

NYSILC Best Practices Webinar

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NYSILC

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>> Making phone mute.

>> Speaker: Welcome to the NYSILC Best Practice Webinar and my name is Brad and I will be introducing Albany, Rochester, queens, NCCI Plattsburg. We'll have a brief question and answer period after each presenter at the end of the webinar. Host monitor the chat box for questions that you forward to our attention and it is located at bottom right-hand corner of the screen. If your question doesn't get addressed during the time of today's events we encourage you to make contact with the appropriate project presenter. Today's events hosted by the New York association on independent living, NYA. Let's get started. First I wanted to introduce Toni McEniry. Toni?

>> Toni: I will talk about the VA capacity project. May I have the first slide please. ARISE was established in 1979 as Independent Living Center to serve on Onondaga and 3,000 participant annually. We have found out through service records only a handful of veterans were being served by us. Next slide, please. ARISE veterans with disabilities outreach projects was created in 2011. The purpose was to build our agency's capacity to connect with and provide outreach to veterans with disabilities. Accomplish by providing independent living services to resources. Next slide, please. We found resources to assist in securing funds by collaborating with the VA hospital social workers and the department of veterans affairs to help accomplish veterans needs. Build accommodations for homes and created. We allowed veterans to leave nursing home facilities so they could remain in their own homes. We advocate for the rights of veterans and encourage and support veterans to

pursue the goals even when they are ready to give up. Many veterans that connected with us, they felt discouraged and generally miss trusted service providers given prior experiences. But through persisting contact and through support many of the veterans took active part in meeting needs. Next slide, please. We have formed relationships with veteran service providers in our region and with the veteran community. This allows the agency to continue to access this population which is generally under served by community service providers. Next slide, please. We found that there were unmet needs in the areas of accessible housing, e-mods and adaptive equipment. There was case management and advocacy services. Next slide. The outcomes from this project were that the number of veterans served by our agency increased. We learned our initial intent to conduct outreach only and in referring to appropriate agency or community staff was not the right approach to serve this population. We learned that we needed to increase the knowledge of the VA benefits system in order to be more effective in our support of veterans. This prompted us to change program focus from conducting outreach only to providing case management and offering one-on-one support and advocacy for each individual. The connection and collaborations with the various veterans related groups and providers have made the veteran population a priority group in our center. We made a commitment to continue outreach efforts to under-serve veterans. Next slide, please. We have several stories, one of them is that we provided a ramp to an elderly homebound veteran and his wife. We were able to coordinate a team of volunteers to build an aluminum ramp outside of our service area and we do provide family safety, freedom of choice and community integration. Next slide, please. This project was highlighted -- I'm sorry this project has highlighted our community's need for veteran specific services. We have made a decision to allocate funding for a staff to continue outreach efforts 1 day a week. Next slide, please. Barriers that we face, lack of funding to employ full time case manager to work on housing, benefits, transition, et cetera, with veterans. This position is needed to be most effective in serving veterans. We do not have the staff capacity right now to offer veteran specific services something that veterans looked for and they need. Next slide, please. But we have developed a very good working

relationship with the VA medical center by the end of this grant which allows us to support the veterans more effectively. Next slide, please. We have learn to team with as many organizations involved with veterans to gain the knowledge and know how to better navigate for the specific need of each person. Staff needed to restructure program planning to include necessary case management. Next slide, please. What we would have done differently, we found that case management combined with our outreach activities work better than those that were served through the project. Veterans aren't comfortable dealing with more than one agency or person to handle their needs, we found. A one-stop shop or one team approach to providing services appear to be more effective way to have veterans stay with our center for support. We would have approached in this manner from beginning -- from the beginning. Next slide, please. Final recommendations to have all resources ready for quick navigation and communication to be knowledgeable in benefits for veteran and staff on how to welcome and provide initial support to a veteran and to establish good working relationships with the VA personnel to speedy obtain necessary documentation to secure benefits. Next slide, please. Contact information is there for you to see if you would like to call me and ask me any questions or if you need any resources do not hesitate. Next slide, please. I have written down some links and there are a couple that I found very, very helpful and one of them was Catholic charities of Syracuse, New York. That's where we secured funding for veterans to get an apartment. They paid for first month security and in one case they paid up front for four months of rent for this one specific veteran. Also the DAB in Syracuse is very helpful with us from taking the veterans from their appointment at the VA Medical Center down to us for case management discussions and we also use the DAB to transport the veterans to their doctors' appointments outside of the VA hospital. Thank you, Brad.

>> Brad: Do we have any questions in the chat box for our presenter? Looks like we have a question. What are the next steps for ARISE to help sustain the program from Chad underwood?

>> Toni: In the process of having a staff member spend 1 day a week for now specifically to

work with veterans. I myself also am working with veterans as a calling.

>> Brad: We have another question. You indicated veterans were reluctant to trust. What made them feel comfortable at ARISE from Barbara Debore.

>> Toni: Recruited veterans in the beginning to coordinate the program and we found that they felt comfortable speaking to someone who was also a soldier. I came into the project at the end of it and these veterans had already met with me through our coordinator and we just established a relationship from there on, and it was pretty easy going.

>> Brad: I want to point out there's a hand icon chat box feature which you could raise your hand so to speak and you could be identified and then be -- you could be un-muted in order to ask your question directly. That's another feature. And later on we could open up the line at the end for your direct question. So if you have a question and you want to ask that verbally we will do that at the end for those who just prefer to ask a direct question. With that and seeing no other questions, thank you, Toni.

>> Toni: You're welcome.

>> Brad: Next we have Laurel Kelley from CDCI.

>> Laurel: Thank you, Brad. I'm Laurel Kelley and I'm from CDCI. And CDCI noticed need for healthy living information through our consumer, stakeholder and staff input. Based on feedback that we were receiving we apply for the capacity grant. We were very happy when we received it and healthy living program was created. We created program to provide outreach to people with disabilities -- I'm sorry, you're on slide one. We created program to outreach people with disabilities to promote healthier lifestyles and there are three main components. Two are programs. Next slide. And they are exercise center informational seminars and disease self-management workshop. Through this program the center has successfully served 116 consumers directly and in addition 119 individuals through INNR. Knowing that engaging in physical activity can ease the symptoms of anxiety depression as well as help individuals lose weight and help with other secondary conditions we established Have Fun Be Fit for consumers. This is a video based exercise center although we have weights available, mats, yoga mats, we have Wii and Xbox station that has physical type

games like bowling and tennis, we actually have workout videos too. Both videos, traditional what you think of as a disk and through the game consults. Engaging physical activity has eased a lot of symptoms for people. We get people to come in and sign in and play the different games or to lift weights and things like that. Informational seminars are another component of lunch -- modeled after the lunch seminars, we run them once a month and create a new seminar series dedicated solely to healthy living topics such as nutrition topics, how to fit in exercise in daily life, recreation option such as accessible camping and hiking places, health insurance and health reform, how to access health insurance and things like that for specifically targeted on healthy living. This is in addition to the regular monthly seminars that have more broad topic. The way we got these topics was from consumer input to see what people were looking for and try to access things. Next slide? Chronic Disease Self-Management Program is third component to the healthy living program and we routinely offer chronic disease and self-management workshop. These workshops are designated to help people gain self-confidence in ability to control the symptoms and how health problems affect their lives. Next slide, please. We wanted to stress our program -- always ongoing looking for consumer input and at the end of each of our seminars and during the trainings we try to get consumer feedback to improve the Healthy Living Program and we also have surveys and we information such as what topics do you want to hear, what programs do you like and how would our programs be better fit for. Next page. Really the best part of the program was what we call the domino effect. Healthy living created this domino effect and now our services are being offered to consumers with way more options. Centers original three components and self-sustaining part of healthy living program. Next page. Example of one of these additional programs is high blood pressure workshop. So during the Chronic Disease Self-Management Program we added another week to the 6-week traditional model to add a seventh week which people can learn about high blood pressure and style changes which can improve the health and help them manage their blood pressure. Next slide. Diabetes self-management workshop is also another new workshop that we have been offering. It is directed toward people who have diabetes or

caregivers for people with diabetes or for people who are prediabetic. Again, this is one of the many classes that are developed to Stanford university and we partnered with SUNY to be trained and to be able to deliver. Also with these -- able to receive a grant that I will talk more later. Next, please. Another component that blossomed out of healthy living grant was community garden and able to secure a plot in Albany which is pretty good size plot and have raised beds in the garden and now we offer a completely volunteer community garden for people that want to do garden for therapy or they like to garden and increase vegetable consumption into their diet. Next page. We also now offer kung fu Antioch classes here at the center. This is through collaboration which we were able to do because of this grant, reached out to different people and now we have kung fu master and Tai Chi person come in and some classes are free and some are nominal charge here at the center. Next? Another out-stirring of this grant was gaming group. Spread from the actual fitness center that we have here where people were really looking for coming in and met people and wanted a more social outlet so we are now doing a same -- video games, board games, more of a social thing and it is run by volunteers as well. Neck, please. O to go back to the self-sustaining effort exercise center component of healthy living program has been sustained but the consumer involvement and expanded as a social component, this has had limited financial impact on CDCI budget and we have to buy new games and and it is because outgrowth of the capacity building grant and outgrowth of asking our consumers what really they want to see and what they want. Next page. Informational seminars have been well attended and have brought in new consumer into our center. We were able be able to successfully sustain this by securing Cornell cooperative extension as speakers and increase on basic of topics that I said nutrition and what would be better to buy this not that, eat this not that topic and also have other speakers come in about exercise and things like that. Again, this is lower no cost for the center because we ask people to speak for free. Next slide, please. Workshops. Workshops now self-sustaining through trained peer leaders and trained staff and partnership with center for excellence and aging and community partnerships opportunities. So really it has been excellent for us to partner with SUNY and excellence in

aging and allows us to have other partners to let us host the draft and get more trainers. Diabetes self-management workshop has been sustained through the collaboration with SUNY, Albany and BIP grant so for those of you that know the balancing center -- SUNY Albany Excellence in aging secured a grant which then for several of the centers were able to have money to do more of the diabetes self-management workshop. So that allowed us to get three people more people trained and will we be able to get that past the BIP grant as well. Accomplishments. Our collaborations were increased by having this grant. We were able to reach out to people. One example was one of the partner agencies, the capital region biggest winner contest, when a bunch of stakeholders in the community got together and they tried to do this biggest winner which was modeled after the TV program. I don't know if it is called the biggest loser where people just lose weighting with how many activities could you do? You got points for going to the doctor, got points for eating healthy, all of those things. Participants, register themselves and committed to live healthy lifestyle for three months and earned the points by attending classes and things like that. Our agency won competition for getting most people enrolled and aim top prize. That was wonderful for us. Next slide. We are able to strengthen the existing relationships. Having dedicated staff member helped us strengthen the relationships with SUNY and other organizations and agencies that we have been working with having a point person to go to meetings and things like that help strengthen relationships. Increase center programs as I said. We had community garden now, we have a gaming group, fitness Friday which is a different Tai Chi class that come in and able to sustain all the grant objectives without continued funding from the CIL. Next page, please. Lessons we learn. We learned dedicated staff member is crucial to having a successful new program. We had tried to have a healthy living program before capacity living grant through small grants and struggle with keeping it afloat and having dedicated staff member for those years really did help us get connected into the community, helped raise awareness of healthy living need in the community and we also felt we needed to investigate current programs that were located in our community already and work with them to increase accessibility so we really were able to take the time and look around within

the community and educate those people to more accessible and consumers that we personally met and worked -- we worked within the community to really bolster those portions with disabilities. Next page. What we would have done differently. Sustaining all the components of the projects and, in fact, expanded program would caution others to consider -- who are considering replicating this narrow the approach down and instead of the three components that we did maybe just focus one at the time and get that running and then go to the next one. It was a little stressful for staff to be able to be balancing all of the new initiative. Next page? Recommendations is to form partnerships. We really took the time to do that and to continue this relationship throughout the year and still now. Seek out the partnerships with your local health clubs, YMCA's, anyplace that might have a healthy living initiative already and other thing is training. We took the time -- staff time to train staff to become with chronic disease self-management programs and other workshops and really was great to be able to spend that time, have several staff members trained in something so you can really pick up and go and say okay, we will do this class and have trained individuals. New slide, please. My contact information if you have any questions at all going forward feel free to give me a holler and see what I can do to help. That's it.

>> Brad: We actually have several questions in the chat box. We maybe have time for a couple of them. First one was how do you get folks to have seminars with food serve and how many people attend it and that was from Heidi frost.

>> Speaker: We tint have -- like we did into this -- to serve foot (Laurel.) so we did not serve food at healthy living seminar events. We got people through -- we have a constant -- what is it called? Where your e-mails go back to consumers with e-mail blast function, all of our consumers asked if they have e-mail. We send it out to other agencies to do blasts for their consumers, hang flyers and things like that. Some of them we did put on community boards but didn't find that was all that hell. More word of mouth and when consumers came and talk to them and when our seminars get 20 to 40 people.

>> Brad: Okay. Then we have a question it says what underserved population was targeted -- grant program you mentioned you're able to sustain post the grant and what ways

where you able to sustain the funding from Katie?

>> Speaker: Target audience who were going to gain healthy living issue so that was under the -- under the -- under the building RFP healthy living was the topic and you were able to sustain the program by incorporating them in and incorporate one person who was organizing the seminars after three years it is not that difficult to do. Really establish some great partnerships so they just come in and do them. Exercise for the gaming group we have -- have the Xbox and have the Wii and matter of upgrading games and things like that. We did buy all the hardware, balancing boards and weights -- hand weights and mat and stuff and things that can still be used and a lot of other programs were still working because we have consumer volunteers participating.

>> Brad: We will try to squeeze in one more question because you had a few more. One says do you have any information on before and after blood pressure and blood sugars of consumers who participated in the chronic disease workshops. That's from Shelly Klein.

>> Laurel: We don't keep the statistics but Albany does and keeping blood pressure statistics and blood sugar ones we are in the process of working out how to track that and antidotal information with people reporting to us and able to manage blood sugar consistently or better, at least have some idea and then for the blood pressure that they are managing blood pressure. A lot of times people come to us who for like the diabetes, they are not even testing their sugar because they have health insurance problem with getting strips and barrier to doing that and we are really helping people with the mechanics of it and the emotional side of -- how to combat varying blood sugars. It has been successful. It is really rewarding to have people come at the end of the session or come six months later and tell you how much they are doing now. .

>> Brad: Thank you very much, Laurel. I appreciate that. What we do in the interest of time is proceed so we can have all the presentations and then we can try to answer more questions at the end or certainly have him do everyone's contact information to follow up after the webinar. Thank you, Laurel. Next we have Erin Clegg from CDR.

>> Erin: Hello, everyone I'm Erin Clegg with center for disability rights and I'm using a sign

language interpreter to voice for me. The concern is if I -- typically I voice for myself. Normally I voices for myself but I have terminology that I use and a little bit of video difficulty here just a little bit and do want to thank you. I will go ahead and proceed. Next slide, please. Center for Disability Rights begins on the leadership for the organizations that were started in 1990's volunteer organizations later became supportive services for the community and partnered with independence. And Independent Living Center. Also they partnered with 2006 support services that were provided. Special programmed that were designed for people with vision loss and hearing loss. In 1999 person who was deaf and blind went to Independent Living Center to help. Help with deaf blind services but there were no deaf-blind services available so we tried to learn more about what the frustrations were, what the real needs were and then we started to have a group of volunteers support service provider and provide various services needed and through the process we found out she wasn't the only one and there were people that were deaf-blind and handicapped. So there were more needs and later we found more and more outside of Rochester as well. Outside of Rochester, New York. Many individuals that started asking and say like what are the services? Where am I supposed to go? So ABBI association and blind and visually impaired and I'm deaf, I'm blind and services, can you help and well we don't have any professionals here, specialistic and issue and going to the store and went back to -- go into the yard and tried to go into AVR and trying to find for them and deaf and blind they weren't able to meat to find out what their needs were. They provided services for the death but didn't provide for someone that was deaf and blind. So many people that needed help. So they -- they were given a grant to develop the service plan to help individuals to certain amount of hours, 20 hours -- SSP, support services provider. With deaf and blind community members. They develop the service provider program back in the '90. Most of the programs were -- funded by donations and grants -- and by grants. There was no payroll assistance provided by the programs. Deaf-blind consumers with SSP -- back up just one moment. Service plan basically the program where the SSP provided additionally and information about the environment, about American Sign Language and communication,

through touch and inform them where to step tap them on the shoulder or squeeze the shoulder and helping them of the room. Might let them know what the -- what they look like and talk about maybe baseball games and give them information to help them understand about sign language and American Sign Language. Some would go and pick them up for transportation and food shopping and take them to work for various aspects that they would help provide services and then they may even help them and go with them on the bus. And they would provide the information there as well. Next slide, please. SSP is support services provider and designating staff as SSP. Each deaf-blind individual they are very independent and just need access to the information because they want to maintain and many deaf-blind individuals that you love SSP Program and one of the ways to be independent and not be so reliable for boyfriend, girlfriend, husband, wife and transportation reading or mail or possibly to go food shopping and read labels on the can. They love the idea to be able for themselves or giving their opinion -- even ask the opinion. This way they could make their own decision and make your own decision from what they bought and decide what they needed SSP Program for. Next slide, please. Benefit of the SSP was to help them do their daily living activity, things they had need. Some people thought -- let me back up just one moment. Not all deaf-blind individuals are completely blind. Some are partially blind. May be from syndrome to the tunnel vision and go all the way to the diabetic retinopathy. About interruptions and partially or blurred and not able to think clearly and individuals that have a wide range as well. They may be hard of hearing and might be able to steer clear of steering aid or profoundly deaf. Communication skills as well. We have some deaf-blind people sensory is aural and relying on lip-reading and other individuals that require sign language and division that has to be more right in front of their face for them to see it clearly and other individuals which means hand -- hand to hand sign language. Like Helen Keller. Just like Helen Keller. Gives me good idea. Hand to hand communication. Fascinating. All the various forms of communication and individuals and SSP programs also provides counseling and help identify the deaf and blind in the community. There are so many that are isolated. Most of them about the disability. Here and let me explain the

isolation deaf and blind individual and doesn't always fit into the community. Sometimes don't sit in deaf community. Get very frustrated and very small. So sometimes they don't have any at all as far as for outreach. Program helps them connect with deaf-blind individuals that are deaf and blind themselves and helps to foster growth and empowers them so they could have more independence and socialized --

>> Speaker: Socialization with their peers. And that way they have peers.

>> Speaker: Saps program and unique program. We have a leader for the hearing but not for the deaf. How is the service provider?, for instance,, college professor. Teacher out of college. Okay. SSP to give information, raise their hands --

>> Speaker: Not paying attention in class or falling asleep so the SSP will alert to what's taking place in the classroom.

>> Speaker: Alert them what's taking place in the classroom. Honestly peripheral vision may be reduced with tunnel vision, so reuse SSP to give them --

>> Speaker: Hepatic feedback on their backs to alert them to let them know what's going on.

>> Speaker: You're going to be a hearing a different voice for the interpreter.

>> Brad: We have roughly around three minutes.

>> Speaker: Don't have ability to see where the bus stop is, ability to get off and not way to walk back home because of the vision loss. Maybe she has night blindness and SSP for variety of -- their needs and sitting around and SSP able to let them know what's the environment around them and people participating. Next slide, please. Explained to the previous side about the information and variety of communication styles and the SSP is really big service typical to find in New York and community based service. Next slide, please. SSP Program we have to have -- well, to be a consumer of the SSP Program medical documentation you have a vision and hearing loss and have interview with the service manager who would evaluate that consumer and see what type of SSP service benefits them and need they have whether it would be someone who would need interpreting, voice interpreting, whether they would be interpreting in a small space for directly in front of their

site line. So we have an SSP trainer that would be working with a staff to help them become the proper SSP. Next slide, please. At the beginning of January invent 14 we started with nine consumers and at this point they really really -- really met the needs of a lot of the individuals. Really increased from 18 individuals that are needing services from us and just learning about our program also. I have been working as SSP coordinator and also have several part-time staff so we have four deaf-blind board advisors. Next slide, please. The next slide, please. Program has been funding mostly through fundraisers, community donations. We are able to sustain the program and able to get statewide funding at this point and because the director of the program is definitely -- we have been able to connect HKNC and ACCES-VR and commission for the blind and direct contact with them and they are using our SSP staff to help their consumers as well and we are helping them to make their goal. We have -- their vocational goals. Next slide, please. Barriers lack of understanding what the SSP Program is. Lack of understanding about the deaf-blind. Organizations that are outside funding and focus on agencies and a lot of them don't have dual focuses. Some only focus on the blind, some only focus and there aren't a lot of places that would fit our customer because they focus on either one. We have great access here for Center for Disability Rights and underserved population. We find that in New York state work with the community first option we are trying to get those to fund our program under the category of everyday -- assistance of everyday living. And deaf-blind community needs the program because without it there will be friends to help them out, family members to help them out and even -- a lot of barriers on them. We hope they will be continue to socialize and not alone in the home. Next slide, please. One of the things that I have learned from this processing this program it is very important to continue to work with the individuals and organizations like ARDI and how they can meet our needs as well. We also have some deaf-blind consumers that come to us and need to get new glasses so we will refer to A dB I and refer client to us as well. They may have individuals for transportation and aids to help them through everyday lives. We have partnership through the organization and also very helpful and also set up board of counseling for individuals and these individuals

are also becoming leaders so really need to foster and encourage these relations because and consumers need to grow. Next slide, please. Deaf-blind Board of Trustees help SSP Program for hosting fundraisers, connecting with other deaf-blind consumers within the community and we teach them about our program and teach rights and advocate for the rights and also for the advocate for their services. We are involved with training new SSP's and training new deaf-blind consumers as well. Next slide, please. Right now we still have a lot of things to continue to work on so the program hasn't ended. It will end in 2016 so probably in the middle the Program Development so we are in the middle of completing the -- working on completing the manual and encouraging other organizations to put up other SSP programs as well. Also developing video to show the different techniques used for SSP Program and we are if the process of setting up a presentation for the post grant program and also developing the material that we need that show what the SSP Program is and what we need to be. We have a very close-knit community.

>> Brad: I was wondering if we could advance to the contact information out of interest of time for the last two presenters.

>> Speaker: Any questions about the SSP Program feel free to contact me. It is pretty hard to give a lot of the important aspects of the efficacy program through a webinar. Please feel free to e-mail me or contact me with any questions you may have.

>> Brad: Do we have any questions for our presenter? Any questions? Again, we are going to have the question opportunity at the end of the presentation. Erin, thank you very much. Let's move on. Next we have Don Rickenbaugh from Sydney. Don?

>> Don: Hi, this is Don Rickenbaugh from Sydney. I don't know if you can hear me or not project to created outreach to you in queens with disabilities making transition from school to adult life and goal was three resources available to youth special focus on English Spanish speaking youth with disabilities. Programs work with youth of parents and workshops and individual basis. Most students and parents were sometimes lost with ha to do with kids after high school so we kind of help them to introduce them to act as ER, look for mentoring program for them and also internships. A lot of the big questions the parent had was

benefits, what will happen to my child's benefits? Had workshops and schools and libraries and also in the offices. Try to bring workshops with them knowing parents were busy with work and with their children. Program called stride and step-up. Stride was job club. We prepare students with disabilities that wanted to work after school. We help them with resumes, learn how to interview. Give opportunities to act in work environment and had some of them working in our office and get to know how to file stuff, things like that and a lot of jokes now apply and need to do online and help them apply for jobs with computers and trial and stressing appropriately and how to speak, you know, to our boss and ask questions about certain things and if you need to disclose your disability and ask for accommodation. We also went over ADA and what that is and what the rights are. Know ha they wanted to do and help focus them. Step up working with students and high school and working with students more in high school and trying to get them to start thinking about things before their last year as a senior. We talked about -- how affected the individual education was, IEP and how to advocate for that. We found a lot of times parents and students didn't know what IEP is and how good or bad it could be. A lot of times parents and teachers were afraid to ask question and sometimes there was language barrier a lot of times. Also sometimes with IEP could student with special -- get special help with tutoring with math and English they could have graduated with high school diploma and talk with parents about working -- talked to parents about talking with school counselors and comfortable to ask them questions and going on from there. Next slide, please. Free parent workshops and different places and weekend with school, provided food, able to bring other children if they needed, workshops done in Spanish and sometimes separate and workshops were guardianship, disability rights, 504, ADA and benefits Medicaid food stamps. We would go over each one for the parents to make sure they understood everything. We had a lot of participation in this. Parents were amazed stuff they didn't know what could happen because they were left in the dark a lot of times and parents in denial of that and instead of things of support they need in school and tell the kid they can do it themselves. A lot of parents very surprised and astonished and that was a good thing and information is power and we are giving both students and parents it

had knowledge to make decisions and benefit kids. Next slide, please. So since 2011 serve 438 parent, provided services to 177 Latino use and we intensely worked with individuals with 11 parents on their child's advocacy cases and education and guardianship. We worked with 12 high schools in queens. We have collaboration it is with both ER, libraries, colleges and other parental advocacy groups here in queens. There was a family from Puerto Rico that was duly here in New York and they kept requesting that the IEP and other information that was being sent to them be done in Spanish and school kept refusing. Unfortunately the student got into trouble and wasn't giving right services so we were able to advocate for them and were able to get needed assistance. We have workers in bunch of these high schools and worked together with them. Also we were -- we were -- got a lot of support from the library and help people to learn English as second language and other people and parents and students thereto. Next slide, please. Here is vignettes that we came across that we helped out with and were successful. Parent of African-Americans who attended step up parent workshop came with to report that she was in denial for five years when son was first diagnosed with disability and after attended the workshop stating I wish I had known about Sydney earlier on and vocational services about her son's IEP and regrets it because doesn't know fully what his rights were. Prior to the workshop reported and heard negative stories from friends who were applied to FDR and was not going to seek services from them. Once we talked about it with her and told about the client assistance program with the counselor consumers for advocacy. Second one was African-American male that was in a wheelchair who didn't see a lot of people in wheelchairs working and programs and who was doing this and amazed people in wheelchairs do work and so he was like totally happy and made him feel happy because there are places out for him to go and really motivated him. Other one was a participating in learning disabilities presented as a shy introverted and did not participate in class by end he shared he went on interview for summer job and got it and reported he got the job. Next slide, please. And getting school involvement and successful program and make sure that scope was totally accessible because our worker was chair itself and and got stuck and not being able to go in and do

her -- do stuff wanted to do and one of one of the things we needed to make sure happen that was totally accessible from getting in to the bathroom and stuff like that and provide services to other schools we had screen for ACCES billion for introductions and face-to-face meetings with relationships with the school administrators and teachers and sometimes kind of tricky wondering what we are there about. They had the job club part but worried about strides because they didn't -- thought we were empowering the parents and students to argue with them but kind of pointed out to them this is good because, you know, everybody is busy, everybody has a case load, some people fall through the cracks, a lot of time this stuff happens and parents and involved and students involved it makes for a better case. Next slide, please. Able to introduce the youth program to 400 youths and parents. Focus on helping use with disabilities where they were best served which meant placing program within 12 -- 12 queen size schools and youth and parents information and services that were and more opportunities for counseling advocacy. Next slide, please. So we -- still continue -- still continue efforts to provide services, disability, youth and families where successfully -- successful this year to receive some private funds to continue providing workshops for use with physical disabilities and their parents on topics of advocacy disability rights. Next slide, please. Upon particular outreach efforts involving staff working on more individual level used and parents outside of school setting and create linkage with the community base organizations. We need -- we made initial impacts within the schools and we want to continue the success on different community settings next slide, please. Recommendations replicate the program having outreach strategy in place with targeted places and people to contact and have established timelines and outcomes for each of these efforts. Most schools that agree to host the program should include information on who's responsible for what and what kinds of access and accommodations that are necessary. Flyers and promotional items established quicker than should be completed prior to outreach efforts, so they can redo the program. All outreach materials should include information on accommodation. Stay connected to the community and participating in various youth and events through the school and like PTA and health fairs

and evaluation by participants should be reviewed on quarterly basis to respond trends or concerns. Participants should be reminded and at the program of other services available to them and or opportunity to speak privately to benefit program counselors. Call any time and we have and good results for this. Any questions?

>> Brad: Any questions in the chat box for the presenter. Raise your hand to be identified. If not we can always have questions at the end. Don, thank you very much. We have Robert from NCCI.

>> Robert: My name is Robert and I'm with the north country center for independence and well talk about the veterans program. Next slide, please. Whoa. Okay. We worked on capacity building program for veterans. Sorry. Important things to start off with. We want to look at basics and building a foundation for working with veterans and what we started out with is identifying local organizations that serve veterans. Next slide, please. Primary organizations that you might look at in your area is local county veterans affairs office. There will be a county veterans outpatient service center or medical center. Larger areas than in Plattsburg. DAVA was extremely important organization to consider having working relationship with and don't forget organizations like Honor Flight and with wounded warrior programs that various agencies might have. Next slide, please. Important component is staff training and what we did is we contacts local agencies that serve people with veterans and asked them to come do in services at the center and likewise we offered to do the same as their facilities. It is hugely important. It builds religion ships and trains both staffs. Particularly if you're trying to build capacity. Service organizations need to know what your center does. Next slide, please. As part of our training we developed veteran's manual with help of Americore worker and this is probably the most time-consuming effort that we put together. Took most of the project time to have a fully developed manual that laid out different programs that provided resources and to put it into a format that was useful to staff and something we could be proud to give out to other folks who might find it useful. And that material is available and you can contact us at the end of this presentation and happy to send it on and specific to our area it is -- give you ideas how to produce your own. Next slide,

please. So one of the key things for us was ensure that our staff was identifying veterans and make sure that every consumer that came through our doors was going through intake process was a veteran. We definitely found we were missing veterans that we were missing so long we didn't know they were veterans. Key thing that should be done. Next slide, please. Identify ways to collaborate with veterans agencies and organizations. DAB who often do fundraisers and volunteers and often be events where they need help and provide volunteers and that was one of the ways that we were really able to build a relationship. Everybody wants something from a relationship so if you can provide any kind of assistance in planning and providing volunteers that goes a long way to providing or building relationships. Also through that effort we had -- built a stronger relationship with the DAB and found out they had a closet where stuff was donated to them and they would get so much stuff that they couldn't get it out to people and had it set with warehouse. Saw power wheelchairs and assistive devices and medical devices that were sitting there and worked out a deal assessed in placing those needed devices on hands with consumers and happy to work with us. And had to be veterans and assessed our consumers -- assist the DAV in working the stuff from their closets and continue to build that relationship and along the way veterans that didn't know the material were available. Next slide. Shunned attend fundraisers, veterans events, memorial day events and hanker flight and Independence Day celebrations and provide volunteers. Get involved in the planning process. A lot of networking goes on here and need a lot of veterans and as they get to know you build relationships and heard in the presentation earlier they are not always willing to open up and trust and tell you you would go the extra mile to show that you are really interested in all aspects of veteran life. Next slide, please. Don't forget nursing homes. We found that probably 60% of the people we serve were nursing homes. A lot of World War II Vietnam vets,. A lot of them unfortunately have ended up in institutions. It is an opportunity to help them get out of institutions. VA does have programs for that. And that should be part of your staff training. Also to ensure that they have been identified as veteran because we found that that sometimes -- not getting all the services that they should and benefits they

should within the nursing ability and if you have got a program like Long-term Care Ombudsman Program that NCC. They have volunteers and staff really additional training in veterans services and what's available and please don't forget them. Don't forget services too to help you identify veterans. Next slide, please. So primary steps that will help you increase capacity with veterans, identify veterans and these are just basic things that all centers do but need, you know, a little extra attention and he is there. These are the things that make the veterans program very sustainable at low cost because these are things that you already do. So just extra attention. You know, when you identify agencies and go out. Give them your brochure and set them on rack for veterans material. That way when veterans come in, that's another sign that you care about them and their particular issues. Don't forget articles that are geared toward and have a section and ensure that's an article every session. Again, that's very sustainable. Identify and -- already went through that one. Sorry. Next slide, please. Collaboration. Work with all the various veteran service groups. They are like us. They don't have incredible amount of funding and they have all the same stresses and particularly in rural areas like ours people work together very well so if you're lucky to be in that situation then it is a natural fit to work with the veterans organizations and no one in small areas like to re-invent the wheel so take advantage of that but I'm sure even in large areas they will take -- they will take help where they can. Don't forget institutions in nursing homes, your assisted living facilities, even anything in your adult homes. End up in adult homes quite a bit and often fall through the cracks. Next slide.

>> Brad: Do we have any questions in the chat box for the presenter? Raise your hand to be identified in that same box. Robert, thank you very much. Really appreciate that. We can open this up to all our presenters now. We can now have the open session and ask open questions to really presenters again. We can open up for anyone that wants to identify and ask a question. Actually we can un-mute all the lines too. I think individually going down and un-muting the lines and anyone wants to ask a question you're welcome too so long as you don't talk over each other. Go ahead and ask a question. See if anyone wants to ask a question. If not, we can wrap this up. Are there any questions for any of our

presenters? For Don was there any one classification of disability among the students that required your services more than others? From Shelly Klein. Don, you there?

>> Don: Yes, I'm here. Give question again, please. Any one classification of disability among the students that required the services more than others from think anything more than the other.

>> Speaker: Grant was developed for disabled and opened it up but serviced anybody but nothing in particular to any disability that was harder or less hard -- easier. They are all about the same, especially with dealing with parents and kids going through school. They want to be teenagers and get them to focus to look for -- think about getting a job and do with their lives was across the board the same. Did that answer the question or go further down the line?

>> Brad: I think you identified initially the group that expanded. Anyone else? Any other questions? Without hearing any I want to thank today's presenters for sharing their successful projects, best practices with webinar attendees. Thank you again for participating. Have a great day.

>> Brad: Bye.

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