

Capacity Building Independent
Living Center Opportunity (CBILCO)

“How To” Manual for Southern Tier Independence Center



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This is more of a report than a manual, since, unfortunately, our project was not a success. More below.

Provide a brief summary/abstract/synopsis of the project.

- **Append the entire project proposal narrative for reference.**

We planned to hire a part-time (20 hours per week) Peer Advocate position, requiring the peer to be a veteran. Our goals were to offer peer support, information and referral, benefits advice, advocacy, housing assistance, life skills training, as well as the full array of services provided by STIC in the community. This included our loan closet, Technology-Related Assistance for Individuals with Disabilities (TRAID) project, transition or diversion from institutional placement, Traumatic Brain Injury Waiver, Consumer-Directed Personal Assistance (CDPA) program and much more. Additionally, at the core of the Veterans Outreach Project was outreach to veterans programs, other agencies, and entities that might have any contact with veterans. We also outreached to governmental agencies/services, colleges/universities, and more. The service area was Broome, Chenango and Tioga Counties.

Provide a list of the organizational partnerships (made to facilitate outreach with the target population) and identify:

We did not, for actual partnerships, but rather verbal agreements to mutually refer veterans to our program. Not only did we outreach to agencies/organizations, but we attended any event that we thought would potentially have veterans in attendance. Below is a list of agencies with which we connected and/or collaborated throughout the duration of the project:

American Civic Association
All local American Legion Posts

American Red Cross
Army Transition Program

Binghamton Parades Committee	Operation Enduring Freedom
Binghamton Rescue Mission	Operation Iraqi Freedom
Binghamton University's Veteran Services Office (Equivalent at Broome Community College)	Salvation Army
Binghamton Veterans Center	Several Senior Centers
Binghamton YMCA	Soldier On
Binghamton YWCA	Soldiers to Saddles
Chemung County Veteran Affairs Commission	Southern Tier Veterans Support Group
Clear Path for Veterans	Stablemovements Soldiers to Saddles
Disabled American Veterans	Tioga County Veterans Services
Farmer Veteran Coalition (Chenango County)	United Way of Broome
Lourdes Family Health Center	Veterans Administration Office (Syracuse)
Mental Health Association of the Southern Tier	Veterans for Peace
Military Aid Society	Veterans of Modern Warfare (Tioga County)
Military Officer's Association (MOAA)	Veterans of Foreign Wars, several Posts
National Guard Unit	Vietnam Veterans of America
New York State Division of Veterans Affairs	Volunteers of America
NYS Elks Association	We Honor Vets (for veterans in hospice)
	Wounded Warriors Project

• **Rationale: (why connect with partners)**

We connected with every organization known to work with or have contact with veterans in any way. We visited entities where we thought veterans might gather, including senior centers, and tried to exhaust any potential referrals to our program.

• **Methods: (how to establish contact with partners)**

We contacted known veterans programs and asked for other potential organizations to contact. One entity gave us a long list of veterans and programs, and we contacted each on the list. We used phone and email to connect, as

well as in-person meetings (where we left brochures and flyers). We also posted flyers all over town, at grocery stores, medical facilities, community organizations, senior centers, and other venues.

- **Means: (what partners contributed to project)**

Very few contacts participated actively in the project. While all thought the project was much needed and very useful, and while many would advise us of programs and activities of interest, none took an active role (such as serving on the board, etc.).

- **Documentation: (note any type of Memorandum of Understanding (MOU), agreement, contract, then provide in the form of a link, or as an attachment at the end of the manual)**

There were no such MOUs, agreements or contracts, just in-person, verbal agreement to share information and refer consumers as appropriate.

Provide examples of any training materials developed for the project (target population, partnerships, community outreach) and how they were evaluated.

None were created.

Provide any methods used to market the project to the target population/consumers (marketing materials, letters, flyers, brochures, videos, etc.)

We sent many emails, which were not saved, to consumers, and we posted flyers and brochures widely.

The following was on the front page of our webpage:

“Veterans Peer Counseling- STIC can now offer the services of a Veteran’s Peer Advocate to help all Veterans with a disability. An opportunity to talk to a fellow Veteran who has experienced similar challenges. Male and female Veterans receive encouragement, support and help navigating the complex issues facing the veteran with a disability. You don’t need to go it alone.”

There was more in-depth information about the program when the person clicked a link, but that has been deleted and isn’t available anymore.

Describe how consumer input was obtained and consumer control maintained during the project.

The main problem with our project was that no consumers would come to STIC. They thought we were a government agency and they wanted nothing to do with us because of that. No matter how we tried to assure and reassure veterans about this concern, their lack of trust in government entities kept them away.

Provide at least (3) consumer vignettes related to your projects that exhibit successful consumer outcomes, increased independence, and or improved quality of life.

Most of the 10 or so consumers with whom we had contact were assisted via phone. We don’t know the outcomes of the assistance, because they seldom called back and didn’t respond to our efforts to reach them.

Provide project strengths and limitations.

We thought we had a sound approach, backed by the Independent Living Philosophy, but it wasn't enough. As can be seen by our list of connections, we outreached far and wide. We also spoke at events, had tables at community activities such as July Fest, The Strawberry Festival, local media interviews, and much more. Still consumers did not come to the program. This was an experience we'd never had before, since we serve over 4,000 people and are very well known in the communities we serve.

Below are the major barriers we experienced:

- Although we conducted extensive outreach over the last year, we didn't see the influx of consumers we'd planned for and initially thought we'd attract.
- Unlike other populations, which freely share personal information and self-identify as a person with a disability, veterans with disabilities are quite different. They are extremely reluctant or unwilling to share any personal information, and often don't view themselves as having a disability, even though they may have obvious physical limitations or admitted cognitive or mental health issues.
- The veterans we encountered were especially distrustful of "government programs" as they perceive them. Even though we repeatedly told them we are Not-For-Profit, consumers continued to think of us as "government" because we get funding through various state grants/contracts. They protect their privacy and weren't usually willing to fill out forms (even simple program intakes.)
- In Binghamton, it was extremely difficult to attract qualified candidates, even though the qualifications weren't onerous. We posted on Facebook, Craig's List, state employment programs/services, on our web and Facebook pages, in the newspaper, and sent the job description to every veteran program we were aware of locally. We also followed up with phone calls to the local agencies to which we sent the announcement.

None of the above comments about veterans are judgments or criticisms, they are simply what we've observed through the project.

Provide lessons learned.

The aforementioned barriers are the lessons learned. If we were to pursue any specific targeted program to veterans in the future, I believe that a visible partnership with another veterans-related entity to implement the project might be helpful.

What funding options were you able to explore and pursue for the project? What resources were you able to successfully develop for the project?

Other than our flyer and brochure, we didn't develop any other materials. We had information on our webpage (now deleted), as well as facebook.

Conclusion

STIC conducted significant outreach to promote our project and to attract veterans. We were a bit delayed in starting the project because we searched for five months before finding an appropriate candidate. He lasted only six months, and we spent another four months trying to recruit a replacement. The replacement staff person resigned after only five months, and we decided that it would be wasteful of government dollars to continue with a program that was clearly unsuccessful. Each of the two staff had some very strong skills, but neither one fully possessed all that was needed for the project. Although we provided extensive training, neither person worked out. We were honored and quite excited to receive the grant, and were equally disappointed that we did not succeed in the end.

Attachment 1

Southern Tier Independence Center, Inc.
RFP Proposal #14-013
NEW YORK STATE EDUCATION DEPARTMENT
State Plan for Independent Living (SPIL) Capacity Building for
Independent Living Center Opportunity (CBILCO)

Introduction/Project Mission

Southern Tier Independence Center, Inc. (STIC) is a not-for-profit 501(c)(3) Center for Independent Living (CIL) as defined under NYS law. Located in the City of Binghamton (Broome County), STIC has served adults and children of all ages with all disabilities in a growing number of counties in New York (currently 12) since 1983. STIC seeks to serve as a State Plan for Independent Living (SPIL) Capacity Building for Independent Living Center Opportunity (CBILCO) contractor to provide services and supports to the underserved population of male and female veterans with disabilities. STIC's proposed services for the unserved and underserved veteran demographic, including veterans with physical, cognitive, and mental health disabilities, include peer support, information and referral, assistance with seeking and securing housing, life skills training, and outreach to and collaboration with veterans organizations and other groups serving this population. We wish to provide these services in three NYS counties: Broome (Binghamton headquarters), Tioga (Owego satellite office), and Chenango (Norwich satellite office). Should we be awarded funding, STIC will create a part-time Peer Advocate position and hire and train a veteran with a disability to provide these services. This Peer Advocate will have the considerable heft of all STIC services and programs at his/her disposal, so s/he will have a deep pool of resources from which to draw.

STIC is an ILC with a longstanding presence in our communities and a reputation for providing the highest quality services and supports in a timely

manner. Further, we remain sensitive to the differing experiences, beliefs, and backgrounds of our consumers, so all interactions are conducted with an eye toward remaining culturally sensitive. We have at our disposal a breadth of programs and community connections as ready resources in support of this proposal. As a general overview to demonstrate the wide range of services, supports, trainings, and programs we offer, we successfully operate the Early Childhood Direction Center (ECDC) for the Mid South region, both the Traumatic Brain Injury (TBI) and Nursing Home Transition and Diversion waivers (NHTD) Regional Resource Development Centers (RRDC) in 12 counties in South Central New York, and we serve as New York State's Health Benefit Exchange Navigator in 9 NYS counties. Additionally, we were recently awarded the Special Education Parent Technical Assistance Center for the Southern Region. We offer tailored services through our Parent Mentor Project, Education Advocacy, Community Integration Advocacy, Behavioral Consulting Services and Program Design, and ADA Services. We offer Day Habilitation and Community Habilitation services, Housing Assistance, and Supported Employment services to people who have a Traumatic Brain Injury, are blind, deaf, developmentally disabled, or have a variety of physical disabilities. We are often the only agency that will work with people with the most significant disabilities. We also offer support, training and services in six counties through our TRAIID Project (Technology Related Assistance for Individuals with Disabilities), providing information, demonstration, and loan of a wide variety of low and high tech assistive/adaptive devices. These programs/services, combined with our peer support model, individual and systems advocacy, life skills development, Consumer-Directed Personal Assistance (CDPA) program and emphasis on self direction and community integration, are at the disposal of our staff and consumers, offering a foundation not matched by any other organization in our service area.

We are confident that our well-established roots in the communities we serve, our broad range of exceptional programs, services, and supports, and our vast network of community connections and partnerships will jointly produce a strong program to support our veteran population in general and especially veterans with disabilities.

Preliminary Assessment of Existing Resources, Needs, and How STIC will Address Them

The crisis United States veterans currently face with regard to health care, housing, and employment has dominated the news in recent months. That these issues are now receiving attention is a good thing, but the problems that are being revealed have been ongoing for years. It is safe to conclude that historically services and supports for our veteran population have been underfunded, sparsely available, and poorly administrated. As an Independent Living Center with a wide reach in the Southern Tier of New York State, STIC has the knowledge and capacity to address and alleviate some of the problems that have become endemic in the system. We are a disability organization, and we specialize in assisting perhaps the most marginalized population in this country. Thus, we are well positioned to outreach and provide necessary services to veterans and veterans with disabilities in Broome, Tioga, and Chenango counties.

The need for our proposed services is supported by statistics reported by organizations ranging from the US Census Bureau, the National Coalition for Homeless Veterans, and the US Department of Veterans Affairs. According to the most recent US Census estimates, which are updated annually in the years intervening the official Census, Broome County has 15,473 veterans, Tioga County 4,737, and Chenango County 4,253, for a total of 24,463 in our proposed region. The US Department of Veterans Affairs released a Special Report in 2011 that shows 16% of male veterans and 18.9% of female veterans have a service-related disability. Using these numbers, we estimate that in the three counties we seek to serve there are approximately 8,317 veterans with a disability. This is likely a conservative estimate, because the report only reflects service-related disabilities and does not address whether PTSD is included in their definition. In addition to the statistics and the research on existing resources that follows, STIC has heard many accounts from professionals with whom we work about the need for our proposed services. Our staff has spoken with professionals serving veterans in Broome, Tioga, and Chenango counties, and they consistently lament the dearth of programs and supports for disabled veterans.

Peer Support: Our research into available peer support options in Broome, Tioga, and Chenango counties has shown very few opportunities. As Binghamton is the largest metropolitan area in these counties, one would expect peer support to be more widely available. Although we have a local Disabled American Veterans (DAV) chapter in Binghamton (hosted at the American Legion Post #60), they hold meetings only one evening every month. Their current calendar of events for the month of June is blank, showing that they have no events planned for disabled veterans. Another possible source of peer support is the Binghamton Vet Center operated by the VA's Readjustment Counseling Service. This office, however, lists only individual counseling services and is staffed by one team leader and two counselors. For a county with more than 15,000 veterans, this does not seem like adequate coverage to serve the designated population. Tioga and Chenango counties have neither a DAV chapter nor a Vet Center, which indicates that this service is desperately needed there as well.

STIC has provided peer counseling for people with disabilities since our inception 31 years ago. We believe that people learn best from one another and especially from someone who has faced similar obstacles and succeeded in spite of them. Our Peer Counseling involves people with disabilities sharing experiences, mentoring one another, offering encouragement and support, and learning from each other how to navigate the often complex service system. It is also a model that empowers people to learn and grow, to develop skills that will assist in successfully living in the community. Our Peer Counselors are people with a disability. They offer guidance, assistance, and support without taking control. They can advocate and empower others to advocate for themselves. They listen without judgment and assist people to take control of the responsibilities of their own lives. They assist others in becoming the person they want to be, and they are role models for others who have a disability. Under this proposal, we will have on staff a disabled veteran who can offer peer support to his fellow veterans with disabilities, a service we believe is critical to the healing process. We will also strive to create a peer group that meets regularly so veterans with disabilities can build a support network of friends and contacts in the community.

Information and Referral: There are a handful of organizations catering to the veteran population that offer information and referral, yet our research has shown that opportunities for face-to-face meetings are extremely limited and personnel available for contact are often not local. These sites direct visitors to links to a variety of other websites, telephone numbers, and email contacts. We know that DAV, Broome County's Veteran's Service Agency, local American Legion posts, and the Binghamton Vet Center all have information and referral services, yet only DAV has specific services for veterans with disabilities. Under the link for Services on our local DAV chapter's webpage, it lists regional office addresses, emails, and telephone numbers, not what information and referral services might be available. DAV does travel to areas where they lack offices or chapters, but they have only 10 Mobile Service Offices (MSO) to serve the entire United States.

As one of our CIL core services, we maintain a clearinghouse of accurate comprehensive neutral information on a wide variety of disability-related topics. In addition to the extensive knowledge-base of our staff regarding disability issues and services, we house a resource library of books, brochures, catalogs, and videos on a wide variety of topics such as the ADA; other disability-related laws and regulations; assistive technology; different types of disabilities; disabilities awareness; special education; independent living philosophy; deaf culture; sign language; and several works of fiction that demonstrate the abilities and potential of people with disabilities. We operate two Regional Resource Development Centers (RRDCs): the Traumatic Brain Injury (TBI) waiver and the Nursing Home Transition and Diversion (NHTD) waiver. The TBI RRDC is an invaluable resource under this proposal, as many servicemen and servicewomen are returning from war having sustained a traumatic brain injury.

STIC has been a statewide leader in community-based services for people with TBI since 1988, when we began systems advocacy that ultimately resulted in the creation of the DOH TBI waiver program. We were highly active participants in the statewide and national effort to pass the Americans with Disabilities Act, established and led a strong coalition to promote passage of the state's Consumer Directed Personal Assistance (CDPA) legislation, and were effective

proponents of the NYS Most Integrated Setting law. We also worked diligently for the adoption of the law that directed DOH to establish the NHTD waiver program. STIC's Home and Community-Based Services Medicaid Waiver for Individuals with Traumatic Brain Injury (HCBS/TBI) is one component of a comprehensive strategy developed by the New York State Department of Health to assure that New Yorkers with a traumatic brain injury could receive services within New York in the most integrated setting. The TBI waiver is an opportunity for comprehensive services to be available in the community rather than in an institution, allows the state to assemble a package of carefully tailored services to meet the needs of a targeted group in a community-based setting, maintains the waiver participant's health and welfare through an individualized service plan, and assures the overall cost of serving waiver participants in the community is less than the cost of serving a similar group in an institution. Unfortunately, many veterans that could qualify for the TBI Waiver don't know it exists. We will change that with this proposed outreach project.

Information and referral services are offered at our headquarters in Binghamton and will be offered as well in our satellite offices in Owego and Norwich. All locations are fully accessible and easy to reach by public transportation. Further, our staff has a reputation for returning phone calls and emails promptly and for following up with consumers. Unlike many of the other organizations available to veterans with disabilities, we are present, local, reachable, and available to assist those who request it.

Housing Assistance: The high numbers of male and female veterans with disabilities, and the relatively few community supports and services for them, is compounded by the difficulty seeking and securing adequate, affordable, and accessible housing. As a result, many veterans, and especially veterans with a disability, are homeless or have unreliable, inconsistent housing situations. The National Coalition for Homeless Veterans (NCHV) and the National Coalition for the Homeless (NCH) disagree on the percentages of veterans who are homeless. The former organization reports that 12% of the homeless population in the United States are veterans, whereas the latter reports that 23% are. Their

differing numbers underscore the difficulty in maintaining accurate records of what has sadly become a transient population nationally. They agree, however, that approximately 51% of homeless veterans have a disability, and 50% have mental health issues. Finally, veterans are twice as likely as other Americans to become chronically homeless. After laying their lives on the line for all Americans, they are sadly relegated to living on the streets.

The answer to this ever-growing problem is not more government involvement, and the NCHV acknowledges this. They write that “Government money, while important, is limited, and available services are often at capacity. It is critical, therefore, that community groups reach out to help provide the support, resources and opportunities that most Americans take for granted: housing, employment and health care.” They further state, “The most effective programs for homeless and at-risk veterans are community-based, nonprofit” groups. This is exactly what STIC is—a well-established community-based, not-for-profit, disability organization with 31 years’ experience providing things such as housing and other critical supports.

Existing services in Broome, Tioga, and Chenango counties are limited in their capacity to support and serve veterans with disabilities, especially in securing accessible, affordable housing. New York State provides veteran housing benefits in the form of low interest, fixed-rate mortgages. It also sponsors Department of Health operated “housing” in hospital facilities around the state. While the mortgage option may seem feasible, if one is homeless, s/he probably does not have much in the way of an income, making it virtually impossible to obtain a mortgage. Additionally, homeless veterans with one or more disabilities who wish to live independent, community integrated lives would not find living in a hospital setting very appealing. Broome County’s Veteran’s Service Agency provides largely administrative supports to a reported 18,000 veterans and active duty service men and women. They provide guidance in areas such as applying for benefits through the US Veteran’s Affairs and with home mortgage applications, but they do not assist with the housing crisis facing disabled veterans. The American Legion, which has 3 posts in each county we wish to serve (for a total

of 9) does not offer housing support services targeted to homeless veterans and especially to homeless veterans with a disability. The American Legion uses a uniform, shared webpage for each post. That is, the pages are not specific to each community's need or to the particular character of each post. Requests for assistance with housing or homelessness are directed to a centralized telephone number and email address, and there appears to be only one office in New York State that handles such inquiries. The US Department of Veterans Affairs lists its Vet Centers throughout New York State (there are 16 in all), only one of which is located in the three counties we will serve—the Binghamton Vet Center (Broome County). This site, like many of the others devoted to veteran issues, does not list any services pertaining to housing in general or accessible housing. It does, however, offer assistance with home loans, something that is likely out of reach for the demographic we will serve under this RFP.

While STIC does not have a person solely assigned to providing housing assistance, we have compiled a comprehensive listing of housing options in our community, along with contact information for applications and supports. We have resources on many topics related to affordable, accessible, integrated housing for people with disabilities and seniors, including: housing resources and subsidies; housing laws affecting veterans, seniors, and people with disabilities; and statewide housing opportunities and initiatives. Where appropriate we also make referrals for various programs and services including: accessibility modifications; home repairs for little or no cost; USDA Rural Development; weatherization programs; rent subsidy programs; and home buying assistance, etc.

The Peer Advocate that we propose to hire will have access to the wealth of information at our disposal and will foster relationships between the disability, veterans, aging, and housing communities, as well as other stakeholder groups, to develop strategies to address barriers to housing for homeless veterans.

Life Skills Training: STIC is an organization rooted in our devotion to the Independent Living Philosophy. Throughout our history we have worked in a very public and effective way to advance our belief that people with all disabilities of all ages can and should live safely in their communities with appropriate supports. With a board of directors comprised of at least 51% people with disabilities, our policies are developed by individuals who have experienced both the joys and frustrations of living integrated lives in their communities. Additionally, if this project is funded, we will endeavor to find a qualified disabled veteran who shares our philosophy to serve on our board. Approximately 40% of our staff has some type of disability, and they can truly understand the needs and dreams of others with disabilities. The only other agencies within our region that follow this philosophy are also CILs, and none of them serves the area the way we do. We offer a wide range of independent living skills information and trainings, and these too will be available to the targeted disabled veteran demographic. To our knowledge, we are the only organization in Broome, Tioga, and Chenango counties that offers life skills training to people with disabilities. Our training will be tailored to the specific wants and needs of the given individual, and might include mobility and transportation, housing issues, finances, nutrition, scheduling, communication, assistive technology, and individual advocacy.

As previously stated, we know anecdotally from fellow professionals and from our research that the services we seek to offer under this RFP are needed. Veterans with disabilities in Broome, Tioga, and Chenango counties have extremely limited community-based options. STIC's goal is to provide these much needed services to veterans with disabilities.

Outreach: To reach the broadest possible audience, our outreach strategies will include a comprehensive marketing plan using all resources available to us. Within the first month we will hire and train our staff person and create a brochure/flier detailing who we are and the services we offer and begin the ongoing process of contacting as many organizations that encounter the veteran population as possible. We will place an advertisement in our quarterly newsletter, *Accessibility*, which has a circulation of approximately 3,500 individuals, organizations, and businesses. We will also create an informational

page on our organization's website. Our outreach will include making presentations to any organizations that express interest.

Beginning in month two and ongoing, we will contact all American Legion posts in Broome, Tioga, and Chenango counties and provide them with information about our services and ask for referrals. We will also outreach to the Disabled Americans Veterans and to the Binghamton Vet Center to alert them of our available program and seek referrals from them as well. We will place informational fliers and/or distribute our brochure to Chambers of Commerce, YMCAs, Departments of Social Services, libraries, homeless shelters, hospitals, grocery stores, food pantries, other ILCs, and any other entities that might encounter veterans. Information will also be available at STIC's Owego and Norwich satellite offices. As STIC staff members serve on over 90 local, regional, and/or statewide boards, coalitions, committees, task forces and advisory groups, we will utilize these connections to conduct the most thorough, rigorous outreach possible.

Outreach will also be conducted by utilizing small-town circulars, radio and television PSAs, posters at public sites in the community, and similar strategies to inform the public of program availability and contact information.

By the second month and ongoing, we hope to be providing the above-detailed services to veterans with disabilities.

In the first year, we will begin researching future funding opportunities. We will approach local foundations as well as explore all funding available through local, state, and federal VA organizations. Our goal is to continue the program after three years at its current or increased level of outreach and service provision. By the end of year 1, we will have 60 new project specific consumers in our three-county region. We will also create a peer support group in Broome County and as our consumer base grows in Tioga and Chenango counties, create groups there as well.

Year 2 and 3 will be spent growing and strengthening the program and our collaborations with local agencies and organizations serving disabled veterans. In year 2 and 3 we will add a total of 120 (60 per year) new project specific

consumers. These two years will also be spent continuing the research of year 1 and applying for funding to continue the project beyond 3 years. Additionally, we hope to have a disabled veteran serving on our board by the end of year two at the latest.

Future Funding: STIC has been aggressive and highly successful at securing funding through local, regional, and state agencies. Much of the funding we have been awarded grew out of competitive grants, and we have demonstrated success in pursuing funding sources. That we are a not-for-profit organization whose budget consistently grows larger every year attests to the strength of our agency as a whole, the programs and services we offer, and the professionalism of our staff.

In the past 5 years alone we have won a large number of NYSED contracts, including the ACCES-VR Independent Living Contract; the Supported Employment Contract; the Statewide Systems Advocacy Network Center; the Early Childhood Direction Center; and the Parent Technical Assistance Center contract. From the NYS DOH we've received funding for the TBI RRDC; the NHTD Binghamton RRDC; the TBI Neuro-Behavioral Resource Project; NHTD Syracuse RRDC; MFP Project and the NYS of Health IPA/Navigator Program. This demonstrates STIC's extensive experience as a responsible and effective contractor. We received monies for the TRAIID Contract from CQCAPWD, and we also have Intensive Behavioral Services, and two Family Support Services contracts from OPWDD.

STIC has had the same grant writer on staff for 8 years. She brings a deep familiarity of our organization and a sense of continuity to the grants for which we apply. She will continue to work closely and collaboratively with Maria Dibble, STIC's Executive Director, and Jennifer Watson, STIC's Assistant Director, to vigorously explore all local, regional, state, and federal funding opportunities to continue this program beyond three years.

STIC will seek to expand the Consumer Directed Personal Assistance program for veterans that we currently have through Broome County Office for the Aging, and will explore other fee-based services that may be available that could contribute to continuing funding after year three.

Our country's awareness of the need for responsibly administrated community-based veteran services is on the rise, and we have every reason to believe that funding sources will present themselves on both the public and private fronts. When they do, STIC will work relentlessly to secure them.

Partnership Building: Each contract year, STIC will build a minimum of 5 partnerships (for a minimum of 15 over the three-year contract) to facilitate outreach and services to veterans with disabilities. For 31 years we have been extremely successful in establishing partnerships and networks and creating coalitions. We strive always to work collaboratively to ensure the strongest relationships and the greatest possibility for success. We will seek to create partnerships with the American Legion posts, the Binghamton Vet Center, the Disabled American Veterans association, Binghamton University's and Broome Community College's veteran's organizations, Binghamton University's Center for Civic Engagement, each of Broome, Tioga, and Chenango Counties' Veteran's Service Agencies, local community foundations, and the like.

Growing the Consumer Base: STIC has both experience and success in conducting outreach, providing information, and attracting consumers to the array of services and supports we provide. With this program, as with all our others, we will work tirelessly to advertise the services, conduct thorough and comprehensive outreach in each county, and identify at least 60 new consumers each year. With the large population of veterans with disabilities, and with the current paucity of high quality, readily available, and locally derived services, we believe that this program will be in demand. The disabled veteran population will benefit from our proposed program, and we will be aggressive in ensuring that it is highly visible, easily accessible, and hugely beneficial.

How-to Manual: On an ongoing basis, STIC will maintain records and documentation of all efforts that go into our project development. We will track activities, evaluate their benefit and success, and record our progress. All activities, outreach methods, project development and implementation, project expansion, troubleshooting strategies, and funding research methods will be compiled into one lucid and easy-to-follow technical manual for project replication. We will include copies of our informational materials and a how-to checklist to ensure that future projects have a concrete plan to use as a foundation.

Preferred Experience and Qualifications of Key Personnel

The key staff person for our proposed project will be a veteran with a disability. STIC will seek someone with a proven record of success in conducting outreach, has worked for, or with, Independent Living Centers, has an expertise building partnerships with community-based organizations, has experience collecting, analyzing and using data for grant writing and other fund development purposes, is a member of the target population, and has prepared how-to manuals or similar project documentation. STIC has staff members who have expertise in all these areas, and we place the strength of our entire organization behind this proposed project and the individual we hire. That is, the individual we hire will have at his/her disposal all the resources STIC has to offer, so if there are areas where s/he needs direction, assistance, or other supports, they will be swiftly provided.

Our Peer Advocate will divide 20 hours per week between three STIC offices: Binghamton, Owego, and Norwich. Allocated hours at each location will be contingent upon demand and will likely vary by site as we build the program and as need dictates.

Consumer Involvement

This project is designed to be consumer directed and consumer based. A core philosophy of all ILCs is to ensure self-direction and control over one's own life. Our Veterans with Disabilities Support Project will be no different. The project lead will be a veteran with a disability, and we will periodically survey those we serve to solicit feedback. In an effort to continually improve, we will address any problems or areas of dissatisfaction we might receive in the surveys and make adjustments as necessary. We will establish a peer group/advisory panel with a minimum of 5 veterans with a disability and/or STIC staff members with a disability for project design, monitoring, and evaluation. Should we be unable to attract panel participants from the targeted demographic or STIC personnel, we will reach out to other veteran's organizations for assistance in setting up an advisory council.

STIC will also determine what gaps exist in the community through peer counseling, where we will ask consumers to identify areas where their needs and desires are not being met. We will also seek their suggestions for how to best fill those gaps and address the problems. Consumer input will guide this project from start to finish.



Southern Tier Independence Center
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1 (877) 722-9150 (Toll-Free) | (607) 238-2694 (VP/Deaf)
www.stic-cil.org