NYS Office of Mental Retardation & Developmental Disabilities

Putting People First

Office of
Mental Retardation and
Developmental Disabilities

Interim Report

We help people with developmental disabilities live richer lives.

Statewide Comprehensive Plan 2008-2012

New York State
David A. Paterson
Governor

**Office of
Mental Retardation
and Developmental Disabilities**
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Commissioner

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Chapter 1: Background and Context

The Office of Mental Retardation and Developmental Disabilities (OMRDD) issued the Statewide Comprehensive Plan for 2008-2012 (http://www.omr.state.ny.us/507plan/images/hp_507plan_fiveyearplan.pdf) on October 1, 2008. This Statewide Plan set forth a renewed commitment to a "Putting People First" philosophy, not only in how individuals with developmental disabilities are supported to achieve "lives of distinction," but in the recognition and support of the workforce, the backbone of the OMRDD service delivery system. This Interim Report, as required by MHL §5.07, documents OMRDD's actions in implementing its strategic imperatives, and reflects how the proposed OMRDD budget supports the agency Plan while meeting the State's budget needs in these fiscally challenging times.

OMRDD's recommended budget for the coming fiscal year is relatively flat; a net decrease of $9.3 million and our workforce remains relatively flat with a net decrease of 53 positions. OMRDD has responded to Governor's Paterson's expectations:

- for tightening our belts
- for sharing in the sacrifices that are necessary to move our State out of this fiscal stress
- for targeting scarce resources to our core mission
- for spending what we have smarter, and,
- for having the courage to lead and change with the changing environment

The mission of OMRDD is to "help individuals with developmental disabilities live richer lives." A year after the implementation of OMRDD's new "Putting People First" philosophy, people with developmental disabilities **are** achieving greater self-direction and **are** experiencing greater opportunities in their lives through varied supports and services. Yet much more must be done.

OMRDD will continue to strive to support people to have greater choice and control in their lives while ensuring its stewardship of the public's trust and precious resources. The challenge now faced is to go forward in a way that contributes to the shared sacrifice required in the state's current fiscal crisis while still fulfilling goals to deliver high quality supports and services that offer greater choice and self-direction for people who have developmental disabilities, and which are more sustainable in this financial environment. Management assessment strongly suggests that through changes to OMRDD's financial platforms, administrative infrastructure, and business practices, supports and services can offer both equity of access and a better match between what people with developmental disabilities and their families need and desire to live the lives of distinction they deserve.

OMRDD believes that lives of distinction for people who have developmental disabilities are achievable when they have plans, supports, and services that are person-centered, individualized, and as self-directed as they choose, and are focused on four basic personal outcomes: living in a home of their choice; working or engaging in activities that contribute to their community and personal growth; having meaningful relationships; and having good health.

The foundations for the pursuit of these outcomes are OMRDD's guiding principles. Over-riding all others is the principle of "Putting People First." People who have developmental disabilities and the families who support and love them are at the heart of everything OMRDD does, and this person-first ethic is embodied in the way we express ourselves and conduct our business. Other guiding principles include:

- **Maximization of opportunities** for people to access the supports and services they want and need.
- **Promotion and reward of excellence** to encourage quality and incentivize excellence to improve outcomes.
- **Provision of equity of access** so access to supports is fair and equitable.

- **Nurturing of partnerships and collaborations** to meet the diverse needs of people and ensure they have meaningful roles in society.
- **Shared accountability and responsibility** by all stakeholders, including individuals with disabilities, their families, and the public and private sector. Creating a system of supports that honors the individual's right to be responsible for their own life and accountable for their own decisions is of paramount importance.

On January 7, 2009, in his State of the State message, Governor Paterson outlined the three pillars of his vision for a brighter New York:

- First, balance the budget;
- Second, strengthen the health care system, improve schools, create jobs, rebuild infrastructure, clean up the environment, and begin a clean energy revolution; and
- Third, even in these difficult times, make sure that we respect each other, serve one another and protect one another.

The Governor's goals for the State are clearly represented by OMRDD's priorities and values. A home, having good health, finding meaningful employment, and developing relationships are the four person-centered outcomes that form OMRDD's vision for individuals with developmental disabilities. Although the economic news is grim, the Governor has chosen to seize the budget crisis as an opportunity to continue to transform thinking and practices rather than to let it paralyze the momentum of strategic initiatives. OMRDD is also revisiting the fundamentals of how services are delivered, with an eye to ensuring that they are both effective and efficient. All stakeholders, including people with developmental disabilities, families, parents, providers, sister State agencies and the various councils must join OMRDD in this intensive effort. Two basic ground rules for solutions coming out of this collaborative effort are provided: the mission to support "People First" and fiscal sustainability.

Although we will work to keep service disruptions in existing services to a minimum in implementing this budget as proposed, this can't be achieved without hard work and hard decisions, without identifying and focusing on priorities, nor without working closely and transparently with our constituents and not-for-profit agencies. It can not be implemented without achieving aggressive targets for cost-savings and it can not be implemented without changing and improving how we do our business and meeting needs in new, creative and efficient ways.

The following Chapters show how OMRDD has progressed towards accomplishing its goals and how the proposed budget supports the continued movement toward accomplishing these outcomes. The reader is invited to revisit the OMRDD Strategic Framework for a brief overview of these goals at:

http://www.omr.state.ny.us/507plan/images/hp_507plan_strategicframework.pdf,

and OMRDD's written testimony for the Senate Finance and Ways and Means Committees' Joint Legislative Hearings on January 29, 2009 at:

http://www.omr.state.ny.us/images/hp_budget_2009_exrecommendation.pdf

for more specific information on Executive Budget recommendations.

Chapter 2: Progress Report

Choice of Home Outcomes

The following progress reports relate to supporting people to live in the home of their choice.

Outcome: OMRDD will support individuals with developmental disabilities to live at-home with their families when this is the preferred choice of the person and his or her family.

Additional funding has been added to Family Support Services (FSS) over the past years to meet the ongoing need for crisis intervention, respite and services for people, including those with autism and Autism Spectrum Disorders (ASD). Most recently, funding has been identified which will serve over 4,300 individuals and families through FSS as part of the Governor's proposed budget.

Funding through NYS-CARES III will support 2,500 new at-home residential opportunities over the five year period covered by OMRDD's 2008-20012 Comprehensive Plan, with new opportunities being offered through a decentralized, streamlined process. A strong emphasis on this service will help maintain natural family structures and avoid or delay undesired out-of-home placement.

A major expansion of redefined at-home residential habilitation services kicked off on February 1, 2009 and is one of the keys to OMRDD's planned transition to more community-based, person-centered services. Desired outcomes of this transition include providing individuals with more flexibility and control over their services (including the ability for individuals to hire staff independently), the expansion of the number of providers that offer this service, the rationalization of the payment structure, and the equity of payment between providers.

The expansion of HCBS Waiver Respite, as part of NYS-CARES III, will support OMRDD's effort to meet the growing demand for respite by continuing to convert FSS Respite to waiver respite. It is anticipated an additional 1,600 individuals with developmental disabilities will be served over a five year period.

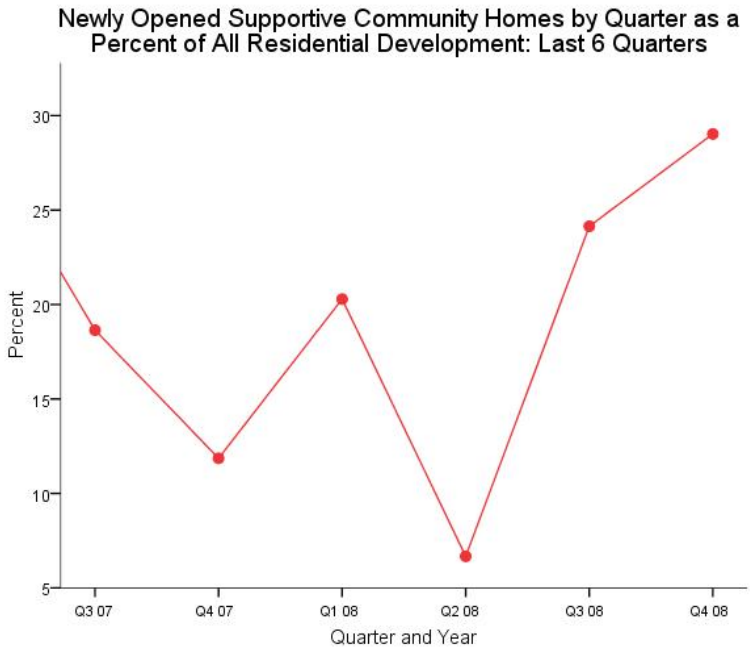
Outcome: Expand residential and day opportunities over the next five years through NYS-CARES III.

As part of the NYS-CARES III initiative, new residential and day opportunities were funded. Late in 2008, OMRDD took pause in its normal development process for residential and day supports and services to update its entire inventory of projects, assess their status, and determine which ones may be able to move forward in this time of limited resources. OMRDD has prudently begun advancing projects involving the development of certified and non-certified settings (residential and day). Decisions are guided by specific criteria developed in partnership with our provider community and discussed with other stakeholders. This decision-making process recognizes the complex and competing demands of various portions of the population OMRDD supports, the need to prepare for new and changing demands (such as youth graduating from school and elderly individuals with changing support needs), and the need to maintain the stability of the provider community even as OMRDD promotes change in our service approaches.

OMRDD is finalizing its fiscal analysis to determine what funding remains available to support outstanding proposed projects. It is clear though that OMRDD will not have enough resources to support all of the projects that were in various phases of multiyear development. OMRDD will complete its next phase of analysis in February and begin to communicate decisions to those affected as soon as possible. This analysis will not only ensure that OMRDD is effectively directing resources already within its service system, but will also allow it to make prudent decisions about allocating the number of limited new opportunities funded through NYS-CARES III. Opportunities funded through NYS-CARES III

include 530 new residential opportunities for individuals seeking out-of-home residential supports and services and an additional 500 new in-home residential opportunities that can support people who live with others, as well as those who wish to live on their own. As has been the case in recent years, these numbers do not completely fulfill the needs expressed by families and individuals.

Furthermore, OMRDD is committed to expanding the choices of living arrangements available to people with developmental disabilities to include more opportunities for independent living in non-certified homes and apartments, with less-than-24-hour staffing (referred to as supported living). Analyses indicate that a segment of people and families currently seeking residential supports, and even some presently served in 24/7 supervised settings, are capable of and would prefer supported living. Expanding access to these less intensive residential arrangements will not only provide the individualized living people are requesting, but will prove cost-effective as well, allowing residential funding to be available to more individuals. As the accompanying graph indicates, the last two quarters demonstrate OMRDD's projected upward trajectory in the proportion of newly developed supported homes.



Access to community-based housing is a need across many disability populations. OMRDD has partnered with the Division of Housing and Community Renewal (DHCR) and the Department of Health (DOH) to sponsor an initiative called NYHousingSearch.gov. The search was launched in November, 2008. It provides a way in which to search for accessible, affordable housing options across the State of New York and gives landlords, developers and site managers a free mechanism to list their housing units. The site also provides information and tools to calculate affordability, moving costs, budgets and other related issues. As of today, more than 42,000 units are listed on the site and more than 11,000 searches have been conducted. OMRDD is in the process of coordinating regional video conferences to introduce the search option and provide train-the-trainer opportunities to people with developmental disabilities and their families. NYHousingSearch.gov is one of the initiatives that meets the requirements of OMRDD's CMS Real Choice Systems Transformation Grant and will be reported to the federal government as "One Stop Access to Housing with Supports."

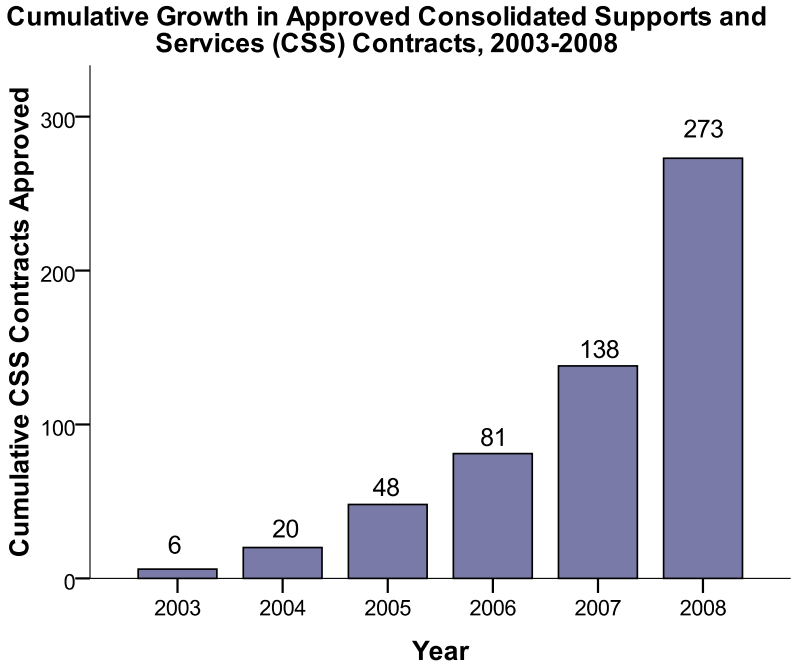
This resource will be of great assistance to people with developmental disabilities who want to live independently, and families, in finding affordable housing in their communities of choice.

Outcome: Expand the opportunity for people with developmental disabilities and their families to direct their own services and supports.

The accompanying table demonstrates that OMRDD is experiencing rapid growth in self-directed supports and services. Self-direction is a key concept in OMRDD's efforts to create a more sustainable service system that is responsive to people's expressed needs. In the last quarter of 2008, 25 people were approved to self-direct their supports and services through the HCBS waiver service called Consolidated Supports and Services (CSS). At the completion of 2008, 273 individuals were participating in CSS. In addition, nineteen new Start-up Broker contracts had been released.

A self-directed option has been added to OMRDD redesigned At-Home Residential Habilitation service. Other self-directed options are being considered as part of revisions to the Medicaid Home and Community Based Services (HCBS) Waiver.

Recently, a new method for exploring self-direction options was made available through the development of a CSS link on the OMRDD website. Families and interested parties can access essential CSS program information through this source. A brochure is available which outlines a step-by-step process for applying for this self-direction model. In addition, a Broker Consortium was initiated in the New York City area that provides information and training to providers.



Outcome: Revitalize and promote Family Care as a viable residential option for people who want to live as part of a family environment.

As part of the 2009-10 Governor's budget proposal, OMRDD is proposing to change the Family Care program to encourage additional provider applications from families and diverse communities across the state. It is expected these structural changes, if adopted, would result in more opportunities for individuals from varying ethnic, economic, and

geographic communities. This initiative will provide people with greater choice of sustainable living arrangements in chosen communities.

Outcome: Provide for the needs of children safely and in the least restrictive, most integrated setting.

According to the New York State Education Department (SED) and Office of Children and Family Services' (OCFS) reports, the total number of children residing in out of state schools was reduced from 723 in 2007 to 654 in 2008. The number of Children's Residential Program (CRP) opportunities in New York State remained constant during 2008. However, it is anticipated that ten additional CRP opportunities will become available early in 2009. Another 233 opportunities are planned for development statewide, with 138 supported in OMRDD's proposed 2009-2010 budget.

Outcome: Individuals with developmental disabilities will not be admitted to nursing facilities unless no other option is available, and individuals living in nursing homes will be enabled to return to a more integrated and appropriate community residential setting of their choice.

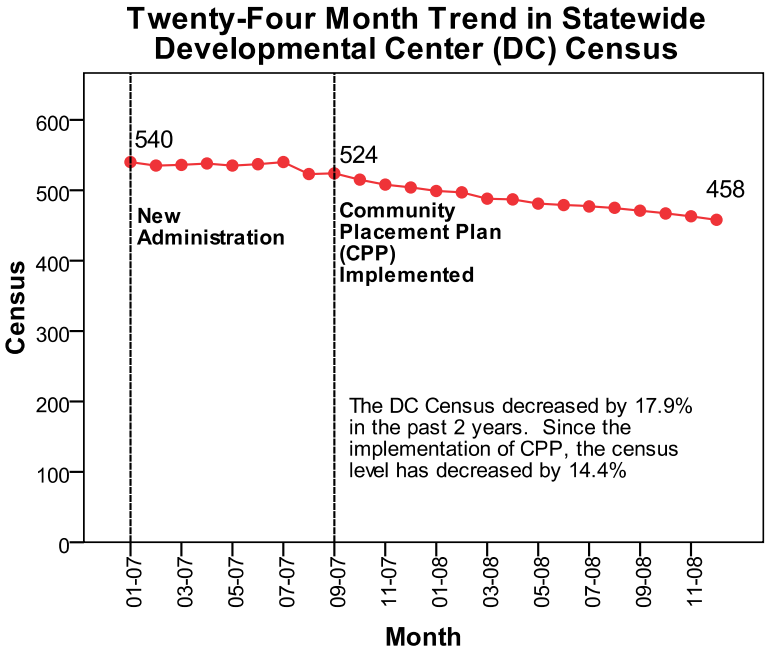
Nursing home placements and diversion activities are monitored on a regular basis. Diversion reports are received on a quarterly basis from Developmental Disabilities Services Office (DDSO) Pre-Admission Screening and Resident Review (PASRR) Coordinators. Planning has begun to update the PASRR manual and provide OMRDD-based training to DDSO PASRR Coordinators during 2009. This training will further support the diversion of individuals from inappropriate nursing facility placement. In early February, the OMRDD Task Force on Aging completed its deliberations and submitted recommendations for the Commissioner's consideration and action. A committee has been working specifically on nursing home diversion and discharge and their recommendations will shape OMRDD's ongoing response to people with developmental disabilities in nursing facilities.

Outcome: Prepare more people living in Developmental Centers and special population units for community living.

OMRDD continued to implement the Community Placement Process (CPP) in order to support individuals currently living in institutional settings to transition to community residential opportunities. Review of the data since October 1, 2008 reveals an overall decrease in Developmental Center (DC) census from 471 to 458 individuals. The overall census for individuals living in specialized units has also decreased.

Efforts continue to downsize and close Developmental Centers. Specifically, individuals residing in the Western NY Developmental Center (DC) are prioritized for transition to community living. Census has decreased in the past quarter and, as of December 31, 2008, only 54 individuals remained on the Developmental Center campus.

The current Consaul Road Program at the Capital District DDSO is starting to transition to an intensive treatment and stabilization program for adults with Autism Spectrum Disorders (ASD). Individuals who currently reside there and who are not in crisis and can live in the community with proper support, are starting to transition to community residences. A plan for the project that details options for capital renovation to support the program change has been prepared and is under review by agency leadership. Currently, 75% of the program's clinical personnel have completed a new on-line autism training curriculum.



Work and Community Participation Outcomes

The following progress reports relate to supporting people to work and fully participate in their communities.

Outcome: Individuals with developmental disabilities will become meaningfully employed in preferred job situations and sustain their employment for significant periods of time.

Over 8,500 individuals with developmental disabilities are currently receiving supported employment assistance, yet this number represents only about 11% of all individuals receiving day services and supports through OMRDD. In our society, work is recognized as one of the most essential facets of daily life that defines us and OMRDD is working to shift the paradigm to an expectation that all people can be supported to be productive and contribute to society.

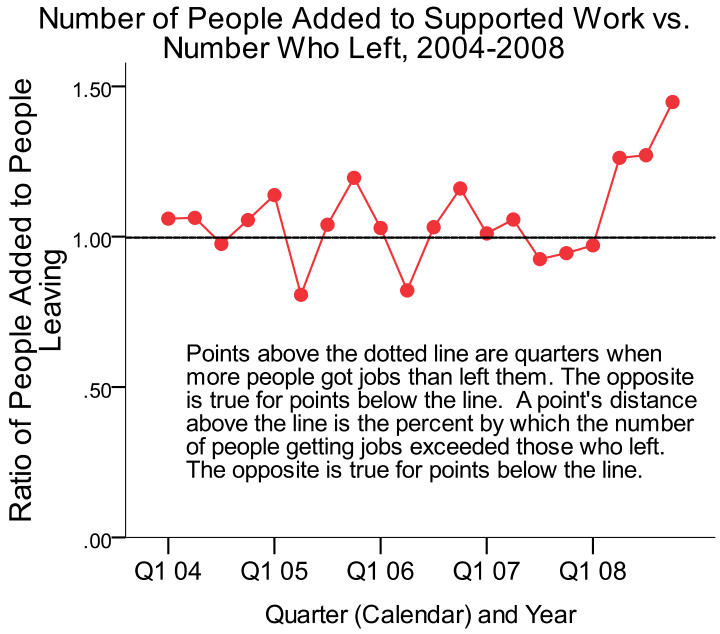
OMRDD announced an Enhanced Supported Employment initiative in 2008. This initiative is expected to serve a total of 698 individuals in 2009. A major focus of this project is to assist individuals in finding jobs that match their interests and capacities. In response to a call for proposals for this initiative, OMRDD received 142 proposals with requests to serve 914 people through the pilot, which demonstrates there is room to provide additional services.

In addition to the new Supported Employment initiative, OMRDD has engaged in extensive planning activities that are designed to promote employment for individuals with developmental disabilities, including the "Works for Me" event which occurred on October 7th, 2008. This event honored businesses throughout New York State that have provided exceptional employment opportunities for individuals with developmental disabilities. Businesses were recognized in four different size categories: small, medium, large and corporate. The intent of the event was to promote employment of people with developmental disabilities to businesses and corporations, through recognition of businesses that already employ people with developmental disabilities, and to provide information about the benefits of hiring qualified workers with disabilities.

OMRDD is an active member of the Employment Committee of the Most Integrated Setting Coordinated Council (MISCC). This group has established as its mission the promotion of employment for all individuals with disabilities in

New York State. Multiple subgroups provide input to the larger committee and OMRDD is actively participating in the leadership of each of these groups.

Going forward, the Employment Committee will focus on implementation of a new program, "NY Makes Work Pay," that will utilize a $6M federal Medicaid Infrastructure Grant to develop a statewide infrastructure for benefits and work incentives planning and assistance.



Outcome: Individuals with developmental disabilities, as part of the transition process, will learn about the various career and employment opportunities, and ultimately have the supports necessary to access employment after graduation if that is their preferred option.

OMRDD has met on several occasions with the SED staff to strategize about working collaboratively with both Special Education and Vocational Rehabilitation units. There is mutual interest in increasing the number of individuals with developmental disabilities transitioning into employment. This dialogue will continue.

Outcome: Individuals with developmental disabilities will receive the employment and day supports needed to become employed in the jobs of their choice and/or contribute to their communities in meaningful volunteer roles.

As part of the OMRDD Home and Community Based Services waiver renewal, new strategies for blended day services and employment supports will be incorporated. These strategies will be designed to incentivize employment outcomes and support people to become contributing members of their communities.

Outcome: State agencies, including OMRDD, will be involved in the transition of students to adult services so that more children are connected with opportunities to participate in their communities as adults.

The SED is currently reviewing legislation on the requirement for school districts to notify OMRDD of children who are placed into residential schools, at the time that they are placed. This will allow regional OMRDD offices sufficient planning time to develop appropriate services for children prior to aging out of education services.

In addition, OMRDD has been advocating for the creation of a release and referral form to facilitate sharing of personal data with adult service providers. Discussion on the use of such a release/referral process is challenging due to the issue of confidentiality related to the Family Education Rights and Privacy Act (FERPA). In 2008 meeting, SED agreed to consider the possibility of adding OMRDD to the form used to document parental consent for a referral of records to SED's Office of Vocational and Educational Services for Individuals with Disabilities (VESID). This form is available on the VESID website but will only provide for referral where a school district chooses to use this form, as it is not standardized statewide. OMRDD will continue to work with the SED on this need.

Relationship Outcomes

The following progress reports relate to supporting people to have meaningful relationships with friends, family and others in their lives.

Outcome: Individuals with developmental disabilities will have more opportunities to participate in community activities of their choosing, and enjoy meaningful relationships in their lives.

Efforts continue statewide to create opportunities for individuals with developmental disabilities to participate in and establish long-term connections with their communities. The DDSOs endeavor to engage individuals in a variety of activities which promote acceptance, involvement, and establish a mutually beneficial relationship with members of the community in which they live. Some examples of community participation include:

- "Everyday Heroes" initiatives - The DDSOs, as well as voluntary agencies, continue to recognize talented, compassionate and dedicated direct support professionals who make extraordinary efforts to assist people with developmental disabilities in making daily community connections. OMRDD continues to be committed to the values inherent in this initiative and recognizes the importance of nurturing the relationships that staff have with individuals in order to facilitate a meaningful connection with the community at large.
- Volunteerism - Individuals are supported to make ongoing meaningful connections with their communities through volunteer work. These opportunities are rich for cultivating relationships and acceptance. For example, individuals participate in a "shopping for shut ins" program sponsored by the American Red Cross, whereby individuals go to the homes of people who are unable to leave, shop for them, and deliver them groceries. Similarly, individuals give back by participating in "Meals on Wheels" programs, assembling and delivering nutritious meals to those who cannot do for themselves, as well as assisting in the preparation and serving meals in local soup kitchens.
- Person-Centered Community Participation Plans - Every DDSO is developing work plans for facilitating community bridge building and sustainable natural connections in order to promote increased acceptance of people with developmental disabilities. For example, the Finger Lakes DDSO designates "Inclusion Staff" who meet with the person and staff to identify projects of that person's choosing that will eventually sustain the person's connection to the community. Inclusion Staff perform outreach and make initial contact with community organizations and then coach the person and staff through the process of making that connection with the organizations. Stories of success include connections with the Boy Scouts, veterans groups, local fire departments, libraries and even future employers.

- Cross Systems Information Sharing - DDSO staff have participated in collaborative trainings with the Office for the Aging and routinely provide information through fairs and training sessions at local schools.

OMRDD further demonstrates its commitment to advancing the vision of community participation by providing its stakeholders with increased access to invaluable information on inclusion activities. This information can be found on OMRDD's website and is entitled "Community Connections."

Outcome: Individuals with developmental disabilities will have more opportunities to enjoy meaningful relationships in their lives.

In an effort to improve relationships between people with developmental disabilities and those who care for them, OMRDD also has initiated a Direct Care Initiative, "Creating Connections," designed to improve the relationship between staff and the people they support. This will improve the quality of care and related outcomes for people OMRDD serves, while also reducing the incidence of abuse, neglect, and serious incidents, and workers compensation cases experienced across the breadth of New York's system of supports and services. In partnership with self-advocates, unions, the private provider community, the School of Social Welfare at the University at Albany and other local and national experts, OMRDD is creating a prototype that will eventually be rolled out through the entire private and public system. The initiative will focus on ways to not only improve the life of the person with developmental disabilities, but ways to strengthen, value, and better support the capacity of those who care for them.

The Albany School of Social Welfare, Center for Excellence met with residential staff to assist in identifying factors that inhibit staffs' ability to provide a healthy environment for relationships to flourish. Key areas singled out include the environment, supervision, training, hiring, overtime, vacation time, treatment planning, and recognition of employees.

Action was taken immediately on initial recommendations that could be readily implemented in order to demonstrate the commitment of OMRDD's administration to its workforce and unions. In addition, collaborative workgroups were charged with tackling obstacles identified in these key areas:

- to ensure that from the first moment a new employee enters a home or apartment, he or she has the support necessary to promote healthy and fulfilling relationships with the individuals they serve. It is imperative to keep and support the good people who come to OMRDD with a commitment to help individuals live richer lives.
- to ensure that training provided to staff promotes the health and safety of the individuals served.
- to ensure that sufficient time is provided for staff to understand and generalize information so relationships can be formed through a knowledgeable and confident workforce.
- to provide supervisors with the skills to support their staff through mentoring, guidance, oversight, and feedback.
- to ensure the environment promotes building of connections and enrichment of lives.
- to ensure individuals hired have a clear understanding of job expectations, and that opportunity for growth and development is available for those committed to having a career supporting individuals with developmental disabilities.

Outcome: Individuals with developmental disabilities will participate in and be a part of the faith community of their choice.

The OMRDD Faith Based Initiative begun in 2007 has three core principles underlying its activities: individuals with developmental disabilities should have opportunities to express their beliefs, to belong to a faith community, and to become a valued member in their chosen house of faith.

In 2008, the initiative focused attention on:

- meeting the needs of individuals with developmental disabilities with faith choices
- meeting the needs of agency staff to provide supports and opportunities for individuals with developmental disabilities to enable them to participate in the faith community of their choice, and
- addressing the concerns of the faith community regarding how to make their interactions with people who have developmental disabilities both inclusive and meaningful

On November 13, 2008, an *Access to Worship* seminar was held in Albany to engage the faith community on disability awareness. This seminar was held in partnership with the Self-Advocacy Association of New York State (SANYS), Parent to Parent, the New York State Office of the Aging (SOFA), the Office of Mental Health (OMH), and the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD). Additional *Access to Worship* seminars will be held in other areas of the state to promote disability awareness.

Workshops and meetings have been held with state and voluntary agency staff on how to overcome barriers to the faith community inclusion process. In addition, a survey of individuals with developmental disabilities residing in state operated residences and OMRDD staff was conducted to determine current person-centered faith practices. The outcomes of this survey will be used to develop strategies for enhancing people's choices with regard to faith. An audit group has been put together to analyze the results and set priority objectives for the next five years.

Going forward into 2009, the Faith Based Community Inclusion initiative will focus on two additional projects. The "Spirit Project" in the Central New York DDSO is intended to test and evaluate faith inclusion and achievement as a valued outcome in the service planning process. In addition, OMRDD will be looking at several practice models which provide support and opportunities for meeting the spiritual/religious needs and choices of individuals residing in state operated residences.

Health Outcomes

The following progress reports relate to maximizing personal health and growth.

Outcome: OMRDD will enhance the early identification, prevention, and treatment of health related conditions for individuals with developmental disabilities.

The OMRDD Commissioner's Task Force on Aging, Subcommittee on Health, Prevention, and Geriatric Assessment, in conjunction with the OMRDD Health Services Unit and the DDSO Medical Director's Community of Practice have developed a guideline for preventive health care screening for persons aging with intellectual and other developmental disabilities. These guidelines are intended to assist individuals with disabilities, advocates, staff and service coordinators advocate for appropriate preventive health screening to identify problems early in an effort to avoid serious illness and to prevent further functional deterioration.

Outcome: OMRDD will implement state of the art practices to improve the behavioral health of people served.

OMRDD collaborated with the Office of Mental Health to provide trainings on the recently revised Wechsler Adult Intelligence Scale – 4th Edition. These trainings were presented to Psychologists statewide. OMRDD and OMH

Psychologists are continuing their collaborations, and anticipate the next series of trainings will begin in the spring of 2009.

Training on *Functional Behavioral Assessment* and *Behavioral Support Plans* are being provided by OMRDD Psychologists across the state. Psychologists also provided ongoing consultation and mentoring in the development of functional behavioral assessments and behavioral support plans as part of a Technical Assistance Team. In this capacity, staff traveled to DDSOs statewide, meeting with Psychologists at each site to provide guidance and training.

As part of OMRDD's commitment through the OMH Children's Plan, a collaborative tele-psychiatry model is being developed. This will provide high level psychiatric and developmental consultation service for children with eligibility in both the mental health and developmental disability service systems.

Outcome: OMRDD will increase the use of electronic recordkeeping to enhance the clinical decision-making of clinical staff providing health care to persons with developmental disabilities.

The Medical Appointment and Tracking System (MATS) is being expanded to include new DDSOs, as well as expanding for use to more sites in the pilot DDSOs. Enhancements are being developed, such as the inclusion of the Ready-To-Go packet, a dossier of pertinent information that staff can have readily available to take with them on medical appointments or during emergencies.

A small working group of physicians, dentists and OMRDD staff was convened to review various electronic medical record-keeping (EMR) systems. Six different systems have been reviewed to date. Some were targeted at outpatient settings, and some were targeted toward a particular discipline, such as social work, or at a particular function, such as medication administration record. A system has not yet been identified that OMRDD could purchase and use without significant modifications.

Outcome: OMRDD will support individuals with developmental disabilities in receiving needed medical and dental care by implementing standardized practices which facilitate needed medical and dental procedures through the development and dissemination of policy and staff training curriculum in *Medical Immobilization and Protective Stabilization* (MIPS).

The training curriculum on MIPS has been developed and was piloted for the Dental Task Force, where it received a very favorable review. Currently, development efforts center on the development of curriculum materials to enhance the delivery of consistent information related to MIPS across venues and instructors. A strategy for implementation is also being developed. This is but one of several important initiatives through OMRDD's Dental Task Force. This group has significantly raised the visibility of disability related dentistry through special training sessions and seminars. The Task Force has developed a series of practical training modules for special care dentistry for training general practice residents.

Outcome: OMRDD will enhance the consistency and quality of individualized nutrition care through the training and implementation of the *Nutrition Care Process* statewide.

OMRDD is becoming a leader in the nation as one of the first state agencies serving persons with developmental disabilities to initiate training of dietitians in the state of the art *Nutrition Care Process* (NCP) developed by the American Dietetic Association (ADA). A statewide OMRDD NCP Committee met to develop a plan for the training and implementation of NCP. By October 2008, a project plan was finalized by the NCP Committee and the tools needed for statewide training specific to developmental disabilities were identified. An initial train the trainer presentation on NCP was held. OMRDD has received funding through the Public Service Workshops to assist with statewide training and implementation of the Nutrition Care Process.

Cross Cutting Outcomes

The following progress reports are related to special topics, functions or workforce issues that cross all facets of people's lives and the supports and services they receive.

Outcome: Improve the capacity of OMRDD and its providers to maintain a qualified workforce that supports individuals with developmental disabilities and their families.

Chapter 327 of the Laws of 2008, signed into law by Governor David A. Paterson on July 21, 2008, created a workgroup to examine issues related to existing hours for "direct care employees" – those employees whose primary responsibility is the daily care, supervision of and interaction with residents or participants in facilities or programs operated or licensed by OMRDD, OMH and the Office of Alcoholism and Substance Abuse Services (OASAS). The Commissioner of OMRDD was charged with convening and chairing the workgroup. The law charged the workgroup with issuing recommendations, based on its findings related to appropriate work hours for direct care employees, including but not limited to:

- whether specific limitations should be placed on the number of consecutive hours that may be worked within a particular period of time;
- whether limitations should be placed on the use of overtime; and
- whether exceptions should be made to such limitations for emergency situations to ensure quality of care.

The findings and recommendations of the workgroup can be found at:

http://www.omr.state.ny.us/images/hp_news_ot_report.pdf .

OMRDD has continued an Advisory Committee/Direct Support Workgroup for oversight of the implementation and evaluation of $2.5 million in demonstration grants through a Request for Proposals (RFP) to 18 non-profit agencies and provider associations to test various approaches to training, mentoring, recruiting direct support professionals and improving agency culture. Aimed at improving the quality and stability of the direct support workforce, the grants were awarded to both large and small agencies throughout all geographic regions of the state. The types of projects solicited through the RFP were those that the Advisory Committee explored through its meetings and discussions with the National Direct Service Workforce Resource Center from a technical assistance grant that ended in 2008. The experts within the Resource Center advised OMRDD staff on several components of the RFP and the planned evaluation of the demonstration program. Grantees have instituted new, advanced training and mentoring programs to ensure that newly hired direct support professionals are fully prepared to meet the demands of their profession. They are also improving recruitment practices, offering tiered professional career pathways and adopting new management practices that recognize and value the work of direct support professionals. Some projects include unique labor-management collaborations to address the retention and training of direct support professionals.

Additionally, as part of the work advanced by the Committee, OMRDD partnered with NYSACRA to facilitate forums with direct support professionals during the fall of 2008. OMRDD staff acted as facilitators of large focus groups composed of direct support professionals, whose agencies are members of NYSACRA. OMRDD staff members are reviewing the data collected in hopes of identifying common themes and important information related to recruitment, retention, and direct support staff job satisfaction.

Outcome: The frontline workforce, including supervisors and those who serve self-directing individuals, will have access to ongoing, structured, professionally delivered, competency-based training in an effort to increase job performance and satisfaction, as well as the quality of care provided to individuals with developmental disabilities.

In the fall of 2007, a State Employees Training Issues Committee (SETI), comprised of key OMRDD staff involved in the administration of the Developmental Aide and Developmental Assistant Traineeships, was formed and charged by the Executive Deputy Commissioner with a critical review of four staff training elements. The four elements were:

- Establish mandated core topics and outlines for each topic
- Identify methods for improving mentoring and supervisory skills and ways to implement these improvements
- Evaluate College of Direct Support as a supplementary training tool
- Reexamine the role of the Direct Care Competencies in Developmental Aide training

SETI devoted much of its initial energy to the issue of Developmental Assistant supervisory training as a factor which plays a critical role in Developmental Aide staff retention. To that end, a grid summarizing supervisory training topics for Developmental Assistant trainees was developed. Each DDSO was given an opportunity to update the list of topics based on the training they conduct locally and what they consider to be a priority order. Using a "Suggested Core Topics" list developed by SETI as a basis, outlines for each of the topics to be implemented at each DDSO will be developed.

In addition to the above-mentioned Developmental Assistant supervisory training inventory, the SETI group surveyed DDSOs and shared best practices regarding supervisory mentoring programs. The OMRDD *Mentoring Handbook* has been reviewed by the committee as a possible resource and, given updating, it was recommended for use by DDSOs with new supervisors. Updates will include guidelines for DDSO implementation as well as information for mentors and protégés.

The SETI has undertaken a thorough review of the College of Direct Support (CDS) as a supplement to OMRDD's current DDSO-based direct care training programs. A group of Central Office and DDSO staff have been granted access to the online curriculum and have shared their comments on course content. Specifically, their review has been focused on the suitability of the material for the OMRDD frontline workforce as well as possible differences between the information provided in the courses and the information OMRDD provides in its current training curriculum.

The committee and other subject matter experts have also reviewed online courses developed by private vendors. Based on a comparative review by subject matter experts, SETI recommends that OMRDD use these sources as supplementary online training tools for staff, with modifications to make the materials relevant to the field.

The SETI is reviewing direct care competencies in Developmental Aide and Developmental Assistant training with an eye toward incorporating OMRDD's revised Vision, Mission, Values and Principles so that "helping people with developmental disabilities live richer lives" resonates loud and clear throughout the competencies. Specific suggestions include: the Home and Community Based Services waiver, job requirements, *People First* terminology, and basic computer skills.

Statewide, DDSOs administer their own staff orientation and training using different documents, processes and means of disseminating information to developmental aides during their traineeship. In order to gain a better understanding of how that orientation and training is provided to all trainees so that best practices can be pinpointed, a series of site visits have been scheduled at selected DDSOs to catalog their approaches. Once information is collected from these DDSOs, it will be compared, analyzed and used to develop a standardized training plan for developmental aides across the state.

Outcome: OMRDD will recruit and retain highly skilled professional clinicians to enhance the quality of services provided for individuals with developmental disabilities.

OMRDD has conducted a survey of clinical staff in both state operated and voluntary operated agencies to ascertain what factors influence job satisfaction, why clinicians leave an employer, why clinicians choose to work for a particular employer and what current employers can do to increase job satisfaction of current clinical staff. The clinician survey contains specific questions related to recruitment strategies that might increase the interest of clinicians in employment within the MR/DD system. Analysis of the data is currently being conducted.

OMRDD has collaborated with Sage Graduate School's Department of Psychology to develop and offer an Externship for students in the process of completing their Masters Degrees in Clinical and Counseling Psychology. A proposal for a Public Management Intern, Health and Human Services Track, has also been developed. The proposal offers opportunities for an Intern with graduate-level training in Psychology or Social Work to participate in the development and administration of clinical services at Central Office, DDSO and inter-agency (OMH) locations.

Outcome: Enhance design of the Medicaid Service Coordination program to ensure consistent provision of service to individuals with developmental disabilities and their families.

During the past several months, Medicaid Service Coordination (MSC) training consortiums, composed of state and voluntary representatives, were very active statewide. The focus is on strengthening existing training modules and creating new or advanced training modules. Through the consortiums, regional forums have been held to honor MSC service coordinators and supervisors as well as share critical information about supports and services available to individuals either through the state or in the community. Planning is underway to hold additional forums during the coming fiscal year.

A new training module was developed recently entitled *The Next Step: Transition Services*. In addition, the course entitled *Start to Finish: Steps to Successful Education Services* and a course entitled *Cultural Competence* were again held statewide. These courses, along with the six required MSC courses, provide necessary training and information to service coordinators to enhance their effectiveness and insure the consistency and quality of their work.

Videoconferences exclusively for MSC Supervisors are held quarterly. Topics have included Medicare Part D, Consolidated Supports and Services/Self-Determination, Personal Allowance, National Core Indicators, Medicaid Fiscal Audit, the MSC Choice Survey, plans for the MSC Electronic Record, and timely updates on changes to the service system.

Train-the-trainer sessions were held statewide to increase the number of instructors presenting the MSC Core Curriculum and the six required MSC courses, including *Introduction to the ISP* and *Introduction to Person Centered Planning*. In addition, a platform skills training module was developed and presented statewide to enhance the capabilities of instructors, old and new.

There has also been a special focus on collaboration with OMH and voluntary agencies that serve individuals with a dual diagnosis (i.e., a diagnosis of mental retardation/ developmental disabilities and a mental health diagnosis). Training on dual diagnosis was held in New York City and on Long Island in spring and fall 2008. Additional training is being developed by OMRDD and OMH and will be scheduled for spring 2009.

The MSC E-Visory, an electronic newsletter, is published several times each month. Each issue of the MSC E-Visory contains vital information including changes to programs such as At-Home Residential Habilitation, Medicare Part D, Personal Allowance, Food Stamps, etc. Statewide training opportunities are included as well. By receiving current information, MSC service coordinators and supervisors feel empowered to provide effective, quality service coordination. This, in turn, has increased consumer satisfaction and has had some impact on decreasing the MSC turnover rate.

Outcome: Elevate the importance of "informed choice" as a critical outcome of the OMRDD service system, and strengthen all elements of the system that are necessary to insure consumers and families have the opportunity to exercise this basic right.

A committee was charged to analyze the role of informed choice as an outcome of the service system, and to define the nature of this basic right. Increased personal choice and control has been demonstrated as critical to enhancing the quality of life of the people OMRDD supports. Therefore a thorough assessment of informed choice has important implications for how services are selected, designed, and delivered. Planning processes and other administrative processes are of limited value if they do not lead the consumer and family to the point of exercising the right of informed choice. It is expected that by enhancing choice and decision-making, customer satisfaction will improve. The concept of informed choice as an outcome is therefore being viewed as a quality of life indicator and will have substantial implications for how quality management is implemented and measured.

Outcome: OMRDD and its providers will have an improved capacity to offer supports for crisis intervention to individuals with developmental disabilities who live at home with their families.

Crisis intervention services have been identified as a priority need for families supporting loved ones living at home with them. These supports have been targeted as part of recent increases planned through FSS initiatives. In addition, extensive program design efforts have resulted in a proposed new model of intensive behavioral supports for people living at home or in other non-certified settings. This model will be rolled out in the coming year and expected changes to OMRDD's home and community based services waiver will be implemented in support of this new model.

Outcome: People who are aging with developmental disabilities, their caregivers, OMRDD employees, providers, and the general public will have more access to information about OMRDD services and supports to improve services for persons who are aging.

An "Aging Information Corner" web page has been developed for the OMRDD website. Web page launch is anticipated in February of 2009.

Outcome: OMRDD and SOFA will establish a framework for interagency contacts and collaboration between the two agencies at the local level to support the needs of older adults with developmental disabilities and their caregivers.

It has been determined that a coordinated directory is not logistically feasible. An updated list of DDSO Aging Contacts will be included on the Aging Information Corner web page. The OMRDD contact list will be followed by a link to SOFA's *Senior Citizens Resource Guide*, which includes a directory of Area Agencies on Aging counterparts.

Outcome: Initiatives will be implemented to increase awareness of Fetal Alcohol Syndrome, its potential effects, and clinical resources for treatment for both individuals who seek or receive services from OMRDD, their service providers, and for members of the OMRDD workforce.

OMRDD staff represent OMRDD on an ad hoc interagency group convened jointly by the Council on Children and Families (CCF) and OCFS. Sub-committees were established to address four areas identified for focus: education and awareness; prevention and prenatal screening; diagnosis and screening of children; and interventions and treatment services. OMRDD staff chairs the interventions subcommittee. Products include a draft informational brochure nearing final review; the *Take Another Look* guidebook for school psychologists and counselors issued by OCFS, and a range of outreach and informational materials.

Each of the four sub-committees has developed preliminary plans for information distribution. Prominent among these is collaboration with physician associations, a poster contest for school children, information and training for front-line health care practitioners, agency web pages or corners devoted to Fetal Alcohol Syndrome Disorders (FASD), and links on all member agency websites to the OASAS site and its array of FASD information and resources. OMRDD also includes OASAS sponsored video-conference training in the OMRDD catalog of training opportunities.

Outcome: Transportation opportunities that facilitate community integration for people with developmental disabilities will be improved.

OMRDD is a participating agency in the Most Integrated Setting Coordinating Council (MISCC) Transportation Committee, which is chaired by the NYS Department of Transportation (DOT). The committee has been working with other state agencies and stakeholders to promote creative solutions for integrated transportation service for people with disabilities. A key to supporting meaningful participation in the community for people with developmental disabilities is access to integrated transportation services.

OMRDD supports DOT in facilitating voluntary/provider participation in the Federal Transit Agency 5310 bus program. This is a useful grant program that provides eighty percent federal reimbursement for qualified bus purchases. On the state side, OMRDD also supplies each state-operated community-based residence with a vehicle, thus ensuring reliable access to transportation services for these constituents. Moreover, on a statewide basis, OMRDD's DDSOs are contracting with approximately 26 contractors to provide to and from transportation to day habilitation programs. To support a well operating fleet, OMRDD maintains a vehicle replacement schedule for each DDSO. In FY 2009-2010, OMRDD expects to replace approximately 150 vehicles.

Outcome: Young adults with developmental disabilities will transition from pediatric care into the adult health care system in a timely manner.

The OMRDD Medical Directors and Health Services staff have proposed the development of guidelines related to the care of persons with developmental disabilities. The target audience would be community based physicians, nurse practitioners, and physician's assistants. The intent would be to increase knowledge related to syndromes that cause developmental disabilities by providing information on the medical conditions associated with specific syndromes, recommended screening strategies and timelines, and suggestions related to approaching and caring for persons with intellectual and other developmental disabilities.

In response to a Developmental Disabilities Planning Council (DDPC) Request for Proposals, Upstate Medical Center proposed to create a curriculum intended to train professionals, families, teachers, and service coordinators on how to navigate/transition from the health care system for children to the adult health care system. OMRDD staff met with the project directors to discuss and steer progress. While only a small portion of the curriculum has been developed, a website to monitor progress has been created.

Outcome: OMRDD will advance its understanding of autism and state-of-the-art services and treatment protocols for individuals with ASD, and improve its capacity to offer these types of services to individuals it supports.

An Autism Workgroup was established to research, review, and update recognized best practices and assessment tools for the identification of ASD, ultimately for inclusion in a set of Best Practice Guidelines. These established Guidelines will be available for use by OMRDD, its community providers, and referring professionals in the community. Scientists and clinicians with expertise in ASD, a number of whom have publications in this field, have been recruited for this Workgroup. Members include a parent representative; individuals from multiple disciplines who are employed at

OMRDD facilities, including IBR; the Project Manager for the original DOH Early Intervention/Autism Practice Guidelines; the Pediatric Director of the DOH Division of Family Health; an internationally-recognized autism researcher and teacher, and professionals employed in public and private university, and clinical settings, both within and outside New York State. The members have agreed to participate in the development of expert review panels, to produce a Best Practices document that can be made available in print and on the agency website. At this time, multiple sets of existing guidelines have been obtained and reviewed for use as models for the Workgroup's consideration, including an updated list of current literature. An executive sponsor letter of invitation and appointment to the project has been drafted and is in the final stages of review. Technical arrangements for video- and/or teleconferencing are being researched. The first meeting will have agreement/consensus and buy-in for the guideline model and review process as a major goal. Training for the use and implementation of the project's resulting Best Practice Guidelines will be initiated subsequent to their final approval.

Plans for a registry and educational institute--parts of the Autism Consortium--are in development. IBR assumed its role as coordinator of information-sharing and of regular DDSO/voluntary agency meetings for the New York State Autism Group Home Project, and is coordinating the selection of subjective instruments for outcome measurement.

In October 2008, a staff level Steering Committee began meeting to plan and launch the Interagency Task Force on Autism. The Task Force held its first meeting November, 2008, at which it worked to shape its charge and discuss the duration and scope of the work before it. Following the meeting, the Steering Committee formed five workgroups to pursue specific areas of focus with respect to New York's response to the increasing incidence of ASD. The five workgroups are: Early Identification, Coordination of Services, Adequacy and Capacity of Services, Information Dissemination, and Coordination of Research. Work plans will be developed.

OMRDD and SED co-chair the Interagency Autism Task Force. Ten agencies are meeting to better focus the States efforts to address the needs of New York's citizens with autism and their families. The initial meetings of the group have led to a focus on five specific areas: early identification, coordination of services, adequacy and capacity of services, information dissemination, and coordination of research. Through its Workgroup on Information Dissemination, the Task Force will explore and address the need for up-to-date, accurate, easily accessible, family friendly information on ASD and services. The workgroup will advise the Task Force of the most expedient manner in which to assemble, maintain and make accessible this kind of information.

Outcome: Enhance services for individuals who have a dual diagnosis of mental illness and developmental disability through the development of collaborative agreements with OMH.

OMRDD has developed several curricula related to individuals with specialized needs and has delivered a number of statewide trainings. Dr. Steven Fogelman developed curricula and delivered statewide training on *The Use of Psychotropic Medications in Individuals with Developmental Disabilities*. OMRDD also developed curricula on the *Mental Health of Individuals with Developmental Disabilities Through the Lifespan*. This training was delivered to the NYC Department of Mental Hygiene/Geriatric Mental Health Council and to the University at Albany, Department of Social Work.

OMRDD continues to provide consultation and feedback with regard to structuring of Dialectical Behavior Therapy (DBT) for individual, group and milieu level interventions. This has included quarterly statewide videoconferences and visits to sites as needed or requested. A training program geared towards direct care staff on *The Use of Dialectical Behavior Therapy in the Milieu* was conducted and included an introduction to terms/concepts and hands on practice with implementing core interventions of DBT. A DVD of the training with pertinent materials was distributed to DDSOs. Also, a series of 30 minute video-conference trainings for clinicians have been conducted. Topics have included: a review of the national trends in the use of DBT in the individuals with developmental disabilities; the use of DBT with individuals in forensic settings; and the use of breathing techniques for DBT interventions. A clearing house and library of resources for the implementation of DBT is available to clinicians using DBT interventions. In addition, resources

continue to be distributed, including recent journal articles, literature review and information on use of DBT with special populations, a training manual, and curricula from national sources.

Work continues on the revision of the SCIP-R curricula, a training program for staff working directly with people with developmental disabilities. Special attention is being paid to individuals who may be vulnerable to displaying challenging behavior, including individuals with dual diagnoses.

A major outcome of the OMH/OMRDD collaboration is the development of cross systems Dual Diagnosis training. The expansion of this training is also a commitment made through the OMH Children's Plan. This training provides basic training and builds competencies for all providers. The training platform also addresses the need for technical assistance on more complex cases by establishing cooperative relationships among staff of both agencies.

The purpose of the training is to better inform service providers about the nature and types of services available in each system, eligibility for those services, and the process by which they may be accessed, and to determine how and where individuals with multiple disabilities and/or complex needs are best served. Best practices models and local examples of collaborative problem solving strategies that were effective in meeting the needs of individuals with dual diagnoses are highlighted.

Outcome: OMRDD will assure that for those individuals with challenging behaviors requiring intervention, clear standards are identified in regulation that underscore the importance of a comprehensive approach to behavior support and management, and focus on prevention and early intervention.

A workgroup has been meeting regularly to modify and develop a relevant draft of behavior management regulations. OMRDD is circulating a draft of these regulations to DDSO key staff and other pertinent departmental professionals for review and input prior to publication.

A data based documentation system for tracking incidents was implemented statewide in 2008. This system, called Incident Review Management Application (IRMA), was created to facilitate identification of trends in incidents and allegations of abuse and neglect. A review of recent data revealed inconsistencies in application and interpretation of regulations. A data integrity workgroup was formed, which will meet with representative IRMA users to identify issues to refer to the Statewide Standing Committee for consistency of interpretation.

Outcome: Individuals with developmental disabilities, family members, and members of the public will be provided with increased, easily accessible information and stories of success about OMRDD mission, services, supports, and resources.

The Public Information Office has worked on a media campaign to develop information sources that are informative, user friendly, represent the "Putting People First" philosophy, and showcase real lives. The following brochures were updated or developed as of January 2009:

- *Facts About Developmental Disabilities*
- *Facts About OMRDD*
- *Information Line*
- *Senior Companion Program*
- *Supported Employment*
- *Aging Services*

- *Family Support Services*
- *Office of Housing Initiatives*
- *How to Pay for OMRDD Services*
- *Minority and Women-Owned Businesses*
- *Becoming a Multicultural Provider*
- *Mainstreet*
- *Kids Project*
- *Making Friends*
- *OMARDI*

The OMRDD website was also recently redesigned, and press releases and news items are now added on a weekly basis. A section called Stories of Success showcases people who have lives of distinction and OMRDD is working on creating multimedia stories to be featured. In addition, a "Works For Me" section championing people with developmental disabilities and their employers is highlighted.

Outcome: The Institute for Basic Research (IBR) will work to reduce occurrence of developmental disabilities and improve the quality of life of affected individuals and their families in the State through an integrative approach that combines new advances in genetics, neuroscience, the behavioral sciences, and clinical science.

Studies at IBR funded by the U.S. Department of Defense were initiated that will establish correlations between structural and biochemical abnormalities in the brain in autism and the clinical symptoms of the disease. The Autism Treatment Laboratory prepared to start two research projects in January 2009: one that will study very low doses of Risperidone as a treatment for the irritability associated with autism; and another, part of a multi-site study sponsored by Johnson and Johnson, on the use of a novel filtered-sound technique to regulate autonomic functioning in autism. IBR neuropathologists are in the process of establishing and applying neuropathological inclusion/exclusion criteria to a collection of histological sections from the brains of people diagnosed with autism. This collection was established at IBR by the Autism Tissue Program and will be available to IBR scientists and other qualified research groups. A recent conference of the IBR and the Mount Sinai School of Medicine research groups with the Autism Tissue Program Advisory Board revealed that this is the first postmortem study of brains of subjects with autism based on the updated rigorous criteria.

IBR has begun coordinating a project, funded by a cooperative agreement grant from the CDC's National Center on Birth Defects and Developmental Disabilities, which will accelerate research into treatments for Fragile X syndrome and improve care for affected individuals. Plans were initiated to apply for a grant to study the effectiveness in individuals with Down syndrome of the antihistamine dimebolin hydrochloride, which has been found to dramatically slow the progression of dementia. Studies continued on phenotype-genotype correlations in patients with classic late-infantile neuronal ceroid lipofuscinosis to better understand how mutations affect the structure and the function of the enzyme responsible, how they lead to damage of the central nervous system, and whether it is possible to improve the function of the mutated enzyme in cultured cells. A grant application was submitted for continued funding of IBR's high-risk infant study.

Study has been continuing of cognitive, functional, and medical changes, and the development of dementia in aging adults with Down syndrome. An application has been submitted for renewal of the grant for this study. IBR researchers have a battery of assessment tools that allow classification of dementia on the basis of empirical findings, and have identified a number of factors that influence individual risk for dementia within the population with Down syndrome.

They will study mild cognitive impairment, paralleling the expanded interest in the early impacts of progressive Alzheimer's disease neuropathology within the general elderly population.

IBR scientists, in collaboration with researchers from SUNY Binghamton and Queen's University, Ontario, Canada, recently submitted a letter of intent to submit a grant application to study genetic and biochemical markers of the response of children with autism to intensive applied behavioral analysis.

IBR's multi-year development of a tool for testing for Asperger's syndrome, similar to its previously developed *PDD Behavior Inventory*, is continuing.

A memorandum of understanding between OMRDD and the SED is under review for a project that will provide behavioral assessments and intervention evaluations for students in the NYC Department of Education who have intense behavioral issues. This project may be used as a model for similar projects in the rest of the state. Also, IBR was awarded a contract by the New York City Department of Health and Mental Hygiene to provide early intervention evaluations and initial service coordination

Chapter 3: Executive Budget

While the Governor's current budget clearly supports the continued quality of existing supports and services – and reasonable growth in their quantity and quality – it also introduces a level of self-direction and sustainability that embraces all three pillars of the Governor's vision for a brighter New York. The self-directed and sustainable service models are expected to grow as proportions of OMRDD's service delivery system because of their versatility, cost-effectiveness, and responsiveness to the needs of individuals. OMRDD plans to promote a number of strategies to increase self-directed opportunities:

- Increase the ability of individuals to identify their service needs and access the financial resources necessary to pay for these supports
- Increase opportunities for meaningful employment and volunteerism
- Incorporate shared responsibility
- Create rationalized payment methods and levels that support self-direction and sustainability

The 2009-10 Executive Budget Recommendations continue a multi-year process of balancing base level and new resources to fund supports and services that foster greater independence, choice, and sustainability, as well as modest resources that can still support more traditional residential and day supports and services. In spending these limited resources, OMRDD is building into its efforts three major objectives:

- Improve access to supports and services to make the process timelier, more friendly and streamlined for individuals and families, while still assuring appropriate public responsibility and accountability
- Develop a new sustainable method of weaving all available resources (natural supports, community supports, generic services, OMRDD and other government- financed supports) into a tapestry that supports each person's life of distinction, and
- Establish a new financial platform that is reasonable, appropriate, equitable, and transparent, and which will allow individuals with developmental disabilities to build their lives of distinction within a known available budget

The 2009-10 Executive Budget Recommendations call for OMRDD to further rationalize and reform its financial platform. This will be done through a series of rate and price setting restructurings related to Home and Community Based Services, Medicaid Service Coordination (MSC), and Employment supports. While strongly supporting OMRDD's core mission, the 2009-10 OMRDD Executive Budget Recommendations reflect a balanced level of shared sacrifice in State Operations, Aid to Localities, and Capital. Despite this, the Recommendations support a platform that will meet the needs of, and maximize opportunities for, those receiving supports and services.

OMRDD's Key Mission-Related Priorities

People Work and Participate Fully in Their Communities - People who have developmental disabilities have demonstrated they are capable, reliable and productive employees who want to work and be self-sufficient. However, the current unemployment rate for people with developmental disabilities approaches 85 percent. OMRDD has a commitment to "Employment First," and has created the Division of Workforce and Talent Management. This division will make the employability of people with developmental disabilities a workforce and talent management issue, rather than a service paradigm. OMRDD seeks to create more than 1,600 new opportunities for those graduating from the educational system and others in need of these services. OMRDD's Executive Budget Recommendations include:

- Increasing employment funding

- Creatively investing resources
- Working more closely with the VESID
- Providing comprehensive training to individuals with developmental disabilities and their families on work incentive programs

People Live in the Home of Their Choice - Over the last two decades, OMRDD has significantly increased resources to expand supports to people who have developmental disabilities who live with their families or choose to live independently or in family-like situations. The Executive Budget supports the following:

- **At-Home Residential Habilitation** - To continue to enhance our ability to support families, OMRDD implemented a new programmatic and fiscal platform for the delivery of At-Home Residential Habilitation supports on February 1, 2009. This new service addresses the critical need for intensive behavior supports in the home that can address issues before they reach a crisis level.
- **Family Support Services (FSS)** - This program assists more than 42,000 people with developmental disabilities to remain at home with their families through the provision of nearly 71,000 individualized services. Services include respite, crisis intervention, recreation and other at-home supports. The 2009-10 Executive Budget Recommendations annualize the resources included in the current year's budget, by providing $7 million in funding to expand supports and services to approximately 4,300 families. This figure includes families supporting individuals with autism or other challenging behaviors, or complex medical needs.
- **New York State Creating Alternatives in Residential Environments and Services (NYS-CARES)** - This initiative will continue to be the fundamental core for addressing the needs of people with developmental disabilities who are seeking out-of-home residential supports and services. An emphasis will be placed on supporting people to have person-centered and individualized plans that are as self-directed as they choose.
- **Community Transition** - OMRDD continues its strong commitment to downsizing and redefining its institutional capacity. Beginning in the current fiscal year, OMRDD initiated a multi-year plan to downsize and eventually close all Developmental Center units. The 2009-10 Executive Budget Recommendations provide additional capital resources that will enable OMRDD to also close the Multi-Disabled Unit (MDU) on the Taconic DDSO campus by developing 65 State-operated community residential opportunities over the next several years. The 2009-10 Executive Budget Recommendations also provide the operational funding to support the development of community residential opportunities for people living in other OMRDD institutional settings or nursing homes.

People Enjoy Meaningful Relationships with Friends, Family and Others in Their Lives - The 2009-10 Executive Budget Recommendations continue the funding of the very successful Health Care Enhancement (HCE) initiative begun in 2005-06 that helps voluntary agency staff offset costs associated with healthcare. Also, the Executive Budget Recommendations continue support of the $2.5 million funded in the current year for a demonstration program, with 18 grants awarded that are aimed at enhancing the quality of care through improved direct support professional recruitment and retention. OMRDD has also initiated a Direct Care Initiative, "Creating Connections," designed to reduce the incidence of abuse, neglect and serious incidents across the breadth of New York's system of supports and services.

Other Priorities:

OMRDD's Autism Platform – OMRDD's 2009-10 Executive Budget Recommendations continue to fund both research and supports and services for individuals within the autism spectrum. In May 2008, the agency responded by rolling out its Autism Platform, a comprehensive plan of research, service development, and informational initiatives including the creation of an Interagency Task Force on Autism. In 2008, IBR launched a new Autism Treatment Research Laboratory,

staffed with national experts in autism research and treatment. The Laboratory pursues a wide range of scientific research into the causes, manifestations and treatment of ASD. IBR will continue efforts to identify efficiencies in its overall operations including how to increase and maximize grant funding of critical research for the future.

Collaboration is Key – OMRDD has entered into strong partnerships in several critical areas including financial reform, planning, developing educational and housing opportunities, and managing the provision of individually-tailored services and supports through different service systems. OMRDD has partnered on projects and initiatives with the New York State Department of Health, SED, OMH, OASAS, OCFS, Division of Housing and Community Renewal, and other housing agencies. OMRDD also leads the MISCC to ensure that all people with disabilities receive services and supports appropriate for their needs, in the most integrated setting. A report of MISCC's work can be found at

http://www.omr.state.ny.us/MISCC/images/hp_miscc_annualreport.pdf .

Working Within the Budget Crisis - The 2009-10 Executive Budget Recommendations for OMRDD reflect an overall decrease of $268 million in State Operating Funds. The decrease is accomplished through a combination of revenue maximization efforts and reductions in State spending. Although this is a significant decrease, the Recommendations provide sufficient resources to maintain our core services and allow us to continue to build a new array of services – a set of services that are both more responsive to the requests of individuals with developmental disabilities who to live and work in the community AND are more cost efficient. Budget constraints have also forced us to make some painful decisions. OMRDD's overall staffing level will decrease by a net of 53 positions in 2009-10 as a result of the streamlining and consolidation of various administrative functions and research operations. Further workforce actions in areas where attrition will not enable us to meet our savings goal may be needed. More details on the OMRDD Executive Budget Recommendations can be found at

http://www.omr.state.ny.us/images/hp_budget_2009_exrecommendation.pdf .

Summary

OMRDD is on the threshold of a significant shift in how it supports people with developmental disabilities. This shift, from looking primarily at the quantity of services provided, to now focusing on the changes in quality of life and sustainability those services produce, is extremely important. Overall customer satisfaction, which is a composite of a person's happiness with their relationships, home, daily routines, health and resources, is the ultimate outcome OMRDD is most interested in assessing. The system must become more outcome-oriented and performance-based. The result of these actions will be realized in more individualized and integrated services for people with developmental disabilities, in better opportunities for the workforce, and in improved processes for service providers.

OMRDD will move forward with an ambitious agenda in support of its mission, and though tempered by tough fiscal times, with increasingly reenergized and refocused employees – from the direct care support professionals to our agency leadership team. Regulatory reform, shedding what does not clearly add value to the lives of people we support, and new approaches to quality management in our oversight responsibilities will also elevate and better focus our energies. And finally, performance measures, internal controls, risk assessments, internal audits and other related accountability improvements will ensure that OMRDD is able to monitor and further demonstrate its value to the individuals who receive services and the public that supports it.