

VS 8/31/15

**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 August 31, 2015.

Members Present:

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

Also In Attendance:

Jason Richberg - Chief Deputy Clerk
George Nolan - Counsel to the Legislature
Tom Ronayne - Director of Veteran's Services
John O'Neill - Commissioner/ Department of Social Services
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 12:39 p.m.)

CHAIRMAN STERN:

Good afternoon, everyone, and welcome to the committee on Veterans and Seniors. I'm going to ask everyone to please rise and join us in the Pledge of Allegiance led by Legislator Krupski.

(Salutation)

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

(Moment of Silence Observed.)

Thank you. Okay. Again, welcome, everyone. It's good to see everybody today. We have a guest today. We'll start with Holly. Mr. Clerk, I think we're saying that I do not have any cards for this meeting.

MR. RICHBERG:

No, Mr. Chair, no cards.

CHAIRMAN STERN:

Thank you.

MS. RHODES-TEAGUE:

I just have a few things. You know, September is, like, going to back to school and that's how I feel about meetings. Everything starts up again in September. The first thing that we have going on is the farewell to summer concert, which is on September 18, and it's going to be at the amphitheatre in Brookhaven, and that concert is a concert that's open to anyone in Suffolk County. It was addressed to older residents. Our office is listed on it as the sponsor of it, so when we did concerts last year, we did receive -- actually, most of the people that went to to concert were in the 50ish and on up group, so it worked out really well for us last year, and at this stage of the game, I think we are up to somewhere around 1800 or so people registered for the concert, so we're looking forward to, you know, a big crowd at the amphitheater on Friday the 18, so it'd be great, you know, came down and --

LEG. ANKER:

What time?

MS. RHODES-TEAGUE:

The concert is at -- the doors open at 6:00, so the concert starts at 7:00, and it's a couple oldies groups. One is the 60's Invasion; the other one is A Touch of Gray and then there's an a cappella group in between, which is the Heart of Long Island chorus, so it should be a pretty nice concert. That's the big event that's coming up in September.

We're also in the process of planning our two public hearings, which we have to do for our four-year plan and that will -- when I have dates for that, I'll let you know so you can let your constituents know. We usually do one on the east end, one on the west.

I'm trying to think of what else we have going on. I guess that's really it for us at this point. We're also already planning our May luncheon, just so you know, and when I have a date for that, I'll let everybody know. I know the senior of the year had a great time at that, and we'll hopefully have another senior of the year that'll have just as good a time next year. So, anyway, do you have any

questions for me? Anything I can answer for anyone?

CHAIRMAN STERN:

We're good.

MS. RHODES-TEAGUE:

That was quick.

CHAIRMAN STERN:

Thanks, Holly.

Director.

DIRECTOR RONAYNE:

Good afternoon, Mr. Chairman, Members. Thank you, as always, for your invitation today. I have a couple of items that I just wanted to report to you on. In no particular order, I would like to -- I'll start on a high note. You may remember that last year, probably 18 months ago, I had reported that, given the shift in some of the activities that our staff were finding themselves involved in related to outreach and so forth with the use of opioids and so forth within the community, the heroin problems, we took a step and had all of our staff, both in the service agency and in the Joseph Dwyer program certified to carry and administer Narcan, and I'm very happy to tell you that we had a successful Narcan save two weeks ago. So the training, the skillsets, the awareness paid off, and I wish Legislator Hahn was still in the building so that I could share this with her as well. I know she was a driving force behind the Narcan in the county, but I just thought I would start on that positive note. The veteran was successfully revived and is presently, at his own request, involved in a long-term, a six-month residency rehabilitation program, so that's a good thing. Hopefully, that positive outcome will continue.

One of the items that I wanted to share with you, and you may have seen this in the press, was a report last week by D.A. indicating that they had now brought the number of backlogged claims being processed at V.A. below the number 100,000, and it's a great soundbite, but the fact of the matter is that the weights have really not changed significantly. It's more a matter of the measure, how they assess what is a pending claim and what is a -- I'll make sure I used the right word -- they're no longer pending when they have a case in review. It is not considered a pending claim, and that's where many of these claims have shifted to, so the numbers are still significant. There's still a -- six-to-eight month seems to be about the norm. We are seeing some running as long as a year with very few exceptions inside of the 90- or 120-day mark, so we are staying close, abreast of the backlog issue but it continues to be a concern to us.

The Joseph Dwyer program, just to give you a very cursory overview, has been preparing to ramp back up for the academic year. As in all of our previous years, during the summer months when the schools are not in session, we obviously do not have the ability to continue the groups or the associations that we have with the various colleges and universities in the county. Now that the academic year has restarted, we're reengaging with the schools, and we're going to back into those communities, so the numbers of groups and the numbers of veterans will resume and pick back up where they were in the May-June time period versus the slight drop-off that we tend to see over the summer months.

We participated in an event, and I'm sorry to say it didn't seem to get any press, but really a terrific event that was sponsored by a group of the veterans' organizations in the community known as "backpack pirates." We assisted in the event, we participated, and served somewhere on the order of between 600 and 700 children providing them with backpacks, school supplies, clothing, new sneakers and shoes, all sorts of things, and it was a very successful event. I mention this to you only because I happened to see on the news last night that Nassau County did a similar event and

they got terrific coverage. I just wanted you to be aware that we are doing just as good work here in Suffolk County, whether you see it on the news or not. The work is being done. The work is taking place. We were only participants. That was not our event, but the veterans' community had a very strong hand in the execution of the event, and it was a great success.

I'm happy to say that the numbers of veterans' suicides for the past several months seems to have tapered down. It's been trending downward, which obviously we're delighted to see. We did a hold a funeral last week for a veteran. They have not released a positive cause of death. He was found unresponsive at Camp Lejeune, but the marine is from Lindenhurst. He was returned to Suffolk County, and we were very involved in seeing that this marine received a proper respectful and dignified military funeral.

That being said, I have a couple of other items, but I believe there were going to be some questions. I'm happy to take any of your questions.

CHAIRMAN STERN:

Questions for the director? On the agenda today, Director, is **IR 1624, Directing the Suffolk County Department of Social Services to establish a helping our veterans (HOV) Lane Program to expedite applications from veterans for financial assistance and support services (Cilmi)**, so I was wondering if you had the opportunity to take a look and get your thoughts on the proposal.

DIRECTOR RONAYNE:

I have, and I have also had an opportunity to discuss this with Commissioner O'Neil, who I know is in the room as well. We are supportive of this. We believe this to be an opportunity to provide a complementary service to the assignment of the veteran's service officer at Department of Social Services. I think that this would, in all likelihood, provide a level of efficiency that we would seek, so I would tell you that yes, we are supportive of the opportunity to establish such a position in DSS.

CHAIRMAN STERN:

We'll hear from the commissioner in just a -- yeah, if we're going to discuss it now, come on up, Commissioner. And specifically, Tom, what would you see the role of the VSO in that -- under that type of an expedited process?

DIRECTOR RONAYNE:

Well, the position as I see it that we are discussing is not a VSO position. This would be an employee within DSS. The responsibilities, the duties of that individual would differ, I think, significantly from the VSO; however that being said, there are many instances where the question of -- ultimately of eligibility and sometimes actually appropriateness -- there may be multiple levels of eligibility, but assessments need to be made as to what is the most appropriate benefit for the veteran to pursue. What is in that individual's best interest, and I think that in those instances, certainly, beyond the ability of this person to assist and potentially expedite the processing or administering of the veteran through the DSS process would enable us to liaise with this person to better serve that individual as veteran's service officers.

In the areas where the services might not be competitive in terms of making a choice between a DSS service versus a V.A. service, there will almost always, in almost all cases, there will be additional federal level services or services that we administer through our agency that DSS is not involved in, so I think that they would be highly complementary to one another, the two positions.

CHAIRMAN STERN:

Commissioner, welcome.

COMMISSIONER O'NEILL:

Good afternoon. Thank you for having me here today. I agree with everything that Director Ronayne just said. The DSS position is for DSS programs. It's a means tested program; in other words, there has a certain income eligibility. You'll have to be eligible for a DSS program, so therefore, we are a subset of all these other programs that are out there. You have to be qualified income-wise to be available for DSS programs, so I see that DSS, this HOV, Helping Out Veterans, resolution, allowing us to work in concert, is a synergy that we can get applications expedited because to look for other services within DSS the applicant may need and then we also known, as Director Ronayne just spoke about, there's a plethora of services in the veterans arena that, quite frankly, DSS doesn't have access to. Additionally, the VSOs can sign certain documents that a DSS representative would not be able to, so clearly there's a distinction.

This position, the way I envision it, is that it would probably be in the Medicaid area, 100 percent funded. The examiner III position was specifically identified in the a resolution because we want somebody that is experienced as well as well-versed in DSS programs so that if a question does come up, they don't have to make 15 phone calls, they can answer the questions themselves. So that was how the position came about, so again I fully support the position.

CHAIRMAN STERN:

So having identified the particular position, is that a position that is currently -- or positions that are currently filled?

COMMISSIONER O'NEILL:

Correct. It would just be a promotion. We don't have any open III positions, so we'd have to promote somebody from examiner II into examiner III; you know, a couple thousand dollars, 100 percent funded is how I'm envisioning it.

CHAIRMAN STERN:

Okay. And, Director Ronayne, as far as the VSO position, that is to be working in conjunction with a DSS worker, tell me how we're looking on those positions.

DIRECTOR RONAYNE:

The SCIN has now been signed. We have interviewed. We are offering a position today. We're hopeful that by end of week this week, we can invite a candidate for a start date and get them on the payroll. Once that occurs, once we have them in-house, we would make every effort to expedite getting them into DSS office and start the program that Commissioner O'Neill and I, as well as representatives from his agency, have been working on. But again, the SCIN has been signed, we are offering the position today, and I anticipate before weeks-end to have a start date to have that individual on board.

CHAIRMAN STERN:

So then, Commissioner, explain to me how you envision it working on the grounds. So there's a veteran that has -- there's been a recommendation to that veteran that he or she go see someone at DSS, so that person shows up; what happens then?

COMMISSIONER O'NEILL:

So how I envision it working is that when somebody approaches our center, so let's assume that they just in. It's not a referral from a veterans' agency. So somebody would walk in, we have part of our current questionnaire, if you will, our script that we go through, we ask somebody if they've served in the military. Actually, a lot of veterans don't identify with the question of "Are you a veteran?" They actually see it differently, so that's why we actually ask the question a little differently: "Have you ever served in the armed forces?", that type of thing. There's a code that we use in our system so all the veterans are identified in our system. It's actually a state system; I

shouldn't really say that.

So how I would envision it as somebody new comes on board. We'll have an acceptance report that tracks that new applicant, if you will, and then the position in our office would coordinate with the VSO. We'd obviously start working on the DSS portion of it, and then we would, you know, counsel the veteran, if you will, about setting up an appointment with the VSO at one of our locations. We envision that VSO will rotate amongst our locations as well, so you can go there and visit as a walk-in, if you will, or we can set up an appointment with the veterans working through the VSO.

So upfront, we'll identify if it's a referral from veterans; that's a little bit easier for us, obviously, and we'll start the self-check process even if the veteran walks through the door if it's a referral from a veterans' agency from Suffolk County because we can research that information ahead of time.

And we, I should just mention, with the VSO, we already have spots identified within our locations, so logistically we're -- the infrastructure's there. It's a matter of just plug and play with the body.

CHAIRMAN STERN:

Questions for the director or commissioner? So from a personnel perspective, from a logistics perspective, and from a mission perspective, it is something that is not only workable but hopefully we'll have a real benefit for our veterans and their families as well.

All right. Very good. Thank you.

DIRECTOR RONAYNE:

If I could, I wanted to also -- I know we also have with us today Jonathan Spier, who is the associate administrator of the Long Island State Veterans Home. I just wanted to give the Long Island State Veterans Home a plug. We recently partnered with them to support a program that they have annually now, the U.S. Army -- formerly known as the "U.S. Army Jazz Band," apparently now they've changed their name and they're the U.S. Army Rock and Roll Band, but they're terrific, they really, really are. We, as always, partnered with Long Island State Veterans Home. Suffolk County Parks Department was terrific in their support as well, and I'm happy to say the event -- I don't want to steal all of Jonathan's thunder but the event drew in excess of 2,000 spectators, which is pretty impressive if you're familiar with the facility and the grounds. So to get 2,000 people out there for a concert is quite special, so congratulations to them. They always do a terrific job, but this is always a highlight for them as they near the end of the summer.

September 5, this is also an annual event. It typically takes place over Labor Day weekend, but I wanted today make mention of it is the American ex-prisoners of war hold an annual event at the American Air Power Museum, and that'll take place this Saturday morning, Saturday, September 5, 10:30, just to make you aware of that.

LEG. ANKER:

What town?

DIRECTOR RONAYNE:

The American Air Power Museum is on the northeast back corner of Republic Airport in Farmingdale, New Highway. It's actually on New Highway. We're very excited as the clock is now -- we're down to 12 days to the marathon, 13 days to the marathon. A lot of pre-marathon preparation. We're very excited. The veterans community is very excited. There's a lot of buzz. My understanding is we're in the vicinity of 3,000 registered runners, which is, for our first time out of the gate, I give everybody involved in the planning and the execution of this marathon a lot of credit. There were a lot of pieces to pull together to make this a success, and it appears it's going to be every bit of the success that we hope it would be, so I'm very excited. Have the members all decided how many miles of those 26 you are going to be doing individually? I know there was a promise of a team.

No responses.

LEG. KRUPSKI:

No comment.

LEG. MURATORE:

I'm holding a ribbon.

LEG. ANKER:

Me too.

DIRECTOR RONAYNE:

We are very excited.

LEG. ANKER:

Well, it's very exciting.

DIRECTOR RONAYNE:

It's a very big day for us in Suffolk County.

CHAIRMAN STERN:

Very good. Congratulations to you and to your team and everybody, of course, with the executive and his team. Everybody's really looking forward to it. It's going to be a lot of fun and really great for Suffolk County.

DIRECTOR RONAYNE:

Thank you. I've had an incredibly small amount to do with this. Ryan McGarry, Lisa Santeramo, and some of the other team have really been working very, very hard; 25/8, they've been working on this, and collectively as a team, it will happen, and we're delighted. I'm looking forward to next year's already.

CHAIRMAN STERN:

Very good. All right. Anybody else for the director? Director, as always, thank you.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Good to see you.

Speaking to us today at the Veterans and Seniors Committee is Michael Duffy. Mike is the managing partner of Duffy and Duffy law firm here on Long Island, and all of my colleagues on this committee and all of my colleagues in the legislature know unfortunately all too well that, yes, we're very proud of the fact that we have a very large and growing older population in Suffolk County, but still too often, too many of our seniors are the victim of abuse, financial abuse, emotional abuse, and, too often, physical abuse whether that's in their homes or if they are living outside of their homes under the care of others. And so Mike Duffy is here today to talk about some of his experiences, what he sees out there throughout our county, throughout Long Island, and maybe, Mike, we can then talk about what you see might be some of the necessary steps going forward, and we can certainly talk about how we might be of assistance with that. Welcome.

MR. DUFFY:

Thank you very much. I thank the legislature for this opportunity. Please forgive me; it is my first

appearance in front of a body such as this, and I'm much more used to walking around a courtroom, kind of yelling and screaming at the inappropriate times, so I'll do the best I can to match the decorum of the area. The United States is poised to face a tremendous increase in the number of elderly citizens in need of skilled quality care. In 2014, the number of Americans over the age of 65 is estimated to be about 90 million. We only have a population of about 330 million, I believe, under the last census. That 90-million number is nearly double the number estimated in 2010. Due to the aging of baby boomers, along with incredible advances in science and medicine, that number is anticipated to at least remain constant over the next decade or more.

Currently, the average cost nationally of providing that quality care is over \$87,000 per year per citizen. In New York, that number rises to an average of approximately \$130,000 dollars per year. The staggering costs of care coupled with the massive explosion in the elderly population has placed many family members in the position of attempting to provide care themselves, a task many are simply ill-equipped to handle or to place their loved ones in long-term nursing facilities. Unfortunately, both of these options create the potential for elder abuse.

Elder abuse, which can take many forms, most commonly occurs when an older person does not receive proper medical, physical, or emotional attention. Abuse can and does rise to the level of physical, emotional, or even sexual abuse, and can occur in an institutional setting or in a person's own home. In 2010, prosecutors in Seattle charged Christopher Wise with the murder of his mother. His crime was alleged to have been that he let her rot to death with eight huge pressure sores, several to the bone, while he played internet poker and lived off of her pension. His mother was imprisoned in her bed by immobility, dementia, and isolation. She moaned and cried out for help continuously in the weeks before her death. Neighbors closed their windows and her son put in earplugs to muffle her cries.

One of the many problems surrounding elder abuse is that the outward signs of abuse often mirror difficulties and issues older Americans face without abuse, concerns such as frequent falls, feeding issues and pressure ulcers can be present in the non-abused population as well as those in need of protections. The abuse is further made more difficult to identify and address by certain stigma of the aging population: dementia, social isolation, abuser dependence, and embarrassment of sexual abuse frequently prevent the abused from coming forward.

The rise in the elderly population will, unfortunately, continue to burden families attempting to provide care. The stresses of constant attention and the relative lack of experience, skill, and resources of most families creates a tremendous risk of abuse. As a culture and as members of society, we can best hope to eliminate this problem by identifying situations where abuse develops, educate the caregivers to the issues and proper care techniques, and, where possible, monitor the care to be able to step in to prevent further abuse. The difficulties in addressing elder abuse in the private homes of the elderly notwithstanding, abuse in the nursing home setting is increasingly more prevalent and, to my mind, more insidious.

We are all familiar from news coverage of the horrific events at the Medford nursing home where five health care workers have been charged by the attorney general following the death of Aurelia Rios. The evidence in that case has established that alarm bells were going off for more than two hours and were entirely ignored by the staff, who were talking amongst themselves, sleeping, watching television, and playing Candy Crush video games while Ms. Rios slowly suffocated to death as her ventilator failed. We have seen other examples of egregious events that have made headlines as well as many, many situations that do not. Robert Bernard in Florida was wheeled outside in the day where there was a heat advisory to take the sun. His caregivers simply forgot about him, and they left him out there for many hours. When they finally remembered him, his body temperature had risen to over 105 degrees. He suffered a heart attack which was brought on by heat stroke. In Queens, another resident was caught on videotape having suffered a fall. He

was profusely bleeding from his head. The video shows three caregivers ignoring him for more than 20 minutes until finally one of the workers addresses him by dragging the man into his room and leaving him there.

Other examples include patients unable to move on their own being left in their own soiled sheets for lengthy periods of time, leading to pressure ulcers; no effort to protect known fall risks from falling leading to fractures and sometimes death; restraining patients chemically, using drugs so that they lie virtually comatose all day long so as not to disturb the staff; and withholding food as punishment for being a difficult resident.

To be sure, there are very good, very caring, high quality nursing facilities, and I am sure that they represent the majority of people who take on these jobs. The examples of abuse we see anecdotally at our law firm are almost universally attributed to overworked caregivers and in some instances unskilled caregivers who are placed in understaffed facilities. Those staffing issues are a direct consequence of the profit motive of the facilities' owners. One of the few studies to focus on abuse within the nursing home setting found that that abuse was occasioned by the staff burnout, coupled with relative youth and immaturity of the workers; presumably, the younger workers cost the facility less.

Obviously, the owners of these facilities have every right to earn a profit, but we as a society need to be vigilant for sign of abuse at particular facilities and, where appropriate, prosecute those who place their profits over the health of their residents. Family members need to keep their eyes open for the physical signs of abuse, and the government needs to ferret out those abuse for their own profits.

In talking about profits, we see anecdotally -- and granted, these are litigants making claims -- but we have seen situations where trust fund babies have had 50-, 60-, \$70,000 a year of unnecessary charges for 10, 15, 20 years. We have one instance where a ventilator was rolled into a room on a non-ventilator patient and charged \$5,000 a day for the ventilator. His family knew no better. They just paid the bills. They were in a position to pay the bills, but if it was a government agency, perhaps somebody would've asked the questions. We have seen situations where residents have had to literally call their families on cell phones to get someone to show up in their room because nobody has come in for days. These are the things we see on an unfortunate regular basis. Obviously, within the context of bringing lawsuits on people's behalves, there are limitations to things we can do. But we see it and we see it every day, sometimes small things, sometimes something as small as a fall risk where someone should have been monitored one-on-one but instead was left in the a wheelchair for hours and hours, and when they finally decide they need to use the facility, they get up and fall, and maybe they only bang their head, but these are the things that go on every day.

There's clearly no immediate answer, but I do thank the committee for these few moments to highlight these issues and to have a discussion to the extent you wish to. The solution to elder abuse will certainly not be decided today, but by taking the time to talk about it, hopefully we can start to work to identify the problems and, where possible, educate to avoid future problems. Thank you.

CHAIRMAN STERN:

Thank you. Thank you for being here today and sharing your perspective. You know, we've, all of us, I'm sure at one time or another in our district offices and working with our constituents have seen or have heard of instances of this type of neglect, this type of abuse, and for families of course who are already dealing with this difficult issue of placing a loved one in a skilled nursing facility, this type of a scenario could literally be their worst nightmare.

MR. DUFFY:

Absolutely.

CHAIRMAN STERN:

First question I have for you, I wanted to see if this is something you had seen as well. I had read -- it was a while ago, but I took some notes on it. It was a 2014 study by Cornell Medical College that many residents of skilled nursing facilities are victims of physical abuse or neglect, and that clearly is the responsibility of their caregivers, the employees there; but many others, and perhaps a growing number, as it was suggested, are victims of physical abuse on the part of other residents. So I'm wondering if that's something that you've seen as well; and from a legal perspective, does that's also fall squarely in the realm of a responsibility on the part of a skilled nursing facility?

MR. DUFFY:

We do see it. From the perspective of the plaintiff's lawyer, in this instance, these are very difficult cases to represent an individual on for many reasons, not the least of which it's almost always undocumented. Nobody actually sees one resident hitting another. We see it -- we are -- our opinion is solicited regarding many instances involving sexual abuse by one resident on another. The answer to the question as to the sort of exposure of the nursing home in that instance is complicated, having a lot to do with what they already know about certain residents, what they should have done, given what they may know about residents. It's almost impossible for us to know the answers to those questions unless a family member tells us that they've had personal experiences involving that because there are HIPAA rules and things of that nature that prevent me from finding out what the facility may know about another resident.

So yes, it is a growing problem. It is a huge problem, and frankly it's a problem for the nursing homes having nothing to do with the profit motives I discussed earlier. It's a problem in managing a patient population, and I do try to engage administrators of nursing homes in conversations. I've brought this up. They don't have, as far as I know, any better answer than anybody else might have for that.

CHAIRMAN STERN:

And when you talk about staffing, staffing requirements, training requirement or lack of training requirements, I'm wondering what's been your experience with training, with certification. Do you see that there, perhaps, is a need for greater training, greater certification, methodology the workers in this field, about their background and being subject to background checks, do you see any differences between those that work in skilled nursing facilities as opposed to those who work, say, in assisted living facilities or communities, independent living communities, and maybe even home health workers?

MR. DUFFY:

Well, our experience is that the training is virtually nonexistent. I don't pretend to run a nursing home and I can't tell you what their rules and regulations are exactly and what they follow, but in our experience in dealing with the people coming forward and talking to us, the caregivers they have are largely anybody who takes the position, and, frankly, they are not very skilled workers. Many of them are largely minimum wage employees and treat the job accordingly. We've been told -- again, most of my experience here, obviously, is anecdotal -- but we've been told about situations where one nurse doesn't tell anybody else coming on staff about anything that happened during the prior shift leaving a nurse to believe everything is fine when someone may not be fine and may need certain issues.

We do see very few cases involving sort of the more advanced adult living facilities you're making reference to. Almost all of our cases are from either short- or long-term, quote unquote, nursing

care facilities. We don't -- I mean, we've been doing this a long time; I don't think that I've ever seen anything against like the Sunrise facilities and those sorts of programs.

We do see the in-home caregivers. It's a very similar setup in terms of the lack of relative care being given. It's more difficult from a legal perspective to prove that case. Largely having to do with the fact that nobody else is in that room. There are only records created by the person that you're claiming did something wrong, and also under New York and federal law, in a nursing care facility, there are very strict laws that don't necessarily apply to in-home care.

CHAIRMAN STERN:

In your experience, have you heard of efforts, any discussion to perhaps take some of those rules, take some of those regulations that do apply in a nursing home setting and have them apply more broadly to some of the other levels along the spectrum of care?

MR. DUFFY:

You know, the plaintiff's bar would always like to talk about those things, but the reality is that if you're going to expand those beyond what exists today, that's going to involve hospital settings as well, and the hospital community, lobby, whatever you want to call it, is certainly not going to agree with that.

CHAIRMAN STERN:

And with a growing older population here in Suffolk County and, of course, as you point out, across the country, a part of the age wave that we try our best to prepare for but challenges, such as these that you're raising today, are part of those challenges. Going forward, I'm sure there is certainly no one answer but with a growing problem of elder abuse of all these types that we've mentioned, all of which I'm sure we can all agree, offend us in every way possible. From your perspective, what would be some of the thing that you see as maybe turning the tide and helping bring those numbers down rather than going up exponentially?

MR. DUFFY:

Yeah, as I said in my little bit of comment, the problem is both outside the nursing facilities and within the nursing facilities. Outside the nursing facilities, you know, largely you're talking about education. You have to understand, there are cultural issues that come into play, there are stressors of just trying to manage your life, and at the same time, care for somebody who's in need of specialized care that you really can't give. So being able to educate people and identify the problems, identify the risk categories... I don't pretend to be able to do much more technologically than check my e-mail, but the -- I know that the technology exists to identify at-risk populations for almost any issue; this certainly would fall into that. So being able to identify those that are potentially at risk and educate those who are providing that care would go a long way, I think, personally to avoid a lot of those problems. And I think if you read the studies around this issue, it's almost always talking about education and identification as the key factors in going forward.

Within the nursing facilities, you know, it's a very slippery slope. Suffolk County had -- I don't know the exact status of it at the moment, but I think it's called the Foley Nursing Facility, and that ran into all kinds of problems for a lot of different reasons; so government being involved is one issue. It's sometimes difficult. On the private sector, there's a profit motive. There's always going to be a profit motive, and that's necessarily going to entail providing the lowest dollar figure care while trying to make the most money.

I personally believe that there needs be more monitoring. There needs to be more money in those who monitor nursing homes. You know, there are programs throughout the state that have people going into nursing homes and federally going into nursing homes and detailing where they are and relative statistics. A lot of it is self-reported, which has its own issues. You know, those

self-reported things and the chart reviews, we experience commonly something known as "charting parties" where the staff will take several charts and in one afternoon document three or four months' worth of alleged care that took place, which never took place. We have seen instances where we have very detailed charts laying out what took place for residents while we know the resident was in a hospital facility during those same days, so self-reporting has limitations.

So the best answer I can give you is that until we have people that are not driven by the profit motive in those facilities on a regular basis seeing what's going on, I think we're setting ourselves up for a bigger problem going forward. I don't think we have the infrastructure in place to provide enough care for all of these older people that are coming into that need, and as that infrastructure develops, it gives us the opportunity to hopefully put in some rules and regulations that will prevent these problems.

CHAIRMAN STERN:

Thank you. Anybody else?

MR. DUFFY:

I thank you for your time.

CHAIRMAN STERN:

Very good. Thank you. Thank you for being with us, and I'm sure, again, my colleagues would agree and we all know that the important you do on behalf of plaintiffs and their families, of course, is about compensation. But the other important element, hopefully, is with this type of action leads to deterrence and sending an important message that hopefully protects others in the future, and so for that, I thank you.

MR. DUFFY:

We certainly hope so, and thank you.

CHAIRMAN STERN:

All right. Thanks for being with us.

Okay. Next on the agenda before us is **IR 1624, Directing the Suffolk County Department of Social Services to establish a helping our veterans (HOV) Lane Program to expedite applications from veterans for financial assistance and support services (Cilmi)**. We heard from the commissioner, we heard from the director, and I thank them for being with us today. I will make a motion to approve. Second by Legislator Anker. Everybody's good? All in favor? Opposed? Abstentions? IR 1624 is **approved (VOTE: 5-0-0-0)**.

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

(The meeting was adjourned at 1:23 p.m.)