



Stop. Report. Prevent.

All OPWDD employees have a responsibility to report abuse and neglect directly to their supervisor.

CQCAPD: 1-800-624-4143, or OPWDD: 1-866-946-9733 (TTY: 1-866-933-4889)

Andrew M. Cuomo
Governor



Courtney Burke
Commissioner



News and Information from the New York State Office for People With Developmental Disabilities

People First



January 2012

A Letter from the Commissioner



Dear Friends and Colleagues:

Governor Andrew Cuomo delivered his second State of the State address earlier this month in Albany, and I am pleased to report that in his written remarks, the governor announced the creation of an Olmstead Implementation Plan for New York State, which will develop the framework for the housing, employment, assessment, transportation, and other supports necessary to help New Yorkers with disabilities live in the most integrated community settings. While New York State's Olmstead plan will impact all individuals with disabilities, it also will complement OPWDD's 1115 People First Waiver, of which a primary goal is improving person-centered services for the individuals we serve.

A little history: the 1999 US Supreme Court ruling, *Olmstead v. L.C.*, pursuant to the Americans with Disabilities Act, held that unjustified isolation "is properly regarded as discrimination based on disability." The court further ruled that this "perpetuates unwarranted assumptions that persons with disabilities are incapable or unworthy of participating in community life" and that such action "severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment."

Our goals with the People First Waiver are consistent with the spirit of the Supreme Court ruling. The People First Waiver will help OPWDD further its goal of deinstitutionalization by expanding the capacity of home and community-based clinical and behavioral supports to enable individuals to successfully transition to the community. It will create more innovative options for supporting people in the most integrated settings possible, and will make it easier for individuals with developmental disabilities and their families to have more choice and control over the services and supports they receive. By starting with the person first, assessing his or her abilities and preferences, and then developing an individualized plan, we will be more successful in building an individual's capacity for greater independence and life fulfillment.

I thank the governor for his ongoing support of individuals with disabilities and OPWDD's efforts to strengthen our services. I hope that you will join me in applauding the governor for supporting the creation of a New York State Olmstead Implementation Plan.

Sincerely,
Courtney Burke, Commissioner



Issue Highlights

Letter from the Commissioner

OPWDD Reorganizational Changes to Strengthen Services and Supports

Word Search

Jerry Huber to lead Person Centered Supports

Housing Recommendations 'considered for investment'

January Recipe: Butternut Squash Risotto

'Aging in Community' DVDs Available

Broome DDSO Helps Displaced Victims Long After Flood is Over

Cookies with the Commissioner

Health and Safety Alert

Organizational Changes to Strengthen Services and Supports

On December 15, Commissioner Burke announced an organizational overhaul at OPWDD that will place the agency's focus more on service and quality improvement, and help ensure oversight and accountability statewide.

OPWDD's reorganization will:

- Bring a consistent approach and culture to all OPWDD services, whether at state or nonprofit provider agencies, with a greater focus on quality improvement;
- Ensure that person-centered approaches are incorporated throughout the future service system;
- Bring greater efficiency and consistency to all back-office operations, such as finance, human resources, training, and services statewide;
- Transition management of back-office functions to OPWDD's central office, so Developmental Disabilities Services Offices (DDSOs) across the state can focus on service delivery and improvement; and
- Help implement the 1115 People First Waiver, which will move the system to individualized supports and services, instead of the one-size-fits-all approach currently available to the more than 126,000 individuals with developmental disabilities in New York State.

"I am looking forward to continued partnership with all stakeholders as we move our system forward with stronger and more efficient services," said Commissioner Burke.

To view OPWDD's new organizational chart, please visit www.opwdd.ny.gov/images/hp_opwdd_framework.pdf.

Cookies with the Commissioner

Employees in Albany gathered on December 22 to enjoy cookies and conversation at Central Office's holiday reception.



Broome DDSO Helps Displaced Victims Long After Flood is Over

On December 14, the final group of senior citizens with developmental disabilities who were using residential space at the Broome Developmental Center campus following the September 2011 flood returned to their homes.

This comes three months after the remnants of Tropical Storm Lee deluged the Southern Tier, sending the Susquehanna and Chenango rivers over their banks, prompting officials to order the evacuation of at least 120,000 people while surging waters threatened major population centers in that area. The Susquehanna River reached record levels, forcing many residents still recovering from Tropical Storm Irene to abandon their homes once again. Rivers washed out roadways and flooded neighborhoods.

The staff of the Broome DDSO were able to keep the people we support safe and secure, either by remaining on duty for extraordinary stretches or by providing support to those who were relocated from their homes. Buses were set up to transport people to the DC campus. A total of 56 people from state-operated residences in four counties and 49 people from voluntary residences were safely relocated.

Gerald Huber to Lead Division of Person-Centered Supports



Gerald Huber was recently appointed acting deputy commissioner of OPWDD's new Division of Person-Centered Supports. He comes to the position with more than 25 years of experience in human services, having worked in the field his entire career.

Huber has been with OPWDD since 2010, when he was named director of the Long Island DDSO. Before coming to the agency, Huber served as director of human services and deputy county administrator in La Crosse County, Wisconsin, where he oversaw a comprehensive public

human services agency of approximately 250 staff and a direct budget of \$75 million. He was responsible for all community services programs, including child welfare, behavioral health, disability and aging services, libraries, and veterans' services. He also served on the faculty at the Upper Iowa University, where he taught social welfare, health policy, and ethics courses.

Huber holds master's degrees in public administration, social work and human services administration, and public health and public health administration; and a bachelor's degree in behavioral science.

Since his return to New York, Jerry Huber has been a key policymaker in the development of the People First Waiver, serving on the Steering Committee and facilitating the Access and Choice Design Team. He also served as the chair of the Fiscal Sustainability Committee, which addressed fiscal issues facing the state and rates for nonprofit agencies.

According to Huber, the new Division of Person-Centered Supports will focus on the four main

values of OPWDD—home, relationships, health and safety, and work or meaningful activities.

"The intention is to develop a comprehensive system of care that allows individuals and families to receive the services they need, rather than services being made available simply on the basis of what is available," Huber said. "The goal is to streamline various independent models of service delivery so they are simplified and made more consistent in being available to all parts of the state."

The goal, he said, is to develop alternatives for individuals and families that are more community-based and appropriate to need. With the opportunity to have employment, housing, funding, etc., all coordinated together, creates a base for the People First Waiver to move into managed care.

"A central part of the new division will be the People First Waiver Unit, which becomes the backbone not only for what the division will focus on in the future, but also the framework for the future of OPWDD," Huber said.

Housing Recommendations Considered for Investment

The final draft recommendations of the state Medicaid Redesign Team's (MRT) Affordable Housing Workgroup were made in December 2011. OPWDD is cited specifically as "considered for investment."

The kinds of initiatives that could be advanced should funds be made available include:

- Expanding the OPWDD/Martin Dunn supportive housing project model to all five boroughs of New York City and with other New York State Homes and Community Renewal (HCR) affordable housing

developers to assist greater numbers of people with developmental disabilities to move from high-cost, certified residential settings to low-cost, noncertified residential settings. This type of project would target, but not be limited to, high users of Medicaid.

- Assisting OPWDD with re-engineering its existing certified housing to create more independent housing;
- Assisting OPWDD to redevelop some of its existing state land into affordable/supportive housing, particularly in the downstate area. Great opportunities exist to leverage private dollars; and

- Assisting OPWDD to help people with developmental disabilities to remain in the least restrictive environment by providing funds for repairs and renovations.

The goal of this workgroup is to continue meeting in 2012. A tentative first meeting is scheduled for February 2012. For more information, please visit: www.health.ny.gov/health_care/medicaid/redesign/docs/final_draft_recommendations.pdf.



January Recipe: Butternut Squash Risotto

This is an easy and delicious recipe great for warming up a cold January.

Ingredients:

- 1 quart chicken stock
- 1 cup water
- 2 tablespoons extra virgin olive oil
- 1 small onion, chopped
- 2 cloves garlic, chopped
- 2 cups rice
- 10 ounces of butternut squash (fresh, frozen, or canned)
- A touch of nutmeg
- 2 tablespoons butter
- 1 cup parmesan cheese

Directions:

Bring 1 quart stock plus 1 cup water to a simmer in a sauce pot then reduce heat to low. Heat a medium skillet over medium to medium-high heat with olive oil. When oil ripples, add the onions and garlic and soften 2 to 3 minutes. Add rice and toast 2 to 3 minutes more. Add wine and cook it out completely, stirring occasionally, for 2 to 3 minutes. Ladle in stock in intervals, a couple of ladles at a time. Allow liquids to evaporate each time. Risotto will cook 18 minutes, total, from the first addition of liquid. Defrost the squash in your microwave in a dish to collect any liquids and stir in squash the last 3 minutes of cook time. Season with nutmeg, salt, and pepper to taste. In the last minute of cooking time, stir in butter in small pieces, sage leaves, and cheese, and serve.

Aging in Community DVDs Available



On January 1, WMHT and other local Public Broadcasting Service (PBS) stations premiered the *Aging in Community* program, which was created in an effort to reach families and caregivers living with aging individuals with developmental disabilities.

The viewing was the culmination of several years of work by OPWDD aging coordinator Martha Schunk, in partnership with the New York State Office for the Aging (NYSOFA). The initiative was funded through a grant from the state Developmental Disabilities Planning Council (DDPC). The film, which features four true-story vignettes focusing on different aging issues faced, is designed to inform families and caregivers on how they can reach OPWDD and NYSOFA to get information about local supports and services. It is also an outreach to community members across New York State to educate them on how they can lend a hand to help aging neighbors successfully remain at home.

Later this month, as part of this ongoing initiative, OPWDD will release a 30-minute training DVD and curriculum for direct support professionals, families, and other caregivers of individuals with developmental disabilities. The DVD includes 12 chapters, and draws on training provided at the Finger Lakes and Taconic DDSOs, and on the federal

Centers for Disease Control and Prevention and the National Council on Aging websites.

Commissioner Burke said, "Empowering individuals to live in the community is critical to OPWDD's work. Most people want to live independently or with their families for as long as possible. While the individuals with developmental disabilities that we serve share that wish, there may be additional supports, services, and resources needed to ensure their health and safety. This program will help individuals and families understand what is necessary to continue living successfully in the community."

Greg Olsen, acting director of NYSOFA said, "This program provides useful information for families across New York State to help their loved ones with developmental disabilities remain in their homes and communities of choice, and to do so with independence and dignity. The stories of New Yorkers included in the film are not only insightful, but they are also inspiring, and we are indeed fortunate to have people in communities across the state that give so willingly and lovingly to individuals needing a little assistance to live their lives to the fullest."

Approximately 2,000 DVDs will be distributed statewide to nursing homes, area offices for the aging, and to colleges that teach geriatric programs. DVDs also will be available via the OPWDD and NYSOFA websites. Topics for the training include: fall prevention, informed choice, menopause, oral health, and inactivity and maintaining independence.

For more information about either program, or to request a DVD, please email martha.schunk@opwdd.ny.gov.

OPWDD

HEALTH & SAFETY ALERT!

Health and Safety Alert: Fire Events in the Home

In November, OPWDD began health and safety alerts as a means of sharing expectations, regulations, and information about incidents and best practices. The most recent alert deals with fire events in the home, which often occur while preparing meals.

According to the US Fire Administration, fires in the home often start in the kitchen because of unattended cooking, careless placement of combustible items near cooking equipment, grease buildup, or accidental spillage of cooking oils on stove tops and ovens. Two out of every five fire events stem from cooking, and one out of every six home fire deaths are the result of cooking fires.

To maintain safety when cooking, the most important thing to do is stay alert. Suggestions include:

- Never leave cooking unattended.
- Wear short or close fitting sleeves; loose clothing can catch fire.
- Keep cooking surfaces clean at all times to prevent food and grease build-up.
- Keep curtains, towels, pot holders, and any other flammable items away from the stove and other hot surfaces.
- If you are simmering, baking, roasting, or boiling food, check it regularly; remain in the home while food is cooking; and use a timer to remind you that you're cooking.
- Always be careful not to overload electrical outlets, as plugging too many appliances into the same outlet can cause an electrical fire.

To prevent scalding and burns:

- Use the back burner when possible and / or turn pot handles away from the stove's edge. All appliance cords need to be kept coiled and away from counter edges.
- Use oven mitts or potholders when moving hot food from ovens, microwave ovens, or stovetops. Never use wet oven mitts or potholders, as they can cause scald burns.
- Replace old or worn oven mitts.
- Stand back and anticipate steam when uncovering dishes heated in the oven.
- Treat a burn right away with cool water. Cool the burn for 3 to 5 minutes. If the burn is significant or if you have any questions about how to treat it, seek medical attention right away.
- Never serve food that is too hot for an individual to safely eat.

For additional suggestions, please visit the US Fire Administration at www.usfa.fema.gov/citizens/home_fire_prev/cooking.shtm.

Please keep this information in mind when cooking, whether in your home or in a home of individuals we serve. If you have any questions regarding fire safety, please call your DDSO's safety department or the OPWDD Office of Safety and Security Services at 518-474-9897.

To view other OPWDD Health and Safety Alerts, please visit: www.opwdd.ny.gov/alerts/index.jsp. We have had tremendous feedback and recommendations for future alerts from people throughout the system. Please continue to send those items to people.first@opwdd.ny.gov.



From Around the State

From Broome DDSO

In Support of Direct Care

Allan Walley, president of the Broome-Tioga Self Advocacy Group submitted this letter to the *New York Times*. Allan was the guest viewpoint in the *Binghamton Press & Sun Bulletin* on December 23, 2011.

Developmental Center's Staff Cares About its Residents

By Allan Walley

I am an individual who lives at the Broome Developmental Center in Binghamton. The center is operated by New York State through the Broome Developmental Disabilities Services Office. The Broome DDSO serves individuals with developmental disabilities in Broome, Tioga, Chenango, Tompkins, Otsego and Delaware counties. Several articles have been published recently describing instances of abuse of individuals with disabilities by



some staff members in both state-run and not-for-profit facilities. I have lived in state-run facilities since 1996. Soon, I will be moving into the community. Yes, there may be a few bad staff members, but not all of them are bad. Staff members respect the individuals they serve here at the Broome Developmental Center. They take us to many activities offered in the community, and they also make sure our needs and wants are met. The staff members let us make personal decisions and choices about our lifestyle, and they let us spend our money on things we like. We can watch television programs of our choice and make as many phone calls as we want to whomever we choose. The staff makes sure we live in a safe and clean environment. They do well-being checks every 15 minutes during the night to make sure we are safe and breathing. When staff administer medications, they make sure we are getting the right ones; they make sure our medical needs are met and that we get to our appointments on time. The staff does not punish us; they do not hit, slap, pinch, kick or force individuals to do things. They do not call us names, yell at us or make us feel bad. Staff members come in on their days off to help me get to self-advocacy meetings in Albany and Syracuse. Our recreation therapists are willing to take us to Special Olympics sporting events on their weekends off, and they stay late to take us into the community for bingo and sporting events such as basketball, baseball and hockey games. Our habilitation specialist even used his lunch break to take some of us to vote on Election Day. I believe we have a well-trained staff. I am one of those who trains new staff, including caseworkers, and lets them know how we would like to be treated. I was part of the committee that hired the new director, and a new psychologist. I am now helping to hire a new deputy director for the Broome DDSO.



From Central NY DDSO

Senior Companions Celebrate Their Gift

One of the most valuable gifts one can give is himself or herself. The Senior Companion program embodies that philosophy, as evidenced by the 58 men and women in the Syracuse area who volunteer to spend time with individuals with disabilities. On December 6, we celebrated the gifts our senior companions bring every day, as a special in-service meeting was held at the Spaghetti Warehouse. Among those attending were, I to r, Catherine Brooks, who volunteers at Elgin; Frances Williams, who volunteers at Gateway Day Hab; and Sarah Knight, who gives her time to Westcott Day Hab.

The Senior Companion program partners area seniors with adults who have developmental disabilities. Among the activities shared are community experiences, skill development, socialization, recreation, and friendship. Senior companions are men and women age 55 or older who have limited incomes and who are willing to volunteer 15 to 35 hours per week. In return for their time, seniors receive a tax-free stipend; paid vacation, sick leave, and personal leave; a daily meal or meal allowance; assistance with transportation; and ongoing training. If you or someone you know are interested in serving as a senior companion, contact Jennie Lee at 315-473-5034 or Cindy Fagan at 315-339-0110, ext. 442.

From Hudson Valley DDSO

Obesity and People with Developmental Disabilities

There is an epidemic of obesity in the United States with one of three adults and one of six children and adolescents suffering from obesity (National Health and Examination Survey). This is having a negative impact on the general health of the population because people with obesity are at an increased risk for hypertension, diabetes and heart disease. Medically, obesity is defined as a body mass index (BMI) greater than 30. There is a BMI calculator on the following website of the US Center for Disease Control (CDC). The BMI of higher than 30 is correlated to an increased risk of death, most of which were due to heart attack and stroke.

(http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html).

In persons with developmental disabilities there are additional risk factors for obesity. Many of the genetic conditions associated with intellectual disability, such as Prader Willi Syndrome, include increased risk of obesity. Many such individuals require psychiatric medications which can increase appetite leading to obesity. Finally, many individuals with developmental disabilities have a sedentary lifestyle. These factors together make persons with developmental disabilities more prone to obesity.

In our population, the consequences of obesity in addition to heart attack and stroke often revolve around breathing. Obese individuals have a harder time moving their chests to get a full breath. If they smoked in the past, the combination of poor

chest movement and old tobacco poisoning leads to increased risk for pneumonia. Difficulty moving the chest due to obesity also impacts how well our patients recover from choking episodes. In addition to swallowing difficulties leading to choking, many of our patients have gastroesophageal reflux disease (GERD) and frequently breathe down small amounts of stomach contents. With obesity impaired chest movement, it is harder for our patients to cough out the stomach contents. If that material remains low in the lungs it causes an inflammation of the lungs that looks like pneumonia but takes much longer to heal (aspiration pneumonitis).

In addition, sleep can be difficult and even dangerous if breathing is hard due to obesity. Obesity is a risk factor for a serious sleep problem called sleep apnea, where the patient stops breathing for short periods during sleep. Over long periods of time, this can lead to chronic heart disease in addition to the immediate effects of sleep deprivation.

In addition to life threatening breathing problems, obesity can overwhelm the body's ability to control blood sugar leading to diabetes (insulin resistance). Unmanaged diabetes increases the rate of atherosclerosis, speeding the time to first heart attack and stroke. Diabetic impaired blood supply leads to blindness and amputations as well. Unmanaged diabetes also increases the risk of infections since the immune cells don't work well in high sugar environments.

Among the consequences of obesity that are not life threatening, joint deterioration is the most obvious. With the burden of extra weight, the cartilage of weight bearing joints wears out more quickly, causing pain with weight bearing (hip and knee osteoarthritis) leading to an even more sedentary life.

An adult sedentary person needs about 2,000 calories, while a person who is wheelchair bound needs only 1,000 calories. Walking two miles in one hour requires 200 calories. An obese adult can easily obtain their daily maintenance from two "fast food" meals daily. A Kentucky Fried chicken pot pie (770 calories), Big Mac (540 calories) and a large Pepsi (280 calories) can provide a full day's worth of calories to a non-ambulatory person.

(<http://www.webmd.com/diet/features/estimated-calorie-requirement>). Even without the slow metabolism of many of the intellectual disabilities syndromes, sedentary adults may gain weight just by eating three meals daily. Our individuals often derive their main pleasure from eating, so we have to help them eat foods in the appropriate portions and the right caloric content to be able to enjoy our customary three daily meals plus snacking without becoming obese, putting their health at risk. With creative help from the Nutrition Department, we will be able to find ways of ensuring that our patients will get to enjoy meals and snacks without overwhelming them with calories.

Bruce Reidenberg, MD and Karyn Hirsh, MD and the medical team at Hudson Valley DDSO