

VETERANS & SENIORS COMMITTEE

of the

SUFFOLK COUNTY LEGISLATURE

VERBATIM TRANSCRIPT

A regular meeting of the Veterans and Seniors Committee of the Suffolk County Legislature was held in the rose Y. Caracappa Auditorium of the William H. Rogers Legislative Building, 725 Veterans Memorial highway, Smithtown, New York on August 13, 2012.

MEMBERS PRESENT:

Legislator Steve Stern - Chairman
Legislator Sarah Anker - Vice Chair
Legislator Tom Barraga
Legislator DuWayne Gregory
Legislator Ricardo Montano

ALSO IN ATTENDANCE:

George Nolan - Counsel to the Legislature
Renee Ortiz - Chief Deputy Clerk - Suffolk County Legislature
Dr. James Tomarken - Commissioner of Department of Health Services
Tom Ronayne - Director of Veterans Services
Holly Rhodes-Teague - Director/Office of Aging
Bob Martinez - Aide to Legislator Montano
Deborah Harris - Aide to Legislator Stern
All other interested parties

VERBATIM MINUTES TAKEN BY:

Donna Catalano - Court Stenographer

(*THE MEETING WAS CALLED TO ORDER AT 1:07 P.M.*)

CHAIRMAN STERN:

Everybody welcome to the Committee on Veterans and Seniors. Please rise and join in the Pledge by Legislator Montano.

SALUTATION

If I can have everybody please remain standing for a moment of silence to keep brave men and women fighting for our freedoms overseas in our prayers and thoughts.

Welcome, everyone. We do have some presentations today, but before we get to the presentations, we do have a couple of items on agenda. So if it's okay with everybody, we'll take the resolutions first today.

The first is **IR 1755, Designating "Fall Prevention Awareness Day in Suffolk County" (Stern)**

Dr. Tomarken is with us today. He is going to be talking about a very important program we have here in Suffolk County. So this legislation is part of the that initiative to bring awareness on this important issue. So I'm going to make a motion to approve, seconded by Legislator Anker. All those in favor? Opposed? Abstentions? IR 1755 is **APPROVED (VOTE: 5-0-0-0)**.

LEG. ANKER:

Cosponsor.

CHAIRMAN STERN:

IR 1784, Accepting and Appropriating 100% reimbursable grant funds from the New York State Office for Aging (Co. Exec.)

I can make a motion to approve and place on the Consent Calendar, seconded by Legislator Anker. All in favor? Opposed? Holly is good? Any abstention? **APPROVED** and placed on the **CONSENT CALENDAR (VOTE: 5-0-0-0)**.

So those are the resolutions. So with that, let me invite our Director of the Office of Aging, Holly.

MS. RHODES-TEAGUE:

I just wanted to thank you for your vote to accept the funding. It's almost half a million dollars, and that money is based on consensus numbers. We went up by 27%. It was a hard-fought battle with the other counties in the State who had increases in their population, but not quite as large an increase as we did. And they wanted to have the money brought in over the course of three years, and I battled, no it's not fair. And we went back and forth. And the State gave them money to hold them harmless for a year, and we got our funding. I don't know if that battle is going to continue for this year, what's going on with that on the State level, but we were successful in getting the half a million that we were entitled to under the new census numbers.

So we will be using that money for home care. It will increase the number of hours we could provide to people in the ICEP Program and some of the people in the caregiver program as well, because we have people who have been waiting for a long time. You know, they have our case management in place, but there just wasn't enough money to do our home care. So this will help to alleviate some of the waiting list for the home care. So thank you so much.

CHAIRMAN STERN:

Holly, will these funds be used more towards those that have been waiting for services at all or to add to those services that those are already receiving?

MS. RHODES-TEAGUE:

There are some people who could use more hours, so they're going to get some more. We are pretty stingy with the hours that we provide, because we try to share the money around. So generally somebody who doesn't get more than 20 hours of home care through our office. But it's probably averaging probably 12 to 15 hours is what the clients usually get. So this will be able to bring some of those people who could use a few more hours to stay home independent, you know, use a few more extra hours a week. But also, we have a lot of people who have not been able to get any home care hours, because we haven't been able to do a call-out list because the funding just was not there. So this will definitely help us out with that. So we're very excited about the fact that we got that money.

Just so you know, in terms of the census, every county in the State had an increase in population with the exception of one tiny county in Upstate, New York. But we were the one who had, in terms of the actual number of individuals, we went up by 27%, which was about 64, 65,000 people. So we definitely could use the money here. We are -- you know, our waiting lists have increased quite a bit over the last couple of years for home delivered meals and for ICEP. So we're definitely in need of the funding we can get. We're happy to do the battle to get the money, so.

CHAIRMAN STERN:

Legislator Montano.

LEG. MONTANO:

I just didn't understand one thing. You said we went up 27% with 63,000 people. I'm not sure how that number --

MS. RHODES-TEAGUE:

We were 224,799 for the people in the 2000 Census over age 60. And in 2010 we went up to, I think 285,000 is the number.

LEG. MONTANO:

All right. That's where I lost you, it's the age group.

MS. RHODES-TEAGUE:

It's a large increase in the over 60 population. I think in our office we have figured out that 66% of the people actually receive the services in our office are really 75 plus years of age. So the programs can assist people 60 and over, but, you know, the need is really for very frail, and we are serving that population, so.

CHAIRMAN STERN:

Okay. Legislator Anker.

LEG. ANKER:

Thank you, Holly, for all the work that you're doing, especially getting this grant. This is wonderful. Did your office work on this grant specifically?

MS. RHODES-TEAGUE:

It's actually, the money comes down from the Federal Government and the State dollars when they put them in. They come in by the population, so we are entitled to this money based on these

strange formulas that they have. And there are battles that have to be done sometimes, because if we had not raised a huge issue with this whole thing, they would have brought this money in over the cost of three years. So I would have been sitting looking at a third of this money right now, not the entire pot. And that's through State legislation the way it's supposed to be funded. And now there's rumor that they want to change this for the 2020 Census, that they want to change the way they're going to do census money every ten years. So I don't know what's going to happen in the future. I mean, I had to fight in 2000 and I had to fight again in 2010 to get the full funding.

LEG. ANKER:

Again, we appreciate your persistence.

MS. RHODES-TEAGUE:

Oh, they hate me in the State.

LEG. ANKER:

You're doing your good, and that's what's important. You're doing your job. Again, my question would be is there a specific place that there seems to be a large amount of seniors? That's number one. And number two, I have issues with my mother getting, and she's getting elderly, and she may be staying with me. She lives in Florida now. Are the statistics accurate in people may be bringing their parent up and providing them care and including them in the census.

MS. RHODES-TEAGUE:

Well, the census goes on where somebody lives. So if you, as the person filling out the census form, puts down that your mother is a resident, she's included in numbers that we have in Suffolk County. I think most of you know is that the way our population works in Suffolk County, the higher concentration is on the East End. The five East End towns have a tremendous concentration of over age 60. The range 25, 29, 33% out on the East End, but they're small numbers. You know, you're talking about a small number, but the concentration is very high, because people have retired out or it's an easier place to live. I'm not sure which. But they're seeing what a lot of the State and the country are going to see in a few years, that kind of concentration.

LEG. ANKER:

I know there's the term smart growth. And if we, you know, the Legislative Body, that there's areas -- and it's throughout all 18 districts we have our senior population. But it would be nice to know if there are certain areas that need to target as far as areas that, you know, have a large population. I know you have so wonderful coming out to some of the Leisure communities and letting those folks know. A lot of those residents don't know the services that they are entitled to. I think that's what's important, especially with this committee that we make sure that message is out there.

MS. RHODES-TEAGUE:

We try.

LEG. ANKER:

We appreciate it. Thank you.

MS. RHODES-TEAGUE:

Thank you.

CHAIRMAN STERN:

Anyone else? Legislator Anker brings up a very important -- it's going to be really a critical issue for all of us at every level in the coming years, because that analysis has been done in very cursory terms. But nobody really knows what that number is going to be of frail elderly that have been living their retirement years in their retirement states that are now going to be coming back as they

become more frail and need that type of assistance, whether they're going to be living outside of someone's home in a facility or living with children that are going to be hands-on caregivers. What is now being referred to as the boomerang generation, coming back now to their home communities, because they need that kind of assistance. What the need is? Ultimately nobody really knows, but it's certainly something that we do need to be aware of, and to the extent that we, to be prepared for that, because it is certainly an age wave that is coming and will continue to come.

MS. RHODES-TEAGUE:

Just as you talk about that, when I talk about 75 plus population, I mean, that really -- we are seeing a huge number of people call the office for services. And they're not young, they are isolated, they don't have family members. So we have that and then we also have the caregivers who are just losing their minds trying to figure out what to do with mom or dad, some of them don't know what to do. Some of them don't live here, and their parents are here by themselves. We're getting a lot of calls, and there's just not enough services out there. I mean, that's the sad part about it.

CHAIRMAN STERN:

Legislator Montano.

LEG. MONTANO:

That's the question. What can you do for them? What do you do for them? And how many are you able to service and how many are you not able to service?

MS. RHODES-TEAGUE:

A lot of what our job is in our office is to try put them in touch with other programs that are out there. If we don't have them, then we can try to find someplace else to go. But, for example, the home delivered meal program, right now we have 400 some odd people waiting for home delivered meals in Suffolk County, primarily in the Town of Islip.

LEG. MONTANO:

You mean on a list.

MS. RHODES-TEAGUE:

Town of Islip has a list that is about 300 people that they have not been able to provide services to. You know, in other towns, they fund them more than we fund them. And I could -- Suffolk County is very generous. We do 65% of the funding for a program that's supposed to be 90% Federal, 10% local. So it's not that we're not putting in our share as well. It's just the need is great, and the Federal Government has not kept up with the need. Is there's a lot of things like that that are out there; the ICEP Program that does home care and case management. Everybody would love to have case management and home care. However, we always have a waiting list of four to 500 people for that program. And that's been that way since the program started 20 years ago, more than 20 years. There's a great need for the services that we provide. We keep people home, we keep them independent, and we keep them at a reasonable cost. But, you know, the programs are not set up -- you know, a lot of government programs are set up to put them into institutions, to do the nursing home services rather than keep them in their homes, which is, you know, sad, but that's what they have been set up as. And there is a push to change that, there is a push to provide more community-based services. So I think we're going to see changes on the State level and the Federal level over the next ten, 15 years, but it's just not all there yet.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

If you do you see something, again, that's what Suffolk County is here for. We're hoping to be the safety net, then, of course, we have the non-for-profits that provide even a greater level of safety. But if you do you see something that we do need to do as a Legislative body, let us know. You have been so good in letting us -- enlightening us on what's happening. But, you know, society changes. You know, I'm feeling the crunch. I've got children in college, and then I've got my mother. Like you said, this boomerang generation is here, it's now, and we need to create government to help with that. But, you know, thank you.

MS. RHODES-TEAGUE:

Thank you.

CHAIRMAN STERN:

Thank you, Holly. Okay. Doc, welcome.

COMMISSIONER TOMARKEN:

Good afternoon. Thank you for the opportunity to present what the Department of Health is doing regarding the falls prevention issue and program. First, let me give you an idea what kind of problem falls are amongst the -- and we've been told that the current term is mature adults. We've learned that the hard way. So to just to give you some facts, to give you some idea of the perspective and the scope of this, in the Year 2000, falls among older adults cost the US Health Care System over \$19 billion or the equivalent of \$28.2 billion in 2010 dollars. With the population aging, both the numbers of falls and the cost to treat fall injuries are likely to increase.

So how big is this problem? One in three adults over the age of 65 has a fall each year. Of those who fall, 20 to 30% suffer moderate to severe injuries that make it hard for them to get around or live independently and increase their risk of early death. And along with this, we have noted that their ability to get back to their previous level of functioning prior to the fall is reduced greatly once they've had a significant injury.

Older adults are hospitalized for fall-related injuries five times more often than they are hospitalized for injuries from other causes. In 2009, emergency departments treated 2.2 million non-fatal fall injuries among older adults. More than 582,000 of these patients had to be hospitalized.

It's expected by that by 2020, the annual direct and indirect cost of fall injuries is expected to reach \$54.9 billion. Among community-dwelling older adults, fall-related injuries, one of the 20 most expensive medical conditions. In a study of people age 72 and older, the average health care cost of a fall injury totaled \$19,440, which includes hospital, nursing home, emergency room and home health care, but not doctor services. So it's a minimum of \$20,000.

Who are these people that fall? The cost of fall injuries increase rapidly with age. So the older you are, the higher the change you're going to fall. In the Year 2000, the cost of both fatal and non-fatal falls were higher for women than for men. In the Year 2000, medical cost for women comprised 58% of older adults, 2002 and they were two to three times higher than the cost for men.

So that's some figure for the whole country. For New York State, let me give you some numbers. Every day in New York, two older New Yorkers die because of a fall, 140 older New Yorker are hospitalized and 223 older New Yorkers are seen in emergency departments. Falls account for 1.7 billion is annual hospitalization charges and \$145.3 million in annual outpatient emergency department charges.

Approximately 95% of hospitalized charges are billed to publically funded programs, such as Medicaid and Medicare. Among adults 65 and older who are hospitalized due to a fall, 60% end up

in a nursing home or rehab center, 11% suffer a Traumatic Brain Injury and 27% experience a hip failure. Fall injuries among adults in New York State are increasing. From 1999 to the Year 2008, the number of fall-related deaths increased 15%, and the rate of fall-related hospitalizations increased 19%.

Where is the risk? 60% of fall-related hospitalizations in older adults occur in the home; 36% of fall-related emergency department visits in older adults occur in the home. So this gives you an idea that, number one, people are living longer and staying at home, but as they do that, their risk of falls increases as it does with their age.

Where does Suffolk County fit amongst other counties in State for falls requiring hospitalizations for ages 65 and up? We are in the highest 50% category. The same is true of Traumatic Brain Injuries, secondary to a fall. So what have we done about this? The State identified three counties, of which we were one, to be the recipients of a grant to focus on falls preventions. And only five states in the country were given this grant by the CDC.

So we developed a Falls Prevention and Injury Prevention Committee. The members consist of the Suffolk County Department of Health Services and the following hospitals: Eastern Long Island, Good Sam, Mather Memorial, North Shore LIJ, St. Charles, St. Catherine of Sienna and Stony Brook. We also have membership from the AARP, we had a pharmacist, a geriatric internist, people from the Suffolk County Office of Aging, Stony Brook Geriatric Education Center, different local colleges and community home health agencies.

At the same time, we had local initiatives in which we obtained input from target populations and from experts and community members. We conducted focus groups. We developed a brochure regarding prevention of falls, and we conducted pre and post tests of the knowledge that we imparted during our educational programs to see if it was having an impact. We developed a data subcommittee in partnership with the New York State Department of Health Bureau of Injury Prevention.

We have requested data to the New York State Department of Health looking at emergency department and hospitalization data for the years 2006 to 2008 to give us an idea of who these people are, what we can do to intervene to reduce their falls and to help improve their rehabilitation.

The other local initiatives that we have initiated include the assignment of a falls prevention coordinator, conducting education sessions across the county, and we had a Falls Prevention Day in September of 2010. We also had a regional conference sponsored with Nassau County held in October of 2010.

We have two programs that we are encouraging and implementing throughout the County; one is a tai chi instructor's course in which we train and certify tai chi instructors who come back into the County and do tai chi in libraries and senior centers. And the biggest program and the most effective is what's called the Stepping On Program. It's a CDC-model program. It has demonstrated to reduce falls by 33%. We have had two leadership training -- two persons have received leadership training; one from Suffolk County Department of Health Services and one from Good Sam Hospital who -- to seminate the program.

And the program itself basically focuses on the risk factors of falling and improving lower limb balance and strength and improving the environmental and behavior safety in both the home and the community and encouraging visual and medical screenings to check for low vision and possible medication problems. So there are seven weekly two-hour program sessions where people go through strengthening exercises and balance exercises. They are also educated about whether or not they vision and/or checkups and and/or a review of their medication by their practitioners.

We have been able to reach approximately 67 people so far, and this started in the Fall of 2010. We continue to work with all kinds of community groups and try to continue this work through the private practitioners, hospitals, all agencies and organizations who come in contact with this group who is at risk for falls.

As you know, September is going to be the month for falls prevention. The State has given us a list, a five-page list of potential activities to develop. And we will be attending a meeting on September 13th in Albany to discuss the different activities and how to implement them. At a minimum, we will be distributing not only our brochures, but there is a self assessment form, because one of the things that is very helpful is for individuals, mature adults to assess themselves to decide whether or not they would benefit from this program.

One of problems we've run into is that there's a bit of resistance for people to acknowledge that they may benefit and need a program like ours, people like to consider themselves very independent. So we need to, as best we can, educate them and enlightened them that whatever independence they have can be preserved and improved by participating in our program. It's not a sign of ill health or a medical problem per se, but they need to be aware of the multiple factors that can influence whether or not they fall.

I think it's important to understand that even the United States Prevention Services Task Force, which is the Federal organization that decides what are the preventative that every individual, depending on their age, etcetera, should acquire during their lifetime. Falls has now become an issue in which they recommend that people be screened, people are encouraged to take Vitamin D as well as to have regular exercise. So the falls issue has become not only a local issue, but it's already up at the Federal level and has been endorsed by this body, which is the body that determines what guidelines practitioners follow in terms of prevention and screening services for their patients.

So I think this is, as you can see, a very expensive, very costly not only in dollars, but to the quality of life of the individuals affected by falls. It is preventable to a great degree. And what we need to do is make this a well known issue, just like we do for screening for cancer and heart disease and other things like this. Falls has been under the radar screen for many, many years, and the costs are astronomical, not only cost to the patient and cost to the hospital and taxpayers, but as was mentioned earlier, when somebody falls and they can't return to their previous level of functioning, who is going to take care of them?there aren't enough facilities. The future seems to be in home care and home services and not building more and more assisted living or nursing facilities. And people don't want to go there if they don't have to. So we need to understand that if a loved one has to be taken care of someone who's working and they have to miss their day of work, etcetera, then it has huge implications for society in general. And I think we need to elevate of fall costs to the entire society going forward. Thank you.

CHAIRMAN STERN:

Doc, thank you. A couple of questions. I know members have some questions as well. But let me ask you this, to what extent, if any, has there been synergies between the department and your -- in the program -- and say our Office for the Aging and -- that's where the people are. The exposure to the most vulnerable within our community sometimes might be with the Health Department, might be with other department, particularly we just heard about the Program and providing home health care, we heard Meals on Wheels Program. It would seem to me that these participants in these programs represent some of the most vulnerable within our community. And I have to believe that your one to three falls for anyone over the age of 65 throughout Suffolk County is a larger number potentially then all of those that we assist through these various programs. So to what extent is the information that you're trying to get out consistently delivered to that

vulnerable population? Just for starters. And if it's not done in a consistent way, what can and should we be to make that possible?

COMMISSIONER TOMARKEN:

First of all, the Office of Aging has a representative on our task force, so they're part of the committee. But secondly and more importantly, we try to coordinate with them in terms of if we identify -- if we go out into the community -- most of where we go is groups. So we will go to a group that is living on their own or they're part of an assisted living situation. And generally, they often don't need the services that the Office of Aging provides. But if we identify something, then we coordinate with them and let them know.

The next step for this program should be more individual contact with patients, people who are not in groups, who are -- we don't know about, the unknown group of patients. So I envision that going forward that the Office of Aging and us will be working closer together as we identify more of these people who are falling below the radar and are more vulnerable.

CHAIRMAN STERN:

I certainly see the difficulty in being able to meet individually with every recipient of the services that we provide, but I can also easily see a situation where the printed materials at the very least are distributed to everybody that participates in these programs, whether it's at the County level or the town level. At the very least, they should be given, it should almost be, you know, a mandate that they be given at least this basic information if they are a recipient of these services.

COMMISSIONER TOMARKEN:

Agreed. And we distribute out brochures to all these libraries, assisted living, community centers on a routine basis. So, yes, that's an ongoing activity, and we hope to expand it. We sent them to doctors' offices and hospitals, clinics, emergency departments, because we want -- they are ones who see them first often. We want them to feed back to us, so we will continue that.

CHAIRMAN STERN:

Legislator Montano.

LEG. MONTANO:

Hi, Doctor. How are you? You indicated -- well, first of all, these -- I'm not quite 65, but I did suffer a fall recently and luckily, the doctor said, "I've never seen anyone fall like you did and not have serious injuries." And I was lucky. Remember what I looked like? It was ugly, it sure was. I still have a photo of it. What I'm asking is how many of these falls would you -- that was a trip and fall. We were simply walking and, you know, the young kid was next to me and I was really trying to stop her from falling and I fell. So that's a basic trip and fall. We were walking on a level surface and all of a sudden -- you know, I wasn't paying attention, and all of a sudden, there was an incline. So purely accidental.

But I was talking to a colleague of mine this weekend, much younger, and he disclosed to me that he had fallen twice, I wasn't aware of that. And when I asked him he said that he has been -- this diagnosis, he has another condition, but this diagnosis on the fall had to do with, I think, his equilibrium in the ear. So the question is how many of these falls, if you know, would you categorize as a medically -- a fall because of some medical condition versus a purely accidental fall?

COMMISSIONER TOMARKEN:

Mostly, these, that we're talking about are -- when I say medically related, that's a very broad category. It's not the trip and fall or the curb is irregular.

LEG. MONTANO:

You weren't looking where you were going and the curb was higher than you thought.

COMMISSIONER TOMARKEN:

These are people who have impaired vision, impaired balance, who are weak, have weak muscles and bones. And then there's a whole area of the safety of their home might have --

LEG. MONTANO:

That was the next question.

COMMISSIONER TOMARKEN:

Throw rugs that slip out. But what we're seeing and what most of these falls that both the CDC and the State are recording are people who have a condition that can be ameliorated to some extent. One of the things that if you talk to the , for instance, people get these bifocals and things like that they don't know how to use properly when they're walking down a stair, that sort of thing.

But there's very few that are really subject to a true medical condition in the sense of a disease. It's their overall deterioration as we get older; they get weaker, their balance is less stable. And that's why the Stepping On Program, which focuses on strengthening muscles and tone and being to able to keep you balance better are becoming much more effective, because that's a natural deterioration of the aging process. And people, as we get older, we do less exercise, we do less -- we're less active. So it's a compounding kind of thing.

But there are very few -- it's not like somebody -- there's a large number of people with a heart condition or a brain condition. It's really fitness issue. And everything from -- even nutrition, because, as you know, as we get older, tea we become the tea-and-toast kind of generation, and we don't eat very well. So we don't have strength that we need. And yet, we often think we can still do things that we could do 20 years ago and we can't.

So it's an overall health education and keeping people fit program. And if you go to the groups like the nursing homes and the assisted living, they have all these exercise activities, because they know that's the key to keeping from falling. The grab rails and all that, that's straightforward easy to do, but most of these falls are occurring not in the bathtub or in the bathroom, they're just in the home or walking down the street. They get tired, they lose a little bit of their balance and off they go. And as we get older, our bones get more brittle, and so when they fall, they have much more significant injuries. And the ability to rehab is so much more difficult that it takes longer, and often, they can't get back to their previous level of functioning. So it's really -- and that's why it's now part of the Prevention Task Force and prevention guidelines, because a lot of this is preventable. And that's the emphasis that needs to be taken.

LEG. MONTANO:

I think you answered my question, because I was under the impression that most of the falls in the home occur in the bathroom or in the bathtub. And I guess that's not -- the falls you are talking about, they don't occur in the bathroom is what you are saying.

COMMISSIONER TOMARKEN:

What we're finding is that a lots of people are just falling for a variety of reasons within the home, and it's not centered on the bathroom, because if it were centered in the bathroom, then we would have a much more targeted approach. But it's just their overall conditioning and lack of it that gets them into trouble as they get older.

LEG. MONTANO:

Last question. Does this program or this funding allow you where you have someone vulnerable,

let's say, to be a bar in the shower area, which I'm thinking of doing, because I almost slipped the other day, and it was simply because, you know, it was slippery? I mean, apparently there was some soap. You know, it's kind of scary. My brother slipped in the tub, and he's physically able. So, you know, a simple bar, I think would go a long way. Do you have funding for that, or is that something elderly have to pick up themselves? Go ahead, Doctor, if you know.

COMMISSIONER TOMARKEN:

This program doesn't address that, but what we do is when we hear that or find that, we will go to their practitioner. Or if they happen to be in a facility, we will give them names of organizations that can help them with that. So that's an issue that if we come in contact, we can help expedite. We don't have money for that.

LEG. MONTANO:

I see Holly coming up. Very quickly, I don't want to monopolize. But is there funding for that type of assistance for someone who has fallen and elderly?

MS. RHODES-TEAGUE:

There's a program that we fund with some Federal and State funds that each of the ten towns has, the Residential Repair Program. And it really is focused on safety. What happens is that the homeowner or the person that lives there would pay for the part, and then the program and the town would provide the person to install. So that's a no-cost install, but they would have to pay for whatever parts or pieces that go into it.

LEG. MONTANO:

In other words, they have to pay for the bar, and then you'll send someone in bolt it to wall.

MS. RHODES-TEAGUE:

Right. There's a program in each of the ten towns for that.

LEG. MONTANO:

Do you know the name of it?

MS. RHODES-TEAGUE:

Residential Repair Program. But it's funding that they get from our office.

LEG. MONTANO:

From your office. And do you know if there's a waiting list for that or it's fully utilized?

MS. RHODES-TEAGUE:

I think it depends on the towns.

LEG. MONTANO:

Because I've never heard of it.

MS. RHODES-TEAGUE:

It's been out there for years. It originally started on the West End of the County, and then we put it into the East End of the County probably about 13, 14 years ago when we had more funding. We don't fund them a lot. We only fund them about 20, \$25,000 a year.

LEG. MONTANO:

That's not going to get you too far.

MS. RHODES-TEAGUE:

No, but you know what? They've managed with it, because a lot of them either have volunteers or retirees that are doing the work at a pretty low cost. So it's a good program. It's small program. Yeah, they'd love to have more money. But right now it's out there, because you can't get somebody to come to your home to do anything. So this program is able to do some of the health and safety stuff that we need done.

LEG. ROMAINE:

There's a Homesure Program also that the towns run. That's a slightly different program.

MS. RHODES-TEAGUE:

Right. And I know some of the towns have, through their community development, for the bigger projects; you know, if they need a roof and things like that. But the small little things -- you are talking about, like, handrails and things like, that could be done through Residential Repair.

LEG. MONTANO:

I'm talking about the safety from falling not whether your roof is leaking. I guess that's a different program.

MS. RHODES-TEAGUE:

This program is ideal for that, the Residential Repair. But the funding does go to each of the ten towns, and their senior divisions are running them usually.

LEG. MONTANO:

But that funding is not the funding that we're talking about now, this program?

MS. RHODES-TEAGUE:

No, it's money I have from another pot.

LEG. MONTANO:

Okay. But the money from this pot, how's it going to be spent?

MS. RHODES-TEAGUE:

His money? I have no idea.

LEG. MONTANO:

Your money. Is it simply for the educational component?

COMMISSIONER TOMARKEN:

Ours is for the Stepping On Program.

LEG. MONTANO:

Okay. Thank you.

CHAIRMAN STERN:

Legislator Gregory, then Legislator Anker.

LEG. GREGORY:

Thank you, Commissioner, for your presentation. I'm going through this issue with my mother-in-law. She fell a couple of months ago -- she actually had a couple of falls. This is -- I was listening with great interest. Now you said that there are three states or was it three counties in the country that have been identified as --

COMMISSIONER TOMARKEN:

Five states, three counties in New York State.

LEG. GREGORY:

Now, is there something that the counties that have been identified are not doing that the other counties and states are doing?

COMMISSIONER TOMARKEN:

You mean why we got chosen?

LEG. GREGORY:

No. I mean, just -- is it the medical community, are they educating their patients more? Or is it just an overall culture of fitness and health or anything that you can identify that we haven't done that could be a reason why we're facing these types of numbers?

COMMISSIONER TOMARKEN:

I think we have a large segment of the elderly population, mature adults, who live at home independently and want to maintain that. And just because we're the biggest county outside New York City, I think that our numbers are going to be very impressive in a negative connotation. But the goal is to get everybody included, from practitioners to community activists and community groups aware of this problem. I think it's just size of our County. It's not that we're either doing something good or bad.

This is a problem throughout the country. And what the CDC was trying to do and the State was identify counties that have a good experience in terms of implementing grants to see if this works. And we've had good success. They're pleased with our program, and I think they're going to expand it to other states and other counties.

LEG. GREGORY:

Okay. You mentioned that you reached out to practitioners? What has been the initial response, and what have you been kind of telling them or educating them?

COMMISSIONER TOMARKEN:

It's a mixed situation, because practitioners, especially general practitioners are overburdened with taking care of patients. Elderly patients are very time consuming. But they have received our information positively. And what we're watching is how many referrals do we get from them to our programs. We tend to get more from the community groups and the assisted-living organizations, the libraries. We're getting some from the practitioners, but we need to continue to seminate information to them and make it easy for them to make a referral, because they just have -- a lot of their time is spent just trying to evaluate the patients and who needs this.

And that's why our self-evaluation form would allow the patient to self select, because not everybody needs this program. So we give them this form, they fill it out, they see where they rate, where they score, and then they can initiate that. So we don't want to put the entire burden on the medical community. I think the more the lay public understands and appreciates this situation and what can be done about it, the better success we will have.

LEG. GREGORY:

I was just simply thinking from the standpoint -- not necessarily referring to the program, but if there was a certain methodology, for lack of a better word, or general practice that, you know, patients above a certain age, you encourage them to eat and to exercise as a part of a regular, I guess, you know, checkup or something like that, encourage them to do that, if that's not already being done. I imagine it probably is to some extent.

COMMISSIONER TOMARKEN:

Well, it is part of the US Prevention Services Task Force guidelines. And now they've increased it to make very specific recommendations; exercise, Vitamin D on a daily basis. So their next step is to identify those people at risk so that a practitioner or a hospital or a clinic can identify those people who -- quite quickly -- are at high risk and then make the proper referrals.

LEG. GREGORY:

All right. Thank you.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

Real quick. Holly, can you come back over here, Office of the Aging? I'm just curious. My question is now, have you guys coordinated this type of, you know, an audience? I know you said, Dr. Tomarken, you're reaching out to the doctors' offices and the people that are pretty much living by themselves. But there are a lot of senior living by themselves over in the Leisures. And I know Holly has been generous enough to come and visit and give us a presentation on the many services that are available. What are the two departments working on together? And are you working on this one in particular?

COMMISSIONER TOMARKEN:

Holly's office is on our task force committee. We are going to be working together on this for the month of the September for the Falls Prevention Month. We don't have a formal arrangement right now, but I think we all view, and I'm sure Holly does as well, as equal responsibility depending on who the patient population you come in contact with.

MS. RHODES-TEAGUE:

We've also met with staff from the Health Department at different times to talk about, you know, how to get information out to the senior centers on nutrition sites. I mean, we've been back and forth with staff quite a bit on that. I think the next thing, after listening to your presentation, is that we might want to look at individuals. And individuals, we have boatloads of individuals we can work on for that. So we will work together on that.

LEG. ANKER:

And, again, is the brochure ready to be passed out? In other words, can my office pick up some?

COMMISSIONER TOMARKEN:

Sure. We will certainly send you some. Sure.

LEG. ANKER:

Thank you.

CHAIRMAN STERN:

Doc, we look forward to this fall and doing all that we can do individually and collectively to continue to raise awareness on this very important, I'm sure we all agree, growing issue. And we will also look forward to maybe speaking with you to see what the results were of the September 13th meeting up in Albany to maybe find out some of the specific on how we might be able to go forward together.

COMMISSIONER TOMARKEN:

Great. I'd be glad to update you.

CHAIRMAN STERN:

Thank you. Thanks so much for being with us.

DIRECTOR RONAYNE:

Good afternoon. Thank you again for the invitation to be here before you. I don't have a great deal to report on. I will make you aware, for any of you who are not, there was a Marine from Nassau County who was killed in action, Gregory Buckley. My understanding as of this morning, I was not successful over the weekend in attempting to reach out and speak to his family, as I had explained to the chairman. But in speaking with some of our Federal officials this morning, it appears that the Marine will be buried at either Long Island National Cemetery or Calverton National Cemetery.

As you are all aware, our standing policy in Suffolk County has been, since 2005, whenever we have a KIA or a Member of Service killed in combat returned to Suffolk County to be buried in one of our national cemeteries, we treat that Service Member as one of our own. He becomes a son of Suffolk County, because he will be buried here.

So as the day progresses, I'm hoping to have some more definitive information this afternoon. His body was expected to be returned to Dover today. As soon as I know what the details are, I'll forward them on to the committee members. But my expectation at this time is that we will be having another, unfortunately KIA service in the County in the coming days. So I will, again, keep you advised.

On a positive note regarding our military services, myself and one representative from my office recently had the opportunity to spend a Yellow Ribbon Event -- some of you are aware. Yellow Ribbon is essentially a Department of Defense program that assists service members and their families in transitioning both pre-deployment to a combat area and post-deployment upon return from the combat area. We had a little bit of a unique Yellow Ribbon in that we combined a pre-deployment and a post-deployment event into one larger overall event. This was for the 106th Air Rescue Wing in Westhampton and some of their affiliate units. Again, some had recently returned from Afghanistan, and there are others who are presently mobilizing and will be leaving in the very near future going to Afghanistan and the region as a whole.

We were able to provide information and services, again, to both services members and their families on a large number on a variety of programs, benefits, entitlements and services and so forth. And we partnered, obviously, with the other presenters at the Yellow Ribbon Event. It was a very successful event. These tend to be well received, and we've become more engaged with them. I think the reason largely for their success is that, A, they're mandated, the service member is not given an option as to whether or not they would like to participate or not; secondly, the families are -- while they can't mandate the dependents to attend, they make it pretty clear to the service members that they would like the immediate family to at least attend as well and be supported by the overall event.

And they host them in some nice places. The one that we participated in for the 106th was actually at the Hyatt, which is next door to the Atlantis Marine World in Riverhead. So it was opportunity for the families and the service members to be together and access service and programs, but also to spend time as a family and enjoy the area, enjoy some of the attractions.

We will see going forward what our response rate is to the individuals that we met with. But there were on the order of about 150 services members who cycled through the event on that day. So all in all, I think it was a successful event. And we're happy to be at a point now where we're able to work more closely with the various units and be a part of these programs. They're important.

As you have heard me say many times, I think the inclusion of the families is very significant, because we tend to have a higher contact rate and success rate when we engage the families rather than the service member or the veteran themselves. So this is a certainly a positive program that we will continue to work on.

Just to back up again just for a moment. I had mentioned Calverton and Long Island National Cemeteries. For just the purposes of making you aware, for the moment, the Director of the Long Island National Cemetery is on a leave. So Michael Picerno who is the Director of Calverton is now acting as the Director of both Calverton and Long Island National Cemeteries. So if you have business with the cemeteries that you, for whatever reason, wouldn't go through me on, just be aware that your point of contact will be all through Calverton until further notice.

I will give you as much of an update, which is really not very much, on the progress of the Peer To Peer monitoring Program that I had reported on. We have had several conference calls. We do have a conference call scheduled for 3:00 p.m. tomorrow afternoon. We are anticipating that the funding issues will be largely, if not resolved, at least better explained to us in tomorrow's conference call. The call will include myself, my counterparts in the other three counties who are participating in the program throughout New York State; representatives from Senator McDonald's office, Senator Zeldin's Office and New York State Senate Finance.

So we're hopeful to get some final details on the funding so we can move forward. We have, as I said, had a number of conference calls. The purpose of most of these conference calls has been to do group interviews of organizations, primarily in the mental health fields, of entities who provide or in some way engage in peer to peer programs or services not so much nationally, but really in the region, in the Northeast. We have interviewed three, we have one more interview to complete. And then we will be meeting as a committee to discuss which of these organizations we think we would look to engage to provide services for us in the program with regard to training of the facilitators, the coaches, most of the lay people involved in the program who will be engaged in delivering or at least participating in the delivery of these services.

Again, we don't pretend for a moment to be mental health professionals. We have very fine people on the program already. But for those of us who are lay people to that -- to the field, there will be certain trainings that we'll undergo to give us a better ability to engage and serve the services members that we are hoping to engage.

I will say that while this program is not yet actually online, we are getting inquiries on a fairly regular basis now. In fact, I met with a veteran on Wednesday evening of last week who had heard about the program and was able to be put in touch with me, and he's very much in need. So it's timely that we're finally getting around to doing this in this fashion. I'm optimistic that we will see good results. If we don't see them in large numbers, if we help one veteran -- that's always been my theme -- if we help one veteran, we've done a good job. But this is already beginning to circulate in the veterans' community, and to a lesser extent, the health care and mental health communities.

As far as the emergence of this program and when it comes online, Dr. Tomarken, I don't know if he's still here, but I have spoken with his mental health people, and they are certainly committed at this point to supporting us and working with us in any way that we think that we would like. I plan to meet with them, if not by the end of this week, certainly by early next week to read them fully into the program, not to go too far without having them in the process.

We're at a point now where a lot of the anecdotal and administrative components are being addressed. Now that we're getting into the actual programmatic side of things, I think it would be important to have them included before we went much further so that we didn't have to have

anybody playing catch-up; they would be as well versed in the program and what our goals are as though of us who are already in the program.

I'm happy to see Legislator Hahn has joined us. I was going to mention that we have been keeping in touch with the Legislator's office. There's been a little bit of a -- I don't know if I would call it a concentration -- but there have been several incidences where -- in the community, in the Port Jefferson area, where we have had either veterans who are homeless or transient in the community or individuals who we believe may be veterans in that situation that we've attempting to reach out to. And we haven't had significant results thus far, but we are engaged in the community. We are now aware that this issue is, in fact, active, and we're trying, to the extent that we are able to, to be involved.

I know the Police Department has been cooperating and I know Social Services has been cooperating. And they have also been fielding teams in the area specifically to focus on this issue. So to that end, we are involved, we are aware, we are engaged. And we are hopeful that this will send a message through this community that when these needs do exist, that we are there, we are available and for those in need to please reach out to us, whether they be the actual individuals in need, members of the community, or officials, who become wear of these issues.

LEG. HAHN:

Thank you very much for your personal attention to this as well. It just breaks my heart to see someone who served our country wind up in that kind of circumstance. I'm just so glad that you're -- the personal attention from your office, you know, your willingness to go the extra mile to reach out and try to help those individuals. I really thank you.

DIRECTOR RONAYNE:

I thank you. I think that's pretty much it from me today.

CHAIRMAN STERN:

Tom, thank you.

DIRECTOR RONAYNE:

If I could back up just one moment as I always seem to. On September 11th, and I know this day means an awful lot to an awful lot of us, we have one veteran who is pretty well known in the community who had a personal connection to the World Trade Center, is an Iraqi Veteran and, unfortunately, recently suffered the loss of yet another friend who served at World Trade Center from a World Trade Center illness. He was a Police officer. He died of a cancer that he contracted while serving or as a result of his service at World Trade Center.

And in honor of that veteran, who was also an Iraqi Veteran, Greg Pupo was his name, one of our veterans, Chris Delaney, is going to be, on September 11th in the morning at the moment when the first plane struck the first tower, will be stepping off from the lighthouse in Montauk. He will be leaving on Tuesday morning, September 11th, and he will be walking to Ground Zero. We will round it down to about 150 miles. He will be walking from the lighthouse to Ground Zero in honor of the memory of Lieutenant Pupo and also to help draw attention to the issue of the health issues of the World Trade Center survivors are experiencing.

This also will be intended as a fundraiser to help the family members, specifically the Lieutenant's daughters. And just to make you aware of that. As we get more information on that, I think we will be together once more before September 11th, I will fill you on that. When the flier is published, I will share that with you as well.

This will actually work out well, because with him leaving Montauk on September 11th, we will not

be competing with any of the other programs or events that are taking place on the 11th. We would expect he will arrive at World Trade Center somewhere on Friday the 14th, which by then, all of the big events and programs will have concluded. So, you know, we won't be trying to steal anybody else's thunder, we won't be trying to participate -- you know, segue into anybody else's programs. This will be a stand-alone thing that I'm hopeful will get some attention, very worthwhile.

LEG. HAHN:

Do you know the route he will be walking?

DIRECTOR RONAYNE:

Yes. For a number of reasons, on Long Island at least, to the extent possible, he is going to try to stay on Montauk Highway or 27A. He doesn't want to be on major roadways, he doesn't want to cause any traffic congestion, create any hazards. So most of the walk on the Island will take place through Nassau and Suffolk on 27A. As we get into the city, it will be more tightly coordinated. He will be going on to the North Conduit along the Belt Parkway. And then the route through the rest of Queens and Brooklyn into New York City will be finalized as we get closer. I can tell you that when he enters the City, it will be on the pedestrian walkway of the Brooklyn Bridge versus using one of the tunnels. We don't want to close a tunnel. So the pedestrian walkway on the Brooklyn Bridge will be the route going into the city.

LEG. HAHN:

It's a beautiful walkway.

CHAIRMAN STERN:

As you get that information, please share it with us.

DIRECTOR RONAYNE:

As soon as the flier is published, I will forward it to you.

LEG. HAHN:

Does he want groups of people walking with him in different parts of the Island? Is that something that they're looking for?

DIRECTOR RONAYNE:

He's not so much looking for people to walk with him, because, again, the larger the group becomes, then we get into the traffic and the safety concerns. But he is hopeful that we will have well wishers and supporters along the route supporting the walk and just being there. That's always an encouragement when we have people along the route of these types of things to let us know that it's meaningful and it's reaching the ears of the folks that we want it to.

CHAIRMAN STERN:

Tom, again, thank you. Anybody else? We are adjourned? Thank you.

(*THE MEETING WAS ADJOURNED AT 2:10 P.M.*)