

VS 2/23/2015

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 February 23, 2015.

Members Present:

Legislator Steven Stern - Chairman
Legislator Tom Barraga - Vice-Chair - excused
Legislator Sarah Anker
Legislator Al Krupski
Legislator Tom Muratore - excused

Also In Attendance:

Jason Rosenberg - Chief Deputy Clerk
George Nolan - Counsel to the Legislature
Craig Freas - Budget Review Office
Bill Shilling - Aide to Majority Leader
Tom Ronayne - Director of Veteran's Services
John Schultz - Program Coordinator/Facilitator, Joseph P. Dwyer Program
Holly Rhodes-Teague - Director of Office for the Aging
Rick Brand - Newsday
All Other Interested Parties

Minutes Taken and Transcribed By:

Gabrielle Severs - Court Stenographer

(*The meeting was called to order at 12:29 p.m.*)

CHAIRMAN STERN:

Good afternoon, everyone, and welcome to the Committee on Vets and Seniors. I'm going to ask everybody to please rise and join us in the Pledge of Allegiance led by Legislator Anker.

(*Salutation*)

Please remain standing and join us in a moment of silence as we keep all of our brave men and women fighting overseas in our thoughts and prayers.

(*Moment of Silence Observed*)

Thank you. Again, good afternoon, everyone, and thank you for joining us today. We'll have the director and Mr. Schultz will join us. Before we say welcome to the director and Mr. Schultz, let me just note for the record that Legislators Muratore and Barraga will not be joining us today. They have excused absences.

DIRECTOR RONAYNE:

Good afternoon, Chairman, Members. Thank you again, as always, for your invitation today. My presentation today will be fairly brief. As you stated, we have John Schultz with us today. John is the program coordinator from the Joseph Dwyer Veterans Peer Support program. John will report on program activities and status of programmatic issues, more a general overview of where the program stands at this time.

I would, just for the record, I would like to make you aware, if you have not already been made aware, that we have had two more recent suicides of Suffolk County residents. Both of these incidents occurred outside of Suffolk County, but both service members did return home, and they are both now buried at Calverton. I will tell you that one, an Islip resident, was a self-inflicted gunshot wound. A Coram resident was a hanging. So 28 years old and 30 years old, respectively. I just wanted you to be aware of that, and I think maybe to put a bit of a face on this issue, not that any individual loss is any more or less significant than any other, but I think there is a distinction that could be made with one of the gentleman that we lost recently. He really seemed to defy almost every stereotype that most people have of who the veteran or who the service member at risk actually is.

This individual was a combat veteran. He had served in Iraq. He was a graduate of West Point. He graduated the U.S. military academy. He was a captain on the list to be promoted to major. The Army did posthumously promote him to Major, so he is referred to as "Major." His current duty assignment was in Hawaii. He was home, however, and he had a young wife. He had an eight-month old child and a three-year-old child. This was an individual who, by all outward appearances, was leading an idyllic life. He was really seemingly in a very good place, and his career was advancing. He was starting a young family, and again, this is somebody, I stated earlier to somebody, that, knowing a little bit more about the family -- this is a person who I would have liked to have had as a next-door neighbor. This is a person who, if my children were in school, I would be delighted if this person were my child's schoolteacher. And the troubles, the demons that these servicemen are carrying home with them, defy stereotype, and I think that's why I share this example there is that there is no one-size-fits-all; there is no mold for who it is that's experiencing difficulties and who is challenged by the demons that they bring home with them from their wartime experience.

Fortunately, this is -- fortunately or unfortunately, this is a situation that we have been somewhat

monitoring in Suffolk County and we've been attempting to, to the extent possible, apply resources to identification, education, and prevention of suicide, but it just really is tragic that we find ourselves in a place where we're still experiencing these types of losses.

I'd also like to clarify -- I suspect that you may have seen a story that was run in Newsday a couple of weeks ago. It was on a Sunday, and the story was speaking generally of the Clay Hunt Veterans Suicide Prevention Act that has now been signed into law by the president. Included in the story that Newsday published speaking of the Clay Hunt Act, they had conducted interviews at the Northport V.A. Medical Center, and speaking specifically with the suicide prevention coordinator who was quoted in the article as stating, much to my displeasure, that in the past 18 months in the coverage or the catchment area for the Northport V.A., which essentially would include all of Nassau County and all of Suffolk County, that in the past 18 months, there have been a total of two successful suicides by veterans or service members. I think it's fair to say that that number is -- was misreported. The number two was used in a specific context during the discussion between the suicide prevention coordinator and the Newsday reporter, but I think the explanation of that context was not made clear in the article, and the I just want to re-emphasize that this problem, two, would be an unacceptable and tragic number. Unfortunately, our real number is far, far greater than that, and I just wanted to clarify that if there had been any question on your part in terms of the content of that story.

CHAIRMAN STERN:

Would you be able to suggest what you think the more accurate number is?

DIRECTOR RONAYNE:

One of the things that has contributed to the differential in numbers between V.A. and the numbers that we are tracking in my office versus the numbers that are being tracked by the medical examiner's office is that to some extent, we are each able to access and identify certain data, but we don't all three uniformly share each other's data. We have been discussing holding a meeting of all interested parties to come up with the appropriate consensus and releases and so forth, and hopefully develop a strategy or create a protocol where we would each be able to more effectively share this data so that we would be more on the same page, if you will, with the numbers.

For V.A.'s purposes, V.A. reports only on veterans who are known to V.A., veterans who are enrolled in V.A., whose deaths are ruled suicide, and whose deaths are formally reported to V.A. In the case of the two that we are referring to, they both occurred on the grounds at the V.A. Medical Center and, therefore, were clearly known to V.A. Deaths that occur outside of V.A., depending on notification, are tracked on number of different schedules based on the cause of death, a number of other factors. So what we're hoping to do is develop, to some extent, create a uniformity so that we're all accessing and reporting on largely the same data. But our numbers in November of 2014 alone, we had six; December, we had five; January, I believe there was two; so far in February, we have two. So clearly there is not disagreement between Suffolk County and V.A. but more a lack of clarity on the way that the information was published.

CHAIRMAN STERN:

I would imagine, then, that the inconsistency in definition is not something that just has an impact here locally, but I would suspect that it is a real challenge across the country and so numbers would be exponentially higher than perhaps we've been led to believe not just here locally but across the country.

DIRECTOR RONAYNE:

Well, I think again and I believe that Suffolk County is ahead of the curve on this issue and without the support of this legislature and without the support of our county executive, we would not be ahead of that curve, but I can tell you -- and, Chairman, you and I have spoken about this in the

past -- but the data that was developed that arrived at the number that most people use now -- there is a published number of 22 veterans per day taking their own lives. That number was arrived at through a series of surveys that were sent to each of the 50 states by V.A., and the reporting the responses to this survey is what was compiled and largely contributed to the end number that is being used.

It is my understanding, and I confirmed this with V.A. this morning, that of the surveys sent, 21 states responded. That is less than half, obviously, so there are large deficits in the data collected. Of the 21 states that did respond, none of the top five -- that being California, Texas, Florida, Pennsylvania, and New York being the top five population centers for veterans -- none of the those five were included in the 21 who reported, so the data is certainly skewed. We don't have very many major veteran population centers included. Many of the states -- the midwestern states, the northern states -- are largely rural and have much more sparse populations and much, much smaller veteran populations, so that number has always been suspect to me.

I believe that going forward and with the momentum that we've developed both in partnership with our friends at the V.A. and the efforts that we have in place on the ground here in Suffolk County, I believe that we will going forward result -- I see us as becoming a catalyst for change in how these numbers are arrived at and how they are reported and monitored.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

Thank you, Tom, again for coming here and giving us insight. So my question would be, you know, I'm looking online now, and it looks like December 2013 was when that 22 vets per day suicide. The first question would be who are the groups or what are the components -- let me back up. Can you identify the groups that could give us this data? In other words, if you were to create an consortium to try to understand the real number -- I mean, we have computers, we're smart people, we can do this; but if you had the ability to choose those groups to come together to give us the accurate number, who would they be?

DIRECTOR RONAYNE:

I think truthfully, to be truly comprehensive, would be an enormous undertaking. Certainly V.A. agencies such as mine throughout New York State and throughout the nation, the respective state divisions of veterans affairs, the respective state -- in New York State, we have the DMNA, the Department of Military and Naval Affairs, the state guard, down into component and unit level commanders being required to track and report and maintain data on these issues. I think, very honestly, partners in the community will be prove to be enormously valuable in this -- in this effort and that would be the veterans service organizations, the American Legions, the VFWs, the AMVETS, the Marine Corps Leagues, our fraternal and civic organizations that are veteran-centric because we have so many veterans who don't necessarily -- you know, there is really no standard set for a veteran when it comes to affiliating when we come home. Some of us go to VFW or American Legion. Some of us go to the V.A., some of us do not, and I think it's unrealistic to believe that there is really any one entity.

LEG. ANKER:

But shouldn't there be? My question is shouldn't the federal government have this -- should address this issue in the highest ranks of military if we are spending hundreds of billions of dollars for our defense, we need today look at our country and take care of those who have served, so who at the top levels of government could do this?

DIRECTOR RONAYNE:

To my knowledge, the closest thing that we have right now is a list that the Department of Defense publishes. It is a restricted list. I am given access to this list once per year. I request a copy relevant to Suffolk County and all of our zip codes once annually. That's the limit; you're allowed to ask for it one time, and then you have to be approved. As a governmental agency, we are permitted to have this data. It's known as a "RONA" list: record of name and address. The challenges that we have found with the RONA list is that the individual identifying information contained in RONA typically has been the home of record of the service member at time of entry into service and not time of separation, and we've had very, very significant return rates when we've attempted mailings and other methods of contact using the data from the RONA list. If Department of Defense could somehow adjust the compilation of this list, the way it's structured, to include their time of separation home of record, it would go much further for us; but that's been a discussion that's been ongoing for several years with little success.

LEG. ANKER:

Well, if we could, you know, as a committee here, maybe we can write a letter to the Department of Defense and, you know, who you would recommend to put forth that idea because it just doesn't sound like -- it's such a complicated bureaucracy and we need to address this now because especially with the situation.

Another question related to the number of suicides in our military. How is this different than prior wars? Has it become more public information that we're understanding that there are suicides from our military personnel versus maybe before people didn't talk about it, or is there something similar that's happening? Is there something moving this that we can address? Again, I have two kids with severe food allergies, and the idea was, Well, we just didn't know back then, now we know. No, that's not necessarily true. There's something causing these allergies because they are deadly. Is there something that we're not addressing that you feel we should?

DIRECTOR RONAYNE:

I think, realistically, that there are several contributors. Probably some of the key contributors would be the fact that we are much more aware. Social media. Our younger generation of returning veterans are enormously immersed in various forms of social media, and that interconnectivity -- I received a message this weekend. In fact, I received a message from John, from John Schultz concerning a marine who we believe was in the process of or at least imminently going to make an attempt at taking his own life. That was yesterday. That threat came through social media. That threat came through Facebook. So we do see a lot of that. I think public awareness, public knowledge has also been a factor, but at the core, what is it that is causing the behaviors that we're seeing? And certainly I think we cannot dismiss the phenomenon of multiple deployments. We've never seen multiple deployments before, certainly not in the numbers that we're experiencing now. I have a resume in my office for an individual who is asking to be considered for a job. He has four Iraq deployments, three Afghanistan deployments, and a deployment to Haiti; that's one individual. Twenty-five years ago, those eight deployments would have likely represented seven if not eight individual, unique veterans. Now we've got one individual experiencing all of that service, all of those deployments and all of the experiences that are part and parcel to those deployments.

And certainly awareness, both lay awareness and clinical awareness, PTSD as a disorder historically has been referred to as "combat fatigue" and "battle stress" and "shell shock," and all of these things that we're all familiar with. PTSD as a diagnosis did not even exist until 1984 when it was first published in the DSM, so prior to that, there was really nothing clinical to treat. You know, there was a lot of self-medicating. I think that these deaths, whether they be intentional or accidental, I think that these deaths have been occurring all along. I believe that the incidences of multiple deployments have contributed to an increase, but I think this has been occurring all along.

We just have not necessarily acknowledged it as being what it is in large part.

LEG. ANKER:

Last question: How are other countries dealing with this, and how are the stats -- how do we compare the stats with other countries? Are they also having the same issues? Do they also have multiple deployments? What's your thoughts on that?

DIRECTOR RONAYNE:

Well, there's some significant differences between our military and the military of most other nations, one being the sheer number of individuals who we deploy and that we have serving. Most nations don't have military on the scale that we do, and their deployments tend to be fewer and shorter. I know U.K., I know France, there are several countries: Germany, Australia who are experiencing problems. I don't know that their rates of suicide approach ours but again, they also do not experience some of the multiple deployments, the longevity of deployments, and a lot of their forces, while they've have had direct support combat mission, much of their role has been in support of combat forces. So I always try not to use this term and it's all that comes to mind, but we use to refer to it as "the guys in the rear with gear." They're absolutely essential, they're critically important to every part of the mission, but the actual war fighters are fewer. They are primarily us and Iraqi and Afghanistan indigenous forces, so there are a number of things that would distinguish our service from others. But as I said, I have spoken to British soldiers who have experienced PTSD, but the suicide data I don't have specifics on the actual data. I will work on getting that. I'm not sure how I would get that, but I'll work on that.

On a positive note, we are continuing to see good success, good results in Dwyer. We have, I think recently I've reported to you that we have now expanded into the YMCA at Huntington. We have a weekly group in Huntington on Thursday evenings, and we're continuing to do outreach. We are finding more and more that we're doing individual casework as opposed to groups where we would begin meeting with veterans on an individual basis, develop a level of comfort for that veteran, and then transition them into a group setting at whatever point in time they are comfortable in doing so.

And before I steal any of his thunder, why don't I just -- I'll pass the microphone to John Schultz, and maybe John can help enlighten you a little bit on where we are with Dwyer.

MR. SCHULTZ:

Good afternoon, everyone. Thank you for having me today. As Tom was just saying, right now as the Dwyer Project expands, we are very successful in what we are doing. The hardest thing about this project is the actual outreach is to actually have veterans -- I mean, veterans do not like to admit they need help. They don't want to admit they need help. As a veteran myself, it took me about five years to admit that I needed some sort of help, whether it be something as simple as having a cup of coffee with a veteran or somebody like myself bringing you up to the V.A. and actually getting medical care for any type of conditions that you might be having: physical, emotional.

Again, as Tom was saying, we're working a lot more on an individual basis. We're finding it a lot easier to reach out to veterans and speaking to them individually and hopefully eventually transitioning them into a group like our Beacon House group or our new group in Huntington. I mean, we are showing success again, just the hardest thing is the outreach. I mean, we have to be out there. I'm out there every day. If I have to be out there on Saturdays and Sunday evenings, that's what I have to do. You know, we have a part-time staff under me right now. I'm the only full-time -- I'm the coordinator but I'm a facilitator as well, so with a part-time staff, you know, even as part-time employees, a lot of these people are out there doing a lot of stuff on their own time or their own dime driving around. You know, I have one facilitator who just worked last week until about 2:00, 3:00 in the morning trying to talk to a guy off the bar stool. A lot of these guys are

self-medicating, and the OIF/OEF guys, some of them are still so new to being civilian life again, it's just very difficult to kind of talk to them and understanding that it's all right to ask for help.

I think the Dwyer Project is the best at what we do right now. You know we're veterans helping veterans, and that's all there is to it. I mean, you need a shoulder to cry on, I'm here; you want to get a cup of coffee, I'm here; you want me to buy you dinner, I'm here. I'll do what just to get you to open up a little bit to me. I mean, right now we're just doing the best of what we can with what we have, and I think we're doing a pretty good job at it.

CHAIRMAN STERN:

Legislator Krupski.

LEG. KRUPSKI:

Thank you. So in your opinion -- so you've got a lot of experience in this obviously. In your opinion, what could be done to prevent this from happening? Is there anything at the federal level when they are inservice that could prevent them from having difficulties when they get out? Or is there, you know, during any course of their service whether it's the training part or the deployment part or when they're being treated, whatever, after their deployment, is there anything that could be done there to prevent this from becoming a problem once the federal government seems to absolve themselves of everything?

DIRECTOR RONAYNE:

Well, the president recently signed the Clay Hunt Veterans Suicide Prevention Act. In fact, we will be attending a press conference later today with Senator Gillibrand to specifically discuss this act. A couple of the things that the Clay Hunt Act specifically does is enhances the pre-separation screening that service members will be expected to participate in, particularly with an emphasis on mental health and examining their service for potential exposure to situations or circumstances that may have resulted -- creating triggers resulting in PTSD. TBIs are also being explored. A number of our losses occur in veterans who also suffer from traumatic brain injuries. This is something the DOD has been getting better on. The past several years, they have acknowledged that they were in fact not really looking for certain characteristics of TBI that were out there. There were actually a lot of instances of misdiagnosis occurring between PTSD and TBIs. They present similarly in many cases, but beyond the presentation, beyond the symptomology, they are clinically treated very, very differently, and when the numbers of misdiagnoses that were being -- that were occurring, once that was identified, there have been successes in reaching back out to veterans who, in fact, had TBIs and were not suffering from PTSD or who were suffering from dual diagnosis. Another thing that the Clay Hunt Act does, and I think this is a very favorable thing, is it enhances and places a greater responsibility on V.A. to create outreach, to create awareness and to create access to services. I had mentioned earlier that there is a large portion of the veteran population who does not, for a variety of reasons, choose to engage V.A. Some of those individuals do not use V.A. not by choice but by law because of issues related to character of discharge. Under the Clay Hunt Act, veterans with a less than honorable, anything other than a dishonorable discharge would now have access to mental health treatment, mental health services at V.A., which presently there is a barrier to accessing many of those types of services. So there is a population who, unfortunately, has not had access to the most well-known source of care and treatment.

One of the other pieces that I think is important, and I should have touched upon this a moment ago, are the pre-separation screenings, the psychological mental health evaluations. Rather than doing it on an individual, as-needed, case-by-case basis to require that all separated service members receive the same screen. That does a number of things: A, it potentially catches veterans or service members separating or processing out who may not have self-identified or may not have, through a cursory review of their documents, appeared to be at risk. It also destigmatizes to a large extent. If we were processing out of the same unit and the message came

out that Ronayne's gotta go in and see the psychologist or the psychiatrist but Schultz is good to go, he's clear to proceed onto to next phase, the stigmatization of some of us are required to undergo a mental health screen and some of us are not, unfortunately that stigmatization is still very much alive and well. By requiring that all separating service members undergo a mental health screen, we eliminate that component and I think that'll be an important piece.

Another very important aspect of this is that when we leave service, when we get that discharge document and we change out of a uniform into civilian clothes, there are a number of other contributing factors once we get back home. Probably the largest or one of the largest that we're finding right now is employment. I know we see a lot of very favorable, almost rosy, employment reports on the news each night, but I'm not really sure where all of these veteran jobs are. We have made a very specific effort within Suffolk County. As you know, we have a liaison in Department of Labor who works almost exclusively with veterans and employers willing to match veterans to available positions, but in many place those efforts are not occurring, and the employment issues contribute to what I call a downward spiral or a cycle where lack of employment very often results in lack of adequate housing. You don't have a job, you have no income, you don't the ability to pay rent for an adequate place to live. Transportation becomes a factor, access to medical care, both primary and mental health. Employment is very key, and we're trying to make the awareness of that issue more front and center because it contributes to so many other elements of your transitioning and your re-assimilation back into civilian life. If you don't have the ability to be a participant in your own progress and your own destiny going forward, a lot of choices are made for you and guys, particularly veterans, military folks, have difficulty in adjusting to situations where they don't have the ability to influence the outcome of a situation that they are in. The training and the mindset is always proactive and participatory, and when you extract that from somebody and their ability to be a contributor to where they're going to sleep tonight and whether or not they are going to have a meal tonight is devastating to the mental health of a great many people, so I think that was also important. And obviously the employment also has a tremendous bearing on relationship issues and family stability. You know, we're not always talking about the individual, single, unattached veteran because of the numbers of National Guard and Reserve forces who reside here in Suffolk County, a majority of our service members returning actually do have families and, you know, whether it's mom and dad, whether it's a wife, whether it's a husband, whether it's children, compounding the family issues that we all experience by lack of employment, perhaps an underlying mental condition, these are all strong contributors, so there are a lot of moving parts here.

I asked for some of these cards to be distributed. I think I may have done this once before. The county executive agreed to develop a mailing and we printed 117,000 of these cards. These cards have been mailed out to almost every veteran household that we are aware of in Suffolk County, and we've been receiving fairly solid and fairly strong response from this. What is really, I think, significant about these cards is that we're not selling anything. There's no product being marketed here. This is not about -- well, it is about a program, but it's not about anything other than "Welcome home, thank you for your service, and how may we help?" One side of the card is largely dedicated to our agency with a brief message and a telephone number. The other side of the card is devoted to the Joseph Dwyer Program and simply provides information on how to contact the program without necessarily having an actual need: if you have a question, if you're curious to know more, if you would like more information on the program. We're hopeful that these types of efforts will go a long way in reaching the community that we're serving.

And I guess the last thing, and I know I'm going on here, I guess the last thing I would like to put out there is mental health is in many ways like so many other primary health disorders. Sometimes the latency on a mental health issue is not immediate. Not everybody reacts immediately to a psychological or an emotional trauma. It is not at all uncommon for years to pass. In fact, we have Vietnam Veterans who still come into our office every week presenting for the very first time

for their PTSD. So it's also, while there are certain things we can do and there are certain measures that we can take, the truth of it is, very often, the mental health issues that we're on the lookout for that we're hoping to identify so that we can assist in addressing do not necessarily present themselves in the short term. They may be many years out. The fact that we've been at war 13 years, we are seeing more veterans with PTSD present now than we were earlier on for that very reason. Five -- I think the average now is three to five years, but certainly that can run well beyond the five-year mark.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

In trying to get the information out that we have here to offer for our vets, you know, through your services -- which, again, we thank you so much for what your department's doing -- do you work with our DSS as far as when they're applying for homes or food supplements, or how do you work with DSS if you do?

DIRECTOR RONAYNE:

We work with DSS regularly. We have direct points of contact within DSS, and as you are well aware, you helped us fund a position to assign a full-time veterans service officer to DSS. That service officer has been hired. He's already completed the first phase of his credentialing training, and I'm anxious to get just a little more of the training necessary completed and then that person will be assigned on a full-time basis to the four service centers in Suffolk County to work directly with veterans accessing DSS.

DSS is now screening at point of intake for veterans service or prior military service, which we believe is going to help identify a significant number of veterans who previously may have not been detected, and again this is a population who does not always identify, and we're hoping that these tools will better enable us to reach the community that we're trying to access.

And I thank you for your offer earlier of maybe drafting a letter. I'd be happy to speak with IR and find out the who's, what's, how's, and so forth for that letter, if you were to construct a letter, who the recipient should be and so forth.

LEG. ANKER:

Even possibly a petition to have every government official sign, you know, that you can -- because this has been going on for a while, and we have immediate needs right now, and, you know, we're here to stop the spiral. We're here to create a solid foundation because our military, they have dedicated their lives to protect us, and we need to do the same for them. I know you've heard that over and over again, but it's true, so whatever we can do immediately to move those wheels of government because they're not moving fast enough.

DIRECTOR RONAYNE:

I appreciate that, and again, we make every effort to work within the community. You know, we're only minimally effective without our community partners, and just, if I didn't make this point, there's been a lot of discussion on Iraq and Afghanistan and our recently-returned service members. I think it's very important to point out that according to V.A. statistics, the population of veterans at greatest risk right now for suicide are in fact our Vietnam Veterans so as much as we have a serious problem with our Iraq and Afghanistan returning service members, this issue transcends period of service. Our Vietnam Veterans are at tremendous risk in some cases, and we're working very actively with the Vietnam Veteran population as well, but I just wanted to be clear we're not hyper-focused on one population to the exclusion of any other population of veterans.

CHAIRMAN STERN:

That's why I hope that -- I'm sure we all have the hope that this type of effort will be useful particularly when it comes to outreach efforts with our Vietnam Veterans. Of course, there are those that are in challenging situations, but rather than our perhaps more recently returning OIF/OEF veterans that may be more difficult to locate, maybe our Vietnam Veterans that have, for some period of time, have been at addresses that might have been more stable will be more likely to receive this type of correspondence and act on it in an meaningful way.

DIRECTOR RONAYNE:

We're hopeful. These cards are only one tool of many.

CHAIRMAN STERN:

I know, Director, you need to go because you're going to be joining the senator in discussing some of the efforts at the federal level regarding this issue in particular, but one of the important points that you bring up is though you can make additional efforts at the federal level, you can provide for screening, I know that Legislator Barraga from time to time has brought up that very same idea, that upon discharge, the screening requirements should be more rigorous, and it should apply across the board and the burden should be on the part of a departing veteran to -- going through the process in a uniform way, to take away some of the stigma that goes along with it and have everybody declared or classified in some way and put the burden on the veteran to show that he or she is ready for discharge rather than requiring additional services. But as you point out, that's only a portion because so often it goes undiagnosed and there are manifestations much later that would go beyond that, and so whether there's a greater degree of sharing among levels of government so that we can all participate in the outreach effort upon discharge or efforts like this one, we're continuing to get the word out for even those that have never been diagnosed or those that have never displayed any type of symptoms, who have never expressed any kind of need for services even decades later, we'll continue to be aware that there are these services that are available and make use of them, particularly the Dwyer Project, which is so very important.

Mr. Schultz, anything else.

MR. SCHULTZ:

Not at this moment but again I do appreciate you taking time and letting me speak today.

CHAIRMAN STERN:

Well, thank you for being with us today. We really appreciate your hard work; and, of course, Director, to you for your continued leadership. Thank you.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Okay. Holly.

MS. RHODES-TEAGUE:

Hello. Happy new year. I haven't seen anybody in a while. This year has been a little challenging because of the bad weather for the -- a lot of our meal programs, so heads up, the home-delivereds have been doing the best they can with shelf-stable meals, frozen meals before a storm. It's been a huge change for them for getting the meals out, but they've been doing a great job with that. The congregate meals people, obviously the numbers will be lower for this winter because they just can't get there. It's too cold for them or they don't have transportation or the vans weren't able to drive because of the weather. You know, nutrition is always a challenge for us, but they're doing the best they can with that. The HEAP program is scheduled to close March 17, so if you have

anybody, please let them know. That date could change, but that was the last date that we've heard. The numbers are significantly down for the HEAP applications that our office processes, and I believe that's because the auto-enrollment in HEAP if you have food stamps, and there's been a big outreach effort for the food stamps, so we are down probably by almost 1,000 applications from last year.

And then the other thing I just wanted to talk about is that the state budget, the governor's proposed budget is very favorable towards ageing this year for the first time in many years. He continues the \$5 million budget number that was put in by the legislature this year. He's continuing that funding in his proposed budget, which is good news for us because that's for the Community Services to Elderly Program, which is our most flexible funding stream. We're using that to help with our waiting list and also to provide some additional services, so we're very happy that that money is going to continue in the governor's budget. Hopefully, that'll pass that way.

And the money that I spoke about probably quite a while ago at this point, balancing incentive program funding, which to the aging network was \$25 million that's coming down the pike, we're still waiting for the application process. It is still coming for us in Suffolk County. It's about \$600,000. It's for information and assistance and referral trying to harden our network for providing the information to people, but the governor's budget also provides a sustainability plan to that funding, which is very good news for us because that means we can really plan to provide additional services or provide additional assistance to people with that funding. So in the governor's budget, he provided 8.2 million in the '15-'16 budget, so that once the BIP money goes away from the federal government, we'd be able to continue it. And then for '16-'17, there's an \$18.1 million proposed, so we're very happy with the governor's proposed budget because I truly believe that there's finally recognition that the services provided in the community are absolutely critical to the continuum of care of people as they go through the long-term care system, so we're very excited that that's finally being recognized.

CHAIRMAN STERN:

Well, we hear that all the time and we say that all the time to be a lot of more proactive because, of course, number one, people would much rather be in the community than anywhere else, certainly rather than being institutionalized; and, two, it's a lot more cost effective, so it's great to see that finally that there is funding that is catching up with the stated policy.

MS. RHODES-TEAGUE:

Right. We're absolutely thrilled about that. You know, it'll take time for us to expand our system, but I really believe that we're going on the right track and everybody wants to stay home. Nobody wants to go to a nursing home or even assisted living sometimes, but the recognition that we need to be able to keep people there, and you need the services available, so that's good news for us, so I just wanted to let you know, assuming the budget all passes.

CHAIRMAN STERN:

Holly, the additional funding at the state level, is that -- when you say that might provide additional or expanded services, as part of the process right now, this budget process, is it specifically identified as to what the various expanded services would be that need to be provide under those additional funds, or is it more flexible than that going forward into the future based on what you determined the need is?

MS. RHODES-TEAGUE:

Well, the CSE funding is flexible; that's the additional five million that was put in by the Leg last year that the governor's continuing. The money under the Balancing Incentive Program, which is that 600,000 that I'm fairly sure we're to get soon, that money is to harden our infrastructure with information and referral, so that's the people in my office who every day are on the phones.

They're talking to people at the libraries, the senior centers, it's really to provide information on long-term care services. The additional 8.2 and then 18.1 is in the Health Department budget, not in the New York State Office for the Aging budget, and it's what they're calling the "no wrong door." What's happening is on the state level, they're building an infrastructure where the hub would be these New York Connects, which is what my office is for Suffolk County, and throughout the state, there's New York Connects in every county. New York City and two smaller counties or three smaller counties haven't been in the system; they're coming into the system now, but then there's going to be spokes off that hub which go to Office of Mental Health, OPWDD, so those will be part of this whole infrastructure that's being built. It really is so that when people come in, they get the information they need so they can make the right decisions on what they're doing for long-term care services no matter where they walk in the door.

CHAIRMAN STERN:

Okay.

MS. RHODES-TEAGUE:

So a lot of it really is for just information and assistance, not so much for the hard services, which I know you're thinking meals and transportation and things like that; that's not necessarily what this money will be for, but we're still waiting for a lot of information to come out.

CHAIRMAN STERN:

Does the additional funding, then, provide for additional people to give the information? Does it allow the existing personnel greater flexibility or more hours to give out the information? How does have an impact?

MS. RHODES-TEAGUE:

I believe we're going to be able to possibly hire with the funding. I just have to wait and see. Until we get the program instruction, and again, Budget has to pay us with all this information, but I'm hopeful that we'll be able to expand our services because we receive many, many phone calls a day from people who just don't know where to start in terms of taking care of their loved ones; you know, what's out there, who do we call, how do we do it, what's the income guidelines, what if I could privately pay, how do I find the home care? You know, those are the calls. These calls are not a 30-second call anymore. You know, years ago, you could say, Here's a list of referrals, but it's not what's happening anymore. They're pretty complicated calls. The libraries and the senior centers where our advocates go, they spend a huge amount of time with individuals trying to explain to them how the services work or where to find them, so we know that with the aging population that there's more of a need. And I believe on the state level, they are going be doing a lot to publicize the fact that New York Connects, no wrong doors are out there. You're talking about a process, a couple years to put it all together, but I think it's going to be a very worthwhile effort.

CHAIRMAN STERN:

Very good.

LEG. ANKER:

Quick question.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

Hi, Holly. Quick question: There's a lot of discussion about how to address the issue of people leaving Long Island, and I'm looking up the report but I think it's like 30 percent of our young adults will be leaving Long Island in the upcoming years. Are there stats on senior citizens leveraging Long

Island?

MS. RHODES-TEAGUE:

You know, I've seen stats that people are coming and going, not so much that they all leave, because what happens is you have the rebound effect: People leave when they're young, they go to Florida, spend time down there because it's a great place to be. Then what happens is they get a little sicker, they get a little needier in terms of needing their families and wanting to be back with them, so they come back here. So they leave when they have the best health and then they come back when their health's not so good and then we have them here to try to help in their very frail years, so I think you have a little bit of everything bouncing back and forth.

LEG. ANKER:

Yeah, because, you know, in talking with some of the folks working on this issue, how to keep our young adults on Long Island, one key component is that, well, they need housing, affordable housing, and they need jobs. But a huge component is they want to live near their family, so if we can keep our senior population here, we'll be addressing the issue. But that's interesting now, that they go back and then they -- you know, they go to Florida or whatever, south, and then they come back here.

MS. RHODES-TEAGUE:

That's been a long-time phenomenon that they do that. They leave and they're healthy and they're happy and they're doing all the things that they want to do, and then when they get into their older years, they recognize the need for their family, so they come back to the Island for their family as well. So I think everybody wants to go back to the home roost.

LEG. ANKER:

How does New York State deal with the medical insurance issue? Are we having issues compared to other states?

MS. RHODES-TEAGUE:

I'm not sure how we compare to other states, but we do know we have a great need for services for the elderly in this County and in this state. Suffolk County has the largest population over age 60 in the entire state outside of New York City. We are 285,000 people over the age of 60, 19 percent of the population of Suffolk County, and that's growing. And we know on the east end, as Legislator Krupski knows, he has somewhere between 28 and 30 percent in your town are over 60. It's tremendous.

LEG. KRUPSKI:

My father is 87. He said he's middle age, so I don't know what you're talking about.

MS. RHODES-TEAGUE:

And there we have it. We know it's there. We know the need for services is out there, so whether they're coming back later or they've stayed through the process of aging, I don't know, but we have a great need here in the county.

CHAIRMAN STERN:

Holly, thank you.

MS. RHODES-TEAGUE:

Thanks.

CHAIRMAN STERN:

We do have a couple of items on the agenda, but before we go to the agenda, I did want to

recognize some special individuals who are here with us at the Veterans and Seniors Committee meeting today. I wanted to say welcome. Maybe for the record, gentlemen, if we could just go down the line and your name and who you're here to represent today.

MR. OSTROFF:

Frank Ostroff, USN retired, American Legion Post 1244, and I'm very interested in the veterans.

MR. ARMSTRONG:

Charlie Armstrong. I was in the Air Force, and I'm here with post 1244 in Greenlawn.

MR. CRIMAUDO:

Vinny Crimauado, U.S. Navy, World War II, Greenlawn Post 1244, Huntington.

MR. SANTO:

Bob Santo, commander, Post 1244.

REVEREND MILLER:

Reverend Fred Miller. Korean War Veteran and representing Post 1533.

MR. SCHWARTZ:

Ire Schwartz, and I was in the Army. I'm commander of Post 833 in Smithtown.

CHAIRMAN STERN:

Very good. Again, welcome. It's good to see everybody today and a privilege to have you join us here today. Thank you.

Going, then, to tabled resolutions.

IR 1853, Adopting Local Law No. -2015, A Local Law to strengthen requirements for nonprofit veterans organizations soliciting donations in Suffolk County (Spencer). Public hearing has been closed, Counsel advises, so this is before us and eligible for a vote. I will make a motion to approve.

LEG. KRUPSKI:

Second.

CHAIRMAN STERN:

Second by Legislator Krupski. All in favor? Opposed? Abstentions? IR 1853 is **approved**.
(VOTE: 3-0-0-2, Excused: Barraga, Muratore)

IR 1041, Adopting Local Law No. -2015, A Local Law to protect the honor of decorated veterans (Spencer). This is recessed for public hearing, so I will make a motion to table for public hearing. Second by Legislator Anker. All in favor? Any opposed? Any abstentions? IR 1041 is **tabled for public hearing**. **(VOTE: 3-0-0-2, Excused: Barraga, Muratore)**

There being no other business before the committee, we are adjourned.

*(*The meeting was adjourned at 1:25 p.m. *)*