



# MISCC

MOST INTEGRATED SETTING COORDINATING COUNCIL



## 2009 ANNUAL REPORT



April 28, 2010

Dear Friends and Colleagues,

I am pleased to be able to present to you the Most Integrated Setting Coordinating Council (MISCC) 2009 Annual Report.

As chair of MISCC, I want to thank my colleagues in the MISCC member agencies of the Division of Housing and Community Renewal, Department of Health, Developmental Disabilities Planning Council, Office for the Aging, Education Department, Office of Alcoholism and Substance Abuse Services, Office of Mental Health, Office of Children and Family Services, Commission on Quality of Care and Advocacy for Persons with Disabilities, Department of Transportation, Department of Labor and Office of Temporary and Disability Assistance for the work they have done toward completion of this report. I also want to thank the public members of MISCC, along with the individuals and organizations, that have participated in the MISCC housing, employment and transportation committees over the past year.

The combined efforts of the MISCC member agencies, appointed members and the public has resulted in a watershed year of activity. These combined voices have informed the development of a draft MISCC plan and collection of housing and employment data. These efforts have moved New York State closer to Governor David A. Paterson's vision of transforming the human services delivery system to enable people with disabilities to have the same opportunities to live with dignity in their community as we all do.

While we all face fiscal challenges, opportunities exist to advance the goals of MISCC.

The Council will use these opportunities to create a more person-centered human service delivery system for people with disabilities. Through our continued collaborative efforts, we will work to transform services so that they are individualized, flexible and integrated within the community, to help ensure that people with disabilities living in New York State can enjoy more person-centered, quality lives.

It has been an honor serving as Chair of MISCC because it is consistent with the Putting People First Philosophy I have as Commissioner of the Office of Mental Retardation and Developmental Disabilities. This philosophy is at the heart of everything I do as Chair of the MISCC and as Commissioner. It is my goal that this philosophy drives MISCC activities. My vision is that all people with disabilities are offered high quality and fiscally responsible yet individualized and person-centered supports and services that enable them to enjoy four basic outcomes: living in the community in a home of their choice; working or engaging in activities that contribute to their communities and personal growth; enjoying meaningful relationships, and maintaining good health.

Sincerely,

Diana Jones Ritter, Commissioner  
Office of Mental Retardation and Developmental Disabilities  
Chair, MISCC



### **Most Integrated Setting Coordinating Council Members**

MISCC Chair: Diana Jones Ritter, Commissioner  
Office of Mental Retardation and Developmental Disabilities

Deborah VanAmerongen, Commissioner  
Division of Housing and Community Renewal

Michael J. Burgess, Director  
State Office for the Aging

Jane G. Lynch, Chief Operating Officer  
Commission on Quality of Care and Advocacy for Persons with Disabilities

Michael F. Hogan, PhD, Commissioner  
Office of Mental Health

Karen M. Carpenter-Palumbo, Commissioner  
Office of Alcoholism and Substance Abuse Services

Richard F. Daines, M.D., Commissioner  
Department of Health

David Steiner, Commissioner  
Education Department

Gladys Carrión, Commissioner, Esq  
Office of Children and Family Services

Stanley Gee, Acting Commissioner  
Department of Transportation

#### **Ex-officio Agency Members:**

Sheila Carey, Executive Director, Developmental Disabilities Planning Council

Elizabeth Berlin, Executive Deputy Commissioner, Office of Temporary and Disability Assistance

M. Patricia Smith, Commissioner, Department of Labor

#### **Members of the Public Appointed by the Governor, Senate or Assembly:**

Carol Raphael, Visiting Nurse Service of New York  
Patricia L. Fratangelo, Onondaga Community Living  
Kimberly T. Hill, New York State Assembly Task Force on People with Disabilities  
Lisa Holmes, Tompkins County Office for the Aging  
Constance Laymon, Consumer Directed Choices  
Karen Oates, Mental Health Association of Rockland County  
Harvey Rosenthal, New York Association of Psychiatric Rehabilitation Services



## Table of Contents

Overview	4
----------	---

Executive Summary	5
-------------------	---

### MISCC Committee Reports

• Housing Committee	7
• Employment Committee	11
• Transportation Committee	15

### Agency Reports

• Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD)	19
• Department of Education (SED)	22
• Department of Health (DOH)	24
• Developmental Disabilities Planning Council (DDPC)	26
• Division of Housing and Community Renewal (DHCR)	28
• Office for the Aging (NYSOFA)	34
• Office of Alcoholism and Substance Abuse Services (OASAS)	37
• Office of Children and Family Services (OCFS)	39
• Office of Temporary and Disability Assistance (OTDA)	40
• Office of Mental Health (OMH)	41
• Office of Mental Retardation and Developmental Disabilities (OMRDD)	44



## Overview

On June 22, 1999, the United States Supreme Court held in Olmstead v. L.C. that, pursuant to the Americans with Disability Act, “unjustified placement or retention of persons in institutions, severely limiting their exposure to the outside community, constitutes a form of discrimination.” The Supreme Court’s majority opinion stated that, “unjustified institutional isolation is properly regarded as discrimination based on disability....” The Court further ruled that, “...institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life....confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.”

In response, New York enacted Chapter 551 of the Laws of 2002, creating the Most Integrated Setting Coordinating Council (MISCC). The Legislature found that “while New York provided community supports for people of all ages with disabilities, it had no centralized mechanism in place to determine whether or not people of all ages with disabilities are residing in the most integrated setting.” On November 20, 2006, the MISCC issued its first report to the Governor and the Legislature entitled, *Addressing the Service and Support Needs of New Yorkers with Disabilities*. This report presented the Council’s plan to ensure that New Yorkers with disabilities receive services in the most integrated setting appropriate to their needs.

Since becoming Chairperson of the MISCC in 2007, Office of Mental Retardation and Developmental Disabilities (OMRDD) Commissioner Diana Jones Ritter has initiated a number of action steps to position the Council to meet the legislative intent of the Most Integrated Setting Coordinating Council enabling legislation.

These action steps include creation of housing, employment and transportation committees that include the active participation of agencies and disability advocates; creation of stakeholder groups that provide input to agencies on the development of MISCC-related goals and priorities, compiling data on housing and employment opportunities for people with disabilities and creation of a draft MISCC plan which identifies agency goals related to assisting individuals with disabilities to live in the most integrated setting.

As the MISCC moves forward to implement the intent of its enabling legislation, it will continue to do so in an open, transparent manner which welcomes, respects and incorporates public input and dialogue into its efforts. The MISCC member agencies and their stakeholders are expected to work collaboratively to provide services and supports to enable people, regardless of their disability, to live in the most integrated setting.



## Executive Summary

The Most Integrated Setting Coordinating Council (MISCC), established by Chapter 551 of the Laws of 2002, is responsible for ensuring that New York State has developed and implemented a plan to reasonably accommodate the desire of people of all ages with disabilities to avoid institutionalization and be appropriately placed in the most integrated setting possible, as contemplated by the 1999 United States Supreme Court in *Olmstead v LC*.

During 2009, the MISCC convened quarterly meetings, which led to development of a draft two-year MISCC plan. This short-term plan lays the foundation for a long term New York State MISCC Plan by including actions that will result in systemic changes necessary to improve access for people with disabilities to the most integrated settings possible. The quarterly MISCC meetings provided a venue for interagency collaboration, stakeholder input and cross-system discussion of ways to identify and address barriers that prevent individuals with disabilities from living in the most integrated setting. The most dynamic work of MISCC in 2009 occurred within the housing, employment and transportation committees. These committees met regularly to develop recommendations to improve the ways in which individuals with disabilities live, work and travel within their communities. Agendas, minutes and materials from the quarterly MISCC meetings, along with materials from committee meetings, are available at [www.omr.state.ny.us/MISCC](http://www.omr.state.ny.us/MISCC).

### Stakeholder Engagement

Because it is extremely important that the individuals impacted by MISCC have a voice in its activities, MISCC Chair Diana Jones Ritter directed each of the MISCC state agencies to identify a stakeholder group that would provide input, feedback and recommendations on issues related to development and implementation of a MISCC plan. Stakeholders include individuals with disabilities and/or their family members, providers of services to individuals with disabilities and advocates for people with disabilities. During 2009, stakeholders played an active role at MISCC quarterly meetings, committee meetings and within MISCC member agencies. Their personal stories and experiences were vital in improving several interagency collaborations, including the Nursing Home Transition and Diversion Waiver Housing Subsidy, NYHousingSearch.gov and the New York Makes Work Pay initiative. Stakeholder feedback was vital in refocusing the MISCC on creation of the draft MISCC plan. This feedback will continue to be important over the next year and will inform the activities of MISCC member agencies to ensure that public policy is directly related to what individuals with disabilities need.

### Committees

Individuals with disabilities need access to appropriate, safe, accessible and affordable housing of their choice, employment opportunities and access to transportation that will enable them to be active members of their communities. The issues of housing, employment and transportation are important to all New Yorkers but especially to New Yorkers with disabilities because they are the means by which an individual can live in the most integrated settings possible. Over the last year, the Housing, Employment and Transportation Committees were the primary vehicle of MISCC activity. Collaboration between agencies and stakeholders was essential to the work that was accomplished in each of the committees. The committees spearheaded efforts to obtain data on the housing and employment activities of member agencies. Data will continue to be a focus over the next year, particularly as it relates to how it can be used to inform funding decisions and encourage investment in integrated opportunities for people with disabilities. The committees were also instrumental in the development of the draft MISCC Plan.



### Accomplishments

The draft MISCC plan was a significant accomplishment for both council members and stakeholders. Since 2002, MISCC has produced retrospective annual reports focused on activities from the previous year. Under the leadership of Commissioner Ritter, the MISCC has now developed a draft plan in addition to the annual report. The draft MISCC plan focuses on short term priorities that agencies will work on over a two-year period to assist individuals with disabilities to live in the most integrated setting. The priorities identified in the plan demonstrate New York State's commitment to ensuring that individuals with disabilities have access to the resources they need in order to live in the most integrated settings possible. Finalizing the plan will be a priority over the next year.

### Challenges

New York State's fiscal reality has created both opportunities and challenges for MISCC. Agencies are challenged by limited resources which in some instances has slowed the pace of some of the MISCC's efforts. In an effort to move change forward, the MISCC plan is formulated to create measurable outcomes. Partnership and transparency are essential as agencies and stakeholders work together on these issues. This partnership will be important in identifying opportunities to improve services so that they are individualized, flexible and integrated within the community. The collaborative efforts through the MISCC and elsewhere within Governor Paterson's administration can and will result in systemic changes that will enhance the dignity and quality of lives for people with disabilities and promote inclusive community environments.



## **2009 MISCC Housing Committee Report**

### ***Structure/Charge to the Housing Committee***

The Most Integrated Setting Coordinating Council (MISCC) Housing Committee is comprised of State agency and advocacy representatives whose work impacts the lives of individuals with disabilities. The Committee was formed in April 2007 to support MISCC's goal of ensuring that individuals of all ages with disabilities are afforded choice and are empowered to live in the most integrated setting that meets their individual needs and preferences.

### ***HOUSING COMMITTEE MEMBERSHIP***

#### **New York State Agency Members**

Division of Housing and Community Renewal, Commissioner Deborah VanAmerongen (Chair)  
Office of Mental Retardation and Developmental Disabilities  
Office for the Aging  
Commission on Quality Care and Advocacy for Persons with Disabilities  
Office of Mental Health  
Education Department – VESID  
Office of Children and Family Services  
Office for Alcoholism and Substance Abuse Services  
Developmental Disabilities Planning Council  
Department of Health

#### **Legislative Members**

New York State Assembly Task Force on People with Disabilities

#### **Advocacy Members**

New York State Association of Psychiatric Rehabilitation Services  
Self-Advocacy Association of New York State  
The Center for the Independence of the Disabled, NY  
Center for Disability Rights  
Coalition for the Homeless  
Mental Health Association of Rockland County  
Supportive Housing Network of New York  
Onondaga Community Living  
New York Association of Homes and Services for the Aging  
Association for Community Living  
Independent Living Center of the Hudson Valley

#### ***Focus and Results:***

The MISCC Housing Committee strives to maintain a statewide dialogue to promote a common vision for the future of housing for people with disabilities so that they may be fully integrated into community life, as well as to provide leadership, guidance and a collaborative forum for stakeholders to influence policy changes to encourage more affordable housing and accessible opportunities.



The members of the MISCC Housing Committee met quarterly during 2009 to discuss strategies to provide individuals with disabilities greater access to safe, decent, integrated, accessible and affordable housing that meets individual needs, as well as to increase the availability of supportive services where available for people with disabilities to live, work, learn, play and participate in their communities to the fullest extent possible. The Committee identified three action item recommendations which were included in the 2008 MISCC Report. These items are: creating affordable/accessible housing, improving data collection and increasing awareness.

The MISCC Housing Committee provided a forum for candid discussion about what is working, what is not and how together we could improve results. Several key discussions resulted in tangible results:

### ***NYHousingSearch.gov***

Throughout the launch and year one of operation of NYHousingSearch.gov, members of the MISCC Housing Committee provided valuable feedback including information gained by reaching out to their stakeholders for input. Feedback helped to shape this innovative service, which connects people with housing they can afford that meets their individual needs and is located in the communities of their choice. The website [www.NYShousingsearch.gov](http://www.NYShousingsearch.gov) can be accessed online 24-hours a day and is supported by a toll-free, bilingual call center Monday through Friday, 9 a.m. to 6 p.m. E.S.T.

NYHousingSearch.gov was launched as a **FREE** public service provided by the Division of Housing and Community Renewal (DHCR), the Department of Health (DOH) and the Office of Mental Retardation and Developmental Disabilities (OMRDD). The site is funded in part through a Money Follows the Person (MFP) Rebalancing Demonstration Grant, a Real Choice Systems Change Grant, and a Systems Transformation Grant from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. These grants assist states with making effective and enduring improvements in community-based long-term care and support systems for seniors and people with disabilities.

### ***Nursing Home Transition and Diversion Waiver Housing Subsidy***

Through discussions with disability advocates and partner agencies, the State recognized that for persons with disabilities and special needs living on Social Security Income (SSI) the cost of housing was often a barrier to fair housing choice. DHCR partnered with the Department of Health (DOH) to create the Nursing Home Transition and Diversion (NHTD) Waiver Housing Subsidy Program to assist individuals in nursing homes to move into community settings. This State-funded initiative provides rental assistance to NHTD Medicaid waiver participants in New York State. The program offers an alternative to nursing homes for people with disabilities ages 18 or older, and to seniors, by assisting them with securing housing and at-home services appropriate to their needs.

### **Increasing Opportunities for Accessible Housing through the Access to Home Program**

DHCR created the Access to Home program in 2004 as a result of a unique collaboration between State agencies, Independent Living Centers, Housing Preservation Companies, disability advocates, and other stakeholders. Together these groups worked to identify gaps in housing opportunities for persons with disabilities.

Access to Home has committed more than \$35 million dollars in funding to not-for-profit organizations to administer local programs to make the homes and apartments of low- and



moderate-income New Yorkers with disabilities accessible. Under the program, home improvements and alterations are made to permit persons with physical disabilities to remain in their own homes, rather than enter a nursing home setting. The Access to Home Program received the 2009 National Council of State Housing Agencies (NCSHA) Award for HOME Improvement and Rehabilitation.

Recommendations forwarded by the MISCC Housing Committee to increase collaboration between the Access to Home program and other environmental modification programs were reflected in the program's 2010 Requests for Proposals, which included new language in its rating criteria to encourage partnerships with DOH e-mod waiver providers. The new language can be viewed on Page 21 of the 2010 Unified Funding notice found at: [http://nysdhcr.gov/Funding/RFPs/UF2010\\_LPA\\_RFP.pdf](http://nysdhcr.gov/Funding/RFPs/UF2010_LPA_RFP.pdf).

### ***Collecting Data***

The MISCC Housing Committee continued its priority of defining types of data sources and identifying next steps to overcoming barriers to collecting data. To focus on this issue, the Committee created a Data Workgroup. In 2009, the Workgroup met individually and worked with the MISCC to assist in creating the MISCC Data Matrix, which was used to collect housing data from MISCC member agencies. This data will be used to inform the work of MISCC over the next year.

### **Increasing the Supply of Accessible, Affordable Housing:**

#### **Public Service Announcement**

The MISCC Housing Committee's Action Item Recommendations for 2009 sought to increase awareness of the need for affordable housing opportunities. One of these actions was to launch [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov) through a partnership and feedback from Committee members and their stakeholder groups. In addition, DHCR launched a statewide Public Service Announcement (PSA) campaign to promote the continued development of affordable housing in communities throughout New York State. DHCR launched an ongoing campaign to dispel the myths associated with affordable housing and demonstrate the far-reaching benefits that it has on cities, towns, and villages. The support of municipalities on every level is critical to the State's ability to create and preserve affordable housing opportunities in New York. The PSAs were part of a larger campaign, Affordable Housing Works, touting attractive and high quality affordable housing developments across New York State.

#### ***New York State Consolidated Plan Stakeholder Participation***

DHCR has been working closely with the Money Follows the Person (MFP) Housing Education Initiative to encourage stakeholder participation in current Consolidated Plan development. Representatives at DHCR have held training sessions with the MFP Project Coordinator regarding Consolidated Plan timelines, programs covered by each agency, as well as State Agency contacts for programs included in the consolidated plan. DHCR has also assisted with the development of training materials for Regional Housing Educators involved in the MFP Housing Education Initiative, and provided dates for public hearings and deadlines for comments for use by the Project Coordinator and Regional Housing Educators to assist in encouraging public participation in the Consolidated Planning Process.

The MISCC housing committee members also provided invaluable input on other key DHCR initiatives including:



- Providing feedback on the Qualified Allocation Plan, which implements the Federal Low Income Housing Credit (LIHC) Program;
- Enhancing program requirements and scoring associated with the Low Income Housing Trust Fund; and
- Partnership regarding roll-out and implementation of the Nursing Home Transition and Diversion Waiver Housing Subsidy Program.



## 2009 MISCC Employment Committee Report

During 2009, the MISCC Employment Committee developed the following Statement of Principles and recommended to the MISCC that these principles guide its actions in developing and carrying out a MISCC Plan for New York State.

### Statement of Principles

The MISCC Employment Committee envisions a future in which individuals with significant disabilities live, learn, work and participate fully in the community. This vision requires a commitment to action consistent with the following principles related to employment:

- Employment and career goals are based on informed choice and the preferences of the individual.
- All individuals with disabilities can work with appropriate supports and services.
- Work is an expected activity for working-age individuals.
- Employment should be the first consideration when planning and providing supports and services for people with disabilities.
- Employment is integral to a person's recovery, habilitation and/or rehabilitation.
- The goal of employment services is a competitive wage or self employment in an integrated setting.
- Services or supports for employment start when an individual expresses an interest in work.
- Ongoing supports are available for as long as necessary.

### Introduction

The Employment Committee formed five work teams to address the following priorities established in the 2008 MISCC Report:

- Data and Funding Integration
- Increasing Access to Employment Services
- Employer Focused Strategies
- Work Incentives Planning
- Public Sector Employment

As the Employment Committee moved forward with these activities, the Committee identified the need to develop a stronger implementation plan. While this report outlines our accomplishments for 2009, the Employment Committee has developed a draft 2010 Plan that restructures those objectives that emerged in the course of our efforts. The 2010 objectives reflect the clarity that was achieved through dialogue among the stakeholders represented on the Employment Committee.

### Data and Funding Integration

The Data and Funding Integration Team examined the degree to which funds are allocated for segregated and integrated programs. The team was instrumental in drafting a memo requesting employment information from each of the State agencies represented on the MISCC. The Employment Committee applauds the MISCC and State agency members who provided an extraordinary amount of data in a short period of time. This transparency will enable the MISCC, with the continued work of the Employment Committee, to start to identify how resources can be directed or redirected toward integrated employment.



## **Increasing Access to Employment Services**

The Access to Employment Services Work Team focused on how New York State agencies could streamline and simplify the eligibility process for individuals, their families and services providers. The team also explored how to improve the availability of integrated employment options for individuals with disabilities. The Access to Employment Services Work Team continued to address these objectives through the following accomplishments during 2009:

- Created a vision statement and principles to guide the interagency development and implementation of employment related services for individuals with disabilities.
- Developed a first draft of a matrix outlining eligibility for employment related services provided by CBVH, OASAS, OMH, OMRDD and VESID. This matrix will be used to explore options for expedited eligibility.
- Moving forward, and based on the agreed upon vision and principles, an implementation plan to support attainable short- and long-term systems changes that promote integrated employment options for individuals with disabilities will be developed. Possible strategies include: building capacity for individuals across all ages to achieve integrated employment; amending policies to reinforce the cooperative efforts toward achieving an inclusive workforce for individuals with disabilities; and, establishing practices for all treatment, rehabilitation and habilitation programs to offer employment options and the development of an employment plan.

## **Employer Focused Strategies**

The Employer Focused Strategies Work Team focused on two initiatives related to increasing the participation of employers in hiring and retaining individuals with disabilities:

- The development of an employer-focused marketing and public awareness campaign; and,
- The development of a payroll tax incentive for employing individuals with disabilities.

To date the following actions were accomplished:

- Initiated a discussion with the OMH New York Makes Work Pay staff and participated in a webinar related to the national Think Beyond the Label campaign.
- Established a working connection with the VESID State Rehabilitation Council Workforce Committee to exchange information and coordinate efforts to engage the employer community in greater awareness of hiring people with disabilities.
- Held seminars at NYSID and NYSRA to explore and evaluate the payroll tax incentive concept developed by NISH Institute for Economic Empowerment. Initiated discussions with the VESID State Rehabilitation Council Workforce Development Committee to further support exploration of this option or related tax incentive options.

## **Work Incentives Planning**

The Work Incentives Planning Team focused on increasing work incentive utilization by reinforcing and enhancing the provision of comprehensive benefits and work incentives planning through the following accomplishments in 2009:



- Conducted benchmarking of benefits and work incentives standards across NYS disability and employment agencies and compiled a briefing report.
- Completed demographic research and produced a report of individuals from ethnically and racially diverse populations potentially eligible for the Medicaid Buy-in Program for Working People with Disabilities by using the Community Participation Survey data from the U.S. Census Bureau.
- Compiled a draft Code of Conduct and Professional Standards for benefits and work incentives practitioners in New York State.
- Supported through the New York Makes Work Pay initiative the development of 120 new credentialed benefits and work incentives practitioners across disability systems.
- Supported the New York Makes Work Pay initiative in establishing, monitoring and disseminating information regarding a toll-free technical assistance line on work incentive utilization for New Yorkers with disabilities (1-888-224-3272).

### **Public Sector Employment**

The Public Sector Employment Work Team accomplished the following during 2009:

- Reviewed the State DOL 2008 Report of the Commissioner on Return to Work and considered options, including capacity needs, with the Departments of Labor and Civil Service and other relevant State agencies to implement a program to rehire workers with disabilities into the State workforce.
- Contacted the State Personnel and Affirmative Action Advisory Councils regarding the Civil Service Department conducting a presentation on revisions to the 55-b and 55-c programs and encouraging agencies to designate a point person in Human Resources to recruit, help retain and promote people with disabilities; the point person must know about the agency's vacant items so he/she can do appropriate recruitment and placement.

### **Conclusion**

During 2009, the MISCC Employment Committee:

- Supported OMH, in collaboration with Cornell University and Syracuse University, in launching the CMS Medicaid Infrastructure Grant entitled "New York Makes Work Pay" and began to serve as an advisory group to the project. The Committee members had broad participation in many activities during the year aimed at developing a five year strategic plan for New York State related to employment of individuals with disabilities.
- Committed to the development of an MISCC Employment Plan, based on the agreed upon vision and principles, to support attainable short and long term systems changes that promote integrated employment options for individuals with disabilities.



The proposed draft MISCC Employment Plan focuses on three key objectives:

- Increased expectations and capacity for integrated employment based on a cross-program information system that accurately reflects data and funding;
- The development of employment-focused policy across State agencies and community partners that reflects the expectation that all individuals, including youth, can work when the proper supports and services are provided.
- Implementation of evidence-based practices that increase the capacity and effectiveness of all efforts to achieve integrated employment outcomes.



## 2009 MISCC TRANSPORTATION COMMITTEE REPORT

### Structure/Charge to the Transportation Committee

The Most Integrated Setting Coordinating Council (MISCC) Transportation Committee is comprised of State agency and advocacy representatives whose work impacts the lives of individuals with disabilities. The Committee was formed in December 2007 to support MISCC's goal of ensuring that individuals of all ages with disabilities are afforded choice and are empowered to live in the most integrated setting that meets their individual needs and preferences.

### TRANSPORTATION COMMITTEE MEMBERSHIP

#### Agency Members

Tom Vaughan, Department of Transportation (Chair)  
 Gerald Passamonte, Office of Mental Retardation and Developmental Disabilities  
 Michael Paris, Office for the Aging  
 Greg Jones, Commission on Quality Care and Advocacy for Persons with Disabilities  
 Tony Trahan & Ellice Matza, Office of Mental Health  
 Lisa Irizarry, Division of Housing and Community Renewal  
 Michael Peluso, State Education Department - VESID  
 Joseph Nye, Office of Children and Family Services  
 Henry Gonzalez, Office for Alcoholism and Substance Abuse Services  
 Nicholas Rose, Developmental Disabilities Planning Council  
 Tim Perry-Coon & Karis Browder, Department of Health

#### Advocacy Members

Cliff Perez, Independent Living Center of the Hudson Valley  
 Donna Suhor, Capital District Coalition for Accessible Transportation  
 Daniel Skulicz & Kelly Dixon, Center for Transportation Excellence (Buffalo, NY)  
 James McLary, United We Ride Regional Ambassador (CTAA)

### Focus

The MISCC Transportation Committee finds that without reliable and accessible transportation services, individuals with disabilities are faced with a diminished quality of life. There is a need to focus on programs that eliminate the service gaps and enhance the transportation network necessary to meet existing and developing requirements for transporting individuals with disabilities, the purpose of which is to provide greater economic independence, healthy living and an improved quality of life for individuals with disabilities.

The members of the MISCC Transportation Committee met nine times between January 2009 and October 2009 to discuss issues, concerns and strategies to improve mobility alternatives for individuals with disabilities. The Committee identified human service transportation, the coordination of these services, and accessible pedestrian access, as priorities that require the attention of MISCC. Areas that the MISCC Transportation Committee specifically focused on during the 2009 workgroup meetings included:

- Mobility management;
- ADA requirements and deficiencies for pedestrian facilities;



- Integrative Services and funding for public transportation-human service agency coordination;
- Promoting the deployment of accessible taxis; and
- Identifying alternatives above and beyond current minimum ADA complementary paratransit requirements.

During 2008, the MISCC Transportation Committee developed three (3) action item recommendations for the MISCC Report submitted to the Governor and State Legislature. These action items were also discussed during workgroup meetings. Establishing State Agency "Transportation Czars" was partially accomplished, with excellent participation and input by State Agencies, but still knowledge of State Agency Transportation operations is limited. Accessible Taxi Legislation was deferred to the full-MISCC. Mobility Management was incorporated as part of the overall draft MISCC Transportation Plan. The result of the workgroup efforts of the MISCC Transportation Committee was the development of four (4) action items that are incorporated as part of the draft MISCC Plan. These action items are intended to address the issues and concerns outlined by the Committee throughout 2009.

### **Integrative Activities for Transportation in 2009**

The committee was also involved in or aware of a variety of activities that are integrative in the sense that they are providing opportunities for individuals to seek more integrative settings through transportation coordination. These programs are increasing the options for individuals with disabilities through better coordination of services and use of existing vehicles.

#### **1. Mobility Management Program Development through Job Access/Reverse Commute, New Freedom Funding and other State Funding**

Mobility Management is defined as short-term planning on an organizational level or individual level that improves transportation/mobility options of individuals. This can include organization level vehicle sharing or other coordination activities and travel training for individuals or other consumer-specific activities. Projects across the State have developed and have been helped by the infusion of the Federal Transit Administration (FTA) funding for the Section 5316 (Job Access/ Reverse Commute Program) and Section 5317 (New Freedom). These funding sources require that projects be selected from a competitive process and have their origins in the Locally Developed Coordinated Human Service-Public Transportation Plan.

These plans occur in the urban areas through the Metropolitan Planning Organizations (MPOs) and through the Counties in rural areas. Other funding has been used as a match including Office of Temporary Disability Assistance (OTDA) TANF funding for the Community Solutions for Transportation (CST) program. To date there are 23 counties/agencies that are performing some activities that FTA considers Mobility Management.

A highlight of the draft MISCC plan is to advance a project to work with agencies to recommend performance measures that the MISCC could use for these programs and to recommend funding opportunities from other State programs to make these services more robust and targeted towards solving transportation issues for individuals with disabilities.



## 2. DDPC Transportation Focus Area

The Developmentally Disabled Planning Council (DDPC) concluded its project cluster summary report called “Addressing Transportation Barriers to Employment” initiative. The project was designed to improve access to transportation, increase the knowledge and awareness of transportation options, and provide the supports and coordination between transportation providers and community-based organizations. A major project goal was to link people’s access to employers, the community, local One Stop Employment Centers and other essential services and supports.

The study worked with participants from Erie, Oswego and Franklin Counties to improve communication, scheduling and opportunities for transportation and employment to be more integrated. Local transportation partners, including human service agencies, transit providers, and other agencies serving people with disabilities have formed cooperative relationships that will continue into the future. In contributing to this plan, progress has been made in identifying collective transportation needs and service gaps, and in improving overall transportation services and access to employment in their communities.

## 3. Blended Funding for Rural Mobility

The State Department of Transportation (NYSDOT) and the Department of Health’s (DOH’s) Medicaid Transportation Unit have been working to develop processes where the administrative duties for Non-Emergency Medical Transportation (NEMT) are rolled into a service plan performed by the Public Transit provider as the coordinator of services. The plan enables the NEMT services to serve as a lever for more integrative services with the public transit services and allows DOH to share a fully allocated cost for the services. Local municipalities are able to maximize federal and state funds while preserving limited local revenue sources as well as coordinating disparate services to maximize the use of vehicles on the ground. Communities such as Schoharie County, Ostego County, Fulton County and the City of Gloversville have been able to increase timely services while keeping their transit systems funded. Since NEMT is such a major partner in human-service transportation, it is necessary to start to develop ways to integrate services with them so that the mechanisms and concept can be duplicated with other funding sources.

## 4. Above and beyond Paratransit services with New Freedom funds

The FTA funds set aside for New Freedom (Section 5317) have allowed transit systems to offer increased services and make capital improvements to increase accessibility for individuals with disabilities. In addition to the Mobility Management services described in this report, several agencies have expanded services with New Freedom funds. The Capital District Transportation Authority has purchased accessible taxis to be leased to local operators in the Saratoga area to improve access to activities. The Niagara Frontier Transportation Authority has started a program to expand paratransit services on week-ends to match their week-day service. Lastly, the Rochester-Genesee Transportation Authority has developed a program to expand the paratransit service area (from ¾ to 6 miles) by using a premium price over and above the normal fare. All of these programs could not be possible without the New Freedom funds from FTA.



## **5. Supportive Employment Services and ARC Public Transit**

Several communities are using FTA New Freedom funds for enhancing the Supportive Employment opportunities for their consumers. The ARCs of Livingston-Wyoming and Seneca-Cayuga are identifying more locations for trips to support employment. Without these funds, transportation services that are critical to the goals of employment would not be attainable. This allows consumers to work in the community where no opportunities existed before. In addition, several ARCs are beginning to open some of their routes to the general public, expanding mobility options for various communities. Moreover, in Steuben and Allegany Counties, the public transit routes have been expanded to places where none existed using existing travel lanes provided by the ARCs. In both cases, transportation options were expanded and services have become more integrative.

## **6. Call Center Development and Scheduling**

Several counties have begun to explore opportunities to share resources and experience economies of scale by bringing together disparate call taker/dispatch functions under one mobility management scenario. Chautauqua County has recently purchased dispatch software to improve their delivery of transportation services in the county. Essex County is working with a variety of providers and agencies to enhance the emergency call center for general transportation. The Town of Brookhaven is embarking on a Human Service Transportation Tool that will catalog transportation options of individuals with limited mobility to eventually fold into the call center for the Town. The Center for Transportation Excellence (CTE) in Buffalo has developed a broad dispatching and call center presence to assist human service agencies in meeting their transportation needs.



## Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD)

### 2009 Accomplishments

In 2009, CQCAPD focused on several initiatives to assist people with disabilities to live in the most integrated setting. Agency accomplishments include:

**Money Follows the Person** - The Technology Related Assistance for Individuals with Disabilities (TRAID) Program partnered with the Department of Health to provide assistive technology (AT) devices for loan and trial periods for individuals leaving nursing homes or at risk of entering nursing homes through a Center for Medicare and Medicaid Services (CMS) Money Follows the Person Federal Rebalancing Demonstration Program (MFP) grant. The goal was to increase individuals' access to assistive technology.

This goal was accomplished by providing enhanced reimbursement for select services to individuals who transitioned to community based care after having been in a nursing home for more than six months. The grant is intended to build infrastructures that will result in effective and enduring improvements in long-term care and support services for persons with disabilities of all ages. The provision of AT devices was often an essential aspect to assisting transition to, or maintaining independence at home, work or the community. Through the TRAID Program's 12 Regional Centers 1,241 new devices for demonstration and loan were purchased; 266 device demonstrations were conducted and 566 AT devices were loaned to individuals with disabilities.

**Interagency Coordinating Council for Services to Persons who are Deaf, Deaf-blind or Hard of Hearing** - This year CQCAPD began implementation of the Interagency Coordinating Council for Services to Persons who are Deaf, Deaf-blind or Hard of Hearing. The Council developed plans to address three priorities stipulated in the law that established it, Chapter 174 of the Laws of 2007. Two of these priorities - establishing a clearinghouse of information and resources, and establishing a procedure for handling complaints and referring them to the appropriate regulatory agency - will better enable persons who are deaf, deaf-blind or hard of hearing to live, work and otherwise fully participate in their communities.

**Quality Initiative** - CQCAPD initiated a partnership with a coalition of more than twenty statewide organizations involved in providing services and supports by, with and for people with disabilities to share perspectives on what is meant by having a good quality of life.

This goal was accomplished by convening more than 30 focus groups, comprised of people with a variety of disabilities and family members, and gathering individual's personal stories. The findings were presented at eight conferences or interagency meetings in the fall to encourage participants to use the information as a basis for expanding their concept of what constitutes "quality" in development and evaluation of their programs and services. CQCAPD staff is also further refining the information to possibly offer groups assistance in developing their own plan related to one or more life areas.



**Adult Homes** – CQCAPD participated on two different interagency work groups; one with OMH and DOH, the other with these agencies and NYSOFA and community agencies. The broader group addresses interagency policy issues and the other assists with informing adult home residents about housing options and recommending appropriate housing for individuals who are relocating from an adult home due to a voluntary or required closure. The goal of both is to enhance availability of housing opportunities for individuals with disabilities in New York State through improved interagency collaboration. This goal was accomplished by being involved in two closures which included informing residents of available housing options and assisting with the relocation of 55 individuals. Where appropriate, residents were offered the opportunity to move to a more integrated setting.

**Training on Special Education Advocacy, Disability Rights, Self Advocacy and Related Topics** – CQCAPD's goal was to expand its training opportunities to enhance people's knowledge of their rights and responsibilities to foster greater community inclusion. The goal was accomplished by conducting 144 trainings for 5,612 individuals. New partnerships were also developed to expand training to additional audiences. Examples include hospitals and health organizations such as Visiting Nurses Association, National Alliance for the Mentally Ill (NAMI) Chapters, and State and community partners in the OMH Children's Mental Health Plan.

### **Interagency Collaborations**

In addition to serving on the MISCC and its three standing committees, and chairing the Public Employment Work Group of the Employment Committee, CQCAPD continued its strong advocacy efforts to foster greater participation by persons with disabilities in policy development, program/service design and implementation to foster community integration through a myriad of interagency collaborations. Examples and the barriers addressed include:

- Interagency Task Force on Autism - Limited cross-systems access to consistent and timely information and resources on the Autism Spectrum Disorders continuum.
- Developmental Disabilities Planning Council and its three standing committees - Several different barriers related to assistive technology, self direction and individual supports, inclusion in community religious activities, inclusion in the literacy zones program, community employment and emergency preparedness.
- Interagency Task Force on HIV/AIDS and the Prevention Planning Group - Limited availability of prevention information and materials to persons who are deaf and persons with cognitive disabilities.
- New York State Codes Council - Accessibility barriers that can impede community participation.
- State Board of Elections - Physical, technological and attitudinal barriers to direct participation in the electoral process in one's community.
- State Rehabilitation Councils of VESID and CBVH - Policy and procedural barriers leading to successful vocational rehabilitation and employment outcomes.
- Traumatic Brain Injury Coordinating Council - Lack of coordinated information addressed by facilitating development of a provider's manual to improve quality of TBI waiver services.



- United Way CASH Coalition - Access to asset accumulation information and policies that keep people impoverished.
- Family Caregiver's Council - Practices that interfere with supports to family friends providing community care thus promoting living in the most integrated setting, decreasing the isolation of caregivers and the lack of information about community resources.
- State Office of Emergency Management - Physical, technological and attitudinal barriers through the inclusion of persons with disabilities in emergency planning.
- Department of Transportation - Lack of coordination in approving funds for community transportation and fostering collaboration in use of limited community transportation resources by joint grant reviews.

### **Stakeholder Engagement**

CQCAPD has actively worked to engage stakeholders in its efforts to provide opportunities for individuals with disabilities to live in integrated settings. It has continued to coordinate meetings of the Adult Care Facilities Futures Workgroup, a broad based group of stakeholders including state agencies, service providers and advocates, which are identifying best practices, barriers and opportunities to improve the quality of life for residents in adult homes and expand opportunities for individuals who wish to pursue housing opportunities in more integrated settings. Other efforts include: the stakeholders' group actively involved in the Quality Initiative activities; the TRAIID Program's Assistive Technology Partnership actively involved in the Money Follows the Person grant; the members of the Interagency Coordinating Council for Services to Persons who are Deaf, Deaf-blind or Hard of Hearing and community stakeholders involved in implementing the provisions of Chapter 174 of the Laws of 2007; the PAMI Advisory Council advising the agency on its PAMI Program; and the agency's Advisory Council advising the agency on all aspects of its community integration efforts.



## NEW YORK STATE EDUCATION DEPARTMENT (SED)

### Introduction

The State Education Department (SED) has served as an active participant on the MISCC since its inception in 2002. Dr. Rebecca Cort, Vocational and Educational Services for Individuals with Disabilities (VESID) Deputy Commissioner, serves as a Council member on behalf of Commissioner Steiner. VESID chairs the MISCC Employment Committee. Senior SED staff are also active participants on the MISCC Transportation and Housing Committees.

### 2009 Accomplishments

In keeping with the MISCC charge, the following highlights are a small sample of initiatives that illustrate the Department's commitment to promoting living, learning and earning in least restrictive settings. During 2009, VESID revised its postsecondary training and on-the-job training policies to continue to foster quality employment outcomes for individuals who participate in vocational rehabilitation services. VESID also continued to focus on the main priorities and goals outlined in its State Plan for Vocational Rehabilitation Services and Supported Employment. In addition, VESID identified three priorities areas: increasing the number of individuals who achieve employment after receiving vocational rehabilitation services, including youth; increasing the capacity of Independent Living Centers to deliver quality most integrated setting transition, diversion and advocacy services; and increasing access to quality individualized education programs (IEPs) for students with significant disabilities so they can maximize opportunities for independent living, postsecondary education and employment.

It is important that individuals with disabilities, including youth, become employed in integrated work settings consistent with their abilities, interests and achievements. To accomplish this goal, VESID focused on increasing the total number of individuals who achieved an employment outcome after receiving vocational rehabilitation services. Performance data for FFY 2008 showed that 13,326 individuals achieved an employment outcome. In 2007, only 13,198 individuals achieved an employment outcome. VESID also prioritized the goal of increasing the total number of youth (age 14 – 21) who achieved an employment outcome. Performance data for FFY 2008 showed that 4,140 youth achieved an employment outcome, an increase from FFY 2007 where only 3,690 youth were employed.

VESID remains committed to advancing high quality independent living services to all New Yorkers with disabilities that enable them to work and live independent, self-directed lives. It is important that New Yorkers with significant disabilities have access to a range of supports and independent living center services that effectively maximize opportunities for life choices and community living. These opportunities should assist in the transition and/or diversion from nursing home placements to community living through independent living center services. In addition, steps should be taken to enhance the capacity of New York's network of independent living centers to deliver quality most integrated setting transition and diversion services. Finally, more should be done to promote the availability of independent living center advocacy services and utilization of the Department of Health Consumer Directed Personal Assistance Program (CDPAP).

In 2009, independent living centers continued to serve as either Regional Resource Development coordination sites or as providers under the Department of Health (DOH) Traumatic Brain Injury and Nursing Home Transition and Diversion (NHTD) waivers. Independent living centers served in partnership with local Departments of Social Services to deliver Consumer Directed Personal Assistance (CDPA) service programs in 30 counties statewide. The centers also provided advocacy



and housing assistance services. Over 10,000 individuals were assisted with advocacy services and over 8,000 individuals received housing assistance.

Another priority area relates to the needs of students with disabilities. VESID has worked to promote educational equity and excellence for students with disabilities through implementation of the New York State Performance Plan (SPP). New York's students with significant disabilities need access to quality individualized education programs (IEPs) that maximize opportunities for independent living, postsecondary education and employment. VESID is working to ensure that youth aged 15 and older have IEPs that include coordinated, measurable annual goals and transition services that will reasonably enable the student to meet post-secondary goals (SPP Indicator 13). In addition, youth with IEPs should be competitively employed, enrolled in some type of post-secondary school, or both, within one year of leaving high school (SPP Indicator 14).

During 2009, VESID has worked to advance SPP Indicator 13 compliance through ongoing reviews of samples of school districts for appropriate content in individualized education programs (IEPs) of individual students and district-wide compliance with requirements, providing professional development to correct identified issues and/or prevent their occurrence. In addition, VESID is collecting post-school transition data to monitor school district performance in achieving transition results, and will use the data to target the provision of technical assistance to improve opportunities for students to transition successfully to post-school employment, further education and community living.

## **2010 Goals**

In 2010, VESID will continue its efforts with OMH, OMRDD and CBVH to revise the Supported Employment Memorandum of Understanding and to improve the coordination and effectiveness of supported employment services. VESID will also collaborate with school districts, OMH and OMRDD to increase the number of young adults who transition directly from high school to postsecondary education, vocational training or employment.

VESID will continue to work in partnership with DOH, DHCR, the New York State Independent Living Council (NYSILC), the New York State Association on Independent Living (NYAIL) and independent living centers to promote staff development and capacity building in the delivery of Traumatic Brain Injury (TBI), Nursing Home Transition and Diversion (NHTD) waiver services and housing assistance. VESID will also assist in promoting the availability of independent living services through SED's Statewide network of Literacy Zones that focus on lifting all families out of poverty through educational, employment, financial and health literacy.

Finally, VESID will continue to monitor and provide technical assistance to advance SPP Indicators 13 and 14 and will collaborate with school districts, OMH and OMRDD to increase the number of young adults who transition directly from high school to postsecondary education, vocational training or employment.



## Department of Health (DOH)

### 2009 Accomplishments

MISCC related goals for the Department of Health included: improvements in Medicaid waiver programs such as Nursing Home Transition and Diversion (NHTD) and Care at Home (CAH); expansions in alternatives to institutional care through expansions of Adult Day Health Care (ADHC), the Assisted Living Program (ALP) and investments of HEAL funding; initiation of the development of a uniform data set and assessment tool for long term care services; a consistent focus on quality of care issues in all settings and creation of a stakeholder group to solicit input on agency priorities related to achieving the larger MISCC objectives.

The Nursing Home Transition and Diversion (NHTD) 1915(c) Home and Community Based Services (HCBS) Medicaid waiver is now operational statewide, providing a wide range of services and supports to over 300 adult participants who would otherwise require nursing home care. NHTD participants may be eligible for a State funded housing subsidy managed through the NYS Division of Home and Community Renewal.

The Care at Home (CAH) I/II 1915(c) HCBS Medicaid waiver renewal application, approved by the federal Centers for Medicare & Medicaid Services (CMS) on April 15, 2009, expanded eligibility to children of Medicaid eligible families, and added five new pediatric palliative care services to assist children facing the end of life. Pediatric palliative care can be offered simultaneously with life prolonging and curative therapies.

The Department of Health is nearing completion of negotiations with CMS that, when finalized, will allow continuation of spousal impoverishment protections for individuals participating in the 1915(c) HCBS Long Term Home Health Care Program waiver (LTHHCP) and other 1915(c) waivers where appropriate. The federal renewal process for the LTHHCP waiver, which provides a wide range of community based care to over 27,000 individuals, required a change in financial eligibility requirements that may have otherwise adversely impacted certain married waiver participants. Had the spousal impoverishment protections not been maintained, nearly 1,500 current participants may have faced financial hardship and/or unnecessary institutionalization of the disabled spouse.

New York is one of 17 states to receive Federal funding through a 2009 Health Resources and Services Administration (HRSA) Traumatic Brain Injury (TBI) grant. The purpose of the grant is to enhance access to comprehensive and coordinated care for children and veterans. A statewide ombudsman was appointed in June and work is underway to conduct a need and resource assessment through outreach to the TBI stakeholder community. Collaboration among stakeholders including state agencies on TBI related issues has been established and is ongoing.

New York has undertaken the beginning stages of the development of a Uniform Assessment Tool for long term care services. The goal of this initiative is to implement an efficient assessment process that standardizes practices across programs, and that provides comparable data to better assess and plan for community-based long term care. Administration of the assessment process will make access to long term care less burdensome for consumers while improving consumer knowledge of program choices. Implementation of this tool will also lead to more uniform data for long term care services planning.



DOH funded projects to enhance outreach and assistance for individuals choosing community based long term care through the Money Follows the Person (MFP) demonstration program. Current projects include the following initiatives:

- MFP demonstration, identification and outreach to nursing home residents. Project awardees were selected to identify and conduct outreach to select nursing home residents. Funds will support regional efforts to provide nursing home residents and discharge planners with objective information about community-based options for long term care.
- Collaboration with the Division of Housing and Community Renewal and the Office of Mental Retardation and Developmental Disabilities assisted individuals in locating affordable accessible housing through the State's on-line housing listing and locator service, [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov). MFP funding was used to market the site to landlords, consumers and other interested stakeholders.
- The Department's partnership with the Commission on Quality of Care and Advocacy for Persons with Disabilities provides an immediate and direct benefit for people with disabilities through funding provided to the Technology Related Assistance for Individuals with Disabilities (TRAID) Project. The MFP grant provided over 1,200 assistive technology devices, from speech generating devices to walkers; 250 device demonstrations; and 600 equipment loans to individuals in communities across the State.

### **Stakeholder Engagement**

To assure stakeholder participation in the Department's efforts to help persons with disabilities access services in the most integrated setting, the DOH Long Term Care Advisory Committee has added additional members to constitute the Department's MISCC stakeholder group. In addition, the Commissioner of Health has directed additional involvement from all Offices of the Department to ensure wide engagement on the Department's activities impacting MISCC goals. The reorganized stakeholder group will continue to assist DOH in planning, developing, and implementing MISCC-related initiatives. The stakeholder group formed a consensus on priorities for the next 12 months. Four technical advisory groups (TAGs) have met and are developing draft goals to pursue in 2010.

### **Interagency Collaborations**

DOH staff participated in the State Caregiver Council; State Geriatric Mental Health Planning Council; Coordinating Council for Alzheimer's Disease and other Dementias; all of which aim to support various populations in the most integrated setting. Barrier removal is in process. DOH staff also participated in the MISCC Housing and Transportation Workgroups.



## Developmental Disabilities Planning Council (DDPC)

### Introduction

The DDPC undertakes demonstration grants that are focused on developing systems change, capacity building, or advocacy. The DDPC has 12 portfolio areas that include objectives in the following goal areas:

- *Employment* – Improve the relative parity of people with developmental disabilities when compared to the employment levels within the general public.
- *Homes* – Increase housing and support options available to adults with developmental disabilities and their families.
- *Transportation* – Increase transportation options for individuals with developmental disabilities that open participation in employment and community life.
- *Quality Assurance/Self-Determination* – Promote and support individuals to lead self-determined lives with valued community membership.
- *Community Supports/Participation* – Improve quality of life and community participation for children and adults with developmental disabilities, including participation in recreational, social and leisure activities.

### 2009 Accomplishments

Multiple grant projects were undertaken with a focus on assisting people to work, live and connect with their communities in the most self-directed and inclusive settings possible.

- Peer Supports & Employment – in collaboration with VESID and CBVH, the DDPC funded seven independent living centers to demonstrate ways of assisting people to obtain and maintain employment using peer supports.
- NYC Resource Consortium – in collaboration with OMRDD, the DDPC supported four community agencies to assist people into more inclusive settings and engaged lives.
- Shared Living – the DDPC funded the NYS Association of Community & Residential Agencies (NYSACRA) to generate discussion on the concept of shared living, including barriers, successful strategies and essential considerations in implementation.
- Self Determination – in collaboration with OMRDD, the Self-Advocacy Association (SANYS) and NYSACRA, the DDPC has been continuing support for implementing the Consolidated Services & Supports (self-determination) option statewide. In addition, the DDPC has been funding the Individualized Supports Learning Institute and Agency with Choice models to assist provider agencies in implementing such service options.
- Recreation – the DDPC has supported SUNY Cortland in establishing a statewide Inclusive Recreational Resource Center that has been developing and promoting training and inclusive recreational opportunities for all individuals with disabilities. Both the Department of



Environmental Conservation and the Office of Parks & Historical Preservation have actively engaged in this process.

Primary challenges encountered by DDPC grantees relate to resource issues. Provider agencies that are attempting to become more community-based and person-centered are struggling in this economic climate. Another resource issue is recruiting, maintaining and retaining quality direct support professionals.

### **Interagency Collaborations**

In addition to the MISCC and all of its standing committees, the DDPC continually strives to build systems capacity through ongoing interagency work. The DDPC has worked to remove barriers to full community inclusion as part of its active membership in the following interagency collaborations:

- Interagency Task Force on Autism;
- Children’s Cabinet;
- Interagency Partnership on Assistive Technology - Established assisted technology loan program as part of Money Follows the Person grant;
- New York State After School Network – Added inclusion components to policy briefs and quality assurance process steps for all after school programs involved in the network;
- State Rehabilitation Council - Addressed policy barriers to successful employment outcomes;
- Traumatic Brain Injury Coordinating Council - Facilitated provider’s manual to improve quality of TBI waiver services;
- New York State Long-Term Care Advisory Council (NY Connects) - Established local single point of entry system at local county level;
- Family Caregiver’s Council - Established statistical analysis of caregivers and work plan for 2010;
- OMRDD Commissioner’s Task Force on Aging - Developed protocols for providers serving people with developmental disabilities who are aging; and
- Direct Support Professional Advisory Committee - Implementing abuse and prevention training at Developmental Disabilities Services Offices.

### **Stakeholder Engagement**

The DDPC, consistent with statutory language, must be comprised of at least 60 percent members who are individuals with developmental disabilities, or direct family members or guardians. All of the programmatic policy and funding decisions must be made in accordance with, and approved by the membership. Although a State Executive Agency, the DDPC functions almost as a board of directors. All DDPC members are considered policy makers in accordance with this role and responsibility. In essence, everything the DDPC accomplishes is done in accordance with stakeholder direction and approval.



## **DIVISION OF HOUSING AND COMMUNITY RENEWAL (DHCR)**

### **Overview**

DHCR has made a concerted effort to incorporate the general principles and guidelines proposed by the MISCC to improve the quality of its programs with the expected outcome of enhancing the lives of persons with disabilities. Its success in improving programs and reforming policies is a reflection of the input received from its public- and private-sector partners. DHCR's stakeholder groups afforded input from its partner agencies, housing advocates, supportive housing providers, developers, consumers and residents from across the State. This report highlights the agency's progress in measuring results to better serve the needs of New Yorkers with disabilities so that they may live in the home of their choice. The agency has researched best practices, examined barriers to affordable/accessible housing and implemented immediate action steps to improve delivery of the State's housing resources. DHCR remains committed to working collaboratively through public and private sector partnerships to increase opportunities to preserve and increase affordable/accessible housing opportunities for people with disabilities.

### **Stakeholder Groups**

#### **MISCC Housing Committee**

At the April 10, 2007 MISCC meeting, Chair of the MISCC, OMRDD Commissioner Diana Jones Ritter called for the formation of a housing committee. Based on the MISCC public forums and the concerns articulated by advocacy groups, the need for affordable accessible housing was determined critical to further efforts to promote more integrated settings for persons with disabilities. The Division of Housing and Community Renewal (DHCR) Commissioner, Deborah VanAmerongen, volunteered to Chair the Housing Committee.

The first meeting of the MISCC Housing Committee was on July, 9, 2007. The Housing Committee is comprised of individuals, representatives of not-for-profit and advocacy organizations, as well as entities of government whose work impacts the lives of people with disabilities. The Housing Committee has developed a mission, objectives, vision and values. The Housing Committee goals include defining the need for affordable/accessible housing, as well as a continuum of supportive services that foster independence and choice, as well as to recommend to the MISCC a policy agenda that supports DHCR's efforts.

#### **Money Follows the Person (MFP) Housing Work Group**

In January 2007, the federal Centers for Medicare and Medicaid Services (CMS) approved the Department of Health's application to participate in the MFP Demonstration Program. The MFP Demonstration Program enables ongoing systems change that will assure seniors and individuals with disabilities access to community-based services and long-term care supports that will enable them to live in community-based settings.

Under the State's MFP Rebalancing Demonstration application, increasing the supply of affordable, accessible and integrated housing was recognized as key to achieving successful transition from institutional settings. As such, the MFP Housing Work Group was created in May, 2007 under the leadership of DHCR in close coordination with DOH. The work group provides an opportunity for the State to collaborate with housing providers, the advocacy community and individuals to expand housing opportunities for persons with disabilities.



## **Promoting Accessible Housing**

### ***Nursing Home Transition and Diversion (NHTD) Waiver Housing Subsidy Program***

Through discussions with disability advocates and partner agencies, the State recognized that for persons with disabilities and special needs living on Social Security Income (SSI) the cost of housing was often a barrier to fair housing choice. This often resulted in more costly nursing home placement and prohibited an individual from the choice of living in a more integrated setting.

DHCR/HTFC partnered with the Department of Health (DOH) to create the NHTD Waiver Housing Subsidy Program. This State-funded initiative provides rental assistance to NHTD Medicaid waiver participants in New York State. The program offers an alternative to nursing homes for people with disabilities ages 18 or older and seniors by assisting them with securing housing and at-home services appropriate to their needs.

A household may remain with the program as long as they are waiver eligible, even if they change residence. The NHTD Housing Subsidy has received State appropriations totaling over \$7 million to date, which has allowed the program to be offered in every county within the State. The average rental subsidy payment is \$804. Fifteen of 30 households served have transitioned from nursing homes with others being diverted from institutional settings; 12 are MFP Rebalancing Demonstration participants.

This program has strengthened the partnership between housing and service delivery systems, as organizations have become more adept with developing plans that meet individual service and housing needs. It won the 2009 National Council of State Housing Agencies (NCSHA) Award for Program Excellence in Special Needs Housing.

### ***Access to Home***

DHCR created the Access to Home program in 2004 as a result of a unique collaboration between State agencies, Independent Living Centers, Housing Preservation Companies, disability advocates, and other stakeholders who identified a gap in housing opportunities for persons with disabilities.

Access to Home has committed more than \$35 million dollars in funding to not-for-profit organizations to administer local programs to make the homes and apartments of low- and moderate-income New Yorkers with disabilities accessible. Under the program, home improvements and alterations are made to permit persons with physical disabilities to remain in their own homes, rather than enter a more costly and intrusive nursing home setting.

Recommendations forwarded by the MISCC Housing Committee to increase collaboration between the Access to Home program and other environmental modification programs were reflected in the program's 2010 Requests for Proposals, which included new language in its rating criteria to encourage partnerships with DOH e-mod waiver providers. The new language can be viewed on Page 21 of the 2010 Unified Funding notice found at: [http://nysdhcr.gov/Funding/RFPs/UF2010\\_LPA\\_RFP.pdf](http://nysdhcr.gov/Funding/RFPs/UF2010_LPA_RFP.pdf).

The Access to Home Program received the 2009 National Council of State Housing Agencies (NCSHA) Award for HOME Improvement and Rehabilitation.



## **Increasing the Supply of Affordable, Accessible Housing**

### ***Changes to the Qualified Allocation Plan***

DHCR/HTFC made several changes in its funding process to increase opportunities for affordable, accessible housing for a variety of populations. Several of these changes were included in the State's Qualified Allocation Plan (QAP). The QAP regulates how the State administers the Federal Low Income Housing Credit (LIHC) Program, which is an important tool to infuse private sector dollars into affordable housing.

These revisions in the QAP identified visibility standards as threshold review criteria. They also included rating criteria for fully accessible and adapted, move-in ready units and a set aside of up to \$2 million in Low Income Housing Credits for supportive housing. The supportive housing set aside supports a continuum of promoting fair housing choice since projects funded under the supportive housing set aside may provide access to housing with supportive services, but services are not mandated.

### ***Enhancing Program Requirements***

In 2004, DHCR implemented programmatic changes extending the requirements of Section 504 of the Rehabilitation Act of 1973 to certain State-financed housing projects. Beginning with the 2005 funding round for the State-funded Low Income Housing Trust Fund (HTF) program DHCR now requires that a minimum of 5 percent of the total units in a new construction multi-family project (five units or more), or one unit whichever is greater, are made accessible for and marketed to persons with mobility impairments and that an additional 2 percent of the total project's units or one unit, whichever is greater, are made accessible for and marketed to persons with visual or hearing impairments. The project owner is responsible for the reasonable costs of any alterations necessary to accommodate an eligible tenant.

### ***Implementing Scoring Incentives***

As the State actively encourages new housing opportunities for persons with disabilities, DHCR/HTFC's funding process includes rating and ranking criteria to increase opportunities for affordable, accessible housing for a variety of populations. The rating and ranking allows applicants proposing a housing project or program which targets persons with special needs to be eligible for scoring points to set-aside units for persons with disabilities. This set-aside includes 15 percent or more of the total project's units and allows owners to reserve units outside of the application system, thereby providing access to units that may have otherwise been included in a lottery system.

In the 2008 funding round, DHCR/HTFC included a scoring incentive that provided maximum points for applicants exceeding 5 percent of the total projects units as fully accessible, move-in ready for persons with a mobility impairment and 2 percent of the units as fully accessible, move-in ready for persons who have a hearing or vision impairment to 10 percent and 4 percent respectively.

This enhanced criteria was continued in 2009 with a number of applicants taking advantage of the point incentive. Of the total awards announced in July 2009, approximately 70 percent met, or exceeded the 5 percent and 2 percent criteria and more than 50 percent met or exceeded the 10 percent and 4 percent criteria. The 2009 awards are creating more than 400 fully accessible units for persons with mobility, hearing or vision impairments.



## Finding Accessible and Affordable Housing

### *NYHousingSearch.gov*

In 2008, [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov) was launched as a **FREE** public service provided by DHCR, DOH and Office of Mental Retardation and Developmental Disabilities (OMRDD). The site is funded in part through a MFP Rebalancing Demonstration Grant, a Real Choice Systems Change Grant, and a Systems Transformation Grant from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. These grants assist states with making effective and enduring improvements in community-based long term care and support systems for seniors and people with disabilities.

The site uses software created by [Socialserve.com](http://Socialserve.com), a national not-for-profit provider of housing locator services. Socialserve.com is responsible for maintaining the site and providing toll-free call center support. This innovative service connects people with housing they can afford that meets their individual needs and is located in the communities of their choice. The site [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov) can be accessed online 24-hours a day and is supported by a toll-free, bilingual call center M-F, 9-6 EST.

The easy-to-use, **FREE** search allows searchers to look for housing using a wide variety of criteria and special mapping features. Listings display detailed information about each unit. The service also provides links to housing resources and helpful tools for renters such as an affordability calculator, rental checklist, and information about renter rights and responsibilities.

DHCR requires as part of Affirmative Fair Housing Marketing Plans (AFHMP) that projects receiving subsidies register with [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov) and report vacancies. The primary purpose of the affirmative marketing program is to promote an environment in which individuals of similar income levels in the same housing market area have available to them a like range of choices in housing, regardless of the individual's race, color, religion, sex, national origin, familial status, age or disability.

DHCR developed an extensive marketing and advertising campaign to promote [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov). An initial google search campaign was launched to raise on-line awareness of the site. Newspaper ads were placed in every county throughout the State in multiple editions. Email blasts were sent to interested stakeholders, as well as information to include in newsletters and publications. Various trainings and brown bag lunch seminars were conducted to engage DHCR staff, as well as the public.

The volume of listings and frequency of searches illustrates a success rate that exceeded initial projections. While numbers are a measure of success, the greatest tool to demonstrate worthiness is whether those searching for housing are successful as a result of the site. In exit surveys landlords report that over 35% of tenants find housing as a direct result of [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov).

1/1/2009	Site included 32,822 units in system with 1,573 available units. 1 day search total of 207 and 4,418 since the soft launch on 12/08.
7/1/2009	Site included 79,624 units in system with 2,674 available units. 1 day search total of 651 and 107,645 since the soft launch on 12/08.
12/14/09	Site includes 84,035 units in system with 2,614 available units. 1 day search total of 784 and 224,982 searches since the soft launch on 12/15.



## Combating NIMBY

The Analysis of Impediments identified “Not in My Back Yard” (NIMBY) as a primary barrier to affordable housing. DHCR launched an ongoing campaign to dispel the myths associated with affordable housing and demonstrate the far-reaching benefits that it has on cities, towns, and villages. The support of municipalities on every level is critical to the State’s ability to create and preserve affordable housing opportunities in New York.

In 2008, a statewide Public Service Announcement (PSA) campaign was launched to promote the continued development of affordable housing in communities throughout New York State. The PSAs were part of a larger campaign, Affordable Housing Works, touting attractive and high quality affordable housing developments across New York State. The PSAs aired on broadcast television stations and radio stations throughout the State. The ads ran for four weeks and featured filmmaker and green affordable housing advocate Edward Norton, former NFL football player and community developer Tiki Barber and former Major League baseball player and affordable housing developer Mo Vaughn. Additional ads ran in Spanish.

In conjunction with this effort, DHCR also developed a stand-alone website: [www.AffordableHousingWorks.org](http://www.AffordableHousingWorks.org). The site showcases the PSAs, as well as features examples of attractive, quality affordable housing throughout the State. The PSA campaign garnered an Award for Excellence in Creative Media from the National Council of State Housing Agencies. As part of this effort DHCR launched a video presentation entitled, “Municipal Leaders Speak Out-Affordable Housing Works!” The video was presented at the Association of Towns Annual Meeting and the New York Conference of Mayors (NYCOM) Winter Legislative Conference in February of 2009. It featured municipal leaders speaking out about the positive impact of affordable housing on communities and quality of life.

## Increasing the Supply of Affordable Housing

### *New York State Housing Report*

Affordable housing development increasingly requires complex financing structures, using a variety of federal, state and local resources to leverage private investment. This financing system makes it complicated to measure the State's efficiency in its use of these resources, which was the impetus for creating a State Housing Report. Simply establishing the amount of resources committed and the number of units financed was not an easy task. Prior to this Housing Report, information about the State's different housing programs was not collected in one place. Layered on top of the State housing programs are intricate federal programs.

Lastly, in addition to capital dollars spent to finance the construction or preservation of affordable housing, there are immense operating and rental subsidies, as well as service dollars, spent to make housing more accessible or affordable. The first report established a base line for housing production and resource commitment and is available at:

<http://www.dhcr.state.ny.us/Publications/HousingReport/NYSHousingReport.htm#a3>

The ultimate goal for future housing reports is to measure New York's annual progress toward providing housing opportunities for all of its citizens.



## **Continuing Partnerships**

### ***New York/New York III Supportive Housing Agreement***

In 2005, New York City and New York State entered into a homeless housing initiative to provide an additional 9,000 supportive housing units for individuals and families living on the streets or in emergency shelters in New York City. The New York/New York III Supportive Housing Agreement provides housing and related services to those New York City individuals and families most in need.

DHCR, OTDA, the Office of Mental Health (OMH) and Office of Alcoholism and Substance Abuse Services (OASAS) continue to work in close collaboration to implement this initiative. Liaisons from each agency participate on a State/City Oversight Committee to ensure creation of necessary policies for implementation and monitoring to achieve targets.

### **Conclusion**

DHCR's success in improving programs and reforming policies is a reflection of input received from its public and private sector partners. The agency continually engages its partner agencies, housing advocates, housing providers, developers, individuals and residents from across the State. Together we have researched best practices, examined barriers to safe, decent, affordable and accessible housing and implemented action steps to improve delivery of the State's housing resources.



## New York State Office for the Aging (NYSOFA)

### Introduction

Promoting and supporting the ability of older adults to live independently in the community is the mission of the New York State Office for the Aging. It is the passion of advocates for older adults, caregivers and family members that are actively engaged by the Agency to share in and help guide the fulfillment of that mission. *New York @ Home* is NYSOFA's initiative that coordinates, through the Area Agencies on Aging and NY Connects: *Choices for Long Term Care*, economic security programs, support services for caregivers, home and community based care and objective long-term care information and assistance to enable older adults with disabilities to age in their communities through the provision of person centered support in a comprehensive manner. This package of support and advocacy was designed with stakeholder guidance and has been implemented specifically to help sustain older adults with disabilities in the least restrictive setting of their choice.

Community Empowerment is a strategy and process developed by NYSOFA that provides technical assistance and other resources to communities to assist them in identifying and actively engaging a myriad of stakeholders for the purpose of helping them understand the challenges and opportunities the growth in the older population presents and to facilitate the development of planning and self-help strategies that will enable their older residents to age in place. Community Empowerment promotes the development of livable communities for individuals of all ages.

### 2009 Accomplishments

The following goals are related to the policy and program initiatives that NYSOFA has undertaken in 2008-2009 to provide greater supports and opportunities for individuals with disabilities seeking to live in integrated community settings.

- Implement person-centered consumer direction as a service delivery option within NYSOFA's Expanded In-Home Services for the Elderly Program (EISEP) and the Community Services for the Elderly Program (CSEP). This goal is being accomplished through amendments that NYSOFA is seeking to the existing regulations governing the Expanded In-Home Services for the Elderly Program.
- Expand meaningful volunteer and workforce opportunities for older adults with a special emphasis on volunteer opportunities that will support aging in the community. NYSOFA, through a National Governors Association Technical Assistance Grant, is seeking to expand volunteer opportunities in long-term care that will use the talents and skills of older adults to help their peers. One innovative idea is the development of a volunteer run health/consumer navigator program to reduce re-admission to hospitals. The grant also seeks to provide additional workforce opportunities for older adults. There is a demand for long-term care workers. Current retirees can help fill these important positions.
- Reach individuals in 10 counties who are at high risk of nursing home placement and spend down to Medicaid. Help those individuals maintain their independence and remain in their communities by offering person-centered, consumer directed models of care coupled with the ability to use state and federal resources more flexibly to better meet their identified needs. This goal is being accomplished through a federal Nursing Home Diversion/ Community Living Program Grant and an Aging and Disability Resource Center Grant.



- Provide one-stop access to objective and comprehensive information and assistance on local long-term care programs, services and resources. This goal is being accomplished through a partnership with the Department of Health in implementing the **NYConnects: Choices for Long Term Care** Program.
- Form a statewide, cross-disability, intergenerational caregiver coalition that will act as a united voice on behalf of caregivers to share good practices and other information, provide training to caregiver programs, develop communication mechanisms to study public policy, legislation, and recommend systems changes that support caregivers. This goal is being accomplished with support from the State Family Caregiver Council.
- Educate, support, and empower caregivers to be better caregivers by teaching them practical skills to: help them manage their caregiving responsibilities; understand their roles and gain confidence in their abilities; learn the importance of caring for themselves and stress reduction; learn how to better care for their loved ones; and learn how to plan for the future. This goal is being accomplished with federal Older Americans Act funding through the New York Elder Caregiver Support Program.
- Provide support to communities through local planning and program implementation grants to support aging in the community. This goal is being accomplished with state funding that has enabled 15 communities to be funded through the Community Empowerment Initiative and through NYSOFA's Community Empowerment strategy.

NYSOFA is working to ensure that its policies and programs are person-centered, promote individual choice, support independence to the greatest extent possible and demonstrate the critical importance of community based care for older individuals. To support its mission and related policies NYSOFA has sought and has been awarded several new federal grants as described above, is pursuing realignment of program regulations based on stakeholder input and has launched the Community Empowerment strategy to help communities plan for and implement self-help programs promoting aging in place and the development of livable communities. These new initiatives have been put into place to enable NYSOFA's policies directed toward assisting older adults with disabilities to live in the most integrated setting and to engage and encourage communities to adopt replicable planning and service models that can be implemented using existing local resources.

### **Interagency Collaborations**

Collaborations are the key components to all NYSOFA's work. The relationships the agency has built and nurtured provide a continuing forum for concerns and discussions focused on removing barriers for individuals with disabilities of all ages. NYSOFA collaborates routinely with other State agencies to facilitate interagency planning and policy development and to review specific agency initiatives for their impact on services related to supportive care for older adults and their caregivers. Those interagency collaborations include: the NY Connects Long Term Care Advisory Council co-chaired by NYSOFA and the New York State Department of Health; and the Geriatric Mental Health and Substance Abuse Council, which is co-chaired by NYSOFA, OMH and OASAS.

NYSOFA is actively engaged in all interagency collaborations established by the MISCC which include: The MISCC Housing Committee, the MISCC Transportation Committee; and the MISCC Employment Committee. NYSOFA also advocates for the needs and interests of older adults and their caregivers through its participation in other interagency collaborations with strong stakeholder engagement such as the New York State Commission for the Blind and Visually Impaired; the Developmental Disabilities Planning Council; the Interagency Coordinating Council for Services to Persons Who are Deaf, Deaf-Blind or Hard of Hearing; the New York State Department of Transportation's Safe Seniors Project and



AARP's Statewide Livable Communities Stakeholders Committee among others. NYSOFA's other primary initiatives (Community Empowerment work, Model Zoning and Planning Initiative and Family Caregiver Council) are in collaboration with the Department of State, Department of Housing and Community Renewal, The New York State Energy Research and Development Authority, USDA Rural Development State Office and OMRDD.

## **Stakeholder Engagement**

NYSOFA routinely engages stakeholders who are or have been consumers of aging services at the local level. They are also advocates who work on behalf of all older adults in the community. Many local stakeholders who are engaged to advise the local Area Agency on Aging (AAA) are caregivers for older adults who currently receive or have received local aging services. Local Advisory Councils comprised of stakeholders routinely provide guidance to each of NYSOFA's 59 county based AAAs and the AAA's local subcontractors that deliver NYSOFA funded programs directly to older adults and their caregivers. The engagement of Local Advisory Councils by AAAs is mandated by the Older Americans Act and NYSOFA. NYSOFA and its AAAs each use Advisory Councils to help advance new policies, to plan for community/state needs, review program and service effectiveness, assist with public hearings and serve as an intermediary between the older adult community and local aging service providers.

NYSOFA and the AAAs rely on input from stakeholders to help ensure the needs and concerns of older adults are being heard and an appropriate response is provided. NYSOFA also uses several advisory groups comprised of stakeholders at the state level to guide the Agency's policy and program development as well as evaluation of agency efforts. Those stakeholder groups include: the Governor's Advisory Committee on Aging; the Governor's Aging Services Advisory Committee; the New York State Family Caregiver Council; the Naturally Occurring Retirement Communities Council; the New York Connects Long Term Care Advisory Council, the Coordinating Council for Services Related to Alzheimer's Disease and Other Dementias; the Housing, Planning and Zoning Initiative Advisory Workgroup, the Community Empowerment Stakeholder Group and the Geriatric Mental Health and Substance Abuse Council. State-level advisory council members often have been or currently are consumers of aging services themselves. Several are or have been caregivers for an older adult receiving NYSOFA funded services. NYSOFA encourages stakeholders at all levels to assume a strong leadership role in guiding, directing and supporting advocacy efforts for older adults locally as well as throughout the state. NYSOFA believes that the engagement of stakeholders to provide advice and guidance to the Agency is critical toward ensuring that there are greater supports and opportunities for older adults with disabilities seeking to live in integrated community settings.

## **2010 Goals**

NYSOFA will continue to work with the AAAs and other interested community groups by facilitating additional local action, expanding health screening and the use of evidence based health promotion and disease management programs, implementing health/consumer navigator programs and providing training and technical assistance to increase the number of communities engaged in planning activities or interested in implementing a replicable self-help program model. The greatest barrier toward accomplishing these goals has been the impact of the economy at all levels of government and in the philanthropic community. Despite the economy, work to address needs is carried out differently, with more individuals, agencies and organizations pooling resources and working closer together to use their resources more efficiently and effectively.



## Office of Alcoholism and Substance Abuse Services (OASAS)

### 2009 Goals, Challenges, and Accomplishments

The MISCC goals for maximum integration in the lives of persons overcoming disabilities has focused since 2007-08 on Committee work for Permanent Housing, Unsubsidized Employment, and Full Transportation Access efforts. OASAS has been an active member of each of these Committees. This is compatible with the OASAS commitment to develop Recovery Services and Supports. The three major elements critical to successful long-term recovery for individuals and families is personal recovery involvement, safe and affordable permanent housing, and secure living-wage employment.

#### Recovery-specific Programming:

Recovery Implementation Team (RIT) -

OASAS established its Recovery Implementation Team in January 2008. More than 50 individuals participate on an ongoing basis, providing input into policy and program development in the following areas:

- Recovery Centers - In July 2009, OASAS awarded \$510,000 for three new Recovery Community Centers. The Recovery Community Center Initiative programs are designed to support peer to peer services and activities that help individuals and families with alcohol, drug and gambling problems initiate and sustain recovery. One award was made for a Recovery Community Center in central Brooklyn, a second for Rochester, and a third for a rural program located in Oneonta, New York. In addition to these three new Centers, there also are two federally-funded Recovery Community Centers in New York City and one in Syracuse.
- Recovery Oriented System of Care (ROSC) – The federal Center for Substance Abuse Treatment (CSAT) has encouraged all states to transition their treatment services from a focus on acute symptom stabilization to engagement in a continuum of self-directed recovery management approaches leading to long-term sustained recovery. In March 2010, OASAS responded by submitting to CSAT a grant proposal to provide Access to Recovery (ATR) in the three communities where OASAS has established Recovery Community Centers. This grant proposal offers \$4 Million per year for four years to sustain Recovery Case Management, the inclusion of faith-based organizations, and linkage to other service systems (primary health care, mental health, child welfare, and criminal justice).
- Recovery Public Events – OASAS continued to mount major public awareness campaigns using: September as Recovery Month, an Annual Arts Festival, and the “Your Story Matters” public education campaign.

#### Permanent Supportive Housing Accomplishment in 2009-10:

The OASAS Bureau of Housing Services has developed and managed Permanent Supportive Housing (PSH) Programs since its establishment in May 2007. The OASAS vision is that Permanent Supportive Housing (rental subsidies in scatter-site and congregate buildings up to fair market rental rates; client contributions toward rent; intensive case management; employment counseling and job development; other supportive services) is critical for successful long-term recovery of homeless single adults and families struggling with substance use issues. This effort is highly compatible with the MISCC goal of maximizing permanent housing for as many individuals and families as possible.



In 2007-08, OASAS had a housing portfolio of 850 apartment units, all funded through HUD Shelter Plus Care homeless grants. There were PSH programs in NYC and 12 other communities, including two rural counties. By the end of SFY 2009-10 the OASAS PSH programs will have a housing portfolio of approximately 1,275 apartments for 825 single adults and 450 heads-of-household living with more than 1,000 children. OASAS PSH programs are located in all five boroughs of New York City and 22 other counties, including eight rural counties.

In August 2009 OASAS conducted a survey of 920 adults living in OASAS PSH apartments to measure program performance. Over 92 percent had no serious relapse episode during the past year (requiring hospitalization). Early drop-out from PSH programs is less than 10 percent. Consumers stay in our housing --- 40 percent were in the program between six months and two years; and 40 percent of participants were in the program for more than two years. In terms of economic self-sufficiency, forty-two percent of the participants were employed and eighteen percent had successfully applied for and received SSI or SSDI recipient status. The OASAS PSH programs serve a significant number of families in recovery. Approximately 35 percent of all adult participants were parents who had full-time child custody of one or more children. Nearly one-half of these adult participants had reunited with their children from either a kinship arrangement or formal foster care after they entered the OASAS PSH program.

#### **2010-11 OASAS PSH Programming:**

- OASAS is finalizing plans to tap an existing federal SAMHSA technical assistance grant to offer focus group meetings to our housing consumers. The interviews will attempt to help OASAS learn about program participants' life experiences when homeless, current housing and life style preferences, specific recommendations for changes in their PSH program, and their recommendations for new program development. Focus Groups will be held in New York City, Poughkeepsie, Albany, Utica, Binghamton, and Buffalo. The meetings should begin in May. OASAS expects at least 200 participants in total.
- OASAS introduced a new PSH "brand" in December 2009, when we issued an RFP for Re-Entry PSH in New York City, targeted for individuals who were being released on Parole as a result of Drug Law Reform re-sentencing. In March 2010, OASAS awarded this first grant to Fortune Society for twelve apartment units. OASAS intends to issue a second RFP in 2010-11 that will be statewide in scope.
- OASAS expects to add 50 more apartments to its NY/NY III Homeless Initiative in the form of a congregate site in the Bronx; this site should be ready for occupancy by October 2010. These additional apartments will bring the agency's NY/NY III PSH Program to its committed capacity of 375 apartment units for homeless single adults in recovery who have been living in homeless shelters or on the streets.
- OASAS will start a new PSH Initiative --- New York/New York III Family Homelessness --- in 2010-11. The first round RFP will support up to fifty apartments.
- OASAS expects to add two new Shelter Plus Care grants in upstate New York in 2010-11. One grant will cover two rural counties (Columbia and Greene counties) and the second will cover three more rural counties (Montgomery, Fulton, and Schoharie counties).



## Office of Children and Family Services (OCFS)

### 2009 Accomplishments

In 2009, key priorities for OCFS included continued roll-out of the Bridges to Health (B2H) Medicaid Home and Community-Based Waiver program for children in out of home placement. Bridges to Health implementation was extended to the Syracuse Region and Lower Hudson Valley. As part of the Bridges to Health initiative OCFS continued its collaboration with the Department of Health, Office of Mental Health and Office of Mental Retardation and Developmental Disabilities.

The Commission for the Blind and Visually Handicapped (CBVH) continued to provide Adaptive Living Program (ALP) services to individuals, who are legally blind and age 55 or older to allow them to continue to function safely in their homes, potentially averting nursing home placements. This goal was achieved through contracts with private agencies for the blind. For this report period, CBVH implemented new five-year contracts with private agencies for the blind to provide ALP services to legally blind individuals, age 55 or over.

### Interagency Collaborations

OCFS CBVH participated in the Chapter 515 Workgroup, composed of representatives of VESID, OMH and OMRDD, which is focusing on improving provision of supported employment services to individuals with the most significant disabilities. OCFS also served on the MISCC Transportation, Housing and Employment Committees and worked with the Medicaid Infrastructure Grant “New York Makes Work Pay.” OCFS CBVH collaborated with providers in the lower Hudson Valley to conduct outreach to eye care providers and stakeholders to better connect individuals with vision loss with services to help them live and work independently.

### Stakeholder Engagement

The OCFS Advisory Board is the agency’s MISCC advisory group. The Advisory Board has offered valuable input into the development of the MISCC Annual Plan template and plan contents. OCFS values the input of several key stakeholder groups, including the B2H Quality Advisory Board, which OCFS convenes every six months to solicit stakeholder feedback. In addition, OCFS convened regional quarterly forums with providers, local departments of social services and family members to discuss barriers to effective B2H service provision. OCFS CBVH provided opportunities for stakeholder input through its State Rehabilitation Council, the Executive Board, and annual public forums.



## Office of Temporary and Disability Assistance (OTDA)

The Office of Temporary and Disability Assistance is responsible for supervising programs that provide assistance and support to eligible families and individuals. OTDA's functions include: providing temporary financial assistance; providing assistance in paying for food; providing home energy assistance; overseeing New York State's child support enforcement program; determining certain aspects of eligibility for Social Security Disability benefits; supervising homeless housing and services programs; and providing assistance to certain immigrant populations.

During 2009, OTDA was an active member of MISCC. OTDA programs generally provide support to individuals with disabilities who are already living in the community. While OTDA administers certain benefits such as Food Stamps and Medicaid for eligible individuals in congregate care, the agency's main focus in regard to the MISCC mission has been individuals with disabilities who are unable to support themselves and as a result seek assistance from local Department of Social Services (DSS) offices.

Many individuals may live in the community with undiagnosed or undetected disabilities or impairments that interfere with self-sufficiency. The MISCC collaboration has been helpful in providing information to local DSS offices that seek to identify the needs of individuals with disabilities and refer them to proper services.



## Office of Mental Health (OMH)

### Accomplishments

In 2009, the Office of Mental Health focused on the following MISCC related goals:

- Using public health and research approaches to identify mental health issues sooner, intervene more quickly when problems are identified, and promote overall wellness and resiliency to avoid the need for less integrated, intensive treatment later ;
- Improving and restructuring OMH's inpatient psychiatric and outpatient services to complement and enhance the array of services that enable people to live, learn, work, and participate fully in their communities;
- Improving access to outpatient care, reducing the need for hospital care, and preserving the safety net capacity of programs serving the most vulnerable New Yorkers;
- Breaking down barriers and improving the availability of services for persons with high-cost, complex needs; and
- Infusing the concept of recovery into every aspect of operations: service delivery, policy development and budgeting.

OMH made progress on accomplishing each of these goals through the following initiatives:

- Psychiatric Clinical Knowledge Enhancement System (PSYCKES) - OMH and the Department of Health (DOH) are working together on a four-year project to improve prescribing practices in New York State.
- The Recovery After an Initial Schizophrenia Episode (RAISE) project – The project is based on the premise that early intervention with optimized treatments and services can alter the course of mental illness and reduce disabilities while increasing recovery.
- Cultural Competence Centers of Excellence - Cultural and linguistic barriers affect millions of New Yorkers, particularly in metropolitan areas. The Centers of Excellence represent an opportunity to be proactive in overcoming cultural and linguistic barriers to mental health care.
- Assertive Community Treatment (ACT): Promoting Transition - ACT was originally conceived as a lifelong service that helped to promote community integration. This grant spans five years and offers the best opportunity for studying new models of transitioning individuals into the community.
- Project Caring Community (PCC) - The aim of this program is to improve access to services upon release from prison and improved linkages to community-based providers. Following discharge, PCC offers intensive case management and coordinating access to community-based services.
- Personalized Oriented Recovery Services (PROS) - There are four components in the PROS program. 1) Community rehabilitation and support 2) Intensive rehabilitation 3) Ongoing rehabilitation and support 4) Clinical treatment.



- Supported Employment: Individual Placement and Support Model (IPS) - OMH will require that all Personalized Recovery Oriented Services have the capacity to provide supported employment using the IPS approach. This requirement will be critical to meeting the PROS program's vision of recovery and independence.
- Transitional Placement Program - At any point, a substantial number of the adult inpatient beds are occupied by individuals ready for discharge or with long lengths of stay and not requiring the intense level of treatment and staffing of an inpatient setting. A small portion of these beds are being converted to an alternate level of care—the Transitional Placement Program (TPP)—and operated at the outpatient status level to provide a supervised care until a long-term community outpatient placement is secured. In addition, the program offers the long-stay population additional supports and community preparation activities to facilitate community.
- Forensic Supported Housing Demonstration Project -The Division of Forensic Services has 20 transitional supported housing beds set aside for persons with serious mental illness being released from prison. Twelve beds are located in the New York City area and eight are upstate in Erie and Monroe counties.
- Adult Clinic and Ambulatory Restructuring - Over the past two years, OMH has continued to revise key components of the public mental health system and expects to implement new regulations, rates and services for all OMH licensed mental health clinics in 2010.
- Housing Reform - OMH is striving to unbundle mental health services from housing by balancing access to housing with the types of housing appropriate to the needs, preferences, and recovery of individuals.

## **New Initiatives**

In 2009 to better emphasize a recovery agenda, OMH launched a project to research peer-led recovery centers. Funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), the project is exploring best practices related to these programs. Funding is available to support the development of a technical assistance center along with at least one new recovery center in 2009/2010.

## **Stakeholder Involvement**

The Office of Mental Health regularly engages its stakeholders through a variety of mechanisms. Over the past year, stakeholders have been actively engaged in a variety of discussions to support the Children's Mental Health Plan and Clinic Transformation plans. Regular meetings with individuals with disabilities and their families take place within a number of OMH Divisions culminating in statewide meetings with the Recipient Advisory Committee, Youth Advisory Committee and Commissioners Committee for Families. As part of the planning process, OMH conducts 5.07 hearings to insure broad input into the planning process. OMH maintains its MISCC Advisory Committee and has also conducted regional listening forums for the MISCC transportation committee. With the development of Recovery Centers, community focus groups were held in every region of the state. Opportunity for continued input is possible via the planning section of the OMH website.



## Interagency Collaborations

During 2009 the Office of Mental Health participated in numerous interagency collaborations, including some of the following:

- Employment through Education - OMH and the Department of Labor (DOL) have joined to enable persons engaged in services to receive education and training to obtain integrated jobs at community-based mental health service (provider) agencies.
- New York Makes Work Pay - The U.S. Department of Health and Human Services awarded a Medicaid Infrastructure Grant this year to OMH and its partners, the Burton Blatt Institute at Syracuse University and the Employment and Disability Institute at Cornell University. The project is receiving collaborative support of the Employment Committee of the New York State Most Integrated Setting Coordinating Council.
- Housing Reform - Over the last two years, OMH has fostered new relationships with State housing agencies to develop mixed-use/integrated housing, options that OMH would not be able to accomplish by itself. Partners include the Division of Housing and Community Renewal (DHCR), Office of Temporary and Disability Assistance (OTDA), and the Housing Finance Agency (HFA).
- Substance Abuse Dual Diagnosis Services - Partnering with OASAS, OMH has developed training and funding to support integrated mental health / substance abuse services. Regular meetings with field office staff from both agencies are now being conducted to support the initiative.
- OMRDD Dual Diagnosis Supports - Partnering with OMRDD, OMH has begun regular meetings with field office staff from both agencies to identify solutions to access issues for individuals dually diagnosed.



## Office of Mental Retardation and Developmental Disabilities (OMRDD)

### 2009 Accomplishments

OMRDD is focused on a clear mission: To help people with developmental disabilities live richer lives. In translating this mission from dream into reality, our vision is that the 125,000 individuals we serve will enjoy meaningful relationships with friends, family and others in their lives, experience personal health and growth, live in the home of their choice and fully participate in their communities.

During 2009, OMRDD focused on the following activities to ensure that individuals with developmental disabilities have opportunities to live in the most integrated settings:

#### Home and Community Based Services (HCBS) Waiver Renewal

The HCBS waiver renewal authorizes OMRDD to continue the programs and supports currently authorized (i.e., residential and day habilitation, respite, supported employment, prevocational services, assistive technology and environmental modifications, and consolidated supports and services). In addition, this renewal provides OMRDD with the authority to develop and implement new and modified waiver services including:

- Intensive Behavioral Services - intended to address the critical need for intensive behavioral supports (via short-term and intensive support) in the home for individuals at risk of placement in a more restrictive residential setting.
- Community Habilitation - intended as a more efficient mechanism for the delivery of habilitative services in the community (i.e. non-certified settings) to facilitate community inclusion, integration, and relationship building. Designed to offer a self-direction option to provide individuals with enhanced opportunities to choose and manage their own staff to the extent possible.
- Pathway to Employment - anticipated to provide time limited and outcome oriented individualized supports for participants to explore work that meets their own capacities and interests and which leads to paid competitive employment and/or self-employment/microenterprise.
- Community Transition Services - will provide a one-time payment to support an individual transitioning from a provider-operated living arrangement to a living arrangement in a private residence where the individual is directly responsible for his/her own living expenses.
- Self-Directed Service Options - will enable OMRDD to enhance self-direction opportunities by expanding the use of the co-management model in which individuals have more opportunities to choose and manage the staff that supports them. OMRDD will also offer Support Brokerage and Financial Management Services (FMS) for individuals that choose to self-direct supports and services through the management of an individualized budget. A Live-in-Caregiver service option will also be explored through implementation of this waiver.



- Students Work, Too - part of OMRDD's commitment to help youth with developmental disabilities who want to work after school. OMRDD is developing an employment service, which will enable young people in their last two years of high school to obtain an after school job with the assistance of a supported employment service, if needed. "Students Work, Too" will be provided during non school hours only after 3 p.m., on weekends and during school breaks.

## Housing

OMRDD has engaged in a series of activities to increase access to a variety of living arrangements for individuals with developmental disabilities. Some of these residential options build upon traditional approaches that emphasize formal services for several people living together in a certified setting. This model was used over the past three decades to close institutions, and successfully created a network of group community homes that has served tens of thousands of individuals and families very well. In addition to this option, OMRDD has begun to include additional choices for individuals seeking residential designs that provide more individualized supports. The options include the following:

- Family Support Services (FSS) - This enhances a family's ability to provide in-home care to their family members with a developmental disability, thereby, improving family stability and preserving family unity. Since its inception in 1984 as a Legislative demonstration project, FSS has grown from serving 200 families to serving approximately 42,000 families. FSS includes programs such as respite, information and referral, family and individual counseling, recreation, after-school programs, transportation, and reimbursement.
- NYS-CARES - This began as a multiyear approach designed to meet the out-of-home residential needs of individuals with developmental disabilities who are waiting to move into homes of their own. Since August 1998 through March 31, 2010, NYS-CARES will have provided nearly 17,000 new residential opportunities for individuals with developmental disabilities.
- Consolidated Supports and Services (CSS) - Empowers people with disabilities and their families by allowing them to design and manage their services based on their individual needs. Participants may choose to receive residential and/or day supports. There are nearly 360 individuals enrolled in CSS who are managing a personalized and portable (i.e., follows the person) budget and an individualized service plan that empowers them to hire their own staff and purchase other needed supports and services. There are over 250 additional individuals in the start-up phase of pursuing CSS.
- Individual Support Services (ISS) - Established to assist adults with developmental disabilities who want to be more independent. ISS provides a more flexible funding source that is designed to fit the needs of the individual. ISS funding is available to individuals who seek to gain choice and self-direction in their living environment by moving into an uncertified, community-based residential setting. ISS funds primarily cover rent and utility costs. Reimbursement, however, may also include, but is not limited to: food, transportation, clothing, start-up costs, etc. There are currently 2,052 individuals enrolled in ISS statewide.
- Home of Your Own (HOYO) – Established in 1996 with the State of New York Mortgage Agency (SONYMA)/Housing Finance Agency (HFA) to help people with developmental disabilities purchase their first home, the HOYO program is consistent with OMRDD's mission of helping people with developmental disabilities live richer lives through the outcome of assisting them to live in the home of their choice. The program also encourages homeownership throughout New York State and provides an important boost to the economy by reviving the housing market and generating tax revenues to state and local governments. OMRDD's housing counseling services and home buyer education programs are relying on a network of partners to assist with



preparing the workforce, people with developmental disabilities and their families to become first-time homebuyers. The network is also assisting current homeowners to maintain and retain their homes.

- Shared Living - The program encompasses a range of living situations in which people reside in non-certified settings with the support of individualized service supports and natural resources, including the HCBS Waiver, OMRDD, family members, and community resources.
- Family Care - This program is in the vanguard of options for persons who seek personal growth through individualized opportunities. Family Care providers open their homes to individuals to help them achieve their personal goals. With a successful history as a stable program resulting in a current enrollment of more than 2,600 individuals in 1,450 homes statewide, FC is poised for a larger role in person centered choice.
- Nursing Home Diversion - OMRDD is fully compliant with the federally mandated Pre-Admission Screening and Resident Review (PASRR) process for individuals with developmental disabilities for whom nursing home services are sought. As such, individuals eligible for OMRDD services are identified prior to nursing home admission. Every effort is made to research services and supports that would enable the individual to remain in the community.

### Closure of Developmental Centers

As the first step in a multi-year plan to downsize and eventually close all developmental centers, OMRDD initiated the transition of most individuals residing in the Western NY Developmental Center to community settings. This transition will occur over the next few years with 2011 as the target date for the remaining individuals who live at the Developmental Center to move to a more integrated and person centered setting in the community, and will result in closure of this campus. The downsizing and eventual closure of the remaining developmental centers, where more than 400 individuals currently live, has already begun, using homes operated by both the State and not-for-profit providers.

The Community Placement Process (CPP) was implemented to further facilitate planning for individuals who reside in developmental centers to return to the community. Under the leadership of Commissioner Ritter, the Howard Park Unit of the Bernard Fineson DDSO in Queens, NY, was closed in June of 2009. Having reconfigured the DDSO operations by focusing on specialty services (autism, special behavior units and multiple disabilities units) on the Hillside Campus in Queens Village, the Commissioner was able to provide home-like residential services to 120 people with developmental disabilities formerly served at the Howard Park and Queens Village Developmental Center sites.

Adjunct to the closure, and of significant note, is the re-development of the Howard Park site into senior assisted housing, a key initiative of Governor Paterson. Under the auspices of Empire State Development (ESD), Catholic Charities Neighborhood Services was recently approved to rehabilitate the building into approximately 100 units for local seniors in need of additional supports and services. Commissioner Ritter has obtained a set-aside of 20 of the new units to serve seniors with developmental disabilities having similar needs. This landmark project is scheduled to come to fruition in 2011.

Keeping in mind OMRDD's collective goal to reduce the institutional population, the Staten Island DDSO is in the process of closing its Multiple Disabled Unit. As a result, at the end of the process, SIDDSO will have reached, the status of no longer operating institutions serving people with developmental disabilities and/or mental retardation on Staten Island.



## Employment

OMRDD has taken the position that the employment of people who have developmental disabilities should be treated as a workforce issue, not a programmatic issue. Commissioner Diana Jones Ritter believes very strongly that employment should not be viewed as a program or service to people with disabilities. It is a rite of passage to dignity, self sufficiency and independence. In addition, it is an investment in the general workforce.

Despite the economic downturn, the number of people with developmental disabilities who are employed in their community has remained stable at approximately 8,500 individuals. OMRDD is seeking to significantly increase this number. To achieve this goal, OMRDD has created an Employment First Platform. The purpose of the Employment First Platform is to set forth the policy framework to promote our strategic goal of increasing the number of people with developmental disabilities who are competitively employed. In recognition that people may need differing paths to employment and volunteer opportunities, OMRDD is developing a comprehensive menu of supports that are closely aligned with the jobs that people seek, their individual capacities, and their needs.

In 2009, a pilot project called Enhanced Supported Employment (ESEMP) was created whereby 106 new projects were approved to increase employment outcomes for 700 individuals in their communities, fourteen new agencies were approved to provide employment services. OMRDD as part of its participation in the New York Makes Work Pay initiative provided training to these agencies on how social security work incentives can be used to support employment outcomes and the retention of needed benefits.

Internships were another priority area for OMRDD in 2009. The Employment Training Program increased the number of adult interns to 237 people and more than 200 high school students. The demand for the internship program has significantly increased due to the downturn in the economy.

OMRDD believes that it is important to educate the business community on the benefits of employing people with developmental disabilities. WORKS FOR ME is OMRDD's way to recognize businesses that employ individuals with developmental disabilities and have helped them live richer lives. These businesses embody OMRDD's Employment First agenda with every paycheck earned by people with developmental disabilities. WORKS FOR ME serves another vital purpose: our public recognition and promotion of those exemplary businesses that employ individuals with developmental disabilities encourages other businesses to do the same. To this end, the agency is developing a focused marketing strategy for prospective employers, which include our Works for Me Employer recognition event. Through collaboration with the Interagency Coordinating Council in New York City, we anticipate that the number of prospective employers who will participate in this event will double.

## **Stakeholders Engagement**

OMRDD has also engaged its stakeholders in all of the agency's initiatives through numerous presentations and discussions including, but not limited to: Self Advocacy conferences and workshops, Commissioner Forums, Real Choice Grant/Community Participation work group meetings; day services and provider association meetings, discussions workshops and conferences, engagement with Empire State APSE, OMRDD Advisory Council, Developmental Disabilities Planning Council; MISCC Employment and Housing Committees, VESID District Managers and the 515 committee. In addition, stakeholders provide regular input to OMRDD as part of our 507 planning process and meetings with families, self advocates and providers.



## Interagency Collaborations

During 2009, OMRDD continued to participate in numerous interagency collaborations which will assist individuals with developmental disabilities to live in the most integrated settings, some of these collaborations included:

- **Interoffice Coordinating Council (IOCC):** OMH, OMRDD and OASAS comprise the Inter-Office Coordinating Council. The IOCC aims to eliminate barriers to accessing care and to improve coordination of services for people with disabilities, particularly those served across multiple agencies. IOCC activities include treatment models and programs; research projects of the institutes; collaborations and joint initiatives; consolidation of regulations to reduce regulatory inconsistencies; workforce training and development; prevalence, availability of resources, and service utilization; eligibility standards affecting individuals with multiple disabilities; determinations of client responsibility; and coordination of planning, standards, or services for persons with multiple disabilities.
- **Autism:** Nearly 20,000 of the people served by OMRDD, approximately 16%, have a diagnosis of autism spectrum disorder (ASD). In response, the agency has created a comprehensive autism platform, which includes the New York State Autism Spectrum Disorders Consortium and the Interagency Task Force on Autism Spectrum Disorders. The autism platform supports research, improved diagnosis, treatment and support of people living with Autism Spectrum Disorders (ASDs). The New York State Autism Spectrum Disorders Consortium, spearheaded by OMRDD's Institute for Basic Research, is bringing together academic and research facilities, program providers, parents, advocates and educators to undertake seminal research and translate research into state-of-the-art training and practice in serving individuals with autism. The focus of the Interagency Task Force, a 10-agency collaboration established by OMRDD and the State Education Department, is to identify cross systems improvements in supports and services for people with ASD and their families particularly in regard to early intervention services, dissemination of information to families, implementation of applied behavioral approaches and the transition from childhood to adult services.
- **VESID:** OMRDD solicited the input of VESID during development of the Enhanced Supported Employment Pilot RFP. OMRDD and VESID developed a Letter of Agreement for the Enhanced Supported Employment Project, which will enable people with significant developmental disabilities to directly access an OMRDD employment service without having to first receive a denial from VESID.
- **Developmental Disabilities Planning Council:** OMRDD solicited the input of the DDPC during development of the Enhanced Supported Employment Pilot RFP. In addition, the DDPC assisted OMRDD with the design of the agency's pilot project evaluation. The DDPC invited OMRDD to participate in its launch of the Project Search Employment model in NYS.
- **New York Makes Work Pay / Medicaid Infrastructure Grant (MIG):** Cornell University and the Burton Blatt Institute are assisting OMRDD and our provider agencies with benefits training to ensure that all persons who are seeking employment have a full and complete picture about the impact of work on the person's benefits. MIG activities include the creation of free ongoing benefits training programs to increase the number of certified benefits counselors available to assist individuals with disabilities.



- Department of Labor: OMRDD is collaborating with the Department of Labor on the development of a Memorandum of Understanding, which will pre-certify that the individuals served through OMRDD employment programs meet the criteria that will enable their employers to apply for state and federal tax credits.
- Dual Diagnosis: OMRDD and OMH regional offices have begun to collaborate on issues related to dual diagnosis. OMRDD and OMH will be hosting regional training sessions on dual diagnosis targeting clinicians, Medicaid Service Coordinators, and program managers. The training sessions will focus on three areas: (1) navigation of the service systems; (2) best models of successful collaboration and services; and (3) clinical integration. In addition to the trainings, a Statewide Task Force comprised of OMH and OMRDD leadership staff was created to continue monitoring and supporting the efforts of the local and regional dual diagnosis collaboration teams. The task force is working to encourage more providers to become dually or multiply certified, thus allowing them to be more responsive to an individual's needs. Toward that end, the task force has identified some best practices by agencies who were dually/multiply certified and has plans to distribute the findings to the provider community.