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 June 14, 2010.

MEMBERS PRESENT:
Leg. Steven H. Stern, Chairman
Leg. Jack Eddington, Vice Chair
Leg. Jon Cooper
Leg. Daniel P. Losquadro
Leg. Edward P. Romaine

ALSO IN ATTENDANCE:
Sarah Simpson, Assistant Counsel
Benny Pernice, Budget Review Office
Laura Halloran, Budget Review Office
Renee Ortiz, Chief Deputy Clerk
Tom Ronayne, Director of Veterans Service Agency
Paul Perillie, Aide to Majority Leader
Linda Bay, Aide to Minority Leader
Deborah Harris, Aide to Leg. Stern
Dot Kerrigan, AME Legislative Representative
Jeff Mandel, President CEO Silver Alert
Tali Schmulovich, Phoenix House
Dr. Laura Blandy, Phoenix House
Carie Besserman, Phoenix House
Nick LaLota, Special Assistant, Military and Veterans Affairs
Jack Caffey, Aide to Presiding Officer
Rick Brand, Newsday
And all other interested parties

VERBATIM MINUTES TAKEN BY:
Diana Flesher, Court Stenographer

THE MEETING WAS CALLED TO ORDER AT 11:41 AM

CHAIRMAN STERN:
Welcome to the meeting on Vets and seniors. I ask everybody to please rise and join us in the Pledge of Allegiance led by Legislator Romaine.

SALUTATION

Will everybody please remain standing for a moment of silence, keeping all of our brave men and women fighting for our freedom overseas in our thoughts and prayer.

MOMENT OF SILENCE OBSERVED

Thank you.

LEG. LOSQUADRO:
Salute to the flag being especially poignant today on Flag Day, our national living symbol of our country.

LEG. ROMAINE:
I have my flag tie on today.

CHAIRMAN STERN:
Very good. Welcome everybody. Director Ronayne, let's start with you.

DIRECTOR RONAYNE:
Good morning, Mr. Chairman, members, thank you, again, for the invitation to join you today.

CHAIRMAN STERN:
How are you doing?

DIRECTOR RONAYNE:
I'm well, thank you. And you?

CHAIRMAN STERN:
Good.

DIRECTOR RONAYNE:
Thank you to Legislator Losquadro for noting today is Flag Day. I think most of us are wearing our pins. Really, I guess, the most significant thing that I want to bring to you today is, as you all are aware, the loss of Lt. Theinert from Shelter Island. Services were held on Thursday and Friday. Unfortunately, Legislator Romaine, I think this was the first loss in Shelter Island since World War II?

LEG. ROMAINE:
No. The first loss since 1967. And I was there on Thursday and Friday. So we -- they did lose someone in the Vietnam war in 1967.

DIRECTOR RONAYNE:
Okay, I knew it had been a great long time. Interestingly, and this goes back to legislation that Legislator Stern had introduced and I think most of you had cosponsored last Tuesday, mirroring federal legislation with regard to demonstrating or protesting at military funerals; however, the local law, the local version would expand the scope of what the federal legislation allows and also include private cemeteries in addition to our two national cemeteries. The federal legislation does not expand to cover the private cemeteries. Unfortunately in part, I think, due to the fact that that legislation was passed, we had been told that the West Borough Baptist Church would have members in attendance at the Lieutenant Theinert services to demonstrate.

To my knowledge, I was on the Island both days. I have seen some reports that they did appear, that they protested remotely. I did not observe them. I did not see them, nor did I speak with anybody directly who had. So it is my understanding that they had not turned up, but this is a concern. Unfortunately the world that we live in requires something as common sense legislation as what was passed last week. I hope that going forward we do not have occasion to have to enforce it.

CHAIRMAN STERN:
First of all, thank you, Tom, to you for all of your assistance in drafting and putting together that legislative initiative, which, I think, we all agree was so important. I had not heard reports. Maybe, Legislator Romaine, you were there. Did you have the opportunity to see any protesters? I was under the impression that there was not.

LEG. ROMAINE:
There was a report that they actually had had a demonstration on the Greenport side. But the Southold Police that I spoke to said they didn't see any demonstrators. So apparently what it was, is a lot of huff and puff and just for publicity sake for whatever their cause is and no such action -- concrete action.

CHAIRMAN STERN:
We're certainly all very thankful for that. But thank you to you. And anyway we were the day before on the phone furiously with the County Executive and with the Supervisor of the Town and local law enforcement in preparation for the possibility that they might have shown up. So I know that with your assistance they were ready reason.

DIRECTOR RONAYNE:
Well, I have to say, and my hat is off to all of the different jurisdictions who participated; certainly to the Supervisor on Shelter Island. The presence was overwhelming. There was an enormous presence. They were absolutely prepared.

But what I thought was interesting, and I had not considered this approach to this situation, rather than be prepared and have an environment where it was immediately confrontational, if and when they had arrived, Shelter Island actually had an area designated for them. They had provided porta potties, they provided cold bottled water so that there could be no misunderstanding of the fact that the Island and the officials on the Island were willing to accept their right to be there and demonstrate, but that it would be done in a more respectful manner.

They were -- the location was within view of, but remote from where the actual services were being held. And the Patriot Guard Riders, as always, attended and participated and provided a, if you will, a human barrier carrying American flags in between those two locations.

So I was duly impressed by the way that Shelter Island approached the overall situation.

CHAIRMAN STERN:
Good. Anything else?

DIRECTOR RONAYNE:
I would just like to, if you have not received them in the mail yet, and I think that you all have, this Friday at 6 PM Armed Forces Plaza, we will be observing the 66th anniversary of the Korean War. This is hosted in partnership with the the Veterans Service Agency and the County Executive's Office as well as the Long Island Chapter of the Korean War veterans. It's a nice event. We hold it every year. And there is a Korean barbecue afterward with kimchi and all of the other delightful fare that they'll have out there. So I would welcome and invite each of you to join us you are able.

CHAIRMAN STERN:
I don't know if you received a call, maybe a referral from my office from earlier today, but there was inquiry, Tom, from someone in the community because today is Flag Day. Do we offer -- do the towns offer, does the County offer opportunity for a method for those that might have older tattered flags to dispose of them in an acceptable manner? Do we provide that? Do the various towns provide for that and how do we get that information out to our communities?

DIRECTOR RONAYNE:
Most of the towns through their veteran service organizations, the VFW's and the American Legions and so forth do collect those flags. We've been discussing in the County how we can do something as County government to accept them. My office actually works with the Boy Scouts of America who have an annual ceremony where they accept and store retired flags all year long. And once a year they have a burning. They have a very dignified and respectful ceremony that they hold in the parking lot at the Dennison Building just adjacent to Armed Forces Plaza. So between the veteran service organizations, our office is happy to accept them and hold onto them until they can be properly disposed of and the Boy Scouts is primarily where we go.

CHAIRMAN STERN:
Legislator Losquadro.

LEG. LOSQUADRO:
Thank you, Mr. Chairman. I'd just point out I know that my local VFW Chapter in Rocky Point has a retired mailbox, which they painted up very patriotically which sits out in front of the post to accept retired flags. And I know that a lot of the VFW posts have similar programs. And they coordinate or hold ceremonies themselves to make sure that those flags are disposed of properly. So I know we do have resources locally.

DIRECTOR RONAYNE:
There are a number -- as you say, there are a number of posts who have those mailboxes. And typically what happens is the local schools, whether they be elementary, middle or high schools, work with the post office, the local post offices, and they're generally happy to accommodate. And the painting and the decorating of the mailboxes is actually done by the students at the schools. And then the box itself is donated and dedicated at the veterans service organization. So those boxes, when you see them, really represent more than just a veteran program. It's really more of a community -- community service type of activity. It's always good to gets the kid involved.

CHAIRMAN STERN:
Good. Anything else?

DIRECTOR RONAYNE:
No.

CHAIRMAN STERN:
Tom, thank you.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:
I'm going to ask Mr. Jeff Mandel to step up. Mr. Mandel is President CEO of Silver Alert Tracker. I thought it'd be a good idea to have Mr. Mandel come and share with us for just a few moments some of the things that he's working on, some of the things that he sees that might be helpful to us, information that we should be aware of and get out to members of our communities, particularly because in Suffolk County we are proud of the fact that we have a Silver Alert. And when we enacted our Silver Alert, it actually made Suffolk County the very first County in all of New York State to have a Silver Alert Program. So this really be, I think, information for us in how we might be able to look at our program and, of course, always improve it for our citizens. So, Jeff, welcome.

MR. MANDEL:
Thank you. Thank you for inviting me and allowing me this presentation. It's on (referring to mike), okay, I'll talk a little closer, there we go.

As we spoke about the Silver Alert Program that you were fortunate to get passed and land this for the seniors, that there is a program available especially when the Alzheimer's scenario is growing in this population.

Quick little background, I'll be brief. I got involved because my father-in-law came down with Alzheimer's a couple years back. And as a caregiver we are the ones who have to deal with the issues. We have to deal with the issues of what happens if they wander, what happens to the spouse who is also elderly in age, that has to worry about their loved ones who now has this disease. That's how I got involved.

Since then we've adopted the name Silver Alert Tracker because for the past, say, eleven, twelve months, we've been looking at states who are getting more and more involved in the Silver Alert Program. The Silver Alert Program is a wonderful tool to help and aid the caregivers locate their loved ones. We've taken it one step further. The Silver Alert Tracker is a portable GPS tracking unit that has two-way communication. So in an event that the individual wanders, the caregiver can call up the unit, it will give the location on a text or an e-mail or a phone call at that point locating the individual immediately.

What we're trying to do is get the awareness out. It's wonderful to have the Silver Alert Program. We need more people to participate in the program. What we're doing is, all our clients are now asked to participate in the program. Register your loved ones. But at the same time let's take the proactive approach and take the individual usage back to the individual.

I've given everybody brochures. I'll give you a little brief run down what the item does. But, again, it's based upon understanding that seniors, the biggest problem most seniors have is keeping their independence. We call it the *IS factor, independence and security*. For years, you know, they've come out with great tools, it's called a life alert where the individual will have that protection in the house. God forbid something happens, they press the button and is somebody going to respond to them? That's in their house and their house only.

Most seniors are afraid to leave their house. And that's not the way it should be. Seniors, they lose their privilege to drive a car, they lose the privilege of getting around to keep the independence. With this little unit, we give back to seniors the independence.

Secondly, the security factor is tied into a medical monitoring service so we want the seniors to have the ability to feel comfortable they can leave the house. This is not just for Alzheimer's. This is for all seniors.

And that's what we're trying to do to get the word out that -- I visited numerous senior centers. And it's great to see 70 and 80-year-olds out participating. We want every senior to have that level

of comfort. And this unit will give them that level of comfort.

Now, without going into demonstrations, as I said, the information that I've left with everybody will give you a good handle that the unit is very simplistic. And, again, I have it right here (indicating). Small little unit. It acts as a cell phone device. It has a big red button. All they have to do is press it and at that point they're sending out a medical emergency note.

At that point three or four text messages based upon who's the contacts, first responders will get an e-mail to say that the emergency has been pressed and the location of where they are. The medical monitoring service is 24/7. So someone has a piece of mind they have that security and that's what we preach.

CHAIRMAN STERN:
So the system that we have in Suffolk County right now is a frame work, a structure so that we can alert local media, that we can alert local civic associations, we can alert an entire community to come together and search for someone who's gone missing. But here what you're saying is that this is hardware, this is a program that somebody can actually have on them that can track them down immediately.

MR. MANDEL:
Correct.

CHAIRMAN STERN:
And alert law enforcement as to their exact whereabouts.

MR. MANDEL:
What we're trying to do is also, talking in this structure, municipalities have the Silver Alert Program in place. I'm not sure how many officers have been trained to how to use the system. We've dealt with Florida. We have six counties. But you have -- out of six counties, you have all of 12 policemen, total policemen, out of six counties that are familiar with the Silver Alert Program. I'm not familiar how many police officers are enrolled in the program because what happens is they're the ones who have to start looking. We're literally trying to aid and also save money for the counties because of the individuals having this, they don't have to make that phone call six, eight hours later. They're immediately responding.

And that's also a savings, believe it or not, search and rescue, we do this for hikers, believe it or not. And search and rescue will send out a thousand search and rescues. God forbid something happens, you're a hiker, and also when you're stranded somewhere, it's the same usage. How can I get to somebody fast?

And when it comes to the seniors, again, I deal with Alzheimer's. That's how -- that's my passion. But I found seniors need to be able to be mobile. And unfortunately the statistics say 65 percent of seniors upwards of 70 years of age or better will have a fall. And the numbers are growing because people are living longer. And that's a great thing, but the baby boomers, we're talking about Alzheimer's, you're talking right now it's up to four and a half million. And they anticipate by 2020 16 million people will have Alzheimer's.

Now that's an alarming number. Now what can we do to be proactive? Again, Silver Alert Program is a great program. We want everyone to participate. But the ones that can be more proactive, this unit will immediately respond. It's more for the caregiver for that situation besides being just for the individual. And I appreciate the time to get my point across.

CHAIRMAN STERN:
Thank you so much for being here.

MR. MANDEL:
Thank you.

CHAIRMAN STERN:
If there is materials maybe that we can distribute out to Committee members, to maybe some of our other colleagues, I'm sure that they would find it helpful and maybe information that they should, you know, be discussing with their community.

MS. HARRIS:
You got one.

CHAIRMAN STERN:
We got it.

MR. MANDEL:
And if there's additional information needed for any other organization, it'll be my pleasure to provide them for you. Thank you.

CHAIRMAN STERN:
Very good. Thank you.

We are pleased to be joined today by Tali Schmulovich, Laura Blandy and Carie Besserman from Phoenix House.

MS. SCHMULOVICH:
Thank you. Good morning everyone. Thank you for your time for listening to us. I'm Tali Schmulovich. And I'm the Vice President and Director of Military Services at Phoenix House. I'm joined by Carie Besserman who's the Vice President of Drug Treatment Services at Phoenix House and Dr. Laura Blandy who's our Deputy Director of Military Services.

And we're here to talk to you today about a new program that we've started at Phoenix House. It's specific to treating the mental health and substance abuse problems of veterans. I trust that you guys all got the materials?

Okay. Well, let me begin -- right, you're looking at a copy of our annual report and a flyer that is made to talk to veterans about the the services. Phoenix House is actually the third largest substance abuse treatment provider in the nation. We're third after Kaiser Permanente and the VA itself. We've been providing substance abuse services for 43 years. And have always been very progressive in our thinking. And a few years ago we made -- we made a commitment to provide specialized services for vets because vets are returning with a complex set of needs and needed more than the average substance abuse user needed in terms of treatment. So we've made a commitment to enhance services in terms of trauma and mental health expertise and have started a special program here in Suffolk County in our Brentwood facility.

In this facility we have a range of programs that are available. There is opportunity for people to get mental health care, if they have or don't have a substance abuse problem. They can get substance care if they have or don't have a mental health problem. They can get care if they have both kinds of problems. There is the option for residential treatment, if they have an intense need. There is outpatient treatment. If they, you know, let's say are returning from the conflict and need a little bit of readjustment support. We're able to provide couples counseling for service members who want to work with their spouse. We're able to do family work as well. So we wanted, you know, we wanted to let as many people know about it because there's a big need on the Island. The Island is second only to San Diego in terms of per capita number of returning vets. And we want people to know that we're here to help.

I'm actually going to turn it over to Carie who will tell you a little about our history on Long Island

and then Dr. Blandy will tell you about our -- little more about the specifics of the treatment and the kinds of clients that we're seeing and what we're doing to help them.

MS. BESSERMAN:
Hello everybody. My name is Carie Besserman. It's actually Carie Faith Besserman. And the reason I'm hesitating to make sure that point comes across because this is one of those projects that involves a lot of faith. And one of the fortunate things in my life being the name Carie Faith, it kind of makes me remember to take it to these kinds of projects.

I've been with Phoenix House since 1993. Formerly we were Apple, for those who may or may not remember Apple across the street. Before that we were known as {Albenack} which is also a program. So about a 20-something year history as Apple and then we had a conversion with Phoenix House in about 2000. I am one of those people that made it through the change and have been able to see all the changes that go on with growing and becoming one of the largest regions for treatment.

One of the best things about Phoenix House is that we've always had a progressive view on treatment. And we've always had a commitment to community at large in looking at the needs for everybody and how do we do this.

It's demonstrated that our commitment to working with criminal justice population when nobody wanted to, it's demonstrated by working with people with co-occurring disorders when that was a rule out versus inclusion criteria. It is demonstrated by our commitment to create specialized programs for women and women with children so that they can get treatment and move on with their lives as well as the adolescent populations. So for Phoenix House to take on this issue, to me, seemed like a no-brainer. I can say no-brainer because for me I've got a commitment to this area as well.

One of the most powerful veterans I know is my father. He is a Korean War veteran and he has always instilled in his children about the pride of being an American and the pride of taking care of your own. When we were young, it was always, you know, *where did you come from, are you Italian, are you this, are you that?* Unfortunately there was some discrimination growing up a Jewish family where I grew up. But the whole idea is my father said *you never back down, you're an American.* And it was a pride that has instilled in me when I was very young. And I remember we went out and celebrated the day that I was able to be old enough to vote. So when we had an opportunity to work with people like that, I said *I want in.*

The thing that, I think, is most important is that Phoenix House recognizes that you don't do this in isolation. It's with partnerships. It's with developing with the community that you live with, it's becoming a greater family. It's acknowledging what the military does, which is create in many cases a band of brothers and sisters. And knowing that in fighting and in protecting what is great about this country, there's comradery. And when you come home, you need that comradery, too. And Phoenix House acknowledges that, although we are a leading agent and a leader in drug treatment. And we are a leader in mental health services and physical health services and behavioral health services and all those things. We know that we can't answer the call for everybody unless we look to those needs.

And what we've discovered is as long as we've been treating people who have been veterans before or active military service people before, we never took the time to see what those needs really are. There's a special cadre of needs. And at this point we're ready to do that. We want to partner with the communities. We're partnering with the VA, we're partnering with local people and saying, you know, *what is it that you need? How do we get you in?*

I was very lucky. It's going to be a strange sentence that you'll hear. I was very lucky. I lost my mother when I was six years old. That doesn't sound very lucky. But was lucky was that I had a father who was able to take care of me. And although he has many memories of what he

experienced in the war, he did not do what his friends did which he said was *go to the bottle.* He was able to provide and take care of us. And he has pride.

And I bring him up a lot because yesterday when went to the Yankee game because at 78 I wanted to make sure he got to see the new stadium. And as we sat by the statue of Yogi Berra, he said *this is what it's about.* And for the first time he told me a story about the war that he never told me before. He's got excellent long-term memory. Our guys coming back and our ladies coming back and their families have long-term memory. So they may not speak about what's going on but they hear it and they feel it. And it's incumbent on us to be partners and helping them with overall wellness and to thank them with gratitude for what they've done.

DR. BLANDY:
Good morning. I'm Dr. Laura Blandy and I'm the Deputy Director of Military Services. And thank you for having us this morning.

I recently came on to Phoenix House in November. And my background is I got my clinical training at the Brooklyn VA Hospital where I worked in the OEF/OIF Readjustment Clinic. And also the (inaudible) and Pain Management Clinic. And it was an experience that changed my life. And I decided that I wanted to dedicate my career to service men and women and veterans in this country because there's such a need for it.

So when Phoenix House posted that they were starting a program for veterans, it was a perfect opportunity for me and a great fit. And I'm really happy to be a part of this organization and part of this initiative.

As we started, we're starting small. Right now we have about 15 veterans on my case load. Some are living in the community residence and some are outpatients. My case load is very mixed. I have a range of ages. I have an Iraq combat veteran to a Grenada combat veteran with various levels of functioning, different types of addiction and mental health issues including post traumatic stress disorder. A lot of our clients also have a range of discharge statuses. Many of them have other than honorable discharge due to drug related offenses. And they've come to Phoenix House because they're ready to start over and have a new beginning.

Our program is trauma informed. The treatment is very individualized. Depending on the client's needs, we meet with them individually regularly. We also have a military services recovery support group, an insomnia group for individuals with post traumatic stress disorder. And we're slowly building. And as more clients come in, we're developing services that fit their needs. So thank you.

MS. SCHMULOVICH:
There's just two more points that we wanted to make. One is that Phoenix House actually has its roots in service to veterans. We were founded by a doctor named Dr. Mitch Rosenthal who was working in the San Francisco VA. And he found that in groups of vets together, they were able to do more to help each other than often they were able to get of their therapeutic relationship with their counselors. And that interaction amongst vets and the way they were the -- helped and support each other actually was sort of the foundation for the kind of treatment that Phoenix House does which is called the therapeutic community.

We've since modified the therapeutic community. And as the science of addiction has evolved, our treatments have evolved. So we're incorporating many evidence based practices now. We use a curriculum called *seeking safety for trauma.* We have a lot of different diagnostic tools that we use. We do regular maintenance on our clients so we update the treatment plans very regularly so everyone is headed in the direction that they want to head in based on their own treatment plan on their own time line.

So it's a very easy program for someone to come in, get what they need, if it's an intensive level of care, if it's just a quick sort of tune up and then keep going on with their lives. And we accept

private insurance. We're working on becoming a tri-care provider. We're not yet, but we hope to get there.

So that was one of the reasons that we decided to create a special program for vets. Not only do they have special needs that require some enhanced services, but there's something special about when you get a number of vets together in a room and their ability to understand each other and their ability to help each other. And that's what we leverage in the veterans program. We have a dedicated space for them. There's a lounge, there's a business center with computers for them to use. We're looking for funding to be able to bring on a vocational specialist and a job developer and a peer mentor coordinator. We want to establish a mentorship program. So that's the first point, is that we're leveraging a special bond that exists among people who served together and understand each other in a way that often civilians have a hard time understanding. And that has a real therapeutic benefit.

The second thing is that we're working with, with actually Tom Ronayne and many other partners in the community to create a day which will be sort of a combination of provider/fair/free-family BBQ, hopefully at the Air Power Museum. And we're calling it *Operation Thank You.* It's sort of a working title. I doubt we'll call it *Operation Thank You* at the end, but the point is to have the community come together and let veterans and their families and active duty service members know about the different types of support that exist for them on the Island.

You know, they come back and it can be very overwhelming. And there's so many different groups and individuals that want to help. And at the Museum we're going to be pulling everyone together and they'll be able to walk, you know, from table to table and learn about, you know, benefits from their bank that are available to them, different car loans, mental health services, substance abuse services. There'll be a session for youth for military families because the youth for military families are at higher risk for substance abuse. So there will be somebody there to talk to them about the concerns they have when mom and dad leaves and comes back.

So we will send information about that. But that's an example of us and many other community providers including the VA coming together to show support and to show thanks for the vets.

Thank you. Any questions?

CHAIRMAN STERN:
Thanks so much for being here. If we have the opportunity to speak with military family, if they've identified a need, we're having that conversation, what would be the difference between the services that might be offered by the VA and your program? How would you identify that? How would you have that conversation with a veteran or a member of his or her family and letting them know that there's some kind of differentiation between services that they should be seeking you out in addition to or rather than the VA?

MS. SCHMULOVICH:
We would never say that they should seek out us instead of the VA. We in no way want to replace the VA. The VA has such a huge comprehensive array of services. And there's many, many benefits for a veteran to be connected to the VA. So we would only want to be in addition to, if they had access to VA benefits. But there are a few places where we do differentiate ourselves. The VA does not have the capacity to provide long term comprehensive substance abuse treatment the way they do. They actually make referrals to us. They have a more short term program and they do detox. But they're not able to -- for somebody who is a real long term addiction and needs more than a little bit of treatment, they're not able to provide it. So for long-term substance abuse treatment, they refer to us. So that's one way.

Also, if someone has a less than honorable discharge, they're not necessarily eligible for services at the VA. And then they would come to us. And many people who have had an addiction that took hold, let's say, in their late teens or sometime during their service, have had a less than honorable

discharge because of drug-related offenses, so they're the right people to send to us because they're not able to get services at the VA.

I would also say that family members of the VA can potentially get a lot more with us than they're able to at the VA. So we're designing a program that will be very responsive to the needs of family members. So while they should start with the VA and take as much as is offered and get involved with the VA as they can, they also can come to us for additional support.

And one more point is that we accept Medicaid in addition to private insurance. And we have a sliding scale for people who don't have any insurance, you know, and we will work with them to make it possible for them to come into treatment.

MS. BESSERMAN:
One of the other options is just to let people know that sometimes it's okay to be uncomfortable. Some may hesitate to use the VA right away for a number of reasons. There might be a readjustment issue. *I don't want to go.* There's also an interesting thing that we're learning about a phenomenon that people say *leave the VA for the people who really need it.* So if that person needs the care, it's available for them and taking someone else's spot almost. And this way it gives you two options. If you're not going to access the VA, you can also come to us. And if you're not ready to research the VA services for whatever that is, that there's a community base service which may feel more normalized if you're going through that process.

The other thing is that what's really great is that building relationships that we've been working on especially with Tali, is that there's no reason why we wouldn't be able to refer to the VA when that person could benefit from that service. So it actually would be a door both ways.

CHAIRMAN STERN:
You said, Doctor, you're currently assisting about 15 patients?

DR. BLANDY:
Yes.

CHAIRMAN STERN:
What would you say that the breakout is between outpatient, inpatient? Are any of them inpatient? Do any of them reside at -- the Brentwood facility; correct?

DR. BLANDY:
Yes.

CHAIRMAN STERN:
Do any of them reside there or they're all outpatients?

DR. BLANDY:
Yes, I'd say about half of them reside in the community residence. And then they come and get their outpatient services in the outpatient clinic. Like I said, there's 15, there's a range of age, the youngest being 21, the oldest being 50. And, like I said, a range of substance abuse history. Many of the service members served during non-conflict eras. And I think that that would be the basic breakdown of it.

CHAIRMAN STERN:
And what is the significance of that number? Is 15 the maximum that you have the capacity for? And if not has there been some kind of analysis done as to what the population is within Suffolk County that could or should be utilizing your services?

DR. BLANDY:
No, that's certainly not the limit. And it's just where we started. And it's where we've identified

veterans and military personnel already in the system. And also some of our outreach efforts in getting some referrals from the Northport VA. It's slowly grown.

In terms of the limit, we don't really have a limit right now. And as the population grows, the staffing will continue to grow to accommodate all returning and any era veteran.

MS. SCHMULOVICH:
I mean I think the 15 -- I think the 15 is representative of the fact that we're in our infancy. I mean the program is sort of a baby. We call it our baby. And basically what we really would like to do, Phoenix House traditionally has a long relationship with the criminal justice community and more Vietnam era veterans, people who have a longer addiction. And what we really want to do with this program is make it very accessible to members of the National Guard, members of the Reserves who had a lot of social capital, had very functioning lives. And as a result of the deployments are struggling now. And they don't necessarily need a residential program. They need some counseling. They need maybe some peer support and they need to get back on track.

And we'd like to catch them, frankly, in a way that the Vietnam era vets weren't supported so that we avoid that kind of a situation and so that we don't end up with OEF/OIF vets in prison. I mean, now one out of 9 people in the criminal justice system is a veteran. We don't want that to keep happening. We don't want it to get larger as a result of this conflict. So we want these services to be sort of preventive. That's why we want to get the family very involved so that they're back at work, they're happy, their families work.

CHAIRMAN STERN:
Anybody else?

MS. SCHMULOVICH:
Yes, another big focus is the rate of suicide among service members. And obviously these kinds of services are a great prevention for suicide. I mean if we can catch them early, you know, they wouldn't commit suicide.

CHAIRMAN STERN:
I want to thank you so much for being with us today and sharing important information. And, of course, we wish you every success in the future with your programs. And please let us know how things are going and what we can do to be of assistance along the way.

MS. SCHMULOVICH:
Thank you for your time.

DR. BLANDY:
Thank you.

INTRODUCTORY RESOLUTIONS

CHAIRMAN STERN:
Okay, we have on our agenda, **Introductory Resolution 1644, accepting and appropriating a federal grant in the amount of $7,000 from the US Department of Labor, Veterans Employment and Training Service in support of the Suffolk County Veterans Services Agency Stand Down (Co. Exec.)**

LEG. LOSQUADRO:
Is this 100 percent?

CHAIRMAN STERN:
We are about to ask that question of BRO.

MR. PERNICE:
Yes, this is something we've done in past years.

CHAIRMAN STERN:
Very good.

LEG. LOSQUADRO:
Can we put it on the consent calendar.

CHAIRMAN STERN:
Sure. That's a motion by Legislator Losquadro to approve and place on the consent calendar. I'll second. All in favor? Any opposed? Any abstention? Motion is approved. **(VOTE: 4-0-0-1. LEG. COOPER NOT PRESENT. PLACED ON CONSENT CALENDAR)**

Anybody else? Anybody else? All right, thank you everybody for being with us today.

THE MEETING CONCLUDED AT 12:22 PM
{ } DENOTES SPELLED PHONETICALLY