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 November 26, 2012.

Members Present:
Legislator Stern - Chairman
Legislator Anker - Vice-Chair
Legislator Barraga
Legislator Gregory
Legislator Montano

Also In Attendance:
Leg. Lindsay - Presiding Officer
Leg. Horsley - Deputy Presiding Officer
Deborah Harris - Aide to Legislator Stern
Paul Perillie - Aide to Legislator Gregory
Greg Moran - Aide to Legislator Nowick
Massiel Fuentes - Aide to Legislator Montano
Allyson Scerri - New Beginnings Founder
Kate DiMeglio - New Beginnings
Rick Brand - Newsday
All Other Interested Parties

Minutes Taken and Transcribed By:
Gabrielle Skolom - Court Stenographer

(*The meeting was called to order at 1:02 p.m.)

CHAIRMAN STERN:
Good afternoon. Welcome to the committee on Veterans and Seniors. I ask everybody to please rise and join us in the Pledge of Allegiance.

(Pledge of Allegiance)

Please remain standing as we observe a moment of silence and keep all of our brave men and woman fighting for our freedom overseas in our thought and prayers.

(Moment of Silence Observed)

Welcome, everyone, and thank you, everybody, for being here. We do not have any legislative items on the agenda today, but we do have guest speakers. Allyson Scerri had been with us, how long ago would you say now?

MS. SCERRI:
A couple years ago now.

CHAIRMAN STERN:
Yeah, about a couple years ago now, where we learned about really important, critically important services that were coming, about to come to our community. So I thought that now would be a good time to have you come back to tell us how things are going, bring us up-to-date on a lot of work, the great work you've been involved with and maybe talk about some of the things you have to look forward to coming up in the future and then, of course, how we can be of assistance to you. So thank you for being with us today.

MS. DIMEGLIO:
Thank you for having us, everyone. We really do appreciate it. I think that we're proud to say that we're almost open for almost two years now. We opened 2011, April 17, and we've served over -- I would say about a thousand people have come through our doors, all different types of traumatic brain injury plus others with other cognitive and physical disabilities, and we have been blessed because we're very, very busy. We really are, and we're helping the community. We're not only helping our clients, but we're helping their families and friends as well. And we're sticking to our mission, and that is our mission to help as many people as we can and to reach out to as many people as we can to educate as many people as we can on traumatic brain injury.

MS. SCERRI:
Well, a little bit how we got started was basically, Kate, her son at 21, on his 21st birthday, was injured in a car accident, and my father, who, at 67, was kind of a daredevil and he road motorcycles and he went off the motorcycle and sustained a head injury really bad. He was in a coma for two months. He had to relearn how to walk and talk. He lived with me for three years, and I couldn't find the help that I needed for his recovery. He was very combative. He had a lot of post-traumatic stress disorder. He kind of fell through the crack. He fell through the system.

So in my learning how to deal with dad's recovery, we learned about hyperbaric oxygen and all kinds of special treatments for traumatic brain injury. And I met Kate at a support group. We started a support group at the veterans home in Stony Brook, and we just kept talking ever since we met. And we decided basically to create our own program, go out and start with fundraisers, and put all the therapies in one building. So we literally have speech therapy, physical therapy, massage

therapy, hyperbaric oxygen therapy, neuropsychologists. We deal with a lot of post-traumatic stress disorder. We treat a lot of veterans, and we really -- the funding started through private donations and having about four fundraisers a year.

So since we've opened, we work about 50 hours a week. Kate and I don't take a paycheck. We're not for profit, and we just put this whole idea together with having all different therapies working under one roof with Kate and I and our team supervising. We have hardship cases, people that can't afford or don't have any insurance. We deal with TRICARE. We have programs where we treat veterans for free. They can be treated with hyperbaric oxygen just by coming in. We give them assistance all the way around. We now decided to take the next step and open a shared living facility in Riverhead. We were fortunate enough to have a beautiful house donated to us, over 100 years old. So we decided to take volunteers and renovate this house and have the first shared living of its kind where people that have waivers for traumatic brain injury, people that don't have any money, people that just come from allover and every way, and we look forward to a grand opening this June.

Any questions? Because there's so much going on in my head.

MS. DIMEGLIO:
And as you see in those envelopes there, it tells a lot of different things -- it tells of all the stuff that we're talking about also.

MS. SCERRI:
How we started with the house, real fast, is we've lost about four members; died because of seizure disorders, and seizures are very common with a traumatic brain injury. So we named the house after a young man, Brendan Aykroyd. The house is called "The Brendan House," and with his name, we will try to help people that have this seizure disorder. A lot of young men, like Kate, who want to live on their own and don't understand that, because of their injury, they forgot to take their medicines or forgot to go to the doctors, really cannot live on their own. So with this house, it will be fully staffed, nurses, caregivers, and it's a way for them to have their independence without actually being alone.

CHAIRMAN STERN:
It's great to see all that you've accomplish and all that you're continuing to work towards. And this is, I got to tell you, one of the best examples that I have had the opportunity to see where you've literally gone from an identified personal need to putting -- putting it all into action and making it happen in a relatively short period of time and doing something not just meaningful but developing a model, really, that I think we would all agree is something that is going to become the model in the future. And we've had a lot of talk, especially around this horseshoe, about healthcare services, how those services are going to be provided, who is going to be providing them going forward. And a lot of the more difficult cases to treat, many of those more difficult cases that many times fall outside of the traditional long-term care facility, assisted living facility, et cetera, are those that suffer from exactly the type of ailments that you assist with. So these are the services, and your organization is one that's really taken a tremendous lead, and it's really great to see.

Colleagues, do you have questions? Legislator Gregory.

LEG. GREGORY:
Thank you, Mr. Chair. My office has a constituent that comes into our office probably almost every day, right, Paul?

MR. PERILLIE:

Absolutely.

LEG. GREGORY:
And she suffers from a traumatic brain injury. And she's been coming to the district for years, since two predecessors before me. So is your -- I know you have a house and you do inpatient or residential services. Do you have services where you go -- Do you have clientele out in the community where you make home visits and things like that as well?

MS. SCERRI:
We do. You know, we go into the hospitals, especially with our neuropsychologist. We like to start with a good evaluation. Where is the person at? So we start with that foundation because everybody is so different and so unique as their personalities. And then, according to if it's physical or mental, we put a whole plan in action. We created a day program, which I love. It's structured and unstructured because a lot of the senior citizens that come to our center, like my father, does not want to sit in a classroom environment and learn how to draw a turkey. So we'll go bowling, we have outings, so there really is something for everyone. And certainly, you know, you can send her our way, and we'll help in any way we can.

MS. DIMEGLIO:
And all our therapists do go into the home if it's not possible for someone to get to our facility. They would go into the home. They are certified to do that.

LEG. GREGORY:
Oh, okay. Okay. Yeah, she's in a program. I forget what program. Her aide contacts our office every day. She's very temperamental. She was a victim of a rape and suffered a brain injury that way. We try to encourage her to go to senior centers. She likes her independence, but she doesn't really like change, so she's very slow to change and -- but slowly but surely, she's coming around, but she -- our office is kind of like home to her. She takes the bus. She comes by, like I said, at least three or four times a week, and she's been coming for years.

MS. DIMEGLIO:
It's a safe place for her; that's what it is.

LEG. GREGORY:
Yeah, yeah.

MS. DIMGELO:
Yes. We're used to that. We're used to outbursts and personality disorders. It's very typical.

LEG. GREGORY:
Okay. So it's good to know there's another resource that's available should she need it. Thank you for coming today.

MS. DIMGELIO:
Absolutely.

MS. SCERRI:
Absolutely.

CHAIRMAN STERN:
Legislator Barraga.

LEG. BARRAGA:
I want to commend you both because I was reading your background in terms of you how you initially got involved in this with, as you pointed out, the accident with your dad in 2007. And certainly your background is so much different up to that point than what you are doing now --

MS. SCERRI:
A hairdresser.

LEG. BARRAGA:
When I was on active duty, I had occasion to -- quite a few occasions to bring Marines who were suffering TBI to therapy, all right? And they would also receive, you know, besides the physical therapy, there were psychiatrists and psychologists onsite to sort of evaluate any improvement in cognitive ability from one week to the next, from one month to the next. Do you have psychiatrists and psychologists onsite to make those kinds of evaluations for TBI people who come on?

MS. SCERRI:
We have Dr. Celine Paillot, and she's a neuropsychologist. So she monitors, you know, everything confidentially, measures progress. She also works closely with hyperbaric oxygen so she can document any kind of changes for research.

LEG. BARRAGA:
How many TBI patients do you have right now?

MS. SCERRI:
We see right now about 100 or more a day.

LEG. BARRAGA:
Do they come -- how often do they come?

MS. SCERRI:
Five days a week.

LEG. BARRAGA:
Five days a week.

MS. SCERRI:
If they come to our day program, it's all day long, or if they come just individually for, say, occupational therapy or massage therapy --

LEG. BARRAGA:
Are they picked up by anybody? Are they driven by relatives or friends? Do you make arrangements for pickups?

MS. SCERRI:
We have transportation that takes them to and from. We encourage them to bring aides with them. It depends if they have a seizure disorder, if they need help in the bathroom. We have some people that come that don't have any aides, so we have volunteer nurses that come in.

LEG. BARRAGA:

Of the hundred, how many are veterans?

MS. SCERRI:
I would say about a quarter.
LEG. BARRAGA:
About 25 percent.

MS. SCERRI:
We were trying to really get out there more and educate the veterans in the services that we provided.

LEG. BARRAGA:
Of the 25 you have, what percentage would be from the wars in Iraq and Afghanistan?

MS. SCERRI:
We have old injuries.

LEG. BARRAGA:
When you say "old injuries," are they older men?

MS. SCERRI:
Older men, yes.

LEG. BARRAGA:
From previous wars?

MS. SCERRI:
Yes. And then we have a monthly support group, so I noticed that it's getting busier with the veterans with the support group, so they are coming. A lot of them don't really want to stay for the day program, but slowly but surely as we educate, I notice more and more.

LEG. BARRAGA:
So you are receiving more and more veterans from those two wars that I just mentioned.

MS. SCERRI:
Yes. Our neuropsychologist treats a lot of the PTSD, which I noticed that she's getting busier, so people are seeking help.

LEG. BARRAGA:
Of the several million who served in both wars, it's been estimated that roughly 20 to 25 percent will at some point suffer from PTSD. So your group is available to treat that as well as TBI.

MS. DIMEGLIO:
Yes.

MS. SCERRI:
Yes.

LEG. BARRAGA:
All right. Thank you very much.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:
And I also want to commend the work that you're doing. It's nice. It's almost like seeing some moms out there caring, nurturing, and I'm just so happy that you're taking the chance. It's got to be so scary to be part of a new type of not-for-profit. How long have you been doing this?

MS. SCERRI:
Well, our building will be open two years, but we started five years ago just with a support group. I guess my main goal was I didn't want to see families suffer the way my family did because 19 -- actually 20 years ago, my mother was killed in a car accident, and she died of a traumatic brain injury, and my father, who was driving the car, even though it was somebody else who caused it, always suffered PTSD from seeing my mom die. So I was very aware of that, and then when I saw my father, a man of great strength, who was a builder, when I saw what he had to go through and literally, like, I was desperate and did not receive what I needed. I just thought if I could just go out there and not see other people suffer, families, and there's a place they can go and be treated for everything, that was my goal.

LEG. ANKER:
So basically there was really not this type of service available. You're the initiator, which is even more special. My uncle also, he was in the Marines, and he was in a plane crash, and he suffered brain injury, and it ended his service -- services to his military career.

I wanted to extend an invitation to you if you'd like to contact even my office, or really any of the legislators. I know through knowing many nurses, I also started a not-for-profit, Community Health Environment Coalition, and it was started with a group of nurses and friends around a dining room table. And in knowing a lot of nurses, there's a program every nurse must work through -- it's sort of like a thesis -- where they have to be part of a project or take in a project. They have to volunteer. Would you be interested to see if we could outreach to some of the hospitals: Stony Brook, Malloy, you know, some of the teaching hospitals, for additional nursing volunteers?

MS. SCERRI:
Definitely, because we do have a lot of interns that come and it's wonderful, speech pathologists and --

LEG. ANKER:
And if there's anything else especially if Legislator Stern can do and we can do as a committee to help you facilitate where you need to be, if you could just let us know. Either e-mail us or give us a call. I'm very supportive, we all here are very supportive and really appreciate you coming here and speaking to us about all the things that you're doing. And I know it's hard because when you start to volunteer, usually it's like, *Well, it's not me*; *this is the end result,* but it's got to start somewhere, and you two ladies are where it's starting, and we really appreciate it. Thank you.

MS. SCERRI:
Thank you so much.

CHAIRMAN STERN:
Very excited to hear about your new project and the group home that you're going to be starting. That's going to be opening when?

MS. SCERRI:
Well, we started. We're painting, spackling, doing the floors. When we go into the house, there's a

lot of work that needs to be done, and unfortunately, we just had the hurricane, so a lot of our volunteers are kind of scattered allover. But what we really could use if you know of any people that would like to join us in this project, we anticipate opening in June. My husband thinks I'm crazy, but that's our goal.

MS. DIMEGLIO:
He also thought we were crazy when we told him in January we wanted to be open by April.

MS. SCERRI:
I'm very excited about the house because since I've met Kate, she's unbelievable because she takes care of her son herself, and Rob is in a wheelchair. He just started speaking after 12 years. The miracles that we see every day, just can't put words to it, but he's 35. He'll be 35 years old, and he understands everything that you say to him, and he's going to be living in the house. So just to see Kate, she'll be able to have some independence, and when she passes on, she knows that her son will not go to a nursing home and he'll be in, you know, this beautiful house, and that we'll all take care of him is a good feeling also.

MS. DIMEGLIO:
It's absolutely a great feeling because that's one of my fears, a lot of parents' fears: What happens to my child? What will happen to my child after I'm not here anymore to care for them? It's kind of like a catch 22, though, because I don't want to let go, and I want to care for him, but I have to think of, you know, be logical and make sure that his future is secure and that's basically, you know -- so Allyson has given me this opportunity, which is phenomenal, and she's pretty great herself.

MS. SCERRI:
And my dad, who is now 72, he's living in Montana on his ranch. I never thought he would be able to do anything, but his recovery is amazing. And he does have 24-hour care, but he's living the life that he wants. So we made a deal: When he comes home, and he comes back here two or three times a year, we'll have a room, like a respite room, that he'll be able to stay at this house and not feel like he's living with his daughter. I drove him crazy. "Come on, dad. Walk," do this. So it's got its benefits. I think that we do have the opportunity to have more houses in the future, but it's just going to take a team. And we would like to also open another facility further west; we also have an opportunity there. So it just keeps going on and on.

LEG. ANKER:
Are you affiliated with a hospital, a local hospital?

MS. SCERRI:
We're not. They all know about us. They do send us clients, so I guess that would be an affiliation. And we're getting more and more referrals from everywhere. We have a lot of people that drive from Nassau. They take that bus. They cross the line back and forth. It's --

LEG. ANKER:
I'm thinking as far as funding, you know, if you were affiliated or associated with a specific hospital or hospitals, you might be able to get Federal funding or State funding. It's just an idea.

MS. SCERRI:
Yes. We have a grant writer. I think that's that tough part is the grants. We do have some local companies who have been very good to us, and I think the families, and just by doing what we're doing, somehow it's working.

MS. DIMEGLIO:
It all works out.

CHAIRMAN STERN:
I'm going to go back to something that Legislator Barraga had started to bring up, and that was the services that you provide to our veterans and particularly our returning veterans. We know as wars wind down and we have a large amount -- our director from veterans services agency, based on the information that he has received and shared with us, estimates that there could be a couple of thousand returning veterans over the course of the next couple of years. So I'm sure we'd all be interested to know the kind of dialogue, if any, you're having with our VA and any Federal or State representatives or veteran services organizations and agencies, our own Suffolk County Veterans Services agency with an eye towards developing a system going forward on how we can best work with each other to ensure that our returning veterans are identified as those needing exactly your kind of services and how we can best develop that synergy to make sure that our veterans know about your services and ultimately get the services that they need, particularly the ones that you provide.

MS. SCERRI:
Yes. Kate and I belong to several veterans advisory boards, so we're out there, and we'd like to be out there even more, just to get the building open and running. We do a lot of overseeing. We're now able to get out there more, spread the word. Do you want talk about some of the advisory boards that we're on?

MS. DIMEGLIO:
We're with Senator Lee Zeldin. We sit on his advisory board, and also Steve Israel. And we, you know, I think they just passed a bill where they're going to be opening up support groups. We've opened up our building. We see you can use our building, you can use, you know, whatever they need to do. They are putting a plan together right now on that, though. Yes, so we're part of that.

LEG. STERN:
And so you're playing an active role in that as they're -- you know, they are going through that process right now of actually determining what services are going to be provided under that program.

MS. SCERRI:
Yes. We work with Tom Ronayne.

CHAIRMAN STERN:
Very good. All right. I know that all of us as committee members have the materials that you were kind enough to bring with you. But I'm sure we would want to make sure we have enough for all of our colleagues and not just for their own information but information that they might want to distribute in their various communities. So if we can work together on making sure we can get that, I know that everybody would be grateful for having the ability --

MS. SCERRI:
And come take a tour. We would love to show you the place.

MS. DIMEGLIO:
Absolutely. You're welcome anytime. Please come and see what we do, please.

LEG. NOWICK:

Where is it?

LEG. BARRAGA:
Medford.

CHAIRMAN STERN:
Thank you so much for being with us today. We are adjourned.

MS. SCERRI:
Thank you.

MS. DIMEGLIO:
Thank you.

(Meeting was adjourned at 1:26 p.m.)