next session on what -- on what that status is. They won't give us a hard physical firm return date until very close. They'll keep that -- they'll keep that window closed until probably within a few days, but, again these guys have fought hard. They're our neighbors. They're our cops and our plumbers and our, you know, milk delivery folks. And we've lost quite a number of them over there fighting for us. So I think, you know, as we -- as we do in Suffolk, we owe them a rousing return.

CHAIRMAN STERN:

Absolutely.

LEG. EDDINGTON:

I got a question.

CHAIRMAN STERN:

Legislator Eddington.

LEG. EDDINGTON:

Yeah, Tom, as you know, I've been working with the families and -- but my understanding was that they were going to come home for the holidays but then be redeployed. Is that not correct now?

DIRECTOR RONAYNE:

I spoke to the coordinator for the Family Readiness Unit prior to coming over here and the redeployed part was not discussed.

LEG. EDDINGTON:

Great. Oh, that's good news.

DIRECTOR RONAYNE:

It was bring them home. Their rotation would have been up in March, anyway, so I would think that the logistics and the expenses associated with bringing an entire unit home only to send them back for 90 days would not be cost effective to the military.

LEG. EDDINGTON:

What a unique -- yeah, that's a good example. I wish the military followed your lead. But I'm happy to hear what you're saying. So that's great.

DIRECTOR RONAYNE:

And I'd be happy -- anybody that would like to join us tomorrow morning we'll be at the Bay Shore Armory at 11:00 AM with the families. And absent that anybody who would like contact me from noon on tomorrow, I'd be happy to report on what transpires.

LEG. EDDINGTON:

Thank you.

CHAIRMAN STERN:

Very good. Okay. Anyone else? All right. Director Ronayne, thank you.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Good to see you today.

DIRECTOR RONAYNE:

Oh, if I could, tomorrow morning -- last year we had, again, the tragic loss of a Sag Harbor resident, Jordan Haerter. He was the first serviceman killed from Shelter Island since World War II. The community tomorrow will be dedicating the bridge going from the mainland onto Shelter Island that will -- I'm sorry, Sag Harbor. They will be dedicating that bridge in Jordan Haerter's honor. There will be a breakfast at the American Legion in Sag Harbor at 8:30 AM. The bridge dedication takes place at 10:30 AM. And there are other activities taking place in the town, I think, culminating with an event in town at 3:30.

So it's something of an all day event broken up into several pieces. But if anybody has the opportunity, that is taking place tomorrow. And the parents have extended an invitation for all who are interested to attend.

CHAIRMAN STERN:

Very good. Okay.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Thank you. Holly. Just take one moment to recognize the Director of Senior Services for the Brookhaven, Donna Bonacci is here today, so I just wanted to say hello and recognize that you are here and to say thank you for all of your hard work and efforts for seniors throughout the Town of Brookhaven.

Holly.

DIRECTOR RHODES-TEAGUE:

I just wanted to followup on Mary Ann's comments about National Caregiver Month. Our office does have a Caregiver Support Program. It's funded through the Older Americans Act under 3E. And the program provides -- what we have going is we have a coordinator within our office. We've done some lunch and learns in the County buildings and also with some -- some other community programs outside. We're doing a lunch and learn at Stony Brook where we tell them about different services out there for caregivers.

The program also -- we contract with two agencies to provide services on the east end and on the west end for support groups and for individual counseling. So those services are available to caregivers out there. We also kind of coordinate along with the -- some of the towns have Adult Daycare Programs that have support groups for the caregivers of those people in Adult Day so we work with them as well.

So there is caregiver programs out there.

There's a Respite Program that we fund. It's a very small program that we've got some money for under the Older Americans Act funding. And it's to do respite for up to seven days in an adult home.

So we do have that program out there. It is limited in funding. And when we did an RFP a couple of years back, we only had one facility respond to it.

So I agree with what Mary Ann said, the caregivers are in a tough bind because there is not enough Respite Programs out there and it's hard to get people to come to your home because there's not enough workers out there. So those are things we're going to see more and more. There's just not enough people -- home care workers.

CHAIRMAN STERN:

Holly, which facility participates in that?

DIRECTOR RHODES-TEAGUE:

I believe it's Woodhaven. I'll double check that, but I believe it's Woodhaven we still have the contract with. We used to have two facilities and then one stopped. And when we did the RFP, we only had one respond back out, so. So, the caregivers definitely need our support in as many ways we can. But if you have somebody who's out there struggling, ask them to give our office a call. We can point them in the right direction.

The other program I wanted to update on was the HEAP Program. Our office is a subcontractor, as I said before, that we are a subcontractor to DSS and do the processing of apps up until the approval point for those who are 60 and older. And to date, we have processed 3800 applications. And those applications primarily were the applications that went out in September from the early mail out from the state to those who have received HEAP in the past. So those applications have been processed and awaiting approval over at DSS. And since the program actually opened on November 3rd when we could send applications out, we have sent out over 1700 applications to those who have requested them through our office. So I think it's going to be a very busy HEAP year.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Holly, refresh my recollection, the HEAP eligibility is not only age dependent, if somebody is a disability recipient like an SSD or an SSI recipient, is there eligibility there also?

DIRECTOR RHODES-TEAGUE:

Anybody -- anybody could get HEAP, it's, you know, within the income guidelines and the number of people in their homes. But our office processes the over 60.

LEG. KENNEDY:

Oh, okay.

DIRECTOR RHODES-TEAGUE:

And the SSD. And then otherwise they have to go to the HEAP Office in, you know, the HEAP Office in DSS.

LEG. KENNEDY:

Okay. All right. Thank you.

CHAIRMAN STERN:

Mr. Presiding Officer.

P.O. LINDSAY:

Holly, your department doesn't process the dealers though. Right?

DIRECTOR RHODES-TEAGUE:

No. That's all through DSS.

P.O. LINDSAY:

Yeah.

DIRECTOR RHODES-TEAGUE:

We just process the applications to the point of final approval. And the final approval goes to DSS and they -- they certify. We don't certify the apps.

P.O. LINDSAY:

But the --

DIRECTOR RHODES-TEAGUE:

And the dealers are all through DSS. They're the ones who have -- they have --

P.O. LINDSAY:

And the HEAP recipients have to deal through the approved dealers.

DIRECTOR RHODES-TEAGUE:

Correct.

P.O. LINDSAY:

They can't --

DIRECTOR RHODES-TEAGUE:

Correct. And I know there's some struggles with that.

P.O. LINDSAY:

Well, there's struggles but there's also, I think, a lot of profiteering out there in that marketplace. And it concerns me that some of our people are getting ripped-off by some of the dealers. But I know that doesn't happen in that program because they have to -- dealers have to be certified.

DIRECTOR RHODES-TEAGUE:

Correct.

P.O. LINDSAY:

I know it's inconvenient, but it's -- we just want to make sure that whatever money comes in goes to heating the house and not in somebody's pocket.

DIRECTOR RHODES-TEAGUE:

I agree. It's, you know, as I said it, we're receiving an awful lot of applications. I think last year we processed in our office about 6000 apps. And we're, you know, it's only the beginning season and we've gone through quiet a few already. Anybody have questions?

CHAIRMAN STERN:

Anybody else? All right.

DIRECTOR RHODES-TEAGUE:

Okay. Thanks.

CHAIRMAN STERN:

Holly, thanks. We'll go to the agenda. We have tabled resolution.

TABLED RESOLUTIONS

IR 1869, Adopting Local Law No. -2008, A Local Law expanding tax exemptions granted to spouses and unremarried surviving spouses of veterans. (CE Levy)

LEG. ROMAINE:

Motion.

CHAIRMAN STERN:

Motion to approve by Legislator Romaine.

LEG. EDDINGTON:

Second.

CHAIRMAN STERN:

Second by Legislator Eddington. All in favor? Any opposed? Any abstentions? Motion carries.

LEG. ROMAINE:

Would the Clerk please list me as a cosponsor to this legislation.

CHAIRMAN STERN:

Everybody else, everybody else? **(VOTE: 4-0-0-1 Leg. Montano not present)**

MS. LoMORIELLO:

All of them?

CHAIRMAN STERN:

Okay. Everybody.

MS. LoMORIELLO:

Sure, all around.

INTRODUCTORY RESOLUTIONS

IR 1915, Directing the Department of Public Works to designate parking for veterans at the Riverhead County Center (VA clinic) (Stern) I'm just going to make a motion to table. So we'll get a second from Legislator Romaine?

LEG. KENNEDY:

Second.

CHAIRMAN STERN:

Second by Legislator Kennedy. All in favor? Any opposed? Any abstention? Motion carries.

(VOTE: 4-0-0-1 Leg. Montano not present) That is it for the agenda. Anybody else, anybody else? Okay. We are adjourned. Thank you.

**THE MEETING CONCLUDED AT 2:05 PM
{ } DENOTES SPELLED PHONETICALLY**