

1
2
3
4
5
6
7
8
9

VETERANS & CONSUMER AFFAIRS COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

Minutes

10 A meeting of the Veterans Committee of the Suffolk County
11 Legislature was held in the Rose Y. Caracappa Auditorium of the
12 William H. Rogers Building, 725 Veterans Memorial Highway,
13 Smithtown, New York on February 3, 2020.
14

15
16 **Members Present:**

17 Legislator Susan A. Berland - Chairwoman
18 Legislator Sarah Anker - Vice-Chair
19 Legislator Bridget Fleming
20 Legislator Samuel Gonzalez
21 Legislator Al Krupski
22 Legislator Thomas Muratore - Excused Absence
23 Legislator Anthony Piccirillo
24

25
26 **Also in Attendance:**

27 Presiding Officer Robert Calarco, 7th Legislative District
28 Sarah E. Simpson - Counsel to the Legislature
29 Amy Ellis - Chief Deputy Clerk/Suffolk County Legislature
30 Robert Braun - Bureau Chief/County Attorney's Office
31 Derek Stein - Presiding Officer's Office
32 Samantha Sarube - Aide to Legislator Berland
33 Ali Nazir - Aide to Legislator Kennedy
34 All Other Interested Parties
35

36 **Minutes Taken By:**

37 Gabrielle Severs - Court Stenographer
38

39 **Minutes Transcribed By:**

40 Denise Weaver - Legislative Aide
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56

(THE MEETING WAS CALLED TO ORDER AT 1:11 PM)

CHAIRWOMAN BERLAND:

Okay. I think we're going to start our Veterans & Consumer Affairs Committee. If everybody could please rise and join Legislator Krupski in the Pledge of Allegiance.

(Salutation)

Okay. If we can please remain standing for a moment of silence. Let us remember all those men and women who have lost their lives in service to our country and those who continue to sacrifice to endure our freedoms today. Specifically, today I ask that you remember in your thoughts and prayers the two Air Force officers that were killed in a crash in Afghanistan last week. Lieutenant Paul K. Voss of Yigo Guam, he was just 46 years-old. Captain Ryan Phaneuf of Hudson, New Hampshire he was just 30. I also ask that we remember 22 year-old Specialist Antonio Moore from Wilmington, North Carolina who was killed in a rollover crash in Syria on January 24th and Specialist Henry J. Mayfield Jr., 23 years-old from Evergreen Park Illinois and two defense contractors who were killed on January 5th during attack in Manda Bay, Kenya. So, please, keep all of these men in your thoughts and prayers and let us have that moment of silence.

(Moment of Silence Observed)

Okay, thank you. Please be seated.

All right. So, good morning or afternoon, everybody. Yes, we're now in afternoon and our committee is now Veterans and Consumer Affairs so this is our first meeting with the new committee makeup so I want to welcome all our new committee members to the committee. Legislator Muratore has an excused absence today, if you can please note.

We have -- any cards? Do we have any cards, Madam Clerk?

MS. ELLIS:

No, ma'am.

CHAIRWOMAN BERLAND:

Okay. Having no cards is there anybody in audience who would like to address the committee? Okay, seeing none. We have no appointments. We do have a presentation today. I would ask our presenters to come on forward. We have Ann Marie Foster the CEO of Phoenix Houses of New York and Long Island and Danielle Bonaparte-Lozano, Military Service Coordinator at Phoenix House. They're going to make a presentation to us about the Edward D. Miller Center, which is their new treatment facility in Ronkonkoma that provides substance abuse care to veterans.

So, ladies, welcome.

MS. FOSTER:

Thank you.

1
2 **CHAIRWOMAN BERLAND:**

3 You know, first and foremost I want to thank you for everything you
4 do for our veterans to help them get through substance abuse and a
5 difficult time in their lives. So I want to thank you for that.
6 And, please, if you could tell us a little bit about yourself and a
7 little bit about why you're here today, the stage is yours. You
8 have the -- is the mic on? Okay, yeah, talk definitely into the
9 mic.

10
11 **MS. FOSTER:**

12 Good afternoon and thank you so very much, Legislator Berland and
13 all the Legislators here today. Thank you for the opportunity to
14 present to you. My name is Ann Marie Foster, I'm the CEO of
15 Phoenix House of New York and Long Island. I've been with the
16 organization for two-plus years. I am the Healthcare Executive
17 that worked in health and hospitals corporation for the past 26
18 years, most recently at Bellevue Hospital, the place that's hosting
19 our first Coronavirus person. I was there during the Ebola and so
20 I am a seasoned healthcare executive and I enjoy what I do in
21 bringing quality care to our patients and I am now dedicated to our
22 substance abuse clients and reaching their families and their loved
23 ones and specific emphasis on our veterans.

24
25 My colleague today is Danielle, and she'll introduce herself.

26
27 **MS. BONAPARTE-LOZANO:**

28 Hi, Danielle Bonaparte-Lozano, I am the military services
29 coordinator for Phoenix House Long Island. I'm a retired veteran,
30 United States Army. I'm also a disabled veteran and I have been in
31 the field of mental health and substance abuse for seven years.
32 And I went into this program at Phoenix House because they were
33 willing to meet the needs that we have in Suffolk County, as you
34 know, Suffolk County has the largest amount of veterans in New York
35 State and we needed programs that we're gonna offer veterans
36 specific treatment to that population.

37
38 **MS. FOSTER:**

39 So my presentation will give you a brief overview of Phoenix House
40 and all of the services that we provide and then I will turn it
41 over to my colleague, Danielle, who will speak to you specifically
42 about our veterans efforts here in the County.

43
44 So Phoenix House is a 52-plus year organization. We were founded
45 in 1967 on the Upper West Side of Manhattan where six addicts
46 decided to get together to begin what was officially known as the
47 therapeutic community. Therapeutic communities where people who
48 suffer from substances get together, they work together, they try
49 to get resources from the City, from the agencies around them to
50 support the efforts in this building. They had a psychiatrist who
51 was our founder, Dr. Mitchell Rosenthal, with someone who worked
52 with them to provide treatment.

53
54 The therapeutic community emphasis is that we are our brother's
55 keeper and we kind of help one another overcome the challenges of
56 addiction. Phoenix House was also one of the first founders to

1 have a Alternate to Prison Program that we had services inside of
2 prison and, again, we pride ourself of being able to allow
3 individuals to overcome substance abuse issue, rediscover their
4 strength and not only for just them but for their families as well.
5 They are all part of our treatment modality. We provide mental
6 health services, outpatient, residential and substance abuse
7 treatment as well as medication assisted treatment. As you all
8 know, we are in the midst of an opioid crisis and our services are
9 needed now more than ever.

10
11 Our transition as an organization, again, Phoenix House has been
12 around for 50-plus years but last April we made a decision to
13 eliminate our overhead, our national structure, and focus and
14 become a single entity here in New York and Long Island and so that
15 is how I became the CEO of the organization. Today we operate nine
16 programs that stretch from Brooklyn all the way out to the East End
17 of Long Island and, again, we are committed to strengthening our
18 patient base who our traditional clients were as we move into this
19 new treatment modality, which I'll talk a little bit about. We
20 provide all levels of care. We provide the continuum of care
21 meaning from residential to outpatient to recovery centers. We
22 have one of the first recovery centers in New York State located in
23 Brooklyn. We also have mental health providers where they provide
24 therapy. We have psychologists and psychiatrists on staff. And,
25 again, we offer all of clients medication-assisted treatment.

26
27 Our patients are usually come from being self-referred, family
28 members have been tired of doing the same things over and over.
29 They're also -- also court-mandated. We have quite a few
30 court-mandated clients as well as family members who will bring
31 their loved ones to us and we receive referrals from hospitals as
32 well as the jails. This is just our leadership. We have a
33 full-time medical director, Dr. Bass, who is an expert in
34 medication-assisted treatment on our staff.

35
36 So here's some statistics about us. In 2019, we treated over close
37 to 1500 individuals, 85 percent being in the residential setting
38 and 15 percent in our outpatient. We just opened a new outpatient
39 last March and that's in our Long Island City center. We have an
40 outpatient program in East Hampton, Long Island. Primarily our
41 population are men, 75 percent are male and a quarter, 24 percent,
42 are female.

43
44 The 820 model, again, when Phoenix House started it was something
45 known as the therapeutic community, as I said, the 820 model is
46 OASAS's new model, new treatment modality and the difference there
47 is providing primary care services in addition to substance abuse
48 treatment. We know statistics say that those individuals who are
49 suffering from addiction, they die 25 years younger than the median
50 age and so we need to make sure that we're taking care of their
51 physical health, their diabetes, their hypertension. Making sure
52 they're getting dental exams in addition to their substance abuse
53 because the fact that they have substance abuse issues, they tend
54 to negligent these other things therefore causing the early demise.

55
56 And so the 820 model provides stabilization, rehabilitation and

1 reintegration. These are the three new modalities that the State
2 has put forth and we are one of the few agencies that have now
3 adopted this new model. Again, stabilization is bringing them into
4 our programs, helping them withdraw from their symptoms.
5 Rehabilitation is the period of time where they're really getting
6 accustomed to a regimen, a routine, going to groups, going to
7 therapy, starting to work on some of those trauma and those issues
8 that they have that's causing the substance issue. And then
9 reintegration begins the process of moving them out of the
10 residential program trying to get them back into the community, get
11 them back to school, get them back to work. Get them back with
12 their families and reintegrated into society.

13
14 Here's a map just giving you a snapshot of where our locations are
15 and I'll just walk you through quickly. Brooklyn Community, as I
16 said, is one of the first recovery centers, is located in Brooklyn,
17 New York. It's a peer-driven model, all services are free.
18 Recovery services are a great way for people to just stay connected
19 to the feel and to support systems there and is led by peers.

20
21 We just started a new, what's called a CRPA training, the State has
22 invested in what's known as Certified Recovery Peer Advocate. This
23 is individuals who may have come through the substance abuse
24 treatment field, want to receive some sort of certification. We
25 had a generous donor that allowed us to offer this class,
26 individual will go through this class, receive a certificate and be
27 able to become employed and that's so important to make sure that
28 we're able to provide opportunities for people to seek jobs once
29 they leave substance abuse treatment.

30
31 Long Island City is the largest 820 program we have. We house 190
32 -- we have capacity for 190, we're right now at 168 clients in that
33 building, men and women, and it provides all three levels of the
34 820 model that I spoke of earlier.

35
36 Brentwood Mental Health Community Residence; this is where our,
37 what's known as our long -- seriously and persistently mentally ill
38 clients that stay with us for a very long period of time. This is
39 located on Pilgrim State campus. Again, quite a few veterans are
40 there in this program as well too. These are individuals that have
41 serious trauma and mental health issues. They live with us. We
42 have capacity for 20 individuals on that campus and we also have a
43 PROS program where they're able to come to daily and receive
44 services from a nurse and from a psychiatrist. Springfield Gardens
45 is a similar residence, it's a community residence in Queens, also
46 20 individuals the same population.

47
48 Out here on the Island, the picture on the far right, that's our
49 residential treatment for young men. It is a gorgeous campus out
50 in Wainscott out on the Island, the East End. Houses -- has
51 capacity for 45 young men. We treat our 18 to 21 year-old
52 populations a special cohort, we can go up to about 35. A lot of
53 those young men are court-mandated. Sometimes the first time
54 they're being forced into treatment as an alternative to
55 incarceration and it's quite difficult to manage that population
56 because they're quite not ready for treatment but we do the best

1 job that we can with these individuals. They have a dynamic chef
2 that's out there, they get involved in the town, they do all kinds
3 of volunteer activities. There's an artist and writer support
4 group that's out there that provides events and will donate to us
5 and they have a gorgeous campus, a gorgeous gym and, you know, it's
6 something when I go out and talk about this space is because it's
7 so far away from the City and from their normal surroundings that
8 it's a good opportunity to get away to work on yourself.

9
10 The bottom left photo is a outpatient treatment program, a very
11 homelike space that's located out in East Hampton. A lot of our
12 clients that are sent to us there are for DWI, relapse prevention
13 and we also offer a lot of sober recreational activities. It's
14 important to teach our clients that you can have a good time
15 without substances and so in the outpatient setting we do a lot of
16 that.

17
18 And so in Hauppauge, which is right up the street from here on the
19 right-hand side, is another residential treatment program. This is
20 your traditional therapeutic model is the 819. Because we have
21 some that are 820, they get infused with some of the same
22 programming that we do at the 820. A lot of these clients also are
23 court-mandated individuals, it has capacity for 65 men here.
24 Another beautiful property. We are getting involved -- we believe
25 a lot in health and the wellness as well too so we have a garden on
26 that property as well and the clients are out there getting ready
27 to plant, you know, when the springtime comes around -- last year
28 and they would take it from the grounds to the table and so they're
29 able to see what healthy living and eating right and plant-based
30 diets can all support their recovery.

31
32 At the bottom left the campus that we're here to talk specifically
33 about today, is known as the Edward D. Miller Center at Lake
34 Ronkonkoma. How gorgeous to be sitting right across from the lake.
35 We have three different properties. That building that's faced
36 there, that is specifically for our veterans clients. There has a
37 capacity of 16 in this room -- in this building with primary care
38 on the first floor and it's absolutely gorgeous, state-of-the-art,
39 if any of you would love to come and visit please let us know.

40
41 Now, I'm gonna turn it over to Danielle so she can speak
42 specifically about the services there at Lake Ronkonkoma.

43
44 **MS. BONAPARTE-LOZANO:**

45 Thank you. So, our Lake Ronkonkoma home, we are the only 820
46 facility in Suffolk County offering evidence-based treatment
47 specifically designed for veterans with PTSD. And we know that
48 more than two of ten veterans with PTSD also have substance use
49 disorder. It's often covert. The number of veterans who smoke
50 nicotine is almost double those with PTSD, about six of ten versus
51 those without PTSD diagnosis; that would be three of ten.

52
53 War veterans with PTSD and alcohol problems tend to binge drink and
54 binge drinking is when a person drinks a lot of alcohol, four to
55 five drinks or more in a short period of time, usually one to two
56 hours. We are seeing that that is a growing pattern among,

1 especially our younger veterans returning back, the OIF/OEF
2 campaign of veterans that we are treating.

3
4 Almost one out of every three veterans seeking treatment for
5 substance use disorder also has PTSD and it was like Iraq and
6 Afghanistan, about one in ten returning veterans seen at the VA
7 have problems with alcohol and drug use.

8
9 As you know, New York State has about 800,000 veterans. Suffolk is
10 the top. We have the largest amount of veterans in New York State
11 at about 72,000. Nassau County is second and Kings County is last.

12
13 What's specifically unique about our program is when veterans come
14 into our program we use screening and assessments especially for
15 them. This is not seen in other treatment centers throughout New
16 York. So we use five specific screenings, which is the Primary
17 Care PTS screening tool, the PTS checklist for DSM-5. The Defense
18 and Veterans Pain Rating Scale and the Veterans Specific Activity
19 Questionnaire. The Primary Care PTSD Screening is a simple just
20 three question questionnaire to the veterans, it does not make them
21 feel uncomfortable, which is something that we deal with a lot in
22 the field or a lot of veterans don't even want to talk about their
23 experiences but we find and it is recommended through the VA that
24 primary care physicians use this and if they do qualify as positive
25 then we can move on and have our psychiatric clinicians issue
26 what's known as the CAPS-5, which is the standard PTSD screening
27 tool.

28
29 Our program is also unique because in the center of all the veteran
30 care is me, the military services coordinator, which is a person
31 that has also served in the military and is a veteran and who was
32 groomed in as peer support specialist through the VA and I direct
33 the veteran through all phases of treatment throughout our three
34 stages, which is the stabilization, the reintegration and the
35 rehabilitation, to all services. We hook them up with primary care
36 at the VA. They have a clinical supervisor on our campus. They
37 have a recreational counselor. We use on house, Phoenix House
38 vocational specialists and we reach out to the Houston Street, the
39 New York State Regional Offices whether it be Albany or on Houston
40 Street in Manhattan to provide them with vocational services VR&E
41 through the VA, we have several veterans right now that just put in
42 their application and they are utilizing those services.

43
44 So we believe in a holistic approach to care meaning that we
45 integrate everything. We offer them the medical assisted treatment
46 and we meet their mental and social needs through all phases of
47 treatment that we have at Phoenix House so they're getting their
48 medical services, psychiatric services, medication, medical
49 assisted treatment and specific when they come into the
50 stabilization phase, they are given motivational interviewing, it
51 is specific to their needs as veterans and, again, we support in
52 all stages the veteran-specific care coordination for them.

53
54 The motivational interviewing process is when they come into
55 stabilization our main priority is through that stage when the
56 veterans first get there is to engage them, get them to a focus on

1 their treatment. We get to -- we want to evoke what they want to
2 get out of treatment and then we make a plan for them and our plan
3 is to have them integrate, use the benefits, not only their
4 benefits but all the services available to them in the VA and we
5 set them up in their discharge planning for what they're going to
6 do after they leave our treatment program so that they're stable.

7
8 Some of the veteran-specific psychosocial interventions, again,
9 they're all evidenced-based and this has shown what's worked unlike
10 most programs that just might offer the one that you see up here,
11 all the way to the left seeking safety, we offer prolonged exposure
12 counseling, cognitive processing therapy in our PTSD recovery
13 program and we use specialized groups with this. This is
14 evidence-based. This is what works for veterans with PTSD. You'll
15 see other programs they will just like a seeking safety and those
16 programs are great. We incorporate that in our PTS program,
17 however, those programs just work on the symptoms and teaching them
18 coping skills to the symptoms of the problem, we are offering
19 veteran-specific services that desensitize the trauma. We are
20 getting to root of the cause.

21
22 In our treatment we really want the veteran to be able to focus on
23 their recovery, that's my goal, one of my main goals as the
24 Military Services Coordinator so we use many veteran
25 community-based resources to help our veterans out. A lot of time
26 our veterans come in, especially a nonveteran that will come in and
27 they will have discharge status as less-than-honorable and so we
28 utilize -- one of the places that we utilize often is the Veterans
29 Clinic at Touro College under the direction of Chad Lennon and we
30 help not only with service discharge upgrades, we will help them
31 with -- get referred for any help with their legal situation;
32 foreclosures, housing, anything that they might need on that -- we
33 also collect -- connect individuals to food services for their
34 families and for them while they're in treatment. So we have a
35 connection with Island Harvest and they actually deliver a month's
36 supply as long as the -- our veterans are in treatment at our
37 facility to their families every single month and I'd like to thank
38 John Mayer (ph) for that.

39
40 And we also connect the veterans to housing, transportation and
41 temporary resources through services for the underserved and we
42 also provide veterans with the services they need to get through
43 those exposure treatments so we provide referrals to all forms of
44 therapy and counseling with respect to addiction. One of the
45 companies that we look and we will be partnership with and they are
46 coming into our program is Pal-O-Mine Equestrian that offers equine
47 therapy to the veterans so they can decompose after these therapy
48 sessions.

49
50 We have ongoing needs for our veterans program. We would like to
51 have a veteran-specific social worker to provide individual therapy
52 to our veterans. Training for existing staff on veterans needs, we
53 all serve veterans. Ongoing funding for discharge planning, care
54 coordination to work directly with the military service
55 coordinator. Promotion and exposure of veterans programs
56 throughout Long Island and New York City metro region to ensure the

1 maximum utilization of our programs and funds to replicate our
2 unique model in each of our residential treatment programs.

3
4 **MS. FOSTER:**

5 This program that exists specifically at Lake Ronkonkoma was a
6 decision of the leadership because of the need and because we have
7 so many veterans out in Suffolk County as well as Ed D. Miller was
8 our former national chairman of the organization and he along with
9 his friends raised almost two million dollars to renovate that
10 second building. And so we're in the process of expanding to
11 renovate buildings one and three on the Ronkonkoma campus, there
12 are three buildings. But, as Danielle said, we'd like to spread
13 this kind of service to all of our programs cause there veterans
14 all over at our other sites and it's important, we see the effects
15 of it, just yesterday we were blessed to have, I think his name was
16 Robert Cornicelli come and visit us to donate food for a Superbowl
17 party for our veterans that was there. While he toured before he
18 came over, he met a gentleman and he was out there shooting
19 basketball hoops, because again, it's all about the exercise, the
20 health and wellness as well as the treatment and the rim looked a
21 little shaky, he said, you need a new basketball rim here and a
22 couple of days later it was in the mail through Amazon to us so we
23 cannot do what do we for the individuals there without the support
24 of the County, of the Legislature and as well as generous donors
25 across Long Island. Thank you so much.

26
27 **MS. BONAPARTE-LOZANO:**

28 Thank you.

29
30 **CHAIRWOMAN BERLAND:**

31 Ladies, thank you so much for that presentation. It was really
32 well thought out and well presented. I expect nothing less from
33 our military. So, Danielle, thank you for your service and for
34 everything, you know, doing for our veterans really, you know,
35 appreciate all that and, Ann Marie, at the helm. Doing a great job
36 and it's so important that we help our veterans when they come back
37 and we give them the services that they need to, you know, be
38 productive members, you know, back home and to, you know, get over
39 what they've suffered or be able to deal with what they've suffered
40 and that we, you know, give them all the resources they need. So,
41 thank you, ladies.

42
43 **MS. FOSTER:**

44 Thank you.

45
46 **MS. BONAPARTE-LOZANO:**

47 Thank you.

48
49 **CHAIRWOMAN BERLAND:**

50 Any questions? Legislator Krupski.

51
52 **LEG. KRUPSKI:**

53 Yeah, that sounds like really important work that you're doing.
54 Thank you for that. That was really laid out well.

55
56 Now, you said under vital stats how many, in 2019, how many people

1 you treated. Are they -- are they ongoing people? Do you treat
2 them, do you track the progress of how they move on to integrate
3 back into society or how do you -- how do you quantify that?
4

5 **MS. FOSTER:**

6 So great question, a couple of things. We do not and it's
7 interesting that you ask that because one of the senators from
8 Queens came to visit our site in Long Island and basically asked
9 the exact same question because, again, the thought process is that
10 the State gives us money to run these programs and we want to
11 measure how successful they are. And so while we have a
12 measurement that'll tell you 45 percent of our clients who come
13 through doors complete the program and they are connected to
14 services outside but to have a 30, 60, 90 day follow-up unless the
15 counselor has like a relationship with the individuals, we don't
16 necessarily have that. It is something that is on my strategic
17 plan that we need to do but we would need funding for that. What
18 does that look like? That looks like case management being able to
19 make a phone call to these individuals 30, 60, 90 days out but we
20 don't have that as a system just yet.
21

22 **LEG. KRUPSKI:**

23 So -- and thank you. And the other question is, so these people
24 are all coming out of United States military and they need --- your
25 patients and they need help, is there anything the military could
26 be doing while they're in service to kind of help to move them
27 along this path in the meantime while they're -- while they're
28 still in service?
29

30 **MS. BONAPARTE-LOZANO:**

31 Oh, that's a great question. Yes, the military, the Department of
32 Defense and VA they try to screen, they try to be able to diagnose
33 and refer to treatment if they're diagnosed but we're dealing with
34 a problem in the military, sort of like a military culture thing
35 that a lot of active duty military are not going to report that
36 they are suffering from symptoms of PTSD in fear of retribution for
37 that or being pushed out of the military. A lot are not gonna talk
38 about that diagnosis so they would have to make that initiative
39 themselves in order for that to be diagnosed during the time. But
40 we are trying to coordinate with the Department of Defense and
41 Department of Veteran Affairs to make sure that these screenings
42 happen while they are active duty.
43

44 **LEG. KRUPSKI:**

45 Thank you. Thanks for coming.
46

47 **MS. FOSTER:**

48 Thank you.
49

50 **MS. BONAPARTE-LOZANO:**

51 Thank you.
52

53 **CHAIRWOMAN BERLAND:**

54 I just, before we go to the other Legislators, one quick question
55 piggy-backing on what Legislator Krupski said, so do you have
56 numbers about how many people where you treated who come back to

1 the program, like how many repeat people you have.

2
3 **MS. FOSTER:**

4 We do, I don't have those numbers off the top of the my head but I
5 will say to you that our thought process and, in the field, is that
6 relapse is part of the journey and so they need to know that
7 they're able to come back and that's why it's so important to have
8 the recovery centers so those are like drop-in places that people
9 can come into when they're having problems or something happens in
10 their life that might be triggering, we know we see -- we tend to
11 see individuals come back during the holidays, as much a time when
12 we think the holidays are a wonderful time, the holidays can be
13 very triggering for individuals. But we do have a certain number
14 of people that do come back to our programs.

15
16 **CHAIRWOMAN BERLAND:**

17 It may be beneficial in terms of, you know, getting funding from
18 the State or from the County to compile these numbers and show, you
19 know, if you've treated someone and they come back during the
20 holidays cause they need it, that's a good sign that, you know,
21 that they're reaching out, you know, and when, you know, I guess
22 the question is whether they're reaching out before they're using
23 or after they're using, you know, whether they start back up in the
24 program or not but those numbers, I think, would be beneficial for
25 you to, you know, go forward show how successful, you know, your
26 treatment is, so.

27
28 **MS. FOSTER:**

29 And to Legislator Krupski's point we had this case management type
30 service where we had someone to be able to reach out preventively
31 during the holidays and someone -- that would be very helpful as
32 well too.

33
34 **CHAIRWOMAN BERLAND:**

35 Yeah.

36
37 **MS. FOSTER:**

38 It's all about resources.

39
40 **CHAIRWOMAN BERLAND:**

41 Yeah. Legislator Fleming.

42
43 **LEG. FLEMING:**

44 Thank you. Thank you so much for coming and for your presentation,
45 Miss Foster for running the organization, really critically
46 important and Miss Bonaparte-Lozano, thank for your service and for
47 your ongoing service, your service overseas and for -- in the
48 military and your service ongoing so critically important.

49
50 I just had a few questions obviously you've got a great program
51 going. You mentioned that governor -- government resources don't
52 cover the true cost of care and I think you were referring to the
53 overall substance abuse treatment in the County but with regard to
54 veterans specifically, what sources of funding do you have and to
55 what extent do they meet the needs that are presented?

1 **MS. FOSTER:**

2 So in the 819 model, which again, Hauppauge could be your frame of
3 reference, which is right up the street, that is strictly contract
4 funding, meaning that the State gives us a certain dollar amount to
5 run that program and so the individuals that are there they also
6 apply for health benefits through the County through DSS and so we
7 get a portion of that, the subsidies from the shelter payment. But
8 I could give you an example and is something that, you know, we
9 continue and I plan to bring it tomorrow I'll be in Albany to just
10 even talk about that is like an individual is out in the street,
11 they're either homeless or they're cycling through their addiction
12 issues and they were on public assistance, they're not meeting
13 their appointments, they're not able to follow-up, that's why
14 there's a need for case management, again, it's all related to
15 their addiction. They finally decide to go into treatment and this
16 is specific to the County out here and so they've been sanctioned
17 by the County so we don't get that payment while they're in
18 treatment, we still take them, we can't turn them away and they
19 need the help and you -- and there is a thought through OASIS,
20 which is a great thought called person-centered care to have them
21 in treatment instead of outside but, while to your point about not
22 covering the complete cost, we suffer by not being able to get
23 those subsidy -- the welfare money while they're in treatment
24 because they're sanctioned. That's something that's specific to
25 out here.

26
27 **LEG. FLEMING:**

28 And those would come through DSS?

29
30 **MS. FOSTER:**

31 Yes, yes.

32
33 **LEG. FLEMING:**

34 But -- and so it's New York State Department of Health, is it, that
35 you get funding for the program from?

36
37 **MS. FOSTER:**

38 From New York State Office of Addiction Services and support from
39 the State, yes, OASIS. So that's our contract dollars.

40
41 Now dealing with the 820 model, the new model that provides those
42 continuum of care, what we call wraparound services, the medical
43 and so on, those individuals have to be enrolled in what's known as
44 Medicaid Managed Care. And so they enrolled in managed care, we
45 have to now bill, which is a complete new phenomenon to this
46 agency, again hospitals have been doing this all along, residential
47 treatment programs traditionally were contract funded, now they
48 moved the clients into managed care and so we have to bill for
49 those services. And so people have to qualify, they have to have
50 ID cards, they have to show statements so that they can now enroll
51 and, again, there is a gap, you know, just like anything else, to
52 process the paperwork. They're still in treatment, we're still
53 taking care of them but we're not able to bill for their services
54 while they're there just yet.

55
56 **LEG. FLEMING:**

1 And is that is for your entire client population not specifically
2 veterans?

3
4 **MS. FOSTER:**

5 Entire population, yes.

6
7 **LEG. FLEMING:**

8 So with respect to veterans, when you say one out of every three
9 veterans with PTSD is also suffering from a substance abuse
10 disorder, substance use disorder, what -- what level of funding or
11 support or assistance do you get because they are coming out of the
12 military because they've given their service to our country and
13 that's why they're suffering. Is there -- is there specific
14 funding through VA or any other funding mechanism that recognizes
15 the decisions that were made to send them overseas or to face the
16 conflict or the moments of trauma that have caused them to live the
17 way they're living, is there any recognition of that in terms of
18 that in terms of material support funding for their --

19
20 **MS. FOSTER:**

21 I like your line of questioning. They would still have to qualify
22 for the same kind of managed care. There is no additional, if
23 there is, we're not aware of it, we're not getting any extra money
24 from the VA or from anywhere else. It's still State funded. They
25 fall in line with the same kind of managed care plans.

26
27 **LEG. FLEMING:**

28 And I think you mentioned that in Iraq and Afghanistan about one in
29 every ten returning veterans who come through the VA have a problem
30 with alcohol or drugs and that's if you put that together with your
31 statistic about PTSD and is very direct connection that these young
32 people have given much more than their time and, you know, their
33 courage, they've given their futures if we don't then take care of
34 them.

35
36 So is that one in ten, do you know if -- how that compares to prior
37 conflicts? Is this higher for folks who are coming out of the
38 conflicts in Iraq and Afghanistan, is it worse for them? I know
39 brain injuries are worse. I know some other injuries probably
40 because medical care is better, you know, you have injured veterans
41 that need care longer but I would think it's the same with -- I
42 don't know, I guess that's what I'm asking you, do we see -- do we
43 see an increase in PTSD or substance use disorder coming out of
44 these two conflicts?

45
46 **MS. BONAPARTE-LOZANO:**

47 We see PTSD in all the conflicts. It's just a little bit different
48 in each conflict as far as TBI's and actual injuries there -- the
49 OIF/OEF, Persian Gulf, it's higher, then let's say the Vietnam
50 veterans era. However --

51
52 **LEG. FLEMING:**

53 Is that because of the weapons used?

54
55 **MS. BONAPARTE-LOZANO:**

56 Yes.

1
2 **LEG. FLEMING:**

3 IUD.

4
5 **MS. BONAPARTE-LOZANO:**

6 Yes, yes.

7
8 **LEG. FLEMING:**

9 Thank you. I'm sorry, did I cut you off?

10
11 **MS. BONAPARTE-LOZANO:**

12 No, and --

13
14 **LEG. FLEMING:**

15 This is great.

16
17 **MS. BONAPARTE-LOZANO:**

18 But also we received -- these campaigns from -- from especially
19 OIF/OIF you're dealing with longer deployment, less R&R. So -- and
20 the soldiers 24/7 for longer periods of time than we're dealing
21 with Vietnam.

22
23 **LEG. FLEMING:**

24 And repeated deployments.

25
26 **MS. BONAPARTE-LOZANO:**

27 Repeated deployments, yes, yes.

28
29 **LEG. FLEMING:**

30 Just two more questions -- two more areas I just wanted to ask
31 really, out of curiosity, you said -- did you say there was a three
32 question screening that is done by the primary care physician?

33
34 **MS. BONAPARTE-LOZANO:**

35 Yes, the primary care --

36
37 **LEG. FLEMING:**

38 Can we ask what those questions are?

39
40 **MS. BONAPARTE-LOZANO:**

41 Yes, it's just specific to their service and is specific to -- I
42 don't have the questions in front of me right now, but it's
43 specific to their service and how their -- their gage and their
44 feeling and it's done in a way that it's not necessarily triggering
45 them at the time or it's invasive, which is a problem because a lot
46 of times when we say, okay, we want to do this screening, you know,
47 they're very off-standish to this and some people don't even wanna
48 go into it.

49
50 **LEG. FLEMING:**

51 Yeah, I've actually witnessed that myself in my own family, people
52 who are -- often people in the military are -- they have a mindset
53 that they have to be tough and strong and they don't even recognize
54 themselves that they're suffering or that the suffering is directly
55 related to the experiences that they had in conflict.

1 **MS. BONAPARTE-LOZANO:**

2 Right.

3
4 **LEG. FLEMING:**

5 And in cognizant -- you talked about the different modalities of
6 therapy --

7
8 **MS. BONAPARTE-LOZANO:**

9 Right.

10
11 **LEG. FLEMING:**

12 -- in the cognitive processing therapy, is that -- do you have
13 therapies that are directly related to veterans and to service in
14 armed conflict.

15
16 **MS. BONAPARTE-LOZANO:**

17 Yes, those are -- those are the evidence-based therapies that --
18 that do work. The cognitive processing therapy, it specializes in
19 focusing on stuck points and it can be done with a written
20 component, which helps the individual write through. Those are --
21 cognitive processing is usually used in specific type of traumas
22 like military sexual trauma or in-depth traumas where there's
23 injuries and TBI's and we're helping this person to be able to
24 desensitize that trauma. You know, we're built that when a trauma
25 happens we hide from it or we don't want to talk about, we don't
26 deal about it and push it in. Even more so that's a military
27 conformant that we're conditioned to do. So that type of therapy
28 has been found that that really helps the veteran or the active
29 duty member process that trauma.

30
31 **MS. FOSTER:**

32 The other piece to that also is the fact that is done together and
33 so it's a cohort. So they're together, they're around. If you
34 come to the site you'll see there's a lounge, there's a group room
35 that'll have memorabilia about the military and so they're together
36 and not with a nonveteran so that they can process and go through
37 these different treatment modalities.

38
39 **MS. BONAPARTE-LOZANO:**

40 Yeah, our program is peer support based so they're always with a
41 veteran.

42
43 **LEG. FLEMING:**

44 Yeah, I have to say I don't think -- if you haven't -- I've not
45 served in the military, if you haven't I don't -- if you haven't
46 served in armed conflict, I don't think you could really
47 understand.

48
49 **MS. BONAPARTE-LOZANO:**

50 No, you don't want to have that conversation.

51
52 **LEG. FLEMING:**

53 Yeah. Do you -- is there a meditation component, I mean, I just
54 wonder about trying to give these young people some relief from the
55 you know, finding a place where you can go in your head or your
56 mind that's, you know --

1
2 **MS. BONAPARTE-LOZANO:**

3 Well, like Ann Marie was mentioning, we have our veterans lounge
4 and then we also utilize community resources like THRIVE for
5 meditation and Pal-O-Mine Equestrian and Gala (ph) who we are
6 hoping that -- I believe they just received a grant in funding that
7 the veterans use these places and these services as a way to
8 decompress during therapy and treatment.
9

10 **LEG. FLEMING:**

11 And does THRIVE have a specific veterans cohort? Do they have a
12 group of veterans?
13

14 **MS. BONAPARTE-LOZANO:**

15 Yes, they utilized the Joseph Dwyer Project so that's a peer group
16 support for them. They host many events for veterans. They have
17 retreats and also they do their vet; Step for Vets program at
18 THRIVE and other community support, groups. We will utilize that
19 center or kind of give them a break from the monotony.
20

21 **LEG. FLEMING:**

22 Well, thank you, Legislator Berland for having this presentation.
23 It's so fascinating. It does seem that our commitment to returning
24 veterans is not where it should be when it comes to mental health
25 issues considering all the layers of challenges that they face,
26 even recognizing what's happening so thank you and good luck and
27 thank you, Legislator Berland.
28

29 **CHAIRWOMAN BERLAND:**

30 Thank you, Legislator Fleming. You might want to consider also
31 reaching out to Warrior Ranch, if you haven't already.
32

33 **MS. BONAPARTE-LOZANO:**

34 Oh, yes. Eileen, yes.
35

36 **CHAIRWOMAN BERLAND:**

37 Yeah and Project 9 Line also, you know, cause they have like varied
38 programs that really attract the veterans as well, so.
39

40 **MS. BONAPARTE-LOZANO:**

41 Right.
42

43 **CHAIRWOMAN BERLAND:**

44 Legislator Anker.
45

46 **LEG. ANKER:**

47 Just a couple of questions. And, again, I thank you for your
48 service, for what you're doing to help our veterans and also
49 helping other people understand what they're going through because
50 a lot of people don't understand mental health.
51

52 The question I have, couple of questions, real quick; MAT, the
53 Medication-Assisted Treatment or therapy. Do you use that type of
54 treatment or therapy?
55

56 **MS. FOSTER:**

1 Yes, all of our sites offer MAT. Yeah, Suboxone, Buprenorphine.
2 We have a contract with Methadone where we take our clients to
3 their Methadone appointments and bring them back. So, yes.
4

5 **LEG. ANKER:**

6 Yeah, it's being accepted more and more as we understand that, you
7 know, the chemicals in mind are just, they need help, they need
8 medication. So, again, I appreciate that. How long are the
9 rehabilitation programs available and particular, you know, for
10 housing or long-term housing. I know, Brentwood, you had mentioned
11 in your presentation, what is the -- the days they're allowed to
12 stay?
13

14 **MS. FOSTER:**

15 So the Brentwood programs are the mental health programs and they
16 could stay there for a long time; two to three years. In our
17 programs, and so again, the difference between what I mentioned 819
18 therapeutic model versus 820; 819 you could be there 18 to 24
19 months. The 820 model, now we're dealing with the insurance
20 company, authorizations and so you're looking anywhere as short as
21 45 days, I'd say, to upwards of about nine months. There is
22 thoughts on both sides saying that, you know, that's not enough
23 time, nine months to help someone for treatment but that's why it's
24 so important to have the outpatient connection to have the follow
25 up outside in the community with the individual. I know it's also
26 hard, Ronkonkoma's a special place because it has a dedicated
27 women's house and that's another focus of ours as well too because
28 it's so hard for women and women who are veterans to now go into
29 treatment to leave their families, they tend to be the caregivers
30 and so that's a thought about trying to compress the treatment time
31 for those individuals. So, yes, it could be anywhere from say 45
32 days to nine months.
33

34 **LEG. ANKER:**

35 All right. It's not the -- the like 12 days or, you know --
36

37 **MS. FOSTER:**

38 No, no.
39

40 **LEG. ANKER:**

41 -- it's what some of the other facilities have. And it's, you
42 know, again, that's unacceptable and, again, I appreciate that you
43 have that available.
44

45 And last question, do you have direct partnerships with Suffolk
46 County? Does Suffolk County provide money for you, funds for you
47 for some of our programs or do you go directly through the State
48 through OASIS?
49

50 **MS. FOSTER:**

51 So Suffolk County provides, I want to say for our mental health
52 program, we have some houses in the community and I believe it's
53 specific in Wainscot for that outpatient program that I spoke
54 about, that I will be meeting with the County Executive next week
55 to make my petition known about how important, we are the largest
56 provider of residential treatment beds out here in the Island and

1 we do not get money from the County so we would love to. Thank
2 you.

3
4 **MS. BONAPARTE-LOZANO:**

5 And we need that funding because the VA, there's a problem, large
6 amount of veterans depend on programs like ours for treatment
7 because they can't get treatment at the VA depending on status or
8 eligibility. A lot are not eligible for services at the VA so we
9 pick up a large part of -- this large population of veterans in
10 Suffolk County.

11
12 **LEG. ANKER:**

13 All right, thank you.

14
15 **CHAIRWOMAN BERLAND:**

16 Yeah, I would suggest when you meet with the County Executive to
17 empathize -- to -- not empathize -- to, what's the word I'm --
18 emphasize, sorry -- empathize as well, right, emphasize the -- the
19 benefits that you, you know, are providing to veterans and let's,
20 you know, see if there's a way we can work out some funding going
21 forward.

22
23 **MS. FOSTER:**

24 Thank you.

25
26 **CHAIRWOMAN BERLAND:**

27 I absolutely would support that effort, so. I do have a list
28 though; Legislator Kennedy you were next.

29
30 **LEG. KENNEDY:**

31 Thank you. My questions have been answered -- asked and answered
32 already. I just want to tell you, the one in Hauppauge is my
33 district and the other three is this far away from my district so I
34 pass them all every day twice and I had worked in another substance
35 abuse facility and had worked with your prior people, so, you do a
36 good job.

37
38 **CHAIRWOMAN BERLAND:**

39 Legislator Gonzalez.

40
41 **LEG. GONZALEZ:**

42 Thank you for being here, Miss Foster, Miss Lozano. Sometimes, and
43 I see this a lot, sometimes our veterans do not realize that they
44 are going through this PTSD and tragedy occurs because then they
45 find themselves on the wrong side of the law, whether they're
46 stopped for DWI or because of this spousal abuse and so forth and
47 so forth then they end up in court.

48
49 Thank goodness many of the judges, especially here in Central Islip
50 that I represent, passed them on if they find out that they are
51 veterans to the Veterans Court. Do you at all work with the
52 Veterans Court to provide these services that you are providing?

53
54 **MS. BONAPARTE-LOZANO:**

55 Yes, often, Legislator Gonzalez, yes, often. I am sending letters,
56 I'm very familiar with the former Judge Toomey, right, and through

1 Chad Lennon at the -- or Craig Bruno, he helps me a lot with the
2 veterans, referring to the Veterans Court. We just referred a
3 veteran for -- that had outstanding tickets the other, you know, to
4 get that seen, to come back to the Veterans Court so we use
5 veterans court a lot in Suffolk and also in Nassau County. We take
6 advantage of that. What happens is that me and their primary
7 counsel will sit down and I'll educate the counselors on these
8 veterans issues and we'll issue letters to those judges and they
9 are very nice. Usually once they see, you know, that this person's
10 a veteran --

11
12 **LEG. GONZALEZ:**

13 Um-hum.

14
15 **MS. BONAPARTE-LOZANO:**

16 -- we explain the situation, what's going on with them, or Craig
17 will know or Chad will represent that veteran in court pro bono in
18 light of us.

19
20 **LEG. GONZALEZ:**

21 Yeah, cause they have a wonderful group of veterans there that
22 just, you know, mentor and try to speak with them. It's a lot
23 easier to speak one veteran to another.

24
25 **MS. BONAPARTE-LOZANO:**

26 Yes.

27
28 **LEG. GONZALEZ:**

29 And let them know that here, we're here for you and I'm just happy
30 that you guys are part of that.

31
32 **MS. BONAPARTE-LOZANO:**

33 Yes.

34
35 **LEG. GONZALEZ:**

36 There's another issue that we're also finding in veterans with our
37 veterans is sometimes it's very difficult to get them from one
38 place to another and that's transportation.

39
40 **MS. BONAPARTE-LOZANO:**

41 Yes.

42
43 **LEG. GONZALEZ:**

44 I've spoken with transportation authority out here. We're thinking
45 of doing something very close to like an Uber type for the
46 veterans, I know that they're working on that right now. So that
47 is something that we are definitely encountering cause I heard you
48 say something about transportation and stuff like that. I'm almost
49 sure that you don't have enough transportation to try to get
50 everyone to their appointments in Suffolk County.

51
52 **MS. BONAPARTE-LOZANO:**

53 No, we don't.

54
55 **LEG. GONZALEZ:**

56 But hopefully we can get this to where we want to and it'll be an

1 app. I don't know how much more they have to do but it's something
2 at a certain price or no price at all, this is what I'm trying to
3 instill in their mind but it's probably gonna be a low cost but
4 it'll be some type of van service that would just be for veterans
5 to get 'em back and forth.

6
7 So, thank you, thank you so much for everything you guys do.

8
9 **CHAIRWOMAN BERLAND:**

10 Legislator Fleming, you had another question.

11
12 **LEG. FLEMING:**

13 No, I just have one follow up question, when you say that many of
14 the veterans are not eligible for VA funding is that about
15 discharge status?

16
17 **MS. BONAPARTE-LOZANO:**

18 That could be discharge status, that could be based on their branch
19 of service, if they were National Guard, if they were Coast Guard,
20 if they were active duty. Usually most medical treatment is issued
21 to those that were active duty and reserves serving in active duty
22 capacity. So when -- a lot of times we have people that served in
23 Guard they are not issued the same benefits per se or eligibility
24 for certain services.

25
26 **LEG. FLEMING:**

27 But if it had to do with the discharge is there an appeal?

28
29 **MS. BONAPARTE-LOZANO:**

30 It's called a status of discharge upgrade so but that takes -- like
31 the VA will or the Disabled American Veterans will help with the
32 proper paperwork but other than that they can't really -- the
33 veteran -- it's upon the veteran to file this claim. So, again, we
34 enlist the help of different legal services, the veterans clinic to
35 help our client act as their power of attorney to put that in but
36 they still have to submit that that is a government claim, so the
37 change in discharge status usually does not happen until the
38 patient is discharged from our program. Most VA claims that we put
39 in for our clients will not, you know, take effect until the client
40 is in either the reintegration phase or is post the reintegration
41 phase -- but our main thing is to get them to start this and
42 arrange that -- certain services we can get established right away
43 at the VA so, again, while those things are important because if I
44 could identify that it was a service connected, something happened,
45 even if they have zero eligibility, then I will advocate for them
46 at the VA and establish this person has services established for
47 mental health or whatever the service connection is, as long as
48 they put that claim in, then the VA is obligated to help them while
49 that claim decision and rating is happening but this is usually
50 during the treatment. But we still end up carrying the load of the
51 other services that they need to even make it through including
52 providing the transportation to them because unless you're 100
53 percent disabled you're not getting a van to the VA for your
54 appointments and that has to be scheduled within a certain time of
55 day. So what Mr. Gonzalez was talking about is very important as
56 far as getting veterans transported to the VA.

1
2 **LEG. FLEMING:**

3 Thank you. Thank you, Legislator Berland.

4
5 **CHAIRWOMAN BERLAND:**

6 Sure and also our VSO officers help with that if it's a DD 214
7 question.

8
9 **MS. BONAPARTE-LOZANO:**

10 Yes.

11
12 **CHAIRWOMAN BERLAND:**

13 You know, hopefully you're utilizing --

14
15 **MS. BONAPARTE-LOZANO:**

16 Yes.

17
18 **CHAIRWOMAN BERLAND:**

19 -- you know, our Country VSO's who --

20
21 **MS. BONAPARTE-LOZANO:**

22 Yes.

23
24 **CHAIRWOMAN BERLAND:**

25 -- you know, go through that process and, you know, help expedite
26 best they can.

27
28 **MS. BONAPARTE-LOZANO:**

29 Yes, absolutely.

30
31 **CHAIRWOMAN BERLAND:**

32 Legislator Piccirillo.

33
34 **LEG. PICCIRILLO:**

35 Thank you, Madam Chair. Good morning, ladies. I heard you mention
36 the Joseph P. Dwyer program before. Do a lot of people that
37 utilize your services utilize that program?

38
39 **MS. BONAPARTE-LOZANO:**

40 Yes, I try to, as soon as I get a veteran, I'm trying to get them
41 in some various types of peer support, various types of sober
42 activity where you can be around other -- other veterans are. Our
43 programs is based on peer support so we try to refer out to the
44 Dwyer project because they will host at different community
45 locations and sites near our campuses where the -- where the
46 veterans can go and meet. Sometimes there -- there might be
47 something that's difficult for them to talk to and we can utilize
48 the Dwyer services for -- to come in and just -- just to have
49 another ear for the veteran. As a female vet there might be
50 something the male veterans would not want to the discuss with me
51 and the Dwyer project gives me access to all ages, all types of
52 someone that could come in and be a peer support for that person to
53 talk to.

54
55 **LEG. PICCIRILLO:**

56 And just a fast follow up, so in your professional opinion if the

1 State woulda cut that program it will be a detriment to the people
2 that you serve.

3
4 **MS. BONAPARTE-LOZANO:**

5 I think that -- that loss would be -- that would be a detriment.

6
7 **CHAIRWOMAN BERLAND:**

8 Yes, that's a big yes.

9
10 **MS. BONAPARTE-LOZANO:**

11 That is a big yes. That is a big yes.

12
13 **CHAIRWOMAN BERLAND:**

14 Big yes. You all set, Legislator?

15
16 **LEG. PICCIRILLO:**

17 Thank you very much.

18
19 **CHAIRWOMAN BERLAND:**

20 You're welcome. Legislator Krupski had a quick follow up.

21
22 **LEG. KRUPSKI:**

23 Thank you, another follow up. It's kind of a follow up to my
24 earlier question about following up with veterans that you treated
25 --

26
27 **MS. BONAPARTE-LOZANO:**

28 Right.

29
30 **LEG. KRUPSKI:**

31 -- just to see how they're doing and it goes back, I just looked,
32 it goes back to the -- the previous slide you had there. Is that,
33 those veterans services, are they any related to helping them get
34 work, to find work, employment?

35
36 **MS. BONAPARTE-LOZANO:**

37 Yes. What we -- we use several organizations that help us to find
38 employment. The veterans services at our local departments of
39 labor, like I have -- I use Steve Nally (ph) at the Oak Street in
40 Patchogue Department of Labor in Suffolk County. We have a lot of
41 services in Nassau County. Ingrid, she's always sending posts and
42 links for our veterans for job services.

43
44 We also use the vocational rehab that's offered through the VA to
45 help guide our veterans. It depends on a circumstance, usually if
46 this is a disabled veteran I will try to utilize a Department of
47 Labor services for them or that vocational rehab program because
48 this soldier might have went to school for something or been
49 certified for something while they were active duty now has no legs
50 and they can't do that job anymore so now we have to reintegrate
51 and try to find them work in a field that's handicapped adaptable
52 and so we will take advantage of those services. But, yes --

53
54 **LEG. KRUPSKI:**

55 Thank you.

56

1 **MS. BONAPARTE-LOZANO:**

2 You're welcome.

3
4 **MS. FOSTER:**

5 And we just had Robyn Fellrath from New York State Labor Office
6 visit us last week at Ronkonkoma and at our Hauppauge site and very
7 excited to develop partnerships to help our clients as well. We've
8 even considering, there's this whole push with the census, that
9 those individuals who are in the reintegration phase, could they
10 benefit to be one of the these census workers, they're paid 28
11 bucks an hour, that's an opportunity for our veterans and for our
12 clients that are coming out of treatment.

13
14 **CHAIRWOMAN BERLAND:**

15 All right. Do you have any other questions?

16
17 **LEG. KRUPSKI:**

18 No. Thank you, Legislator Berland.

19
20 **CHAIRWOMAN BERLAND:**

21 All right. Any other Legislators have any questions? No. Ladies,
22 thank you so much.

23
24 **MS. FOSTER:**

25 Thank you.

26
27 **CHAIRWOMAN BERLAND:**

28 You're welcome to just sit there, we'll be done in like a second so
29 relax.

30
31 Okay. We have no tabled resolutions.

32
33 **Introductory Resolutions**

34
35 **Introductory resolution, first one, PM-01, Designating Veterans'**
36 **Organizations to Receive Funding for Memorial Day Observances for**
37 **2020 (Berland)** I'll make that motion. Do I have a second? Second
38 by Legislator Piccirillo. All in favor? Opposed? Abstentions?
39 Okay, it carries. It's approved. **Approved (VOTE: 7-0-0-1 - Not**
40 **Present: Leg. Muratore - P.O. Calarco included in the vote)**

41
42 Our next one has to be tabled for a public hearing. **Resolution**
43 **1022, Adopting Local Law No. -2020, A Local Law to ensure the**
44 **protection of County Parkland (Hahn)** Motion by Legislator Fleming.
45 Second? Seconded by Legislator Krupski. All in favor? Opposed?
46 Abstention? Okay, that is tabled for a public hearing. **TABLED for**
47 **PUBLIC HEARING (VOTE: 7-0-0-1 - Not Present: Leg. Muratore - P.O.**
48 **Calarco included in the vote)** Madam Clerk, if you can add me as a
49 cosponsor to that, I would tremendously appreciate that. Thank
50 you.

51
52 We have no procedural motions. I do have one announcement; I will
53 say that the Suffolk County Women's Veterans Advisory Board had its
54 first meeting, which was incredible. It's amazing group of
55 veterans, these women are just the cream of the crop and very
56 excited, we're gonna be putting forth the first resolution, which

1 they approved to recognize a Women's Veterans Day in Suffolk County
2 so that's gonna be the first piece of legislation that comes out of
3 the committee. And they're going to be planning a lot of programs
4 throughout the County to recognize women's veterans on that day.
5 So stay tuned.

6
7 Anybody have anything else? No. All right, then. Ladies, thank
8 you again. We stand adjourned. Love to take a nice picture of the
9 committee with the two of you and thank you so much for being here
10 and educating us and telling us all about Phoenix House.

11
12 Thank you. We're adjourned.

13
14 **The meeting was adjourned at 2:11 p.m.**
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56