

New York State Office of Mental Retardation and Developmental Disabilities



Vision, Priorities and Progress

An Update to the OMRDD Five Year Comprehensive Plan: 2006-2010



Eliot Spitzer, Governor
Diana Jones Ritter, Commissioner
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Introduction

A great deal of change has occurred since the Office of Mental Retardation and Developmental Disabilities (OMRDD) published *The Five Year Comprehensive Plan for the Period 2006-2010* in March of 2006. A gubernatorial election took place and Eliot Spitzer was elected Governor. The agencies of the Department of Mental Hygiene, as well as most other state agencies, underwent a change in executive leadership, and OMRDD has a new Commissioner, Diana Jones Ritter. Other organizational changes are occurring at OMRDD, and the agency will continue to evolve.

Transitions bring a sense of renewal, reinvigoration, and reinvention, and that certainly is the feeling at OMRDD. Yet one of the enduring features of democracy is the constancy of purpose that characterizes our form of government. OMRDD is committed to actions that unite the mission and strategic direction of the agency with the broader goals set forth for New York State by the Governor and the Legislature. To help achieve the Governor's statewide goals, OMRDD seeks to:

- Put people first, providing opportunity for all through individualized services while creating an environment of fiscal prudence and accountability;
- Promote agency collaboration to help build “One New York;”
- Initiate Medicaid rationalization and restructuring which result in efficiencies through both internal and collaborative efforts; and
- Enhance the diversity of agency leadership, management and the provider community.

While new ideas abound and innovation is in the wind, OMRDD remains committed to its core mission and values. It continues to work with people with developmental disabilities, families, direct support workers, professionals, advocates, and the nonprofit provider community to offer essential supports and services—residential, day services and employment, family support—at levels of the highest quality, caring, and competence.

Commissioner Ritter and OMRDD's new leadership team is reaffirming the agency's deep commitment to the principles of individualized services and person centered design. These are the guiding principles and values that continue to infuse the work we do, both in improving existing services and settings, and informing the design of new service proposals. Of equal importance is OMRDD's long-standing commitment to working with all its partners, especially people with developmental disabilities and their families, in fulfilling the mission of the agency.

This 5.07 Plan Update reflects overall progress on goals set during the previous administration. At the same time, this document reflects OMRDD's movement towards

realigning priorities to reflect the agenda being set by Governor Spitzer and Commissioner Ritter. In this sense, this should be seen as a transition document that points us towards planning and policy development that will take place in the coming year. At this time next year, Commissioner Ritter's vision and strategic themes will be fully reflected in our planning. These directions and themes are under development, but due to her investment in inclusive dialogue, they can not yet be fully expressed in this update.

The *Update to the OMRDD Five Year Comprehensive Plan: 2006-2010* summarizes the major accomplishments that have occurred in our system as they relate to the goals set forth in last year's Plan. We will highlight the most noteworthy areas of progress, as well as some of the more significant challenges, that we face as a system going forward.

This report will review specific initiatives and their status. Some examples: The New York State Options for People Through Services (OPTS) project has resulted in newly designed services that now reach over 5000 people. It is being redesigned to be more focused on supporting our renewed commitment to individualized supports and services, and innovation. There is a renewed emphasis on employment, and an internship program begun over the last two years is leading to hundreds of real jobs for people with developmental disabilities within our service system. Fresh methodologies are being piloted in housing. New service models are taking hold in support of people with specific needs, like those with Autism Spectrum Disorders, age-related limitations, chronic medical conditions, and mental health complications. There are new approaches in prevention, including a focus on Fetal Alcohol Syndrome and further research by OMRDD's Institute for Basic Research (IBR). Continuing attention is being paid to the inherent difficulties in serving people with developmental disabilities who are involved in the criminal justice system. Lastly, OMRDD is actively planning to offer community-based supports and services for the relatively small group of people who still receive services at OMRDD campus locations by assessing their unique individual needs and desires. OMRDD's network of state- and provider-operated services is extremely large by any measure, involving over 700 providers, 140,000 people and families, and thousands of residential and service locations. OMRDD and all its partners firmly believe that we are, collectively, up to these challenges.

A signal event further energized many of these "cross systems" efforts. OMRDD participated in a series of "*People First*" *Coordinated Care Listening Forums* undertaken at Governor Spitzer's direction. Governor Spitzer has stated his desire to see New York State government adopt a "people first" attitude, so that people can gain access to the services and supports they need based on who they are as individuals, rather than have their choices limited by institutional requirements and bureaucratic boundary lines.

Held across the state in five locations, from the metropolitan New York City area to the North Country, these forums were co-hosted by the Commissioners of the Department of Health, and the Offices of Mental Health, Mental Retardation and Developmental Disabilities, and Alcoholism and Substance Abuse Services. The intent was to have all the Commissioners listening together to the health and mental hygiene needs of New Yorkers. Over 2,200 people with disabilities, family members, providers, community members, and

local government representatives attended one or more of the forums. Thousands more watched and listened via a new technology—the web cast. The stories they heard were compelling. Many of the ideas proposed were extraordinary. The events themselves were unique and groundbreaking. One outcome is a series of recommendations on how to improve and coordinate treatment and support for people who need services that cut across the four systems. Later on in this report, we discuss the outcomes of the *Listening Forums* in more detail and indicate the action steps the agencies are already beginning to take to break down the barriers between their respective systems.

One final note before we begin. Some of the most important “accomplishments”—acts of kindness, generosity, compassion, creativity, and efficiency beyond the normal roles of family, staff, executive, and bureaucrat—go unnoticed in reports such as these. We express our gratitude for the thousands of these accomplishments that occur throughout our system, in our communities, and within our families every day of the year.

Vision and Major Initiatives

OMRDD is deeply committed to its mission, vision, and goals. As already noted, these include working in partnership with all of OMRDD's long-standing stakeholder groups, as well as the more recent focus on greater collaboration with other human service agencies in New York State and levels of government in order to fulfill the Governor's vision of having a health care system that puts "people first." Commissioner Ritter fully embraces this concept.

Individualized services and person centered planning. Some of the major programmatic areas that will receive attention over the next year include a greater emphasis on individualized service design and delivery based on the principles of person centered planning. This powerful concept will affect how OMRDD approaches service design, family supports, housing, certification processes, and staff reconfiguration. Individualized services should not be construed to require one-on-one staff supports. Indeed this is often a misconception. The essence of an individualized service approach is to ensure that supports are designed primarily around the interest and needs of the person served, and customized to the greatest extent possible. Such supports can often occur in small groups, and in fact, more naturally occur among friends going places and doing things together based on shared interest and a desire for companionship. As one self-advocate neatly put it, the outcome should "feel like a real life, and not like a program."

OMRDD is continuing to expand individualized service options through the use of Consolidated Supports and Services (an individualized budget option in the Home and Community Based Services Waiver), innovative pilot projects, the redesign of more conventional waiver services like supported employment and residential habilitation, and Individual Support Services contracts.

New approaches to service delivery. Over the past several years, the agency has been developing, piloting and expanding the OPTS program. This program was designed to allow families and people with developmental disabilities to participate in the design of services that target their specific needs. The approach promoted inclusion and personal choice, and offered flexibility and increased individualization of services and supports. OMRDD developed OPTS with significant partnership from provider associations, local government, state staff, and other interested stakeholders, who have continued to work with OMRDD in implementing and evaluating the program.

During the summer of 2007, members of the OMRDD Senior management group met to formulate recommendations pertaining to the design of future services. The goal of any redesign will be to have a streamlined service approval process, insure that it is responsive to local and statewide priorities, and separate proposals that attempt true innovation from those that expand current services and models. Therefore, the following guidelines were generated for future service development:

- All service development should initially flow through the local Developmental Disabilities Services Offices (DDSOs) and be funded only if responsive to local

priorities or to a statewide priority. If a service model is too complicated for local development, additional information will be gathered for technical assistance, consultation and development by a team at OMRDD's central office.

- All service development must adhere to the OMRDD guiding principles.
- All service development must have evidence of participant and family involvement in service design, with program evaluation protocols in place, before the project is funded.

NYS-CARES II. OMRDD will continue to effectively administer NYS-CARES II, which is critical to carrying forward the success of the original NYS-CARES initiative -- to provide better access for people in need of out-of-home residential opportunities. For several years, OMRDD has used an ongoing process to refine and confirm service planning information about people who request a residential opportunity. One goal is to insure that people desiring this service have reliable information about available options so that they can make reasoned choices. OMRDD's extensive database listing the characteristics of all residences continues to be updated and enhanced with additional geo-mapping features, providing a useful tool for investigating residential options in a particular area. Finally, OMRDD has instituted a process to measure customer satisfaction with NYS-CARES residential services in order to better understand customer outcomes, monitor the performance of the system, and make improvements.

Participation and collaboration. OMRDD continues to build on one of the foundational values by which it operates—the active participation of all system constituent groups, especially individuals with developmental disabilities, parents, and advocates, in planning for, designing, and evaluating services, supports, and program initiatives. OMRDD seeks to extend its tradition of listening carefully to all stakeholders and providing ample forums for that to occur. OMRDD's strong alliances with the Self-Advocacy Association of New York State (SANYSS) and Parent to Parent will continue. Under the new leadership at OMRDD, the role of the Commissioner's MRDD Advisory Council will be strengthened as the single venue where all constituent groups—people with developmental disabilities, families, providers, government officials, advocates, and professionals—can interact and share their points of view in a public forum. (Pursuant to Executive Order 3, these meetings are now web cast and open for public viewing over the internet at OMRDD's website).

Workforce recruitment, retention, and quality. One of the most pressing issues confronting the human services field today is the need to maintain a stable, well trained, and motivated workforce of the highest quality. Quality services depend on this, and it is especially true for the direct support professional staff that provide the bulk of the hands-on care in our system. In past years, OMRDD has succeeded in facilitating more competitive wages and enhanced health care fringe benefits for its direct support professional workforce. Research indicates that creating career ladders, credentialing, and certification for direct support professionals helps to increase retention as well. OMRDD is committed to promoting

an improved career structure for direct support professionals in collaboration with the provider network. Quality management practices, a supportive organizational culture, and good supervision are other key workplace variables. OMRDD is increasing attention to these issues by providing training for boards of directors of nonprofit providers, managers, supervisors, and direct support professionals.

Equity of access. Over the next several years, OMRDD will attempt to improve its ability to offer equal access to all people and communities of New York State. Despite years of outreach, there remain people, families, and communities that are not sufficiently connected to OMRDD and its network of providers and services. OMRDD will enhance its commitment to reaching out to these underserved and unserved populations, and to use its resources to offer increased service to more people.

Housing, transportation, and employment. These three themes permeated the “*People First*” *Coordinated Care Listening Forums*, and it became clear that the needs expressed in these areas cut across all regions of the state and disability groups. They will be focus areas for OMRDD in the coming years, and will require interagency collaborative efforts and sharing of resources to address at a scale that has not occurred before. OMRDD has already begun working more closely with the Division of Housing and Community Renewal (DHCR), the Department of Transportation (DOT), the Department of Labor (DOL), the State Education Department (SED), and other agencies on action plans to improve access to vital supports and opportunities. Meaningful “work,” whether competitive or supported, should be the expectation for young adults coming out of secondary school. OMRDD will do more to increase the likelihood of this outcome by working more closely with SED and Vocational and Educational Services for Individuals with Disabilities (VESID) during the transition process, and by reducing reliance on congregate programs for graduating students.

Supporting families. Mental Hygiene Law, Article 41.43 directs OMRDD to establish and maintain a “family-directed, statewide system of comprehensive family support services.” The purpose of the program is “to enhance a family’s ability to provide in-home care to their family members with a developmental disability.” This program operates in collaboration with the Statewide Committee on Family Support Services, local DDSO Consumer Councils, the DDSO, and nonprofit providers. Its tremendous success over the years is very much due to this collaboration, especially the involvement of parents and family members who continue to be actively involved in the planning, implementation, oversight, and evaluation of the services provided through this program. OMRDD will increase its commitment to supporting families who have a member with developmental disabilities living at home, and to people with disabilities living on their own. OMRDD seeks to reduce the reliance of our system on certified congregate living arrangements and the expectations of stakeholders that group homes are always the answer.

Renewed emphasis on community living opportunities. Thirty-two years after the Willowbrook Consent Decree was signed, committing NYS to close Willowbrook and most of its institutions, there still remains several hundred individuals who live in campus-based buildings and residences. OMRDD is undertaking an assessment of this population, and in

every instance where the current arrangement is not necessary or desirable, a person centered plan for relocation will be initiated. Additionally, over 1000 people with developmental disabilities currently reside in skilled nursing facilities. OMRDD believes that many of these individuals can benefit from OMRDD services, and will identify those instances where movement to the OMRDD community residential system is warranted.

Specific populations. OMRDD will be working to increase its programmatic response to people who exhibit challenging behaviors. High quality behavioral support services, crisis services, and respite are especially needed by two special population groups: those with autism and those with a dual diagnosis of both a developmental disability and mental illness. In newspapers, magazines and research journals, as well as at public forums, family councils, and provider gatherings, there is uncommon agreement nationally that the number of people with Autism Spectrum Disorder is on the rise. OMRDD will be stepping up activities to address the needs of both the families and individuals affected by this disorder -- sections later in the plan discuss some of the activities already underway. Similarly, OMRDD has received a great deal of feedback indicating that people, and especially young adults, who have a dual diagnosis are not receiving adequate services. Unbearable family stress, unnecessarily expensive hospitalization, and delayed clinical and residential services are often the result of poor prevention, service coordination across systems, and service access. Enhancing services for these two groups and their families will receive increased attention over the next several years.

Comprehensive Five-Year Plan Goals and Progress

Chapter 1: NYS-CARES II

- **Evaluate and adjust NYS-CARES to continue to meet the future demand for residential services for people in the community.**

OMRDD's analysis of the request list for out-of-home residential services revealed a need for additional new opportunities. OMRDD has a five-year commitment, which began in 2007, to develop 1,000 new out-of-home residential opportunities to supplement NYS-CARES I and II. These resources will be allocated to OMRDD's DDSOs to maximize the input and participation of those being served at the local level, and to insure that local priorities are being addressed. OMRDD will be seeking new and innovative ways to offer services and supports to individuals with developmental disabilities in environments that advance greater individualization and maximize community integration.

- **Continue to develop individualized housing options for individuals using NYS-CARES II.**

Through initiatives such as OPTS and Consolidated Support Services (CSS), OMRDD has further strengthened its ability to provide individualized housing options. These initiatives strive to maximize individual and family participation in the choice of service options and elicit feedback to measure customer satisfaction.

In addition, OMRDD received a Real Choice Systems Transformation grant from the Centers for Medicare and Medicaid Services (CMS) to help promote "systems change." The three areas of focus in this five year grant are person centered service design, housing, and funding. All three subcommittees working on objectives in this grant will work together to transform OMRDD's system into one that better supports individualized living arrangements through enhanced access to person centered services, non-certified housing, and funding that is geared to individualized supports. In addition, the 2007 budget contains an additional \$7 million of fully annualized funding to increase family support services, with the goal of enabling individuals with developmental disabilities to remain home with their families as long as they desire. Needed services include the provision of crisis intervention and respite. These resources have been allocated to the local districts to begin the Request for Proposals (RFP) process. This will allow OMRDD to further leverage its "Home of Your Own" (HOYO) program which is being expanded and strengthened through collaboration with DHCR and others.

Chapter 2: NYS OPTS

Over the past several years, OMRDD has been developing, piloting and expanding the OPTS program. This program was designed to allow people with developmental disabilities and their families to participate in the design of services that target their specific needs. This approach promotes inclusion and personal choice, and offers flexibility and increased individualization of services and supports. OMRDD developed this in significant partnership with provider associations, local government, and other interested stakeholders, who have continued to work with OMRDD in implementing and evaluating the program. The initiative resulted in 328 approved projects and 181 proposals that are pending approval

OPTS is currently being reviewed with an eye toward redesign and reform. There is a general consensus that the process for project review and approval must be more rapid, related to local and state priorities, and separate projects that expand existing services from those that are piloting real innovation. Some changes to the process have already been initiated, like those related to respite and residential habilitation services, which will be handled locally in the future. Additional enhancements will take place in the coming year.

□ Develop the capacity to provide enhanced, individualized services for a variety of special populations, such as the frail elderly, those with a dual diagnosis, persons with autism and children.

Since its inception the OPTS program targeted special populations. To date, this program has funded the following proposals in the targeted categories:

- 34 proposals for people with developmental disabilities who are aging and medically frail;
- 34 proposals addressing people with dual diagnosis and/or behavioral issues; and
- 30 proposals focusing on children and adults with autism.

Additional proposals also serve special populations, but are not specifically geared towards those groups.

□ Increase emphasis on models of service that support portability of resources.

Portability of resources between providers and service types continues to be a challenge. The current process does not lend itself to portability; rather it provides a method for individuals, families, and providers to develop the program concept together. Portability of funding is

critical to supporting improved choice and direction, a priority of this administration that will be incorporated into future systems transformation.

□ Provide the mechanism to “right-size” day and residential programs.

The OPTS pilot program afforded agencies and DDSOs the opportunity to right-size (i.e., downsize) day and residential programs. To date, there have been over 300 proposals focusing on residential development, of which over 100 are directly related to residence right-sizing.

There have also been 180 proposals related to some aspect of day programming. Typically day proposals focus on delivery of more individualized services in the community. Approximately 25 large day programs have been right-sized as a result. Numerous proposals blend different day program types so that services can address the diverse needs of individuals and families.

□ Evaluate NYS OPTS projects on an ongoing basis to assure continued adherence to the guiding principles.

Agencies that are supporting individuals enrolled in OPTS projects must submit evaluation reports at six, twelve and twenty four months from the implementation date. OMRDD is at the early stages of compiling and analyzing the responses to evaluation questions using content analysis. The overall goal of this analysis is to identify trends and challenges in implementing these projects, and to understand better how this program has allowed agencies to be more flexible in delivering services and supports.

Providers must respond to a set of “Interim Reporting Questions” that reflect their projects specific progress. The report protocols are currently under revision in order to streamline the process, while still providing quality information to OMRDD. Improved technical assistance, through the development of guidance documents for evaluating projects, has also been made available to providers via the OMRDD website.

□ Develop an internet-based and secure recording system for NYS OPTS services to enable faster payments to providers.

On June 26, 2006, OMRDD made available an internet-based and secure service recording system to NYS OPTS providers with approved contracts. Providers are able to record information on service provision on a continuous basis, with service information processed twice a month for payment. This results in faster payments to providers, avoiding previous payment lags of up to three weeks. Each payment run produces provider-specific payment reports detailing the payment, by individual, the provider should expect. OMRDD has established an OPTS User Group to provide feedback on the internet-based system.

Enhancements to the internet-based system continue to be pursued and currently include a pilot allowing providers to submit electronic files containing service-recording information. This is intended to eliminate the need for dual-user data entry in the provider's system and through OMRDD's internet-based system.

□ Develop and implement a customer satisfaction survey for NYS OPTS in partnership with providers, self-advocates and family members.

OMRDD is currently field testing a customer satisfaction survey for individuals receiving services via an OPTS contract. Activities are underway to incorporate self-advocates, parents and other stakeholders in the administration of the satisfaction survey once it is ready to go. Target implementation is the late fall of 2007.

Chapter 3: Self-Determination and Self-Advocacy

□ **Work with various control agencies in an effort to streamline the process for applying for self-directed supports funded through the HCBS Waiver.**

For the past four years the Developmental Disabilities Planning Council (DDPC) has supported both OMRDD and SANYS, working in partnership, to pilot a self-directed option within OMRDD's Home and Community-based Services Waiver. The pilot, called "The Self-Determination/Consolidated Supports and Services Pilot Project" (SD/CSS) has grown from a modest first year with little public understanding and few enrollees to a successful demonstration project characterized by escalating individual and family interest, continuous growth, and a track record of having identified and overcome numerous barriers to achieve success.

The logic model upon which the four years of work have been based included six components:

- (1) Building capacity and infrastructure to support self-direction,
- (2) Marketing to increase general awareness of the option,
- (3) Training to enhance the skills of various system players,
- (4) Identifying and targeting groups for enrollment,
- (5) Developing a streamlined application process and other administrative documents and functions, and
- (6) Evaluating of the outcomes for both individual participants and the system.

With the support of the DDPC over the past four years, significant progress was made in all these areas. Outreach and training materials have been developed. Entirely new cadres of workers, "start-up" and "support brokers" were conceived, recruited and trained. New payment mechanisms were developed. A simplified paperwork system that could be self-managed by participants and their circles and brokers was designed. Audit and survey protocols were piloted. Fiscal employer agent entities were designed and established, and in turn have demonstrated the viability of a system based on portable, self-managed budgets. A great deal of valuable learning has occurred will provide a foundation as OMRDD expands access to self-directed and individualized service options.

The SD/CSS Pilot now has over 145 approved participants, while another 220 people are actively working with start-up brokers to develop applications. Cost-benefit analyses conducted periodically over the past four years continue to indicate the cost neutrality of an individualized, self-managed, portable budget approach, with the potential for actual cost savings for services for many individuals. People are healthy and safe in SD/CSS. OMRDD

has just completed data collection on a random sample of 40 of the 145 enrollees, as well as from ten focus groups with participants and circle members in five different regions, and will be analyzing this data over the next several months. Numerous anecdotal reports and stories abound demonstrating improved quality of life, elevation of satisfaction, and positive change among participants who are using self-directed supports. It is anticipated that more formal evaluation data will support these findings.

The SD/CSS application was substantially revised during the past year. The CSS application was divided into four succinct sections: personal goals and outcomes; needed supports; implementation including safeguards; and a personal budget. A second major revision, implemented in December, 2006 streamlined the application process through the development of a technology-based application allows automatic transfer of information pertinent to both the CSS Plan and Budget, greatly decreasing time and error.

Over the next year, OMRDD plans to decentralize control of the project to its districts, further streamline and simplify the application process, standardize the budget-making process to a more scalable model, and involve the provider community in offering CSS as a regular waiver option along side the other waiver services they deliver. OMRDD will also focus on employment and students in transition in the coming year.

□ Increase access to service coordination and other supports necessary for self-determination.

There have been a number of concerted efforts that concentrated on the role of the Medicaid Service Coordination (MSC) service coordinators in SD/CSS. OMRDD's Planning and Service Design staff collaborated with the Finger Lakes Task Force on Self-Determination to conduct an MSC/Self-Determination training workshop for the Western NY, Finger Lakes, and Central NY DDSO regions. Additionally, several presentations were made to MSC service coordinators at conferences and in other settings.

“The Role of the Medicaid Service Coordination Supervisor in Assuring Medicaid Compliance in the SD/CSS Pilot Project” was presented at the statewide MSC Supervisors Videoconference in September, 2006. In addition, an article entitled “What’s New in Self-Determination?” was published in the summer 2006 Issue of the MSC Technical Bulletin (Issue #10).

To continue to promote the SD/CSS pilot as an option for individuals eligible for OMRDD services, a discussion on SD/CSS has been included in the MSC Core training for new MSC service coordinators. Attendance at MSC Core training is required within the first 90 days of assuming MSC responsibilities. SD/CSS is also included in the Self-Advocacy/Self-Determination training module which is one of the six required MSC training courses taken by service coordinators within the first two years of assuming MSC responsibilities.

Information to increase access to service coordination and other supports for self-determination will continue to be provided via MSC training opportunities and publications.

□ Expand provider participation in self-determination and self-advocacy through training.

OMRDD participates in a workgroup hosted by the New York State Association for Community and Residential Agencies (NYSACRA) where representatives from the SANYS and ten nonprofit provider agencies from across the state have been invited to dialogue about the provision of self-determination through an “Agency with Choice” service option. These conversations have helped define some of the challenges for prospective participants and potential agencies who want to support them. The new model proposed would provide an additional self-direction option for those people seeking control over their supports and services who need additional assistance in some of the administrative functions associated with a self-directed option.

Many providers have expressed interest in offering individualized supports for people they serve, but don’t understand how to begin. In 2007-2008 we will increase our focus on building the skill set within the provider community to provide self-directed services. OMRDD and SANYS will provide more training and technical support to agencies who want to provide CSS or “Agency With Choice” as HCBS waiver service options. During the next year we will continue to work with SANYS and other agency representatives to develop the tools and training providers need to offer these self-directed options.

□ Support programs to introduce self advocacy to young adults with developmental disabilities

It has become apparent that a number of young adults entering the OMRDD system from the education system are not seeking the traditional supports and services offered by OMRDD. These young adults, their families, and their support systems have expressed interest in self-directed approaches to service delivery. They seek lives that parallel the independent lives of many age-appropriate peers with whom they shared their school years. SD/CSS allows them greater opportunities to pursue volunteer and work opportunities in their communities.

As further testament, OMRDD has seen an increase in the number of CSS applicants who are participating in the OMRDD Employment Training Program, or who are exploring other ways to become employed with supports. OMRDD will work with self-advocates, and agency representatives to expand the awareness and use of CSS to support meaningful work and volunteer experiences.

OMRDD will continue to partner with SANYS to bring this information and other service choices to the attention of young adults. Young adults are also encouraged to become active with their local self-advocacy groups who will support their efforts to express themselves.

Chapter 4: Quality Staffing

□ **New Goal: Increase the competence and quality of Medicaid Service Coordinators, and study job design in order to increase retention and reduce turnover.**

Training is a vital component to keep MSC service coordinators well informed and capable of understanding and negotiating the complicated service system for the individuals on their caseloads. OMRDD embarked on a major revision to the MSC Core training curriculum during 2006-2007. All MSC service coordinators are required to complete Core training during the first 90 days of providing MSC. To ensure timely offering of Core training sessions, as well as the six MSC courses required to be completed within the first two years on the job, OMRDD has embarked on several initiatives. First, during the remainder of 2007 and into the early part of 2008, OMRDD will develop Regional Training Consortia. All DDSO and voluntary agency MSC vendors have been asked to select a training liaison to be part of their region's training consortium. Second, train-the-trainer sessions are being planned statewide to develop more qualified instructors.

Implemented in 2004, MSC Supervisors Videoconferences are held four times per year in March, June, September and December. Each videoconference is broadcast to over 20 sites statewide to approximately 300 MSC Supervisors. The sessions provide vital information on topics such as Medicare Part D, Eligibility, ISP changes, MSC program changes, Child Health Plus as well as panel presentations on time management, supervision tips and parent/family expectations and relationships with MSC service coordinators. The next MSC Supervisors Videoconference is scheduled for December 5, 2007. Four sessions to be held during 2008 are being planned and will include topics such as guardianship, special needs trusts, dual diagnosis, and supervising multi-generational workforce.

In late 2005, OMRDD implemented a survey to better understand MSC service coordinator retention issues and identify recruitment best practices. The survey results have been analyzed, and the final report is expected to be issued to participating MSC vendors by the end of 2007 as well as to the Provider Associations and DDSO Directors. The survey identified that training and supervision were two of the major issues that affect the retention and recruitment of MSC service coordinators.

In 2006, each DDSO's Family Support Council hosted local forums on MSC access and quality. The many recommendations for improving the MSC program coming from these local sessions were transmitted to OMRDD via reports and will be valuable in the effort being planned over 2007-08 to redesign and improve OMRDD's service coordination system.

During 2008, OMRDD will continue to emphasize the need for regular, quality training to new and experienced MSC service coordinators and their supervisors.

□ Continue OMRDD's focus on the competitiveness of direct support professional salaries.

The 2007-08 budget included funding for a 2.97% trend factor with a total value of \$91.6 million to enable voluntary provider agencies to increase salaries of direct support professionals working in most OMRDD programs. The 2007-08 budget also included a 2.5% Cost of Living Adjustment (COLA) for the non-trended programs that must be used to enhance the salaries/fringe benefits of the voluntary provider workforce, including direct support professionals.

Over the past few years, OMRDD has also focused on enhancing health care benefits for the voluntary provider workforce as an additional way to improve the recruitment and retention of quality staff. The 2007-08 budget included a third phase of this health care initiative to enhance health insurance or other health care benefits for the voluntary provider workforce.

In addition, in August 2007, OMRDD completed a year-long grant of technical assistance from the National Direct Service Workforce Resource Center in which OMRDD staff and an advisory committee of stakeholders explored best practices in direct support workforce training, career advancement, and recruitment and retention strategies. OMRDD then applied for and received a grant of one additional year of technical assistance to take the next steps in promoting best practices among OMRDD's state and voluntary direct support workforce. One of the identified tasks of the year ahead is to draw upon the expertise of the resource center as we explore how other states have moved toward a livable wage for direct support professionals and what steps OMRDD might take to begin to do so as well.

□ Provide oversight and evaluation of the impact of salary increases on direct support professionals.

In October 2007, OMRDD will release an RFP related to a Quality Improvement Demonstration Program focused on improving quality outcomes for people with developmental disabilities. Proposals will address issues related to direct support staff recruitment, retention, and training. The authorizing legislation for the Demonstration Program notes that applicants can choose to make efforts to decrease staff turnover through wage, employment benefit improvements, or other means.

The authorizing legislation also requires the OMRDD Commissioner to contract with an independent consultant to evaluate and report to the Commissioner and State legislative leaders on the impact of the Demonstration Project on direct support staff recruitment, retention, and quality of services provided. OMRDD will use information obtained through this evaluation requirement to determine the extent to which salary increases are a key component of improving recruitment and retention of direct support professionals.

□ Increase training for direct support staff to increase stability.

OMRDD's Bureau of Training and Medicaid Standards has developed infrastructure (i.e., an on-line catalog and registration process) that allows for the provision of course offerings throughout the state. Courses for habilitation staff include: "Choice and Responsibility," "Community Inclusion," "Our Community," "Our Experience is the Best Teacher," "Personal Allowance," "Day Habilitation," "Positive Approaches to Behavior Change," "Residential Habilitation," and "Understanding and Treating Consumers with Dual Diagnoses."

The Bureau of Training and Medicaid Standards has also established an on-line training institute known as Distance Education and Learning (DEAL) for developmental disabilities service- system staff. DEAL allows a worker to take a course at his/her own chosen time and pace, reduces travel time, and allows for staff availability at the worksite. Courses targeted to habilitation staff are "Incident Reporting" and "Introduction to Personal Allowance."

While the on-line training curriculum development requires costly technical expertise, the ability for staff to remain on-site for training is a significant benefit to the individuals being served. Access to computers and computer literacy may currently impede full use of this on-line training. Nonetheless, the need for enhanced training of habilitation staff remains a top priority for OMRDD.

□ Promote training for site managers and mid-managers in voluntary agencies.

OMRDD has created a new Provider Training and Technical Assistance Unit to assess voluntary provider management needs. In addition, we have updated several curricula used for managers, including supervisory training. DEAL also offers courses that are designed for managers (e.g., Incident Reporting, Management of Personal Allowance for People who live in Residential programs).

The training needs of mid-level managers are a critical component of quality care and staff development. OMRDD must undertake a thorough assessment of the full range of training required by managers and collaborate with voluntary providers to identify the core elements of mid-manager training. OMRDD's efforts to develop expertise in on-line course development will support this curriculum development.

□ Establish a Direct Support Professional advisory process to institute positive changes for direct support professionals.

Through the impetus of the 2006 Direct Support Workforce Technical Assistance grant, OMRDD is engaged in a statewide advisory committee process to evaluate the efficacy of its various activities to support the direct support professional workforce. As a result, this fall

the grant process will yield several policy recommendations that will guide OMRDD's future efforts to develop and support the direct support professional workforce. The continuation of the grant for one additional year further engages the Workforce Advisory Committee that was originally established. With the assistance of the Committee, OMRDD will pursue additional goals over the next twelve months, including (a) the development of improved training curricula for OMRDD's direct support workforce, (b) frontline supervisors' oversight of workforce improvement demonstration projects among the voluntary providers, and (c) contemplation of policy options to implement a livable wage for our direct care workforce.

In addition to the Direct Support Professional Technical Assistance grant, the five year Real Choice Systems Transformation grant was received from Centers for Medicare and Medicaid Services and launched this fall. The grant includes plans to address issues of recruitment and retention of a high quality workforce. With this grant, OMRDD has made a commitment to establish an ongoing direct support professional advisory process that will examine workforce development issues, including recruitment and retention, from the perspective of the direct support professional. The Advisory Committee and discourse begun under the technical assistance grant will evolve as this grant unfolds and OMRDD consolidates its workforce activities into a focused initiative to both study the issue and find solutions to future human service workforce challenges.

□ Assess the effectiveness of OMRDD's web-based recruitment tools and make improvements as indicated.

Since the implementation of the online Job Recruitment system, voluntary agencies have posted over 1400 job vacancies and received over 10,000 job interest applications. While some of the larger agencies continue to utilize their own web sites to advertise job vacancies, a large number of agencies continue to use the OMRDD Job Bank site as a "tool" for recruiting. Even when agencies utilize their own site as a primary recruiting tool, they rely on the capabilities of the Job Bank to post "hard-to-fill vacancies" and link folks directly to their site.

The OMRDD Job Bank site has continued to expand its capabilities to include the ability for agencies to post jobs in Spanish. Another area of enhancement is the addition of Job Categories; although originally intended primarily for direct support staff, the Job Bank now includes such categories as clinical, quality assurance, nursing, and administration. During the past year, there have also been infrequent requests for accounts and training so that voluntary agencies can begin to post jobs on the OMRDD site.

Due to the success of this initiative for the voluntary agencies, OMRDD has begun to develop a separate though similar system so that hard-to-recruit state job vacancies can be posted on the OMRDD website. This system is expected to be in pilot at a few districts this winter.

□ Continue to collaborate with provider associations to improve retention of direct support professionals.

OMRDD, through the impetus of the 2006 Direct Support Workforce Technical Assistance grant, is now fully engaged in a statewide advisory committee process to evaluate the efficacy of its various activities to support this workforce. The grant process will culminate in fall of 2007 with researched policy recommendations that will guide OMRDD's future efforts to develop and support the workforce and evaluate the impact of these activities. OMRDD remains committed to this discernment process as the best and most appropriate way to examine the many aspects of the workforce issue and respond with needed support. OMRDD will thereafter dedicate itself to pursuing the policies, studies, and development activities identified by the committee and to an ongoing dialogue with the statewide workforce advisory committee about the success of these activities and ongoing needs.

NYS OMRDD is currently preparing to release a Request for Proposals for demonstration projects aimed at addressing recruitment and retention challenges among the direct support workforce. This RFP will seek to transfer the knowledge gained through the technical assistance grant into new initiatives across the state that will support and enhance this workforce. Specifically, OMRDD will invite proposals in the areas of:

- Improved training for direct support staff and supervisors;
- Recruitment and retention innovations; and
- Projects that will support evaluation and improvement of agency culture and management practices.

Projects that focus on improved training are required to include mechanisms to reward workers (monetarily or otherwise) for their achievements and advancements. Salary enhancements are one likely reward.

OMRDD will collect periodic reports on the progress of these projects over the next two years and work to support the agencies undertaking the projects, learning of any obstacles encountered and solutions discovered. Moreover, as part of the funding for this demonstration program, OMRDD will contract for an outside evaluation of the funded projects. By working closely with the grantees throughout their projects and the formal evaluation, OMRDD will subsequently be prepared to extend the most effective practices to more service providers and a greater portion of the system's direct support and supervisory workforce.

Chapter 5: Collaboration Among Governmental Agencies

A key initiative for collaboration with mental hygiene human service state agencies resulted in the initiation of the “*People First Coordinated Care Listening Forums*.” Throughout the summer of 2007, OMRDD Commissioner Ritter, in partnership with Commissioner Daines, of the Department of Health (DOH); Commissioner Hogan, of the Office of Mental Health (OMH); and Commissioner Carpenter-Palumbo of the Office of Alcoholism and Substance Abuse Services (OASAS), held public hearings. People served by the agencies, their families and service providers were invited to share their thoughts on how to improve and coordinate service provision throughout the four agencies. The title, “*People First*” *Coordinated Care Listening Forums*, underscores each agency’s commitment to providing individualized, person centered service. Through these forums it became evident that the individuals served and their families often experience a host of issues in trying to obtain quality health and mental hygiene services. People reported the greatest difficulties in the following areas:

- Accessing services and supports
- Receiving quality, coordinated services and supports from a qualified workforce.
- Overcoming service barriers created by the systems themselves.

Concrete steps have already being taken that directly affect people with developmental disabilities.

- Commissioners Ritter and Hogan are developing a new model for regional office collaboration directed toward people with both mental health and developmental disability diagnoses.
- OASAS has begun sharing its County Planning System with OMH, OMRDD, and will include DOH in the future as a step towards coordinated planning efforts.

Additionally, a two-pronged approach to coordinate health and mental hygiene services across systems was proposed to address the most prevalent concerns raised in the forums. The focus of this approach is to create a mechanism that will assist help people with disabilities and their families to navigate the existing service systems and to provide assistance when they encounter roadblocks.

Specific short-term actions planned include:

- Development of an integrated health/mental hygiene services directory to provide the basic information and assistance that people with disabilities and their families need to obtain services within and among these systems;

- Strengthening of local capacity to assist people receiving services and families to access supports they need from multiple systems. This will include county and regional mechanisms that improve communication and collaboration enabling issues to be resolved at the local level;
- Provision of a single point of accountability within each State agency to serve as a liaison to coordinate information requests and follow up on more complex concerns, particularly when people have difficulty obtaining or maintaining necessary services; and
- Development of specific mechanisms to involve people receiving services and their families in the design of systems that enable people to access services within agency structures as well as across agencies.

Long-term activities include:

- Reinvigoration of the Inter-Office Coordinating Council (IOCC), an existing structure charged with comprehensive planning, development, and implementation of all facets of prevention, treatment and rehabilitation of mental illness, mental retardation and developmental disability, alcoholism, alcohol abuse, substance abuse, substance dependence, and chemical dependence, as well as eliminating gaps in services to persons with multiple disabilities.
- Creation of an interagency committee linked to the IOCC to develop a work plan and time line to improve coordination, integration, and alignment of agency structures and functions to simplify processes, diminish administrative complexity, increase flexibility, and thereby improve outcomes and enhance the quality of services for adults, children and families. The DOH, while not a member of the IOCC, will participate in this committee to assure continued collaboration.

Further analysis of the major themes relevant to OMRDD services that emerged from the forums were, in priority order: special populations, particularly dual diagnoses, Autism Spectrum Disorders and aging; unmet service needs such as housing, respite and crisis services; the overarching need for interagency collaboration, particularly with OMH and SED; children's issues, such as transition, psychiatry and family support; direct support workforce; health insurance; systems management concerns; eligibility; individualized services; clinical services, especially medical and dental access; transportation; and deinstitutionalization.

In 2007, OMRDD and the Office of Children and Family Services (OCFS) agreed upon a model Memorandum of Understanding that has already been signed by nearly all DDSOs and local social services districts to ensure collaboration and service coordination at the local level for adults with developmental disabilities who are the subject of reported adult abuse cases.

□ Collaborate with the SED to identify best practices in transition planning and disseminate them to others.

The SED and OMRDD are working on a pilot in the Long Island region to identify youth in out-of-state residential schools at early transition planning points in order to facilitate improved long term planning. Early data reviewed suggests that SED needs to emphasize to local districts the necessity for improved and consistent communications with DDSOs about children placed in residential settings.

OMRDD is also part of an interagency group being formed by SED to develop more effective transition practices. Timely notification to DDSOs about youth in local schools who are reaching transition planning points and the opportunity to provide information directly to families about OMRDD services through participation in transition meetings are essential aspects of good planning. OMRDD is advocating that SED utilize assessments that document eligibility for OMRDD services as part of transition planning.

The Education Subcommittee of the MRDD Advisory Council has developed an updated version of a letter that is sent to families of individuals with developmental disabilities who are reaching age 15 and are already known to OMRDD. This letter reminds people about services available through OMRDD and how to contact OMRDD staff for assistance. Through improved information sharing with SED and local schools, it is hoped this letter could be sent to a broader audience of people who are reaching transition ages.

□ Identify and disseminate best practices developed through NYS OPTS for services jointly planned and funded by state agencies, including OMRDD, OMH, OASAS, and SOFA, to DDSOs, providers and counties.

There are numerous ways the OPTS program has disseminated information regarding awarding of projects jointly planned and funded by multiple state agencies, providers, or organizations. At least quarterly, the OPTS unit disseminates a newsletter to members of its steering committee (members include county, DOH and Division of the Budget [DoB] representatives) and sub-groups, provider associations, and district liaisons. Presentations are made to all annual provider association meetings held around NYS as well as smaller presentations to sister agency staff, i.e., VESID or OMH. Currently there are four proposals that utilize funding from multiple funding sources. More focus on cross-systems collaboration is needed. This will be addressed as part of the ongoing service development reforms.

□ Increase employment-related opportunities through collaborative pilot projects with other state agencies and localities.

The CMS Real Choice Systems Transformation grant approved in the summer of 2007 is focused on restructuring funding so as to support more individualized services based on

choice. It was recognized during the strategic planning process that significant barriers exist in seamlessly accessing supports and services from various state agencies. Constituents engaged in the planning recommended the development of improvements to existing collaborative relationships among OMRDD and other agencies in order to integrate processes and more effectively meet the needs of people with developmental disabilities across the life span. Workgroups are being developed to: (a) clearly identify government agencies and organizations, their functions, service and collaboration strengths and barriers; and (b) develop funding and service strategies to address identified gaps. OMRDD anticipates that pilot projects that ensure collaboration to meet needs of people with developmental disabilities will be proposed. These may include: utilizing co-funded interagency projects; so-called “braided” funding; or packaging of new program development proposals with other systems to address unmet needs. While this goal is intended to include all service needs, OMRDD expects that employment supports will be considered for the pilots.

Chapter 6: Special Populations

□ **Explore opportunities for cross-system collaboration (OMRDD, SOFA, OMH, and DOH) in community-based residential and day program development for individuals who are aging.**

Major activities in support of people with developmental disabilities who are aging include the following.

- The OMRDD Commissioner's Task Force on Aging was reconvened in June 2006, with membership representing SOFA, DOH, CQCAPD, DDPC, provider agencies, self-advocates, parent advocates, and OMRDD staff. Four topical sub-committees were formed to develop recommendations for services: In-Home Supports, Nursing Home Diversion and Discharge, Prevention/Geriatric Assessment/Health, and Workforce Readiness.
- Third Age Provider's Conferences were held in 2006 and 2007 in collaboration with SOFA, the Strong Center for Developmental Disabilities and providers. Outcomes included OPTS proposals, training initiatives, and a commitment to explore expansion of more opportunities for older adults with developmental disabilities.
- Multiple statewide video conference trainings were held on aging-related topics, including systems and lifespan advocacy, agency resources, dementia care, and the aging family system. Nationally and internationally recognized speakers participated.
- OMRDD participates in the Interagency Geriatric Mental Health Council, chaired by OMH and SOFA. This initiative was developed in response to the Geriatric Mental Health Act passed in 2005.
- OMRDD participated in the NYSRA Geriatric Nurse Training Task Force and developed plans for a training platform, offering nurses a Geriatric Nurse Certificate. The training began in Fall 2006 and is being offered via video conference statewide.
- Liaisons for aging issues have been established in each DDSO district, and many have participated in Interagency Coalitions on Aging to encourage cross-agency training and collaboration.
- OMRDD participated in a Hospice and Palliative Care Task Force that promoted the development of cross-agency training for staff of Hospice and OMRDD. Training was delivered to several hundred participants during 2006-2007.
- A conference, held in the NYC region during February, 2007 with nonprofit providers and the State Office for the Aging, identified the needs of aging MRDD individuals in order to develop appropriate action steps.

- In addition, OMRDD residential programs in Queens are planned for 24 individuals. This development has been a result of collaboration among OMRDD, SOFA and DOH with a local nonprofit provider.

□ Address issues around community-based supports for people with developmental disabilities who are medically frail.

In response to concerns voiced by families of children with medical frailties in the Long Island area, OMRDD and the Long Island DDSO held special public meetings to provide a forum for parents to explain the help they need. OMRDD's efforts to support increased services for children who are medically frail were enhanced by the legislature's creation of new targeted case management services that will help physically disabled children find necessary community services.

The Long Island DDSO worked collaboratively with a group of parents of medically frail children and Parent to Parent of NYS to add a section to Parent to Parent's website to facilitate communications among parents.

Recently passed legislation raised the Medicaid skilled nursing rate for children who are medically frail and who receive services in their family homes. This is expected to have a significant impact on families participating in OMRDD's Care At Home (CAH) program. Also, the CAH annual budget ceilings have been increased from \$108,000 to \$192,000. This budget increase will enable families to receive more home services.

□ Explore the development of specialized residential, day, transitional and other services for people with Autism Spectrum Disorders through increased collaboration and training among providers serving people with autism.

As the prevalence of Autism Spectrum Disorders (ASD) has grown in recent years, OMRDD and provider agencies have begun utilizing existing and new funding sources to expand services and supports for this population. Notably, the implementation of NYS OPTS allowed individuals, families and service providers to partner with each other to create new residential and day opportunities for children and adults with autism. Additional funding through Family Support Services (FSS) has enhanced the ability of the DDSOs to address the diverse needs of individuals and families. The following highlights illustrate how OMRDD has positioned itself to increase its ability to meet these needs statewide:

- The Center for Discovery in the Hudson Valley DDSO region has begun construction of nine residences to serve 45 children with a diagnosis of autism. This project is being undertaken in collaboration with the SED, and the proposal is specifically intended to offer an alternative to out-of-state residential school placement.

- The recent allocation of FSS funds for services to individuals with ASD resulted in awards to seven agencies in the Taconic DDSO region. The additional allocation of \$168,000 increased respite, after school opportunities and specialized training in ASD. In the NYC region, a significant percentage of new FSS funds are being dedicated to support individuals with ASD and their families.
- The Staten Island DDSO, IBR and NYCRO are working together to develop a residential initiative for people with autism. IBR will provide state of the art diagnostic, evaluation and consultation services for the people served by this initiative. It is anticipated that best practices learned from the initiative will be shared across the state. Similar residential initiatives for people with autism are planned for Broome and Capital District DDSOs.
- Over the next two years, Long Island DDSO will work with SED and provider agencies to develop residential placements for 54 children with ASD.
- IBR on Staten Island has a broad based research agenda addressing multiple aspects of autism. This year the scientific review board at IBR has focused on identifying additional autism research initiatives that can be undertaken.

In addition to these specific opportunities, other new development has focused on providing smaller, more specialized residential settings for adults, preschool and children's services, clinical supports, and training and technical assistance for families and providers. Commissioner Ritter is currently working on an autism agenda that will bring together all of the various efforts directed at ASD so as to insure that they are well coordinated and properly focused.

□ Develop specialized residences for persons with intensive behavioral needs currently living in institutional settings.

The NYS OPTS initiative has provided the funding for state operated and voluntary providers to establish residential services designed specifically for individuals with intensive behavioral needs who are living in institutional settings. Other new development focuses on prevention services and crisis intervention to enable individuals to continue living in the community. Some examples include:

- Central NY DDSO has been working with local providers such as Liberty Resources, UCP, and Toomey Residential Services to develop 59 new residential opportunities for children and young adults with behavioral challenges.
- The Taconic DDSO is proceeding with a proposal for a crisis stabilization unit on the grounds of the developmental center. This is intended to prevent psychiatric hospitalization and provide a transition opportunity for people returning from psychiatric hospitalizations.

- Western NY DDSO is developing two specialized residences for eleven individuals with behavioral needs who currently live at the West Seneca Developmental Center.

In addition, a major outcome from the Commissioners' *"People First" Coordinated Care Listening Forums* was the formation of a partnership between OMRDD and OMH to develop a new model for regional office collaboration directed toward people with both mental health and developmental disability diagnoses.

□ Continue to enhance cultural competency among providers and the workforce.

OMRDD developed a cultural competency course and piloted training sessions in Rochester, Schenectady, Long Island and New York City in the summer of 2007. Participants learned how to:

- Have a greater sensitivity to other cultures.
- Use cultural differences in a positive way.
- Develop effective skills in working with individuals and families across multicultural communities.
- Deliver and establish relationships with Cultural Mentors.

The trainings are available to MSCs, Supervisors, and Program Managers. An evaluation of the curriculum will be conducted to determine plans for future trainings. OMRDD seeks to develop capacity to continue to offer and deliver the training. Trainers will be sought from across the state.

□ Further expand the types of services provided by multicultural providers.

OMRDD will continue to extend opportunities for existing and new multicultural providers who have demonstrated capability with current services and are engaged in preparation for new types of services. A new technical assistance and consultation capacity is being developed in conjunction with new and emerging agencies that are in our system and are successful. This initiative will offer greater support for these new businesses as they try to navigate the myriad administrative and financial complexities of our system.

□ Continue OMRDD technical support to multicultural providers through trainings on specific topics, such as management techniques, fiscal reporting requirements, board responsibilities, program development, internal controls, and programmatic best practices.

OMRDD has created a Technical Assistance Unit within the Bureau of Revenue Support. The unit's staff will work with provider agencies and develop specific trainings to support their needs.

A Resource Directory has been developed to aid providers in outreach to OMRDD key staff for immediate assistance.

□ Develop a mentorship capacity for multicultural providers to assist newly emerging multicultural providers during the start-up years.

OMRDD is committed to development of a mentorship capacity for providers through the technical assistance effort previously noted. Through its relationship with a number of associations of nonprofit providers OMRDD is supporting peer-to-peer mentoring opportunities and providing technical assistance where possible.

□ New Goal: Establish data in collaboration with the SED and the OCFS to define present and future numbers and service needs of children with developmental disabilities more accurately

The infrastructure sub-committee of the interagency, out-of-state placement committee is developing standards for creating and maintaining data in order to better plan for youth transitioning from the OCFS and SED service systems to OMRDD when they become adults or graduate from school.

□ New Goal: In cooperation with SED, develop 300 new Children's Residential Project (CRP) residential opportunities to effect the return of children from out-of- state private residential schools and enhance in-state capacity for children in danger of being placed in out-of-state schools.

Residential opportunities have been and will continue to be developed over a multi-year period. The first project to open was in Utica (12 opportunities) during the 2006-07 fiscal year. The initiative has been closely coordinated through the collaboration of OMRDD and SED, and as a result, it is expected that close to 200 additional opportunities will become available during the 2008-09 fiscal year. The remainder will open in the following years.

□ **New Goal: Collaborate with the Coordinated Children’s Services Initiative (CCSI), local governments, and other NYS agencies to provide a more predictable and efficient procedure for serving children with a dual diagnosis (MI and MR).**

OMRDD has been meeting with the OMH, and more recently with other involved agencies, to clarify the respective roles of each agency, in order to establish a more reliable path toward full and appropriate services for people with dual diagnoses. OMRDD providers have submitted a number of OPTS proposals aimed at providing better services to children who demonstrate cross system needs.

Some local governments are leading the way in the area of dual diagnosis. In some regions the results of individual case management (collaboration between variously affiliated local and state officials) becomes part of a standard process often facilitated by the county. These collaborations and best practices are being identified through an ongoing dialogue with the Conference of Local Mental Hygiene Directors and will be advanced statewide.

Chapter 7: Person Centered Planning and Participation in Planning

□ Work with nonprofit providers to increase understanding of the value of person centered planning through training and other incentives.

Through the *Everyday Heroes* initiative, OMRDD continues to promote person centered practices in community inclusion and participation for individuals with developmental disabilities, both directly and through its contract with Dr. Beth Mount, founder of Graphic Futures. This year, the DDPC awarded several new grants to agencies interested in implementing person centered principles in the promotion of community lives for people through *Everyday Heroes*. Ongoing technical assistance is provided to the DDPC grantees as they support their own agency staff as “heroes” and move into a mentor role to support other providers in the implementation of the initiative.

A DVD and companion training materials illustrating the philosophies of *Everyday Heroes* through story telling was completed and distributed to providers across the state.

Curricula covering “Introduction to Person Centered Planning,” “Advanced Person Centered Planning,” and “Interactive Person Centered Planning” continue to be offered at training classes for service providers.

Using grants from the NYS DDPC and OMRDD, the New York State Association of Community and Residential Agencies (NYSACRA) is in the process of selecting 15 agencies from over 50 applicants to participate in a multi-year learning institute. The goal is the development of a learning community of provider agencies with expertise in the delivery of individualized and person centered services. Agencies will collaborate with invited speakers, family members, and self-advocates in developing a common understanding and definition of individualized services. Methods for designing and delivering services and supports to specific individuals will be piloted. Broader issues like quality staffing, innovation, and changing organizational cultures will be an additional focus.

□ Promote organizational change fostering person centered services.

In collaboration with OMRDD and the New York City Regional Office, the FAR Fund issued a second RFP in 2007 whose aim is the promotion of person centered services for students in transition and adults with ASD in NYC. Building on the accomplishments facilitated by the first set of grants awarded to three NYC agencies in 2003, the second round of funding awarded to five additional agencies will focus more exclusively on the actual implementation of person centered plans, and on students with ASD who are in transition from high school. The FAR Fund initiative is sponsored by a private philanthropic donor, and the 2007 funding will include new agencies in the FAR Fund project, including the NYC

Board of Education and two small providers who serve poor, culturally diverse communities that do not typically have access to state-of-the-art service design.

The *Everyday Heroes* initiative is designed to promote organizational change, beginning at the level of direct support staff. The *Everyday Heroes* curriculum allows agencies to recognize the accomplishments of direct support staff and other professionals within the agency, and utilize their expertise to support community experiences driven by each individual's interests and capabilities. In 2006, OMRDD produced a brochure called *Ten Ways to Encourage and Sustain Everyday Heroes in Your Organization*.

OMRDD received a CMS Real Choice Systems Transformation grant in 2007. One of the selected goal areas of this grant is related to person centered planning, and increased choice and control of services. This five year grant will assist OMRDD in the promotion of person centered planning and individualized services development throughout our service system. A Steering Committee for the grant carefully considered how best to effect systems change and recommended the following specific activities:

- Identify and implement evidence-based, exemplary practices for implementing person centered design, including resources such as a regional support brokerage system.
- Develop standardized materials to use for internal training and external public outreach; utilize a variety of approaches to conduct training and outreach.
- Design and implement an electronic MSC record system.
- Establish clinical and direct support professional advisory processes to: (a) formulate and disseminate a definition of quality from staff perspective; (b) provide ongoing consultation regarding job design; and (c) identify career development strategies/exemplary practices in recruitment and retention.
- Establish a workgroup to study current and future workforce needs and shortages in clinical staffing and implement recommendations.
- Implement exemplary practices for promoting community acceptance, community involvement, and full participation.

Chapter 8: Transportation

□ Explore transportation issues and make recommendations for system improvements.

Commissioner Ritter currently chairs the Most Integrated Setting Coordinating Council (MISCC), an interagency task force which addresses residential needs as its primary mission. In recognition of the importance of transportation as it impacts community living and the daily lives of people with disabilities, Commissioner Ritter and other Council members are creating a new MISCC transportation work group. The MISCC offers a cross agency approach to transportation issues, which is vitally important to multiple disability groups. The DOT is represented on the MISCC, as well as DOH, which oversees Medicaid supported transportation. Commissioner Ritter will ensure representation from the developmental disabilities advocacy community, so that transportation issues specific to the OMRDD service system may be identified by those most directly affected. The MISCC has already noted that transportation to Medicaid services and programs is usually available, but implementing transportation for everyday activities, such as shopping or visiting with family and friends, is a significant challenge, particularly in more rural areas where public transportation may not be readily accessible.

The DDPC has funded demonstration grants in three counties -- Erie, Franklin, and Oswego - - in response to concerns raised by people with developmental disabilities who find that they cannot experience fully integrated lives as a result of significant transportation limitations. The Developmental Disabilities Planning Council has also funded demonstration grants in each of three counties: Erie, Franklin and Oswego. As stated in a summary prepared by the DDPC, "The intent of the RFP was to build a collaboration among the transportation system and workforce and service systems to facilitate employment and community opportunities." Such increased transportation planning and coordination would involve regional transportation authorities, One Stop service centers, and One Stop partners and key stakeholders, such as OMRDD, VESID and community-based service providers. OMRDD provider agencies participated with various county planning groups in both Erie and Oswego counties. Favorable outcomes from these transportation demonstration projects will be considered for further implementation across the state.

□ Advocate for collaborative solutions to transportation problems confronting people with developmental disabilities, especially as related to paratransit scheduling.

Local DDSOs in the New York City area have reached out to the City transportation entity in order to address concerns expressed by people with developmental disabilities and build partnership in problem solving.

□ **Promote innovative transportation projects, possibly through NYS OPTS.**

The OPTS pilot funded several proposals that pertain strictly to transportation. These proposals focus on individuals who live in rural areas and have difficulty getting out into the community after work or program hours. Though the number of proposals that pertain strictly to transportation is small, the majority of these proposals have a transportation component. This may be in the form of an additional van for evening or weekend use, expense for increase gas cost, or additional staff mileage due to the increased level of community activity.

□ **Consider waiver-supported approaches to transportation to enhance supports for people so they can more easily work and volunteer in the community.**

Transportation continues to be an area that is being considered for new waiver services. Currently transportation is already a component of the major waiver services, i.e. residential habilitation and day habilitation. OMRDD administration is evaluating the most effective means to enhance waiver services and better meet the transportation needs of waiver enrollees.

Chapter 9: Access to Information

□ Continue to improve the OMRDD website, adding a search function.

Search capabilities were added to the OMRDD website early this calendar year to allow individuals the ability to locate and retrieve specific information. OMRDD continues to work with its constituent representatives to define additional information requirements and improve access to information.

□ New Goal: Implement updated communications technology for OMRDD staff.

An Intranet is being designed and developed to be used as a communications tool for all OMRDD staff, replacing messages, broadcasts and other outdated methods of communication. The OMRDD Intranet will allow designated organizations to publish their own information without intervention by ISS. This new system and process will allow pictures, video and other media to be included, and will function as a model for the redesign of OMRDD's public Internet. A nine-month initiative is being implemented in October 2007 to create and begin operation of this Intranet.

□ Increase the dissemination of information about OMRDD supports and services by collaborating with the medical, educational, social services and human services communities.

OMRDD has used several means to highlight available agency services including: solicitation of positive media attention by sending out press releases and phoning the media to promote quality programs, like the Home of Your Own program, which helps people with developmental disabilities purchase homes and obtain low-interest mortgage rates. OMRDD will also update, redesign and, in some cases, develop new brochures and other literature to assure that our target population is better informed of the services we offer.

To keep service coordination staff and service coordination providers informed about program changes, new programs, best practices, training opportunities and other information relevant to the provision of quality service coordination, OMRDD instituted an MSC Electronic Advisory (E-Visory). OMRDD sends out the E-Visory via its web mail system to over 1,300 MSC Supervisors, DDSO/Executive Directors, MSC Program Managers, the Provider Associations, the SANYS, the Willowbrook Task Force Subcommittee on Service Coordination and other interested parties. The inaugural issue was distributed on December 1, 2005. During 2006, 19 issues were sent out, and to date in 2007, 15 issues have been sent out. OMRDD will continue to distribute the MSC E-Visory on a regular basis.

In addition, OMRDD continues to publish the MSC Technical Bulletin. Thus far 11 issues have been distributed. Recent articles have included information on disaster preparedness, valued outcomes, health issues and benefits and entitlements. The Bulletin can also be viewed on OMRDD's website.

The MSC Vendor Manual, the official compendium of rules and procedures, is also posted on OMRDD's website. OMRDD updates it regularly to provide the most current information to service coordinators, supervisors, program administration, individuals served, their families and advocates. OMRDD is currently revising the vendor manual to include the recent MSC program changes, updated forms, and changes to the billing system.

One of the newer initiatives for MSC has been the implementation of computer technology to assist service coordinators with managing and reducing paperwork. The initial pilot project to introduce laptop computers to service coordinators was expanded to all DDSO service coordinators in 2006. During the next several months, as part of the Real Choice Systems Change Grant initiative, OMRDD will review software packages that will allow service coordinators to electronically complete ISPs, monthly notes and other required documentation. Currently, DDSO service coordination staff can connect to OMRDD's All-in-One and Web Mail via the Internet. We are now developing access for voluntary agency service coordinators as well and encouraging voluntary agencies to provide laptop computers to their service coordinators.

OMRDD implemented a "Toll-Free Information Line" during the summer of 2007: 1-866-946-9733 (voice) or 1-866-933-4889 (TTY). This information resource was designed to help people get answers to questions about supports and services for individuals with developmental disabilities in New York State. The service is available Monday through Friday to either directly provide information, or to link callers to the appropriate personnel for assistance. English- and Spanish- speaking operators are routinely available to assist callers. In addition, people speaking other languages can be linked with a translation service within minutes.

Chapter 10: Community Inclusion and Community Building

- **Increase public involvement and participation in the lives of people with developmental disabilities through citizen advocacy initiatives.**

Last year, the SANYS and OMRDD hosted a statewide Community Participation Retreat. This event was designed to build upon the vision that was developed at a similar event in 2004, the momentum created by local events which occurred in 2007, and the commitment for creating community participation into the future. Each DDSO Director was asked to bring a retreat team composed of a self-advocate, parent or family member, voluntary agency Executive Director and, for the first time, a community guest. Social Capital, a concept that focuses on the value of social networks, was a dominant theme utilized to promote acceptance throughout the community, including school, work, community, and social programs. Participants began the process of exploring opportunities for increased public awareness and involvement in supporting people within their communities through multiple means, such as citizen advocacy, volunteerism, and work. DDSOs were challenged to develop Community Participation work plans for 2007-2008. Additional efforts in building community participation will be supported through the Federal Real Choice, Systems Transformation grant awarded in 2007.

A new faith initiative for community inclusion is just beginning. OMRDD's plan is to ensure support systems for individuals and families who wish to build spiritual relationships through awareness, education, and communication with the faith communities of their choice. The goals are:

- To apply person centered planning strategies to chosen faith inclusion outcomes;
- To create a faith community database accessible by state and voluntary agency staff; and
- To develop support systems that will assist an individual's access to and inclusion within their faith community.

OMRDD has two specific activities underway related to the faith inclusion initiative:

- A survey of OMRDD staff will be conducted to assess awareness of an individual's right for spiritual support, current procedures for support, and current obstacles that hinder support systems.
- OMRDD will begin working with the major faith councils to develop a faith education program to be used statewide for all OMRDD staff and voluntary agencies. The curriculum will address faith beliefs, celebrations and observations to help staff become comfortable with the traditions of different faiths, and enable them to support individuals with disabilities in observance of their personal faith.

□ Continue to consult with self-advocates to build upon the platform of inclusion in communities throughout NYS.

The Community Participation Retreat created some incredible energy throughout the state. Many of the follow up activities conducted show a marked increase in participation of self-advocates in all aspects of our “system”. Each DDSO has developed regional plans, in conjunction with self-advocates, to help our system move forward in achieving the vision of community inclusion and participation across the state. Many DDSOs have also developed subcommittees to ensure the progress achieved in communities is sustained. In all instances self-advocates are active committee members.

SANYS has offered to make presentations to local groups in all areas of the state on how to advance community inclusion and to help ensure the vision of the Community Participation Retreat is realized.

□ Explore best practices and their relationship to risk management with the aim of identifying those that promote individualized services.

OMRDD is committed to promoting the principles of individualization, person centered planning and self determination for all individuals with developmental disabilities. In providing services and supports for individuals who require intensive treatment services, OMRDD strives to maintain this commitment to the greatest extent possible. All OMRDD Intensive Treatment Programs (Centers for Intensive Treatment [CITs], Regional Intensive Treatment Programs [RITs], and Local Intensive Treatment Programs [LITs]) provide fully individualized services for all participants, through treatment planning processes that are centered on the unique needs of the individual as well as his or her hopes, dreams and aspirations. OMRDD encourages families and individuals with developmental disabilities to participate in these processes. In addition, OMRDD encourages individuals who reside in Intensive Treatment Programs to participate in local and statewide self-advocacy groups, and each Intensive Treatment Program involves their local self-advocacy group in the decision making and policy setting functions of the program.

Within the total population of persons with mental retardation or developmental disabilities, there are a small percentage of individuals who have histories of significant involvement in the criminal justice system or serious offending behaviors. OMRDD believes that the best way to manage the potential risks that these individual pose effectively is through a multi-level, individualized system of comprehensive assessment and risk management planning. Using the *11 Elements of Risk Management Planning* as a guide, each DDSO has a local risk management planning process that assures that each high risk individual is provided with an appropriate assessment, that all potential risks are clearly identified, and that specific actions are taken to mitigate the those risks. Local advisory committees and the Statewide Forensic Advisory Committee review the individualized risk management plans. This comprehensive, multi-level, comprehensive process of assessment, planning and review assures that all people receive the individualized services and supports that they need to be successful.

Chapter 11: Work and Employment

□ Create an environment to promote individualization of day services for people who choose these services.

As part of the NYS OPTS process, providers are required to work and consult with individuals, family members or advocates in developing service proposals. As part of the review process for these proposals, OMRDD district offices confirm family and individual participation by contacting a sample of individuals to ask about their involvement. OMRDD staff also look for the provision of individualized services in these proposals. To date, OMRDD has received more than 200 proposals for individualized day habilitation services.

To promote the further development of individualized day and employment services and supports, OMRDD has reconstituted the Day and Employment Services unit within Upstate Regional Office. Active discussions with constituents, their families, provider networks and advocacy groups, business networking, and partner state agencies will inform OMRDD's new focus on these individualized services. The goal is to assist those individuals who wish to work in the community.

□ Build better working relationships with local school districts to assure effective transition planning into employment opportunities.

OMRDD's New York City Regional Office staff met with the New York City Department of Education (NYC DOE) Superintendent of District 75 to address concerns surrounding transition. A strategy was developed which would:

- Ensure identification of all graduates by September of their graduating school year;
- Document eligibility prior to graduation, utilizing current DOE evaluations. A Memorandum of Understanding was developed between the OMRDD NYC Regional Office and NYC DOE; and
- Enable students to register with OMRDD providers and receive Medicaid Service Coordination.

Upstate Regional Office staff are working with VESID Policy and Special Education Staff to ensure successful transitions for young adults aging out of high school. The initial step is to assure that each agency understands what services are available through each system. The following opportunities for understanding the services available for students with developmental disabilities are being developed:

- Direct dissemination of information about OMRDD services to students and families through the local schools. A challenge in this method of outreach is that

confidentiality requirements prevent school districts from informing OMRDD about students who may be eligible for services. If information about OMRDD services is distributed directly by the schools to the students there is no violation of confidentiality.

- OMRDD has already discussed the possibility of including information on its services in the trainings to be conducted for local school districts that participate in the VESID funded Model Transition Grant Programs. These grants may serve up to 12,000 students with disabilities over a three year period.
- VESID supports regional transition coordination sites that work with local school districts' transition staff throughout the state. OMRDD's Upstate Regional Office staff will conduct trainings on OMRDD services and eligibility for the regional transition site staff who work directly with students aging out of high school.

□ Continue to expand employment opportunities, possibly through new service paradigms.

OMRDD's funding for supported employment increased by \$3M in SFY 2007-08 to provide employment opportunities for individuals currently receiving pre-vocational and day habilitation services, and enhance provider fees for the service.

At the end of calendar year 2006 there were a total of 8,442 individuals receiving OMRDD-funded Supported Employment services. This represents an increase of thirty-six individuals above the year before. The reconstitution of the Day and Employment Services Unit at Upstate Regional Office demonstrates OMRDD's recognition that it needs to broaden the availability of employment for people with developmental disabilities. Through consultation with people with developmental disabilities, their families, provider organizations and advocacy groups, OMRDD is actively gathering information about how to accomplish this effectively. In addition, OMRDD will be engaging in discussion with large and small businesses to determine their needs and how they can participate in the expansion of work-related programs.

NYS OPTS data indicates that 79 individuals received services through OPTS supported employment or blended supported employment programs during 2006.

Because this initiative allowed for a blend of what might be considered a traditional day service with a vocational or employment service, individuals who would not be considered eligible for employment service are now able to have access to employment or prevocational services. Over 200 proposals have been submitted for a day service via this proposal process. Of those submitted, 42 were for a blended service of day habilitation and prevocational services; 14 were for a blend of day habilitation, prevocational and supported employment services; ten were for strictly prevocational services; six were for a blend of

prevocational and supported employment services; and four were for strictly supported employment services. The remaining number pertained to regular day habilitation services.

People who are eligible for OMRDD services must initially access supported employment services through VESID. OMRDD funding begins after individuals are considered stabilized in employment. Based on current VESID contract utilization, resources are currently available to serve more OMRDD eligible individuals. Any efforts by OMRDD to increase the number of new opportunities will need to be coordinated with VESID.

Representatives from VESID, OMRDD, OMH, Commission for the Blind and Visually Handicapped (CBVH) have been meeting regularly since December 2006 to update the MOU for supported employment, improve coordination, and enhance services. Discussions have begun regarding the development of an interagency leadership team. A major focus for this group would be to develop strategies for increasing the number of individuals accessing supported employment services.

□ Disseminate employment best practices among agencies.

OMRDD's Upstate Regional Office is meeting with provider associations and voluntary service providers throughout the state to gather information about best practices in employment. The Upstate Regional Office will summarize their findings and disseminate them in a manner that facilitates replication.

□ Explore the expansion of employment opportunities within the public and human service systems for people with developmental disabilities.

The employee internship program enables employers to employ individuals with developmental disabilities and have their salaries paid for by OMRDD for a period of up to 18 months. The internships are paid by OMRDD in an effort to provide expanded employment opportunities that will lead to long-term employment in the private sector, governmental agencies, and nonprofit organizations. In 2006, more than 40 self-advocates and individuals with developmental disabilities were placed in internships through the Employment Training Program Internships. In 2007 OMRDD expects that an additional 100 interns will participate, and by the end of 2007 new internship programs will be operating at Bernard Fineson, Staten Island, Metro NY, and Taconic DDSOs, thereby encompassing all areas of the state.

In 2007, OMRDD will establish a focus group to explore strategies for developing opportunities for employment in the public sectors and in the human services field. The goal is to identify ways to offer training to individuals with developmental disabilities so that employers can come to view people with disabilities as potential reliable employees.

Chapter 12: Family Support Services

- **Continue to support families through the provision of services that are flexible, creative, and innovative.**

The Family Support Services (FSS) program has been a core service of OMRDD since 1984. Services are designed to be flexible to adapt to the ever changing needs of families and their children with developmental disabilities. Allowing flexibility and at the same time ensuring that due diligence is preserved gives the FSS program the ability to grow and supports the needs of families. It has allowed families to keep their loved ones at home and prevented thousands of untimely, unwanted, and costly out-of-home placements.

The FY 2007-08 Executive Budget included \$7.9 million in FSS funding for new services to families primarily in the areas of respite, crisis intervention, services for individuals with complex medical needs or challenging behaviors, and transportation. Without resources to address these critical needs, many families may not be able to continue to support their family members at home.

As a result of feedback from families, advocates and providers, OMRDD implemented a change in the method of requesting at home habilitation, respite, and day habilitation services. OMRDD is now using district-based review councils to determine how resources are allocated. OMRDD's core "people-first" principles will continue to be incorporated in the local review process.

- **Provide services to families that are specific to their needs in maintaining family unity and a high quality of life.**

Most families want to care for their family member with a disability at home; however, these families may experience exceptionally high financial outlays and physical and emotional challenges in supporting the needs of their loved ones. OMRDD recently issued an RFP to solicit proposals to serve individuals who have autism, ASD, and/or behavioral disorders. The purpose is to provide access to family supports either by creating new programs or by enhancing existing programs for these populations.

Over the years, the FSS program has been able to identify, through its local consumer councils, where gaps in services exist. OMRDD has been able to design services to meet these needs when additional funding has been available. OMRDD has focused on the needs of the unserved and underserved populations and plans to expand that focus to include the needs of behaviorally challenged individuals, as well as those who face crisis situations.

□ **Support families to stay together.**

Free Standing Respite allows individuals to go to spend time at a setting away from home for a few hours during the day or for an overnight visit, thereby giving caregivers a much needed break. It is one of several respite alternatives available to families.

Family reimbursement provides families financial support to pay for the costs of goods and services needed to care for their family member with a developmental disability -- costs they would not incur if they were providing care for a family member who was not developmentally disabled. These critical services assist families stay together as a family unit.

The Bureau of Training and Medicaid Standards is currently in the process of developing its fourth DEAL course. The new course, “Navigating the MR/DD System,” will target the parents, guardians and advocates of individuals with developmental disabilities, informing them of the various developmental disabilities services that are available at different stages of life. The course will also benefit new MSCs.

Chapter 13: Quality Assurance and Quality Improvement

- **Utilize the COMPASS programs and the emphasis on excellence as a means of promoting high-quality, person centered supports and services.**

OMRDD's Division of Quality Assurance (DQA) has continued to benefit from what it learns from the Consumerism, Outcome, Management Plan and Agency Self-Survey (COMPASS) programs. COMPASS agencies have provided training to the provider community at DQA provider forums. Topics have included development of employee assistance programs to increase staff retention, use of internal quality assurance/quality improvement programs, and "Choice vs. Risk." COMPASS agencies have provided training to Boards of Directors to both newly established agencies, and for agencies beginning to provide new services. One COMPASS agency recently received an "Agency of the Year" designation from SANYS.

- **Continue efforts to obtain and effectively use customer satisfaction data in assessing quality.**

DQA continues to gather and use satisfaction data in its survey operations and other contacts with individuals and their families. A self-advocate is currently assigned to DQA. This employee meets with self-advocacy groups and attends consumer and provider forums. He is also responsible for maintaining and distributing the "Know-Your-Rights" manual to consumer and advocate groups.

- **Promote a variety of system-wide continuous quality improvement initiatives.**

OMRDD is seeking to instill greater accountability in its service system. To do so, OMRDD is engaging all providers in a quality management approach by establishing performance standards which are clearly defined and measurable. Agencies are expected to analyze these quality indicators and make meaningful improvements based on their own stated goals and outcomes. Additionally in the future, OMRDD plans to make provider performance information available to those who receive services and their families.

In addition, OMRDD is considering becoming a participating state in the National Core Indicators (NCI) project sponsored by the Human Service Research institute (HSRI). The NCI project deploys several survey tools to assess overall system performance. Data are gathered from service recipients, families, providers, service coordinators and other key stakeholder groups. HSRI provides training and supports to the participating states, and helps them analyze their data and compare their performance in critical areas to other states. OMRDD may use NCI results to inform several different quality management efforts, including quality data on provider services, evaluation of new and existing services, and grant activities.

DQA continues to promote quality improvement through training at provider forums. These forums allow DQA management and invited experts to share quality improvement information with the provider community. Recent topics have included services to the aging, incident management and trend analysis, and health care surveillance. DQA managers also meet with consumer and provider groups to discuss topics in quality improvement, and recent trends.

OMRDD has developed a new web-based application for incident reporting called the Incident Reporting Management Application (IRMA). IRMA provides the ability for DDSOs and voluntary agencies to capture information from the OMRDD Incident Reporting forms, as well as follow-up information related to the subsequent investigation and recommendations. IRMA was piloted at Staten Island, Western NY, Taconic and Metro DDSOs. Statewide implementation is underway and expected to be completed by the end of the 2007. Several voluntary agencies and provider associations have received briefings on the system, with the expectation they will begin direct input at a future time. As part of the implementation of the system, data from their existing electronic formats are being developed to match the needs of each district. Finally, ad hoc reporting capabilities are being built and should be available by the end of the calendar year.

OMRDD staff efficiency is being improved through a variety of technology tools. MicroSoft Exchange will be implemented statewide, beginning in late 2007, as a replacement for the messaging component of All-In-1. In preparation for the implementation, ISS conducted a proof-of-concept study to include approximately 3-4% of OMRDD staff, at all levels of the organization, in order to develop an understanding of the technical, business and training requirements needed to implement the system for 22,000 users. The connectivity of laptops and other wireless devices to OMRDD's network has been evaluated, and the system is ready for expansion to additional users. Encryption technology has been deployed on all portable devices, and will be expanded to removable media during the coming year. ISS has evaluated Personal Digital Assistants and has decided upon a preferred device and deployment methodology.

An electronic time-keeping system, called the Time Information Management Electronic System (TIMES), was developed to improve efficiency, timeliness, and accuracy of state employee work records. TIMES provides the ability to record and report exceptions to a pre-defined work schedule, in order to generate payroll earn codes for the Office of the State Comptroller's PayServe system. A Pilot was conducted at Central NY and Western NY DDSOs, as well as at Central Office. In order to provide for better management, accountability and reporting, a new implementation schedule was developed to allow for statewide implementation within 18 months. ISS staff have begun these efforts, utilizing a process that will provide support for implementation of three groups of five districts at a time. The first group is Central NY, Western NY, Valley Ridge, Broome and Bernard Fineson. As implementation is completed at one district, staff will begin their efforts at the next district. Simultaneously, additional functionality, as well as ad hoc reporting capabilities, are being added.

New Goal: Strengthen Quality Assurance/Quality Improvement protocols to insure emphasis on individualized outcomes and quality of life indicators.

OMRDD was awarded a CMS Real Choice Systems Transformation grant effective July, 2007. One of the selected goal areas of this grant related to the Promotion of Quality Assurance and Quality Improvement, and Increased Choice. Participants in the Steering Committee for the development of the strategic plan determined the proactive involvement of self-advocates, families, and direct support professionals in the development and implementation of enhanced quality assessment protocols, based on meaningful indicators related to quality of life, was essential to system improvement. A workgroup is currently being formed.

New Goal: Make understandable information about state and voluntary providers and quality of services/supports available to all interested parties in accessible formats.

Another outcome of the Real Choice Systems Transformation grant is to make quality information about provider services available to individuals with developmental disabilities and their families. Such information would assist families to make informed choices about services and providers. Over the next several years, actions will be taken to make service quality data available in print and through digital technologies.

Chapter 14: Appropriate Service Settings

- **Continue to downsize New York State's general developmental center population gradually as appropriate to the needs of those being served.**

Commissioner Ritter identified as an agency priority a renewed review of all individuals residing in developmental centers to determine their appropriateness for and interest in a community residential setting. In response, each DDSO has developed a comprehensive process which will involve treatment team reviews, determining individual and family preferences, district planning, and monitoring and tracking procedures that will result in a focused statewide initiative to offer supports and community based services for persons who currently reside in developmental centers. OMRDD has provided statewide training to key staff of every district. The goals of this initiative are to reduce the developmental center census and shorten the length of stay for their residents, paying particular attention to the small number of adolescents who reside in developmental centers. Those DDSOs operating Developmental Centers were successful in supporting a significant number of individuals in moving to community-based homes in 2006. It is hoped that even more people will be supported to move to community-based housing in the next few years.

- **New Goal: Transform and expand the Family Care program over the next several years.**

OMRDD is looking at ways to improve Family Care as one of the most highly personalized residential options available to individuals. Areas that will be addressed include: increased respite options, greater supports for the individual and the provider, and “marketing” of the Family Care program to individuals, families, and prospective providers.

Chapter 15: Managing the HCBS Waiver

□ Continue to investigate opportunities for more flexible use of the HCBS Waiver.

OMRDD began piloting a new Home and Community Based Service (HCBS) known as SD/CSS in 2003. The pilot introduced the opportunity for people and families to develop an individualized service plan and budget, and hire and manage their own staff. The SD/CSS Pilot has steadily grown to the point that more than 350 people either receive, or are in the process of requesting approval for, self-determined services.

Through the OPTS initiative, which encouraged innovative service packages to meet the needs of people more effectively, more than 328 proposals were approved. Blended habilitation supports were developed to provide for seamless delivery of multiple types of waiver services.

□ Continue to encourage enrollment in the HCBS Waiver to assure person centered and individualized services are afforded to people with developmental disabilities.

OMRDD continues to successfully use the HCBS waiver and NYS-CARES initiatives to support people and families in need of services. NYS-CARES I and II have provided service opportunities for thousands of people. The 2007-08 agency budget proposes a third phase of NYS-CARES that will continue to encourage people to enter the OMRDD service system early so that they can receive the amount of services they need, when they are most needed.

The SD/CSS pilot has demonstrated that the number of people interested in having more control over their supports and services is steadily increasing. OMRDD intends to build on the success of this model. This will allow many more people, including those who use more traditional services through the HCBS waiver, to benefit from individualized, person centered service options.

□ Improve the quality of waiver services through staff training, self-assessment exercises, and encouragement of innovative service proposals.

Twice each year OMRDD's Training and Medicaid Standards Bureau publishes a catalog containing hundreds of training opportunities for staff, administrators, people with developmental disabilities, and family members. Central Office and DDSO staff train in more than fifty topic areas.

In addition, OMRDD encourages voluntary provider agencies to self-assess their services through DQA's COMPASS program, which provides incentives for provider agencies to

institute internal quality control programs that meet or exceed the state regulatory requirements.

Finally, as noted above, the OPTS initiative encouraged providers to work closely with local families to create service designs that meet their unique needs. This concept will continue to play a role in any new approach to services that OMRDD implements.

□ Support self-directed service models that can be implemented through the HCBS Waiver

OMRDD continues to work with SANYS and self-advocates from across the state to understand the service options they seek. Staff have also met with self-advocates and provider agencies to understand how present services could be improved to promote agency-based, self directed approaches. New approaches under consideration would allow voluntary agencies to support individuals to choose supports and services that are meaningful and to exercise more control over their supports, services, and budgets, while receiving support from agencies for staffing and other administrative functions.

Since its inception in 2003, CSS has blossomed into a comprehensive methodology that can allow people with developmental disabilities to have maximum control over their lives, while still meeting the rigorous requirements associated with managing public funds. In 2008, OMRDD will pilot a new variant of CSS, “Agency-With-Choice.” Agency-With-Choice will build on the groundwork of CSS by offering people similar opportunities to develop and manage their services, but allow a provider agency to assist with regulatory and administrative requirements.

Chapter 16: Improving the Process of Housing Development

□ **Work with control agencies and other state agencies to refine administrative processes to enable property acquisition in active real estate markets in a timely and effective manner.**

OMRDD has taken many steps towards improving the procedures for property acquisition, especially as it relates to provider purchases for certified housing. Actions taken this past year include the following:

- Pursuant to an October 2005 agreement with the DoB, OMRDD made index-based adjustments to the Capital Review Thresholds on April 1, 2006 and April 1, 2007. The updated thresholds allow approval of more projects through a streamlined review process, particularly for residential acquisition projects that are most critical to individuals and families.
- On January 1, 2007, OMRDD formally rolled out a new “Build to Suit” procedure to enable provider agencies to compete on a more level playing field for commercial leased properties where owners and developers are willing to build or modify properties to suit tenant needs.
- OMRDD staff is currently analyzing real estate market data to develop a proposal for DoB approval to increase the residential acquisition threshold values for certain downstate counties with very active real estate markets. This proposal is expected to be submitted during 2007.
- OMRDD is engaged in ongoing discussions with provider agencies and associations to explore more streamlined approaches to residential property acquisition that are within existing regulation, policy or practice.
- Consistent with OMRDD’s understandings with DoB, OMRDD has refined its procedures for property approval, including completing early appraisals or rent studies.

In addition, OMRDD and the Dormitory Authority of the State of New York (DASNY) have implemented a new approach to acquiring properties for State-operated group homes in New York City. The following is a summary of the “CitiSearch” program.

The CitiSearch initiative was devised as a means of addressing the many obstacles which OMRDD’s New York City DDSOs face in attempting to locate and purchase homes/vacant land for development of new State-Operated Individual Residential Alternatives (SOIRAs). Burgeoning real estate values have hampered OMRDD efforts to secure viable properties for State development. More often than not in the past, by the time appraisals and a feasibility study were completed for a particular property, it was already sold to another party. There has been a significant bump in anticipated community development in the NYC region for

the next several years, and OMRDD management wants improvement in the timeframes for delivery of completed SOIRAs. OMRDD and DASNY have reviewed the entire acquisition process, with an eye towards reducing the timeframes to a more reasonable standard. In the process of looking at internal procedures and review timeframes, appropriate DDSO staff will bear greater responsibility for property selection and eventual development.

The Dormitory Authority has contracted with a NYC-based real estate firm (Weichert Realtors – Peters Associates) to assist the DDSOs in both finding and acquiring properties for development as SOIRAs. OMRDD is hopeful that by concentrating such a great level of attention to this exercise, we will be more successful than in the past in acquiring viable properties in NYC.

□ Continue the development of residential opportunities for smaller groups of people.

As part of the NYS OPTS initiative, OMRDD has encouraged the downsizing of traditional group residences so that individuals who so desire could have their own room. Also, as the population with developmental disability ages and their physical functioning decreases, their needs for adaptive equipment increase and homes with fewer individuals living together become essential to maintaining quality services. Through this pilot, OMRDD received more than 100 proposals requesting the downsizing of a residence to meet these needs. As of April 2007, OMRDD had approved more than half of these proposals.

OMRDD will also be considering reinvestment in needed and cost-effective community service options. Residential reconfigurations may help individuals to reach their potential. As individuals reach their potential, the service system must be able to react to their needs for more independence and control over their lives. Incentives may be able to be offered, if savings from such reconfigurations can be achieved.

□ Continue to promote individual preferences by offering a variety of housing options.

OMRDD's Family Care program offers individualized supports in a home setting, and provides the opportunity for stable relationships and personal growth. The Commissioner has asked key stakeholders in each DDSO to partner with her Family Care Advisory Committee in developing recommendations that will revitalize family care and result in making this highly individualized option available to more people who seek a personalized home setting. The Commissioner has set a goal to create more options for individually tailored supports, and family care is one of many person centered opportunities to be explored over the next year.

In June 2006, OMRDD entered into a formal Memorandum of Understanding with the United States Department of Agriculture (USDA) Rural Development to act as "packagers"

of its low-interest mortgage and other homeownership products. These products are available to income-qualified residents of designated rural areas and include long-term fixed-rate mortgage financing at one percent interest. Individuals, families, direct support professionals, MSCs, and other employees benefit from this product. A Statewide series of regional outreach and training sessions with USDA will be completed shortly.

OMRDD continues its work under its Housing Counseling Agency certified by the Federal Department of Housing and Urban Development (HUD), reaching out to and training individuals and families with intellectual and other developmental disabilities (ID/DD). A recent HUD audit of this first-in-the-nation State-operated program targeted at individuals with ID/DD found no deficiencies.

OMRDD has implemented an Outreach Strategy to Multicultural Communities under the auspices of the HUD-Certified Housing Counseling Agency. Employing the services of a consultant with many years of experience with OMRDD and multicultural communities, this strategy builds on the successes of OMRDD's previous multicultural outreach initiatives in areas outside of housing.

OMRDD has received a five-year grant from the Centers for Medicare and Medicaid Services (CMS) in the Systems Transformation category. One of the grant's three goal/objective areas is Affordable and Accessible Housing with Supports for persons with ID/DD. OMRDD will build on its existing strengths and capacities, including its partnerships with non-OMRDD entities and its multicultural and language-appropriate outreach strategy to build a seamless system that supports individuals' desires and needs in person-controlled housing with supports.

OMRDD has partnered with the DOH and the State Division of Housing and Community Renewal (DHCR) in joining the Money Follows the Person (MFP) Demonstration Housing Task Force. DOH was awarded an MFP Demonstration grant from CMS that will enable persons with disabilities to leave nursing homes for home and community-based services, including some 140 persons with ID/DD, all of whom will need access to affordable and appropriate housing to accomplish the MFP goals.

Over the past year, OMRDD has developed a comprehensive database of persons who have completed the Unit's Homeownership and Housing Counseling programs, to enable follow-up and continuous improvement of its efforts in these areas.

During 2006-07, OMRDD wrapped up a project, partly funded by the DDPC to develop training curricula for financial education and home repair and maintenance, for people with developmental disabilities, their families and direct support professionals.

□ Educate families and individuals about the range of available housing opportunities throughout the OMRDD system.

Housing is the ultimate expression of choice and is essential to true integration, independence and self-direction. More fundamentally, housing is a basic human need. For some individuals and families, traditional certified residential programs are the housing option of choice. In these cases, OMRDD and the provider community have strengthened relationships with lending institutions, developed partnerships with other government entities and explored an array of financing options for residential programs as a way of supporting individuals and families' residential choices. OMRDD has used the strength, commitment and equity of its community system to increase the comfort level of private lending institutions in dealing with OMRDD providers and services, and has identified innovative financing strategies from municipal bond, commercial lending and venture capital markets.

For other individuals and families, non-traditional/non-certified residential programs are the housing option of choice. Today, homeownership is one of the most prevalent housing options sought. In cases where homeownership is requested, OMRDD created an office specifically to address the issues, joined the National Home of Your Own Alliance and formed a statewide committee of parents and other family members, individuals with developmental disabilities, advocates, nonprofit agencies and state personnel to look at and for funding and provide education and innovative supports for prospective homeowners with developmental disabilities. The Office of Housing Initiatives at OMRDD accepts initial applications, confirms eligibility, conducts 1st Time Home Buyers' training for potential borrowers, partners with state and federal agencies, nonprofit housing agencies and municipalities and provides other necessary technical assistance under its HUD-approved certification as a Housing Counseling Agency. The office refers applicants to the M&T Mortgage Corporation with eleven participating branches and regional representatives statewide and to other financial institutions.

OMRDD formed a partnership with the State of New York Mortgage Agency (SONYMA) to develop a mortgage product for individuals with developmental disabilities. The new product provided a commitment of \$1,000,000 in the first year, and every year since, at a 4% fixed interest rate for 30 years, with no down payment and reduced closing costs. As a result, an increasing number of individuals with developmental disabilities who rely on Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) are now able to afford a mortgage and achieve the American dream of homeownership. Subsequently, SONYMA expanded its commitment to include individuals with mental illness and agreed to pay up to \$3,000 in closing cost assistance.

OMRDD realized that individuals with developmental disabilities and families needed funds to make the purchase of a home affordable. As such, OMRDD applied for and received (through the Research Foundation of Mental Hygiene), Inc. (RFMH), a HOME grant from DHCR to assist 14 individuals with developmental disabilities, and families who have a child with a developmental disability to become homeowners. After assisting 14 individuals,

OMRDD, through the RFMH, applied for a second HOME grant to assist 20 more individuals with developmental disabilities and families.

Simultaneously, OMRDD launched an aggressive statewide education and training agenda on homeownership for individuals with developmental disabilities and on the HOYO Program and included policy makers, community organizations, provider agencies, families, advocates, and individuals with developmental disabilities. In the process, OMRDD confirmed and learned about barriers to homeownership that were encountered by individuals with developmental disabilities.

One of the greatest obstacles to owning a home is the relatively low income status of individuals with developmental disabilities who rely almost exclusively on SSI or SSDI. In addition, individuals with developmental disabilities are often dependent upon government-funded benefit programs, which limit the ability to save for down payment, security deposit, furnishings, ongoing maintenance and emergencies. Such individuals also generally have minimal knowledge about the world of housing outside of congregate living settings and often lack the background in financial literacy that is required for independent living in the community. In addition, OMRDD and Medicaid-funded service systems are not structured to coordinate long-term supports with affordable and accessible housing controlled by the individual or his/her family.

Another significant barrier is attitudinal in nature. Although change has occurred in recent decades, the housing world – property owners and managers, developers, real estate agents/brokers and others – generally think of individuals with developmental disabilities as residing in institutions and group homes and not living independently in the community. The disability world – nonprofit providers, service coordinators, policy makers, and administrators and other state and federal personal – also did not, and still do in some instances, believe that individuals with developmental disabilities could become homeowners and live independently in their community of choice.

These barriers, including others, became the foundation for the expansion of the HOYO program to include the following initiatives/activities:

- A Housing Issues Policy Group to initiate a continuous dialogue among key stakeholders in the disability community and housing industry to address the housing market's lack of affordable and accessible housing for individuals with developmental disabilities, families and other income-eligible groups, especially in high cost communities such as New York City, Long Island and Westchester.
- A Memorandum of Understanding with the United States Department of Agriculture (USDA) Rural Development Section 502 Direct Loan Program to provide a mortgage product to individuals who live in or desire to live in rural New York. OMRDD's Office of Housing Initiatives serves as Packagers for the Direct Loan Program.

- Approval as a HUD-Certified Housing Counseling Agency to conduct 1st Time Home Buyer training to individuals with developmental disabilities, families, OMRDD personnel and other groups and organizations. This program includes a curriculum that was developed exclusively for individuals with developmental disabilities and includes credit counseling, credit repair, financial education, home repair and home maintenance.
- Expansion of the SONYMA Mortgage Program from a 4% fixed interest rate for 30 years to a 4% fixed interest rate for 40 years. Individuals will have the option to participate in the mortgage program for 30 **or** 40 years.
- Expansion of the SONYMA Mortgage Program to include parent(s) or legal guardian(s) who are, or will be, residing with an individual with mental retardation and/or a developmental disability.
- A proposal to expand the SONYMA Mortgage Program to include direct care staff as participants in the 4% fixed interest mortgage product for 40 years. OMRDD will assist direct care staff in selected areas of the state to become homeowners and achieve the American dream as is possible for all other citizens. In order to do this, OMRDD reached out to SONYMA to request approval of a pilot 1st Time Home Buyer Program for direct care workers. Other financial institutions also have been approached and expressed interest in this program.
- A program to train individuals with developmental disabilities to become HUD-Certified Housing Counselors and provide 1st Time Home Buyer training to their peers and others statewide. This program will partner with NYCONNECTS One Stop Access Program conducted by the Office for the Aging and the DOH.
- The establishment of the Michael F. Gibson Housing Internship Chair to commemorate the work done by the former as an intern in the Office of Housing Initiatives and also to develop a cadre of housing interns to assist with conducting homebuyer education training and providing technical assistance statewide.
- The development of a 2008 Symposium on Affordable and Accessible Housing Opportunities for Individuals with Intellectual and Developmental Disabilities as an off shoot of OMRDD's Annual Fall Housing Conference.
- Participation on State and Federal Housing Projects such as the MISCC, Real Choice Systems Transformation Grant, Money Follows the Person Grant and HomeFree USA.

Chapter 17: Improving Health Care Practices

- **Continue to improve clinic services so that people have access to the services they need through a coordinated and efficient system of care.**

OMRDD continues to conduct various education and training, oversight, and regulatory activities related to Article 16 clinic programs. Staff provided training to Article 16 clinic providers in autumn 2006 that detailed 14NYCRR Part 679 program requirements, as well as acceptable billing practices and the content of fiscal audit protocols. Staff also regularly responded, by telephone and email, to questions from providers and clinic staff about all aspects of clinic operations. In addition, OMRDD staff collaborated to identify program and billing issues related to Article 16 clinic operations and to monitor the level of services being provided by Article 16 clinics. These activities resulted in both fiscal and program audits of various aspects of clinic operations.

A major initiative has been to convert joint partner Article 16 clinics (in which OMRDD holds the operating certificate but a voluntary nonprofit agency provides services) into either independent “free-standing” clinics or to incorporate clinical services into day or residential program rates. Of the 26 joint partner clinics in operation at the beginning of 2005, fewer than 10 clinics remain to be converted at the beginning of 2007. OMRDD staff coordinated this restructuring with the DDSOs and voluntary agency joint partner clinic operators to insure that all individuals affected by the conversion effort were identified and will continue to receive appropriate services after the conversion effort is completed.

OMRDD is also working with the Island Peer Review Organization (IPRO) to review specific therapy services provided by particular clinicians to determine whether services have been individualized to the person and continue to be appropriate.

OMRDD continues to work with the DOH on issues related to Article 28 clinics that serve substantial numbers of persons with developmental disabilities with the goal of developing a joint DOH/OMRDD certification process. OMRDD and DOH staffs also have collaborated on responses to proposed federal laws and regulations that may have a negative impact on the operation of both Article 16 and Article 28 clinics serving people with developmental disabilities.

- **Explore new models for delivering and coordinating necessary long-term clinical supports.**

OMRDD will continue to collaborate with the DOH, New York State’s single state Medicaid agency, on issues related to long-term clinical supports for persons with developmental disabilities. Discussions will continue with DOH staff about the feasibility of creating a system of joint OMRDD/DOH licensure for those clinics licensed under Article 28 of Public Health law that provide a substantial number of long-term therapy services to persons with

developmental disabilities. Staff will also collaborate on issues related to specific Article 28 clinics.

On a broader scale, OMRDD will continue to participate in and offer recommendations to DOH staff examining the possibility of applying for a federal waiver to restructure New York State's long term care system. OMRDD staff took part in 2006 regional stakeholder meetings held to gather information about issues and problems affecting current long term care service delivery. Staff also participated in a telephone conference call of a Consumer Concerns committee, one of several committees established to discuss issues and share information. In June 2007, staff participated in a DOH Symposium on long term care restructuring. OMRDD will continue to take part in future discussions related to long term care restructuring.

OMRDD is also exploring possible uses of telemedicine technologies.

□ Explore new technology and best practices in nursing to maximize the effectiveness of OMRDD's nursing resources.

Broome DDSO undertook a pilot project to increase the efficiency of nursing personnel. Laptop computers were distributed to community nurses who have multiple work location responsibilities to assist them with routine documentation, medical tracking, e-mail, and to provide internet access. The results of the pilot have been overwhelmingly positive. OMRDD plans to expand the pilot to additional DDSO districts.

□ Explore new initiatives aimed at promoting wellness and disease prevention.

Nursing and nutrition staff at DDSOs statewide assume a leadership role in promoting wellness and disease prevention for people with developmental disabilities. In addition, OMRDD encourages service coordinators to promote fitness and wellness activities when discussing valued outcomes with individuals and their support staff.

OMRDD staff also collaborate with other state agencies to advocate for the needs of people who have special health needs. Currently health services staff are meeting with representatives from the NYS DOH's Disability and Health Program Workgroup on Health Promotion and Wellness for Persons with Mobility Impairments.

It is challenging to find appropriate wellness and disease prevention activities and information for people with developmental disabilities. Many programs must be adapted to meet the needs of individuals. OMRDD strives to use resources available to create appropriate curricula and programs. Examples of recent health and wellness programs that OMRDD has implemented around the state include:

- Implementation of the Healthy Choices nutrition program in Central NY DDSO.

- Development of a yoga program for people with developmental disabilities through the College for Living at Onondaga Community College.
- Implementation of a “quit smoking” initiative at the Valley Ridge program, which included a presentation by the Pfizer company about pharmaceuticals and a visual media display on the benefits of quitting smoking.
- Initiation of several wellness promotion campaigns at the Long Island DDSO, including smoking cessation, weight loss, diabetes prevention, and exercise.

□ Promote the Dental Task Force and explore the possibility of extending this model to other areas of health care.

OMRDD continues to sponsor the Dental Task Force whose work has become nationally recognized. The April 2006 issue of the New York State Dental Journal was dedicated to special needs dentistry. The Journal included a history of OMRDD’s activities and several chapters written by Task Force members. The work of the Task Force is also highlighted on the OMRDD web site. Most recently, OMRDD completed a registry of dentists who serve people with developmental disabilities. In addition, OMRDD has implemented training programs using a statewide video-conferencing network, and in the near future, a statewide video-conference training on the use of oral sedation techniques for people with special needs will be held. Finally, OMRDD is soon to prepare “Medical Immobilization and Protective Stabilization Guidelines”.

Conclusion

In the final analysis, plans should be judged by the clarity of direction they articulate, the motivation they imbue, and the activities they stimulate. This first year *Update to the Five Year Comprehensive Plan: 2006-2010* reflects OMRDD's ongoing commitment to the mission, vision, values, and goals set forth in that Plan. It has attempted to demonstrate that commitment by showing how it has translated into actions and accomplishments. It catalogs activities in a broad cross section of OMRDD's many services, programs, and administrative functions. Progress on many goals has been substantial, while others as expected will require additional years of work to bear their final fruit.

This update is a transitional document, coming at a time when a new governor leads the State, a new leadership team has taken the reins at OMRDD, and policies, practices, and programs are being reevaluated at all levels. Under these circumstances, change is inevitable, even desirable; organizations that ossify cannot survive in a changing world. New imperatives emerge, new strategies are tested, new standards of excellence are adopted, and new ways to deploy resources are imagined. Progress requires change.

But OMRDD remains cognizant that not all changes are automatic improvements, and some things work well as they are. It is the challenge of leadership to identify where strategic and operational changes are most needed and will do the most good. Both financial and human resources can and should be deployed to make improvements in these areas, to revise our designs, reform our procedures, and reinvest our money.

OMRDD needs to become both more efficient and more accountable. It must get better at defining programmatic success at the level of the "individual," and learn how to measure that success in terms of improvement in overall "quality of life" as judged by typical people. These are difficult things to measure, but we must get better at it if we are to grade ourselves and reward real success. Efficiency is related to performance measurement as well, because efficiency is defined as greater output from a given investment, and therefore one must be able to compare objective indices of progress against investment to assess increases in efficiency. In short, performance measurement for accountability will be a greater part of OMRDD's new approach to quality management.

In the end, however, we must never lose track of what OMRDD's core mission is, and we must assess our productivity and success against this unassailable metric: OMRDD's mission is to help people with developmental disabilities and their families, one person at a time, achieve optimal health, reach their potential, and participate as fully as possible in the joys of family, friendship, work, and community. These outcomes are challenging to attain and hard to measure, but they are what OMRDD and all of us should be about.