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AccessAbility

Winter 2025-26
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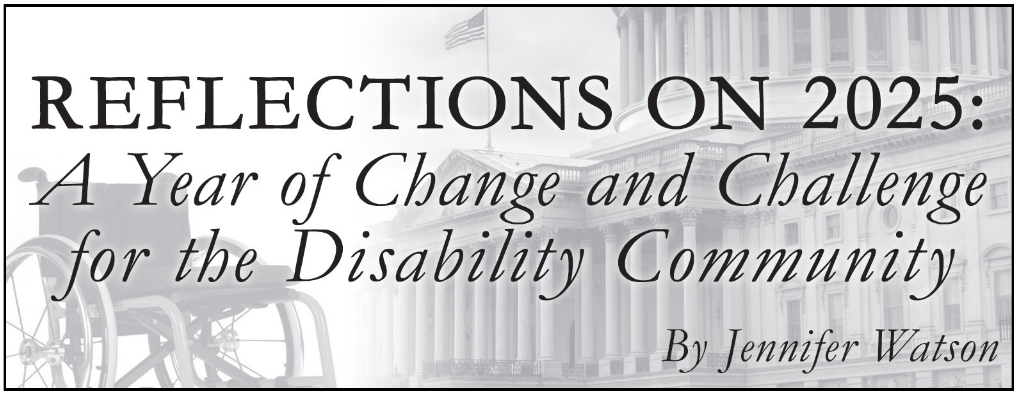
INSIDE



REFLECTIONS ON 2025:

A Year of Change and Challenge for the Disability Community

By Jennifer Watson

As 2025 draws to a close, the disability community reflects on a year of sweeping policy shifts that have reshaped how people with disabilities live, work, and access essential supports in New York State and across the nation. It has been a year that underscored both our progress and the fragility of the systems that sustain Independent Living. From the proposed Medical Aid in Dying (MAID) Act to the state's overhaul of the Consumer Directed Personal Assistance Program (CDPAP), to new mental-health provisions in the state budget, the passage of H.R. 1 at the federal level, and the recent government shutdown, this has been a defining year for the fight for equality, access, and dignity.

The Medical Aid in Dying (MAID) Act, passed by the New York State Legislature and awaiting the Governor's decision, is being promoted as an expansion of personal choice. But for many in the disability community, it represents something far more troubling, a policy that disguises systemic neglect as compassion. When the state continues to underfund home care, accessible housing, and the basic supports that make life possible, offering a state-sanctioned path to death is not mercy; it's abandonment. Across New York, people with disabilities fight every day for reliable home care attendants, medical equipment, or the adaptive supports that allow them to remain in their homes and communities. They are told there isn't enough funding for services that would help them live, yet this same system now offers "choice" through assisted death. That is not empowerment; it is coercion through an absence of options.

The disability community has been clear: true dignity is not defined by how easily someone can die, but by how fully they are supported to live. Until New York guarantees every person with a disability the services and stability needed to live independently, safely, and with respect, laws like MAID send a dangerous message, that some lives are too costly or too burdensome to continue. We urge the Governor to reject this bill and instead build a state where no one feels pressured to choose death because support for life has been systematically denied. Compassion is not found in facilitating death, but in ensuring that every person can live with security, autonomy, and hope.

This year's transition of the Consumer Directed Personal Assistance Program (CDPAP) to a single statewide fiscal intermediary has been another stark example of how policy decisions made without stakeholder input can destabilize lives. CDPAP is one of New York's most successful models of self-direction, a program built on the principle

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that people with disabilities have the right to hire, train, and supervise their own personal assistants. Yet the state's shambolic consolidation of fiscal management into a single, centralized system has led to widespread payroll delays, benefit losses, and communication breakdowns for both consumers and workers. People who had built stable care arrangements now face uncertainty, and the workforce that sustains independence has been left demoralized and stretched thin. The lesson is clear: independence depends on stable infrastructure. Administrative convenience must never outweigh accountability, responsiveness, or respect for independence and consumer control.

At the same time, the FY 2026 New York State Budget brought major changes to mental-health policy that many advocates see as a step backward. The budget expands funding for hospital and forensic psychiatric beds and broadens the criteria for involuntary commitment under the Mental Hygiene Law to include individuals deemed "unable or unwilling" to meet their own basic needs. These provisions risk increasing coercion and criminalization rather than access to voluntary, person-centered care. Disability and mental-health advocates have warned that these measures may push more people into institutions rather than helping them stay in the community with appropriate housing, peer support, and crisis services. For people with disabilities this shift reinforces a troubling pattern: replacing voluntary support with forced intervention. Real reform must prioritize recovery, autonomy, and community inclusion, not confinement.

Meanwhile, the federal government shutdown that began on October 1 laid bare how precarious disability and human services systems remain. Though programs like Medicaid and Social Security continued, the shutdown triggered administrative delays, suspended reimbursements, and created widespread uncertainty for both families and service providers. Programs such as SNAP and WIC faced funding disruptions, leaving countless individuals anxious without food. For organizations already operating on razor-thin margins, the shutdown's impact was immediate and deeply destabilizing. The impasse was a stark reminder that people with disabilities are always the first to feel the consequences of political dysfunction and that sustained advocacy is critical to protect essential services from being used as bargaining chips.

The federal policy environment in 2025 also brought new challenges through the passage of H.R. 1, a sweeping budget and policy package with far-reaching implications for disability services, health care, and education. The bill's deep cuts to Medicaid and other safety-net programs threaten the very foundation of community-based living. At the same time, proposed reductions in the Department of Education's disability and equity initiatives have raised alarms. Federal rhetoric around Diversity, Equity, Inclusion and Accessibility (DEIA), once committed to ensuring access and representation, has reversed course toward restriction and abolition. The Department of Education (what's left of it) and other agencies have faced political pressure to scale back programs that support inclusive education, anti-discrimination training, and accessibility initiatives. For students with disabilities, these changes risk weakening enforcement of the IDEA, narrowing opportunities for equal participation, and eroding decades of progress toward inclusive education. The disability community knows that when DEIA is devalued, people with disabilities lose not just programs but visibility and with it, protection.

Taken together, these developments reveal a clear pattern. Choice without access is no choice at all. Freedom without the means to pursue it is not independence. From end-of-life policy to personal assistance to education, the same truth applies: people with disabilities do not have opportunity if the systems that enable that opportunity are underfunded, unstable, or inequitable. Systemic neglect, whether in the form of underpaid workers, reduced community investment, or eroded civil-rights protections, puts lives and independence at risk.

As we move into 2026, we will continue to press for policies that reflect lived experience and that uphold dignity at every level. That means strengthening self-direction programs, investing in voluntary mental-health supports instead of coercive interventions, restoring robust funding for education and DEIA initiatives, and rejecting any proposals that treat death, institutionalization, or austerity as substitutes for real support. It also means centering the voices of people with disabilities in every decision, not as afterthoughts, but as leaders in shaping a more inclusive future.

Understanding Access and Compassion: A Call to Awareness

By Sue Hoyt

Have you ever noticed, while out in public, whether at a grocery store, restaurant, or shopping mall—a parent struggling with a small child who's having a hard time? You might see the parents trying to manage their child's behavior while feeling embarrassed, knowing others are watching. Maybe you've even been that parent yourself. I know I have.

In those moments, I felt humiliated and angry. I could feel the stares, see the people gathering to watch and hear the unspoken judgment from strangers who didn't know me or my child, yet felt entitled to stand there, stare, and to form opinions, decreasing my access and space to work with my child, or worse, to intervene by calling the police because they believed I wasn't handling things correctly.

Now, imagine that the child in that moment is autistic, has an intellectual disability, or another condition that may not be visible. What might look like misbehavior could be an episode related to that child's disability. Added attention from a gathering crowd, decreased space/access to handle the situation, derogatory comments, or police involvement can easily escalate the situation, making it even harder for both the parent and child.

Put yourself in that parent's shoes. How would you feel if someone called the police while you were trying to help your child through a difficult episode? What if, instead, others simply looked away or walked on, allowing you the space and time to help your child calm down or move to a quieter area? Sometimes, a little understanding and respect for a parent's space can make all the difference.

But access and understanding go beyond moments like these. Accessibility also means physical access—and that's something many people struggle with daily.

For instance, as a larger person, I can't comfortably fit into many restaurant booths. The tables are often too close or the seats too high, leaving little space. I've learned to ask for a table instead, but I've also had restaurant staff ask, "Why do you need a table?" Imagine being asked to explain that in front of strangers. It's embarrassing and unnecessary. In some cases, I've simply left and taken my business elsewhere.

Accessibility challenges show up in many forms, restaurants without tables that accommodate power chairs, sports venues with only bleacher seating and no designated wheelchair space, stores with heavy doors, narrow aisles, or steps that make entry difficult for those using mobility devices and so much more.

When people can't access a business or venue, it's not just inconvenient, it's exclusionary. It isolates individuals and families who deserve to participate in daily life without barriers or embarrassment. For businesses, this also means lost customers and missed opportunities. Accessibility isn't just about compliance—it's good community practice and good business.

According to the U.S. Census Bureau (2023), approximately 13.5% of Americans—about 44.7 million people—live with a disability. As our population ages, that number will only increase. Accessibility is not optional—it's a right, protected under the Americans with Disabilities Act (ADA), a federal law that ensures equal access for all. Unfortunately, compliance is often overlooked or unenforced.

I encourage all businesses, event venues, and public spaces to review the ADA at www.ada.gov and learn more about what accessibility means in practice. There are even tax incentives for making accessibility improvements—and beyond that, greater revenue opportunities from welcoming more customers and visitors.

Above all, creating accessible spaces allows people of all abilities the dignity, inclusion, and community connection everyone deserves. Whether it's giving a parent grace in a challenging moment or ensuring a business is physically welcoming to all, accessibility benefits everyone.

Voter Identification is Voter Suppression

By John McNulty

The America First Legal Foundation, an arm of the MAGA movement, has filed a petition to amend U.S. Election Assistance Commission (EAC) rules and the National Mail Voter Registration Form to require documentary proof of American citizenship such as a passport, or other state or federal issued photo identification proving citizenship, such as the new REAL ID driver's licenses now being offered. There are a handful of other suitable identifications such as military identifications, but mainly it's the passports and the REAL IDs.

For decades, there was a bipartisan consensus in the United States that voter turnout was unacceptably low, and that steps needed to be taken to increase it. This consensus came in the wake of reforms prompted by the civil rights movement led by Martin Luther King, primarily in the former states of the Confederacy, tearing down the deplorable "Jim Crow" laws that disenfranchised certain American citizens for nearly a century merely due to the color of the skin. Poll taxes were made unconstitutional, the Civil Rights and Voting Rights Acts were passed, and the franchise was extended to 18-year-olds; perhaps coincidentally, or perhaps not, the turnout rates for women achieved parity with men for the first time since the Nineteenth Amendment was ratified in 1920.

However, voter turnout rates still declined; some of this was a generational effect, because the Great Depression/World War II cohort was simply more inclined to participate than their Baby Boomer children. This faded as the Boomers aged because succeeding generations resembled their grandparents more than their parents in this respect; in addition, the turnout of the Boomers improved as they grew older, which is typical.

However, beyond the cohort effect elucidated above, incidental impedances to voting had the (presumably) unintended side effect of making it needlessly challenging for some to vote. Some pertained to voting itself and changing procedures to make it easier to vote by mail or early-in-person, increasing the times polls were open on Election Day, and ensuring polling places were accessible to all voters with the Americans with Disabilities Act helped. The biggest challenge, however, was voter registration requirements, particular to the United States and necessary due to our multilayered, overlapping federal, state, and variously local governmental systems.

Since the 1960s governments have taken steps to make registration less burdensome and more efficient, most notably on the federal level with the National Voter Registration Act of 1993 (commonly referred to as "Motor Voter") making registration available at all government points of contact, like Departments of Motor Vehicles, and the Help American Vote Act (HAVA) of 2002. These measures have substantially increased turnout and broadened the electorate to be more representative of America's true population.

HAVA, an omnibus bill of reforms passed in the wake of the fiasco in Florida triggered by the 2000 presidential election, among other things created the EAC, although in accordance with the Constitution, which assigns the conduct of elections entirely to the states, the EAC's role was strictly circumscribed as advisory and supportive. The Trump Administration, as part of its dubious effort to federalize and radically revamp the electoral process in the United States, is trying to expand EAC authority by asserting they can and daring anyone to object, which is the administration's universal Plan A. It has been adept at using the tools at its disposal, rightly or wrongly, to bend institutions to its will, so the EAC may have some indirect means to push states to enact its edicts, such as withholding subsidies or technology from those states that do not comply.

This adoption of this petition from America First Legal would be a drastic reversal in the expansion of the franchise which we have benefitted from for over a century. It is purportedly necessary due to some wholly imagined epidemic of voter fraud driven by non-citizen voters; this fraud is virtually nonexistent in the public record for anyone not ideologically motivated to see it. There are scattered incidents cited by the proponents of this "reform" as there will be in any enterprise that includes the crooked timber of humanity, but they are entirely insignificant electorally. Simply put, this petition's supporters have anecdotes, and its opponents have data, and the data unequivocally show that non-citizen voting is vanishingly rare.

American elections today are more legitimate than they have ever been, despite willfully ignorant claims to the contrary, and unnecessarily making voting registration harder would degrade that legitimacy both numerically and representationally. The number of potential eligible voters unnecessarily disenfranchised by this initiative would be thousands of times greater than any infinitesimal smattering of non-citizens who might cast stray ballots here and there, perhaps tens or hundreds of thousands times greater.

Registrants have always made a sworn representation, under penalty of perjury, that they are American citizens and eligible to vote. Forcing them to acquire documentation of citizenship both expensive and labor-intensive to acquire will just suppress the ability to register to vote of poorer Americans, less educated Americans, very old and very young Americans, and Americans with disabilities, all of whom, for easily discernable reasons, are less likely to have or need a passport or passport-equivalent identification document.

Referring specifically to people with disabilities, many people with disabilities do not drive, so they have much less need to hold driver's licenses; they may have non-driver's state issued identification, but many do not. They are also far less likely to travel abroad, and thus they do not hold passports. People do not get passports if they don't need them in large part because they are expensive; a first-time applicant for a passport book will have to pay $165 in fees, and that is before any additional incidental fees. That's a lot of money for most Americans. The REAL IDs now provided by states are not a whole lot cheaper; as happens, this reporter just acquired one at the end of October in New York for a $94.50 fee. (I believe costs vary by state.) There are also non-monetary costs involved, basically the resources and effort needed to acquire these enhanced identifications; those costs are higher on people with disabilities, people in hourly wage jobs, and elderly people generally.

This likely unconstitutional proposal is unnecessary, foolhardy, and toxic, and it should be rejected with extreme prejudice. Nothing good will come of it, and a lot of bad will.

CORRELATION IS NOT CAUSALITY

By John McNulty

President Trump and HHS Secretary Kennedy held a press conference recently where they announced that they had detected evidence that children whose mothers consumed the common pain reliever acetaminophen, brand-named Tylenol, during pregnancy were at higher risk of autism. As evidence, they noted that Tylenol began being regularly prescribed as an alternative to aspirin at about the same time (circa 1990) that a sharp increase in autism diagnoses was first noted.

That's it. That's all the evidence provided. Your government at work, folks.

Scientists have established a set of criteria for making causal claims, i.e. that X causes Y. Correlation, the observation that a change in Y happens when X changes, is one of the criteria; it is a necessary component, but not a sufficient one.

Four conditions need to be satisfied to determine X causes Y, as best they can be:

1. Correlation -- Y changes when X changes. This can be positive correlation, with X and Y changing in the same direction, or negative correlation, when Y goes up when X goes down and vice versa.
2. Causal direction, or temporal logic -- X must precede or be simultaneous with Y, and Y causing X must be ruled out.
3. Causal mechanism -- Some plausible explanation as to how the value of X affects the value of Y must be offered.
4. Controlling for Confounding variables (Does Z cause Y?) -- Addressing other possible explana-

tions and ruling them out in some way, either through a controlled experiment where Z is held constant or some quasi-experiment where changes in Z is shown to be uncorrelated with X.

As cited above, there is some correlation present, although it isn't as clear cut as presented. Acetaminophen was first introduced to the U.S. market in 1955 and made available over-the-counter in 1960. But widespread adoption took about a generation, and was further delayed by a tampering tragedy in 1982 where some madman inserted cyanide into Extra-Strength Tylenol capsules in the Chicago region; seven people died. So one could argue that Tylenol only completely saturated the market around 1990.

That's Criteria 1. Criteria 2, in this case, is elementary; it's possible Tylenol can cause autism, and it's not possible that autism caused Tylenol.

But now we run into some trouble.

Criteria 3, causal mechanism, is unknown. The argument is basically here's a novel chemical that might have some heretofore undetected effect on brain development in the womb. Fine, but how? One would need to identify the biochemistry where acetaminophen interacts with a nascent nervous system and affects the development of those cells. No such explanation is offered; we can't tell the difference between an autistic brain and a typical brain as it is, so the science just isn't there.

Meanwhile, Tylenol has been tested exhaustively by the U.S. Food and Drug Administration, as well as the analogous agencies in other advanced countries; while it is well-known that an overdose can cause liver damage, absolutely no unexpected interaction with the brain has ever been reported. That's a lot of independent studies over a long period of time to miss something this big.

And no effort is made to control for confounds or alternative explanations, Criteria 4. The most direct confounding variable is the mother experiencing fever during the pregnancy. Fevers are known to affect fetal development, and hence what are expectant mothers told to do if they have a fever? Take Tylenol. Beyond that, other hypotheses abound. Certain types of plastics that came into use around that same time also correlate. So does the widespread use of cellular phones, and personal computers, and something as silly as Rubik's Cube. Most importantly, the diagnostic criteria for identifying autism in children changed dramatically about that time, so maybe Y had the same value it always did, but we just weren't counting correctly.

The Health and Human Services Department, under Secretary Kennedy, promised to find the cause of autism within a year. They have found nothing. They have proved nothing. They are selling the American people snake oil, whether they know it or not; they have a hypothesis that is facially plausible, but they have much, much more to do before they can say anything definitive, and ample reason to suspect they will have insufficient evidence in the end. There is no credible evidence that justifies changing your behavior at this point. Expectant mothers should take Tylenol if they feel they need it, and shouldn't feel the least bit badly about it.

Trump Administration Undermines Fair Housing Act

By John McNulty

The Fair Housing Act (FHA), officially Sections VIII and IX of the Civil Rights Act of 1968, is a Great Society program that has ensured civil rights for all in housing since the 1960s. It outlawed discrimination in the sale or rental of a dwelling based on race, color, religion, national origin, sex, sexual orientation, gender identity, or disability; it also outlawed discrimination against families with children. Treating people differently in terms of maintenance of a dwelling or available services and amenities is also prohibited. Specifically for disabilities, it mandates that, when renting, people must be permitted, at their own expense, to make reasonable accommodations for the use and enjoyment of the residence. This lets people install grab bars, widen doorways, establish ramps and lifts, etc.; it also created an exception to "No Pet" policies for service animals such as seeing-eye dogs.

The Department of Housing and Urban Development under the Trump Administration, while unable to repeal FHA unilaterally, has done everything it can conceive of to undermine it. They have laid off enforcement personnel and fired for insubordination anyone who objected. Newly-appointed leadership has issued new interpretations of the law that render it toothless, and they have sought to block or delay discrimination enforcement actions underway.

For the most part, Donald Trump's politics are difficult to pin down, but throughout his public life he has been consistent about a few notable issues, such as tariffs and immigration. Perhaps closest to his heart, though, and the rare area about which he has granular knowledge, are policies related to real estate. The Trump family has a long history of what natives of greater New York City call "bridge-and-tunnel" bigotry, an unsophisticated, urban brand of segregationism. (Think Archie Bunker without the redeeming core of decency.)

As such, their real estate empire, first based in Queens and Brooklyn and established by the President's entrepreneurial father Fred Trump, was notorious for refusing to rent to people of color (POC) in some neighborhoods, and to be more neglectful of maintenance and upkeep in the places they did rent to POC, a practice commonly called redlining. Shortly after FHA became law, the Trump Organization, now with twenty-something Donald as president (of the company) and Fred chairman, was sued by the Civil Rights Division of the Department of Justice for its discriminatory practices; unsurprisingly this led to protracted litigation culminating in a consent decree where both sides declared victory.

As the future president shifted the Trump Organization's focus to glossy Manhattan multi-use real estate projects on the fashionable side of the East River in the roaring 1980s, there were fewer clashes with government on FHA issues; in addition to the Trump portfolio shifting, enforcement from Sleepy Sam Pierce's HUD declined precipitously. And then Trump started going bankrupt over and over again, before bailing himself out by promiscuously marketing the Trump brand name, embarking on a new career as a glorified game show host, and periodically making forays into politics. No doubt the animus remained, however, and now in his retribution-themed second term attention has turned to gutting any capacity to enforce the despised FHA law.

The job of HUD's Fair Housing Office is to investigate and prosecute landlords, real estate agents, lenders, and others for discriminating based on race, religion, gender, family status, or disability. New leadership appointed by Trump has systematically hobbled this mission. The one-third of the team remaining after layoffs have been forbidden from contacting complainants, and may no longer use previous housing civil rights cases for precedential value, going so far as removing relevant documents from departmental archives. Citing the crusade against DEI and its purported efficiency metrics, the Trump appointees have decreed that previous "tenuous" theories of discrimination were no longer operative. One of those supposedly tenuous theories was to enforce the Fair Housing Act, though spokespeople for HUD leadership deny this and claim they are just repairing a mess the Biden Administration left behind.

According to current and former Fair Housing employees, some but not all requesting anonymity for fear of retaliation, hundreds of investigations in progress have had to be summarily dropped for lack of personnel or other resources. In a typical year the office generates four to eight million dollars in settlement fees from wrongdoers; in 2025 the office will collect less than half a million dollars. The number of formal charges filed by the office is down nearly ninety percent since Trump took office.

Civil rights violations covered by the FHA include refusal to rent to people in protected categories, including race, religion, single mothers with children, disabled people reliant on service animals, and victims of domestic violence. They also traditionally prosecute redlining, which as discussed above are practices that prevent underrepresented populations, most notoriously African-Americans, from living or thriving in certain areas, using varied means such as zoning regulations, mortgage denials, false appraisals, inadequate provision of services and maintenance, and other discriminatory practices. HUD policy under President Trump has now characterized policies against redlining and reverse redlining as "legally unsound," retroactively justifying Fred Trump's racist mid-20th century practices.

A function of the Fair Housing Office expanded under President Biden was new housing protections for people fleeing domestic violence or enduring stalking or harassment under the Violence Against Women Act. Since President Trump took over, most Fair Housing office employees engaged in that office have been laid off, and remaining employees have been forbidden from communicating directly with complainants, effectively terminating their cases. It is impossible to say how many people, predominately women, have been beaten, harassed, or worse, since we can't contact them. It seems some people don't want to know.

Federal enforcement of civil rights with regard to housing, in summary, is essentially suspended. The Trump policy on housing is to Make America Redlined Again, and a notable feature of housing and real estate is that it is typically slow to change because of the illiquidity of the assets, so it is worrisome to contemplate how much the facts on the ground will change before someday the United States hopefully reverts to following the rule of law.

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Volunteer Transportation Service, A program of The Rural Health Network of SCNY

By Jack Salo

Why a Volunteer Transportation Service? We know that there is insufficient affordable, dependable transportation available in the STIC service area. The Volunteer Transportation Service (VTS) will increase transportation availability to health-related appointments for individuals in Broome, Chenango, Delaware, and Otsego Counties. The service will be of great value to those who do not drive and live in rural places which lack public transportation, Uber, etc. We know that private, for-profit transportation providers have less financial incentive to provide Medicaid transportation services the further they have to travel from the dispatch point to pick up a rider. As part of a mission-driven non-profit service organization, VTS works to ensure transportation service for all riders regardless of where they live.

Is there an example of a successful, regional volunteer transportation service in NY State? Yes! The Volunteer Transportation Center, (VTC) located in Watertown, N.Y. provides an extraordinary level of transportation service in Jefferson, Lewis, and St. Lawrence Counties. This rural transportation service has a volunteer "workforce" of 200 drivers (a few less during winter months). More than half of their volunteers drive full-time. These volunteers provided over 215,000 hours of service and over 6 million miles of transportation in 2024. VTC is providing guidance and technical assistance to Rural Health Network and the Volunteer Transportation Service during the start-up period.

How does the Volunteer Transportation Service Work? VTS is an "in-house" vendor for Getthere, Rural Health Network's mobility and transportation service. When Getthere receives a request for transportation assistance, staff talk with the caller to understand their situation and determine the best transportation option or options to help them. This can include providing information, e.g., on public transportation if available, gas cards if the caller has a family member or neighbor who can drive them to the appointment, and a volunteer driver option through VTS if that is the best way to help. It is important to point out that the cost of the volunteer driver option is about 1/3 the cost of most private, for-profit transportation providers. VTS reimburses volunteer driver's mileage and there are other expenses associated with operating a safe and efficient volunteer transportation program. Regardless, the cost of providing VTS transportation is much more affordable than paying for private, for-profit providers.

VTS is in the early stages of development and is being led by Alexis Sankofa, VTS Program Manager (e-mail: alexisVTS@rhnscny.org, phone: 607-692-7669, Ext. 205). There are currently 21 volunteer drivers in service with a total of 100 drivers projected to be in service by 2027.

What type of service does the Volunteer Transportation Service provide? Currently VTS is focused on providing transportation to healthcare appointments and health-related needs for those not enrolled in Medicaid, primarily older folks on Medicare. An application is pending for VTS to become a Medicaid transportation provider. Once VTS receives approval to become a Medicaid transportation provider, the only limiting factor in serving Medicaid-enrolled individuals who need transportation to their appointments will be the number of available volunteer drivers. Since volunteer drivers utilize their own vehicles, those served must be able to enter and exit the vehicle on their own. I am a volunteer driver, and several of my passengers have limited mobility and use rollators or walkers, which is perfectly fine. Those who have transportation needs that cannot be met by VTS can work with the Getthere staff to consider other options.

How can I help to grow the Volunteer Transportation Service?

There are several ways you can get involved. First and foremost, if you drive and own a car, truck, or van, please consider joining our community of volunteer drivers. If you have a valid NYS Driver's license and some time on your hands, and would like to help others, we need your help. If you have a disability and receive benefits, the mileage reimbursement we provide is not considered as income. You are being reimbursed for your driving expenses. Many of our drivers living on fixed incomes find mileage reimbursement is a helpful supplement to their household revenue. We ask for a minimum driving commitment of one-half day a week (on average). You can, of course, drive as much as you want. When you apply you indicate the days you are and are not available and you have the right to accept or reject (due to prior commitments, etc.) any trip. The application information is provided in the text box associated with this article.

You can tell someone you know about the Volunteer Driver need and opportunity. Please feel free to make referrals to me, Jack Salo at e-mail: jsalo@rhnscny.org, or call 607-743-0120. Again, driver application information can be found in the text box associated with this article.

You can donate to or hold a fund-raising event for the Connection to Care (CTC) fund. CTC is the pool of funds that we use to help support the Volunteer Transportation Service, including paying mileage reimbursement to volunteers. Please consider making a donation or holding a fund-raising event for CTC. You can donate through the Rural Health Network of SCNY website donation page (select "Connection to Care" in the Donation Type window drop down menu, or by mail to Rural Health Network of SCNY, 455 Court Street, Binghamton, NY 13904). Please identify the donation as being for "Connection to Care."

Summary: I have been a partner, friend, supporter, and Board Member with STIC over the past 40 years. I have also worked throughout my career to develop transportation services and programs, especially for rural people and communities. The volunteer transportation model is a proven way to provide affordable transportation for individuals with disabilities, older residents and anyone who needs help getting to health care appointments and other important destinations. I believe the volunteer model offers the best opportunity for addressing the lack of transportation service in our rural region. Please help us end the ongoing "circular discussion" about transportation need and join us as a driver, an advocate, and/or as a supporter. With your help we can move closer to access and mobility for everyone in our region in need of affordable, dependable transportation services.

Jack Salo
VTS Driver Recruitment Coordinator
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Phone: 607 743 0120

CFMHC
Program Spotlight

By Arielis Perez Arias

The Children and Family Mental Health Counseling Program is an initiative to support children and teens (ages 5–21) who have both a developmental disability and a mental health need. We work closely with families and community partners, such as local schools, to strengthen emotional well-being, build social and coping skills, and support success at home and in school. Counseling is available individually or with families, and we are proud of our creative, hands-on approach, which goes beyond traditional "sit-and-talk" therapy to help participants achieve their goals and enhance their overall well-being. Our services are offered in person, via telehealth, or at selected local schools (UE Family Support Center, Susquehanna Valley, and Windsor Schools). Offering counseling at these sites has allowed the program to make services more accessible and reduce transportation barriers for families. Our main goal is to create a caring, creative space where children can grow, develop self-awareness, manage emotions, and feel supported every step of the way.

We know the importance of connections and a strong relationship with the community, as we firmly believe it takes a village to raise a healthy child. To strengthen connections among community members and reinforce counseling goals, the program hosts sensory friendly entertainment nights with themes of self-awareness, emotional expression, empathy, and resilience. Families enjoy healthful snacks, engaging discussions, and a welcoming space to connect with staff and other community members. These events are open to the public but especially target families within Broome County so that Broome County families can connect with each other, build supportive relationships, and feel part of a caring community.

We are proud to share that 25 youths are currently receiving counseling services, along with several parents in individual or family sessions. Ten additional children were removed from the waitlist this past quarter, increasing access to care. A new visual progress tool, a "Growth Tree" where children add flowers or animals for completed activities, has been particularly effective, allowing children to see tangible results of their efforts and making therapy session more engaging, especially for participants who respond better to hands-on approaches.

In addition to providing counseling services, the program plays an important role in advancing our agency's mission of promoting equity, inclusion, and well-being for all children and their families. By partnering with schools and community organizations, we help shape local systems to better support neurodivergent youth. Additionally, through our work with children and our ongoing efforts, we also raise awareness about mental health and developmental challenges, empower families to advocate for their children, and contribute to a more understanding and inclusive Broome County.

Building Connections Through Creativity

At our program, we are firm believers that every counseling session should meet our participants where they are, to build trust, confidence, and self-understanding. No two sessions will look the same, because no two participants are the same. Here are just a few moments that capture the spirit our work.

Finding his voice: When one student first joined counseling, he rarely spoke and wanted his parents to come with him to every session. The room felt too big, too quiet, and too uncertain to enter alone. Over time, we used creative, hands-on activities, like drawing faces to match feelings or using sensory tools to show how "big" or "small" his emotions felt that day. These small, concrete ways of expressing himself slowly built his confidence. Now, he walks into the room alone and with a smile, ready to work on identifying his emotions and using words to share them. It is still not easy for him, but the difference is remarkable; he wants to try. His progress is a reminder that expression grows out of trust, patience, and creativity.

Putting in the Work: One student has been part of our program since it first began. In the early days, he was unsure what counseling was really about and was hesitant to dive into tough conversations. Over time, though, he began to understand that counseling is work, important, personal work that takes effort and courage. Now, when something difficult happens at school, he may not talk about it right away. He takes time to process it first, and when he is ready, he comes prepared to reflect and problem-solve. That sense of ownership shows how far he has come. As he looks forward to starting high school, he does so with pride in the effort he has put in and in the growth he has achieved. His journey reflects the heart of what we do: helping students build resilience, self-awareness, and confidence through consistent, compassionate support.

Meeting children where they are: Every session is different, even if we are covering the same topic. Sometimes, children arrive ready to talk about their day, practice new coping skills, or finish a project we have been working on together. But other times, they walk in carrying the weight of something that happened at home or school. On those days, our plans shift. Instead of pushing forward with the original activity, we focus on helping them feel grounded again. This can take many forms: drawing, trying an imagination work-out, playing a calming game, or simply taking a quiet moment. These sessions might not look like typical counseling from the outside, but often they become the most meaningful ones. These sessions remind our participants that their feelings are valid, that this is a safe place, and that we will address difficult moments when they are ready. Flexibility, empathy, and trust are at the core of our creative, hands-on approach.

"Kids often come in thinking some feelings are 'bad.' I always emphasize that no feeling is truly negative, there are just feelings that are not nice to experience. What really matters is how we respond to them. A child who builds strong emotional intelligence is unstoppable! Watching them gain confidence and self-awareness is incredibly rewarding." – Arielis, Mental Health Counselor.

"Building this counseling program from the ground up has been one of my proudest accomplishments. Watching it grow and seeing how we continue to adapt to meet the unique needs of each family and the broader community has been incredibly rewarding. None of this would be possible without each of the mental health counselors that have worked in the program, whose compassion and creativity drive everything we do. I'm also deeply grateful to our community partners, whose collaboration and shared commitment help us make a lasting impact together." – Kelsie, Director of the Children and Family Mental Health Counseling Program.

Watch Us Grow: Our Counseling Tree Project

Piece by piece, our Counseling Tree became a reflection of community. It reminds us that growth takes time, care, and connection. Each leaf and branch represent the ways our participants have learned to listen, support, and grow. This tree grows from conversations about feelings, choices, and kindness!

Counseling tree: before & after 6 months of the kids' work.

Moments That Matter

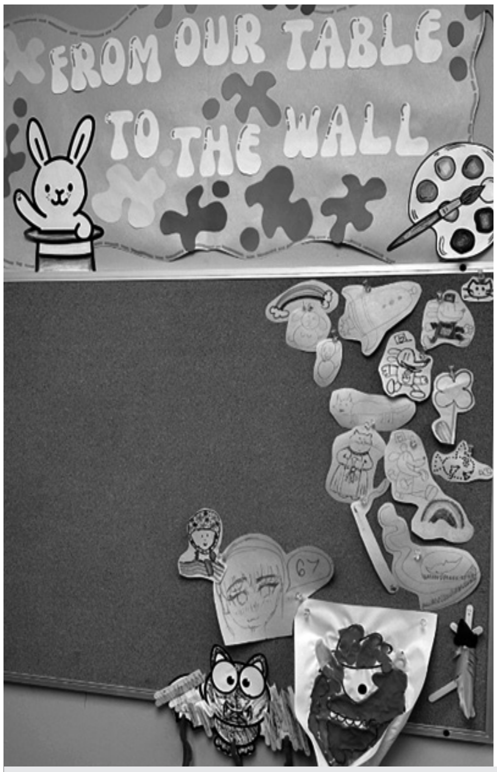
In our counseling room, growth doesn't always look like progress charts: sometimes it looks like trying again, reaching out, or simply feeling safe enough to share. We believe that

Collage of kids' artwork & hands-on projects from our counseling sessions.

counseling isn't about perfection; it's about creating spaces where hearts can open and hope can grow.

<u>From Creation to Celebration</u>

From quiet focus at the table to a bright display on the wall, these drawings reflect our participants' curiosity, care, and unique voices.



Artwork the kids created using the paper on our table

2025 Milestones and Memories

By Matthew Requa

This past year has been a challenging, exciting, and memorable year for the staff of STIC. On September 17th, while attending the New York Association on Independent Living Statewide Conference and NYS Disability Rights Hall of Fame Dinner and Award Ceremony, we participated in a Save CDPAP Rally at West Capitol Park in Albany. We held signs, raised our voices in unity with inspiring chants, and Executive Director Jennifer Watson spoke to the crowd about the serious threats to the lifesaving CDPAP and her own personal experiences with the program.

On October 16th, we held our first ever Trunk or Treat and Community Services Fair. This festive dual event featured expertly decorated trunks, giveaways, a wide variety of information on local programs and services, and of course plenty of candy for all in attendance!

On October 29th, we were proud to host The Southern Tier Spokesmen Self-Advocacy Group for a Self-Advocacy Conference. The conference consisted of passionate speakers, a catered lunch, and a question-and-answer session. The group holds monthly meetings at Gigi's Playhouse in the Oakdale Commons, dedicated to empowering individuals with disabilities through advocacy, education, and community building.

On Saturday, November 1st, it was time for our 4th Annual Holiday Craft Fair. With over 35 vendors selling everything from 3-D printed toys to fresh baked bread, it was one of our most successful craft fairs to date! Thank you so much to the community, our sponsors, and all our vendors for conspiring in the magic of one of our favorite fundraisers and fall traditions.

We sincerely appreciate the continued support from the community, and all of our staff members and the people we serve. What challenges and joys we will face in the coming year is a mystery, but it's reassuring to know we will face them together.

Also, don't forget to go see our Independence Lights the Way tree at this year's Roberson Museum Home for the Holidays seasonal extravaganza! It will be on display till January 9th and can be found in the hallway leading to the interior entrance to the mansion. Additionally, the Broome County Festival of Lights in Otsiningo Park is open through the holiday season; day passes are $25 and season passes are $60, and they can be purchased on site or through STIC at the front desk.

Happy Holidays to all!

STIC at Biennial NYAIL Conference

STIC Community Service Fair & Trunk or Treat

STIC Craft Fair

Southern Tier Spokesmen Self-Advocacy Conference

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GREEK PEAK ADAPTIVE SNOWSPORTS: Changing Lives on the Slopes!

By Jeanne Johnson

Greek Peak Adaptive Snowsports/ GPAS is a fast-growing adaptive ski program based at Greek Peak Mountain Resort in Cortland, New York. At GPAS, we are dedicated to making winter sports accessible to individuals with physical and cognitive differences, from 6 years of age and up.

Founded in 1974, we are one of the longest running adaptive ski programs in the country. We continue to keep costs down for our participants through fundraising and sponsorships. GPAS partners with volunteers, families, and Greek Peak staff to provide a safe, supportive, and fun environment for all. We tailor every lesson to the individuals' personal needs and abilities. Equipment such as sit-skis, sliders, outriggers, and other adaptive gear help ensure safety and success on the slopes.

This year, our program runs from Saturday, January 3rd to Sunday, March 8th. We also provide weekday lessons when needed. Our instructors receive extensive training in adaptive techniques, and we work closely with Greek Peak Ski Patrol to ensure that safety protocols are adhered to. GPAS fosters confidence, independence, and community and opens the door to adventure and encourages personal growth!

For more information, call GPAS Program Director, Jeanne Johnson @ (607)288-2176, visit our website at www.gpadaptive.org or email us at gpasconnect@gmail.com.

Fun for all on the slopes!

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All donations are tax-deductible. Contributions ensure that STIC can continue to promote and support the needs, abilities, and concerns of people with disabilities. Your gift will be appropriately acknowledged. Please make checks payable to Southern Tier Independence Center, Inc.

THANK YOU!

Southern Tier Independence Center

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