

**VETERANS AND SENIORS COMMITTEE**  
**OF THE**  
**SUFFOLK COUNTY LEGISLATURE**  
**MINUTES**

A meeting of the Veterans and 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 December 10, 2012.

**Members Present:**

Legislator Stern - Chairman  
Legislator Anker - Vice-Chair  
Legislator Barraga  
Legislator Gregory

**Also In Attendance:**

George Nolan - Counsel to the Legislature  
Legislator Kara Hahn - 5th Legislative District  
Michael Pitcher - Aide to Presiding Officer Lindsay  
Paul Perillie - Aide to Legislator Gregory  
Kevin LaValle - Aide to Legislator Muratore  
Tom Ronayne - Director of Veteran's Services  
Steve Prescia - U.S. Navy SEAL / Program Coordinator - Peer-to-Peer Program  
Ed Michael Stolz - Executive Director, Suffolk County United Veterans, Clubhouse of Suffolk  
Joel Vetter - Coordinator of Emergency Medical Services  
Rick Brand - Newsday  
All Other Interested Parties

**Minutes Taken and Transcribed By:**

Gabrielle Skolom - Court Stenographer

(\*The meeting was called to order at 1:11 p.m.)

**CHAIRMAN STERN:**

Welcome, everyone. Thank you for being with us today at the Committee on Vets and Seniors. Can I ask everybody to please rise and join us in the Pledge of Allegiance lead by Legislator Anker?

**(Pledge of Allegiance)**

I'm going to ask everybody to please remain standing and join us in a moment of silence as we keep all of our brave men and woman fighting for our freedoms overseas in our thought and prayers.

**(Moment of silence observed.)**

Thank you. Okay. Thank you, everybody, for being with us today. We do not have legislative items on the agenda today, but we do have a few presentations. So, first, Holly, let's have you come on up first.

**MS. RHODES-TEAGUE:**

Good afternoon. Is this on? There we go. I don't have a lot today. I just wanted to wish everybody a happy holiday and also to let you know that our office -- the calls for the storm-related issues have dwindled, so we're happy about that. Most of the people have been assisted or sent to the DRCs, or whatever they needed, we were trying to help them with. We have been busy the last couple weeks, particularly with people who were changing over to the Part D plan because the deadline for changing your prescription plan was last Friday. If you were affected by Sandy, they are able to call the Medicare number to still change their prescription plan, but you have to be in an area that was affected, obviously. Everybody in Suffolk County would be able to do that, but they need to call the 1(800) number to do that. But we were very busy. Our walk-in numbers -- generally, we don't have walk-ins in our office except for a few a week, and those numbers over the last several weeks have been a lot higher than normal. I think part of that, it might have been because the disaster recovery center was downstairs so people would come up just to get information from us. So we've been pretty busy, but thankfully, the calls about the storm have started to go down.

The HEAP program is moving along. We've received almost 4,000 applications and almost -- about 250 are still inhouse. The rest have been processed and sent to DSS for their final approval. We sent out about 600 applications since the program actually opened on November 19. We've received half of those back, and we will call people who received HEAP last year and have not put in an application yet. We'll do some outreach to them to make sure that they know that the program is up, running, and if they're still interested and still eligible, they should put in their applications. So we will outreach to people who not received in the past -- who have received HEAP in the past who have not put in their applications yet. So I just wanted to -- you know, we're moving along on trying to help people with their services.

**CHAIRMAN STERN:**

And, Holly, on the Part D extension to get information or to enroll, is there any word on how long that will last?

**MS. RHODES-TEAGUE:**

They are pretty nebulous about it except to call the 1(800) number, so I'm not sure what the processes -- obviously, the longer you wait, you're in another plan longer. So they are not really saying. I haven't seen anything specifically saying that when it's closing or if there's anything they specifically have to do. I think they just have to say that they are affected. They'll see where they

live, and they can do it. I just don't know how long that's going to go for. I haven't seen any. If I get anything, I'll let you know, though.

**CHAIRMAN STERN:**

Thanks. Legislator Anker.

**LEG. ANKER:**

I'm just curious as far as the senior issues during Sandy. What were some of the main issues? I'm assuming maybe electrical loss, maybe damage to their homes, and I know Brookhaven has that program where you can have a carpenter go in. You pay for the supplies and the carpenter will go --

**MS. RHODES-TEAGUE:**

That's the Residential Repair Programs. All the towns have that. That's a program they all have. I have not heard from the residential repairs, whether they were impacted, you know, by the storm or not; I have not heard one way or the other. Most people, if they had damage to their house, were really told to make sure they put in a claim with the insurance and then with FEMA and then with homeowners because they don't really know what's going to -- who's going to cover what, if anybody covers anything. I've heard the gamut of what people are getting assistance with. We had several people who were displaced living with relatives, relatives who don't want them there. We've had people who've had to move from Long Island to Westchester. Westchester said they couldn't get services in Westchester because they were Long Island residents. You know, there's been quirky things. You know, people are upset that they lost their food. You know, what do we do about that? Things like that. A lot of people not sure where to get repairs done. You know, and we can't give referrals to people for repairs. I mean, we can tell them to make sure that you check with Consumer Repairs, things like that, but that's not something where we can say, "Pick the Acme Repair Company." That's not something we're able to do as well.

**LEG. ANKER:**

Could the town help with that through their Home Assistance Program with those repairs?

**MS. RHODES-TEAGUE:**

With repairs, I'm not sure. I'm not sure.

**LEG. ANKER:**

Was there any issue with medication, any of the seniors have issues during the storm getting medication?

**MS. RHODES-TEAGUE:**

No. Specifically, I haven't heard one of those.

**LEG. ANKER:**

Last question. I remember when I went to visit, I think, Leisure Village, they had concerns about -- they didn't have a process for emergency situations. Does the County offer, through maybe FRES, some type of emergency services that will help them figure out what they need to do during a hurricane or some emergency?

**MS. RHODES-TEAGUE:**

Are you talking about individuals or as a whole?

**LEG. ANKER:**

No. I'm talking about large communities.

**MR. SCHROEDER:**

We'll talk about that very shortly.

**MS. RHODES-TEAGUE:**

Joe has all the information.

**CHAIRMAN STERN:**

Welcome our Director of Veterans Services, Tom Ronayne. Tom will make his presentation, but we're also joined today by Steve Prescia, a former U.S. Navy Seal, program coordinator for the Peer-to-Peer program, and Mike Stolz, the executive director of Suffolk County United Veterans Clubhouse of Suffolk program. It's always good to see you as well. Welcome, gentlemen.

**DIRECTOR RONAYNE:**

Good afternoon. Thank you, again, as always for the invitation to appear before you. As I had indicated before we had set the agenda for today, I would like to brief you further on the Veterans PTSD Peer-to-Peer program that we had already discussed at a prior session. I'm very happy to report that we have made significant progress since the last time I spoke to you about this issue. We have since brought onboard a contract agency who is going to be assisting us in the administration of the day-to-day operations of the program. Peer facilitators, the individuals who will be hosting and guiding these peer meetings, have been brought onboard as has a program coordinator. Mr. Prescia, who is with us here today, he'll speak and be available for questions briefly, and we have already begun training. We have already conducted one day training of the peer facilitators and other personnel who will have a direct involvement in the program. And our hope is that going forward, we will have some success in getting assistance to veterans who would benefit from it.

I have a brief prepared statement. I'm not going to really stay with my prepared remarks, but there are some points that I would like to touch on just for clarification purposes, and I know there were questions when we last discussed this issue that I think that this might clarify or at least go toward clarification. So if I might, the program objective of the veterans PTSD peer to peer program, and to put a finer point on that, the program's name is the PFC Joseph Dwyer Veterans PTSD Peer-to-Peer Program. And, as you can see on the wall at the back of the chamber, the iconic photograph of PFC Dwyer is on the wall at the rear of the room to my left, your right. Joe's service to his country and his community, and ultimately Joe losing his fight with his post-traumatic stress disorder, resulting in the untimely -- his untimely death, is a big part of the catalyst that brought us to develop this program in the first place.

The objective of this program is to provide an alternative resource for veterans who hope to address their issues of post-traumatic stress disorder by participating in a peer-to-peer setting with other veterans sharing similar military service backgrounds and experiences. It is not the purpose of this program to replace or eliminate any program that may be providing like or similar services. This effort is intended to offer an alternative or additional option to those veterans who may be dissatisfied in or with a current program they participate in or to allow the option of participating in a program that is unconventional. And I'll go further in explaining what I mean by "unconventional" in just a moment.

There are elements of this program that are unique to other peer-to-peer efforts already in existence that we also believe will appeal to the population we are attempting to serve, who, for a variety of reasons, choose to not engage other programs, including the VA. The reasons for such choices are numerous, but they do include issues such as trust, anonymity, eligibility, and even conformity.

A second element that we intend to include in our program is the inclusion of family members and loved ones. Loved ones and family members who may or may not be affected by the veteran's

PTSD -- I think we would all agree, anybody who has any knowledge of PTSD, it does not exist in a vacuum. Nobody suffers from this disorder and suffers alone. It affects those around us. It affects those who we are close to, our colleagues, and our coworkers, our family members, and any number of other people we come in contact with. So the inclusion of folks outside of the realm of the veteran alone, we believe is going to be a significant contribution toward the ultimate goal of getting aid or assistance to these veterans.

While the ability to include family members on the scale that we would like is limited at this time by funding and other resources, there will be opportunities for them to participate on at least a limited basis from the beginning of the program in various support roles, and they could be anything from joining us at a location where a meeting will be hosted to doing things just as -- as basic as helping to prepare the room, setting up tables and chairs, assisting in setting out the food or the meal, the coffee and cake, whatever we'll be serving or having available during the course of that meeting. Just the fact that the family members are going to be able to be aware that this type of a program now exists and that, while minimal in the beginning, going forward, we hope to expand their ability to participate, I believe is going to be important for them on a number of levels.

It should be noted that while the vast majority of veterans who are suffering from PTSD maintain or restore their ability to manage their lives and function productively, there is a segment of this population, however, who cannot and do not. The danger that a veteran experiencing PTSD may, either through choice, neglect, or engagement in high-risk behavior, pose a risk to him or -- him or herself or to others is real. For that reason, the training being provided to all persons actively participating in a staff or leadership capacity will be trained in the observation, response, and follow-up of the signs and indicators of such issues. This is not to suggest in any way that the majority are and will continue to be other than laypersons in the area of mental health. We are not clinicians. We do not profess to be clinicians. We do, however, have an outstanding team of licensed, credentialed mental health professionals working with us on this program. Our goal by going into the peer setting is not to go into a counseling environment or a therapy environment. That is not what we are attempting to do. So please just be very clear that what we're trying to accomplish here is not engage in counseling. That's a different level of service, and I'll explain that further in just a moment.

The training, while intended to be comprehensive within reason, is strictly intended to provide awareness and understanding. If at any time a higher level of service appears to be indicated, then a credentialed mental health professional associated with the program will be consulted and, if necessary, brought into the situation. We are partnering with nationally-known, nationally-recognized mental health experts for the purposes of, if it becomes necessary, referral to their field, to their level of expertise and service so that we do not cross any lines and at any time appear to be doing something beyond the scope of what we are setting out to do.

The outline of the program is to provide a forum of anonymity and mutual respect where veterans are able to access nonclinical peer-to-peer group forums to discuss their own PTSD and to our other veterans with similar military backgrounds to do the same. While program peer facilitators will host -- and I use the word "host" as opposed to run or organize a meeting because one of the things that we are endeavoring to not do is to have a formal outline in these meetings. We believe, and our research, I think, has borne out that the peer model is much more successful when it is not rigidly structured with regard to how the meetings are run. The veterans are peers. Everybody is on an equal standing in the room, and each person has an opportunity to either share or listen at their own choosing. To have somebody administering or in some other way running a meeting, so to speak, would be a departure from what we're trying to go forward with at this time.

So, again, while the program peer facilitators will host these forums, the setting is nonclinical, and facilitators, for the purposes of this program, are not credentialed or licensed mental health

professionals. In cases where, based on training provided under the program, there is knowledge of or a belief that a veteran might benefit from a higher level of service, a referral will be made with one of the partnering contract entities participating in the program who do provide such services. These services will be accessible through but will not be a part of this program. Included in these referral partners will be, among others, the U.S. Department of Veteran Affairs, or the V.A.

It is important to note that in addition to the resources being available to the program peer participants, we also recognize the need to have clinical and nonclinical access assistance for the facilitators, the program coordinator, and other support personnel directly involved in the project. The importance of the helpers' awareness is critically important to us as well. Meeting locations or sites have been and will continue to be developed throughout Suffolk County. It is the objective of this program to provide access to veterans who express an interest in participating with minimal geographic and logistical hardships. The program will launch with three sites initially, and that is this week, with a short-to-medium-term goal. And I'm saying now -- this is certainly subject to change -- the short-to-medium-term goal would be three to six months that we could have up to 10 groups per week Countywide. Group size will be limited to a maximum of 10 veterans with a facilitator hosting each group. In the near term, it is our intent to pair facilitators or for each group to have a co-facilitator, and there will be an explanation as to the reasoning behind that as well.

Our intent to pair or have co-facilitators in each group, allowing exposure to real world cases and providing a forum of not only OJT, or on-the-job training, until the need arises for the facilitators to be separated into individual facilitator groups. By having a co-facilitator in the group, it also allows the group, should a need or an issue arise within the group, for the co-facilitator, either of them, to be able to separately or individually leave the room, leave the group and speak independently, privately, with that veteran and make an assessment at that time if an additional referral or additional level of service may be necessary or appropriate.

To the extent possible, each group will consist of veterans with common service elements such as theater of operations and possibly even branch of service. The latter will be determined by appropriateness and demand. Certainly in the early stages, we will not be able to achieve all of the milestones or marks that we are establishing for ourselves. An example of that will be the inclusion of peer-specific or theater-specific veterans to any individual group. Ideally, and we believe as we go forward and the response to the group's introduction evolves, that we will be able to have Iraq theater veterans in groups with other Iraq veterans, Afghanistan veterans, Vietnam veterans and so on. In the beginning, for the purposes of getting the program launched, it is likely that we will be sharing backgrounds as the opportunity presents itself; and as we are able to do so, we intend to break off into groups that would be theater specific. But, again, just in the interest of full disclosure, at least until we have had our opportunity to market the program, get the publicity done that we have been planning now, I don't know that would be a reality in the short term.

Again, at this time, I know when we were introduced, we have with us Michael Stolz, who is the executive director of Clubhouse of Suffolk and also of Suffolk County United States Veterans. Mike is a very respected professional in the mental health community. Mike has been doing related work for any number of years and has been brought on through a contract with the Department of Health for purposes of helping to administer this program.

Also to my left is Steve Prescia. Steve has been brought on, and we're proud to have him with us, as our program coordinator. Steve is a U.S. Navy veteran. I'll give him an opportunity to expand on his background when he speaks. But Steve brings to the program a wealth of experience and knowledge, and having had the opportunity to meet with and speak with him on numerous occasions, as has Mike, we are optimistic that this will be a very successful partnership. And, again, despite any differences that we all may have, we all share a common commitment to serve our veterans and to ensure that whatever program we administer that we do it at the highest level of

professionalism and that we provide the greatest level of service and care to our veterans.

**CHAIRMAN STERN:**

Very good. Mike.

**MR. STOLZ:**

I'm Mike Stolz. As Tom introduced me, I'm with Clubhouse of Suffolk and Suffolk County United Veterans. Just to update you on kind of where the contract is at, I really appreciate the efforts of the Legislature and the Department of Health to expedite this. This evolved, as Tom explained, from a State grant through -- it was initiated by Senator Lee Zeldin here and Senator McDonald from, I think, Saratoga. But the contract is still being put together through the Department of Health, but we're moving forward with program development. Part of the understanding is this is a difficult time of year for a lot of people and certainly for veterans and people who've had some mental health issues. So we're rolling this out, and, you know, the contract will follow hopefully soon.

I don't have anything else, really, to say. I'll let Steve introduce himself and you guys can ask questions.

**MR. PRESCIA:**

Hello, and thank you. I'm excited to be here and be part of the program. I think my background -- my background, what I've kind of had to do to navigate through the program after I got out of the military, I think, can be useful as well, everything from navigating through employment through the V.A. system. I actually was injured over in Iraq. I sustained a gunshot wound, and it was a very long process getting back on my feet, and I learned a lot from that process. I could just say from my standpoint, veterans helping veterans, veterans giving that support and that past experience of just, whether it's employment, whether it's education, whether it's navigating through the VA system, can all be extremely challenging, and I think just the simple fact of a veteran being able to, you know, share that same experience, that story, and that camaraderie that -- most veterans, when you talk to them, the biggest thing they miss when they get out is the camaraderie. Hopefully, we can provide some of that camaraderie as well within our groups, but in addition to that, just all that support, my background, my experience, you know, I'm hoping I can bring a different dynamic to the group, as well, with my past experience as a SEAL, and, you know, I'm looking forward to a successful program.

**CHAIRMAN STERN:**

Steve, welcome. Welcome to you, and I'm sure my colleagues would agree, Michael, that it's very encouraging to see that you and your organization will be involved and a wealth of experience there, and that is very, very good to know. I'd be interested to hear from either of you or both of you.

Going forward, at this point I understand that we're just in the very beginning phases here, but I'd be interested to know how you might define your expectation of success. As the program goes forward, to you, what are you looking for to see along the way that the program is successful and how do you plan on quantifying that and when?

**MR. STOLZ:**

I think there's a few levels of success in this, and let me kind of just back up a little bit. Clubhouse of Suffolk is a mental health agency. The reason we merged with Suffolk County United Veterans, effective January 1 this year, was basically the recognition that a number of folks who were coming through our emergency shelter, which is in Yaphank, and our housing programs also had co-occurring kinds of mental health and substance abuse problems. So the background of Clubhouse of Suffolk is very much in this psychiatric rehabilitation world. So without getting too complicated, we've been very invested in the importance of peer-to-peer support in order for people

to get back on track, be able to manage the symptoms and impairments of their illnesses, to be able to get back on track toward a particular desired role.

So peer support has had its history in the mental health world for, oh, probably 25 to 30 years, you know, preceded even further than that, of course, by kind of what we all know with people who've had substance abuse, alcohol-and-drug kinds of problems. So that peer support, self-help, mutual kind of process is very germane to kind of what we've always kind of done. So you say, well, what is it we want to accomplish? Well, some of the things are going to be very visible and upfront, and some of the things are going to kind of go through the group, meaning, you know, it's anonymous; there's no case records; there's no clients; there's no patients. It's really nothing of that sort. It's really the experience of the group helps people to meet other people to realize, A, they are not alone, and, B, there's plenty of other resources out there. We're very fortunate to live in a county that's very rich with human service resources, self-help, and formal...

So some of the measures, so to speak, would be about how people are able to, A, use the program and, B, be able to get back on track, make connections, and linkages and such. Measuring that is a little bit more difficult because of the confidential nature. Part of the contract in this, we are in collaboration with four -- with three other counties, so this project is a four-county program, and a piece of the contract award from the State went to the School of Social of Welfare at SUNY Albany who will be doing a research piece on this that will be public information. In our preliminary conversations with them, most or a lot of that are going to be kind of process measures because you are not going to track people when you are trying to have a confidential piece. So it's going to be kind of the experience of the people in the group as they provide it on a voluntary basis without their names. The experience of the facilitators, what they observe, what has happened. There are some, you know, things you can track and quantify how many people come, how many people come back, how many people are you helping, certainly a tremendous amount of anecdotal outcomes, how an individual, how a family has been impacted by participating in the group. So I hope that clarifies some.

**DIRECTOR RONAYNE:**

If I could --

**CHAIRMAN STERN:**

And evaluations along the way are conducted and do we -- is that evaluation then done at a County level, or is just all that cumulative information analyzed by the organization that you mentioned up in Albany and a determination on how to go forward; is it made at that level? With the information you are able to glean along the way, how and when is that evaluated by whom?

**MR. PRESCIA:**

I have been involved with a number of demonstration projects over the years and things that get designed at one level don't necessarily have exactly the same profiles and outcomes on a local level. I think, as Tom could explain, and some of you could articulate because of your own experiences with the military, that there is, you know -- there are similarities and difference among our military experiences and veteran families here on the Island, and some of the culture, partly because we don't have a major military installation in Suffolk County. So I expect, you know, along the way, we would like to be able to attract some uniqueness about this experience as it profiles and plays out in Suffolk County, and yet, I think there will be a lot to gain from sharing and comparing information in four counties. I think, clearly, there is a vision by many people -- you know, Senator Zeldin and his colleagues -- to be able to see this go to every county in the State to make sure this kind of support is available to every returning veteran and family.

So I think there's obviously a great deal to learn, and we are absolutely excited to be on the ground floor of this.

**DIRECTOR RONAYNE:**

It has been my understanding that because of some of the uniquenesses that Mr. Stolz just referred to in population, demographic, and military presence in the different communities that we will be seeing this type of program launched, that there will be some County-specific analysis done. As you are all aware very well, I'm sure, the veteran population in Suffolk County is second to no other in the State. In fact, one of the counties who was funded under this program has barely 10 percent of the veterans that we have. However, they have a large military installation. Jefferson County has Fort Drum. So, obviously, I think the dynamics of much of what they do will differ from what we are doing simply based on the population they will be serving. And for that reason, there will have to be a unique view of each county on some level. There will be composite analysis done of all counties. But I think in the end, for there to be effective analysis done and for the determination to be made going forward as to whether or not to fund this program further, as we certainly hope that we will, that there is an understanding of how the unique demographics of different counties are affected when this type of a program is implemented. Or I shouldn't even say implemented. I should say developed before it can be implemented. So I guess that's the long answer to a short question.

**CHAIRMAN STERN:**

Legislator Barraga.

**LEG. BARRAGA:**

Thank you. I'm just listening to what all three of you said. I think to measure quantitative improvement when it's peer-to-peer and nonclinical is difficult, to say the least. I remember last time I was on active duty, I was with two men at the Second Marine Expeditionary Force at Camp LeJeune. And my primary responsibility was to help establish an injured support unit for returning marines from Iraq. And what we found, we wound up calling it a "Wounded Warrior Unit" instead of "injured support," because they are heroes, and these were marines coming back who had been wounded physically and emotionally. And what we found out initially is that the unit was still in Iraq, but they'd come back and they'd have a 30-day leave after hospitalization, come back to the base, and they would be sitting in a building all alone. And the only time they would leave the building is for physical therapy, rehab or some sort, or psychological evaluation, but they were not together.

And the Wounded Warrior Unit, what it did was what your nonclinical group will be doing, is you take these folks and you put them all together, and all of a sudden you see dramatic psychological improvement because there were many marines where I witnessed, they thought individually they had problems like no other marine because of what happened to them in Iraq. And you sit down with seven or eight or nine others and you realize, Well, Joe has the same problem, and Fred has the same one, and it has a dramatic positive effect, but it's hard to quantify. And there's no psychologist present, no psychiatrist present; you are just all peers. But the benefits are tremendous for the, in this case, the individual marines.

So I'm very glad that this program is going forward because I think it's going to have tremendous benefits. And the way you really measure the effect of this, you ask the veterans who are participating and they will tell you, and I'm sure, based on what you are telling me, this thing is going to be a tremendous success as long as you can get them to come.

**DIRECTOR RONAYNE:**

One of the other points, just to put a final point on what you are saying, we are very, very clear on the fact that there are going to be certain results coming out of these groups that cannot be quantified. They cannot be measured. They cannot be summarized in any way. You know, we've spoken at length over this past six months, maybe, about this horrible surge that we have seen in the incidents of suicide amongst our younger veterans. We don't know that we would necessarily ever be specifically aware of a life saved. We don't know that we would be specifically aware of

being the catalyst that caused somebody to go from our environment to that next level and find some help that, in some way, provides meaningful change in his life and allows him to go in a direction that he might not have otherwise gone.

So while we know that -- in fact, SUNY has already placed an evaluative researcher on the program, so we know that they are going to be looking at many measures. But the ones that cannot be measured are, to me, at least, are equally as exciting. The prospect of not knowing, I'm fine with that. I think just the possibility that we might have that impact in and of itself is enough reason for me to go forward.

**CHAIRMAN STERN:**

Legislator Gregory.

**LEG. GREGORY:**

Thank you, Mr. Chair, and thank you all for coming here today, and, Steve, thank you for your service to our country. I think this is a wonderful opportunity, being a veteran myself, and not having experienced war but just doing my, you know, doing my time and getting out and found my own difficulties kind of simulating back to the community because, you know, not knowing too many veterans and just, you know, navigating VA and employment process and all that stuff, it can be difficult. I can imagine, you know, in today's time with people reentering this civilian world with having experienced what they've experienced, and the military is notorious for not really providing, what I would say is, the level of support that it should. We certainly improved, but it can be better.

I think an environment where veterans can come together and just kind of shoot the breeze and just be in a comfortable setting is -- will be a world of relief for many of them and an opportunity for those that, I think as the general said, that, you know, an opportunity for them to feel like, Well, I'm not so different. What I'm feeling is not out of the norm. It's normal. And for those that may need assistance to be away to kind of get that assistance but without being intrusive into their privacy, and I think it's just wonderful. I think we can't do enough for our veterans. I applaud you for your efforts and thank you for your efforts, and I look forward to hearing the results.

**CHAIRMAN STERN:**

Legislator Anker.

**LEG. ANKER:**

And, again, I also want to thank you for, all of you, doing what you are doing and how important it is. You know, it's like a three-legged stool. You have to have mental support. If you don't have mental support, you cannot function, and, unfortunately, with my family, I have experienced that firsthand. And especially with military, it's a trauma or the change in lifestyle that is made when you transition from private to military is -- can be extreme; and then experience all those incredible emotional turbulence and then come back.

A couple of specific questions: Have you looked into -- and I don't know who to address this to. I guess, since you're working on the program, Michael, have you looked at what other countries have -- are doing to assimilate their military back into the stream, the flow of normal life?

**MR. STOLZ:**

I'll defer to you.

**DIRECTOR RONAYNE:**

One of the individuals who we are in the process of defining our training -- one of our training protocols is a gentleman by the name of Moe Armstrong, who is largely considered a pioneer in the area of peer-to-peer work. Moe will be providing much of our training in partnership with another

organization. They'll be collaborating.

Moe's experience -- and he'll be bringing that to us in form of his training -- is international. I know specifically that Moe has travelled to Germany on several occasions with his model, both working with U.S. forces and non-U.S. forces. Beyond the Germany connection, I don't know how much more, but I do know that Moe has authored papers, and Moe has traveled to and conducted this type of work in areas outside of the U.S., and we're looking forward to his guidance based on those experiences.

**LEG. ANKER:**

Have you seen anything in the States, specifically what we're doing right now?

**DIRECTOR RONAYNE:**

There's a lot of people doing this. I say this with all humility. I think that even in our infancy, we have taken the time -- we have been working on this for probably approaching two years now. This past February, February 2012, when we were able to testify at the Senate and learned that we were going to be funded was obviously a very exciting time for us. But we have taken the time, we have taken the pains of going through this process and analyzing other models and what other areas are doing within communities and larger areas, counties and statewide, to learn from their mistakes. I'm not being critical of anybody else's work because in any effort, there is always a lessons learned phase when you can go back and look at what you have done to date.

So we are having the benefit of learning from lessons that others have gone through already. And, again, I say this with all humility, I think that we're pretty far ahead of the curve in some ways because of the fact that we've invested as much time and we've had the luxury, the great fortune of being able to bring many talented people into the process, certainly Mike, high on that list of people who have backgrounds in this type of work.

So we're not sort of jumping into something blindly and hoping that it works out for us. You know, the amount of work and, again, the fact that the program is named after Joe Dwyer. Joe Dwyer is a local guy. He's a Suffolk County guy. The panel, the larger panel, that Senator Zeldin had formed is the John Jennings Veterans Advisory Panel, again, named after another Suffolk County resident who lost his battle with PTSD and did not survive. So we looked at this, and I think going forward, we are in a very strong position based on having looked at what others have done.

**LEG. ANKER:**

Last question: statistics. You had mentioned something about, I think you're going to start with 10 -- is it 10, 10 people? And then how many people are you starting with, and then how many people can you foresee, possibly, that you will have been able to help with?

**DIRECTOR RONAYNE:**

Well, we intend to launch this week with three groups. Each group, we would go to a maximum of about 10. Once we exceed 10, then we'll be looking at that group with an eye toward when would be the appropriate time to split that group so-to-speak and create another group. We want to keep the population of the groups to a manageable number. If we have too many veterans participating in a group, we run the risk of certain participants not being able to be heard or not being able to participate. So our threshold is 8 to 10 per group, and as we go forward, if we have a group that has really clicked with one another and they're really thriving and they're doing well and there are 12 people in that group, why would we interfere with that? But if it made sense to do so, we're going to try as best we are able to manage the groups between 8 and 10 veterans.

**LEG. ANKER:**

And you mentioned something about Stony Brook will be measuring what the results -- and I'm just curious -- you know, I think this is so beneficial not only for the individual but also to understand the

greater effect of how warfare affects the people. Could it be some medication they had taken? Could it be a specific experience, and how to resolve that experience where it doesn't interrupt their lives. So is there a research component with this particular project?

**DIRECTOR RONAYNE:**

That will be conducted. We intend to do a certain evaluative -- we intend to do our own lookback on our own project on our own progress, but the School of Social Welfare at SUNY Albany has been contracted by the New York State Senate to conduct that research and to study the program and to publish a report and a result based on the performance or the results of the programs.

**CHAIRMAN STERN:**

Legislator Hahn.

**LEG. ANKER:**

Thank you.

**LEG. HAHN:**

Thank you, Tom, Mike, and Steve. Thank you for your service to our country, to our communities, to our veterans. Tom, I know you're going to handle this with the kind of care and attention it deserves. It sounds like you have already, and I appreciate that. I'm sorry. I had to step out. I hope I didn't miss -- I'm going to ask questions, and you may have said it already.

**DIRECTOR RONAYNE:**

We saved all the good stuff for you.

**LEG. HAHN:**

Just, you know, I don't want to -- I appreciate the comments made by my colleagues earlier, and I don't want to repeat all that, so there were some very good remarks made. But I'm interested in outreach. You talk about lessons learned, because I know that there have been -- it's been hard. Outreach has been hard in the past to the veterans communities, and so I just want to know if there's a way our offices can help, if there's -- you know, how specifically you're going to outreach, and I guess that will be question one.

**DIRECTOR RONAYNE:**

We have discussed a number of approaches. Marketing will include the release of a flier that we had hoped would have been done by today, quite honestly. We will finish that in the next day or so. We will have a flier release that will go into the community, and I have taken the liberty of assuming that you all are going to request some, so packages will be arriving at all of your district offices with copies of these fliers. We would welcome and hope that you could help us get the word out to the communities in your respective districts. Clearly, that's one very, very important tool for us in getting the word out Countywide.

We will be doing press. We're in the process now of trying to identify dates and times that we can do certain things. We are talking about doing PSAs. One of the probably more effective, and much to Legislator's Barraga's point, we hope that the veterans come. There are so many programs out there, very, very good programs, in all sorts of areas where we do have difficulty in getting the veterans to respond to them. The outreach that I think will probably be at least half of our effective outreach is going to be the word of mouth. Going into the veterans organizations, going to the town hall meetings, the senior centers, the YMCAs, anywhere where there's more than two people. If there might be a veteran in that audience, we're going to be there. They will be seeing fliers. Just like our stand downs, when we go into the community where we'll have signage at the bowling alley and at the diner, we'll have it at the supermarket where you shop for your groceries. Any place that we think the general public passes through, we're going to try

and provide an awareness. But certainly, word of mouth is critically important.

The veterans service organizations, the veterans community, even the V.A., it may surprise some of you, but the V.A. has actually expressed an interest in what we're doing because they acknowledge that they are not the be all and the end all, that there are a population of veterans who do not go to the V.A. And they have embraced the fact that it's a fact of life for them and for us. So I think even V.A. is going to be a tool in our kit toward getting the word out, but, again, we're open to suggestions, anything that you think might bear fruit, we're happy to listen to.

**LEG. HAHN:**

I certainly would think if you're trying to reach the individuals who don't utilize the V.A., maybe just general practitioners, the clinics, the health clinics, not just ours, but the ones that -- what are they called -- those urgent care centers that have popped up recently, because they probably know who they see and they see a large population. Those would be great.

**DIRECTOR RONAYNE:**

Another area that we intend to put a lot of effort into is social media, the younger population, the younger generation of veterans coming home right now. Me, not so much, but this is the Facebook crowd. These are the Twitters and the tweeters and the e-mailers. We believe that a large portion of this population who we're not going to be able to reach out and touch them in many ways, we, through all of our various networks, have lists of people, and we intend to use the social media outlets very definitely as a part of our outreach.

**LEG. HAHN:**

Instagram and all the others. So you'll get us a digital copy of the flier that we can send around and post on our own Facebook pages, you'll get us a digital copy of that flier?

**DIRECTOR RONAYNE:**

Absolutely.

**LEG. HAHN:**

And we have e-mail networks, newsletters that go out via e-mail, so I'd very much appreciate, you know, a paragraph or two and an image, and we can make it a story in the newsletter.

**DIRECTOR RONAYNE:**

Absolutely. And, again, when we publish the fliers and some of the other outreach, you'll see this, but we do have numbers in place. The numbers for the program, Steve's office will ring to 853-8345. We also have a 24-hour number that will ring at 853-8346. The e-mail for the program for anything related to the program, the e-mail, in addition to our personal e-mails, will be [vetspeertopeer@suffolkcountyny.gov](mailto:vetspeertopeer@suffolkcountyny.gov).

**LEG. HAHN:**

Do you spell out the "to" t-o?

**DIRECTOR RONAYNE:**

Yes.

**LEG. HAHN:**

And, then, I'm assuming because it is hard -- so hard for the outreach to these communities, I'm assuming you'll be providing other kinds of connections to people who do respond? Like I went to that great Boots to Suits program that was held, and there are all kinds of other services, obviously, where we're trying to reach somewhat the same population.

**DIRECTOR RONAYNE:**

Just as PTSD does not exist in a vacuum, neither can we. Our program is only going to be one piece of this, and as the need or the opportunity arises, if there's an organization, an agency, an entity, whatever it might be, if the potential is there for it to benefit our veterans, then we are certainly not going to pass on connecting with any of them. So if we have somebody in the program who needs a higher level of service or maybe we're just not a good fit, we don't turn them away and wish them well. We'll do whatever we can to effect their linkage to another resource.

**LEG. HAHN:**

Have you thought -- and I know you talked about theater-specific groups and eventually becoming that, but are you going to try to bring in an intergenerational component? I know some of the older vets may be real good mentors or peers in a different way and have experience transitioning back to life here in the States, stateside.

**DIRECTOR RONAYNE:**

We have already brought on board at least one Vietnam veteran, who is actively part of the program as we speak. And, again, going forward, we would be welcoming anybody who has an ability to benefit or to assist our veterans. We are going to, because of the nature of the program, anonymity is a tentativeness that we're going to be very focused on protecting the identities of those in the room. So casual or spontaneous volunteerism is probably not going to be something that we'll see much of or any of. We want to make sure that we protect the integrity of the program.

But as far as intergenerational, yes, we have that in place as a part of the program already. From what I'm told, I'm one of them. But, yes, we understand it's a multigenerational issue. Our veterans are multigenerational, and we need to conform to what the population that we're trying to serve is.

**LEG. HAHN:**

Thank you very much. Thank you, Tom, for what you do and for all the care you give to it.

**CHAIRMAN STERN:**

Okay. Very good. Tom, I want to say thank you. Thank you to all of you. Obviously, a lot of hard work has gone in to preparing and laying the groundwork to ensure its success, great experience, and the passion to serve. So we're looking for important, meaningful program, and please along the way, anything that we can be of assistance, always feel free to let us know.

**DIRECTOR RONAYNE:**

Thank you, and thank you for the help that you've already been. I know that the expediting of the CN that was put through for the contract for -- to move the funding over and get the Clubhouse of Suffolk on board, the support of the Legislature, the County Executive, certainly Senator Zeldin, without who this would not have happened. He took us to Albany and secured the funding. There have been a lot of hands in this, and I thank all of you for your role.

**LEG. STERN:**

Thank you.

**MR. VETTER:**

Good afternoon. My name is Joel Vetter. I'm from the Department of Fire, Rescue. On behalf of Commissioner Williams, thank you for the opportunity today to come and speak to you about our programs, as you may have heard, called JEEP. JEEP's been in existence for the last 10 years. It's been going through a growth cycle over the last 22 and a half years.

JEEP, the misnomer or the confusion is it's a small piece of our preparedness efforts for individuals that were labeled as special needs in the past. These terminologies and the different capacities and capabilities for the County has been outpacing themselves with political correctness and technology capabilities. So January of '10, we started to change a little bit of our philosophy, where we identified that JEEP was strictly the transportation and sheltering aspect of emergency management of the all-hazard plan. And we started to build out its capabilities last year pre-Irene where we developed, through County IT, a special-needs registry, which allows us to take that very daunting and tedious process of enrolling in that registry for the prior years, make it electronically, and make a document that provided us with true statistics and data so we could look at what the individual needs were on a local individual level basis in realtime comparable to a sea of books and paper.

The new JEEP special needs registry now gives us the capabilities of identifying people right down to their individual plot of their house. So in pre-Sandy, when we talk about emergency management, we're talking about a known coastal storm, we're talking about a 120-hour timeline window when we're starting to actually gear up and start preparing a little bit better.

We're able to actually look and pull that data and see who's in the greatest danger and needs to be addressed in the most appropriate time. The problem that we're seeing with it is that we roughly have only about -- we hover between six and 700 clients registered in the programs. No two programs talk together. Ours does not talk to LIPA. LIPA doesn't talk to ours. We're able to share our information internally. We did that in this event now, in Sandy, with the Office of the Aging and Handicapped Services and a mixture of other entities and cross populated our shared clients and made it a little bit more effective and streamlined.

The JEEP program, the transportation and sheltering program, in Sandy did provide for evacuations of 150 clients. These clients had a mixture of needs, some of them very high tech that were able to be -- provided better care both in an in-hospital setting as well as an out-hospital setting.

We continually work with this program as it expands. There are several other regions of New York State as well as a few other states that have started to inquire about ascertaining the program we've developed, the special needs registry. It's in its -- it's currently in its third version of updating. The next phase of what we're doing is we're looking to change the name. We're looking to break away from some of that stigmatism. So we estimate there should be roughly 280,000 Suffolk residents enrolled in this program, so we haven't even scratched the surface.

We're going to be changing it, and some of that driving force came from the legislative body when you guys took action and created the vulnerable citizens protection act several months ago. That ties into this in a separate elm -- realm, I should say. That act, so you're aware of it, if you remember, it takes the regulatory and non-regulated healthcare institutions, assisted-living facilities, group homes, and now forces their hands to provide to the County their emergency action plans. It's going to allow us to see that in, kind of, realtime and actually have access to it electronically through our emergency management software.

So we are going to piggyback on that concept and change the registry over -- the special needs registry over to a vulnerable preparedness citizens registry, kind of more of a global approach instead of a physical imagery of some type of special needs or disabilities. When we talk about vulnerable population, we're really also taking into account social economic issues. We're taking language barrier issues into account. You know, more of a global scale that will allow us to draw down and show better data so we can plan it and appropriate more accordingly especially with the use of some of our grant funding.

That's my two cents on it. I'll open up to questions.

**CHAIRMAN STERN:**

First of all, thank you so much for being with us today; really appreciate it. When you say that the information, the data that you have, we're unable to share with other agencies, like LIPA, et cetera, what is the inability? Is it a technical one? Is it a willingness to share? What do you see as being the real barrier, and how do we overcome that?

**MR. VETTER:**

Outside of the County, the issue is their perceived notion that it's a HIPPA compliancy or a security component. We experienced this with LIPA specifically during Sandy where we couldn't share. I could give it mine. When we created the registry, we had the County attorneys look at it, and we were able to get language put on that registry that when you signed in, you self-register, that you are giving us permission at a time of emergency to share that information for your own well-being. So we have the ability to push that data out.

I'm sure now post-Sandy and some of the other changing climates that'll happen, maybe we'll see more of a broader open approach.

A lot of it has to do with also, just internally in the County, timing. You know, in the past, we've promoted this program extensively. We've made Ready Suffolk brochures; 850,000 were mailed out and sent home. There were 550 sent to every legislative district. We've put them in 59 libraries. We sent them to, you know, 26 very aggressive schools with their SEPTA, the special needs PTAs. And we're able to track through -- the website runs with Google Analytics in the background. We can see where people are coming from, so we know what's working and what's not working.

The days of handing out literature and posting stuff, it doesn't bring people in. Physically, actually getting people, and that's one thing that I will ask of you, is you know your constituents. We see it every time when there's a major weather event. You start calling and you want us to help a specific client. Now would be the time that I would ask you to reach out to those clients. I'd be glad, if you have a staff member. It takes less than 10 minutes to enroll somebody in the registry. We can give them access extremely easy, and we have librarians that do it in the local libraries to just pre-enroll the clients' information in there. Then we follow it up utilizing our volunteer medical reserve corp of my own staff to where we call and we fill in some of the other more technical information in there. But it lets us capture them upfront and know about them early.

**CHAIRMAN STERN:**

Legislator Gregory.

**LEG. GREGORY:**

Hi, Joel. Thank you for being here today. I think you might have mentioned it. So how do you account for a language barrier? Like I have a -- part of my community in the Copiague, I have an immigrant Polish community. So say someone is on the list and they need to be reached out to, but they don't speak English; how do you count for that?

**MR. VETTER:**

Alternative barriers are a huge concern. When we enacted the Vulnerable Citizens Act a couple months, you know, I was asked the question, "How are we going to pull this off for January 1?" As always, we said, "Don't worry. It'll get done." As you might know or might not know, the County website, only up to maybe six, seven months ago, was not accessible by secondary reading software for the visually impaired. It also didn't have translation services. That's been changed. If you look at the registry now, most of the website is caught up to date. The registry is translated into 59 languages. We have alternative formats that we can produce. We have the ability through our friend Valerie Louis out at Suffolk Library Association to get Braille material, et cetera. The goal of what we prepared for is build out what's called Partners in Preparedness. So we've reached out and

we've met with the library associations that were willing to help us, help their local communities, and we take those entities from those seats and send them specifically into that area.

The other aspect that we're able to do is we have access to a language line, so we're able to, if they call our office instead of punting them somewhere else or putting them down the line, we actually call into the translation service and process through that way too. So we have capabilities on two fronts to address it.

**LEG. STERN:**

Legislator Barraga.

**LEG. BARRAGA:**

Once you have all this information, all right, let's take Sandy as a storm. Most of us knew the storm was coming four or five days in advance, at least four or five days. Now you have all of this special needs information. Say I'm Tom Barraga. What do you do with it as it pertains to Tom Barraga? You call me a couple of days before the storm and you tell me what, to do what? You have all the information, but I don't know what -- I still don't understand what you do with the people who have given you the information.

**MR. VETTER:**

I can explain it very fairly easily. The goal is even before calls, when we have all your information, is to educate you more and to prepare you more, to develop a communication plan with you and your family or neighbors. It's something that we learned in Irene, something as simple as leaving the porch light on so a neighbor can look to say, Yes, power to your house specifically is returned, versus us taking you and transporting you home.

Pre-storm -- so for Sandy specifically, we identified who we were going to be moving, and we called those clients physically and asked them what their intentions were, where they were planning on going. If necessary, we facilitated and scheduled them for transportation.

**LEG. BARRAGA:**

How many people were involved in that?

**MR. VETTER:**

There were 18 people that we moved pre-storm.

**LEG. BARRAGA:**

How many were on the registry -- well, weren't they all in the path of that storm?

**MR. VETTER:**

No. So the intent was only for Flood Zone One category victims were at the greatest risk, so that allowed us to address the specific needs and provide services to those at greatest risk to provide the greatest outcome in comparison to, in the past, sending buses around and moving everybody. Especially, the other concern is moving them, if they have medical needs, to an inappropriate shelter. It puts them at greater risk.

**LEG. BARRAGA:**

Yeah, 'cause my concern is unless I'm physically moved before the storm, of what value are you after the storm hits? Because you really can't even get to me.

**MR. VETTER:**

No. Well, actually, the nice feature is they indicate what they want to do. Unfortunately, we can't force people. We have success stories. We have stories of people's houses burning down an hour

after we've moved them out of their house. The other aspect of what happens is for those that say, "Nope, I'm going to stay," we call them. We put them on what's called a checklist. So periodically through the storm, our call takers will call the people and check on their updates. Post-storm, it allowed us to then share between the County agencies who had access to them and who was going to be checking on them. For the ones that didn't receive services from another County entity, that information was pushed out to the local fire departments, ambulance, law enforcement agencies, and/or religious organizations that were willing to check on the welfare of these individuals post-storm, and then allowed us to see what their needs were and then push services to them whether it was temporary food, housing issues. We still have that ongoing now where some people just are adamantly refusing to leave their home but then we're able to provide or move them.

**LEG. BARRAGA:**

Do you have any figures on these different organizations that actually went out after the storm to check on these people that are on this list?

**MR. VETTER:**

Every person in the registry was physically accounted for and tracked at multiple points throughout the entire storm, even post-storm.

**LEG. BARRAGA:**

I mean post-storm, like a day after, two days, three days, they were actually out there, these different groups checking on these people?

**MR. VETTER:**

Yes.

**LEG. BARRAGA:**

They went to their homes?

**MR. VETTER:**

Yes. So of this list, about 85 percent of them crudely were taken off the list because we were able to call them throughout the storms and do that. The advantage of this registry is it allows us to have communications on multiple platforms. So even though they lose power to their phone, we had cellular, e-mail aspects, neighbors that were able to check on them, so we were able to drill down the list.

**LEG. BARRAGA:**

Because I had constituents who lost all communication, including cell. There was no way that they could actually, other than a radio, get any input. And in some cases, the flooding was so bad, no one could even get to their homes for several days to check on them.

**MR. VETTER:**

That's absolutely true, but this list is so small, that's what make it impossible for them to fall through the cracks on the list. Will it happen in the future with 280,000 registries that are applied to it? Yes. That's where it comes into effect of some of the future growth that we were looking to do. So one of them is called Smart 911, which is coming to the County. That's going to drastically change the infrastructure of how people can communicate through their devices. I think you'll see now, post-storm, the commercial industry of the wireless systems really starting to look at what their generator capabilities are of their cell site tower, et cetera, that would change and improve that.

Something as simple as having a drill down message of being able to get to somebody more inland in their family that had the capabilities. "No, my mom's accounted for. She's fine," allowed us to

do that. It's basic preparedness that we have to drive home to every resident of Suffolk County.

**LEG. STERN:**

You mentioned a number of people that you assisted prior to the storm evacuation. What was the number, then, of people who you assisted with evacuation after the storm in its aftermath?

**MR. VETTER:**

The issue post-storm is we don't control the transportation plan at that point. Post-storm, they are all self-referrals or moved by the Emergency Service Community. Pre-storm, we actually take possession of the Suffolk Paratransit System. We take anywhere between 6 to 12 paratransit buses and a mixture of other transit style buses that do the movement. So pre-storm, we could track all that; post-storm we can't. That comes down to enrollment of shelters.

The other problem that we have data collection-wise is Red Cross shelters, that data is not shared with us due to confidentiality issues. Shelters that are non-Red Cross, so they're County shelters that are ran (sic) -- the Skilled Medical Shelter is one -- we're able to collect all that data and do that. So I would have, again, a very small population that I would be able to show you pre versus post.

**CHAIRMAN STERN:**

So, then, with some of the ideas you had mentioned before, what is the process, then, going forward, and what do you see as the timing to implement some of these changes that you see?

**MR. VETTER:**

We know the registry is -- probably by the first of the year, the more updated version will be up and running. Tomorrow, we're actually meeting with a mixture of stakeholders externally for the Vulnerable Citizens Act so that we're in compliance to receive the information for January 1.

The goal, really, is to try to build -- my personal goal, I'll say, is to build the Partners and Preparedness program out more where we get more of a preparedness out there. So instead of me releasing PDF fliers to you like we used to do in the past, giving you the Word documents where you can then import your constituent flavor to it, we'll say, and buy in in that way.

The real goal is we have to go out and do more of a grassroots aspect. We started to do that with Suffolk Independent Living, UCP, a mixture of other organizations that are not regulated through State health to try to provide them with some education and training. The biggest barrier is going to be getting people to see the advantage that it has to them.

The final piece of the puzzle will be for us to tie into some of the newer technology that's being purchased where this information is pushed in realtime out to the end users, the emergency service providers, through the CAD, the computer-aided system. The issue with that is the primary piece apps, the answering points are fragmented in the County. Which ones come through County, versus Babylon, versus Smithtown, the East End, et cetera. So there will be a known population that we'll be able to show you on the map and color in to say, These areas are provided this level of service; you know, like an a la carte type of option.

**CHAIRMAN STERN:**

Well, I would think that certainly timing becomes important especially with the public outreach efforts and, as you say, we should have a couple hundred thousand people on that list, which right now is between 600 and 700. Having people buy in and appreciate the importance of being enrolled in this type of a service, the time is now, obviously, as it's so fresh for all of us.

**MR. VETTER:**

Time is now, one of the things that we're trying do is we're trying to ascertain a few volunteers from our registry that are willing to reflect their personal stories of the storm and capture that information. We've gone to the extent of videos through the social media, et cetera, even translation services. I think we're at that next level where we've got to get somebody to buy in and share that story. I'm optimistic on a few.

**CHAIRMAN STERN:**

Very good. Thank you for being with us today. Okay.

We are adjourned. Thank you.

Can you please note Legislator Montano has an excused absence today. Thank you.

**(Meeting adjourned at 1:13 p.m.)**