

**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 January 28, 2013.

**Members Present:**

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

**Also In Attendance:**

Bill Lindsay - Presiding Officer  
Michael Pitcher - Aide to Presiding Officer Lindsay  
Paul Perillie - Aide to Legislator Gregory  
Kevin LaValle - Aide to Legislator Muratore  
Debbie Harris - Aide to Legislator Stern  
Tom Ronayne - Director of Veteran's Services  
Tim Strobel - Program Coordinator - Peer-to-Peer program  
Ali Nazir - Aide to Legislator Krupski  
All Other Interested Parties

**Minutes Taken and Transcribed By:**

Gabrielle Skolom - Court Stenographer

**(Meeting called to order at 1:02 p.m.)**

**CHAIRMAN STERN:**

Okay. Welcome, everybody, to the Committee on Veterans and Seniors. I'll ask everyone to please rise and join us in the Pledge of Allegiance led by Legislator Krupski.

**(Pledge of Allegiance)**

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

**(Moment of Silence Observed)**

Thank you. Welcome, everybody. Good afternoon. Thank you for joining us. Well, I guess, first of all, for the record, I'll announce that Legislators Montano and Barraga are not going to be with us today. They both have excused absences. We do not have legislation on the agenda today, but we are joined by our friends from Touro Law Center, the Senior Legal Services Program.

Denise, thanks so much for being with us. Important information and you know that we are always interested in how the program is doing, how things are going, what your outlook is for this year as we begin a new year and going forward, and, of course, what we can and should be doing to be of assistance. So if both of you could just give your names for the record and tell us how it's going.

**MS. DOTY:**

Denise Marzano-Doty.

**MS. ALMAN:**

Gillian Ballentine-Alman. Good afternoon.

**MS. DOTY:**

Good afternoon, again. I'm Denise Marzano-Doty. I'm the senior staff attorney for the senior citizens law program, which is located at Touro Law Center in Central Islip. Also with me today is Gillian Ballentine-Alman, our staff attorney. Our paralegal gerontologist is Judith Lespinasse, and she is not with us today. She's back at the office manning the phones.

We are now in our fourth year of the program, which was relocated to Touro in January of 2010. A large portion of our legal services are dedicated to low-income and needy seniors in Suffolk County. We work on many different types of matters for these clients. We prepare durable powers of attorney, healthcare proxies and living wills. We represent them in landlord/tenant matters for both tenants and landlords. We represent them on civil matters in district court. We provide assistance in completing applications for needs-based programs, such as Medicaid and food stamps, and assistance in trying to negotiate payment of medical bills and credit card debts. We attend fair hearings. We also write letters on our clients' behalf to contractors or other service providers who do shotty or incomplete jobs for seniors; and we represent those seniors in small claims court if necessary.

In the 2012 calendar year, the Senior Citizens Law Program provided more than 2,068 hours of legal service to 721 legal clients. Additionally, we provided information and assistance to another 965 seniors on a variety of issues. We represent clients in courts throughout Suffolk County and we meet with them in their homes nursing home and even hospitals when necessary.

Much of our representation involves travel, whether to court or to a client's home or a facility. Unfortunately, our current budget does not cover most of our travel expenses or our programs portion of the malpractice insurance, which is mandatory in order to operate. In 2012, Touro contributed the additional funds necessary to cover these costs. However, we have been advised that it is unlikely that the school can make the same type of contribution in 2013 due to internal budget constraints.

Presently, the Senior Citizens Law Program has four part-time law student interns who are paid through Touro Law School's work-study program. These students are second- and third-year students, and some of them have been with the program for several semesters. They handle a large portion of the intake calls, as we have no secretary or receptionist because our current budget also does not allow for this expense. Their assistance allows us to serve a greater number of senior citizens within the County, and we could not operate as efficiently without them. These students have learned many valuable skills, including how to perform a thorough client intake and how to identify the legal issues faced by a particular client. They have an opportunity to perform research, draft letters and motions, and accompany us to court and our client meetings. Several Touro students have also chosen to fulfill their 40-hour pro bono requirement in our program, and they perform similar work.

All of the students who have worked in the Senior Citizens Law Program during the last three years have said that they feel very comfortable speaking with clients and third parties, and that they have gained excellent real life experience that will make them valuable to future employers.

We have strong relationships with many organizations in Suffolk County, including Family Service League, APS, FECS, VIBES, SAGE, and, of course, the Office for the Aging. We work with many individuals in these organizations and refer clients to them when appropriate. They also refer clients to us on a regular basis. The Senior Citizens Law Program receives 20 to 30 telephone phone calls from senior citizens on an average day.

Many of our clients are in real crisis when they call us. Some of them are facing eviction from their apartments; some of them have been the victims of unlicensed or unscrupulous contractors who have taken advantage of them. Often, we receive calls from grown children who have just found out that a parent's health has declined to the point where he or she is going to have to stay in the nursing home that they were originally admitted to for rehabilitation purposes. Sometimes seniors call because they have received a large hospital or doctor bill that was not covered by their health insurance, and they are frantic thinking that they may lose their home if they cannot pay the bill immediately.

The Senior Citizens Law Program also provides legal education program to seniors and to professionals within the community who serve the senior population. In 2012, we spoke with many senior citizens at libraries and community centers and attended several outreach events, such as the Office for the Aging senior lunch-in and their annual senior picnic.

Additionally, we provide training and support for the New York State Ombudsman program through our relationship with the Family Service League. Twice a year, I attend the training program for the new Ombudsman and conduct a two-hour seminar on the relevant legal documents and types of issues that the Ombudsman may encounter in their positions in the nursing homes and assisted living facilities within Suffolk County. We are happy to have the opportunity to continue serving the senior citizen population in Suffolk County. We would like to be able to expand the program to serve more seniors and particularly to offer additional services to individuals living on the East End of Long Island, which is a generally underserved area.

Unfortunately, our current (inaudible) beyond the services that we currently offer, although the need is great. Thank you for inviting us to speak to us today, and we are happy to answer any questions that you may have.

**CHAIRMAN STERN:**

Again, Denise and Gillian, thank you so much for being with us today. Let's start with Legislator Anker.

**LEG. ANKER:**

I just want to thank you for the work that you're doing. Not only is it important for our seniors to be able to get the help but I think it's also important for your interns, our interns to get, the students to get the much-needed experience for their resumes, and hopefully it will lead them in the direction towards senior services. Do you -- I noticed there's a list of different organizations that you work with. I have a very large senior community in my district. Do you come out to different groups and have presentations, and do you have time on your schedule in an upcoming month or two?

**MS. DOTY:**

Yes, we do, and we're happy to come out to groups, and we can give a talk tailored to the specifics or some -- very often, we do sort of a general overview of the kinds of important planning documents you would like to have as a senior citizen: a power of attorney, a healthcare proxy, perhaps a living will; and, yes, we absolutely have time in our schedule.

**LEG. ANKER:**

Again, I'm assuming you have a list of attorneys or you provide the services, but, again, our seniors are one of the most vulnerable type of residents that we have, and I know there are people out there that take advantage of them. Do you have information relating to what to be aware of when you're, you know, trying to acquire legal services?

**MS. DOTY:**

We do have some information, and we can certainly put something more comprehensive together that we'd be happy to provide to the seniors because this is an ongoing issue; as you say, unscrupulous contractors, people calling with scams, people coming and offering to do work on homes verbally with no contracts and those -- and we've seen a great rise in people actually approaching senior citizens and asking them if they would like to rent them a room so they could make some extra income, and many desperate seniors have fallen prey to this without any background checks or credit checks.

**LEG. ANKER:**

And, again, I would love to try to get you out -- I have, like I said, different senior packets, but if we could plan. Also, just to give you a heads-up, I worked on the Scam Alert. That's the website available at Suffolk County Police Department. If you have certain types of scams that might be -- we might be able to post on this alert site, please let us know. We'd be glad to post those for you. Again, thank you for coming out.

**CHAIRMAN STERN:**

Legislator Gregory and then Legislator Muratore.

**LEG. GREGORY:**

Thank you, Mr. Chair. I just have a question about the budget issue you brought up. You said that there were some -- as all of us are facing -- some difficult budget restraints that Touro is facing so they won't be able to fulfill the obligation or at least part of the obligation that they've been

committed to thus far since the inception or the collaboration with Touro. Do you have a specific dollar amount that you're looking at?

**MS. DOTY:**

Just to clarify, Legislator Gregory, I believe the initial concept of the program was for Touro to provide space through the program, certain ancillary services. We have the library at our disposal, some supplies, some phone services. It was my understanding that Touro was -- had never agreed to put dollars into the program. However, because of the shortfall in 2012 and their willingness and their commitment to the program, they did put those additional dollars into the program because they do feel that it is a great service to the community and also to the students at the school.

Just to give you sort of a little summary, after salaries and you know medical insurance and whatever were paid for the three employees last year, there was \$1,067 left in the budget, basically, all of which went to travel expenses which were eaten up pretty quickly. A hard number, I mean, \$10,000 would get us over the hump. It's not going to enable us to add services to the program. We're not going to, obviously, add another attorney at those kinds of rates, which for us would be the ultimate goal. If we could add another person to the program, especially, again, further out east is really where you see the drop-off in services. We cover as many of those cases as we can. I'm going to Southold on a landlord/tenant matter in two weeks; my associate is as well. But there is a limit to the number of places that we can travel to, so I think there's the short-term goal of getting us over, you know, the hump for this year, and then there's the longer-term vision of the program and what we think it could be with additional funding, and, really, another attorney would be our long-term goal.

**LEG. GREGORY:**

Okay. All right. Thank you. You answered my question.

**CHAIRMAN STERN:**

I think that's really the important distinction here is that not only has Touro met its commitment with everything that they -- but they are actually now starting to pay for more than the funding originally allowed for, so they are actually -- the school is stepping in to pick up some of the difference. And the question now is how much; how much are they going to continue to take on with these increases and costs when it comes to things like travel, particularly if you need to go out east, when it comes to things like legal malpractice insurance, which is not necessarily something that they signed up for but are now helping to meet that need? The question is if those costs continue to increase, how much more are they going to pick up of that. That's the discussion that we need to have.

Presiding Officer.

**P.O. LINDSAY:**

Yeah. Just something that, Mr. Chairman, you might recall because you were involved in this during the budget process of getting Touro involved and this service was provided before by -- who provided this service?

**CHAIRMAN STERN:**

Suffolk Legal Aid.

**P.O. LINDSAY:**

Suffolk Legal Aid, right. So at the time, didn't we just transfer the budget to Touro?

**CHAIRMAN STERN:**

We transferred the federal funding portion of the budget to Touro intact. It was dollar for dollar, but remember that we were supplement -- Suffolk County was supplementing the cost to a number over an additional \$300,000 so it was really two parts. One was that we were no longer in a position to fund the additional \$300,000, so it was -- that part was eliminated. We were left with the federal funding amount, which was a little over \$200,000. So we're going from what was over \$500,000 down to just over \$200,000, and it was that \$200,000 federal amount that was transferred over to Touro to begin their program.

**P.O. LINDSAY:**

So we saved the \$300,000 contribution by the County for the last three years.

**CHAIRMAN STERN:**

That's right.

**P.O. LINDSAY:**

So why don't you look for something to get the \$10,000 that they need to operate?

**CHAIRMAN STERN:**

Right. Legislator Muratore.

**LEG. MURATORE:**

Thank you, Mr. Chairman. You know, being new to the committee, I just have a couple of questions on this. I thank Ms. Doty and Ms. Alman for coming in. Is this the only resource our seniors have to go to when they are in crisis? Is there anything else available besides Touro Law School?

**MS. DOTY:**

For legal services, for needy and low-income people, there's very, very limited in Suffolk County. We are pretty much the program. I mean, if you were in the criminal court case, you can go to Legal Aid and they'll appoint an attorney for you, but on these types of civil matters and landlord/tenant matters and more daily matters, we are the legal provider for the County.

**LEG. MURATORE:**

So, like, no other organizations: The Bar Association, Saint John's, any of the these other law schools that have campuses in the area don't offer assistance as Touro does?

**MS. ALMAN:**

No, the Bar Association, those are private attorneys and the seniors will have to pay for their services. And oftentimes, the seniors will contact the Office for the Aging and we'll get a referral through the Office for the Aging to, you know, perform certain legal services and even social services for the senior population.

**LEG. MURATORE:**

So now you receive no funding for this from any organization, from the County, from the Federal, from the State, you know different organizations out there, you receive no funding?

**MS. DOTY:**

Our funding is limited to the federal funding, which passes through the Suffolk County budget. It's the same funding for the last four years. It has remained at the same level with no increase, no changes.

**LEG. MURATORE:**

Do we have a number? Do you know how much it is?

**MS. DOTY:**

\$218,567.

**LEG. MURATORE:**

\$218,000.

**MS. DOTY:**

Yes.

**LEG. MURATORE:**

Thank you, Mr. Chairman.

**CHAIRMAN STERN:**

Legislator Krupski.

**LEG. KRUPSKI :**

It's good to know that you're going all the way out to the east. You know, everyone makes it sound like it's the far east. The question I had was could you serve more seniors if the seniors came to Touro; would that be a help? Because you said a lot of your expenses are travel.

**MS. ALMAN:**

Oftentimes with the senior population, the reality is a lot of them are homebound, fragile, or just don't have transportation. So in order to satisfy or meet their needs, it's our obligation, in order to serve them, quite honestly, is to meet them where they are. So oftentimes, we do, you know, we have to go to their homes or we go to the nursing home, or we meet them at community centers. So we try to, you know, provide as much service as possible, and sometimes they just don't have the transportation to meet us in our office, but we, because of budget concerns, we do ask for them to come, but the reality is that some of them cannot come.

**LEG. KRUPSKI :**

I understand that. Would it make more sense, then, to meet them -- like schedule a day -- you're in Southold, you said -- schedule a day at the human resource center there and say that would be the day the seniors should come? Because then the Town could help, and I'm sure the other towns could help transport them if you had one day a month for every town or something like that. Would that help that you'd have one person going out there for one day and it would be the whole day to help multiple people?

**MS. DOTY:**

That is something we've talked about. We actually did do that once in the Town of Southold. We have a very good relationship with them out there, and they have even offered space to us. You know, we'd be happy to set something like that up to go out there once a month, every six weeks to meet with clients there. Of course, you know, things like court matters have to be handled in the court in which -- in the area in which they live but -- or Medicaid fair hearings. But certainly things, yes, like healthcare proxies or powers of attorneys, yes, we have talked, actually, with the Town of Southold, and they are very amenable to something like that, so we would certainly be amenable to trying to set something like that up.

**CHAIRMAN STERN:**

Do you think that the model you have now with student interns who are either doing it as part of

their program or as part of their work-study program, they are under supervision, of course, at this point because they are students, and it's great supervision. It's a great program, and they do a great job. Do you think that if there was a location out east that it would be appropriate for one of the student interns on some type of a rotating basis to be able to go out? Would they be capable of providing that service out there on their own without supervision, or is that really something that a more permanent attorney position would lend itself better to?

**MS. DOTY:**

I don't think we would feel comfortable letting them go by themselves. I think that we'd certainly be glad to bring them for the experience and assistance, but they couldn't oversee document execution by themselves. I wouldn't feel comfortable with allowing them alone.

**CHAIRMAN STERN:**

So to have more of a presence out on the east end, whether it's one location or on a rotating basis, it's really better served -- it's better executed if it's a practicing attorney rather than part of the intern program?

**MS. DOTY:**

Absolutely. I mean the interns -- and because we're not a clinical program -- we don't have a class component -- we don't even fall under the Student Practice Order. So if we bring students to court with us, they can only observe, unfortunately, and that's something that Touro is trying to look into because in the clinical programs, they can actually prepare cases and they can get up and they can present under the supervision of the attorney. Our students, who are very bright, and many of them, again, are very hardworking have not had that opportunity. We can't afford them that opportunity because we don't fall under the Student Practice Order.

**CHAIRMAN STERN:**

So could you speak to the synergy, then, that you have now or going forward in working with those students that are participating in the clinical program there at the school who do have the ability to practice under a supervising attorney can make those kind of appearances? What role, if any, do they play in the program in the program as-is?

**MS. DOTY:**

We found that most of the students who intern for us, actually, then end up doing the Elder Law Clinic, which is a separate program run by Marianne Artusio, but the program -- there are very specific types of cases handled in that program. Because it's a clinical program, it deals mostly with guardianships under Article 81 of the Mental Hygiene Law and wills, so they get a very specific type of training in that program, and many of those students may only get two or three clients in an entire semester because it is set up as a clinical program.

In our program, they get a different type of -- I feel it's a much more hands-on training. They could do five or six intake calls in a day, and each one of those is going to be on a different type of problem that a senior has, and they learn quickly that many times what the senior is calling about or what they believe to be the issues is really not the issue, or it's one of only many issues that need to be addressed. But, again, it's just a little disheartening to me that I could take a student to landlord/tenant court with me and they can see how things run, but they can't get up and say anything. I feel like if there was some way we could work on that aspect of it, it could be an even more valuable experience for them.

**CHAIRMAN STERN:**

And did you say that that's something that the administration at the school is working on at this point? Any idea where that's at, who they've been speaking with?

**MS. DOTY:**

I last spoke with Dean Salkin, who -- Dean Salkin was newly appointed and started at Touro in August. She's very -- very progressive thinker and a renowned legal scholar, and I know that she was looking into it and trying to make some progress, but I will have to check back with her and see if there has been any progress made. It seemed like the sticking point was that we don't have a class component in our program, and that was tied closely to the requirements of the Student Practice Order.

**CHAIRMAN STERN:**

Would the classroom component be much different than the classroom component of the Elder Law Clinic that's being run now?

**MS. DOTY:**

I don't think it would be tremendously different. In seeing the syllabus that is used in the Elder Law Clinic, I envision, in my mind, the creation of some sort of a companion class, if that were possible, because again, there's a limit to what one person could cover in one semester. I think that Ms. Artusio's clinic is -- she's got certain components that she covers: Medicaid and planning documents, where again because we deal with a much larger variety of cases, so that's something that we hope maybe on the school end that we could convince them would be valuable for the student population to create a, sort of, companion class that might go along.

**CHAIRMAN STERN:**

It seems like you're -- there's a synergy there already to be had.

**MS. DOTY:**

We do refer clients back and forth to each other if the need arises. If someone calls our program, we don't do guardianships in this program. We're not allowed to under the County guidelines -- we can't take away people's autonomy -- but so we would refer those clients to Ms. Artusio and vice versa.

**CHAIRMAN STERN:**

Very good. Anybody else? Anybody else? No. Well, thank you. Thanks for being with us today. We wish you continued success, and, please, along the way, if we could be of assistance, please let us know.

**MS. DOTY:**

Thank you very much.

**MS. ALMAN:**

Thank you.

**CHAIRMAN STERN:**

All right. Director.

**DIRECTOR RONAYNE:**

Good afternoon, Mr. Chairman, Members. Thank you again for the invitation to appear before you. Mr. Presiding Officer, it's great to see you in the horseshoe. I haven't seen you in a while. It's good to see you back and in the committee.

**P.O. LINDSAY:**

Thank you.

**DIRECTOR RONAYNE:**

And, Legislator Krupski, congratulations on your recent success. Welcome.

**LEG. KRUPSKI:**

Thank you.

**DIRECTOR RONAYNE:**

I've got several things that I'd like to report on today. I guess the first thing that I would do is revisit the presentation that I made at our last committee regarding the Veterans PTSD Peer-to-Peer Program. We've made great strides since our last meeting. We have also incurred a few changes in the program, and I wanted to make you all aware of -- primarily of the fact that the gentleman that I had introduced at our last session who we had brought on as the program coordinator, unfortunately, he believed -- he was of the belief that his personal and professional commitments exceeded what he was going to be able to responsibly maintain within the program, and he decided to move on. So we have replaced Mr. Prescia, and his replacement is with me today, Mr. Strobel.

Timothy Strobel is a U.S. Army Veteran. He is a combat medic. And in just a moment, I will invite him to introduce himself to you and give you a little bit of a sense of his background and what he brings to the program as a veteran, as a combat soldier, and how his point of view and his philosophy relate to the program and what we intend to do going forward.

Several of the things that we have accomplished since we last met have been training related. We have -- all of the participants, everybody on the program, including all of the program facilitators, which are the individuals who actually go into the field, meet with the veterans in these peer settings, conduct the meetings, they perform the reporting functions, some of our community outreach and so forth. We've conducted two trainings. One of them is what is known as "Safe Talk," and Safe Talk is essentially a one-day training that was provided to us by the New York State Mental Health Association. This training, essentially, equips the participants with a base of knowledge on how to handle peers, clients. We have been using the word "peer" for all of our veterans coming in contact with or participating in the program.

Any of these individuals who may have thoughts of, whether they express their thoughts of suicide, whether they have -- whether it's suicidal ideology, if they have a plan, if they intend to execute a plan, clearly that elevates the level of concern. Very often, however, they will not reveal this information to us. So there are certain tools that we need to be able to extract some of the warning signs from our interviews and from our encounters, and that was the focus of that training, the one-day training.

The second training that we have now completed was conducted by a national organization known as "Vet to Vet." There is -- the founder of the program is a Vietnam Veteran, a Marine, also a combat medic who, he himself, has struggled with PTSD since he came home from Vietnam. He found that Vet-to-Vet, as a peer-based service that we were able to offer to veterans, he has brought this program, through his training and through his protocols, to not only many parts of this country but also the Army has contracted with him and he has brought this program to the U.S. Army in Germany for use in the field with active duty troops.

And I can tell you from having sat through the two-day training with Mr. Armstrong, it was extraordinarily enlightening. There was a great deal of information. As impressed as I was with Mr. Armstrong, I will say, however, he expressed to us about midway through the first day of training he was impressed with the program that we have developed here in Suffolk County. There were aspects to our program that he has not seen in other parts of the country. We're doing certain things that he feels are being done for the first time. For that reason, prior to actually even

completing the training, he did extend an offer to us to accept that MOU from Vet-to-Vet to operate under, which we have some work to do on the language. Clearly, we have an operating structure that we'll maintain, but with -- he was interested in having us agree to work under his auspices. We would not be doing that, but with his blessing and with his recommendation, we feel that that greatly enhances the credibility of the program, certainly in the clinical and professional areas that we are working with.

I think at this point before I go much further on the Peer-to-Peer program, if I can introduce Mr. Strobel and if he could just give you a brief -- maybe a snapshot of his background, a short bio as to his military service, his experiences and what brings him to us here today as a part of the program.

Tim.

**MR. STROBEL:**

Ladies and Gentlemen, I just want to say what an honor it is to be here. As my colleague has said, my background mainly is combat medicine. I was the senior medic for Charlie Company 118, which is a mechanized infantry unit. I had about 120 men who relied on me for every bump, scratch, psychological problem. Unfortunately, while I was deployed in Iraq, I ended up taking a round through the leg and having to be medivaced. The time of that was March 2007. I'm not sure if you're familiar with that. The Walter Reed scandal had pretty much just broke, so as I was being medivaced, nobody was permitted to go to Walter Reed any longer, and I was sent to West Point where they were just building the Warrior Transition Brigade. I was the very first soldier to arrive up there and was the only soldier for quite some time. So the company commander at the time pretty much gave me -- sort of tasked me to design programs that I think would be beneficial to myself because I also suffer from PTSD; one too many IDs and firefights and all that.

With that little bit of a background, this is an extreme passion of mine. Like I said, I suffer from PTSD as well, and I have had my soldiers, part of my unit, succumb to this illness. So I just want you all to know that this is -- it's very personal to me, and I'm going to do the very best I can to make this program as successful as possible.

**CHAIRMAN STERN:**

Legislator Muratore.

**LEG. MURATORE:**

Mr. Strobel, you know, you said it was an honor, and the honor is ours. I want to thank you personally for serving our country and providing, you know, the rights that we live and enjoy each and every day, so it's our appreciation for you and concerning what you've gone through and what you're going through and you take the time to help your fellow soldiers and people of this country. God bless you, and thank you so very much.

**MR. STROBEL:**

Thank you, sir.

**DIRECTOR RONAYNE:**

As of today --

**CHAIRMAN STERN:**

Legislator Anker.

**LEG. ANKER:**

And I also want to thank you for being part of this program. It's really important. Maybe two or three weeks ago, I was at Brookhaven Town Senior Center, and there was a vets meeting there. It was interesting. There were people, men from different generations, from World War II, from the Vietnam War, and from the current Iran War. And, you know, I asked the question, what's the difference -- how come with -- we're not -- we didn't see this mental issue with the men and woman coming back from the older generations? And I'm just curious -- people have mentioned it wasn't talked about, it wasn't discussed. The people that returned from the older generation had their jobs to look forward to. They had something more stable to return to. There were different ideas being tossed around, and again this is a discussion we can have after the meeting, but is there anything in particular that you see that's creating this -- I don't want to call it "phenomenon" but this intense issue of mental disorder? Of course, war has been going on forever, unfortunately, but is there something in particular that you see that stands out currently compared to what has been done in the past?

**MR. STROBEL:**

Well, ma'am, I believe there actually wasn't a PTSD diagnosis until, I believe it was, 1984. They called it different things: battle fatigue, shell shock, so on and so forth. But the multiple deployments -- Vietnam intended to be you went over for a year and then you came back. World War II is completely different. You went over as a unit and then you returned for as long as it took. People -- my unit in particular, we went over for six months, trained, came back; six months later, we went over. As I said, I was wounded and brought back, but it was supposed to be a one-year deployment, ended up turning into an 18-month deployment, then they came back, and now they are in Afghanistan under a different flag.

But multiple deployments, the issues of IEDs are completely different than anything we've dealt with before because -- I hate to word it this way -- but previously if you were blown up, that was -- you were blown up, but now we're in up-armored vehicles. Dealing with the way that the Iraqi police kind of handle different things tends to -- I'd rather not get into how that works, but it tends to play with you just a little bit. Losing your friends -- there's a number of different reasons.

**LEG. ANKER:**

And, again, you know, we all look forward to how you can help our men and woman returning, and if there's anything we can do as a Legislature to advocate, to create legislation, please let us know. Thank you.

**MR. STROBEL:**

Thank you, ma'am.

**DIRECTOR RONAYNE:**

So, going forward, we do have one additional interview to conduct, I believe, later on today, later on this afternoon. Assuming that this gentleman would be brought on to the program, that will bring us up to a total of 10 facilitators; and Mr. Strobel, being the coordinator, part of the coordinator's responsibility is also to receive any and all training that the facilitators receive and to serve in a facilitator function when and where needed. In addition to overseeing the field operational component of the program, he will also be acting in the groups as a facilitator himself.

This program, very importantly, when it was initially funded last March, when the senate committee on mental health was able to secure funding for us, it was identified as a pilot program. There were four counties in the State that were identified: Suffolk County, Rensselaer, Jefferson, and Saratoga. All four counties at this time are in different stages, different phases of operation, but again, the funding was for a pilot program. It was for one year. The program that we designed, the program

that we developed and implemented was based on that very finite, so the move is now underway to go back to Albany and advocate for the continuation of funding for this program. Given the successes that we have already seen, given the level of interest that we have seen from the community, and certainly my belief that, as we go forward, there will be great many veterans who will elect to take advantage of this program.

And I know that we have a couple of new members of the committee. If you'd indulge me for just a moment, I'd like to explain the significance of the approach that we are taking to the peer component of mental health or the approach to mental health. We, first and foremost, are not clinicians. Those of us who are in this program and who are working one-on-one with the veterans, we are not clinicians. We are not social workers. We are not psychiatrists or psychologists. Though we do have a medical director, we have a psychiatrist and a psychologist, and several social workers on the administrative side of the program, that is not the day-to-day role of this program. The appeal that we are making and what we're hoping is going to be the appeal on the part of the veterans to come into our program is the fact that we, first of all, are operating under strict anonymity to the extent that we are not requiring full disclosure of identification. You can come into a room and identify yourself as a veteran by first name only. We believe that anonymity of the program is going to be a very strong factor in encouraging our veterans to come forward for a number of reasons.

Many people, whether they have a mental health diagnosis or they recognize that they may be suffering from PTSD but do not have the clinical or official diagnosis are often very reluctant to go forward with any treatment of any kind for a number of reasons, not the least of which being fear that their employer may learn of the fact that they have a combat-related mental health diagnosis. Many people, veterans tend to be disproportionately represented in law enforcement, the firematic service, EMS, many of the uniform services, and I think we all can recognize the concern in those communities for veterans who serve in uniform in those capacities to come forward and identify -- to self-identify as having a mental health diagnosis.

There is a fear of the disclosure being made to their chain of command. In many instances, the concern is that it will impair or impede their ability to advance their own careers for individuals who may serve in any other capacity but may continue to serve as a reservist or a National Guardsman. A mental health diagnosis, very often, will be a career ender. It will interrupt your promotion -- your promotion stream. It can very, very often result in your being declared or designated as undeployable, and, to put it bluntly, a soldier without a weapon is not a soldier. Ever soldier's first and foremost responsibility and duty is an in infantryman. If you cannot be armed and if you can't not deploy, the Army or any of the branches of our military are not going to view you as somebody who is retainable within that service, and it's the end of the career.

We feel that the clinical approach, while it is extremely effective and very important for a large portion of our population, there is still that segment of the population who resists going forward into that structured clinical environment. We do not -- we have a very good relationship with VA. VA has actually embraced this program for some of the reasons that I just explained. We do not pretend to be a replacement for the VA. We do not pretend to be a substitute for anything that is out there. If there's a program that somebody is involved with and it is being -- if it's effective for them, God bless them, they should continue in that. But if somebody is in a position that they are fearful or reluctant to go into a program for any of the reason that I have described, this program is there for them.

The other part of this program that we are able to extend to our veterans community, and unfortunately, this is a larger problem than most people realize, is there are many veterans who, for a variety of reasons, do not have VA eligibility. There could be reasons related to length of service,

nature of deployment, the majority of those who we see who fall into this category, unfortunately, are the recipients of what we refer to as "bad paper." They have dishonorable discharges, general under-honorable conditions, general under other-than-honorable conditions. And there's a big debate in the Veterans Advocacy Community right now about the appropriateness of many of these discharges being granted and having been granted over the past several years, the past numbers of years because a lot of it relates substance abuse.

Anybody who has any familiarity with PTSD will understand that substance abuse, alcohol abuse, drug abuse is almost universal with individuals suffering from PTSD. It is a method or form of self-medicating, and what we are finding is that the vast majority of individuals being put out on alcohol- or substance-abuse-related discharges or separations from the military, their abuse history began after their exposure to combat. These were typically well-performing, even high-performing, service members who were regarded and did a fine job. It was only after their exposure to combat that they began to exhibit the signs of these problems. So we feel their self-medication, while unacceptable in uniform, is still a mentally -- a medically-related component of their mental health state. That population does not have access to the VA. As I said, it's unfortunate, but the number of these individuals is so far greater than you might imagine.

So by allowing the door for our program to be open to these people, we are a resource to some who may not have any other alternative, and we feel that that is very important for the reasons I've just explained, and we could go on at length, and I will not. But for the reasons I have explained thus far, we will be advocating with our State delegation to continue and expand -- extend the funding for our program so that we can stay in the business of helping these people. They desperately need our assistance. We are providing a resource. It is clearly being well-received by the numbers that we have already been able to engage. We presently have four sites fully operational. We have site number five and site number six about to go online, and the plan, the objective, is to have 10 sites in total in the near future.

Mr. Krupski, to your question, before you ask it, we absolutely will be going out to east end. We are identifying a site as we speak in Riverhead, and as the need presents, if we need to expand the locations or the number of east-end sites, we certainly are aware of the necessity of doing that. I've had the privilege of working with some of the folks out in Greenport at Eastern Long Island Medical Center, and they have an outstanding mental health unit up there. They, too, if you knock on their door and ask them, will tell you that they are seeing far too many veterans.

**LEG. KRUPSKI :**

Riverhead would be a good location for the east end.

**DIRECTOR RONAYNE:**

Riverhead is where we have identified right now, and again, we're also talking with the 106; they're rescuing in Westhampton. I know that's the other side of the river, but the objective is to get into all of these communities, not isolate somebody because of geography to prevent them from coming in and accessing a program that they might benefit from.

The other element of this, and I'll finish on this note, is that -- I've said this many times before -- PTSD does not exist in a vacuum. It doesn't occur in isolation. These service members who are coming home with this PTSD, this is a family problem and it isn't restricted to mom and dad or the wife and maybe the children. It affects everybody in their circle, everybody in their world, their colleagues, their coworkers, their friends, their family members, so this is a community mental health issue. It is not something that is isolated to the number of veterans that come to see us. This is a much larger issue than just the numbers of people who come into our rooms, and I just want to stress the importance of that statement. Unless there are questions, I'll finish on the PTSD and move on to my other points.

**CHAIRMAN STERN:**

A couple questions, I guess, at this point, Tom. First of all, the locations that you currently have, are those locations known? Do they need to be kept confidential, or is that information that you can share?

**DIRECTOR RONAYNE:**

The locations are entirely public. We're making them known. The members in the room are where the confidentiality occurs. You can come into one of our sites and not enter the room. We know that family members may be transporting veterans to the site, will stay in another area. They may wait in the lobby. They may wait in another space, so the sites -- we need to publish the sites in order to allow these veterans to know where they can go to contact us and be known.

**CHAIRMAN STERN:**

And, at this point, there are three other counties that are participating in the pilot program and they're at various different levels going through their initiatives. At this point, is there any synergy? Are there conversations? Do you talk back and forth with your partner counties and best practices and how things are going there, and do you have the opportunity to share what you are doing here with them?

**DIRECTOR RONAYNE:**

We do. We have been holding weekly conference calls with my counterparts and the other parts of the State, as well as representatives from Senate Finance from the Sentimental Health Committee, Senator Zeldin's office. We have really learned a great deal from one another. The geography, the demographics are vastly different from county to county, but we have had the opportunity to learn from one another. Everybody has taken a slightly different approach, and to that end, as I have told you in the past, a part of this program, when the counties were funded, a part of the program was also to fund an agreement through New York State Senate with SUNY Albany School of Social Welfare. They will be conducting an evaluative research program on our pilot to determine its effectiveness, its feasibility, it's practicality, et cetera. They will be conducting this study on all four counties. That will be beginning shortly. Obviously, we're in budget season. They need to be able to report back as to how efficiently or effectively we are spending the taxpayers money on this program, so, yes, there is a good deal of that.

**CHAIRMAN STERN:**

And do you know at this point, have you been told already that when the analysis at the end of the day -- at the end of the pilot is done and the decision as to whether or not to provide funding for another year or more so going forward, is that something that is going to be done -- is that analysis made as an overall pilot program taking into account what the four counties have done; or they have they told you -- are they are going to make that determination county by county and making those decisions individually?

**DIRECTOR RONAYNE:**

All of the above. Each county will be evaluated independently, and then they will provide a summary of the program overall and make recommendations as to what are we doing that we maybe shouldn't be doing, what is another county doing that we should consider and so forth? There will be a component that will compare all counties and make recommendations as to what is proven effective, what is potentially effective, and what is considered to be ineffective universally throughout the program.

**CHAIRMAN STERN:**

But it might appear, then, as though any future funding decisions will be made individually based on the performance of the program here in our own county?

**DIRECTOR RONAYNE:**

That is certainly a probability, and we all know that the checkbook in Albany is as lean as our these days, so I'm sure there will be a great deal of scrutiny when they make a decision or begin to make the decisions as to who gets funded and who does not.

**CHAIRMAN STERN:**

Legislator Anker.

**LEG. ANKER:**

You know, I mentioned to our chairperson, we'll be more than glad to write a letter endorsing additional funding, of course, for your program. I have a very large VFW Post, Rocky Point, and would love to do what I can. We have a concert series coming up and we're going to dedicate, if not all the concerts, but one of the concerts especially for our military men and women. So looking forward to working with you on that and just making people aware of how important this program is. Do you know the location in my district? Is it at the VFW in Rocky Point?

**MR. STROBEL:**

Honestly, ma'am, I'm very unfamiliar where your district begins and ends. I'm sorry. I'm very new to this.

**LEG. ANKER:**

Mount Sinai to Wading River.

**MR. STROBEL:**

That's one of the locations we're still setting up, ma'am.

**LEG. ANKER:**

Well, again, more than happy to help you find a location.

**DIRECTOR RONAYNE:**

And that's a very active post. In fact, just between you and I, and I can't say this publicly, but we have an award that we'll be presenting to that post in the future for their works in the community. They're a terrific group of people out there.

**LEG. ANKER:**

They'll add it to the many that I've given them also but thank you.

**DIRECTOR RONAYNE:**

Interestingly, I was going to report on a program that I presented at recently. I am invited generally once a year, sometimes more, but generally once a year to speak and make a presentation at the Suffolk County Bar Association to the Veterans Pro Bono Legal Assistance Program, which has been a resource that we have used. Touro has also been a resource that we have relied on. In the past, I've had a good working relationship with Mr. Gresham when they had their veterans clinic in place. They also -- I believe they lost their funding, but they were able to re-secure a small amount, but the program will not be returning as its former self.

The Veterans Pro Bono Legal Assistance Program at the Bar has actually been a terrific resource for us, and typically when I present, there are between 50 and 60 attorneys in the room, so it is in the community. It is out there. Any veteran who you may have in your districts who need specific legal assistance can simply call the main number at the Suffolk County Bar, explain that they are a veteran and the nature of what their particular issue is, and whichever attorney happens to be catching for that particular discipline at that time, the call will be referred to that attorney.

Again, it is not everything. It cannot serve every need for every veteran, but it is certainly a resource. We are happy to have it in addition to Touro, and certainly the need exists for our veterans. Mr. Strobel had alluded to the issue of multiple deployments. So many things are being impacted by these multiple deployments, and I know some of you are attorneys, but we are seeing families at home are not surviving these multiple deployments. You know, the spouses and the children are unable to stay home and wait that second, third, fourth, fifth time when their loved one deploys. We are seeing financial ruin for individuals who have private practices, private lives, business owners, career and jobs. When they are called away to military service, almost without exception, your income takes a significant downward hit. You know, enough cannot be said about the impact on the multiple deployments and the families, so the legal services are a very, very important area we need to be aware of.

Some of the other areas that we've been working on, and we're beginning, as the seasons change, we see it -- we tend to see a little bit more activity with people coming to us with these problems, but the two we talk about all the time are unemployment and housing. Unemployment and housing amongst veterans is -- "astronomical" is not too big a word to use relative to the general population. As I have reported, we have sub-populations within the veteran population. With regard to unemployment for example, African-American male veterans under the age of 25 who have served in Iraq and Afghanistan are unemployed at a rate of 49 percent. I mean, you can't make this stuff up; 49 percent unemployment is just unacceptable. These are people who have won our uniform and risked their lives on our behalf. They come home, and they can't find jobs. These same people, the cycle is very clear, if you are unemployed, you very often almost always lacking the ability to finance housing, whether it's a mortgage or rent or staying at a room. So the lack of unemployment very often continues the cycle which leads to unemployment and housing -- and homelessness. Unfortunately, what we're also seeing as a part of that trend is the unemployment contributes to the homelessness, the homelessness contributes to in many cases -- not all, certainly, but certainly enough -- criminal behavior, and our veterans are finding themselves exposed to the criminal justice system for, in very many cases, issues of necessity, stealing food, breaking into buildings so that they can sleep safely at night.

We do have a veterans court in place in Suffolk County, the second one to be brought online only after Buffalo, New York. They are actually -- Judge Toomey is on the bench tomorrow in the veterans court. I will actually be at the court in the morning with Mr. Strobel to watch the court operate. They have had remarkable success. I won't speak for the judge, and I certainly can't speak for the DA's Office, but there are a series of steps involved in being accepted into the veterans court, but those who do go to veterans court, the success rate has been astronomical. I think the judge told me fairly recently that the success rate is well in excess of 90 percent. The recidivism rate amongst veterans who go through his court has been in the single digits, which, from what I hear, that's pretty impressive.

So these resources are critically important to our community, to our population, and to be aware that they exist is as important as availing ourselves and our veterans to their programs and to their services. If we can't share with our constituents what we're doing and where to go for the help, they're never going to access it.

**CHAIRMAN STERN:**

Good.

**DIRECTOR RONAYNE:**

Your turn.

**CHAIRMAN STERN:**

Anybody for the director? Director, as always, thanks so much for being with us. You know, it's interesting -- I was interested to hear, as you were describing the discussions with the Vet-to-Vet Program and knowing that that has been a successful initiative and so to recognition for them and to also know that not only are we doing great work, but in many ways, as you point out, leading the nation in how this work is getting done is very impressive, so we wish you continued success.

**DIRECTOR RONAYNE:**

Thank you. With all humility, and I will say this because Mr. Strobel was in the room and he heard it, one of the things that Mr. Armstrong, the gentleman from -- the founder of Vet-to-Vet, who flew in from San Francisco, by the way, to train us, one of the statements that he made was that he felt -- it was his belief that based on where we are in the short time that we've had this program online, that we would be the people who are rewriting veterans mental health when the new books are written, which, to me, is just an extraordinary, magnificent thing to say.

You know, it's people like Tim and some of the other folks on the program, we're open to veterans of all eras, all wars, all generations. We understand the emphasis right now is going to be on approaching our Iraq and Afghanistan veterans. As I've said before, I'm only the pretty face. I'm the guy that goes out and kind of let's people know what we're up to and why we're doing what we're doing you should allow us to continue to do it. It is the hard work of people like Mr. Strobel and some of the other people on this program who just, they are out there, they're rolling up their sleeves, they're getting dirty, and they're getting this work done. As a part of this evaluative research program, we have to demonstrate measurable results. We have to provide scientific data. We have to do a number of things. I am most excited about the parts of the program, the data that we'll never be able to quantify. We all know the story of the episodes of suicides that we've seen in Suffolk County recently. We're never going to be able to look at a guy and say, "Johnny did not take his own life because he came into our program," or we saved -- we can't quantify that; we'll never know that. But seeing the work that is being done in these rooms, and what Tim and some of these other folks are doing I'm absolutely convinced that we're not just doing a good thing; we're saving lives, and I couldn't be more proud to be a part of a program and watch what these good people are doing.

**CHAIRMAN STERN:**

Credit to your outstanding leadership, Director, and, of course, to your entire team. And to Mr. Strobel, thanks so much for being with us today. Thank you for your commitment to our veterans and this important program, and, of course, most importantly thank you for your service to our great nation.

**MR. STROBEL:**

Thank you, sir.

**CHAIRMAN STERN:**

Thank you, everyone.

**(Meeting adjourned at 2:06 p.m.)**