



## Design Team Meeting Summary

**Benefits and Services Design Team**

**July 27, 2011**

**Present:**

Pat Dowse, Susan Platkin, Sharon Rockwell Linne, Pasquale Ginese, Fredda Rosen, Karen Gillette, Max Donatelli, Amy Cohen Anneling, Suzanne Sennett, Joann Dolan, Kate Bishop, Laurie Kelley, Angela Lauria-Gunnink, Myrta Cuadra-Lash

**Absent:**

Diana McCourt, Debra Bojarski, Margaret Mikol

**Discussion Topics**

**Summary of Main Discussion Points, Considerations, Recommendations, Next Steps, etc.**

**Review and Approve July 11, 2011 Meeting Summary**

The team approved the design team summary from the July 11, 2011 meeting.

**Review and Approve Draft Technical Workgroup Charters:**

**(1) Self-Direction and Individualized Budgets within Managed Care**

**(2) Employment First Services/Supports**

**(3) Behavioral Supports and Services**

The team approved all three workgroup charters.

**Presentation and Discussion of Research Assignments by Team Members**

Each team member selected research questions related to the Benefits and Services Design Team Charter. Presentations and discussions encompassed the following research areas:





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### A. Benefits and Services Charter Questions: 1, 4, 5

*Describe what supports are needed for children throughout the current delivery system as well as future delivery systems. Presented by Margaret Mikol.*

The team believes that there is a lack of public awareness of the developmental disability supports and services that are available to children. This is partially due to inaccessibility of OPWDD services for children. Children with multiple diagnoses have an extremely difficult time in the OPWDD system because they are passed from one practitioner to another. The OPWDD service system is mostly adult driven and support services such as behavior management and community habilitation are not generally approved for children who would benefit from certain types of training through habilitative and respite services. The team agreed that services within the People First Waiver must be dynamic and change with the needs of the child and family. These features are more important than ever due to the exponential growth of children being diagnosed on the Autism Spectrum and the increase of people who are aging and developing higher/different support needs.

### B. Benefits and Services Charter Questions: 1, 3, 8

*Identify services presently available within the current NYS Waiver and OPWDD menu of offerings. Identify services available in States that currently operate an 1115 Waiver. Provide a comparison of delivery options. Presented by Laurie Kelley.*

The team conducted an analysis of service delivery systems in Arizona, New York, North Carolina, Vermont and Wisconsin. New York has done a phenomenal job delivering services compared to other states. However, a strong service delivery system does not necessarily imply that the supports and services are adequate. For example, the state of New York has not effectively dealt with crisis





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stabilization. The People First Waiver must include a mechanism to address this. The team believes that it is imperative that measures to improve health, cleanliness, companionship and public guardianship are incorporated into the waiver.

**C. Benefits and Services Charter Question: 1**

*Identify service delivery mechanisms in other health and human service agencies that are not part of the New York State service delivery model, i.e. foster care. Presented by Max Donatelli.*

**Areas of Focus:**

- Public Transportation – Para-transit
- Recreation – Youth groups, Challenger baseball, bowling, et al, Special Olympics, hockey and other sports programs
- Legal Aid – Legal rights, benefits and services, training for families
- Home Alert- First Aid for the elderly
- Religious – Transportation to church, groups, pastoral services
- AmeriCorps – Self advocacy
- Volunteer Groups – Meals on Wheels, companions, help with transportation, Special Education Parent Teacher Association (SEPTA)

Individuals transitioning from institutional settings will be able to access these services depending on their needs. Additional supports/programs may need to be either enhanced or created in various communities where specialized services are needed.

**D. Benefits and Services Charter Question: 2, 8**

*Pick a specialty population and determine what service delivery needs to be added to help ensure that individuals are successful during the operation of the People First Waiver based on best practices in other states: Forensic. Presented by Mary Martin*





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(OPWDD).

Areas of Discussion:

- Continuum of care (Centers for Intensive Treatment, Regional Intensive Treatment Units, Local Intensive treatment Units) all secure units on DDSO DC campuses.
- There are currently 565 to 575 individuals from across the state (all DDSOs) in intensive treatment settings.
- Not all individuals are involved with the court system, but many are court ordered – some for training because they are not competent to stand trial, some have been found not responsible for their crimes due to mental disease or defect, some because they present substantial danger to themselves or others, some subsequent to incarceration as conditions of parole, some in lieu of incarceration – as a condition of probation.
- There are a small number of adolescents adjudicated through either family court or through some of the above processes.
- OPWDD operates some specialized community residences for individuals from Intensive Treatment Opportunity (ITO) settings. Capacity is roughly 80 beds in specialty residences. Some individuals leaving Intensive Treatment Opportunity settings are served in generic community residences. Most individuals leaving Intensive Treatment Opportunity settings are served in state operated programs.
- Very few program areas are specialized with clinical supports to meet these high risk clinical needs. The design team recommends that the State of New York take action to address this issue. The People First Waiver should require providers to develop specialized programs.
- Placement needs to be related to both the level of risk and the individual’s willingness to participate in treatment
- There is a need for crisis beds in community residences, Mobile Crisis Teams and enhanced clinical support and staffing. Proactive, preventive





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plans need to be in place.

The team also discussed evidence-based principles and practices in Wisconsin, New Jersey, Vermont, and Washington.

#### **E. Benefits and Services Charter Questions: 4, 5, 6, 8**

*Pick a specialty population and determine what service delivery needs to be added to help ensure that individuals are successful during the operation of the People First Waiver based on best practices in other states: Autism.* Presented by Amy Anneling and Sharon Linne and Joann Dolan

Team discussion included the need for more Autism Spectrum Disorder (ASD) specific programs statewide. This includes the need for more parent training programs (i.e. OPWDD Targeting the Big Three Parent Training Program). The Team also discussed how there is a statewide shortage of psychiatrists with experience in working with ASD. Emphasis was placed on the need for more programs that take into account the specialized needs of individuals with ASD (e.g., parent and staff training on management of challenging behaviors, feeding and toileting problems, communication issues, sensory integration assessment/intervention). In addition, the team discussed how the unique aspects of ASD may require specialized approaches to treatment, intervention, planning and supports. There is a need for integrated funding to support for continuous services across throughout the life of an individual.

#### **F. Benefits and Services Charter Questions: 4, 5, 6, 8**

*Pick a specialty population and determine what service delivery needs to be added to help ensure that individuals are successful during the operation of the People First Waiver based on best practices in other states: Mental Health.* Presented by Sharon Linne and Amy Anneling





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The team discussed best practices in Washington, Connecticut, Ohio, and Maryland. Important practices include:

- Providing training to families;
- Functional assessment;
- Physical/manual interventional without restraints;
- Crisis intervention services;
- Medication evaluation and management; and
- NJ’s Developmental Services – Crisis Services Team. This team provides a toll free hotline for problem solving, outreach services, consultation, education, in-home supports, and crisis admission.

The team recommends that crisis intervention be made available to all individuals as opposed to restricting services to dual diagnoses. Individuals within the Autism Spectrum who have not been diagnosed with a mental illness may still have severe behavioral issues.

#### **G. Benefits and Services Charter Questions: 4, 5, 6, 8**

*Pick a specialty population and determine what service delivery needs to be added to help ensure that individuals are successful during the operation of the People First Waiver based on best practices in other states: Substance Abuse. Presented by Kate Bishop*

Team discussion focused on the Waryas House. It is a certified substance abuse setting for people with developmental disabilities located in Taconic, New York. It is a voluntary, long term program and it accepts individuals with disabilities from across the State. Treatment approaches are similar to those used with individuals who do not have developmental disabilities. In addition to Waryas House, there are state-run programs from the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Individuals also engage in outpatient





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programs such as Alcoholics Anonymous (AA). Individuals from some Intensive Treatment Opportunity regions are currently attending AA meetings at campus sites. The team recommends that substance abuse needs be addressed through person-centered planning and care plan development and that there be a variety of support models for substance abuse needs available through the network.

**H. Benefits and Services Charter Questions: 4, 5, 6, 8**

*Pick a specialty population and determine what service delivery needs to be added to help ensure that individuals are successful during the operation of the People First Waiver based on best practices in other states: Homelessness.* Presented by Myrta Cuadra-Lash

The team discussed the need for transitional housing with supports as the individual/family may need to stabilize and move to permanent housing. In addition, housing subsidies for permanent housing, whether through ISS contracts or other alternatives must be addressed in the Waiver. The Waiver should provide Family supports for families in the shelters and help them pay start up, furnishings and moving costs through family reimbursement programs as they move to permanent housing since the current system only minimally provides for their relocation expenses. Discussion also focused on care coordinators and how they must provide appropriate referrals of health, mental health, after school programs, community based services so that the individual /family make good transitions to the new community. Most importantly, the Waiver needs to enhance support services, so that individuals/families do not fall into the homeless system again.

**I. Benefits and Services Charter Questions: 4, 5, 6, 8**





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	<p><i>Pick a specialty population and determine what service delivery needs to be added to have people successful in the 1115 Waiver based on best practices in other States: Parents with Developmental Disabilities. Presented by Myrta Cuadra-Lash</i></p> <p>The Team discussed how the assessment must be comprehensive to include not only the needs of the parent(s) but also the needs of the child (ren). In addition, the goal should be to assist families to stay intact or for reunification to the greatest extent possible. In order for this to occur, there should be cross-systems funding so that the needs of families will be supported and to ensure sustainability of the family unit.</p> <p><b>J. Benefits and Services Charter Questions: 1, 4, 5, 6, 8</b></p> <p><i>Describe how the existing model of service delivery will be transitioned to one that moves towards an independent citizenship model. Presented by Fredda Rosen.</i></p> <p>The team discussed how this transition will be accomplished only over time and with a shared vision. We have to begin developing broad understanding across stakeholders about what we mean by citizenship and community involvement/community membership. In addition, we need to start early: our expectation should be that both children with and without disabilities become true citizens; people need to be making choices from an early age and taking on responsibility. The Waiver also must promote life sharing/employment as the best ways to achieve citizenship.</p>
<p><b>Next Steps</b></p>	<ul style="list-style-type: none"> <li>• Due to time constraints, the Team was unable to finish the entire 07/27/11 agenda. The team will reconvene on 08/03/11 to finish the agenda items that were not discussed.</li> </ul>
<p><b>Action Items</b></p>	





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<u>Action Item</u>	<u>Owner</u>	<u>Due Date</u>
Send out Team survey on presentation/research areas that were explored during team meeting. Key questions include: 1) What recommendations or consensus did you hear that came from our discussion? 2) How do these recommendations fit within the Benefits and Services Charter? 3) What demonstration areas do you recommend (if applicable)?	Angela Lauria-Gunnink  All Team Members	07/29/11  Responses due by 08/02/11
Compile and analyze above survey results	Angela Lauria-Gunnink	08/02/11
Review Benefits and Services Design Team Preliminary Report to Steering Committee	All Team Members	08/15/11
<b>Additional Documents of Reference</b>		
<ol style="list-style-type: none"> <li>1. Keeping the Promise: Self Advocates Defining the Meaning of Community Living</li> <li>2. New York State Health Home Federal Rules and Potential Models</li> <li>3. Using the Resource Allocation Decision Method</li> </ol>		

#### Upcoming Team Meetings:

- August 3, 2011      OPWDD Room 4B (continuation from July 27, 2011 meeting)
- August 16, 2011    OPWDD Room 4B
- August 29, 2011    OPWDD Room 4B

