

1
2
3
4
5
6
7
8 **VETERANS AND CONSUMER AFFAIRS COMMITTEE**
9
10 **OF THE**
11 **SUFFOLK COUNTY LEGISLATURE**
12
13 **MINUTES**
14

15
16
17 A meeting of the Veterans and Consumer Affairs Committee of the
18 Suffolk County Legislature was held in the Rose Y. Caracappa
19 Legislative Auditorium of the William H. Rogers Legislature
20 Building, 725 Veterans Memorial Highway, Smithtown, New York on
21 January 23, 2023.
22

23
24 **Members Present:**

25 Legislator Nicholas Caracappa - Chairman
26 Legislator Stephanie Bontempi
27 Legislator Bridget Fleming
28 Legislator Leslie Kennedy
29

30 **Members Not Present:**

31 Legislator Anthony Piccirillo - Excused Absence
32 Legislator Sarah Anker - Excused Absence
33 Legislator Al Krupski - Excused Absence
34

35
36 **Also in Attendance:**

37 Brett Robinson - Chief Deputy Clerk/Suffolk County Legislature
38 Bob Martinez - Aide to Legislator Caracappa
39 Tom Ronayne - Director/Suffolk County Veterans Services Agency
40 Melanie Corinne - Project Coordinator/Joseph P. Dwyer Program
41 Joseph Riotta
42 All Other Interested Parties
43

44
45 **Minutes Taken By:**

46 Gabrielle Severs - Court Stenographer
47

48 **Minutes Transcribed By:**

49 Kim Castiglione - Legislative Secretary
50
51
52
53
54
55
56

(**The meeting was called to order at 1:00 p.m.**)

CHAIRMAN CARACAPPA:

Good afternoon, everyone. Welcome to the Veterans and Consumer Affairs Committee. If you don't mind we will stand and pay homage to our flag. The Pledge will be started off by Legislator -- my Honorable Vice Chair today, Legislator Kennedy.

Pledge of Allegiance

CHAIRMAN CARACAPPA:

Please remain standing for a moment of silence in recognition of all of those who have served and continue to serve this county and who made the ultimate sacrifice. And including in this thoughts and prayers, our law enforcement agencies and all those brave men and women who made the ultimate sacrifice as well.

Moment of Silence

CHAIRMAN CARACAPPA:

Thank you. Mr. Clerk, roll call, please.

(**Roll Called by Brett Robinson - Chief Deputy Clerk**)

CHAIRMAN CARACAPPA:

Present.

LEG. PICCIRILLO:

(Not Present).

LEG. KRUPSKI:

(Not Present).

LEG. FLEMING:

Present.

LEG. ANKER:

(Not Present).

LEG. KENNEDY:

Here.

LEGISLATOR BONTEMPI:

Present.

CHIEF DEPUTY CLERK ROBINSON:

Four.

CHAIRMAN CARACAPPA:

For the record I have three excused absences. That would be Legislator Anthony Piccirillo, Legislator Sarah Anker, Legislator Al Krupski, all with excused absences for today. Are there any correspondence, Mr. Clerk?

CHIEF DEPUTY CLERK ROBINSON:

All correspondence has been distributed accordingly, Mr. Chairman.

1
2 **CHAIRMAN CARACAPPA:**

3 Thank you. Public Portion. I have no cards in front of me. Is
4 there anyone out there who would like to address this committee
5 publicly during the Public Portion? Seeing none, I'll close Public
6 Portion. Appointment Resolutions, we have none.

7
8 That will bring us to our presentations today. I'll ask Mr. Joseph
9 Riotta, father of U.S. Air Force Veteran Joseph Matthew Riotta, up
10 to the podium, along with our Director of Veterans Affairs -- am I
11 saying that correctly? And that's Mr. Thomas Ronayne.

12
13 **MR. MARTINEZ:**

14 He likes to stand at the podium.

15
16 **CHAIRMAN CARACAPPA:**

17 Wherever you like. You can sit or you can stand at the podium,
18 sir.

19
20 **MR. RIOTTA:**

21 My back is killing me. I'd rather stand if it's okay with
22 everybody.

23
24 **CHAIRMAN CARACAPPA:**

25 Tom, you sit. Joe will stand. All right. Mr. Riotta, welcome
26 today and thank you for coming in and sharing with us the story,
27 the unfortunate story but one that must be told, of your son. And
28 I will say most likely, more than likely, probably affects so many
29 others. So, really, you're not just talking about your son here,
30 you're talking about a problem, an issue, that is probably rampant
31 throughout Suffolk County, New York State and probably across this
32 nation. It deals with mental health and our veterans suffering
33 with such issues. I know it's well known at this point that many
34 of our soldiers have come back with and continue to come back with
35 PTSD amongst other issues. So I think it's important that we
36 continue to do this kind of work, have people like you come in and
37 tell real stories, real life issues and it should resonate and we
38 should actually all do something together and get this thing
39 resolved. So without further ado, I'm going to turn it over to
40 you, sir, and whenever you're ready.

41
42 **MR. RIOTTA:**

43 Thank you, sir.

44
45 **DIRECTOR RONAYNE:**

46 Mr. Chairman, if you don't mind, I would like to in the form of an
47 introduction provide a little bit of insight as to what Mr.
48 Riotta's presentation will be and to provide a little bit of
49 contextual relevance to some of the issues at hand.

50
51 **CHAIRMAN CARACAPPA:**

52 I think that would be excellent and thank you for that. I
53 appreciate that, Mr. Ronayne. It's a pleasure having you here.

54
55 **DIRECTOR RONAYNE:**

56 I will restate for the record what you all know. Suffolk

1 County is very proud to be home to the single largest veteran
2 population of any of New York State's 62 counties. I believe very
3 strongly that incumbent on us as a government, because of that
4 significant veteran population, that we have a special obligation
5 to ensure that these services that we provide and the duties that
6 we uphold on behalf of these veterans are both taken seriously and
7 are seen through.

8
9 Despite the population, and I use this anecdote fairly regularly,
10 there's a common belief in our community, in most communities, that
11 we happen to be very fortunate. We have a V.A. Medical Center here
12 in our County, as we also have several CBOCs, community-based
13 outreach clinics, that V.A. operates in our communities to enable
14 veterans to not necessarily have to travel all the way through the
15 Northport facility. We have such programs in Bay Shore, in
16 Patchogue, in Riverhead and there are discussions ongoing about
17 potentially building more in the community.

18
19 That said, there was a perception that V.A. and veterans, when we
20 put those two things together, that essentially the need has been
21 satisfied, that veterans have access to V.A., they utilize VA for
22 their services and that need has been met. And there's not
23 necessarily a lot of thought given to the need for our non-V.A.
24 community-based providers to ensure that they have both
25 comprehensive and well maintained capabilities in terms of how they
26 serve veterans as veterans come into their care.

27
28 **CHAIRMAN CARACAPPA:**

29 You're referring to private sector.

30
31 **DIRECTOR RONAYNE:**

32 Private section. And this would be anybody from a -- we all have
33 our family doctor, our primary care physician, up through the
34 larger networks that we have in Suffolk County on Long Island.
35 Northport V.A. being one of them, Stony Brook Medicine being one of
36 them, Catholic Health Services being another, Northwell obviously
37 being another.

38
39 To my point, the perception generally is that we have a V.A. and we
40 have a large veteran population, but by putting these two things
41 together that the need is essentially met. And what I would like
42 to remind you all of is that V.A. has actually post 9-11 committed
43 enormous resources to enrollment and to recruitment of enrollment
44 for veterans. They've done a very good job of enrolling post 9-11
45 veterans, and there are differences between heroes of service and
46 generation. But post 9-11 veterans have enrolled in V.A. in very
47 large numbers. Unfortunately, that second visit too frequently
48 doesn't occur. And as a percentage, 32% of America's veterans have
49 a relationship with V.A. Which another way of saying that is
50 two-thirds of us are out there in the community not engaging V.A.
51 And for those reasons it is extremely important that we, as a
52 government, work closely with our partners to ensure that they
53 understand their responsibility to the veterans community that they
54 serve.

1 We, over the past several years, have worked closely with all of
2 the partners that I named earlier and some things have changed.
3 Universally, we are seeing a better effort made at identifying
4 veterans as they present at these facilities, primarily in our
5 hospitals and emergency departments through the initial triage and
6 patient intake screenings. Most of them are now doing a good job
7 of asking the question have you ever served in the military, have
8 you ever served in the Armed Forces.

9
10 I know Legislator Kennedy knows all too well from the healthcare
11 side being a nurse that we've had to modify that question over the
12 years. That question is not necessarily as satisfyingly adequate
13 as we would think that it would be. In fact, for many, many years
14 it used to be -- the question would simply be are you a veteran,
15 did you serve in the military. And interestingly enough, the one
16 demographic that nearly universally responded negative to that were
17 women veterans. Women veterans did not self-identify as veterans.
18 Even women veterans who had deployed to combat theaters. Even
19 women who had experienced combat did not, for some reason,
20 self-identify as veterans. So we've had to -- we've had to tweak
21 the way that we approach communicating with our larger community on
22 this. As our outreach has improved so, too, has our ability to
23 make contact and engage these veterans. One of the problems with
24 women identifying as veterans was there was a cultural sense that
25 veterans were men and there wasn't much available for women
26 veterans, so why bother. Let's not have the conversation, let's
27 move onto the next thing. Call it a stigma, if you will.

28
29 The other place that we see stigma in our community in tremendous
30 numbers and, again, I think societally I think that we are
31 improving in this area, but disabilities in general, whether they
32 be physical disabilities or mental health disabilities, are
33 generally looked upon in ways that we wish we could improve.
34 Physical disabilities not as much, though those biases still exist.
35 When we speak specifically to mental health it's just a -- it's a
36 high hurdle, it's a high hurdle for a lot of people to get past and
37 to acknowledge or to speak out loud about the fact that they have a
38 mental health condition. Many families will choose to ignore or
39 deny that mental health needs exist within their own families.

40
41 There is a statistic that suggests that during the course of any
42 given calendar year one in three American adults will experience a
43 mental health crisis or challenge. That's a pretty far cry from
44 everybody talking about Uncle Harry on Thanksgiving when we have 22
45 people at the table to being one of three which -- I'm diagnosed
46 PTSD so I will take it for this table. But the three of us at this
47 table, statistically one of us three will experience a mental
48 health crisis or need this year. That is an enormous
49 representation within our larger community, yet the stigma of
50 acknowledging and speaking comfortably and openly about mental
51 health continues to exist.

52
53 That hurdle is particularly dangerous in the context of our veteran
54 community. Veterans are diagnosed with mental health conditions,
55 and in greater numbers, than the nonveteran community. As a
56 result, we typically seek care and treatment for our mental health

1 conditions in higher numbers. And this was where the default
2 within the community that if we have veterans and we have a V.A.,
3 that this problem is effectively addressed, and it most certainly
4 is not.

5
6 Mr. Riotta has I'd like to say bravely but I will say as a father,
7 as a parent, has come here today to share an experience that while
8 I don't know is necessarily representative of the typical
9 encounter, is not at all unheard of. This is a fairly routine
10 example or an example of a fairly routine series of occurrences
11 that both individuals presenting for their mental health care and
12 their family members are experiencing in the community.

13
14 And we all know the great efforts that Suffolk County has taken
15 over the past decade in terms of suicide awareness, suicide
16 education, suicide prevention. One of the demographics within the
17 veteran population that is most at risk of suicidality, suicide
18 ideation and completion of the plan to complete suicide, are our
19 veterans. When you factor a mental health diagnosis to that
20 veteran status the risk factor increases significantly.

21
22 When veterans are presenting for mental health care and treatment
23 in our community and they don't receive that support, or that
24 support is provided in such a way as to be problematic in a variety
25 of ways that Mr. Riotta will speak to you much more eloquently than
26 I can, we open the door for a great many potential bad outcomes and
27 they don't necessarily have to be suicidality. These bad outcomes
28 can simply -- can be as simple as affecting a person's self-worth
29 and their willingness to continue with treatment or care, willing
30 to be compliant with medication which is all important in mental
31 health. Noncompliance of managed or prescribed medications often
32 results in negative outcomes.

33
34 This list goes on, but my point here and my thanks and my gratitude
35 to Mr. Riotta for being willing to be here and, again, I was going
36 to say to be courageous enough to be here, but I know that he's
37 here today out of love for his son, and I think that that's
38 probably the most compelling reason for any of us to do anything in
39 life, is to be there to protect our children. And at the age of 30
40 years old, being a veteran of the United States Armed Forces, for
41 Mr. Riotta's son to continue to need his father's advocacy is
42 unfortunate. I would like to think that we as a nation are in a
43 better place and that we are better equipped and better prepared to
44 address the mental health needs of all of our communities, but our
45 veteran community in particular. So if there are no questions for
46 me I would be happy to defer to Mr. Riotta at this time.

47
48 **CHAIRMAN CARACAPPA:**

49 I want to ask you one question, touching on something you mentioned
50 earlier, and you discussed both the psychological and the medical
51 -- medicinal part. But do you find it more within our veterans who
52 are facing, and maybe this is something Mr. Riotta can answer as
53 well, our veterans who are seeking help for mental health issues.
54 Do you find it less of a psychological therapy based treatment or
55 do you find it more of a prescription based treatment where, you
56 know, here you go, this will treat your anxiety, this will treat

1 your PTSD, your depression, go on your way. Don't you -- don't you
2 think that there should be more of a one on one psychological not
3 evaluation, but treatment program where they can speak to one
4 another and get over -- so he could -- that veteran, he or she can
5 speak their mind, let out what they want to let out, what they need
6 to let out, and not just take a prescription pill and go into a
7 daze and try and forget about it for as long as he is or she is in
8 that state of mind.

9
10 So, you know, you touched on it a little bit. I just want to get
11 your opinion on it. Do you feel it's too much, especially in the
12 private sector. I mean, that's what we're talking about here, you
13 know, two-thirds of our veterans are going out and being treated in
14 the private sector for these mental health conditions. Are they
15 being treated properly or are they being treated like, well, you
16 know, you're depressed. Here's some of this, here's some of that.

17
18 **DIRECTOR RONAYNE:**

19 So the problem -- I want to, just to be clear, I don't want to
20 suggest that every mental health encounter is an unacceptable or
21 inappropriate or is wrong. Many of these encounters are very well
22 executed. They are very well undertaken. Their care is delivered
23 exceptionally, but there are far too many exceptions to that
24 statement.

25
26 To your question, med management is a big part of it. Having
27 access to an environment -- and one of the things, you know, we all
28 have this sense when we go to see our family physician. Am I
29 comfortable with this particular person in this practice? Would I
30 rather see somebody else in the practice? In the mental health
31 world I think it is particularly important that there be a comfort
32 level between the patient and the provider. That option does not
33 always exist, especially at the emergency department level where
34 you have an on call attending. You have somebody who is -- there
35 is no option. This is who you're going to be dealing with.

36
37 But going forward there should be a comfort level and one of the
38 reasons that that is so important, and acutely within the mental
39 health community, is absent that component to the care -- you know,
40 we used to talk about bedside manner. I guess that's what I'm
41 referring to. If a veteran is uncomfortable with his care
42 provider, that veteran, he or she, may simply choose to not
43 continue receiving care or treatment. Veterans -- people in the
44 mental health setting, veterans in particular, do not effectively
45 self-advocate, and when you do not effectively self-advocate and
46 you do not effectively articulate your concerns and your needs, you
47 tend to be defaulted by the doctor. The doctor will make a
48 prescription, the doctor will provide a care or treatment plan.
49 Unfortunately, that's going to be a part of what we're going to
50 hear from Mr. Riotta. The treatment plan should always include the
51 family member. The treatment plan should always meet with the
52 approval of the patient. In fact, there is a New York State law
53 that no patient may be discharged from a hospital without first
54 accepting a discharge plan to include their treatment plan. And we
55 see more in the mental health setting than the primary care setting
56 that that is not necessarily always adhered to.

1
2 Why is that particularly important in this context? Well,
3 veterans, and I don't mean to make light of this, but I joke about
4 this because it tends to make more of an impression. I tell people
5 all the time, Legislator Kennedy has been listening to me say this
6 for two decades. Veterans are very, very good at many, many
7 things. We are trained, we are adaptable. We understand chain of
8 command, we make good neighbors, we make good employees, we make
9 good business owners, we make good government officials. There are
10 a few things that nobody can hold a candle to us, and there are
11 some other communities in uniformed services who struggle. The two
12 things that veterans do I think better than any other population
13 are drink and drug. Veterans are known to self-medicate and the
14 mental health challenges of a veteran are so exacerbated when they
15 choose to drink or drug that we see terrible, terrible outcomes.
16 These are the people who ultimately find themselves in crisis.
17 When you are in crisis and dealing with potentially law enforcement
18 there are many opportunities for things to go bad. Veterans find
19 themselves incarcerated as a result of mental health crisis where a
20 person without that mental health condition would have been better
21 able to articulate their condition or their situation. We also see
22 dramatically higher numbers in suicide of veterans with mental
23 health diagnosis. So I hope that answers your question.

24
25 **CHAIRMAN CARACAPPA:**

26 It helps, I appreciate it.

27
28 **DIRECTOR RONAYNE:**

29 So at this time I would defer to Mr. Riotta, who's going to share a
30 story about an experience that he personally went through with his
31 son as it relates to a mental health encounter. And I think most
32 of the -- most of the hazards that occurred in this particular
33 encounter will be self-evident, but I would be happy to, along with
34 Mr. Riotta, to expand on those at the conclusion of his testimony
35 if anybody would like.

36
37 **CHAIRMAN CARACAPPA:**

38 It's all yours, Joe.

39
40 **MR. RIOTTA:**

41 Thank you, Tom. And forgive me for standing up. As you get older
42 some bones in your body feel better when you're standing up as
43 opposed to sitting down. So, sorry about that.

44
45 So, good afternoon, Mr. Caracappa, members of the Legislature.
46 Thank you for allowing me this time to speak in front of you. My
47 message here today is going to be comprised of three parts. I'm
48 going to tell you a real bad story, and then I'm going to tell you
49 another real bad story, and then I'm going to ask for your help in
50 doing something so we can fix things so I don't have to come back
51 here and tell you bad stories.

52
53 In terms of introduction, I was born in Argentina. My given name
54 is Jose. I grew up there speaking only Spanish until I had the
55 good fortune of coming to the United States back in 1974. I have
56 lived in New York most of my life. I started in Brooklyn, moved to

1 Long Island. I love Long Island, I love this country, where I
2 became a citizen as soon as I could. As you're probably aware,
3 when you come from another country you have to wait five years to
4 apply. I became a citizen pretty much five years to the day. So I
5 like to say that I am an American by choice.

6
7 I so love this country because of many things, but especially one
8 of the things I love the most is our endless pursuit for equality.
9 Equal rights for all regardless of your religion or lack of
10 religion, your sex, your sexual preference, ethnicity and so on.
11 And while we have done a pretty good job at this, obviously we all
12 know that we have a lot more work to be done. And while many
13 groups in our society have benefitted from our constant pursuit of
14 equality for all, unfortunately, there's one group that still
15 remains way behind, way left behind. Mostly because they're
16 partially invisible and mostly because they don't have a voice, and
17 that group is the mentally ill.

18
19 I'm here to tell you a personal story of how we, we, treat our
20 mentally ill right here in Suffolk County, specifically our
21 mentally ill veterans, because this story involves my oldest son,
22 Joseph Matthew. We call him Joey even though he doesn't appreciate
23 that at 30 years old. He's a schizophrenic and he's also an Air
24 Force Veteran, honorably retired with a 100% service connected
25 disability. I'm not only Joey's father, I'm also his legal
26 guardian. But before I dared to share his story with him -- with
27 you, I asked for his permission and it's taken me a few months to
28 get him to agree. We're all aware of the stigma that mental
29 illness still has in our society. And with a schizophrenic you
30 have to approach him at the right time because his mood and his
31 personality tends to sometimes change. Eventually he saw the
32 benefit of this and in his words, and I'm going to read them, he
33 said, "Go ahead, Dad. Maybe it will help other veterans not have
34 to go through what I went through." So once I received his help I
35 started my mission, if you will, to try to get the story out, and I
36 want to thank Mr. Ronayne and Mr. Martinez, who have been
37 instrumental in getting me here.

38
39 So my son's story, which I will summarize, started February 16th of
40 last year. After suffering a schizophrenic break he was taken by
41 ambulance to Huntington Hospital. As you all know, when an
42 ambulance gets dispatched it's up to the EMT or the ambulance
43 driver to pick what hospital he or she is going to drive to. In
44 this instance the ambulance driver decided to go to Huntington
45 Hospital, right here in Huntington, Suffolk County, Long Island.

46
47 The care that my son received at Huntington Hospital was inhumane.
48 I have no other word to describe it, but I'll summarize it this
49 way. He was kept for five days, five days, in a psych ward or a
50 locked unit, without a shower, without access to underwear or
51 clothing, without access to basic toiletries such as toothpaste or
52 a bar of soap. I should also mention that my son was not, during
53 his stay at Huntington Hospital, is not and has never been, a
54 threat to himself or others. I mention that because -- just to
55 prove to you that there was no reason other than cruelty and/or
56 perhaps laziness, to deprive him of these basic human rights.

1
2 My wife, who is also his legal guardian, and I were barred from
3 visiting him or providing him with clothing or making informed
4 decisions about his care despite the fact, despite the fact that we
5 are not just his parents, but also his legal guardians. Hospital
6 staff at Huntington Hospital repeatedly, repeatedly, refused to
7 recognize our guardianship, of which they had a copy, and
8 repeatedly told us --

9
10 **DIRECTOR RONAYNE:**

11 This is court appointed guardianship.

12
13 **MR. RIOTTA:**

14 Thank you. Good point. This is -- yeah, right. This is something
15 that we got through a court. And no matter who we spoke with the
16 answer was, and I quote, "That kind of thing does not apply here".
17 When I finally wrote an e-mail to the CEO of Northwell, of which
18 you should have a copy, Mr. Michael Dowling, about the deplorable
19 conditions at Huntington Hospital, I received two letters of
20 response. One from Huntington Hospital's Executive Director, you
21 should also have a copy of that letter, where next to the -- what
22 he had typed to me, he carelessly wrote himself -- handwrote a note
23 saying videos all being reviewed. He was referring, of course, to
24 his institution's security camera videos because they wanted to
25 make sure that what I had claimed happened, actually happened. I
26 also received another letter from their Medical Director, with whom
27 I had the pleasure of speaking many times, and who finally one day
28 admitted, and she also admitted it on her letter, that quote
29 unquote, "Northwell could have done better". Huntington Hospital
30 is a Northwell facility. Northwell could have done better.

31
32 By the way, til this day, and it's been a year, no one at Northwell
33 has been disciplined for how my son was treated. But more
34 importantly, I don't want my time here today to become a complaint
35 session about Huntington Hospital. I wanted to give you the -- I
36 wanted to tell you what happened because it's just an example of
37 the pervasive problem plaguing most, if not all, of our hospitals.

38
39 So I promised you there would be three parts, so the second part is
40 another bad story. After this happened I complained to the
41 government agencies that are in charge of supervising hospitals,
42 specifically psych wards or mental health facilities. I complained
43 to a lot of agencies. Today I will refer to only three of them,
44 the Department of Health, the Joint Commission of Health and the
45 Office of Mental Health, or OMH. Three agencies. Their responses?
46 No response. Not one of them, not one of them felt they had to
47 respond.

48
49 When I repeatedly followed up with them via phone calls, e-mails
50 and letters -- remember letters, when you sat down and you
51 actually wrote a letter? I actually had to do that. I found that
52 the protocol for two of the agencies, namely the Department of
53 Health and the Joint Commission of Health, their protocol was after
54 they receive a complaint they contact the hospital, hear what the
55 hospital has to say, and after hearing the hospital's version, they
56 immediately close the complaint. Imagine if our Police Department

1 operated like that, right? So they close the complaint after
2 checking in with the hospital. They don't -- without having to let
3 me know that they even got my complaint, without even letting me
4 know the status of the complaint. That's the Department of Health
5 and the Joint Commission. They finally, after many calls and so
6 on, agreed to let me know what had happened.

7
8 If you think that's bad, the Office of Mental Health takes the
9 cake. They don't respond at all, no matter what. You can e-mail
10 them, call them, send them letters, no response. The only way I
11 got a response from them -- thank you so much. Excuse me. The
12 only way I got a response from OMH, I had to send a letter, I got
13 really good at sending letters, to OMH Commissioner Sullivan in
14 Albany. Only after sending her a letter I received a letter from
15 Jeremy Darman, OMH's Deputy Commissioner, and he actually -- after
16 he -- after his letter he actually called me telling me what OMH
17 had done with my complaint, which basically mimics the other two
18 agencies. In other words, OMH got my complaint, they checked with
19 the hospital, Huntington Hospital said, "Yes, we had some issues
20 with training which we have now solved and we've instituted newer,
21 better policies so this doesn't happen again." That was good
22 enough for OMH. They immediately closed the case.

23
24 I don't know what upsets me more, the fact that they closed the
25 case without hearing my side of the story or the fact that they
26 don't feel that they even have to respond to me and let me know
27 what they did. But needless to say, whether I agree with it or
28 not, three agencies, Department of Health, Office of Mental Health,
29 Joint Commission, not one of them felt or are required to respond
30 to a citizen's complaint.

31
32 But again, I don't want to turn this session into a complaint
33 session, so I'm going to move onto the third, final and most
34 important part of my message here today, and that is our mentally
35 ill veterans, our mentally ill population, needs your help. The
36 infrastructure set up to help them is broken. And the government
37 system set up to manage that infrastructure is not accountable to
38 anyone, as proven by my experience.

39
40 You can help my son. You can help our mentally ill veterans and
41 you can help all of our mentally ill citizens by passing what I
42 took the liberty of calling the Mental Health Patient Advocacy Act,
43 which I wrote a one-page summary of my idea and it should be in
44 your packet.

45
46 My idea for this law would improve -- would take care of two
47 things. If you'll forgive me one more time. The first thing, it
48 would improve the care that not just my son, not just mentally ill
49 veterans, but all mentally ill people receive when they're admitted
50 to a hospital. This law should mandate that every public and
51 private hospital have a mental health trained patient advocate. A
52 mental health trained patient advocate, that is the keyword,
53 proactively, proactively looks out for newly admitted mentally ill
54 patients. And proactively goes out to them, finds them, and
55 follows up to ensure that they're not just receiving medical care,
56 as important as that is, but they're also receiving basic human

1 treatment, including access to clean underwear, toiletries and a
2 shower. Things that my son was not provided at Huntington Hospital
3 for five days.

4
5 So if I'm fortunate enough that you consider this, as you discuss
6 it I'm sure someone will say to you wait a minute, we already have
7 patient advocates at our hospitals. There is no need to reinvent
8 the wheel. We already have this. And that's true, we do have
9 patient advocates at hospitals. The problem with the current setup
10 of patient advocate at any hospital is that the current process is
11 a reactive process. And it works for you and I, God forbid we have
12 to go into a hospital and we have a problem we complain. If we
13 don't get it fixed we go to a patient advocate, the patient
14 advocate reacts and complains on our behalf, and that works.
15 That's fine for you and I. The problem with this setup is that our
16 mental ill veterans, our mentally ill friends and relatives, don't
17 complain. They don't know. They don't know any better. They're
18 not aware of what they should be getting so they don't complain, so
19 that's why they need something to proactively intercede on their
20 behalf.

21
22 The second part of this law should do something that we take for
23 granted in everyday life. It should hold people accountable. The
24 government agencies in charge of supervising hospitals should be
25 held to the same standards that we hold the pizza place on the
26 corner. If I get a bad pizza slice I call the pizza place and they
27 hopefully do something about it, right? Well, if we expect that
28 from a pizza place, we should expect that from the Department of
29 Health, the Joint Commission of Health and the Office of Mental
30 Health. These agencies must be held accountable to citizens
31 complaints, forcing them to respond, to have to respond, when they
32 get a complaint from a citizen, and perhaps this would end the cozy
33 relationship that they have with those people that they're
34 supposed to supervise.

35
36 In closing, my son, Joey, my wife, Diane, and I had suffered
37 through five days of hell, not knowing if our son was alive, if he
38 was okay, not knowing what he needed or what we could do to help
39 him. Five days, while he was locked up in a unit not being able to
40 help him. Imagine how that would feel. Five days of not being
41 able to even give him a change of clothes or a bar of soap. I beg
42 you, please, help me. Help me make those five days in hell stand
43 for something good, stand for something positive. Please help our
44 mentally ill veterans and our mentally ill relatives and friends be
45 treated with respect, with compassion, be provided with basic
46 things such as toothpaste, a change of clothes and a shower when
47 they need one.

48
49 Please help pass a law that provides for a proactive patient
50 activate for mentally ill patients and holds our government
51 agencies that are supposed to help our mentally ill accountable.
52 In the words of my son, Joey, let's go ahead. Maybe it will help
53 other veterans not have to go through what he went through. Thank
54 you for listening. I appreciate your time. I'll be more than
55 happy to answer any questions if you have them.

1 **CHAIRMAN CARACAPPA:**

2 That was awesome, Joe. Thank you. Very touching, very sad. Does
3 anybody have any questions? Yes, Legislator Fleming.

4
5 **LEG. FLEMING:**

6 Thank you. Thank you, Mr. Riotta, for coming and Director Ronayne
7 for bringing Mr. Riotta here. I'm deeply touched by your story
8 and very sorry that you've been through that. It always strikes me
9 how we see at athletic events, you know, when the word veteran
10 comes up everybody stands and applauds, but then so often when we
11 come to, you know, simple individual treatment we hear, you know,
12 that things have happened otherwise, so we've got to do better as a
13 society. And your bringing your son's story and you wife and
14 yourself's story to our attention is very critically important in
15 that effort. We here have to decide what we can do as County --
16 the County Legislature in terms of trying to avoid what happened to
17 your son, so I think there's work for us all to do and I look
18 forward to doing that work and welcome working with you and, Tom,
19 with you as well.

20
21 The question I have, do you know if -- Director Ronayne mentioned
22 that, you know, there's a protocol in place now asking were you a
23 veteran and it's even been tweaked in order to be more effective
24 than it's been in the past. Do you know if your son was asked? Is
25 there -- I don't know if you've seen the paperwork. Is there a
26 checklist that includes -- did he inform members of Huntington
27 Hospital that he was, in fact, a veteran of the Armed Services?
28

29 **MR. RIOTTA:**

30 Yes, I know. So in trying to make the story shorter, maybe I
31 didn't do a good job, but I did try. So when they get admitted I
32 usually get a call, and I got a call at two a.m. when he arrived
33 from the psychiatrist on duty at the time who informed me that my
34 son had been admitted, blah, blah, blah. Which makes me -- the
35 whole thing about the guardianship even more bizarre, right,
36 because here they are calling me to let me know he's there and then
37 for the next five days they won't talk to me, but that's another
38 story.

39
40 But to answer your question, absolutely. She informed me that he
41 was a veteran and that he was there, not at the V.A., and then we
42 went through the guardianship and that he preferred to be at the
43 Northport V.A. which is where he normally goes. And I said, "Well,
44 he's there already, right, you guys can take care of him and see
45 how it goes and then if you need to, transfer him to the V.A." So
46 long answer to your question, yes, they knew.

47
48 **LEG. FLEMING:**

49 But I guess there's an immediate shortfall that appears if no one
50 from the Veterans Administration or from our Suffolk County
51 Department of Veterans Affairs was notified. When you talk about
52 someone being proactively supportive of veterans with mental
53 health, it might be helpful in that circumstance immediately
54 someone from a veterans organization is informed that there is, you
55 know, a member of the team is in need, but it sounds like that's
56 not a protocol that's in place. So it seems like that might be an

1 immediate recommendation that should trigger assistance from
2 members of the Veterans Affairs, I would think. Obviously this is
3 a very overwhelming story that you've told us and we have a lot of
4 work to do, but that's immediately apparent to me.

5
6 The other, as a lawyer I would say or ask with regard to the court
7 order, and I quickly scanned your correspondence. I know you
8 offered again and again to fax to the hospital or to e-mail to the
9 hospital the court order. They gave you, you know, certain rights
10 and responsibilities, you and your wife, with regard to your son.

11
12 Another question I have is, is in this response that you got from
13 the hospital, from the three State agencies, was there ever any
14 suggestion that training might be initiated for hospital staff to
15 inform them of the effect of a guardianship court order? Are you
16 aware whether that's been triggered or instituted, that kind of
17 training for this sort of misunderstanding, it doesn't happen in
18 the future.

19
20 **MR. RIOTTA:**

21 Yes. So Ms. Cacciabaudo is the Medical Director at Huntington
22 Hospital and she actually was honest enough to admit that there was
23 a shortcoming with the staff and that they did not know about court
24 orders regarding guardianship. After that, she held what she
25 called town hall meetings with all the nurses and all of their
26 staff. Because this wasn't just the nurses, this was just people
27 when I called on the phone, anybody. And they had all these,
28 again, town hall meetings or training advising the staff at
29 Huntington Hospital that guardianship court orders are to be
30 respected and they do apply at Huntington Hospital.

31
32 **LEG. FLEMING:**

33 And it's good that they have town halls in reaction to this one
34 incident, but is there any kind of regularized training that's in
35 place, not only for Huntington Hospital, for any institution that
36 has a psych ward. That's another thing that occurs to me we might
37 be able to do, is to get information out or to do some kind of
38 training. It might be possible to do in conjunction, for instance,
39 with the Suffolk County Bar Association, the lawyers and judges who
40 generate these orders, you know, rather than just one answer to one
41 horrible problem where, you know, the parents of this individual
42 have the wherewithal and the courage, you know, to come and inform.
43 It seems as though there might be -- it might make sense to
44 institute a broader training protocol. I don't know where that
45 would come from or how we could generate it, but it seems like if
46 that's not yet in place, I'm hearing that it was just the one
47 reaction, maybe there's another thing that we could work on. And
48 I'd be more than happy to try to coordinate with the Bar
49 Association and the hospital, you know, institutions. Anybody who
50 has a psych ward might be a good place to start, just to say this
51 is a guardianship order, this is what it means and these are the
52 obligations. Because the obligation of someone in whose custody
53 the subject of a guardianship order, you know, those obligations
54 are very real. They had a responsibility --

1 **MR. RIOTTA:**

2 Absolutely.

3

4 **LEG. FLEMING:**

5 -- to work with you to make sure that your son's rights were
6 recognized. So -- all right. Well, those are good places to
7 start, I think.

8

9 **MR. RIOTTA:**

10 A hundred percent. And, again, I left that out of the story, but I
11 almost got arrested at Huntington Hospital because I'll admit I got
12 pretty loud.

13

14 **LEG. FLEMING:**

15 Well, God bless you. I think I'd probably almost get arrested,
16 too.

17

18 **MR. RIOTTA:**

19 You do what you have to do. But it's all a -- the whole thing is
20 set up as a reactive platform, right. Someone complains and then
21 someone eventually says oh, okay, we'll do something, right. As
22 you, Ms. Fleming said, my son was -- I don't know if the word lucky
23 is the right word, but he was lucky enough that I would do this for
24 him, right. A lot of our mentally ill veterans don't have parents
25 either nearby or alive that could do this, right. So he could have
26 been there for more than five days.

27

28 **LEG. FLEMING:**

29 And it's horrifying to think of others who might not have support
30 like yours, who might, at this very moment be in that circumstance.

31

32 **MR. RIOTTA:**

33 Absolutely. And I've been to many of these psych wards and
34 obviously we all know they're not pretty, but they're -- they're
35 awful. And the way we treat -- if we treated dogs or cats -- you
36 would see it all over social media if we treated animals like we
37 treat mentally ill people, the conditions that they're kept in.

38

39 And one thing that I mentioned to the Deputy Commissioner of the
40 OMH is do you guys do, like, inspections? Do you show up -- I
41 mean, you show up to inspect a pool, right, and if the right
42 chemical balance is not there you close the pool, right? Well,
43 that's good. But we care more about a pool than we care about
44 where we keep mentally ill people.

45

46 **LEG. FLEMING:**

47 I'm afraid that while it's easy at a football game to stand up and
48 cheer, the complexities of dealing with, you know, populations
49 where poverty is often an issue, mental health is clearly an issue,
50 where there are challenges in terms of security and the cooperation
51 of individuals with the treatment that they need and deserve, all
52 of those things add layers and layers to the actual solutions that
53 these folks deserve. They make it hard for people -- it's much
54 more difficult than standing and cheering at a football game. So,
55 God bless you for coming forward. Thank you for bringing this to
56 our attention. I, myself, am committed to being helpful to you to

1 the extent that I can. I don't know about your son's condition,
2 but many veterans conditions, mental health conditions, stem
3 directly from their service keeping us safe and protecting our
4 democracy. So that we would turn a blind eye in circumstances
5 where they need our help is really pretty appalling and we just
6 need to understand that it is very, very difficult work to get
7 these things right and I'm glad that you've asked for our
8 commitment. I hope that I can live up to that.

9
10 **MR. RIOTTA:**

11 Thank you very much.

12
13 **LEG. FLEMING:**

14 Thank you. Thank you, Mr. Chair.

15
16 **CHAIRMAN CARACAPPA:**

17 Thank you, Legislator. Does anyone else?

18
19 **LEG. KENNEDY:**

20 Yes.

21
22 **CHAIRMAN CARACAPPA:**

23 Legislator Kennedy.

24
25 **LEG. KENNEDY:**

26 Thank you, Mr. Riotta, for coming out and speaking on behalf of
27 Joseph. It's very important that people do this. As a nurse for
28 30 years who worked on not just medical units, worked at three
29 psychiatric inpatient units, I can't answer for what went on here.
30 Some of the comments you put in that were made by staff were
31 ignorant and ill informed. I will tell you at all three of the
32 units that I worked on I certainly knew what a court order was.
33 That was one of our questions in there. I knew that people with
34 some mental health disabilities needed an advocate. As a matter of
35 fact, as a nurse you learn every patient needs an advocate when
36 they're in the hospital. I have no idea why some of these things
37 happened. And let me tell you, that staff meeting or whatever you
38 call it, was very firm and not just brushed by, from past
39 experience. I just want to ask a couple of questions of you.

40
41 **MR. RIOTTA:**

42 Sure.

43
44 **LEG. KENNEDY:**

45 Does Joseph live with you? Where does he live? In supportive
46 housing, by himself?

47
48 **MR. RIOTTA:**

49 He's in supportive housing.

50
51 **LEG. KENNEDY:**

52 Okay.

53
54 **MR. RIOTTA:**

55 Right now he's actually in a program in Ellenville, Upstate, New
56 York.

1
2 **LEG. KENNEDY:**

3 Okay. Would he have preferred to go to the V.A.? Would that have
4 been his choice?

5
6 **MR. RIOTTA:**

7 A hundred percent.
8

9 **LEG. KENNEDY:**

10 Okay. I'll tell you how the ambulances down here usually work
11 according to what I used to know when I was an active nurse. They
12 are required to take you to the nearest facility. If Huntington
13 Hospital was close, I know them both, they're both pretty close to
14 each other, if there was a request made at the time my doctor is
15 out of Northport V.A., please take me here, it saves money. Or a
16 card on him that says that or a piece of paper, a little note with
17 his past history on there. That would help immensely in getting
18 him to a V.A. facility that's closer. You said it was a psychotic
19 snap in there, a break. Did he act out?
20

21 **MR. RIOTTA:**

22 Yeah. So he suffers from paranoia. So he gets attacks and he does
23 have a note that we put in his pocket and sometimes he has
24 requested, if he thinks of it, to go hey, I want to get to the --
25 he prefers to go to the Northport V.A. And sometimes, as in this
26 case, he was in a condition that he wasn't thinking rationally and
27 so he couldn't ask. The EMT did the best thing that he or she
28 could do, take him to the closest place, right. So, I mean, that's
29 a tough decision to make, right? I'm glad I don't have to make
30 that decision.
31

32 **LEG. KENNEDY:**

33 I don't have a chart in front of me so that I can make a decision
34 but my guess would be for the first 24 or 48 hours that he was
35 probably on what's called a Q ten minute check because they were
36 not knowing his past behavior, but only able to observe what was
37 presently happening that they were concerned that he was a risk to
38 himself or others. That would be my guess, but that's just a guess
39 in there.
40

41 Now let me get into the shower stuff. When someone is going
42 through what he was going through -- first of all, on the
43 psychiatric units, all of them that I have ever worked at, you're
44 getting towels and a washcloth and soap and toothbrush at the
45 beginning of your stay in there. And each time, each day, each
46 morning, they're not going to force him to take a shower. They're
47 just not. That's the least important thing at that point in time.
48 Keeping him healthy and safe is the most important thing.
49

50 I don't know why they wouldn't let you in to give a bag. That's
51 usually reviewed by the aides when -- you don't even have to walk
52 on the unit if they didn't want you there because they were fearful
53 that any interaction at that point would cause a change in his
54 behavior. I can't answer for that in there.
55
56

1 And I apologize to you, your family, your son for the lack of
2 answers, but reading what they say, I understand exactly why,
3 because mental health staff is -- the HIPAA laws are I think used
4 incorrectly. They're terrified to give out information --

5
6 **MR. RIOTTA:**
7 Right.

8
9 **LEG. KENNEDY:**
10 -- if he's here at all. That's a very common statement, if he's
11 here at all, because they don't want to acknowledge that he's here
12 because that would be breaking HIPAA confidences. So it is very
13 difficult. I can't tell what would be better. To take away all
14 HIPAA on a psych unit I don't think would be better in a way, but
15 other rules, but these rules would be made by the Office of Mental
16 Health.

17
18 Now, I'm going to tell you another thing. Every two weeks, every
19 three weeks the Office of Mental Health sends out an ombudsman to
20 each psychiatric unit. They go on rounds, they check, they talk to
21 the staff, they observe what's going on. Your son should be aware
22 and he should be able to say on another piece of paper in his
23 pocket in case things are bad I want to speak to the ombudsman, who
24 99% of the time is an attorney who works in the field of psychiatry
25 in there but can get -- can sit and listen and can get some message
26 that's being given to them by the client. You can also call not
27 the 888 number or the 800 number for Office of Mental Health.
28 Google, I don't have it with me, but Google Office of Mental Health
29 in there and ask if you can speak to somebody when your son is a
30 patient and say what else can I do, you know, in case this happens
31 again, that they do not acknowledge my legal right to represent my
32 son in there. Just a little bit of advice.

33
34 **MR. RIOTTA:**
35 No, I appreciate that. Unfortunately, for me I've had many, many
36 contacts --

37
38 **LEG. KENNEDY:**
39 I'm sure.

40
41 **MR. RIOTTA:**
42 -- with the field office in Suffolk County and their Director.
43 And, again, not to make this story even longer than I already made
44 it, but the attitude was, you know, he's in a facility and you have
45 to deal with that facility.

46
47 **LEG. KENNEDY:**
48 You can call up to Albany Office of Mental Health, if you don't
49 want to deal with the local one. Just a clue.

50
51 **MR. RIOTTA:**
52 Thank you.

53
54 **LEG. KENNEDY:**
55 All right, thank you.

1 **MR. RIOTTA:**

2 Sure.

3
4 **CHAIRMAN CARACAPPA:**

5 Thank you, Legislator Kennedy. Legislator Bontempi.

6
7 **LEG. BONTEMPI:**

8 Thank you, Chairman. This is so upsetting, truly very upsetting on
9 so many levels. And, Legislator Kennedy, those are great
10 suggestions and it's just unfortunate because it's too late, right?
11 You didn't know all of this at the time. Hopefully, again, it can
12 prevent someone else from going through this. But I am still, I
13 don't even know what word to use, it's unfathomable to me that the
14 hospital would not accept the documentation for a court appointed
15 guardianship. I just -- I can't understand that. Forget that your
16 son was a vet -- is a veteran, just period. If someone has a
17 guardianship, an appointed court guardianship, whether they're a
18 veteran, whatever, it's just there should be some consequences
19 because five days of hell, truly, for your family and your son,
20 it's just not acceptable.

21
22 I don't have experience like that, but being in government for the
23 first time, this is my first year in government, I have written, my
24 staff has written, has contacted multiple government agencies with
25 zero response, so I know what you're talking about and that is not
26 acceptable either.

27
28 So, yes, we are all going to work together and do what we can here,
29 but I feel your pain, your frustration, all of the above, and we
30 just have to do things to change in this particular case, but in
31 many instances in government. So, thank you. I'm very frustrated
32 as well and I'm so sorry you had to go through this.

33
34 **MR. RIOTTA:**

35 Thank you so much, appreciate it.

36
37 **CHAIRMAN CARACAPPA:**

38 Thank you to everybody up here for asking and putting forward your
39 thoughts. Joe, you did an amazing job, you know, and your son has
40 a voice because of you. And you know what? Nothing for nothing,
41 so do a lot of others because of what you're doing today. So I
42 thank you and I look forward to working with you and continue
43 working with Mr. Ronayne on making things better for your son and
44 the sons and daughters of many others.

45
46 And you have a lot of knowledge up here, too, as far as, you know,
47 everything Legislator Kennedy said. She's been there, she
48 understands it and she knows it. I lean on her to get some answers
49 as I do my other colleagues here. So, you know, you have a ton of
50 support. I want you to leave here knowing that. I want you to
51 feel good that, you know, nothing here fell on deaf ears today.
52 Your story is a compelling one, it's a sad one and it's an
53 unfortunate one, and it's one that should not have to be told
54 because it should not have happened, quite frankly. So let's
55 continue to do what we have to do, yourself and myself --

1 **LEG. FLEMING:**

2 Mr. Chair?

3
4 **CHAIRMAN CARACAPPA:**

5 -- to try and rectify these issues going forward. Yes, Legislator.

6
7 **LEG. FLEMING:**

8 Sorry, I didn't mean to interrupt. I just wanted to ask one more
9 question of Director Ronayne.

10
11 **CHAIRMAN CARACAPPA:**

12 Of course.

13
14 **LEG. FLEMING:**

15 I didn't want to interrupt you, I'm sorry.

16
17 **CHAIRMAN CARACAPPA:**

18 It's fine, go ahead.

19
20 **LEG. FLEMING:**

21 Tom, is there -- I know this is new and we can certainly follow up,
22 but having spoken with Mr. Riotta, you know, looking at the packet,
23 do you have immediately any direct action item recommendations that
24 we as the committee or we as the Legislature could take? I'm happy
25 to follow up further, but just wondering if there's anything today
26 that you'd like to ask us to pursue.

27
28 **DIRECTOR RONAYNE:**

29 Thank you. I think that's important to discuss. And I think the
30 point has been made, you made the point Legislator Kennedy, as
31 well. One of the things in the short-term that I think is
32 extremely important, obviously here in Suffolk County, but well
33 beyond, well beyond, certainly throughout New York State and
34 probably throughout the nation, is that we have, as Mr. Riotta
35 stated, specific mental health advocates. Patient advocates are
36 out there, some of them do a magnificent job, but few of them are
37 properly trained in the mental health realm. It's more of a
38 generic -- patient advocacy is more of a generic science than it is
39 a specific one.

40
41 I will go so far as to say that education is important. I think
42 two things need to occur before education should even occur with an
43 advocate and that should be awareness that this is a unique
44 demographic, that this is a population who for better or worse
45 possesses unique or unusual characteristics or attributes that need
46 to be understood. Those things are only understood, in my belief,
47 when there is a cultural competency, when somebody has a
48 perspective. I'd like to say that this is a role that should be
49 held by a veteran, not necessarily so, but ideally because the
50 issues that challenge veterans most uniquely are only best
51 understood by other veterans. And absent those cultural
52 competencies we can train people on which administrator to contact
53 or which extension to dial, but that doesn't necessarily address
54 the core need. So I would think that training in the short-term to
55 include an emphasis on awareness and cultural competencies of the
56 community that we're talking about serving would go a long way

1 toward improving the dynamic.

2
3 **LEG. FLEMING:**

4 Thank you. Thank you, Mr. Chair.

5
6 **CHAIRMAN CARACAPPA:**

7 You're welcome. Thank you. So as I was saying, you know, you have
8 a tremendous amount of support from up here, not just from this
9 committee, but this entire Legislative body. Last March when
10 reports came out that they were considering making cuts to the
11 veterans, Northport, you know, we rallied. Not just here in the
12 County Legislature but on the State level, the Federal level. We
13 all rallied there and we sent -- my office sent a letter with all
14 18 signatures with my colleagues suggesting that it would be a very
15 bad idea to make any cuts to our veterans who gave their services
16 to this country. And I was joined in by the supervisors -- the
17 Suffolk County Supervisors Association, which is the signatures of
18 all ten Supervisors, all ten towns in Suffolk County.

19
20 So the support is with you, Mr. Riotta. I want you to know that.
21 The support is with your son, the support is with all our veterans,
22 whether they be old school, you know, or new school, a veteran is a
23 veteran. Service to this country is service to this country, all
24 right. I assure you that we're with you, we stand with you. And I
25 think Mr. Ronayne knows my commitment to that. It's not just
26 words, it's a pledge and I stand by it as do my colleagues.

27
28 So thank you again for coming out. Thank you for enlightening us
29 with stuff that, you know, and we said it earlier. When you come
30 out, you expose it. Sunlight is the best sanitizer, right, and I
31 acknowledge what you said. So you shed a light on more things that
32 have to be worked on and will be because of you. So thank you
33 again, and thank you, Tom. You always take the time and I
34 appreciate it.

35
36 **DIRECTOR RONAYNE:**

37 Thank you, Mr. Chairman. Thank you all, all the members today. I
38 appreciate you taking the time.

39
40 **CHAIRMAN CARACAPPA:**

41 Yes. We will be meeting further on this and brainstorming on what
42 we got to do and I already have my wheels turning. I know a couple
43 of things we could do right off the bat, so.

44
45 **DIRECTOR RONAYNE:**

46 As always, I'm always available to any of you --

47
48 **CHAIRMAN CARACAPPA:**

49 Yes, you are.

50
51 **DIRECTOR RONAYNE:**

52 -- to follow up, offer questions. I would just like to clarify two
53 things that we covered in the testimony.

54
55 **CHAIRMAN CARACAPPA:**

56 The floor is yours.

1
2 **DIRECTOR RONAYNE:**

3 One of them is the transportation to the nearest -- to the nearest
4 emergency department. Northport V.A. is no longer a 911 receiving
5 hospital, so there's that.

6
7 **LEG. KENNEDY:**

8 When was that?

9
10 **DIRECTOR RONAYNE:**

11 They came off -- they decertified a number of years ago,
12 unfortunately.

13
14 **LEG. KENNEDY:**

15 They still take walk-ins?

16
17 **DIRECTOR RONAYNE:**

18 Yes. The Emergency Department is intact, but they took themselves
19 off the certification list as a 911 receiving hospital.

20
21 **LEG. KENNEDY:**

22 Wow.

23
24 **DIRECTOR RONAYNE:**

25 Yeah. That said, there is, and we use this routinely and it
26 actually works very well. The transfer protocols for bringing a
27 veteran from any other community hospital to Northport, whether it
28 is for primary care or for the acute mental health unit, there are
29 transfer protocols as long as somebody at a -- at the originating
30 hospital certifies that the veteran is medically cleared to
31 transport. V.A. will send an ambulance and they'll get them over
32 there. So I think there's a need to enhance the awareness of that
33 particular fact --

34
35 **LEG. KENNEDY:**

36 Definitely.

37
38 **DIRECTOR RONAYNE:**

39 -- at the community-based hospital level, because that in and of
40 itself is a problem solver.

41
42 **LEG. KENNEDY:**

43 That was a notice to me. Thank you.

44
45 **CHAIRMAN CARACAPPA:**

46 Was there a second? You said you had two things, did you clarify
47 two things?

48
49 **DIRECTOR RONAYNE:**

50 I mean, I can keep going.

51
52 **CHAIRMAN CARACAPPA:**

53 Joe, just a quick question. Are you familiar with the Joseph P.
54 Dwyer Project? I mean, you must be.

1 **MR. RIOTTA:**

2 No, I'm not.

3
4 **CHAIRMAN CARACAPPA:**

5 Oh, that's a great program that specializes in servicing veterans
6 and issues that you're going through right now. It's funded by the
7 Federal Government. I know Lee Zeldin worked very hard in getting
8 additional funding to it last year. So if -- I have a card here
9 for you if you want to contact Corrine. She's wonderful.

10
11 **DIRECTOR RONAYNE:**

12 Melanie Corinne is actually here with us.

13
14 **CHAIRMAN CARACAPPA:**

15 Oh, there is she. Melanie Corrine, here you are. All right, yes.

16
17 **DIRECTOR RONAYNE:**

18 I mentioned Dwyer earlier on in my testimony, but Melanie Corinne
19 is here with us in the room and we will conducting an introduction
20 in just moments.

21
22 **CHAIRMAN CARACAPPA:**

23 Absolutely. I want to recognize Melanie Corinne for -- you know,
24 she's the project coordinator for the Joseph P. Dwyer Project. I
25 just got to recognize her and her group that do outstanding,
26 incredible work with our veterans, especially those, you know, with
27 the issues such as your son and far beyond. Whatever it is, right
28 there, that's the person. You got help. You have resources
29 available to you; you, your family and other families. Maybe we
30 have to do a better job in getting the message out to people and
31 families like yourselves that these resources are there. Not
32 understating at all, the improvements have to be made to some of
33 these other facilities, absolutely, but there are groups such as
34 Joseph P. Dwyer Program and others that recognize it and they stand
35 up, they stand with you, they stand behind you and they stand for
36 your children and other veterans. So, please, get that
37 introduction there and let's just get some stuff going.

38
39 **DIRECTOR RONAYNE:**

40 And just to thank you on the record for Bob Martinez, the man
41 behind the man.

42
43 **CHAIRMAN CARACAPPA:**

44 The great, legendary Bob Martinez. Let's get him on the record.
45 You know, he facilitated this entire thing. Listen, education,
46 knowledge is power. And the knowledge you bestowed upon us today,
47 you know, as much as it disturbs us, it still, you know, it drives
48 me, okay?

49
50 **MR. RIOTTA:**

51 Thank you so much. I appreciate your time and your listening. And
52 whatever you can do, thank you so much.

53
54 **CHAIRMAN CARACAPPA:**

55 Absolutely. Thank you very much, guys, appreciate you.

56

1 **DIRECTOR RONAYNE:**

2 Thank you all.

3
4 **CHAIRMAN CARACAPPA:**

5 I know we're behind schedule a little bit. We have one other order
6 of business and we have Tabled Resolutions. *IR 1783 - Adopting*
7 *Local Law No. -2022, a Local Law to abolish the requirement of*
8 *sellers of home furnishings to escrow purchaser deposits*
9 *(Bontempi)*.

10
11 I'll refer to the sponsor of the bill, Legislator Bontempi. What
12 is your pleasure?

13
14 **LEG. BONTEMPI:**

15 Yes, so we will table this for further work on this resolution.

16
17 **CHAIRMAN CARACAPPA:**

18 So we're tabling or tabling for public hearing?

19
20 **LEG. BONTEMPI:**

21 Table it for public hearing.

22
23 **CHAIRMAN CARACAPPA:**

24 All right, table for public hearing.

25
26 **LEG. BONTEMPI:**

27 Thank you.

28
29 **CHAIRMAN CARACAPPA:**

30 All right. So I have a motion. I'll second the motion to table
31 for public hearing. All in favor?

32
33 **LEG. FLEMING:**

34 Does she want to keep it for further amendments?

35
36 **CHAIRMAN CARACAPPA:**

37 I don't know, that's why I asked, if you want to do it for public
38 hearing or do you want to keep it for further amendments. So you
39 just want to table it.

40
41 **LEG. BONTEMPI:**

42 No, I want to table it for -- is it recess it for?

43
44 **LEG. KENNEDY:**

45 Yes.

46
47 **CHAIRMAN CARACAPPA:**

48 So withdraw your motion and I'll withdraw my second.

49
50 **LEG. BONTEMPI:**

51 Yes.

52
53 **CHAIRMAN CARACAPPA:**

54 And you --

1 **LEG. BONTEMPI:**

2 Motion to recess.

3

4 **CHAIRMAN CARACAPPA:**

5 To table?

6

7 **LEG. BONTEMPI:**

8 Okay, you guys are all confusing me.

9

10 **CHAIRMAN CARACAPPA:**

11 I'm not helping you.

12

13 **LEG. BONTEMPI:**

14 Yeah. So what I need to do is we need to work further on it, so
15 whatever we need to do now to make that happen, okay?

16

17 **CHAIRMAN CARACAPPA:**

18 Okay. That's different from what was discussed earlier, so, okay.
19 I'm going to take you, because you are the sponsor, what you want
20 to do, and then you're making a motion to table, correct, and I
21 will second that motion. Okay? We're good?

22

23 **LEG. BONTEMPI:**

24 Okay.

25

26 **CHAIRMAN CARACAPPA:**

27 All in favor? Opposed?

28

29 **LEG. BONTEMPI:**

30 In favor to tabling it.

31

32 **CHAIRMAN CARACAPPA:**

33 Yes, yes.

34

35 **LEG. BONTEMPI:**

36 Yes. I made the motion to that.

37

38 **CHAIRMAN CARACAPPA:**

39 All right. All in favor? Opposed?

40

41 **CHIEF DEPUTY CLERK ROBINSON:**

42 Four.

43

44 **CHAIRMAN CARACAPPA:**

45 So carried. 1783 is tabled. *(Vote: 4-0-0-3 - Not Present:*
46 *Legislators Piccirillo, Anker and Krupski).*

47

48 Seeing no Introductory Resolutions or any other business here, we
49 stand adjourned.

50

51 *(*The meeting was adjourned at 2:10 p.m.*)*

52

53

54

55

56