

Capacity Building Independent
Living Center Opportunity (CBILCO)

Transition Manual
for **Western New York**
Independent Living
Center



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Introduction

Western New York Independent Living, Inc. (WNYIL) is a regional family of agencies, which is comprised of the Independent Living Center of Erie County, Independent Living of Niagara County (ILNC), Independent Living of Genesee Region (ILGR), OAHIIIO (which means “the good path” in Seneca, and formerly known as Native American Independent Living Services), and Mental Health Peer Connection (MHPC). Combined, our regional footprint envelopes the urban, suburban and rural communities of Erie, Niagara, Genesee, Wyoming and Orleans Counties. With three independent living centers in Buffalo, Batavia and Niagara Falls New York, and three satellite locations in Warsaw, Albion and Lockport. We also offer a walls free office for OAHIIIO, which travels throughout the region’s native american reservations bringing independent living skills, dignity, pride, equality and independence to those residing on the reservations. All locations offer consumers programs and services which include independent living skills, benefits advisement, transportation, employment and /or vocational support, family and educational support, and advocacy.

Preliminary Assessment of Resources

Over the last 34 years, WNYIL has offered programs and services which predominantly support adult consumers (18+) with independent living and behavioral mental health programming. We also offer family support, and educational advocacy for parents of younger children with developmental disabilities. WNYIL has received requests and referrals that prove a significant need for programs for older youth and young adults transitioning into adulthood. Acknowledging this gap in services WNYIL assessed the current programs being offered in all three main locations, OAHIIIO, and Mental Health Peer Connection. There is also significant research regarding youth with disabilities, proving an ongoing struggle to complete high school, finding employment, and ultimately sustaining independence in young adulthood. A secondary need also emerged for parents and caregivers of the identified youth with mental/ behavioral, and physical disabilities due to limited or no support as their child

with disabilities ages into adult hood. Staggering statistics include:

An estimated 2.8 to 5 million young people aged 16 to 24 are neither in school nor employed (National League of Cities, 2005). Nationally, 8,300 youth drop out of high school daily. Young adults with disabilities are three times more likely to live in poverty than their peers without disabilities (National Collaborative on Workforce and Disability). The U.S. Department of Education data shows that students with disabilities who do not complete high school had emotional disturbance (44.9 percent), speech or language impairments (22.7 percent), specific learning disabilities (25.1 percent), intellectual disabilities (22.3 percent), and other health impairments (23.4 percent).

WNY Independent Living identified gap in service for youth and young adults from four specific demographic areas:

- 1) Youth/Young Adults (YYA) with physical and/or psychiatric disabilities who are transitioning into adulthood, in need of support upon graduation from high school to transition to work or college.
- 2) Youth/Young Adults (YYA) with physical and/or psychiatric disabilities who have dropped out of high school and need to complete the TASC (Formerly GED), and are in need of educational support.
- 3) Youth/Young Adults (YYA) with physical and/or psychiatric disabilities who have dropped out of high school and have the opportunity to re-enter high school.
- 4) Families/Caregivers of Youth/Young Adults (YYA) with physical and/or psychiatric disabilities

From this needs assessment, WNY Independent Living, Inc. began creating transition age youthpilot programs through the local school districts. In Erie and Niagara County, the agency partnered with seven high schools to bring a 10 to 12 week curriculum to teach different independent living skills to youth with disabilities in high school. The funding was offered through the Tower Foundation and Perry Foundation, and although theseproved educational, sources of sustainability were not readily available. The reinvestment of funds from a psychiatric hospital closure in the region coupled with a recent shift of interest and need from state

and federal level funding has provided new possible funding. We must reconnect with previous partners, to hold focus groups with YYA individuals residing in all five counties. This will allow us to learn which programs and services will best suit their needs and increase awareness amongst community partners and referral sources, for long-term funding sources.

Outreach Plan. Plan to Reach 60 New Consumers

Having identified the transition age groups above, WNY Independent Living, Inc. plans to create a dedicated outreach plan which will coincide with the location and county of the demographic being served. Having independent living centers located in suburban, urban and rural locations, outreach will be conducted differently each. This will include a strategy to specifically reach local high schools/districts and community social outlets via a technological connection, community relationships and referring sources, and via families/caregivers. In order to assist and serve 60 YYA individuals 14 to 24 years of age per year, WNY plans to set up the following in year one:

- 1) Support/focus groups in a venue that is welcoming to YAA's age group.
- 2) Meetings with community partners to educate them on the programs available at WNY Independent Living and transition services for individuals 14-24 who are unserved
- 3) Outreach in social arenas which relate to the age group
- 4) Educational presentations and family support groups for parents/caregivers.
- 5) Set up Twitter, Facebook and Warm Text Line for online, and Email-Blasts. This is the major form of communication for YAA.

All outreach will be tracked and reported in the outcomes, successes, barriers, and opportunities. At the end of year one, and intermittently throughout the first year, outreach efforts will be re-evaluated to dismiss any which are not contacting the unserved populations. At the beginning of years two and three, WNY Independent Living will plan to sustain support groups, based on the largest responding populations and greatest need for unserved youth and young adults with disabilities.

Seeking Funding, Aggressively

Alongside this request, WNY Independent Living, Inc. is concurrently applying to several foundations to expand this proposal to include additional full time transition support specialists, and a full time file clerk who will also maintain the social media outlets. Over the course of this grant, the agency will provide outcomes and request funds from the Office of Mental Health, to expand this proposal and adhere to DISREP and Health Home funding opportunities and fee for service models.

Partnerships

WNY Independent Living, Inc. plans to build or re-build a minimum of five community partners, in conjunction with this grant proposal. WNYIL currently has over 2,000 community partners throughout Erie, Niagara, Wyoming, Orleans and Genesee Counties. As an agency, our outreach plan includes contact with potential referral sources, educational facilities and parent-focused community venues and PTA's. Our partnership philosophy, as an agency, is that community partners will assist our organization in providing linkages and supports to unserved and underserved individuals in need, ages 14-24.

Template for How to Manual

With several individuals who have a Master's Degree in Adult Education and long term experience working with adults, WNY Independent plans to rely on internal success of current staff and professors at Niagara University and University of Buffalo. We will develop a how-to manual, upon completion of the grant. Throughout the timeline of the grant, WNYIL will be documenting and notating our experiences working with the transition age consumers. We will note what has worked, describe barriers to the project and a description of the steps taken to successfully identify, outreach, educate and serve the demographic of transition age, high-risk youth. This document will be compiled in other languages, including Braille, as needed.

Preferred Experience of Key Personnel

WNY Independent Living, Inc. has been in existence for over thirty-three years. Within this time frame, the agency has grown from 15 people to over 100 full time, 40 part-time and over 500 personal care aides serving high-risk individuals of all ages. Over the course of this proposal, if approved, all three independent living directors from ILGR, ILNC and IL of Buffalo, who will coordinate meetings to support each other on this project. The following information supports their experience and qualifications.

Crystal Cheek, Director of the ILC of Erie County

Experience conducting outreach

Outreach experiences empower young adults to take charge of their transition to adult life. Outreach efforts cover self-advocacy, self-determination, goal setting, staying in school until 21, bridging the gap between school and the adult world and entitlement to eligibility. Disability cultural sensitivity is targeted at reducing stigma and stereotypes and increasing awareness of differences with inclusion and communication.

Experience working for or with Independent Living Center

Crystal Cheek has been the WNY Independent Living Center Director since 2006. Working with youth transition since 2008. As WNY Independent Living Center Director for Erie County I oversee the day-to-day operations of Community Based Programs and Services provided to all people with disabilities. I started as the center's director in 2006 and currently I have 12 direct reports. As an Independent Living Center, we seek to educate, empower and promote equality to all people with disabilities so they may gain, maintain and maximize their independence. We have three locations Erie, Niagara and Genesee Counties.

Youth transition programs at WNYIL: Peer Mentoring - Perry Grant Model
Transition Program - State Education, Peer Mentoring & Transition —

McGowan Transition - Tower Foundation, Student Service Navigation & Transition — Buffalo Public Schools

Experience collaborating with partner organizations

WNYIL's outreach efforts have allowed us to partner with various agencies, school districts and independent living centers, as community stakeholders in targeting unserved and underserved populations.

Experience collecting, analyzing and using data for grant and reports

I have worked directly with organizational and statewide needs assessments, surveys and internal and external data collection on demographics. We collect and analyze data to streamline information needed to target specific needs like how many young adults completed high school, their gender and socioeconomic status, just to name a few. Most reporting processes are set to outcomes of the grant based on quarters, to identify if the grant in place is delivering outcome based results. The data and reporting is also helpful with forecasting and sustaining prospects of programs and services that are needed.

An understanding or personal experience with targeted populations including languages;

I am inspired to work with people to help them maximize their potential for life achievement. I enjoy working with people and teaching them how to facilitate short and long term goals in their lives through Life Mapping. I work with all ages from pre-school to older adults. We all value our independence and I like being instrumental in teaching people what they need to go to the next level in their life plan. I want to educate, empower, and bring awareness to people of all ages in our communities, specifically young adults. The use of transition and peer based supports can be useful to creating healthier attitudes, and healthier minds to be successful. I have experience with garnering translation services and interpreters when needed for a consumer who needs alternative language formats.

Sarah Lanzo: Director of Independent Living of Niagara

Experience conducting outreach

Facilitated the process of introducing the Tower Transition Program to all the schools which were to be included in the Program including Lockport Opportunities Project, Niagara Falls High School, Bennett High School and Niagara Academy with Niagara Orleans BOCES. Outreach efforts included multiple meetings with superintendents, principals, guidance counselors, and teachers to ensure that the transition program was well suited for the needs of their students. Each meeting offered the opportunity to communicate how the Tower Transition Program would meet the transition requirements that are set in the IEP's for the students with disabilities. We were able to empower young adults to take charge of their transition to adult life.

Experience working for or with Independent Living Centers

As the Director of Independent Living of Niagara County I oversee the day-to-day operations of Community-Based Programs and Services provided to all people with disabilities. I started as the center's director in 2010 and currently I have nine members of the ILNC Team. As an Independent Living Center, we seek to educate, empower and promote equality to all people with disabilities to gain, maintain and maximize their independence. We have three locations Erie, Niagara and Genesee Counties.

Youth transition programs at WNYL: Peer Mentoring - Perry Grant. Model Transition Program - State Education Peer Mentoring & Transition — McGowan, Transition - Tower Foundation, Student Service Navigation & Transition — Buffalo Public Schools

Experience collaborating with partner organizations

I have worked extensively with Niagara Falls School District, Lockport School District and BOCES Niagara Academy. WNYIL's outreach efforts have allowed us to partner with various agencies, school districts and independent living centers, as community stakeholders in targeting unserved and underserved populations.

An understanding of personal experience with targeted populations including languages

Having the ability to encourage peers on a daily basis through sharing moments, life experience and identification is incredibly motivating. I enjoy knowing that each day I have the opportunity to learn from as well as teach the amazing knowledge that I have been gifted through implementation of independent living philosophy, goal setting, and advocacy. Working with students of all ages in different capacities presents these moments. Striving to educate, empower and achieve equality for people of all disabilities allows for us to accept and work with each other as we are in the communities that we live in and provides us with the gifts of being able to learn with each other. Growing together we can achieve a higher level of acceptance and advocate for more people to understand that it is a improved way of life to live with acceptance of people. Transition is a way of life, transitioning through life, to a point of acceptance, hope and independence. Language: I have a staff member who is deaf. She has taught me American Sign Language (ASL). I can also utilize all resources that are available such as print materials in Spanish, Instant Messenger or TTY Phone Service to hold a discussion with someone who is deaf/and or speaks another language.

Experience with building a curriculum:

I have experience with creating project documentation due to my experience teaching at Niagara University as an adjunct. With over two years of education developing lesson plans and learning modules, I plan to utilize my experience to assist the Director of Community Engagement in developing the technical piece at the culmination of the grant.

Part IV: Consumer Involvement

WNY Independent Living, Inc. is comprised of three independent living centers. It is within our by-laws that as a center, the agency **MUST** have a minimum of 50% individuals with disabilities working for the agency and on the Board of Directors. Therefore, consumers will be involved at every level of the grant design, monitoring and tracking and direct service provision and programming. Consumers of the program will also be surveyed to provide their feedback about program design, implementation and additional needs or changes that they would like to occur. Consumer involvement is key to the success of this program.

Letters of Support:

Letter from Niagara Academy and the Adult Learning Center are attached to this proposal accompanying all other forms that are required for the production of this grant.

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

Western New York Independent Living, Inc., was seeking “stakeholders” who work with individuals 14-24 with a behavioral health diagnosis. The following, in no specific order, contributed in some capacity to WNYIL. More weight and details to their level of involvement will be provided in the Means section. The initial list was developed and contacts were made to identify our need for their participation. Contacts were made to schools, agencies, hospital, hospital deterrent programs, and peers. This list of contacts provided a gateway to providing information to additional agencies, to ask for their participation in the project, and presented an opportunity to connect with families/individuals 14-24 with a behavioral health diagnosis for their participation.

Area BOCES and School Districts

- Niagara Orleans Board of Cooperatives Educational Services (BOCES)
- Erie 1 Board of Cooperatives Educational Services (BOCES)
- Erie 2 Board of Cooperatives Educational Services (BOCES)
- Gateway Longview
- West Seneca School District
 - Student Services
- Batavia School District
 - Student Services
- Buffalo School District
 - Special Education Parent Advisory Committee
- Niagara Academy
- Hamburg School District
 - Student Services
- Baker Road Orchard Park
- Medina BOCES program

Community Agencies

- Erie County Mental Health Association (MHA)
- Genesee County Mental Health Association (MHA)
- Peer Mentor at MHA Erie County

- Bridges to Health at Baker Victory Services (BVS)
- New Directions Youth and Family Services
- Youth Coordinator, Leadership Program, Family Help Center Erie County
- Buffalo Hearing and Speech (BHSP)
- Genesee County Single Point of Access (SPOA)
- DePaul Housing
- Community Action of Genesee and Orleans County
- Parent Network of Western New York
- Genesee County Community Alternative Systems Agency (CASA)
- Genesee ARC of Orleans
- Directions in Independent Living (DIL)
- Electronic Gaming and Therapy
- NYS Special Education Task Force Meetings
- Link, Inc
- Cantalician Center
- Planned Parenthood
- Horizon Health Services

Collaborative Networks

- Children’s Mental Health Coalition of Western New York, Inc.
- Developmental Disability Alliance of Western New York (DDAWNY) Transition Group
- Youth Coordinator at Family Help Center

Hospital/Hospital Diversion Program

- Comprehensive Psychiatric Emergency Program (CPEP) at Erie County Medical Center (ECMC)
- New York Systemic Therapeutic Assessment, Respite and Treatment (NYSTARTS)

Youth Criminal Justice Systems

- Youth Officers Genesee County
- Youth Court
- S.T.A.R Program Genesee County

- Probations officer
- Genesee County Youth Bureau and Genesee Justice System

Rationale

Western New York Independent Living, Inc. used this funding to obtain several outcomes. The first opportunity of this project was continue providing Independent Living Center transitional programming to empower the youth in area schools. The second allowed us a part time staff to work with youth 14-24 specific to transitional needs and finally the ability to run focus groups to identify “gaps” in services as identified by the stakeholders.

Western New York Independent Living, Inc. identified gap in services for youth and young adults in four specific demographic areas:

1. Youth/Young Adults with physical and or psychiatric disabilities who are transitioning into adulthood, in need of supports upon graduation from high school to transition to work or college.
2. Youth/Young Adults with physical or psychiatric disability who have dropped out of high school and need to complete the Test Assessing Secondary Completion (TASC) (Formerly GED), and need educational support.
3. Youth/Young Adults with physical and/or psychiatric disabilities who have dropped out of high school and can re-enter high school.
4. Family/Caregivers of Youth/Young Adults with physical and or psychiatric disabilities.

WNYIL wants to take a proactive approach in addressing youth/young adults 14-24 to bridge the gaps for better success in educational and employment outcomes. Staggering statistics include:

- An estimated 2.8 to 5 million young people aged 16-24 are neither in school nor employed (National League of Cities, 2005)
- Nationally, 8,300 youth drop out of high school daily
- Young adults with disabilities are three times more likely to live in poverty as adults, than their peers without disabilities (National Collaborative on

Workforce and Disability, n.d.)

- US Department of Education data shows that students with disabilities who do not complete high school had emotional disturbances (44.9%); speech or language impairments (22.7%); and specific learning disabilities (25.1%); intellectual disabilities (22.3%), and other health impairments (23.4%).

Western New York Independent Living, Inc. educational advocacy services work with youth/young adults with disabilities and their caregivers to obtain educational supports, but also link them to community resources as well. Youth/Young Adults and their caregivers often time need to obtain agency resources for assessments, counseling/therapist, long term services, peer support groups, caregiver support groups, assistive technology and various others. Often the educational advocate receives a call from recent graduates needing continuous supports in obtaining their TASC (formerly known as GED), supports in area college, drivers ID, benefits, employment skills, ACCES-VR, adult counseling services and peer groups as well as other services.

Methods

Western New York Independent Living, Inc. decided to run a series of focus groups to “pull” information and show the need for services verses a “push” model in hopes to gain community buy in for identified need(s). Executive Director Douglas Usiak is extremely familiar with the use of focus group and saw this as an opportunity to use this model with this funding opportunity.

Things that should be considered when running a focus group:

- Design a focus group
- Developing the questions
- Recruiting and preparing participants
- Conducting the focus group
- Analyzing the data

Designing of the focus group should have the “stakeholders” or those who the good or service will impact. Developing questions that allow for free-flowing discussion without the opinions or thoughts of the moderator to influence the outcomes. Recruitment of participants, where and how will you reach out, invite

and engage them into the process. Running the focus group which should be 8-10 participants, free-flowing discussion, a focused script, and no longer than 45-90 minutes. There should be multiple focus groups run for better outcomes and finally analyzing the data that has been collected across all groups.

Step One: Design a focus group

The first step in this project was to design a focus group. For this focus group, we identified individuals 14-24 in or out of school with a behavioral health diagnosis, we needed to look at the current delivery of services to the identified individual(s). Others identified were caregivers, school personnel, community agencies, community collaborative groups and mental health hospital personnel. The purpose of the focus group was to look at existing services to see what is working, what is not working, and what is needed.

The second step was the development of questions for each focus group to provide direction to the participants and allow for discussion. This also creates the structure of each focus group to follow. For our purposes the following framed our script:

- What “Topics” stakeholders felt parents needed to support their transition age youth in a successful transition into independence in adulthood?
- What is needed by the youth for successful transition to sustain independence in adulthood?
- A look at what current programs and services exist to meet the needs of successful transition of youth.
- If a peer support program existed for transition age youth for successful transition from school to the community, from school to college, or college to work, what would the program need to make it “effective”?

Step Two: Develop the questions

The next phase was to reach out and identify the need for participants. For the purposes of this project we used the following terms and definitions to identify potential stakeholders in relation to the target population.

- Stakeholders: Youth and/or their caregivers with a behavioral health diagnosis 14-24 who is transitioning, and agency, school and medical providers serving this population.
- Behavioral Health: Encompasses the youth's entire diagnosis including physical and mental health. This also includes eating disorders, environmental, substance abuse...
- Transition: Youth transitioning in and out of school, hospital, and service programs back into school, school to employment, school to alternative education sight, school to college etc.
- Transition age youth/youth: Youth with a behavioral health diagnosis age 14-24, transitioning.

WNYIL reached out and met with several providers and presented basic information of the participants we were looking for, and the reason we needed participation from their arena.

Step Three: Recruiting and preparing participants

WNYIL reached out to the following providers looking for their engagement in the process, but also for their reach to other participants providing services to transition age youth/young adults.

WNYIL partnered with Child and Family Services, NYSTART, ECMC CPEP, MHA Erie County, BVS, Electronic Gaming and Therapy and family members to obtain services in Western New York to support transition age youth with dual diagnoses. These area agencies have proven their investment and continual work in obtaining services to support the targeted population of these focus groups.

Erie 1, Erie 2, Niagara Orleans and Medina BOCES were selected as points of contact due to the roll out of their new transition specialist positions. The transition specialist will work to obtain community buy in and supports in hopes of successfully transitioning school age students into secondary education and employment. Part of the buy needed is their understanding of area agencies like independent living centers. WNYIL also has a history with Niagara Orleans BOCES in providing transitional services to the targeted population at Niagara Academy and Medina BOCES programs.

West Seneca School District, Hamburg School District and Gateway Long View are three area programs where WNYIL educational advocates have built relationships regarding targeted population. WNYIL requested focus groups from these districts due to the numbers of individuals meeting the focus group criteria.

SEPAC, DDAWNY, C&FS are a collaboration of agencies, providers, and parents that allowed WNYIL an opportunity to present and reach out for the participation of multiple agencies at one time.

MHA of Erie County, Genesee County and their youth group facilitator were selected as a go to for individuals and their family members in need of peer to peer support. Mental Health Associations provide support to the family members in a peer model while hosting youth groups with a peer facilitator.

The next phase of outreach was to advertise. Articles were placed in The Batavian (pg.26) and The Lockport Sun Journal(pg.27) Request for participants was posted on WNYIL family of agency Facebook pages, also on Youth Power Website (pg.28), and was mailed out to multiple list serve list from various agencies we met with above (pgs.29-30). A flyer was also created to generate interest when Genesee Mental Health Association opened their sight for hosting focus groups (pg.31). The flyer and a location provided by a local organization generated a lot of participation in the smaller community, but also attracted those who serve in the larger neighboring counties. The outreach generated a lot of phone calls. Lesson learned prepare for the phone calls ahead of time. Keep information consistent, short and to the point. Too little or too much information may drive a potential participant away.

Step Four: Conducting the focus group

Gather your materials. We used an easel and markers, and had the script in our hands. Introductions and allowing people to get comfortable before starting is also helpful to begin an open conversation.

I cannot stress enough the importance of the moderator of the group sticking to the script, staying impartial, and avoiding becoming part of the conversation. The moderator should also concisely document what the group is saying, allow them to clarify their response, don't use your words or influences. Allow the group to have a conversation and develop ideas, but don't stay on anyone topic for a lengthy time to complete the script in a 45-90-minute timeframe.

Focus groups were more productive in settings of 8-10. Groups also allowed for more conversation with individuals less familiar with each other. Groups that are larger allow for side conversations, and groups where individuals know each other can influence the outcomes.

I would recommend a test run of the script not to be collected in the final data. This is an opportunity to see what might occur in a focus group, and errors on behalf of the moderator that may negatively impact your overall outcomes.

The script used for this focus group and its outcomes are shown on pgs. 36-54.

Step Five: Analyzing the data

All focus groups selected their top 3 for each category, and the selections were documented in order from most to least identified need. WNYIL Executive Director Douglas Usiak, University of Buffalo Senior Research Support Specialist Research Assistant Professor Vathala I Stone, and the focus group facilitator met to further breakdown and categorize the results of all items mentioned in the focus group activity. The information was placed under one of the main headings:

- Transportation

- Peer Mentoring
- Life Skills
- Employment/Volunteering
- Financial Education
- Resources/How to's
- Trainings

We reviewed each result and identified the best format(s) training, service, resource or advocacy. We took another look at the information to identify who would benefit from the information the youth/young adult, their caregiver or both. Please see breakdown on pgs. 62-63.

Means:

Pages 19-23

We could find locations to host the meetings for us. We wanted to make sure that we were in multiple counties as well as have several individuals from each stakeholders group. The following could help facilitate the needs in both urban and rural locations. The organizations are in order of most valuable in their participation to a lesser, but still important contribution.

The Mental Health Association of Erie County was a huge asset in initiating this program, as well as a partner in pursuing foundational money to support the transition of behavioral health youth. MHA, Director of Child and Family Support Programs; Jenny Laney provided us an opportunity to meet with a parent group. Our first focus group was an MHA Parent Support group. The parent support group is made up of caregivers of individuals 14-24 with behavioral health youth who have been in and out of psychiatric treatment. MHA visit also allowed us the opportunity to meet with youth peer mentor Caitlin Neumann and youth 14-24 who were meeting at MHA while their caregivers were in the caregiver support group.

WNYIL was provided the lead role in funding received through the Peter and Elizabeth C Tower Foundation to coordinate transitional services to youth in treatment programs for substance abuse who also have a mental health diagnos's. Partners in this grant are Renaissance Campus/Kids Escaping Drugs

and MHA of Erie County. WNYIL has a Memorandum of Understanding with MHA. MHA is providing trainings to youth/young adults and their caregivers as well as the staff and Renaissance Campus/Kids Escaping Drugs.

The Mental Health Association of Genesee County was an asset to this project. Director Sue Gange opened her location to host 4 meetings. Sue provided the location, reached out to her network, set up dates and times, and emailed and distributed flyers. MHA of Genesee County provided caregivers that serve a 10-county radius. Genesee County provided four meetings due to the number of providers that responded to her request for participants. MHA of Genesee County was originally contacted by Independent Living of Genesee Region, Director Rae Frank and from their relationship in the Genesee community, trust was gained. ILGR produced a flyer (pg.16) with MHA and distributed it to area partners in serving the community. An ad was placed in a local newspaper "The Batavian" (pg.11) a call for participants as well. MHA and ILGR went on to provide light snacks as an additional enticement.

Niagara Orleans Board of Cooperatives Educational Services also offered a lot of opportunities in obtaining individuals to participate in focus groups. Niagara/Orleans BOCES invited us to their quarterly meeting to present to area agencies. Furthermore, Medina BOCES and Niagara Academy BOCES programs invited us in to hold focus groups.

Medina BOCES job coach coordinator Ann Gillet contacted us with an opportunity to tour their program. Ann sent home the focus group questionnaire to the student's families as an opportunity to obtain information from the parents of behavioral health students attending their program. Ann also mailed home permission forms for student participation in focus groups. Students, special education teachers, job coaches, therapist and aides participated in two focus groups to obtain information from the student perspective and then the staffs perspective. Medina BOCES also reached out to WNYIL for transitional services for the 2015-16 and 2016-17 school years. Medina BOCES also provided us with a letter of support to pursue additional funding for transition, and the letter was used for the Peter and Elizabeth C. Tower funding.

Niagara Academ special education teacher Anne Klump sent home releases to caregivers of students attending Niagara Academy requesting permission for the students to participate in transition focus groups. WNYIL has provided transitional services to youth at Niagara Academy for years. In all four groups, there were two youth and two staff. The groups were run simultaneously, first obtaining the information from the students, and then the staff. The information obtained from the two student groups provided us with the transition programming for the 8 week 2014-2015 transition services coordinated by WNYIL.

The Children's Mental Health Coalition of WNY Inc. held their monthly meeting at WNYIL to allow us an opportunity to provide information about the transition focus group and call for stakeholder participation. This coalition covers 17 counties of WNY. Executive Director Mary Skorupa followed up the meeting by emailing her list serve the contact information for participation in focus groups.

Bridges to Health at Baker Victory Services, New Directions Youth and Family Services, Youth Coordinator Leadership Program at the Family Help Center provided stakeholder audiences for WNYIL to present a request for participation at team meetings, parent and youth meetings.

Contact information was then distributed from each of their organizations as well. A posting to the Youth Power media page also placed our information on their social media page. Youth Power attended the Baker Victory Meeting.

Erie County Medical Center Behavioral Health Center, Executive Director Dr. Michael Cummings met with staff at WNYIL. The staff at WNYIL presented information regarding the transition workshops and met Dr. Cummings in hopes of obtaining medical staff to participate in focus groups. WNYIL and Dr. Cummings provide referrals to one another when individuals have a dual diagnosis of an Intellectual Developmental Disability and a Mental Health diagnosis. This relationship continues using the New York Systemic Therapeutic Assessment Resources and Treatment (NY Start) and Access to Psychiatric Through Intermediate Care (APIC) programs that Dr. Cummings oversees in WNY as well as WNYIL offering educational advocacy, Medicaid

Service Coordination and Independent Living Specialist as an opportunity to provide additional support to the youth/young adult as well as caregivers in the household. WNYIL transition specialist Christine Hoff and Dr. Michael Cummings provided a collaborative presentation, “Putting the Pieces Together for Children and Families with Dual or Multiple Diagnoses” to the WNY School Psychologist Association. Cheektowaga Police Department invited the duo to present to officers who respond in the community and wanted a better understanding when responding to homes of individuals who have a dual diagnosis.

Other organizations reached out to us for additional information to share with groups and organizations that would have an interest based on the targeted demographics. West Seneca School District, Erie 2 BOCES Baker Road Program, Erie 1 BOCES transitional team, Buffalo Hearing and Speech, Link Inc. and Cantalician Center. Additional information was provided over phone and followed with an emailed attachment providing additional information for them to distribute.

Staff attends monthly meetings with DDAWNY transition and SEPAC to provide information at their meeting to organizations that might have stakeholders interested in participating.

Provide any methods used to market the project to the target population/consumers:

Pgs. 23-24

Western New York Independent Living reached to groups we work with under “Support to the Community”. Please see the group and their purpose statements listed below.

- Developmental Disabilities Alliance of Western New York (DDAWNY) Transition Committee
- Purpose: To collaborate with local DD agencies in improving school to work outcomes for transition-aged youth with disabilities in Erie County.
- Special Education Parent Advisory Council (SEPAC)

- Purpose: to collaborate for promotion of innovative educational environments where children with disabilities have equal access to educational opportunities.
- Children’s Mental Health Coalition of WNY
- Purpose: To strengthen family support services, to promote awareness of children’s mental health issues, and to promote collaboration with providers.
- Regional Community and School Alliance (RCASA)
- Purpose: To continue the collaboration of the Model Transition Program of Orleans and Niagara Counties BOCES school districts.

Through the groups listed above, we received phone calls from other area BOCES and had the participation of Parent Network at access to youth groups and mental health organizational providers listed under “means” section above. The above groups are not just agency and systems providers, but are also made up of individuals and their caregivers. WNYIL also had flyers and press releases with request for focus groups participants.

We offered focus groups to be set up at one of our family of agencies, or to come out to their organization to run the focus groups.

Press Release was emailed to the agency list serve on April 7, 2015

The Batavian
WNY Independent Living
April 9, 2015 - 4:32pm

WNY Independent Living seeks feedback on young people with mental/behavioral health problems

posted by Billie Owens in **Announcements, WNY Independent Living.**

Press release:

WNY Independent Living, Inc., wants feedback from youth and young adults 14-24 years of age with mental /behavioral health problems and their parents and educators.

Focus groups are wanted that are comprised of individuals with a “behavioral health” diagnosis, parents of youth/young adults with mental/behavioral health challenges and/or educational service providers/teachers who work with youth/young adults. These focus groups are focused on areas which include disability, developmental/mental health challenges, substance abuse/use, trauma, eating disorders, and environmental disabilities, etc. Focus groups are available to youth/young adults, parents, teachers and service providers.

Each focus group is looking to create a report which shows what stakeholders (youth/young adults, parents and services providers) feel is needed in Western New York to support youth/young adults with mental health/behavioral health needs, parents/caregivers, and education/service providers. Through the overall outcome of the focus groups, WNY Independent Living’s goal is to create programs and services which will close gaps in current behavioral health services, training, and information to provide to youth/young adults, families and educators within the WNY community.

The focus groups can be set up at any location or WNY Independent Living, Inc., can provide a location in Lockport, Niagara Falls, Buffalo and Batavia.

The focus group takes approximately 1.5 to 2 hours to complete. We greatly appreciate input as it will create long term outcomes and goals to assist transition age youth/young adults in need of support while attending high school, transitioning to college or work and in being successful and sustaining employment down the road.

Our goal is also to divert youth in high school from dropping out based on mental health/behavioral health challenges and needs.

If interested in being part of a focus group to design new and inventive future services please contact Lynnette Torgalski at (716) 836-0822, ext.154, or e-mail at ltorgalski@wnyil.org, or Chris Hoff at (716) 836-0822, ext.1103, e-mail at choff@wnyil.org.

Lockport Union Sun Journal

Mental health focus groups being formed

Apr 13, 2015

Western New York Independent Living Inc. is putting together “focus groups” to suggest needed support for youths and young adults ages 14 to 24 who have mental health or behavioral health needs.

Individuals with a behavioral health diagnosis, parents of youths and young adults with mental/behavioral health challenges, and educational service providers who work with them are being recruited.

WNYIL says it will use the outcomes of the focus groups to create programs and services that close gaps in existing behavioral health services, training and information. One goal is to divert high school-age youths from dropping out of school because of mental/behavioral health challenges and needs, according to Katie Trombley, director of outreach and community engagement.

Focus groups convene one time, for 1 1/2 to 2 hours. They can be set up anywhere or WNYIL will provide a location in cities where it has offices including Lockport.

For more information about the focus groups, contact Lynnette Torgalski at 836-0822, extension 154, or email ltorgalski@wnyil.org; or Chris Hoff at 836-0822, extension 101, or choff@wnyil.org.

WNYIL provides programs and services for individuals with disabilities in a seven-county region.

Posted March 2015 Youth Power Website

Youth Power Posting to Their Social Media Page

<http://archive.constantcontact.com/fs153/1102254033618/archive/1120202673852.html>

Western New York Independent Living, Inc is looking to run focus groups across youth Ages 14-24. The youth include developmental, mental health, behavioral health; this is to include Substance Abuse, Environmental, Trauma and Eating Disorders. The Focus groups will be made up with stakeholders in the following areas: outside Agencies (working with youth with developmental, mental health including substance abuse, eating disorders etc.), parents/guardians, teachers, and youth 14-21 (in and out of school).

The focus groups will run approximately 2 hours in length and will be split into individual stakeholders groups. (Parent and Youth groups may be facilitated at same time separate rooms for convenience.)

The more stakeholders involved the better outcome to create needed services as identified by those that are affected.

Western NY Independent Living, Inc. is looking to start with groups in Erie, Niagara, Genesee, Orleans and Wyoming County. We will also look at other groups as well, once again the more information the better we can serve. To set up focus groups Please contact Lynnette Torgalski (716) 836-0822 x154 or Christine Hoff x143

Bulk emails as well as individual emails were completed with the letter below:

Baker Victory Services Bridges to Health, Department Head, Health Care Integration; Max Donatelli, Jr. invited us to present at staff meeting to request participation in focus groups. The following information was shared with them on April 15, 2015: *

Children's Mental Health Coalition of WNY, Inc., Executive Director Mary Skorupa allowed WNYIL to host her February WNY Collation meeting where we could provide information regarding our request for focus groups. Mary also emailed her entire WNY list serve group on February 9, 2015 and provided them the following information: *

**Western New York Independent Living, Inc is looking to run focus groups across youth Ages 14-24. The youth include developmental, mental health, behavioral health; this is to include Substance Abuse, Environmental, Trauma and Eating Disorders.*

We are looking for successful transition to sustaining independence in adulthood.

The Focus groups will be made up with stakeholders in the following areas: Outside Agencies (working with youth with developmental, mental health including substance abuse, eating disorders etc.)

Parents/Guardians

Teachers

Youth 14-21 (in and out of school)

Youth 18-21 (out of school)

The focus groups will run approximately 2 hours in length and will be split into individual stakeholder's groups. (Parent and Youth groups may be facilitated at same time Separate rooms for convenience.)

This is an opportunity for groups to identify 3 main items:

If a series of classes were developed for parent and transition age youth what do you feel the topics need to be?

From your “stakeholder position” and perspective what is needed for successful transition?

What current programs are out there to meet those needs?

If you were to develop the perfect program to assist youth with behavioral health needs in transition what is needed to make it effective?

We are willing to come to your location, provided needed consent forms, review survey before meeting with groups of parents or youth at your agency.

The more stakeholders involved the better outcome to create needed services as identified by those that are affected.

We are looking to start with groups in Erie, Niagara, Genesee, Orleans and Wyoming County. We will also look at other groups as well, once again the more information the better we can serve.

*To set up focus groups Please contact Lynnette Torgalski (716)836-0822 x154
Christine Hoff x103*

Thank You

Facebook was also a means for reaching out to participants. Staff used their links as a peer to their peer groups to request participation in focus groups. Both individuals working this project have youth who qualify under the definition of behavioral health ages 14-24 transitioning.

Transitional Age Services Behavioral Health Youth Ages 14-24

SAVE THE DATES

June 9 & 16th

Independent Living Center of Genesee Region along with the Support of the Mental Health Association will be running Focus Groups in your area to identify what is needed to sustain youth 14-24 in school, college and employment.

What are we looking for?

Your expertise working with youth!

This is a call to providers working with Youth 14-24 to identify GAPS in services that can support Transition Age Youth 14-24 with Behavioral Health

Who should participate?

Anyone who works with Transition age youth 14-24 with a diagnosis of Developmental and/or Mental Health, Trauma, Substance Abuse, Environmental Disabilities ETC.

Why should I participate?

Do you turn to look for services that are not there and wish were? Are you looking for someone who can fill the gap for that individual where your services cannot? One agency cannot do it all, but by working together we might be able to sustain a student in school, college, continuing education and employment for a healthy future.

How do I register to be a participant?

By being part of a focus group!

Please contact the Mental Health Association (585) 344-2611

Provide Name, Agency, Position, and Date and Time of Attendance.

Where and When YOU ask?

Mental Health Association Genesee County
25 Liberty Street, Batavia, NY 14020

June 9, 2014 10:00-11:30 AM for Mental Health Service Providers

June 9, 2014 1:00-2:30 PM for Developmental Disability Service Providers

June 16, 2014 10:00-11:30 AM for Substance Abuse Related Service Providers

June 16, 2014 1:00-2:30 PM for Legal/Justice

System Family Service Provider/Supports

Provide examples of any training materials developed for the project (target population, partnerships, community outreach) and how they were evaluated. Information for the purposes of outreach were in the proposal that identified that targeted population. The targeted population was identified in all request for participation as well as the activity that we were trying to identify the needs to support through information identified by the target population and end user.

Pgs. 32-35

“Training materials” were not developed for our project. WNYIL instead created focus group script, identified stakeholder’s and ran focus groups. The information and steps are as follows:

1. Create Focus Group Script
2. Identify Focus Group Participants
 - Transition Age Youth (14-24) with behavioral health
 - Parents and Caregivers of (TS 14-24)
 - Who work with individuals 14-24 with behavioral health needs and transitioning
 - Educators, School Therapist, Aides, Social Workers and Counselors
 - Agency Providers
 - Employers
 - Medical Providers
3. Items needed to run focus group
 - Easels-Flip Chart
 - Markers
 - Recording devise
 - Sign in Sheets
 - Consent Forms for student participation

Our Focus Script:

Questions pertaining to youth successful transition in to sustaining independence in adulthood: Transition age youth (14-24) being split into categories-

- A) Those still in High School
- B) Those out of High School

1. If a series of classes were developed for parent and transition age youth what do you feel the topics should be?
(Create list) (Vote to create top 3)
2. From your perspective as a teacher, service provider, parent or student, when thinking about transition in and out of school, what is needed by transition age youth 14-24 to support successful transition to sustain independence in adulthood:
 - What is needed to assist the youth in getting through school?
 - What is needed outside of school to assist the youth in navigating school?
 - What is needed to assist transition age youth in getting back into school?
 - What supports are needed by the youth with a disability in his transition years?
 - What resources does this group need?
 - What activities are needed?
 - What knowledge is needed?
 - What skills are needed?
 - What is needed by the youth in school?
 - Home? Community?

(Vote to get the top 1/3) (Ask series of questions to get specifics)

Questions about existing programs-

3. Now that we have prioritize the needs of youth with behavioral disabilities, and we have prioritized those needs; what programs or services are currently available to assist in meeting those needs?

#1 need

#2 need

#3 need

(list them on a chart)

Then ask the following question for each service/program you have.

List all Positives:

- What are the benefits of this service/program?
- What is the value of the program?
- What positive aspects does this service have?
- What is good about that program?
- What barriers does this program eliminate?
- Who can access the program?

Now for the negative:

- What are the limitations of the program?
- What is bad about that program?
- What are the barriers to families with the current programs?
- What are the restrictions of the service?
- Who is not able to use the program that might need it?
- What prevents this program from meeting the need fully?

Development of the Idea Transitional Peer/support program:

4. If you were to develop a peer/support program to assist youth with “behavioral health disabilities” in transition from school to the community, school to college, or college to work, what would the program need to make it “Effective”?

List of peer/support programs-

1-Develop List

2-Vote on top 1/3 (provide # of votes each based on the # of items)

3-Implement the following questions to that list

- What disabilities would need a peer/support program as it relates to behavioral health disabilities?
- What age group(s) would need the service?
- What services should it offer?
- What supports should there be?
- Where should their services/programs be offered?
- How should the program be advertised?
- How would you like to see it provided?

- How should the youth access the services/program?
- How often should it be made available?
- What technology should be used to provide the service?
- What times of the day should they be available?
- What supports are needed to help youth access the service/programs?
- What supports are needed to assist the youth in school?
- What supports are needed out of school?
- What should be offered for youth in school?
- What should be offered for youth who have dropped out of school?
- Who would you like to see provide this service?
- What is needed to make this program work?
- How can it be made more accessible?
- Who should this service be made available to?
- When is it needed?
- Extra Credit: What would you call this program?

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

Page 35

1. Consumer control in focus group activity. There were 99 participants in the scripted focus group activity. Of the 99 participants involved 46 were individuals between the ages of 14-24 with a behavioral health diagnosis and parents/caregivers. Individuals and parent/caregivers were in separate groups, not the same.
2. Consumer control in classroom setting. Individuals 14-24 with behavioral health diagnosis voted on and determined the curriculum that they would like to be informed on. The students were also looking for a “peer role model”. Individuals brought into provide curriculum were peers with information from different perspectives. The peers were an opportunity for students to be engaged by someone relatable, and could ask questions from a similar perspective.
3. Individual 1-1 consumer control. Individuals working with our educational advocate who are between the ages of 14-24 develop their goals. Goals

are transitional age in nature, whether support in their Individualized Educational Profile, alternative education options, benefits advisement or information and referral or other.

4. Please note on pgs. 45-56 when asked “to design a perfect program for successful transition” that the information captured on these pages is specific from three groups of youths between the ages of 14-21. This information is from the end user and potential consumer of those services.

Focus Group Outcomes Identified the Following:

Pgs. 36-60

What “Topics” stakeholders felt parents needed to support their transition age youth in a successful transition into independence in adulthood?

Each participant in the focus group was allowed three votes based on the needs presented by the various participants within their group. The information was then compared as it was identified by each of the focus groups that were held. Information that appeared similar or relevant in nature was grouped together to come up with the following “needs list”. The numbered items are followed with the individual topics and number of focus participants that voted for them.

72 of the 99 individuals who participated in focus group voted for the following:
57 From the various stakeholder’s groups + 15 youth interest(s):

1. “A training that teaches parents how to communicate with their youth in an interactive way that includes listening. A training that teaches the parents “to parent”, be accountable and support the youth in their areas of interest.” (The statement is paraphrased from the language provided and ranked by participants. The breakdowns follow the initial number.)
 - (15) “A training teaching parents how to be nicer and more understanding of our disabilities.”
 - (13) “Training on how to communicate with youth and build them up, how to engage them in a conversation, parent-having accountability to parent and support the youth in their area of interest.”

- (11) “Effective communication and learning to listen to us without hands on or screaming.”
- (11)” Learn to take an interest in what “I” want to do.”
- (7)” Learning how to communicate with their child in an interactive way about their disability and future.”
- (11) Extra-curricular activities identifying and supporting our interest
- (4) Interest driven education and real transition based on “individuals” likes and desires

47 participants supported the following need.

2. “A training that teaches parents about the child’s disability, co-occurring disabilities and the behaviors that can occur. Providing an understanding of the youth so they can better advocate.”
 - (15) A training teaching parents about our disabilities so they can better advocate for us
 - (15) A training for parents to help us with our behaviors
 - (5) A real education on specific disabilities
 - (2) Trainings for parents on co-occurring disabilities
 - (10) Understanding the child’s disability

38 participants supported the following need.

3. A top down system training that empowers a parent to be able to navigate the systems and advocate for their youth. Provide information to parent on all Federal, State and Local systems and language used in the various systems. (Stakeholders also requested the development of creating peer groups for relationship building.)
 - (10) Systems Education-Information on how each of the various systems works in whole and in part. ACCES-VR, School Districts, Residential Treatment, Counseling as well as Office of Mental Health, OPWDD, NYSED and Medicaid
 - (5) Systems and services trainings foundational skills building that follows the parent(s) having components of navigating and advocating the systems (NYSED, DOH, OPWDD, OMH, Medicaid, Medicare,

SSI/D, ACCES-VR and so on eventually leading into potential guardianship roles. (Developing a peer groups and relationship building)

- (2) Resources in the community (federal, state and local)
- Information on all educational support programs and services 504/IEP, BIP/FBA, RTI, SPLS, OT, PT, MT counseling and social workers and their roles
- (5) Building skills about treatments, community integration and link to resources (agencies, support group, schools, programs like SPOA)
- (5) Educating parents on how to advocate and find programs of support for their youth when one program ends
- (10) Education on terminology and community resources

30 participants supported the following need.

4. A training that empowers a parent to say “NO” and take control of their household. A training to help parents learn how to set boundaries and home expectations. Training parents on social medias (computers, smart phones and social medias) followed by creating peer support groups for ongoing supports.
 - (9) Helping parents to be empowered and take control of their homes (upon completion of the training parents should be linked to an ongoing support group)
 - (8) Parent Empowerment. Don’t be afraid to say “NO” to your youth. Learning how to set boundaries, parenting across multiple households and setting home expectations.
 - (13) Empower parent to say “NO” setting limits, setting rules and providing structure. Learning how to be a parent. A component of this the group wants a focus on parent’s awareness and knowledge of the computer age. Understanding social medias, computers, smart phones and social medias.
 - (5) How to parent a child. Breaking information down to the understanding level of understanding and ability. Building it from a peer support model that includes but not limited to foster parent, adoptive parents, single parent, multiple parenting households with behavioral

and developmental disabilities.

- (10) Understanding children with disabilities living in multiple households with multiple rules

23 participants supported the following need.

5. Life skills trainings for parents in how to teach their youth about self-help skills, finances, completing applications, getting an apartment, going to college and various other financial resources and application processes. Pooled Trust and managing their youth's money
 - (7) Teaching youth about finances. Examples given by students how to pay bills, completing taxes and understanding the difference between a "want" and a "need"
 - (7) Teaching parents how to get an apartment, go to college, and completing applications for various financial resources that may be available to them to support their independence
 - (9) Teaching parents how to teach independence and self-care skills to their children

17 participants supported the following need.

6. A training for parents and building of a "Where to guide" on finding natural supports and community programs that include socialization and parent groups with like-minded youth.
 - (7) Natural Supports that are available in the community including Socialization and parent groups for parents with like-minded youth
 - (10) Awareness of support groups in their community-A where to guide on finding those resources
7. Other Trainings: The following are no less relevant to the participant, and wanted to make sure the information was presented regarding other service needs that were identified.
 - (8) Parent and Youth training series on "Health, Sexuality and Violence Prevention. Educating parent on what healthy relationship looks like
 - (8) Parent and Youth training at the start of the school year so that

parents are aware of all the ramifications for their own individual child as well as others when substances are involving on their property or possession by youth. They would like this to involve a parent empowerment piece of understanding the “true statistics” and empower the parents to say “NO”. To educate parents on the importance of knowing where your child is going and getting to know the other parents.

- (8) Signs and Symptoms of Mental Health and Substance Abuse for early detection; teaching parents what to look for when their youth may be self-medicating. What to look for who to seek out for support. Providing parents, a list of resources available in their community.
- (7) Parent Coping Skills and Self Help
- (3) Promoting one’s wellness and health
- (3) Peer to Peer training on successful strategies and positive outcomes
- (2) Parent Training on the Adolescence Brain
- (2) Mandated Trainings for parents prior to the youth attending school activities without mandates parents do not attend even to programs that are providing respite/childcare)

The second questions presented to the focus group was the following: As a teacher, service provider, parent or student, when thinking about transition in and out of school what is needed by transition age youth 14-24 to support successful transition to sustain independence in adulthood?

The following information are the group responses from the highest to the lowest number of votes across all focus group. The bulleted information following the numbered statement are the breakdown of terms used by each group that were pulled together based on the similarity in identified needs.

1. 78 participants from the various focus groups voted and identified the following statement supporting the need for basic employment skills such as completing applications, writing a resume, interviewing and vocational training.

- More supportive job training availability to receive more hours and money
 - More vocational options in schools, support and education for those entering the work force and not going to college how to get a job and maintain a job, volunteering for role modeling position and networking (Possibly linking into the elderly population to work on trades and preparing for the long-term future retirement age.)
 - Bring back programs like job development, how to build a resume, potential job sights and employment.
 - Staff that can provide understanding environment that can successfully transition youth into employment like the summer youth employment programs.
 - Résumé building vocational
 - How to apply for a job
 - Interviewing
 - Job training
2. 57 participants from the focus groups felt that disability rights were a top priority for youth. They feel the need to understand their individual rights will help them recognize discrimination and help in maintaining employment by being able to advocate. The stakeholders also felt that the knowledge was important for advocating the various systems they would cross.
- Parents and student know disability rights
 - Educating and empower the students regarding their disability
 - Disability Awareness
 - How to recognize when you are being discriminated against and your rights
 - Training youth 14-24 the ability to advocate with all systems, not to scream or get upset, but teaching them the advocacy skills that will work across all systems and situations.
 - Job securities-how to advocate for self when leaving school to access Social Security, ACCES-VR, housing, and transportation

3. 54 participants voted and listed life skills needed for a successful transition to occur. Those are listed as follows:
 - Adult Legal Systems and Consequences
 - Housing
 - types of housing
 - how to find
 - knowing where to live
 - Career Development-best options
 - Options after school
 - Social Security
 - ACCES-VR
 - Pathways
 - SEMP
 - Transportation
 - How to get an ID
 - Using public transportation systems
 - Qualifying for transportation
 - Independent Living Skills
 - Housing
 - Cooking
 - Cleaning
 - Laundry
 - Money Management
 - Hygiene
 - Grocery Shopping
 - Time Management
 - Balancing a checkbook
 - Healthy Relationships
4. 46 participants felt that students needed support when transitioning between providers or in and out of school. Stakeholders felt that without the needed supports that there would be continuous “revolving doors” through systems. Participants additionally felt more programs such as counseling services should be pushed into the school verses having student leave for middle of the day appointments.

- Stakeholders Schools need more education in Mental Health Educating the school on the individual's disabilities
 - Appropriate Behavior Modifications
 - Empowering youth. Having someone in school that can help them develop their plan, connect them to resources and stay updated with progress. Allowing for more communication between outside providers and school staff ensuring a safer return to school or to be maintained in school. Teaching parents to sign off on information that is important to there in school success.
 - Pushing more programs into the schools. Outside counselors that work with the youth in the community in and out of the school walls for more success in school. Would like to see in school case management more like SPOA.
5. 34 participants felt that a manual needed to be provided to youth with various systems knowledge and contact for when the student leaves school. This should include information about SSI/D, ACCES-VR, Job placement, various systems and providers.
- (15)-SSI/D, employment with realistic job opportunities
 - ACCES-VR and Job Placement
 - They need to build a resource manual of area support for successful transition. Including training in Benefits in SSD and NYESS.
 - They need support in getting an ID to access GED and other programs
6. 29 participants felt the youth needed more information regarding college. More information on financial resources, various college options and supports and accommodations for college students.
- Medication checks in College – trained Adult in disability and medication
 - College coordinated placement based on diagnosis
 - What to expect from different colleges and living on and off campus
 - Would like this from peers who are currently or recently attended college
 - How to look at other campuses on line
 - College

7. Various other topics from individual stakeholder's groups:

- Therapeutic setting if that have a greater focus on academics.
- Therapeutic supports in schools, at home, at work.
- Non-competitive recreation in and outside of school
- Occupational Health and Safety trainings
- Healthy relationships, self-respect and reciprocation that is equal, learning how to use conflict resolution and effective communication
- Volunteer group activities
- Interest driven Employment
- Vocational driven programs
- Skill development/groups
- Creative expression through the arts
- Who to trust
- How to deal with Death and Loss
- Relocating and learning about a new area safely
- Training teaching us how to be more socially appropriate
- More value based peer groups/social skills interactions for in and outside of school with peers
- Teen parenting and prevention
- Camps
- Transportation
- Transportation and connection to social groups and activities

The next activity was to prioritize the items that were listed above in each focus groups. When this activity was completed we asked what programs or service are currently available to assist in meeting those needs. There were various focus groups in various counties, so this varied based on services that are available within their county(s).

- Baker Victory Help
- Child Psychiatric Center
- Niagara Academy BOCES II
- Jail, Job Core
- S.T.A.R

- Summer Youth Employment Program
- SPOA, Youth Assistance Program
- CATS transportation program
- Start up NY
- Medina BOCES

After identifying these various services, they were asked to list their strengths and weaknesses. The following is organization of weaknesses seen across counties and programs. The following are again listed from most mentioned to least.

1. Difficulty transitioning from one program to another whether it be from a treatment facility back to school, or from school to a treatment facility, transitioning from school to the adult world. Every group that was reviewed the continuing theme was lack of carryover.
 - Examples while in a treatment program they are receiving less of an education, but all their therapeutic needs are being met, but when transitioning back to school there is a lack of understanding of the “unseen” disabilities.
 - Another when leaving Foster Care System or Jail everything is provided, but when you leave you are just dropped.
 - Another time this occurs is when receiving counseling, school supports, individual services from agencies that are then dropped or discontinued and trying to find another resource for support.
 - While in BOCES or school setting, we receive services, when we graduate we seem to not qualify for services anymore. It seems like our diagnosis is not enough and we are dropped. A few of the systems mentioned are OPWDD, OMH, ACCES-VR.
2. Another area that created difficulty for youth in current programs is the lack of transportation to get to and from programs. Some may qualify for certain transportation programs to get to a program, but it is limited hours and requires advance notice that is not always possible.

- Example needs a parent to go with us until we are 18 years of age. There is many times a cost attached. We are not on the bus route. These are things that limit us getting to employment, therapies and social groups.
3. The third area of great concern is the lack of employment and link to resources when students exit school, foster care or prison. There is no follow through referrals or other support services.
- Example stakeholders feel that students are not connected to resources, have enough information about employment and education options.
 - Individuals leaving foster care or prison may not have any natural resources to support them while seeking housing, educational options and employment. A great concern amongst certain groups were the youth and depending the reason for incarceration that the stigma to getting housing or employment just compounds any diagnosis that the individual may have.
 - Stakeholders felt like there was a lack of vocational prep to employment and available entry-level positions. In some programs, they felt it was a lack of time with all other program requirements.
4. The final area that presented in many programs was the limit to access. The individual may have the wrong diagnosis, not enough of the disability, or it could be the inconvenience of time of day.
- Examples given are OPWDD, ACCES-VR, OMH, transportation, and therapy

The final part of this focus group was for the participants to develop a peer/ support program to assist youth with “behavioral health disabilities” in transition from school to the community, school to college or college to work what would the program need to make it “Effective”?

The following three groups are all directly from the youth/young adults and their perfect program design. After the three groups are the collected responses from the collective agency and parent groups.

Group 1 Students at Niagara Academy:

Services for youth preparing to graduate to teach them about life on their own: college, funding that's available, how to search for an apartment, transportation, getting a license, time management, study skills, how to live for housing out of state (things you should look for)

Dealing with loss

Financial information now and when our parents are gone

How to look for an apartment

IEP resources

Learning how to be appropriate

Learning who to trust

Life after school

Moving out

Resources for effective communication with our parents/how to get them to listen

Stress Management

Interviewing

Preparing for employment

Time management

Transportation what's available

Educational Options

Financial education

Financial resources

How to apply for college

How to study

Peers to talk about campus life

Preparing for college

Student Loans, College Application Process Training

Time management classes

Understanding of disabilities rights

On-line a trusted website

Group 2 Students at Niagara Academy

This is a website design and everything they want it to involve. WNYIL did reach out to a web design company to have them write up a plan and to get a quote so that monies could be pursued.

The student identified the following information they would like to have available through a website:

- Access to different perspective with peer, adult and professionals
- Access to school links for academic support
- Banking and Checking
- Blogging
- Books Time Management
- College application sights/College searches
- College Life: Housing, Financial, Time Management, Study Skills, communicating with parents, where to live (logistics) Transportation, peer relationships
- College tuition options
- Coping skills
- Coping with my own addiction
- Coping with parents with addictions
- Counseling peer and professional
- Credit reports
- Dealing with loss or traumatic experience
- Dictionary and definitions of disabilities
- Disabilities rights knowledge
- Driving class information
- Effective communication and listening to us
- Emotional Unbiased, understanding and social and emotional barriers
- Financial education Now and Later
- Housing
- How to recognize and avoid dangerous people
- How to set up for success

- Information about providers and agencies
- Interviewing
- Job searches
- Life Skills
- Link for parents
- Link to providers
- Managing adult life
- Menstrual cycles
- On call or counselor hotlines
- Our recreational interest, recognize, and support
- Peer Groups/Counseling
- Peers
- Place for stories on successes and failures
- Place to blog about college
- Puberty
- Recreational opportunities
- Relationships
- Self-help skills
- Social on line chat groups (formatted based on diagnosis with a red flag system, described as similar to online gaming)
- Statistics on employment opportunities
- Study Skills/Tips
- Stuff to do while on the bus
- Suicide awareness and warning signs
- Transportation
- Tutors for youth
- Understanding our disability
- Understanding our education
- Understanding their IEP
- Understanding warning of self-harm
- Where to live (how to look for housing)

The Website should have in its design:

Google search box, good graphics, red flag and warning system in chat groups. The students also felt that the parents should have a location where they can access information they need as well. The students felt it would be a great place to have a link to a mental health and substance abuse hotline. The student focus group felt that the AP should be free and accessible on tablets, phones and computers. Information should be made accessible with voice technologies as well as bolder text. The technology should be provided free to those who cannot afford but would benefit. If an AP on the phone or tablet, one student stated they would like it to be a cat.

When the focus group continues their conversation, the question came up regarding who should decide what goes on to the website. The group decided that the youth (user) should decide what is going to go onto the page. The group determined that peer boards to represent all areas of disabilities should review and decide what resources should be added to this website. They felt they would benefit from adult peers as part of the project as well. The students felt that there should be funding for this project.

When asked who should have access they stated any youth, living with any disability.

They talked about gaming and reporting systems. They felt that this system should have this as well. They would like the ability to socialize with other youth/young adults with similar disabilities through Facebook or other social media applications and gaming with secure measures in place.

They felt that if someone is penalized they should still have access to the resources but not to the social/gaming where they are communicating with the other users. They felt the penalty should be decided by peer's/counselors and advised by the peer board.

The red flag or warning system would be used if:

1. if someone appears they may hurt self
2. if they are threatening to someone another user

The individual who can get access would be registered through a professional: the professional enters their “agency code” the student then enters their own private access information. The students would not use their own names. If the student’s behavior is inappropriate and they are flagged it would inform the intake source so they could have follow up with student/patient. They feel that the social groups should have various components based on disabilities or co-occurring disabilities and age.

Extra Credit: What would you call this program?

Circle of Youth

How can youth be depressed.com

Links for Adult Life

Links for Living

Peer to peer

Teen talk

Where here for you

Youth Puddles

Youth to youth

Group 3 Medina BOCES:

The Medina BOCES program had groups of students and staff who work on getting prepared for transition into the community. This was their input on their program design.

Support or Training with:

A website with Secure firewalls and filters

Budgeting

Clubs and Social Activities

Drivers Courses

Food Options

Free banking systems so you can learn to budget and plan

Healthy Relationships - reciprocation of feelings

How to care for pets and what are legal pets to have

Job Opportunities

Job Opportunities networking without degrees
Job placement
Learning games (with flying and building)
Looking for opportunity for community groups and resources
Medical and Safety Medication information
Motivational Speakers-overcoming disability
On-line books and resources
PDF options
Safe movie, tv and music blocks put in place
Social Security and NYESS
Sports
Step by step instructions when completing forms
Training on how to self advocate
Transportation
Volunteer opportunities

When asked how they would like to access the program Medina came up with the wanted an electronic program but also a physical location.

ELECTRONICS:

Something different then Facebook, since Facebook offers to much drama. There are also no background checks or filters of the users. We would like the ability to can chat with friends, share pictures, post and games where you can play with others and to hang out with protected wifi.

PHYSICAL HANDS ON:

We would like a place to hang out and chat with friends. We would like it to have: Beanbag and ball chairs

Board games
Cards
Darts
Local and international games
Multiple forms of technology

Origami
Outside archery
Sports
Staff when needing motivation when I am feeling down
Time attack games
Transportation to and from
Virtual games

We would want it to be open to all kinds of individuals.

One age group might be 14-18

Another 19-24

All cultures

No medical limitations

But need to respect others and treat them how you would want to be treated

As a teacher, service provider, parent, when thinking about transition in and out of school what is needed by transition age youth 14-24 to support successful transition to sustain independence in adulthood?

1. Transportation to and from programs, social activities and groups as well as community resources. Lack of transportation to existing programs was a large concern. This was a factor mentioned by every group. Transportation is available when you meet the qualifying factor, but even those have restriction.
2. Across all stakeholders group was the request for a peer program. The stakeholders felt that there should be a “peer run board” and peer-mentoring program to develop new peers to maintain the peer model. The peers are described as a “buddy system” that can motivate, and in support their outcomes (goals). The following bullets are related statements made by the various stakeholder groups.
 - Board run and adult peer community providers
 - Build a buddy system or support system to get buy in to the program
 - Mentoring (older peers – mentoring younger peers)
 - Older youth as they age out would have opportunity for training and

becoming mentors

- Peer mentoring model and leadership development
- Peer mentors with sibling supports
- Peer support as peers age up allow them to become mentors in the program
- Peers in person and on-line
- Possible mentors
- Staff when needing motivation when I am feeling down
- There would be an intake or referral process that would link the consumers to needed services and case management with the services linked to each consumer to make sure there is follow through by all active parts

3. All stakeholder's groups stated a lot regarding the success of sustainable employment and educational needs. In the perfect program the youth would have support in: Linking to and completing their educational goals. Linking to volunteer and vocational opportunities. Learning how to complete applications, write a resume and job search are all part of their employment needs.

- A child day care
- A full-service nail salon
- An animal shelter or doggie daycare
- Career Development-resume writing, networking, volunteering,
- Chamber of commerce buy in
- Classrooms with tutors to support academics on evenings, weekend and during the summer
- Connection and buy in to the community
- Green house
- Help with GED or TASC readiness
- Job Opportunities
- Job Opportunities networking without degrees
- Job placement
- Large kitchen
- Social Security and NYESS

- Strong group of mentor brought in from the community to support – networking, resume writing, follow through on their appointments
 - Support or Training with:
 - To Build on VOCATIONAL:
 - To grow and prepare food for sale at a restaurant in the complex
 - Volunteer opportunities
4. Another area that stakeholders felt there was not enough support in home or in school was regarding the area of life skills. The perfect program could support the youth in learning to shop, budget, and complete forms, learn to bank, do laundry, use transportation and other areas of need to being independent.
- Budgeting
 - Free banking systems so you can learn to budget and plan
 - Life Skills
 - Property and location community outreach and benefits
 - Step by step instructions when completing forms
 - Washer, dryers, showers and clothes donations for youth to be able to learn self-help skills and appropriate attire for interviewing for a job.
5. Stakeholders also felt that the youth needed an opportunity for social groups on and off line. The computer offers a lot of opportunities for social networking, but the stakeholders did not feel that the current opportunities were safe options for all youth. The social opportunities would allow for games, sports, to hangout and chat in person and online with like-minded peer groups.
- A place for youth to meet without parents in a safe environment to hangout or gain information
 - A place to hang out with protected wifi
 - A program that offers
 - A skate park, pool
 - A virtual room
 - A website with Secure firewalls and filters
 - All cultures

- And 19-24
- Art studios
- Beanbag and ball chairs
- Board games
- Cards
- Clubs and Social Activities
- Comfortable
- Cool No STIGMA
- Darts
- ELECTRONICS:
- Facebook has too much drama, no background checks and no filters
- Food
- Food Options
- Free
- free and not connected to anything
- Gyms, skate parks, pool –to encourage physical activity and social interaction and problem solving
- Inclusive
- Local and international games
- Looking for opportunity for community groups and resources
- Maybe 14-18
- Multiple forms of technology
- On-line books and resources
- Open to anyone
- Open to everyone
- Origami
- Outside archery
- Physical Activities
- Physical Activities – Gym, Dances, TV's
- Positives is that we can chat with friends, share pictures, post and games where you can play with other
- Safe
- Safe movie, tv and music blocks put in place
- Separated by cognitive or appropriate age groups

- So we can meet friends of all kinds
- social medial
- Something different then FB-
- Sports
- Sports
- Summer and after school programs
- supports during summer, vacation and breaks
- The complex would offer a virtual or computer room
- There should be food, games, and recreational area for sports related activities
- Time attack games
- Various hours without grouping 14-24 all together
- Virtual games
- Would like a physical location to chat with friends

6. Other areas the stakeholders had invested interest.

Learning how to advocate

Learning about healthy relationships

Hearing from motivational speakers with similar “disabilities”

Needs List	code	code 2
Transportation	service	resources
Getting a license	service	resources
Accessing and Using	service	training
Peer Mentoring	service	
Older peers – mentoring younger peers	service	resources
Counselor hotlines	service	resources
Peer supports, counselors	service	resources
Hotlines should be made available for mental health and substance abuse issues and others as identified	service	resources
and leadership development	training	resources
What to do in stressful situation	training	resources
Life Skills	training	services
How to do Laundry	training	
Dressing for an Interview	training	resources
Accessing Transportation	service	resources
Dealing with loss	service	
Being appropriate	training	resources
Learning who to trust,	training	
Our recreational interest identify, recognize, and support		
Employment/Volunteering		
Volunteer opportunities	training	resources
Job Opportunities networking without degrees	service	resources
Job placement	service	
NYESS	service	
Financial education	training	services
Budgeting	training	services
Benefits	service	training
	SSDI/ SSD	
Tutors for youth	service	resources
Resources:		
How to apply for college	training	resources
How to look for an apartment	training	resources
Financial information now and when our parents are gone	training	resources
How to effectively communicate with our parents/how to get them to listen	training	resources
How to study	training	resources
Definitions/understanding of disabilities	resources	training
Information about providers and agency agenda items	resources	training
Puberty, menstrual cycles	resources	training
Relationships, how to recognize and avoid dangerous people	training	resources

Healthy Relationships - reciprocation of feelings	training	services
Medical and Safety Medication information	training	resources
How to care for pets and what are legal pets to have	training	resources
Step by step instructions when completing forms	training	services
Trainings:		
Life After School	resources	training
College:	training	
Student Loans, College Application Process Training	training	resources
funding that's available	resources	services
college tuition options	resources	training
How to study	training	resources
Peers to talk about campus life	training	services
Preparing to graduate to: college	training	resources
Strategies and information that help with school	training	resources
Employment:	service	
Career Development-resume writing, networking,	service	training
Interviewing	training	services
Preparing for a job	training	resources
How to dress for an interview	training	resources
Finding Housing:	service	resources
Moving out, life after school	training	resources
Learning about life on my own	?	services
How to search for an apartment	training	resources
How to live for housing out of state (things you should look for)	resources	training
Time management classes	training	
Understanding my disabilities and Rights	training	resources
IEP /504	training	resources
Recognizing disabilities rights	training	resources
How to self-advocate	training	resources
Emotional Unbiased, understanding and social and emotional barriers	service	training
A change in language it would be through empowerment	training	resources
Financial Literacy	service	resources
Banking and Checking	training	resources
Free banking systems so you can learn to budget and plan	service	
Support Groups: Peers	service	
Suicide awareness and warning signs,	training	resources
Coping with parents with addictions, coping with my own	resources	training
Clubs and Social Activities	service	resources
Motivational Speakers-overcoming disability	service	

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

Staff met with Jenna (20 years old) when her grandmother reached out to the agency due to the behaviors being exhibited by Jenna. The grandmother explained the following, Jenna is someone who has been living with a TBI since the age of 5, has had average cognitive abilities as well as mental health issues. Jenna was part of the foster care system after being neglected by her biological family. Eventually the foster family adopted them, but Jenna had difficulty with attachment. Jenna started acting out more after being run over by the car when she was 5. The grandmother explained that they had exhausted the mental health system in trying to get help for Jenna.

The grandmother was concerned since currently Jenna was living with her and quite defiant and grandmother had concerns of future living arrangements and maintaining employment. The grandmother stated that they had exhausted the mental health system and wanted to know what else might be out there for Jenna.

Staff assisted Jenna and her grandmother with the following services. Over the course of the year Jenna started off with benefits advisement to apply for SSI, food stamps, and ACCES-VR. After 6 months Jenna found employment and no longer needed public assistance. While this was going on all records were requested and Jenna was linked with a neuropsychologist to determine if she would be eligible through OPWDD. The testing showed that she did not qualify cognitively, but recommendations that followed from additional testing did show that she had a TBI from being hit by a car at 5 years of age. OPWDD ended up approving for services and Jenna was linked up to begin applying for waiver services so she can live as independently as possible.

Dana started with Western New York Independent Living late 2014 in need of educational advocacy and transitional services. Dana entered with diagnosis of behavioral and emotional, panic disorder, depression and suicidal ideology. Dana struggles with a high level of anxiety after being a victim of a domestic

kidnapping that lasted over a year leaving Dana with a fear of leaving their home. Dana has also required specialized counseling and therapy has it related to understanding their sexual orientation. Dana started with us at 17 years of age and continues to work with our agency.

When Dana came into our agency in late 2014 she was on home instruction and in need of consistent tutoring services that were not in place. Dana was still adjusting to being home, dealing with the trauma of the kidnapping and hyper sensitive to sound and touch as well as adjusting to several medications. Dana did eventually begin attending school, but could only participate 2.5 hours a day before exhausting out. Dana had been with out schooling during the time of domestic kidnapping and was struggling with keeping up. The educational advocate has worked with the Mental Health System and has supported Dana in maintaining and gaining her education while in and out of the hospital as it related to her mental health.

In February of 2016 with Balancing Incentive money that WNYIL received staff decided to discuss further evaluations with Dana and her mom. The mom and Dana decided that they would go, which resulted in another diagnosis of Autism. Staff gathered all of the paperwork and submitted it to the Front Door and Dana was approved for services through the Office of People with Developmental Disabilities. Information received from that evaluation provided information that supported us in advocating for services through the OPWDD. Once approved for services through OPWDD, as well as having mental health diagnosis staff reach out to Dr. Michael Cummings who was able to prevent hospitalizations, we met with Dana in her home and provided supports and services as well as medication changes and adjustments. Dana decided not to return to school, but wanted to go for her GED instead. Dana also let staff know that she wanted to link up with ACCES-VR (that had been mentioned in previous conversations). OPWDD Family Support Services were brought into the picture to purchase technology Dana was in need to pursue her future endeavors. Dana started writing on the computer, as well as working with the photographs that she had taken. Dana's desires are to pursue her GED, and with ACCES-VR would be able to pursue a career in photography.

Julia is a high school student working on achieving her 216 CDOS work hours. Julia was approved for physical therapy and it was written into her IEP. School stated that she did not need a physical therapist since the work that she was doing in the nursing home and the several different jobs was providing the gross motor strengthening that was needed. Julia was coming home exhausted at the end of the day unable to participate in typical afternoon activities. The parent worked with the educational advocate in meeting with the school and having the school provide physical therapy. The school regularly provided physical therapy if needed to navigate the school environment safely. Individuals pursuing employment often need physical therapy for stamina. The school district felt the family should pay for it, but between the parent and advocate the school did provide the physical therapy. Julia did graduate with her CDOS and was linked with ACCES-VR to find employment.

What resources were you able to successfully develop for the project?

Western New York Independent Living, Inc., Renaissance (RASI) Campus/Kids Escaping Drugs(KED), and Mental Health Association (MHA) of Erie County pursued and were awarded a \$363,702.00 for a 5-year project from The Peter and Elizabeth C. Tower Foundation. WNYIL hired a part time peer to have on the Renaissance Campus/Kids Escaping Drugs to provide care coordination with youth/young adults between the ages of 12-21 who had a dual diagnosis of mental health and substance abuse. The “peer” would be located at RASI to meet with the youth/young adult to develop their transition plan prior to discharge. The “peer” would be able to continue working with the youth/young adult once they left campus towards their goals. The Mental Health Association of Erie County role was to provide education and training to staff, consumers and guardians about living with mental health. WNYIL after several attempts to successfully staff RASI with a peer, and rewrite the deliverables felt that RASI was not ready to engage with a peer at this time.

Project Strengths:

The project was written with the goal of successfully transitioning the “patients”

as labeled at RASI to a coordinator employed by WNYIL to work with the “consumer” as known by WNYIL. The coordinator would work with the individuals at RASI, but be able to be engaged when the consumer left RASI to work on goals driven by the transition back home or to independent living in the community. The coordinator could follow up with consumer on all ILS activity from advocating, information and referral, independent living goals, peer mentoring as well as transitional needs. The individual hired for this project was a true peer and had attended RASI as a youth themselves and successfully transitioned to independent living. The coordinator was there to help link to the resources needed whether it be in an educational, employment or residential setting or need. The breakdown came in the referral process from other providers to use this resource.

This could include events that provided support and expanded your project beyond original concept and barriers that occurred that prevented the project from reaching its full potential.

The strengths of this funding opportunity were a direct connection to the targeted population and to provide transitional services. WNY ILC would coordinate activities, and support individuals with a behavioral health diagnosis so they may reach their educational and employment goals.

The limitations of this funding were the restriction to individuals transitioning from the RASI Campus and not a broader base.

Provide lessons learned.

WNYIL ended up withdrawing from this grant after a 15-month attempt of finding the appropriate staff, engaging individuals and attempting to make deliverables in the proposal. WNYIL was asked to identify what we perceived the barriers to be. The following information was provided to the Peter and Elizabeth Foundation representative.

Timing: The start of this grant overlapped with several new programs/projects and level of information on programming and the uncertainty of how they would interact within those processes.

Example: WNYIL offered the opportunity of the Medicaid Assistance Application Program, Educational Advocacy as well as Health Homes.

All programs that RASI identified they already provide, or were in the process of obtaining.

The second would be the timing and use of peers. Peers is a large component of the systems change, and is language that all clinical settings are familiar with. There still needs to be time for the buy in to the philosophy. If the directors or CEO's of a company do not have buy in you likely will not have the support of the staff. This is something that WNYIL was unable to obtain, there was some acceptance, but it did not connect with all staff involved in the program which presented as a huge challenge in maintaining a peer.

History: Prior to requesting funding from a foundation we had information on how RASI/KEDS is currently doing towards their goals and success rates. We had WNYIL's history in their transition programming/projects and outcomes. What we did not have is a working history together prior to requesting funding to support a continuation and building on a preexisting relationship to know how it would work.

A plan was developed without an actual trial period before to identify the numbers, and having a working process that we knew could be met.

Grant Writing and Participants: The individuals who wrote the grant were not those who would need to sit down and implement the deliverables. There was a disconnect between the RASI and ILC staff when it came time to place someone into the coordinator position and the expectations of that staff. ILC was in a position where they needed to deliver goal oriented activity without obtaining referrals, and without the ability to provide activities such as linkage and referrals to ACCES-VR, Health Homes, and services with educational advocacy due to RASI wanting to remain in control of these activities. RASI was looking for different goals to compliment the work they already were doing at the center, a main one was to have our staff transporting RASI consumers once they were discharged from the campus to their medical appointments.

This was an opportunity, but between the timing, history and those involved in the initiation verses those in the delivery roll, this grant was unsuccessful.

This could include events that provided support and expanded your project beyond original concept and barriers that occurred that prevented the project from reaching its full potential. What funding options were you able to explore and pursue for the project?

Following are the deliverables for the intended transition project funded through Tower Foundation. Pgs 64-72

Tower Foundation Project

Transition Supports for Young Adults with Co-Occurring Diagnosis

1-1-2016 through 12-31-2020

Key Partners

Partner 1: Western New York Independent Living, Inc. and Mental Health Peer Connection (as a part of the Family of Agencies)

Partner 2: Renaissance Addiction Services Incorporated (RASI) and Kids Escaping Drugs (KED) at the 62 bed residential treatment facility called, “Renaissance Campus”

Partner 3: Mental Health Association of Erie County (MHA)

Contacts at Each Agency

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Overall Goal of the Program

“To help youth with co-occurring mental health and substance use diagnosis successfully transition from treatment back into the community” (p. 4)

- Maintaining sobriety
- Using skills, tools and support networks that help maintain good mental health and quality of life to maintain a successful transition.

Long term goal

“To demonstrate the success and importance that ongoing transitional supports have on an individual exiting a residential program (with 24 hour support through staffing) and enter home/community.”

Project Goals

1. Provide Transitional support for RASI residents and their families/ caregivers, who ultimately seek a return to a life of independence from addiction
2. Assist each young adult in the development of a personalized transition plan to utilize upon graduation from the Renaissance Campus, to support continued sobriety and mental wellness
3. Offer community-based programming and support, which incorporates the goal of Independent Living Skills as each resident transitions back into the community from Renaissance Campus.
Transition supports may include -
 - a) Identification and connection to other community linkages
 - b) Returning to High School,
 - c) Obtaining Job Skills
 - d) Learning and use of public or private transportation
4. Engage and develop long term partnerships with other service providers to foster an integrated community approach in order to assist transition age youth in achieving recovery and independence in a comprehensive manner.

Key Project Components

1. Delivery of transition services to RASI Residents
2. Delivery of transition support services in community
3. Familial support
4. Mental Health Education
5. Program Integration into existing services

Key Project Activities

1. Phase 1-A: Delivery of transition supports (on campus): Renaissance Addiction Services Inc. (RASI)
 - a. Upon entry to Renaissance Campus each transition age young adult will be evaluated for a current or previous mental health diagnosis
 - May include documentation from a physician, mental health professional , etc.
 - b. The Mental Health Counselor on campus will immediately introduce and refer the youth/young adult to the transition program and specialist.
 - c. The Mental Health Counselor will also introduce the program to the family/caregivers, if involved in the youth/young adults planning/ transition process.
2. Phase 1-B: Delivery of transition supports (on campus): WNY Independent Living, - M H Peer Connection:
 - a. Once the young adult completes the detoxification process, the transition specialist will begin work with the youth/young adult while on campus to have ongoing interaction.
 - i. First priority is completion of the Renaissance Program
 - b. The Transition Support Specialist will work with the youth/young adult to:
 - i. Gain understanding for his/her dual diagnosis
 - ii. Develop and implement steps in a plan to integrate back into the community

- iii. Explore and Set his/her personalized goals (i.e. returning to high school, completing the TASC, planning for social pressures, steps for college, vocational training, resume building, independent living, public transportation, learning to drive, obtaining employment, and developing a personalized plan for mental wellness and support.
 - iv. Connect to programs and services offered at the Independent Living Center
 - v. Connect to Community Mental Health Resources
 - c. The Transition Support Specialist can also provide support to the family/caregiver to understand dual diagnosis and involvement, based on the young adults goals.
- 3. Phase 2: Community Based Transition Services (Post Graduation): WNY Independent Living/MHPC
 - a. As the resident graduates or leaves the program, he or she will be encouraged to continue meeting with the transition specialist for a minimum of six months or as long as they need.
 - i. Number of meetings is based on each individual's goals and plan
- 4. Phase 3: Familial and Individual Support: Mental Health Association (MHA)
 - a. MHA will offer two support groups for parents and caregivers per month. (24 per year)
 - i. One entry, one exit program
 - ii. Topics will be determined based on request and need
- 5. Phase 4: Mental Health Training: Mental Health Association
 - a. MHA will provide one training per quarter to RASI Staff about Mental Health and Dual Diagnosis (4 per year)
- 6. Phase 5: Program Integration into Organizational Operations: WNYIL & RASI

- a. Phase 5a: MHPC will provide a quarterly training for RASI and WNYIL Staff about the Transition Program to:
 - i. Ensure smooth and appropriate internal referrals.
 - ii. Gain understanding of the program and its purpose
- b. Phase 5B: The Peer Specialist and MHPC Staff will collaborate to offer workshops to the public to promote the transition support program, Early intervention services and Face to Face in the Workplace.
- c. Phase 5C: The Peer Specialist and MHPC/WNYIL Staff will assist RASI Staff in understanding the services and referral opportunities that are available at WNYIL's family of agencies beyond the transition support program.
- d. Phase 5D: RASI and WNYIL/MHPC will track referral sources of individuals in the transition program, what referrals were given, services received, and outcomes to determined the success of this demonstration project.

Tracking will include:

 - Referral Source
 - Referral Given and to where
 - Services Received
 - Outcomes of each referral and service

Deliverable Measurement

<u>Primary Goals</u>	<u>Measurement of Success</u>	<u>Short Term</u>	<u>Inter-mediate</u>	<u>Long Term</u>	<u>Partner Responsible</u>
To provide ongoing support 60 individuals annually, who are referred by RASI as having dual diagnosis	<u>Date Reported:</u> Total Number of Campus Residents with Dual Diagnosis/Total Number with Dual Diagnosis Participating in the Transition Program Annually	X	X	X	WNYIL, MHPC RASI MHA
To track Successful Obtainment of Individual Goals set <u>WITH</u> the transition specialist	<u>Data Reported:</u> Total number of goals set versus the total number of goals met. Aim is to assist young adults in achieving 75% of the goals set, minimum		X		WNYIL /MHPC
To Track the total number of young adults/families who remain engaged in the Transition Program (post graduation) and number of months	<u>Data reported:</u> 1. Total number of young adults working with the transition specialist before graduation, 2. Total number which continue post graduation and 3. Total number of months working with the specialist after graduation	X	X	X	WNYIL/ MHPC
Tracking the type of services and referrals provided	<u>Data Reported:</u> Services and Referrals Provided and type, to whom etc.	X	X	X	WNYIL/ MHA
To increase community integration, continued mental health wellness, sobriety in youth/young adults with co-occurring mental health and substance use diagnoses	<u>Data Reported:</u> Transition Specialist tracks: 1. Date and reason for discharge from the transition program 2. # of months living in the community 3. # of goals obtained	X	X	X	WNYIL/ MHPC
To reduce re-entry into residential settings, psychiatric hospitals in youth/young adults with co-occurring mental health and substance use diagnoses	<u>Data Reported:</u> Transition Specialist tracks: 1. Re-Entry into Residential Programming 2. Relapse, if any 3. Psychiatric Hospitalization, if any/ total 4. Total Number of Days of Each, if any	X	X	X	WNYIL/ MHPC

<p>Increase positive impact of the transition program on families, youth/young adults involved in the program. Reports provided annually to the Lead Agency.</p>	<p><u>Data Reported:</u> A Customer satisfaction survey will given, mailed, e-mailed or handed to youth and caregivers involved with the transition Program to collect the following data about programs including:</p> <ol style="list-style-type: none"> 1. Satisfaction of trainings/groups provided. 2. Satisfaction of <u>on-campus</u> mental health 3. Satisfaction of <u>on-campus</u> transition 4. Satisfaction of <u>off-campus</u> transition 			X	WNYIL MHPC MHA KED/RASI
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<u>Primary Goals</u>	<u>Measurement of Success</u>	<u>Short Term</u>	<u>Inter-mediate</u>	<u>Long Term</u>	<u>Partner Responsible</u>
<p>Increase Quality of Life (QOL) for individuals with dual diagnoses who were residents of RASI Campus Programming</p>	<p>A consumer survey will be mailed to all participants of the transition program to measure quality of life (QOL)</p> <ol style="list-style-type: none"> 1. # of months living in the community since residential treatment 2. # of months attending high school, vocational training or TASC Program 3. Did the consumer graduate from High School? 4. # of months without relapse /Maintaining Sobriety 5. # of months without re-entry to hospital or drug rehabilitation program <p><u>Response Goal:</u> 70% of higher QOL</p>		X	X	WNYIL MHPC
<p>Support Groups for Families/ Caregivers (Entry into Renaissance)</p>	<p>One Parent Support Group per month</p>	X	X	X	MHA
<p>Support Groups for Families/ Caregivers (Exit Renaissance)</p>	<p>One Parent Support Group per month</p>	X	X	X	MHA
<p>Training for RASI Staff to learn about topics related to co-occurring diagnosis (mental health and addiction)</p>	<p>One Training/ In-Service Quarterly on RASI Campus</p>	X	X	X	MHA

Ongoing referral to the transition program for youth/young adults with co-occurring diagnosis	The Mental Health Counselor on RASI campus will review each guest's mental health /medical history for dual- /co-occurring diagnosis and refer to the transition program upon positive findings	X	X	X	KED/RASI
Hiring of a mental health transition specialist to reside between RASI and the IL Center in Erie County	MHPC will create the job description and plan a meeting for hiring process with RASI/KED	X			

<u>Secondary Goals</u>	<u>Measurement of Success</u>	<u>Short Term</u>	<u>Inter-mediate</u>	<u>Long Term</u>	<u>Partner Responsible</u>
Assistance with entry back into the high school, and community for Graduates of RASI: RETURNING HOME and GOING BACK TO HIGH SCHOOL	Transition specialist will work with the school and refer to the educational advocate to track support goals met for this population	X	X	X	MHPC/WNYIL
Assistance enrolling in TASC/ Adult Education Programs, or Vocational Programs for Graduates of RASI: RETURNING HOME and ARE NOT returning to HIGH SCHOOL	Transition specialist will work with the independent living specialist and refer to outside programs for vocational goals and track support goals met for this population	X	X	X	MHPC/WNYIL
To support and provide referrals for Graduates of RASI and ARE NOT RETURNING HOME and are going to a LOWER LEVEL OF CARE (Step-down)	Transition specialist will refer to the independent living specialist and housing specialist to assist the youth/young adult and track support goals met for this population	X	X	X	MHPC/WNYIL
To assist with independent living, and personal/professional goals to non-RASI residents we are referred through KED programs,	Transition specialist will track referrals from external RASI programs and what referrals are needed to support goals met for this population	X	X	X	MHPC/WNYIL
Caregivers/Family's of Youth/ Young Adults who are transition back to home (primary family residence)	Mental Health Association and the Independent Living Center will support the family/caregivers as the youth/young adult returns home (for youth who have "returning home" as a goal)	X	X	X	WNYIL and MHA

Memorandum of Understanding with Mental Health Association and Renaissance House/Kids Escaping Drugs as follows:

Transition Supports for Young Adults with Co-Occurring Diagnosis (Renaissance Transition) Project

INDEPENDENT CONTRACTOR AGREEMENT BETWEEN WESTERN NEW YORK INDEPENDENT LIVING INC. AND MENTAL HEALTH ASSOCIATION OF ERIE COUNTY, INC. (MHA) ACCOUNT #RTMHA-2016, #1

This Transition Supports for Young Adults with Co-Occurring Diagnosis Project, otherwise known as The Renaissance Transition (RT) Project Agreement, dated, March 1, 2016, is between;

Western New York Independent Living, Inc. a nonprofit, educational corporation organized and existing under the laws of the State of New York, with its principal offices and mailing address located at 3108 Main Street, Buffalo, NY 14214, hereinafter referred to as “WNYIL” and Mental Health Association of Erie County, Inc. a nonprofit, educational corporation organized and existing under the laws of the State of New York, with its principal offices located at 999 Delaware Avenue, Buffalo, NY 14209, hereinafter referred to as “MHA”.

Together, the “Parties”, pursuant to WNYIL’s agreement with The Peter and Elizabeth C. Tower Foundation (“The Tower Foundation”), agree as follows:

I. Term of this Agreement

1. The term of this agreement is March 1, 2016 through February 28, 2021, subject to the conditions set forth herein and to any amendments or modifications required by The Tower Foundation.
2. This agreement is entered in furtherance of WNYIL’s agreement with The Tower Foundation for the Transition Supports for Young Adults

with Co-Occurring Diagnosis Project, otherwise known as Renaissance Transition Project (“RT Contract”), and is expressly conditioned on WNYIL receiving funds as set forth in the RT Contract. WNYIL has no obligation to fund this agreement should The Tower Foundation not provide monies in amounts and on dates set forth in the RT Contract, and the MHA has no obligation to provide services. Should WNYIL learn that The Tower Foundation would not provide some or all of the funds set forth in the RT Contract, WNYIL shall promptly notify MHA and, in its sole discretion, decide to either cancel this agreement in its entirety with no obligation or renegotiate the cost and terms of this agreement.

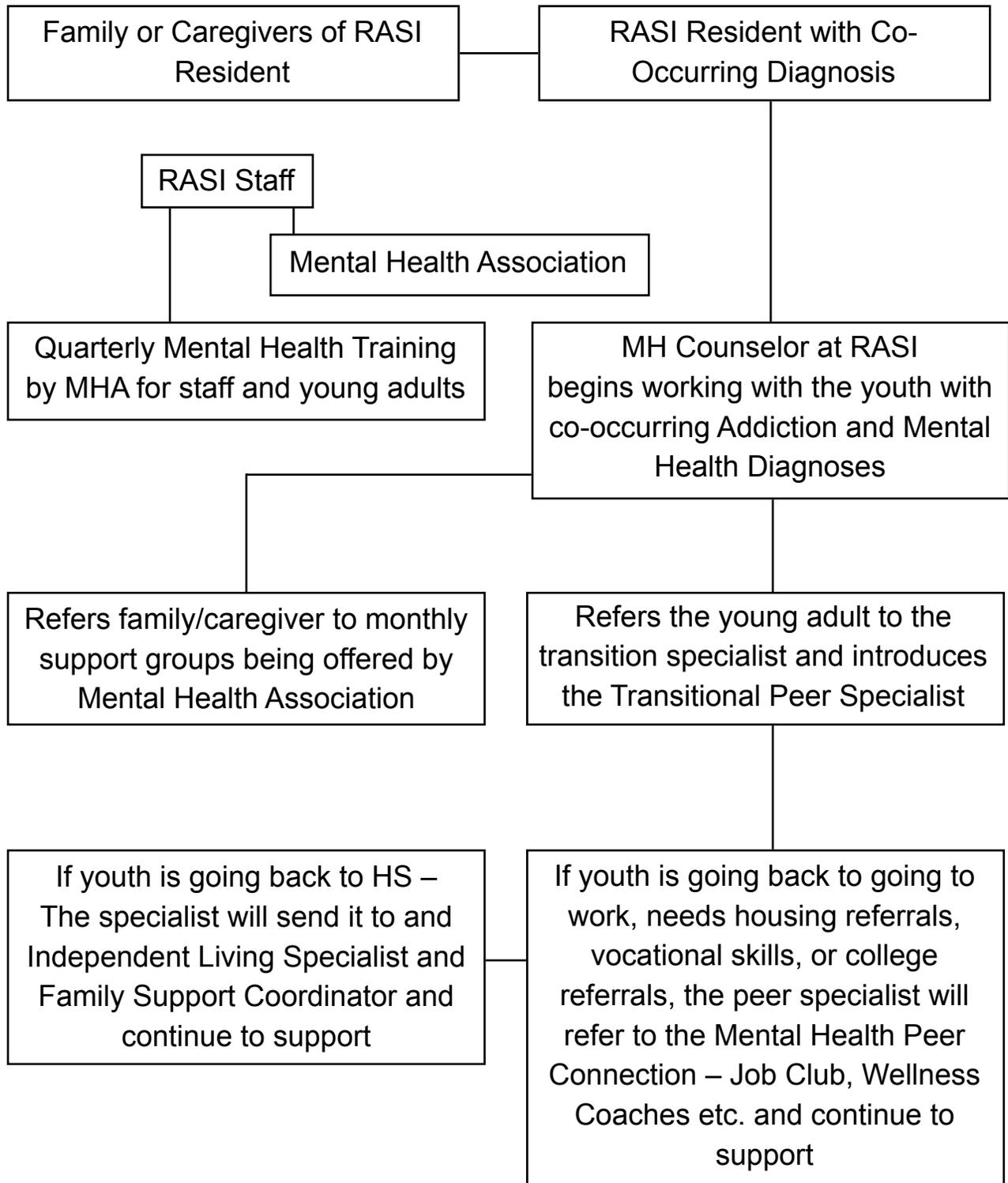
3. The Parties shall have the option to renew or extend this agreement, subject to continued funding and the approval of The Tower Foundation, together with WNYIL’s assessment of the quality of the MHA’s performance of the activities described herein.

II. Compliance with Federal, State and Local Laws

1. The nature of the relationship that the MHA shall have to WNYIL pursuant to this agreement shall be that of an Independent Contractor. In connection with its status as an Independent Contractor, the MHA hereby warrants that it is in compliance with all tax filing and similar requirements imposed on Independent Contractors, and acknowledges that it is solely responsible for paying income taxes, FICA taxes, and other taxes and assessments which arise from receipt of payments under this agreement. This agreement shall not be construed to contain any authority, either expressed or implied, enabling the Independent Contractor to incur any expense or perform any act on behalf of WNYIL.

The MHA certifies that:

- a. The MHA services being performed under this agreement are separate and distinct from any other services provided to WNYIL by the MHA.
- b. The MHA has not and will not receive payment for the services provided to WNYIL under this agreement from any other sources.
- c. The MHA services will be performed without reliance upon WNYIL for training, workspace, staff, supplies, or equipment.



2. The MHA shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation, or marital status against any person seeking services for which MHA may receive reimbursement or payment under this agreement, and shall comply with all applicable Federal, State, and Local civil rights and human rights laws with reference to the provision of RT services.
3. The MHA has an affirmative duty to take prompt, effective, investigative, and remedial action where it has actual or constructive notice of discrimination in the terms, conditions, or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.

III. Amendments and Modification

1. Any amendment of this agreement must be set forth in writing and signed by an authorized representative of each Party.
2. The MHA shall not alter the nature or type of services as set forth in the Work Plan annexed hereto and incorporated herein as Attachment A without the prior written consent of WNYIL.
3. WNYIL may, during the term of this agreement, propose modification hereof in order to enhance the program's outcomes. In the event the Parties are unable, after good faith negotiation, to agree to such a modification, WNYIL reserves the right to terminate this agreement in whole or in part, pursuant to §VII.

IV. Nature of this Agreement

1. The MHA shall carry out the activities described herein in the manner set forth in the Work Plan, included in Attachment A.
2. The MHA agrees to work with WNYIL to effectuate WNYIL's RT Contract and to facilitate the staffing arrangement described in this agreement. The MHA, and the supervisors of staff agree to assist MHA staff in

carrying out the Work Plan.

3. WNYIL shall provide information and/or provide materials as necessary in order to ensure that the MHA have access to accurate and up-to-date information. The MHA shall ensure that it's staff maintains knowledge of the program. The MHA will provide general oversight to ensure staff implement the program according to the Work Plan.
4. WNYIL shall create RT materials that staff at the MHA shall distribute. The MHA staff shall not distribute any other written materials covering the subject matter of this agreement without prior approval from WNYIL.
5. WNYIL must authorize in advance any use by the MHA of WNYIL's name and/or logo on any materials, to the extent such materials relate to the services provided under this agreement and are pre-approved by WNYIL.

V. Financial Responsibilities

1. Payment Obligations

- a. WNYIL will reimburse the MHA up to \$5,200.00 for staff training and support groups per year (March 1 through February 28) for up to five years, beginning March 1, 2016. Based on the following payment schedule WNYIL will reimburse up to \$1,300.00 per quarter when all the following requirements are met:
 1. Six parent/caregiver and resident trainings at \$175.00 per session (up to \$1,050.00).
 2. Educational sessions on dual-diagnosis, mental health and wellness, provided to RASI staff and residents (up to \$250.00 per quarter).
- b. Payments are to be made under this subcontract based on quarterly payment periods. The first payment period will end on May 30, 2016.
- c. MHA will submit an Expenditure Report/Invoice to WNYIL CFO via E-mail no later than the 15th of the month following the end of a payment period. WNYIL will reimburse actual costs incurred for the previous

payment period in a timely manner, provided that: a) all necessary documentation and paperwork are submitted in a timely, accurate manner; b) expenses listed reflect the performance of activities outlined in the Work Plan (Attachment A); and c) all expenses are approved by the Executive Director of WNYIL, in compliance with the conditions outlined.

- d. The Expenditure Report/Invoice for each payment period shall include actual expenses incurred using the budget format agreed to by WNYIL. Any modifications to the budget must be made PRIOR to expenses incurred, and only with prior approval of WNYIL. The MHA is expected to maintain its own copies of all reports, receipts, documentation, and contract-related accounts on file. The MHA shall produce its receipts upon request by WNYIL.

2. Funding Exclusions: No funding under this agreement may be used and the MHA shall not bill for any of the following:

- a. To match any other Federal funds.
- b. To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- c. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- d. For services for which it has been reimbursed or for which it intends to seek reimbursement, other than reimbursement for the specific costs allowed under this agreement.
- e. For any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.

VI. Program Monitoring and Evaluation

1. WNYIL shall exercise general supervision, monitoring and evaluation

of the MHA's activities under the terms of this agreement. The MHA will ensure that the Work Plan is carried out as described in Attachment A.

2. In the event that the MHA's performance is identified as unsatisfactory or in need of improvement, the MHA agrees to address deficiencies identified. WNYIL will monitor performance to ensure that adequate corrective actions are taken within thirty (30) days, unless otherwise directed.
3. The MHA will submit quarterly written reports, on the form developed for this project (Attachment B), to WNYIL ILC Director via E-mail no later than the 15th of the month following the end of the completed quarter, which will detail the activities engaged in pursuant to the Work Plan in Attachment A.

VII. Termination of this agreement

1. WNYIL may suspend or terminate this agreement in whole or in part:
 - a. At any time upon mutual written consent.
 - b. Upon failure of the MHA to comply with any of the terms and conditions of this agreement.
 - c. Immediately upon a material breach of this agreement.
 - d. Immediately upon the MHA's insolvency or commencement under the Bankruptcy Act of any proceeding by or against the MHA, either voluntarily or involuntarily.
 - e. Immediately upon receipt of notification that funding or reimbursement from The Tower Foundation is no longer available for any or all of the services provided pursuant to this agreement or that terms of the RT Contract will be substantially changed. In the event The Tower Foundation decides to terminate the RT Contract, WNYIL shall notify the MHA in writing of its intent to terminate this agreement.
 - f. Without cause if WNYIL or The Tower Foundation determines that a termination would be in the best interest of the RT Program.
 - g. Notwithstanding the provisions above, WNYIL may terminate this agreement without advance notice to the MHA in the event the

MHA acts in bad faith, or with recklessness or gross negligence in performing this agreement.

2. WNYIL shall reimburse the MHA for expenses incurred prior to termination as set forth herein. In the event WNYIL or the MHA terminates this agreement prior to its expiration, the MHA shall comply with WNYIL closeout procedures.

VIII. Indemnification

1. The MHA agrees to defend and indemnify WNYIL, their officers and employees, and shall hold them harmless from any and all risks of every kind, nature and description resulting from or arising out of the work and/or service performed by the MHA under this contract; provided, however, the MHA shall not be required to indemnify WNYIL with respect to such risks to the extent caused by the negligence or intentional misconduct of WNYIL or WNYIL's consultants, over whom MHA has no authority or control.
2. The MHA by agreeing to defend WNYIL as set forth above, agrees that if WNYIL receives a claim, complaint, or is sued under this contract pertaining to their work, acts or services; then MHA agrees to pay all attorney fees and expenses; the selection of such to represent WNYIL shall be the sole and exclusive determination of the MHA.

IX. General Terms

1. The MHA shall immediately notify in writing the WNYIL Director of ILC and/or Executive Director of WNYIL of any unusual incident, occurrence, or event that involves staff, volunteers, directors or officers of the contractor, any subcontractor or program participant funded through this agreement, including but not limited to the following: death or serious injury; an arrest or possible criminal activity that could impact the successful completion of this project; any destruction of property; significant damage to Renaissance Addiction Services, Inc.; or other matters of similarly serious nature.
2. MHA shall procure and maintain insurance (including but not limited

to Disability Insurance, Workers Compensation Insurance, Property Insurance, and Liability Insurance) at its own cost and expense in an amount satisfactory to WNYIL, Inc.

3. As required by the Tower Foundation Grant, this agreement contains the following provisions.
 - a. The work performed by the MHA must be in accordance with the terms of the Tower Foundation Grant.
 - b. Nothing contained in this agreement, nor under the Tower Foundation Grant, shall be deemed to create any contractual relationship between the MHA and the Tower Foundation.
4. If for any reason the Tower Foundation terminates or reduces its appropriation to WNYIL, or fails to pay the full agreement of the allocation for the operation of one or more programs funded under this agreement, the agreement may be terminated or reduced at WNYIL's discretion, provided that no such reduction or termination shall apply to allowable costs already incurred by the subcontractor, where funds are available to WNYIL for payment of such costs.
5. WNYIL will inform the MHA of termination or fund reductions in a certified letter return receipt requested. The effective date will be that recorded on the returned receipt, or later if otherwise specified in the notification or if no receipt is returned five business days from the date of the mailing of the letter.
6. In the event one or more provisions of this agreement are deemed illegal, invalid or unenforceable, the remainder of the agreement will not be affected.
7. WNYIL's Compliance Plan, which discusses WNYIL's compliance with relevant federal and state fraud and abuse laws may be obtained on the WNYIL website at www.wnyil.org. The MHA agrees to comply with the terms of the plan when delivering services pursuant to this contract and shall ensure that each entity or individual providing services on behalf of

WNYIL under this contract is provided with a copy of, or otherwise has access to, the plan. The MHA will also perform compliance activities for RT in accordance with Agency protocol.

8. This agreement, together with attachments, contains the entire agreement and understanding of the Parties with respect to the subject matter hereof, and supersedes and replaces any and all prior discussions, representations and understandings, whether oral or written.
9. All notices and requests hereunder by either Party must be in writing and, except as otherwise specified in this agreement, directed to:

Western New York Independent Living
3108 Main Street
Buffalo, NY 14214
Attn: Douglas J. Usiak
Executive Director

The individuals whose signatures appear below are duly authorized to enter into this agreement and bind their respective organizations.

Western New York Independent Living, Inc.

BY: _____
Douglas J. Usiak, Executive Director

Mental Health Association of Erie County, Inc.

BY: _____
Ken Houseknecht, Executive Director

TRANSITION SUPPORTS FOR YOUNG ADULTS WITH CO-OCCURRING DIAGNOSIS (RENAISSANCE TRANSITION) PROJECT PARTNER AGREEMENT BETWEEN WESTERN NEW YORK INDEPENDENT LIVING INC. (WNYIL) AND RENAISSANCE ADDICTION SERVICES, INC. (RASI)

This agreement, by and between, Western New York Independent Living Inc. (WNYIL, Inc.), a nonprofit, educational corporation organized and existing under the laws of the State of New York, with its principal offices located at 3108 Main St., Buffalo, NY 14214, hereinafter referred to as “WNYIL” and Renaissance Addiction Services, Inc. (RASI, Inc.), a private nonprofit corporation organized and existing under the laws of the State of New York, with its principal offices located at 920 Harlem Rd., West Seneca, NY 14224, hereinafter referred to as “RASI”.

WHEREAS, the agreement for these services will commence on March 1, 2016 and be conducted until February 28, 2021. This agreement will be reviewed on an annual basis and is subject to the conditions set forth herein and to any amendments or modifications required by The Tower Foundation.

WHEREAS, WNYIL will be responsible for the overall program operations including financial management of this project and RASI will be responsible for providing a location and secure email for activity of the program and evaluation and referral of youth/young adult for the Transition Supports for Young Adults with Co-Occurring Diagnosis Project, otherwise known as Renaissance Transition Project (“RT Contract”) and staff will refer dually diagnosed transition age youth/young adults to the WNYIL Transition Specialist.

NOW, THEREFORE, in consideration of the premises and the mutual covenants and agreements contained herein, it is mutually agreed by and

between the respective parties as follows:

PURPOSE OF SERVICE

RASI and WNYIL, will support youth/young adults with co-occurring mental health and substance abuse diagnosis during their transition from residential treatment back into the community.

SCOPE OF WORK

1. RASI staff will be responsible for ensuring a mental health evaluation has been completed for all participants on campus.
2. RASI will refer participants on campus to the project upon completion of Phase 2.
3. RASI will refer former participants that were on campus who need assistance in transitioning.
4. RASI will refer individuals who have not been accepted on campus but are still in need of transition services and are eligible for project.
5. RASI staff will integrate the WNYIL Transition Specialist into all student environments for the purpose of
 - a. Observing their interactions and
 - b. Supporting the student in understanding their diagnosis.
6. WNYIL staff will provide training to RASI staff including resources, transition services, and student advocacy.
7. RASI will provide all participants with a satisfaction survey. All surveys will be provided to the WNYIL Independent Living Center Director in a sealed envelope.

This Agreement shall not in any fashion create a joint venture, partnership or other business arrangement between the parties other than as herein specifically specified.

CONFIDENTIALITY

It is understood that all materials provided to and e-mails and conversations

with RASI and WNYIL are confidential and should be considered proprietary in nature. A confidentiality policy and statement will be reviewed and require signature of all RASI and WNYIL staff assigned to the project to provide such services in partnership with WNYIL. If this policy is violated, the terms of this agreement becomes void and services will be terminated effective immediately.

IN WITNESS WHEREOF, the parties as indicated by the following signatures hereto have executed this Agreement on the day and year first above written.

WESTERN NEW YORK INDEPENDENT LIVING, INC.

Douglas J. Usiak, Executive Director

Date

RENAISSANCE ADDICTION SERVICES, INC.

Robin Clouden, Executive Director

Date



Western New York Independent Living, Inc.
3108 Main Street | Buffalo, NY 14214
716-836-0822 (Voice/TDD)
www.wnyil.org