

**Most Integrated Setting Coordinating Council
2008 Annual Report**

DRAFT

Most Integrated Setting Coordinating Council Members

Commissioners or Directors of New York State:

Office of Mental Retardation and Developmental Disabilities

Office of Mental Health

Office of Alcoholism and Substance Abuse Services

Department of Health

Education Department

Division of Housing and Community Renewal

Office of Children and Family Services

State Office for the Aging

Department of Transportation

Commission on Quality of Care and Advocacy for Persons with Disabilities

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

Kathy Bunnell

Patricia L. Fratangelo

Kimberly T. Hill

Constance Laymon

Karen Oates

Carol Raphael

Harvey Rosenthal

Henry M. Sloma

Vacant Seat

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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. The MISCC is designed to bring together governmental agencies that for too long were insulated and isolated, to work collaboratively to provide services 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. In response, the MISCC Ad Hoc Committee established in 2004 and composed of persons with disabilities and their advocates, expressed, with some hesitation and reservation, support for the issuance of the first MISCC report.

Since assuming the Chairmanship of the MISCC in March of last year, Office of Mental Retardation and Developmental Disabilities (OMRDD) Commissioner Diana Jones Ritter has revitalized the MISCC. She initiated a number of action steps to position the MISCC to facilitate the vision of Governor David A. Paterson to transform the human service delivery system so that persons with disabilities have the same opportunities to live with dignity in their home communities as the rest of the residents of New York State. Through the collaborative efforts of the MISCC and elsewhere, the dynamic of a one-size-fits-all approach to service delivery will be changed to one that is founded on a “Peoples First” philosophy, that is, a system of supports and services that respects and recognizes the unique and diverse needs of people with disabilities in living more inclusive and community-integrated lives.

Both in MISCC public meetings and on the Peoples First Listening Tour, conducted jointly by OMRDD, the Offices of Mental Health (OMH) and Alcoholism and Substance Abuse Services (OASAS) and the Department of Health (DOH), people with disabilities and their advocates asked to have a seat at the table to actively participate in the dialogue and decision making processes which will enhance our capacity to provide all New Yorkers with disabilities, regardless of age or disabling condition, the services and

supports they need to live in the most integrated setting. They identified the need for stable, affordable and accessible housing; timely, reliable and accessible transportation; and, increased employment opportunities as key issues in fostering community integration.

On June 14, 2007, Commissioner Ritter met with the members of the MISCC Ad Hoc Committee who reinforced the need for greater participation in MISCC deliberations by stakeholders, particularly persons with disabilities. The Ad Hoc Committee also identified housing, transportation and employment as the top priorities for the MISCC to facilitate community integration.

In response, the member agencies of the MISCC have formed their own internal agency stakeholder groups to advise each agency as it develops, implements and updates its internal MISCC plan to facilitate the integration of the principals the Olmstead decision within their policies and programs. In addition, Committees were established directly under the MISCC to focus on: **Housing**, chaired by the Commissioner of Housing and Community Renewal (DHCR); **Employment**, chaired by the State Education Department/Vocational and Educational Services for Individuals with Disabilities (SED/VESID); and, **Transportation**, chaired by the Department of Transportation. Having these three committees under the MISCC will facilitate cross systems linkages between the workgroups as they begin to tackle cross system issues, such as how do people with disabilities get to work once they find a job or how can they get or retain a home of their own without an outside source of income.

This report delineates the involvement of stakeholders to-date in the development of each agency's MISCC plan and lays out an action oriented, outcome specific MISCC agenda for the three priority areas of housing, employment and transportation. As it moves forward, the MISCC is committed to ensuring that:

- Persons with disabilities and their advocates are active participants in the planning, implementation, and monitoring of each member agency's MISCC plan and in each of the MISCC committees.
- Outcomes from implementing agency and integrated solutions are prescriptive and that achievements are metric-base.

Persons with disabilities, advocates and other interested stakeholders are encouraged to read the draft plan, and comment on it. The MISCC will accept feedback from the public until close of business, Friday, November 7th. Public comments will not only be integral to the completion of this plan but will help guide the MISCC as it moves forward in 2009 and beyond.

A second draft of the plan will be submitted to the MISCC members on or before November 21st. Member feedback will be accepted up to the end of the business day on November 28th. The final report will be completed and submitted to the Governor and legislature on December 16, 2008.

EXECUTIVE SUMMARY

BACKGROUND

The United States Supreme Court's 1999 decision in *Olmstead v. L.C.*, now commonly referred to as *Olmstead*, was based on Title II of the Americans with Disabilities Act (ADA) and its implementing regulation requiring public entities to "administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." In the wake of this decision, the federal Department of Health and Human Services issued a series of guidance documents to State Medicaid Directors regarding existing state options for supporting individuals in non-institutional settings. Disability advocates mobilized to get states to develop "Olmstead Plans" for moving institutionalized individuals into community-based services. Soon thereafter, the President launched his New Freedom Initiative aimed at increasing federal and state-level efforts toward integrated community living for persons with disabilities. During this time period, "Olmstead-like" lawsuits were filed on behalf of individuals with disabilities in states across the country.

For its part, New York State established, in statute the Most Integrated Setting Coordinating Council (MISCC) as a means of integrating the work of state agencies, in collaboration with individuals with disabilities, families and advocates, to address the full range of barriers to community living and full participation by individuals with significant disabilities. At the direction of, Governor David A. Paterson, and under the leadership of Chairperson, Diana Jones Ritter, Commissioner of the Office of Mental Retardation and Developmental Disabilities, the MISCC has been reinvigorated and empowered to coordinate State agency efforts that will bring about substantial, positive changes in the lives of individuals with disabilities.

STAKEHOLDER GROUPS

Advocates and persons with disabilities were enthusiastic about the creation of the MISCC. That enthusiasm waned as it took four years for the MISCC to issue its first report and then went into hibernation.

On June 14, 2007, Commissioner Ritter met with the Ad Hoc Committee of advocates, established by her predecessor to provide input directly to the Chairperson of the MISCC. The advocates were concerned that state agencies would not keep MISCC issues moving, outcome measures would not be prescriptive, and, that active stakeholder participation in each agency's policy making might languish.

At the July 16, 2007 MISCC meeting, Commissioner Ritter called on each state agency representative to report on its progress toward identifying or creating a Stakeholder Group to work with the state agency on its MISCC Implementation Plan. In keeping with a people first philosophy, stakeholder groups must include people who use the state agency's services. Many agencies have a long history of engaging persons with disabilities as stakeholders. Some, like the Department of Transportation, which is primarily a "bricks and mortar" agency did not.

During the 2007-08 MISCC meeting cycle, each MISCC member agency had the opportunity to report on its stakeholder group and how persons with disabilities were integral to these groups. Each member agency and the MISCC Committees have included a section on its stakeholder group(s) in its report contained herein. The MISCC will continue to foster the active participation of persons with disabilities in the policy and program development activities of each member agency and its standing committees. This is consistent with Governor Paterson's commitment to ensuring State agencies truly work for the people they serve.

COMMITTEE HIGHLIGHTS

The Housing, Employment and Transportation Committees of the MISCC are featured as the primary focus of the 2008 MISCC Implementation Plan. Membership of the various MISCC committees is listed in the appended reports. The progress and energy of the MISCC is directly attributable to the diversity of participation by stakeholders, particularly those with disabilities. Fostering diverse stakeholder participation is key to efficiently utilizing available resources so that as many people with disabilities as possible may be integrated into their communities.

HOUSING COMMITTEE

Mission: To provide people 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 appropriate to foster opportunities for people with disabilities to live, work, learn, play and participate in their communities to the fullest extent possible.

The Housing Committee identified three priorities and will focus its energies in the upcoming year on addressing them:

#1: Creating Affordable/Accessible Housing

#2: Data Collection to define the need and the continuum of supports

#3: Increase Awareness through a public communication and marketing campaign

EMPLOYMENT COMMITTEE

Vision: All people can work. New York State, in partnership with the whole community, will exercise leadership to advance prospects for employment and economic self-sufficiency of all individuals with disabilities. Resources will be directed or redirected to realize this vision of integrated competitive employment. Individuals with disabilities will have the opportunity to contribute to and benefit from the economic vitality of the workforce. Employers will view individuals with disabilities as valued employees in their recruiting and hiring efforts.

The Employment Committee identified five priorities:

#1: Statewide Infrastructure changes to improve employment outcomes

#2: Marketing to Employers

#3: Data and Finance Integration Team development

#4: Public Sector Employment Work Team

#5: Improving Access Work Team

TRANSPORTATION COMMITTEE

Mission: Promote and Advocate for the Accessibility, Reliability and Affordability of transportation alternatives for individuals with disabilities.

The Transportation identified the following three priorities:

#1: Establish State Agency Transportation “Czar” within each agency

#2: Accessible Taxi Law/Tax Credit Incentive

#3: Mobility Management

CHALLENGE

The MISCC member agencies recognize the challenging fiscal times facing the State of New York. Yet, there is perhaps no better embodiment of the Governor’s “People First” philosophy when it comes to fundamentally changing the nature of services for people with disabilities than the work of this Council. The MISCC member State agencies are continuing to transform services so that they are as individualized, flexible and integrated within the community as possible, while balancing the resources of the State and the needs of others receiving State-supported disability services. The collaborative efforts through the MISCC and elsewhere within the administration of Governor Paterson will change the dynamic as reflected by the MISCC member agencies and its standing committees in this draft implementation plan so that people with disabilities can enjoy dignified, community inclusive, and quality lives.

DIVISION OF HOUSING AND COMMUNITY RENEWAL

Overview

DHCR has made a concerted effort to incorporate the general principles and guidelines proposed by the MISCC to improve the quality of our programs with the expected outcome of enhancing the lives of persons with disabilities. Our success in improving programs and reforming policies is a reflection of the input received from our public and private sector partners. Our stakeholder groups afforded input from our partner agencies, housing advocates, supportive housing providers, developers, consumers and residents from across the State. This report highlights our progress in measuring results to better serve the needs of disabled New Yorkers so that they may live in the most integrated setting of their choice.

Together we have 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

Most Integrated Setting Coordinating Council (MISCC) Housing Committee

At the April 10, 2007 Most Integrated Setting Coordinating Council (MISCC) meeting, Chair of the MISCC, the Office of Mental Retardation and Developmental Disabilities 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 consumers, 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 our efforts. The Housing Committee report begins on page 17.

Money Follows the Person (MFP) Housing Work Group

In January 2007, the federal Centers for Medicare and Medicaid Services (CMS) approved the NYS Department of Health's application to participate in the Money Follows the Person (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 the most integrated setting.

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 consumers to expand housing opportunities for persons with disabilities.

The Work Group is charged with exploring the feasibility of strategies for addressing housing need as identified in the State's MFP Rebalancing Demonstration application. This effort includes developing a needs assessment for affordable, accessible and integrated housing for the MFP target population, as well as recommendations to increase housing opportunities.

Historic Gains for Affordable Housing

For more than a decade, New York's capital budget for housing remained flat and, when adjusted for inflation, had actually decreased over that time. Stagnant funding, coupled with dramatic increases in land and construction costs, exacerbated an already critical shortage of affordable housing.

To address this growing crisis, the State's Housing Finance Agency (HFA), State of New York Mortgage Agency (SONYMA) and Division of Housing and Community Renewal (DHCR) joined forces and embarked upon a successful campaign to increase funding in the 2008-09 budget for the construction and preservation of affordable housing.

Under the direction of Governor David A. Paterson, who has made affordable housing a high priority of his administration, a housing campaign was built based upon transparency, interagency collaboration, legislative engagement, stakeholder support and effective communication.

Transparency

We recognized that good government practice requires us to inform taxpayers, policy makers, political leaders, advocates and developers as to how efficiently and effectively the State manages its existing housing resources. In this spirit DHCR produced the New York State Housing Report. For the first time one document gave New Yorkers the entire picture of where the State's housing money comes from, where it is spent and the value we get in return. By bringing together information which is normally spread out over multiple agencies, DHCR was able to ensure greater accountability and transparency, make certain our State's dollars go further, as well as build a foundation on which to advocate for more resources.

In addition to capital funding for the construction or preservation of affordable housing, service dollars are critical to providing housing for special needs populations or very low-income households. As a result, the Housing Report extended beyond the State's

traditional housing agencies and incorporated information from the NYS Office of Mental Health, Office of Temporary and Disability Assistance and the Division of Budget.

Building a Campaign

Governor Paterson has repeatedly emphasized that, “Affordable housing is critically important for the health and vibrancy of our State. It is an engine for economic development and job creation, helps strengthen families and communities and improves the quality of life for working families, senior citizens and people living with disabilities.” This message was embodied in the Governor’s 2008-09 budget negotiations and set the stage for an unprecedented affordable housing campaign led by the State’s housing agencies to secure record funding.

Forming a Partnership

It was important that all appropriate State agencies shared a commitment to increased funding for affordable housing and community development. This began with HFA/SONYMA and DHCR working together to realign the State's housing agencies to ensure they were working together cooperatively for greater efficiency. As a strong indication of New York’s success in cultivating a new spirit of collaboration and coordination, for the first time the President of HFA/SONYMA and Commissioner of DHCR jointly testified before the New York State Legislative Fiscal Committees in support of the Governor’s proposed Executive Budget. This is a direct reflection of how our agencies worked side-by-side, strategizing on ways to help our programs work together to more efficiently and effectively address the housing needs of the State.

Legislative Engagement

Housing leaders appeared before the Senate and Assembly Housing Committees to engage lawmakers on the Governor’s proposed housing budget. Follow up meetings with individual lawmakers were held, which focused on members of the Legislative Standing Committees on Housing, Ways and Means, and Finance. In addition to advocating for adoption of the Governor’s budget, meetings focused on needs in each member’s district and briefing materials were provided that included maps to illustrate the State’s record of success in investing in affordable housing. DHCR and HFA/SONYMA seized every opportunity to deliver the message on the critical need for additional resources for affordable housing and community development.

Stakeholder Support

An important facet of our Housing Campaign was an effort to build public support for a dramatic increase in funding for affordable housing. New York is fortunate to have the most innovative, experienced and comprehensive affordable housing network in the country, including local governments, developers, housing advocates, lenders and investors, universities and think tanks, foundations, and community development organizations. By expanding our relationships and mobilizing efforts among State agencies, we had the potential to further advance this priority. Focused outreach to business, financial and other community leaders who have not traditionally been actively

involved in advocating for affordable housing was initiated. The message was simple – affordable housing is a wise investment.

Effective Communication

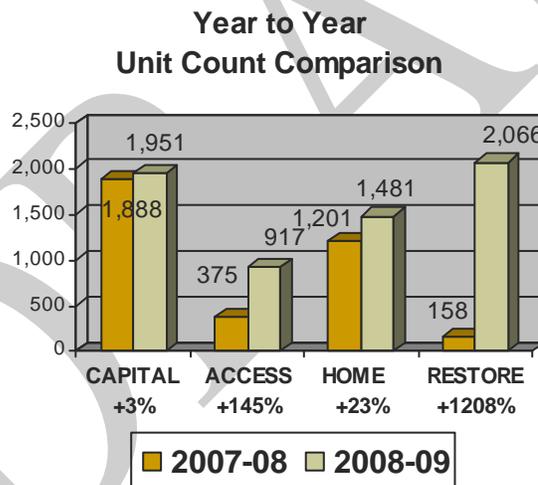
A variety of communication techniques were employed during the campaign to:

- focus attention on the critical shortage of affordable housing;
- build awareness that the shortage has community-wide consequences;
- identify a dramatic increase in State funding as an appropriate response to this shortage; and,
- ensure that broad public support for an increase in funding was communicated directly to key legislators.

To accomplish these tasks, background materials and talking points were prepared and circulated, sign-on letters and call-ins were organized, press releases, letters to the editor and legislative visits were coordinated.

Increased Resources for Affordable Housing

Governor Paterson and the State Legislature tripled the State’s housing budget to \$304 million – the biggest increase in history.



The first fruits of that success were recently on display on June 30, 2008 when Governor Paterson announced \$137 million in funding awarded by the DHCR. These funds will help build and preserve 6,415 units of affordable housing – nearly twice the number of units created and preserved by DHCR last year.

As a result of additional resources in the 2008-2009 State budget DHCR was able to provide additional resources for Access to Home and RESTORE Local Administrators (LPA’s). Funds were awarded to 187 LPA’s more than double the 92 awards made last year. These 187 awards provide a total of about \$50 million in funding (up from about \$30 million last year) and will assist or create 4,464 units, far greater than last year’s unit count of 1,734.

SUMMARY OF 2008-09 CAPITAL PROGRAM FUNDING

| <u>Programs</u> | <u>Enacted Budget- New Bonded Capital</u> | <u>Chapter Amendment</u> | <u>Total Available</u> |
|---|---|------------------------------|------------------------|
| Bonded Capital Programs | | | |
| Low Income Housing Trust Fund | \$ 29,000,000 | \$ 31,000,000 | \$ 60,000,000 |
| Affordable Housing Corp | \$ 25,000,000 | \$ 20,000,000 | \$ 45,000,000 |
| Main Street | \$ - | \$ 5,000,000 | \$ 5,000,000 |
| Homes for Working Families Purpose | \$ 7,000,000 | \$ 10,000,000 | \$ 17,000,000 |
| Access to Home | \$ - | \$ 4,000,000 | \$ 4,000,000 |
| Housing Opportunities Prog for Elderly | \$ 400,000 | \$ 4,000,000 | \$ 4,400,000 |
| Homeless Housing Assistance Program | \$ 30,000,000 | \$ 6,500,000 | \$ 36,500,000 |
| Public Housing Modernization Program | \$ 12,800,000 | \$ 5,000,000 | \$ 17,800,000 |
| Rural Area Revitalization Program | \$ - | \$ 6,000,000 | \$ 6,000,000 |
| Infrastructure Development Program | \$ - | \$ 5,000,000 | \$ 5,000,000 |
| Urban Initiatives | \$ - | \$ 3,500,000 | \$ 3,500,000 |
| | <u>\$ 104,200,000</u> | <u>\$ 100,000,000</u> | <u>\$ 204,200,000</u> |
| Mortgage Ins Fund (MIF) Programs | | | |
| Homeownership Counseling | \$ - | \$ 25,000,000 | \$ 25,000,000 |
| Flood Relief | \$ - | \$ 15,000,000 | \$ 15,000,000 |
| HFA Mitchell Lama | \$ - | \$ 54,000,000 | \$ 54,000,000 |
| Home Ownership Loan Program for LI* | \$ - | \$ 6,000,000 | \$ 6,000,000 |
| | <u>\$ -</u> | <u>\$ 100,000,000</u> | <u>\$ 100,000,000</u> |
| Total All | \$ 104,200,000 | \$ 200,000,000 | \$ 304,200,000 |

HFA received \$54 million of those funds to continue financing new all affordable projects and preserve Mitchell Lama projects around the State. The Affordable Housing Corporation (AHC) nearly doubled its previous funding to \$45 million to continue providing financing for new homes and renovations of existing homes.

Additionally, DHCR was challenged by the turmoil in the credit and mortgage markets and the resulting devaluation of State and federal tax credits, which developers sell to generate equity. Increased funding in the State budget has allowed DHCR to offset the loss in value of these credits. In all, this year's capital awards will help build or preserve forty affordable housing developments in twenty-four counties in every region of the State and for the first time, the additional resources will enable DHCR to conduct a second funding round this fall.

In announcing the awards, Governor Paterson stated, "The importance of affordable housing cannot be overstated. It encourages businesses to invest in our State and create jobs." The Governor also noted that the \$137 million awarded by DHCR will leverage an additional \$340 million in funding from federal, local, and private sources.

Focusing on Results

Qualified Allocation Plan

DHCR conducted a comprehensive review of the State's Qualified Allocation Plan (QAP), which sets forth the criteria and preferences by which Low Income Housing Tax Credits will be allocated to housing capital projects. The QAP is the guiding document for award of this most important housing development resource. The QAP was last reviewed in 2005.

In order to undertake this review a public meeting process was conducted to bring stakeholders into the discussion in an effort to ensure the State is utilizing this program as effectively as possible. A draft QAP was released for public comment and a public hearing was conducted. Notification was also published in the State Register.

This effort resulted in adoption of a new Qualified Allocation Plan (QAP) which sets guidelines for the distribution of Federal and State Low Income Housing Tax Credits to affordable housing developers.

Highlights of the new QAP that will result in the development of affordable, accessible and adaptable housing units include:

- Set asides for projects that preserve existing affordable housing and for projects that provide services for persons with special needs. Proposals are encouraged to include units that offer enhanced accessibility for persons with physical disabilities.
- Incentives are offered to projects whose buildings have at least 5% of units fully accessible and adapted; move-in ready for persons with a mobility impairment. Units are directed to households with at least one member who has such impairment. In addition, 2% of the project units must be fully accessible, adapted and move-in ready for persons with hearing or vision impairments. Units must be directed to households with at least one member having such impairment.
- Projects whose accessible/adaptable and move-in ready units are equal to or exceed 10 % and 4% respectively are eligible for higher scoring points.
- Projects funded under the Low Income Housing Credit (LIHC) program must meet visitability standards. These standards were developed in collaboration with our public and private sector partners, including contributions from advocates, not-for-profit and private organizations, as well as supportive housing providers.

The QAP included, for the first time a \$2 million set-aside for supportive housing, which received twenty-six applications. State agencies representing the targeted needs groups which were to be provided residential assistance were given the funding applications for review and comment prior to awards being issued. These agencies included the Office of Mental Health (OMH), Office of Mental Retardation and Developmental Disabilities (OMRDD), Office of Temporary and Disability Assistance (OTDA), Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD), Office of Alcoholism and Substance Abuse Services (OASAS) and the Department of Health (DOH) Aids Institute. This collaboration ensures that the State funds providers with a

proven history of delivering person-centered, effective services to those residing in supportive housing units.

Nursing Home Transition and Diversion (NHTD) Waiver Housing Subsidy

The NYS Department of Health (DOH) received approval from the Centers for Medicare and Medicaid Services (CMS) for the Nursing Home Transition and Diversion (NHTD) Medicaid Waiver which provides alternatives to nursing home placement for people with disabilities ages eighteen (18) or over and seniors.

Affordable and accessible housing is essential to enabling seniors and individuals with disabilities to return to or remain in the community with the support of community-based long-term care services. Further, coordinating the delivery of services available through programs administered by DHCR with the long-term care services available under the Medicaid program at the State and local levels is paramount to the success of the NHTD Waiver.

DHCR entered into a partnership with DOH to undertake a new NHTD Housing Subsidy Program directed at consumers of the NHTD Waiver for community based care services. The Program is funded through an annual State appropriation of approximately \$2.5 million. DHCR will utilize Section 8 Local Administrators (LA's) to facilitate program delivery.

LA's will work with households qualifying for NHTD waiver services and in need of housing subsidies to issue subsidy payments in a manner parallel with the Section 8/ Housing Choice Voucher Program. Households will be connected with home modification resources as necessary and placed on open Section 8/Housing Choice Voucher Program waitlists in their local program area so that they can transition to permanent Section 8 assistance over time.

A Pilot Program will be rolled out in thirteen counties ensuring participation in each of DOH's nine Regional Resource Development Regions. As of September, 2008 DHCR LAs and DOH Regional Specialists have been trained in the operation and management of this new program and are currently recruiting qualified participants.

Affordable Housing Needs Study

DHCR is undertaking a statewide affordable housing needs study that encompasses a new level of outreach and coordination with local officials and housing professionals who best understand the needs of their communities and can speak to how New York State's housing and community development programs can best be targeted to meet the needs of residents. Information for this study is not only being gathered via traditional means of statistics and data sampling but also via a series of conversations with local stakeholders and housing professionals to gather information and assess unique housing needs across the State. The reports completed to date may be accessed by visiting: www.nysdhcr.gov under the "Key Documents" link.

A final Statewide Housing Needs Study Report will be produced by the end of 2008. These studies will be used to analyze New York State's housing programs and make changes where necessary to better meet the needs of its residents.

Interagency Collaboration

In addition to DHCR a variety of State agencies play a role in the production and oversight of affordable housing in New York State, including the Housing Finance Agency (HFA), State of New York Mortgage Agency (SONYMA), Office of Temporary and Disability Assistance (OTDA), the Office of Mental Health (OMH), the Office of Mental Retardation and Developmental Disabilities (OMRDD), the Empire State Development Corporation (ESDC) and the Dormitory Authority of the State of New York (DASNY), among others.

DHCR has begun to forge new relationships with our agency partners and seek opportunities to creatively and successfully meet the challenges we all share. To that end, DHCR Commissioner VanAmerongen and Priscilla Almodovar, President and CEO of HFA/SONYMA set out to establish frequent communications and engage in various projects together, including traveling jointly to Washington D.C. to discuss the State's housing needs with our Congressional delegation.

Additionally, DHCR and HFA have coordinated their application process, allowing applicants to file a single on-line application for HFA's Affordable Housing Corporation Program and DHCR's HOME Program, and one for HFA's bonding capital and DHCR's Homes for Working Families program. DHCR and HFA along with OTDA took the unprecedented step this year of filing a joint capital budget request.

Home Modifications

Often times we think of new construction and substantial rehabilitation as the means to create affordable housing opportunities. However, for those with physical disabilities the barrier to securing or maintaining housing of their choosing may be the mere cost of accessibility modifications. Under the Access to Home Program, home improvements and alterations are done in concert with resident recipients to permit persons with physical disabilities to remain in their own homes, rather than enter a more costly and intrusive nursing home setting.

A Notice of Funding Availability (NOFA) was issued in November, 2007 announcing \$5 million in funding under the Access to Home Program. Fifty-seven applications were received requesting a total of \$19,454,827. Subsequently, as a result of additional resources provided by Governor David A. Paterson and the State Legislature in the enacted 2008-09 budget, funding was increased enabling awards totaling \$14 million.

Through our partnership with a variety of not-for-profit organizations, including municipalities, community based not-for-profit corporations, Neighborhood and Rural Preservation Companies, and not-for-profit charitable organizations in existence for at least one year with substantial experience in adapting and/or retrofitting homes for persons with disabilities, we have been able to identify and offer assistance to people with disabilities that will greatly enhance their quality of life in their own homes. Access to Home has allowed us to begin to reverse the institutionalization trend and create a pathway for people with physical disabilities to live independently within the community of their choice.

DHCR has also begun sharing our experience with Access to Home with other agencies. The environmental modification (E-mod) working group established by DOH brings together experts from DHCR, VESID and DOH waiver programs to discuss best practices and local opportunities for collaboration of resources to best meet the needs of disabled constituents.

Promoting Awareness

Public Service Announcements

DHCR launched a public education campaign to try to change attitudes and combat NIMBYism, which included Public Service Announcements (PSAs), video and new website. The PSAs feature photos and video of attractive affordable housing complexes DHCR has financed. The message is clear...*"this is affordable housing today -- take another look."* Viewers are challenged to rethink their position on affordable housing. The overriding theme is that affordable housing works. It works for families. It works for communities. It works for businesses.

The highlight of our campaign was a series of television and radio commercials featuring three celebrities who donated their time and talent to our mission: filmmaker Edward Norton is a partner in Enterprise Green Communities and a vocal and passionate advocate for green affordable housing for low-income people. Former NFL football player Tiki Barber is undertaking community development initiatives throughout the country. Former Major League baseball player Mo Vaughn rehabilitates affordable housing developments and helps revitalize New York neighborhoods. The spots culminated in a call to action: Visit www.affordablehousingworks.org.

We are also creating a video, highlighting municipal officials who have been supportive of affordable housing development in their communities, speaking positively about the impact that investments in affordable housing have had in neighborhoods. The video will be made available on-line and featured at conferences and other venues throughout the year.

Housing Registry

The Center for Independence of the Disabled, NY (CIDNY) was previously under a contract with the NYS Developmental Disabilities Planning Council (DDPC) to develop a New York State Accessible Housing Registry, which expired in October of 2005. Success was achieved under that contract and a test site was made available for circulation, however, there was no funding for its continued administration.

DHCR worked closely with DDPC and CIDNY to develop a contract to support ongoing operation of the Registry beyond its October, 2005 completion. Funding is used to operate and maintain the site, conduct research, review and implement ongoing marketing strategies and encourage provision of information to the Registry, as well as to ensure quality assurance.

The Registry serves as an important information and resource repository for people seeking accessible housing. CIDNY serves as our partner in maintaining and enhancing

procedures and practices related to the timely and accurate entry and review of accessible housing listings, as well as increasing private and public sector links. They monitor user satisfaction, evaluate performance and periodically recommend enhancements.

In order to provide a seamless tool for persons with disabilities to identify and access housing it was recognized that DHCR needed to take a more proactive role in populating the site with usable information. In September, 2007 DHCR's Office of Fair Housing and Equal Opportunity (OFHEO) began requiring that as part of an Affirmative Fair Housing Marketing Plan (AFHMP) managers/landlords register their accessible properties no later than 90 days prior to engaging in marketing activities on the site and post vacancies once the project is rented up. The website address is: www.nysaccessiblehousing.org or it can be accessed through DHCR's website under "links" in the bottom right corner.

The Accessible Housing Registry contains information about accessible apartments located throughout New York State. Persons with disabilities, as well as their advocates, can search for housing by location (town, zip code, and major cities), and/or by sorting based on income, age, or disability requirements to obtain comprehensive information about housing opportunities that may meet their needs.

As of August, 2008 DHCR has signed an amended contract with the administrator of the Registry, the Center for Independence of the Disabled, NY (CIDNY). This amended contract provides for increased focus on marketing and outreach, bolstered by funding under the Money Follows the Person (MFP) Demonstration Initiative. Under this expansive partnership with DOH, DHCR has been able to take advantage of CIDNY's unique market knowledge to conduct an outreach campaign to bring greater numbers of users, both landlords and those seeking accessible housing, to the registry website.

Following extensive user and stakeholder feedback regarding the Registry, DHCR has engaged in initiatives to further expand the Registry. We have signed a contract with a new webhost, Socialserve.com. Socialserve.com currently hosts twenty-five State affordable housing registries and served as an initial architect for HUD's national housing locator system.

This new webhost offers additional features regarding tracking and management information for units registered with the site, allowing DHCR to receive unit counts, both for active and inactive units as well as statistics for searches which do not yield results. Another unique feature of this new host is the advantage of a bilingual call center to assist users to take advantage of the website's resources in the absence of access to the internet. We are confident that Socialserve.com's strong, simple user interface will increase the ease of use for tenants and landlords alike and exponentially increase New Yorkers ability to locate and secure accessible, affordable rental housing.

Currently DHCR, DOH, CIDNY and Socialserve.com are working together to migrate data from the previous host, develop marketing materials and collaborate on outreach strategies to maximize the scope of the Registry's subscription.

Finally, to provide greater user access and veracity to the Registry DHCR will be moving the site from *NYSAccessibleHousing.org* to a new .gov address to be launched in November, 2008. It is anticipated that the migration of this site to its new address will

increase the simplicity of locating the site as well as bridging the barrier to establish the legitimacy of the information contained therein, via the '.gov' endorsement.

DRAFT

MOST INTEGRATED COORDINATING COUNCIL HOUSING COMMITTEE

Mission

To provide people 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 appropriate to foster opportunities for people with disabilities to live, work, learn, play and participate in their communities to the fullest extent possible.

Charge

At the April 10, 2007 Most Integrated Setting Coordinating Council (MISCC) meeting, Chair of the MISCC, Office of Mental Retardation and Developmental Disabilities Commissioner Diana Jones Ritter, called for the formation of a MISCC 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 people with disabilities. The Housing Committee, chaired by Division of Housing and Community Renewal (DHCR), Commissioner Deborah VanAmerongen, was formed to support the MISCC's goal of ensuring that people of all ages with disabilities are afforded the choice and empowerment to live in the most integrated setting that meets their individual needs and preferences.

Vision and Values

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 impact policy changes to further affordable housing and accessible opportunities. We are guided by the following values:

Basic Human Right to Housing

To qualitatively improve the lives of people with disabilities by providing decent, safe, affordable and accessible homes in an environment that affords easy and regular interaction with the larger community and is free of discrimination.

Personal Choice

To provide housing and a continuum of support services where appropriate that enables individuals to exercise personal choice and supports a consumer driven system that fosters freedom to select appropriate housing. People with disabilities may need and desire supportive services, and such services may be crucial to succeeding in the community, however personal choice respects the element of voluntariness in this delicate balance.

Cooperation and Coordination

To forge a public and private partnership that works collaboratively to increase housing opportunities by combining resources, streamlining application processes, waiting lists and eligibility criteria, in an effort to develop a housing network that is easily and seamlessly accessible to people with disabilities.

Affordability

Living independently requires an element of tenant/homeowner responsibility which includes sufficient resources to pay the rent/mortgage and comply with the terms of a lease/loan. Making housing affordable for people with disabilities is a cornerstone for success.

Community

Integrated housing is also critical to affording people with disabilities the opportunity to be engaged community members through employment, vocation or educational opportunities, social networks, access to healthcare and other community services, as well as the ability to form relationships and participate in activities that involve people without disabilities.

Flexibility

Balancing housing and services requires flexibility in order to reflect the unique needs and preferences of the individual.

Core Principles

| | |
|----------------|------------------|
| Accountability | Flexibility |
| Affordability | Friends |
| Choice | Independence |
| Community | Individuality |
| Cooperation | Integration |
| Coordination | Personal Freedom |
| Diversion | Recreation |
| Education | Transition |
| Family | Transparency |

Structure and Goals

The MISCC Housing Committee is comprised of consumers, representatives of not-for-profit and advocacy organizations, as well as entities of government whose work impacts the lives of people with disabilities.

The Committee's goals are to:

Increase opportunities for people with disabilities to live independently in the setting of their choice and where appropriate with supportive services that are designed around the needs and desires of the individual.

- Define the need for affordable and accessible housing in New York State, as well as a continuum of supportive services that foster independence and choice.
- Increase awareness through a public communication and marketing campaign, as well as training opportunities.
- Recommend to the Governor of the State of New York a policy agenda that furthers the collective goals of both MISCC and the Housing Committee.

Objectives

1. Research and quantify specific needs for housing and support services;
2. Forge public and private partnerships to work collaboratively in streamlining processes to promote seamless access to affordable and accessible housing;
3. Recommend policies that increase opportunities to preserve and expand the supply of affordable accessible housing for people with disabilities, as well as promote person centered planning and choice in selecting housing that best reflects individual needs and desires;
4. Embrace the principles of community integration and responsiveness to individual needs by expanding opportunities to access a range of housing options that shall include allowing an individual to live on their own.

Focus

The MISCC Housing Committee met several times since its creation in April of 2007. The initial meetings focused on preparing a mission statement and gaining an understanding of what the term the “most integrated setting” meant to the Housing Committee participants.

Three workgroups were formed as a result of priorities set during these early meetings. The workgroups: Housing Subsidy, Data and Education framed our meeting discussions and provided a means to identify and solve issues, as well as to measure results. The workgroup discussions framed the recommendations included in the MISCC Housing Committee Report.

- Housing Subsidy Workgroup
Objective: Define housing subsidy structure and identify potential funding sources. Develop next steps to achieving goal.
- Data Workgroup
Objective: Define types of data sources. Identify next steps to overcoming barriers to collecting data.

- Education Campaign Workgroup
Objective: Define the purpose of an education campaign, target audience and potential delivery mechanisms. Identify funding sources and next steps.

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

Accessible Housing Registry

New York's Accessible Housing Registry was originally established in 2003 by the Developmental Disabilities Planning Council (DDPC) with New England Index, the webhost, and the Center for the Independence for the Disabled (CIDNY) as the data manager. In 2005 DHCR took over the funding of this project and since that time the number of available listings had grown to list over 5,000 housing developments.

As a result of Housing Committee discussions DHCR realized it needed to expand its role beyond simply funding the Registry, but sharing responsibility for populating the site with information. In September, 2007, DHCR's Office of Fair Housing and Equal Opportunity (OFHEO) began requiring that, as part of an Affirmative Fair Housing Marketing Plan (AFHMP), managers/landlords register their accessible properties no later than 90 days prior to engaging in marketing activities on the site and post vacancies on an ongoing basis.

Housing Committee Members identified a need to have a fast and easy way to access up-to-date vacancy information on affordable/accessible housing. In addition, housing seekers needed a venue to search for a wide variety of specific amenities and accessibility features and find listings with detailed information about each unit and its facility features. It was further noted that consumers who do not have ready access to the internet were at a distinct disadvantage to accessing the Registry.

Through a partnership with the Department of Health (DOH) and funding from the federal Centers for Medicare and Medicaid Services (CMS) Money Follows the Person Federal Rebalancing Demonstration Program (MFP) project, an expanded Registry is in development that will encompass the Housing Committee's recommendations, including a toll free call center for those who do not have access to the internet.

Together we partnered with Socialserve.com to create NYSHousingSearch.gov, which will build upon the success of the State's previous accessible housing registry NYSAccessibleHousing.org. Socialservice.com is the nation's leader in affordable housing locator services and currently serves twenty-four states.

The Registry will incorporate both publicly and privately funded buildings, single units for rent, as well as projects under construction and offer other housing resources.

The MISCC Housing Committee offered invaluable input into the design and content of the new Registry which will be launched in November of 2008.

Nursing Home Transition and Diversion (NHTD) Waiver Housing Subsidy

The Nursing Home Transition and Diversion (NHTD) Waiver Housing Subsidy is funded through an annual State appropriation to DOH of approximately \$2.5 million, to be administered in partnership with DHCR. These subsidies will be administered by Section 8 Local Administrators (LA's) in a manner parallel to that of the Section 8/Housing Choice Voucher Program in coordination with the DOH Regional Resource Development Centers (RRDC's).

Criteria for the new subsidy will include: jurisdictional requirements, issuance of payments to landlords, obligations and responsibilities. Eligible participants will be Medicaid eligible and currently residing or eligible for the nursing home level of care (including Money Follows the Person participants).

In a historic partnership that evolved through the MISCC Housing Committee, DOH providers and DHCR housing experts will work together in a new and innovative manner to transition and divert individuals from institutional settings.

Consumers will be connected to DOH Regional Resource Development Specialists (RRDS) through DOH Regional Resource Development Centers (RRDC's). RRDS's will conduct outreach, assist with coordinating the spectrum of support services needed for community based care and facilitate housing acquisition. Activated initially through a ninety day pilot program in twelve counties and New York City this program is to be expanded to fifty-two counties within one-hundred eighty days following the pilot period. Housing subsidies will initially be provided on demand, with no waitlists and no program limitations. Subsidy payments may not exceed DHCR payment standards. DHCR, in partnership with DOH, conducted four regional trainings for Local Administrators and Regional Resource Development Centers about the NHTD Housing Subsidy. The level of energy, interest and engagement by all parties was impressive.

Data Working Session

In July, 2008, the MISCC Housing Committee was able to begin developing a matrix to aid in defining the need for affordable and accessible housing in New York State, as well as a continuum of supportive services that foster independence and choice. This effort was enabled by Dr. Kathryn Nelson, who retired after 25 years from the U.S. Department of Housing and Urban Development's (HUD) Office of Policy Development and Research in 2003.

Dr. Nelson was the principal author of HUD's first eight reports to Congress on worst case needs for housing assistance. On behalf of the Consortium for Citizens with Disabilities (CCD) Dr. Nelson authored a report entitled, "*The Hidden Housing Crisis: Worst Case Housing Needs Among Non-Elderly Adults With Disabilities.*" The report analyzed data on the housing of persons with disabilities from the 2005 American Community Survey to estimate worst case needs among non-elderly adult renters with disabilities.

Dr. Nelson's discussion provided the MISCC Housing Committee with an opportunity to review strategies for collecting and analyzing existing data in a productive and cost

effective way. Many of the ideas generated are reflected in the priorities outlined in our Recommendations and Next Steps.

In an effort to capture additional data, the new housing registry will allow for downloading counts of units listed as available and accessible within a specific price range and provide a means to anonymously track what users are searching for and not finding, as part of a continuum to analyze housing need.

Money Follows the Person Housing Education Initiative

DOH, with input from DHCR, has formed a partnership with the New York State Association for Independent Living (NYAIL) to develop a team of eleven Housing Educators and one statewide subject matter expert. These housing educators will be assigned to cover nine DOH Regions of New York to offer the following services:

- ❖ Conducting meetings and trainings related to housing for households with disabilities and all other local stakeholders and service providers;
- ❖ Serving as a resource for stakeholders and service providers on housing related issues; and
- ❖ Assisting with training and population of statewide accessible housing registry NYSHousingSearch.gov

Housing Subsidy Workgroup

The Housing Subsidy Workgroup was formed in late 2007 to bring together stakeholders from inside and outside government to form recommendations for consideration by the MISCC Housing Committee. Chaired by the Office of Mental Health, the workgroup held a series of eight meetings to define its purpose, review and gain an understanding of the current inventory of State housing subsidy programs, identify unmet needs and gaps that can help form the rationale for a new subsidy program, and discuss options for the creation of a new subsidy program for people with disabilities.

The recommendations of this Workgroup are presented with the understanding of the State's current fiscal climate and in the context of the fiscal and human resources available for implementation. The Findings and Recommendations of the Housing Subsidy Workgroup Report are included as **Appendix A** of this report.

Most Integrated Setting Coordinating Council Housing Committee Recommendations and Next Steps

| | |
|--------------------------------|--|
| Priority | Increase opportunities for people with disabilities to live independently in the setting of their choice and where appropriate with supportive services that are designed around the needs and desires of the individual. |
| Objective | Foster community integration and responsiveness to individual needs by expanding opportunities to access a range of housing options that shall include promoting an individual's desire to live independently. |
| Objective | Preserve and expand the supply of affordable housing for people with disabilities, as well as promote person centered planning and choice in selecting housing that best reflects individual needs and desires. |
| Performance Measurement | <ul style="list-style-type: none"> a) Number of applications received which set aside units for special needs housing. b) Number of applications leveraging multi-agency programs and services. c) Number of individuals transitioned under Nursing Home Transition and Diversion (NHTD) Housing Subsidy Program. |

Action 1: Creating Affordable/Accessible Housing

| Implementation Actions | Date/s | Responsible Agencies |
|---|------------|---|
| 1. Improve interagency coordination through continuation of the MISCC Housing Committee. Recommend adding OTDA to MISCC and MISCC Housing Workgroup. | 12/31/2008 | DHCR/OMRDD/OTDA |
| 2. Assess housing programs to connect individuals qualifying for State housing subsidies with available affordable/accessible units. | 12/31/2009 | OMH/ DOH/OMRDD/ OCFS/ OTDA/ DHCR/SOFA |
| 3. Maintain housing subsidy programs at current funding levels and work collaboratively to determine methods for meeting projected growth levels through improved program delivery and additional resources where feasible. | 12/31/2009 | DHCR /OMH/ DOH/OMRDD/ OCFS/ OTDA/ OASAS/Aids Institute/SOFA |
| 4. Launch the Nursing Home Transition and Diversion (NHTD) Housing Subsidy Program. | 12/31/2008 | DHCR/ DOH |

| | | |
|--|------------|--|
| 5. Evaluate NHTD Housing Subsidy Program success for potential expansion and replication. | 12/31/2009 | DHCR/ DOH |
| 6. Monitor demand for DHCR's Access to Home Program. | 12/31/2009 | DHCR |
| 7. Work with the Money Follows the Person (MFP) Housing Task Force and MFP Housing Education Initiative to increase capacity on a local level to provide technical assistance to special needs households seeking affordable/accessible housing. | 12/31/2009 | MISCC HTF Agencies |
| 8. Consider the development of a Housing Application Assistance Demonstration Program in 4-5 geographically diverse regions to facilitate linkages to assist special needs households with completing housing applications and obtaining affordable/accessible housing. | | MISCC HTF Agencies |
| 9. Identify opportunities to apply for federal funding to develop new programs to preserve and develop affordable/accessible housing, assist households in reducing housing cost burdens, or increase homeownership opportunities. | 12/31/2009 | DHCR/DOH/OASAS/ OCFS/ OTDA/OMRDD/OMH/ SOFA |
| 10. Identify barriers to accessible/affordable housing and develop steps to remove or ameliorate the effects of public policies that serve as barriers to affordable housing. | 12/31/2009 | DHCR/OMH/ DOH/OMRDD/ OCFS/ OTDA/OASAS/Aids Institute/ SOFA |
| 11. Support community efforts to preserve and expand accessible/affordable housing and home ownership opportunities. | ongoing | DHCR/OMH/OMRDD/OASAS/ OTDA/ SOFA |
| 12. Provide equal access to safe, decent and accessible/affordable housing Engage in a long-term strategy to seek and develop opportunities for the preservation of affordable/accessible housing. | ongoing | DHCR/OMH/OMRDD/OASAS/ OTDA/SOFA |

Action 2: Data Collection

| | |
|--------------------------------|--|
| Priority | Analyze existing data to define the need for affordable/accessible housing in New York State and a continuum of supportive services that ensures individuals the choice and empowerment to live in the most integrated setting that meets their needs and preferences. |
| Objective | Research and quantify data to assess the needs of individuals residing in institutional settings or at risk of admission to such facilities that may require affordable/accessible housing. |
| Objective | Identify unmet need and track progress in fulfilling the States goals to assist people with special needs to live in the most integrated settings possible and practicable within available resources. |
| Performance Measurement | a) Number of individuals transitioning to appropriate affordable/accessible housing. b) Policy paper on the Statewide housing needs of special needs populations. |

| Implementation Actions | Date/s | Responsible Agencies |
|--|--------------|---------------------------------|
| 1. To facilitate long-term planning, review existing State agency data currently being collected on special needs populations residing in institutional settings. | As available | OCFS/OMH/DOH/OASAS/ OMRDD/ SOFA |
| 2. Assess geographical information on special needs populations with the goal of assisting State agencies in planning and resource distribution based on need. | 12/31/2009 | OCFS/OMH/DOH/OASAS/ OMRDD/ SOFA |
| 3. Issue regulations requiring person centered planning processes that inquire about housing satisfaction and preference every 6 months from all individuals served. | 12/31/2009 | OCFS/OMH/DOH/OASAS/ OMRDD/ SOFA |
| 4. Collect data on individuals with disabilities residing in various group settings including length of stay in those settings. | 12/31/2009 | OCFS/OMH/DOH/OASAS/ OMRDD/ SOFA |
| 5. Explore strategies for standardizing data collection. | 12/31/2009 | MISCC HTF State Agencies |

6. Assess the housing needs of high cost users. As available OCFS/OMH/DOH/OASAS
 Examine current studies underway by MISCC agencies focused on the costs of care, nature of disability, location and housing type needed. Such studies may include but are not limited to:
Billings Institute/DOH: The 3% Non-Institutionalized Patients with Highest Healthcare Cost.
DOH/OASAS: Managed Addiction Treatment Services Initiative
DOH: Chronically Ill Medicaid Patient Initiative.
 * A cohort of 18-25 year olds should be identified separately, as potential Youth Aging out of Foster Care as part of these ongoing studies.
7. Review DHCR's statewide Regional Housing Needs Study Reports developed to analyze the State's housing programs and make changes where necessary to better meet the needs of its residents. 12/31/2009 DHCR /MISCC HTF Agencies
8. Automate data collection and reporting by multiple housing agencies for the New York State Housing Report Card. 12/31/2009 DHCR

Action 3 : Increase Awareness

| | |
|-----------------|---|
| Priority | Combat NIMBYism and increase awareness through a public communication and marketing campaign that includes launching an on-line affordable/accessible housing registry. |
|-----------------|---|

Objective Increase access to information.

Objective Promote community support of affordable/accessible housing.

Performance Measurement

- a) Reduction in NIMBY attitudes.
- b) Number of airings of Public Service Announcements on television and radio.
- c) Number of visits to www.nyshousingsearch.gov

Implementation Actions

| | Date/s | Responsible Agencies |
|---|------------|----------------------|
| 1. Launch www.nyshousingsearch.gov | 11/30/2008 | MISCC HTF Agencies |
| 2. Develop a plan to expand outreach and promote awareness of existing housing resources <ul style="list-style-type: none"> a. Identify populations to be targeted. b. Develop and distribute informational materials. c. Conduct educational/informational sessions for targeted populations. d. Ensure accessible housing developed with State funds are included and updated on the accessible housing registry. | 12/31/2009 | MISCC HTF Agencies |
| 3. Work with accessible/affordable housing stakeholders to ensure citizen participation, as required by HUD, is occurring in the development of the State's Consolidated Plan so that accurate data/needs information is being taken into consideration when the plan is developed. Convene public forums to invite participation. | 12/31/2009 | DHCR/OTDA/ SOFA |
| 4. Show Public Service Announcements to combat NIMBYism in media markets throughout the State. | 2008-09 | DHCR |
| 5. Work with the Money Follows the Person (MFP) Housing Committee to implement the MPF Housing Education Initiative. | 12/31/2009 | MISCC HTF Agencies |

Attachment A

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NEW YORK STATE EDUCATION DEPARTMENT (SED)

A Shared Vision

The New York State Education Department (SED) shares in the vision and mission of the Most Integrated Setting Coordinating Council (MISCC). SED is committed to education and related supports that maximize individual potential, full participation and economic security for New Yorkers with disabilities.

The landmark Olmstead Supreme Court decision embodies the Department's commitment to high expectations, accountability and the delivery of state-of-the-art educational services and related resources for success. In drafting the Olmstead decision on behalf of the US Supreme Court, Justice Ruth Bader Ginsburg cited and affirmed the following reference in Title II of the Americans with Disabilities Act that serves as a guide for the work of the MISCC and SED:

“No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”

Introduction

The State Education Department (SED) has served as an active participant on the MISCC since its inception in 2002. Under the leadership of Governor Paterson, SED and the MISCC have been charged with advancing tangible outcomes that demonstrate the Department's commitment to New Yorkers with disabilities. Over the past year, SED has been a part of the palpable enthusiasm and dedicated efforts of the MISCC. Dr. Rebecca Cort, Vocational and Educational Services for Individuals with Disabilities (VESID) Deputy Commissioner, serves as a Council member on behalf of Commissioner Mills and Dr. Edward Placke, VESID Assistant Deputy Commissioner chairs the MISCC Employment Committee. Senior SED staff are also active participants on the MISCC Employment, Transportation and Housing Committees. 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.

Stakeholders - Partners

In carrying out the work of the MISCC, SED consults with, and has relied on, its broad-based network of stakeholders and partners for feedback and direction. A SED MISCC Advisory Committee was formed to channel the views of the Department's formal advisory and stakeholder groups that include: the State Rehabilitation Council (SRC), the SED Commissioner's Advisory Panel (CAP), and the State Independent Living Council (SILC).

The following stakeholders represent the State Rehabilitation Council (SRC):

- Representative of a Parent Training Center
- Representative of State Workforce Investment Board
- Representative of State Independent Living Council
- Representative of community rehabilitation program service provider
- Representative of business, industry and labor
- Vocational Rehabilitation Counselor
- Disability advocacy groups, representing a cross section of physical, cognitive, sensory and mental disabilities, etc.
- Former recipient of vocational rehabilitation services
- Representative of Native American Projects (Section 121)
- Representative of the client assistance program

The following stakeholders represent the Commissioner's Advisory Panel (CAP):

- Individuals with disabilities
- Parents of children with disabilities
- Teachers
- State/local education officials
- Administrators of programs for children with disabilities
- State agencies that are involved in the delivery of related services
- Provider of transition services and business/vocational representative
- Institutions of higher education
- Private and charter schools
- Corrections agencies (juvenile and adult)
- State/local education official representing the homeless
- State child welfare agency
- Ad hoc members

The following stakeholders represent the State Independent Living Council (SILC):

- A director of a center for independent living chosen by the directors of centers for independent living within the State
- Members who are representatives from centers for independent living
- Advocates of and for individuals with disabilities
- Representatives from organizations that provide services for individuals with disabilities
- Parent/guardian of an individual with a disability
- Youth members
- Other appropriate individuals
- Native American 121 Project Representative

Priorities

The SED MISCC Advisory Committee met twice to review ongoing SED initiatives and to establish new priorities that advance MISCC objectives. The following four priority areas were identified by the Advisory Committee:

- ▶ Transition from school to adult life;
- ▶ Inclusion in least restrictive settings;
- ▶ Integrated employment opportunities; and
- ▶ Systems integration/school and community collaboration.

▶ Transition from School to Adult Life

Model Transition Program (MTP)

In 2007, VESID launched the Model Transition Program (MTP) to improve a provision of transition services to students with disabilities in identified high schools. The (MTP) provides funding for 60 projects that include more than 150 private and public high schools across the State. The primary goal of the MTP is to facilitate future employment opportunities for students with disabilities in integrated settings. The projects have prompted the development of school-wide plans, activities and programs to aid the transition of students with disabilities to post-secondary educational and training opportunities leading to employment. These placements include college, vocational training programs and competitive employment with and without supports. At the end of this three-year project, successful transition strategies will be identified and shared with high schools throughout the State.

In the initial year of the project, over 2,800 students were referred to VESID by the MTP projects. This constitutes a significant increase in the referral of students with disabilities. Efforts were also made throughout the year to significantly improve the quality of these referrals to enhance the eligibility determination and to assure that students involved in MTP projects had opportunities to participate in employment-related and college initiatives.

Over the three-year period of the MTP, more than 12,000 students with disabilities will establish eligibility for vocational rehabilitation programs.

Outcome Measures and Data Collection: Cornell University's Employment and Disability Institute is conducting an ongoing evaluation of the MTPs. Cornell is utilizing the web-based Transition Impact Data (TID) collection system to document student and programmatic progress. Additional external data sources include the Case automated Management System (CaMS) database from VESID. The University at Buffalo is providing training to all MTP schools including staff, parents, students and community partners. An analysis of these data sources will identify best practices and opportunities for sustainability.

Linking Employment, Academics and Disability Services (LEADS)

A Memorandum of Understanding (MOU) has been developed with the City University of New York (CUNY), providing funding to 17 campuses through the five boroughs of New York City. Through this MOU, VESID and CUNY are collaborating to provide employment-related services to students with disabilities enrolled on designated CUNY campuses. Currently, VESID has included in its caseload approximately 10 percent of students with disabilities enrolled at CUNY. This initiative is designed to increase to approximately 40 percent the percentage of students with disabilities enrolled in CUNY who are supported by VESID. Funds are being used to support employment teams to provide services on each campus, facilitating both the educational and employment process of students with disabilities with the goal of competitive employment. It is expected that 3,000 students with disabilities over a three-year period will become VR eligible and available for competitive employment.

Outcome Measures and Data Collection

CaMS and a CUNY database system are utilized to collect data regarding the following key variables that include referrals, campuses, application, training programs and supports, and employment status.

► Inclusion in Least Restrictive Settings

Promoting In-State Placements and Out-of-State Repatriation:

In 2005, the Non-District Unit (NDU) was established at the Office of Vocational and Educational Services for Individuals with Disabilities (VESID). The Unit is committed to the development of programs that will allow students with significant disabilities to remain within New York State and repatriate students from out-of-state placements. The NDU tracks all in-state, out-of-state and emergency interim placements (EIP) of students with significant disabilities on a monthly basis. The NDU also monitors and provides technical assistance to approved in-state non-district schools. In 2006, VESID coordinated with other State agencies to develop a five-year interagency plan to develop additional in-state capacity for students with disabilities. In 2006-2007, implementation of the plan resulted in a 35 percent monthly decrease in the number of students placed in approved out-of-state programs and EIPs. In 2007-2008, the Unit has continued to work with other State partners on the NYS Out-of-State Placement Committee to achieve greater in-state placements and continued reductions in out-of-state placements.

Outcome Measures and Data Collection: By the end of the 2009-2010 school year, nearly 30 approved in-state schools will have been created or expanded to serve repatriated students. Approximately 160 new educational placements will have been created in New York City and another 460 new educational placements will be available in the Long Island and upstate areas. This initiative will continue to reduce the number of students with disabilities in out-of-state educational placements.

**Comparison of All Placements
In-State vs. Out of State**

| Year | In-State Placements | Out-of-State Placements | Emergency Interim Placements (EIP) |
|-----------|---------------------|-------------------------|------------------------------------|
| 2005-2006 | 1,210 | 837 | 278 |
| 2006-2007 | 1,371 | 624 | 213 |
| 2007-2008 | 1,514 | 531 | 118 |

► Integrated Employment Opportunities

Vocational Rehabilitation Services Reform

VESID has undertaken a comprehensive reform of its purchasing system for services that support integrated employment placements for New Yorkers with disabilities. The Unified Contract Services (UCS) reforms will broaden the menu of service options available to VESID consumers. The new system is intended to enhance consumer choice, provide more targeted and individualized supports, improve quality assurance and allow for the ongoing development of new service options. The goal of this reform is to both increase the number of individuals with disabilities competitively employed and the employment rate of individuals with disabilities.

As a result of the UCS request for proposal issued this past year, VESID increased the number of service providers by 65 percent, from 232 to 383 approved vendors. VESID is in the process of developing service authorizations for approved UCS vendors and contract development is on track for implementation on January 1, 2009.

A sampling of reconfigured or new service options include:

- Assessment Service Community Based Situational Assessment (CBA)
- Community Based Workplace Assessments (CBWA)
- Work Readiness Services
- Work Experience Development with community-based employers
- Coaching Supports (for employment)
- Work and Benefits Community Information Sessions (services to groups)
- Short-Term Benefits Advisement
- Coaching Supports (no levels) coaching necessary to ensure a successful transition to college training or obtain or maintain an internship through placement assistance and/or short term coaching
- Driver training and vehicle modifications
- Mobility/Travel Training
- Transportation/Mobility Services

In addition, vendor approval timelines will be shortened and compensation for providers has been set consistent with prevailing market rates. To establish the new

regionally-based rate structure, VESID surveyed 600 New York State service providers to establish regional service rates consistent with SED budget requirements.

Outcome Measures and Data Collection: Implementation of key UCS performance indicators and outcome measures are under development. These indicators will ultimately be part of a vendor report card that will inform consumers and VESID District Office staff about vendor performance. VESID has also been working with the Commission on Accreditation of Rehabilitation Facilities (CARF) to determine how other assessments can monitor vendor performance. The UCS reforms are on track for implementation on January 1, 2009. As was described above, the goal of this reform is to increase the competitive employment rate of individuals with disabilities.

► **Systems Integration/School and Community Collaboration**

Special Education Parent Centers

In July 2008, VESID posted a request for proposals to expand the current network of Special Education Parent Centers from 5 to 13 centers statewide. This expanded network of community-based service providers will train and support parents of students with disabilities with access to integrated special education services. The network of Special Education Parent Centers will also serve as a clearinghouse for related community-based services. The Parent Centers will place particular emphasis on outreach to traditionally underserved minority families.

Outcome Measures and Data Collection: Special Education Parent Centers will facilitate parent participation in VESID's Special Education State Performance Plan (SPP) monitoring. Specifically, the SPP Indicator #8 measures the percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities. This data is collected annually and reported to the public and the Office of Special Education Rehabilitation Services (OSERS) at the US Department of Education. VESID will also monitor Parent Center administration (e.g., the number of families served, number of parent trainings and consumer satisfaction) on an ongoing basis.

MISCC EMPLOYMENT COMMITTEE REPORT TO THE MISCC ON 2008 ACTIVITIES AND RECOMMENDATIONS: MAKING WORK PAY FOR INDIVIDUALS WITH DISABILITIES IN NEW YORK STATE

SED has welcomed the opportunity to coordinate the MISCC Employment Committee. The Committee's Report entitled: *Report to the MISCC on 2008 Activities and Recommendation: Making Work Pay for Individuals with Disabilities in New York State* reflects the work of the Employment Committee and SED's commitment to advancing integrated employment opportunities for New Yorkers with disabilities.

Vision

All people can work. New York State, in partnership with the whole community, will exercise leadership to advance prospects for employment and economic self-sufficiency of all individuals with disabilities. Resources will be directed or redirected to realize this vision of integrated competitive employment. Individuals with disabilities will have the opportunity to contribute to and benefit from the economic vitality of the workforce. Employers will view individuals with disabilities as valued employees in their recruitment and hiring efforts.

Values and Beliefs

NYS needs to develop a comprehensive and integrated policy framework for the employment of individuals with disabilities where policies address the needs of consumers, services providers and employers. Key values and beliefs driving the framework of the policies include:

- All individuals with disabilities can work when the proper supports and services are available.
- Work is a normative and expected activity for working-age individuals with disabilities and should be the first consideration when providing supports and services for people with disabilities. Integrated work in the community is the preferred option over segregated day programs.
- New York State policy needs to shift to a "make work pay" paradigm that promotes integrated employment supporting greater financial independence while at the same time creating safety nets to ensure ongoing access to essential benefits and services that make work possible and enable individuals to achieve real gains in economic self-sufficiency.

Charge

The Employment Committee will make formal recommendations to the MISCC developing a cross-systems set of strategic recommendations to close the employment gap for individuals with disabilities through executive, legislative and budgetary action.

Membership

The Employment Committee was chaired by Edward Placke, Assistant Commissioner, State Education Department Office of Vocational and Educational Services for Individuals with Disabilities (VESID). Joanne Bushart, the Manager of the Center for Excellence in Employment, Office of Mental Retardation and Developmental Disabilities, served as Vice Chair. The Committee consisted of stakeholders across consumer, advocacy and statewide organizations, community rehabilitation programs, independent living centers, public schools and colleges, as well as business and State agencies. The list of participants is **Attachment A**.

Introduction

Recognizing the extensive challenges and barriers to employment faced by New Yorkers with disabilities the Council created an Employment Committee in early 2008. The MISCC Employment Committee convened three times on March 6, May 28 and August 6. The Employment Committee began its work by recognizing the following findings:

Key Findings: The Poverty Trap for New Yorkers with Disabilities

- **The employment and earnings gap** between New Yorkers with disabilities and those without, like the rest of the U.S., continues to grow exponentially. According to the 2006 American Community Survey (Cornell University, 2007), there are over 1.2 million working-age adults with disabilities in New York State (11.5% prevalence rate).
- **The employment rate** of working-age people with disabilities (ages 21-64) was 33.5% with only 19% working full-time/full-year as compared to 77.9% and 55.7% respectively for people without disabilities, **gaps of 44.4% and 36.7%**.
- **The education system** continues to struggle to adequately prepare students with disabilities for employment and financial independence. Even with recent growth in the performance outcomes for students with disabilities, the gaps in performance remain significant with only approximately 43% of New York's students with disabilities graduating with a regular high school diploma.
- **Opportunities to participate in higher education** are limited. Many institutions of higher education have not put in place the level of supports needed by individuals with disabilities to succeed. Only 14.9% of

working-age individuals with disabilities in New York hold a Bachelor's degree as compared to 35.4% of non-disabled individuals.

- **For working-age individuals with disabilities working full-time/full-year**, the median annual labor earnings equaled \$32,700 compared to \$40,000 for those without disabilities, **a gap of \$7,300**.
- **The median household income** of working-age adults with disabilities in New York is \$35,200 and \$71,100 for families without disabilities in New York, **a gap of \$35,900**.
- **The poverty rate** of working-age adults with disabilities in New York is 28.8% as compared to 9.6% for non-disabled adults, **a gap of 19.2%**.

Add to that picture the fact that one in five working-age adults with disabilities in New York are recipients of SSI (279,000 individuals) and you begin to understand the significance of the poverty trap for New Yorkers with disabilities. The composite picture of a working-age adult with disabilities in New York is an individual who is more likely to be unemployed, with no more than a high school education, living in poverty and dependent on government benefits to survive.

At its initial meeting on March 6, 2008, the Committee generated 23 Opportunities for Collaboration which were reviewed and discussed at the May 28, 2008 meeting. During this second meeting, a broader policy discussion ensued. There was initial agreement that New York State needs to develop an integrated policy framework where policy addressed the needs of New Yorkers with disabilities, their families, services providers and employers. As a result of this, the Committee proposed a vision statement affirming "all people can work" and cited the need for more effective marketing to employers through the Business Council and/or local Chambers of Commerce. The importance of establishing a tangible goal, such as increasing the number of employment outcomes by a specific number or percentage, was discussed so that any policy framework can lead to action and measurable results.

Thomas Golden, Associate Director of Cornell University Employment and Disability Institute, presented the CMS Comprehensive Employment System Medicaid Infrastructure Grant (MIG) information and requested participation of the MISCC Employment Committee to undertake the advisory role as required in the grant request for proposal. The Office of Mental Health (OMH) applied for the grant on behalf of the New York State Department of Health (DOH), entitled *New York Makes Work Pay*. Subsequently, the Committee did determine that it would play an advisory role to the proposed Medicaid Infrastructure Grant project, if awarded.

Proposed Collaborative Opportunities

At its May 28 meeting, the Committee selected five focus areas for additional exploration and development:

1. Developing a statewide infrastructure for benefits and work incentives planning and assistance, including statewide collaboration on applying for the CMS Medicaid Infrastructure Grant;

2. Marketing to employers through a collaborative marketing campaign for employment of qualified candidates who have disabilities;
3. Reviewing data and funding integration to explore how existing funding and reporting structures across agencies can be more effectively integrated to better meet the needs of people with disabilities seeking employment and meaningful community integration.
4. Advocating for an Executive Order for Public Sector Employment; and
5. Exploring options for a “No Wrong Door” service delivery process to ease access to employment services across State agencies.

At the August 6, 2008 meeting, the Committee determined that it would further develop each of these focus areas into a specific recommendation to the full MISCC. It was understood that the MISCC would be evaluating the recommendations in the context of the fiscal and human resources available for implementation and the potential for the recommendation to have a significant impact on employment of individuals with disabilities. All of the recommendations offered in this Committee report are respectfully submitted with the understanding of the State’s current fiscal climate and the importance of viewing the recommendations as opportunities for both immediate short-term action and long-term implementation. Five work teams were formed to formulate specific recommendations related to each of the proposed collaborative opportunities. These preliminary recommendations need to be considered and refined by the full MISCC and the Employment Committee to prioritize and reach consensus on those which can be implemented given the current fiscal situation and available resources.

MISCC Employment Committee Recommendations

Collaborative Opportunity #1: Develop a statewide infrastructure for benefits and work incentives planning and assistance, including statewide collaboration on applying for the Centers for Medicaid and Medicare Services (CMS) Comprehensive Employment System Medicaid Infrastructure Grant entitled *New York Makes Work Pay*.

Recommendation #1 Statewide Infrastructure

Develop, submit, implement and evaluate a Comprehensive Employment Systems Medicaid Infrastructure Grant to engage employment systems changes to improve employment outcomes and economic self-sufficiency for New Yorkers with disabilities.

Background

The New York State Office of Mental Health (OMH) with their management partners Cornell University and Syracuse University, in conjunction with the NYS Department of Health (DOH) with support from the Governor’s Office, joined the State agencies and organizations comprising the membership of the Governor’s Most Integrated Settings Coordinating Council’s (MISCC) Employment Committee in designing and submitting a proposal on June 30th, 2008 to the Center for Medicaid and Medicare Services (CMS) for a Comprehensive Employment Systems Medicaid Infrastructure Grant (CES MIG) to implement a series of statewide strategic interventions to close the employment gap for individuals with disabilities. The *New York Makes Work Pay* Initiative (NY-MWP) builds on New York State’s rich history of engaging in employment systems change

efforts to affect positive work outcomes for New Yorkers with disabilities. This Medicaid Infrastructure Grant proposal will expand New York's capacity to support individuals with disabilities with a desire to work; build a comprehensive, cross-agency, sustainable, coordinated systems of support and services to advance employment for people across the full spectrum of disabilities; and, support the goal of removing barriers to employment and create lasting improvements for New Yorkers with disabilities.

While New York has engaged in many employment collaborations across Federal, State, private and public partners, including individuals with disabilities and their advocacy organizations, New York's full potential has yet to be recognized by engaging in a comprehensive, cross-disability, statewide approach to removing employment barriers. Toward accomplishing this end, New York is uniquely positioned at this point in time to undertake a comprehensive initiative with the advisory support and efforts of the MISCC Employment Committee.

Broad Strategies

A proposal to develop a comprehensive employment system is no simple feat. It is a complex myriad of interventions that not only impact the further credentialing of the field of benefits and work incentives practitioners but also intersect the work of some of the other proposed MISCC Employment Committee Work Groups.

The broad goals of the *New York Makes Work Pay* initiative include:

1. Develop and implement a statewide employment and economic development strategic planning effort incorporating all employment stakeholders and increasing the number of New Yorkers with disabilities who will go to work, maintain employment and advance their self-sufficiency.
2. Build partnerships among employment stakeholders to align disability services, workforce and economic development efforts.
3. Enhance the capacity of employers and employment services providers to improve employment outcomes for people with diverse disabilities using evidenced-based and promising employment practices.
4. Facilitate a comprehensive dialogue and set of actions to identify and address policy, practice and economic barriers to work and self-sufficiency for New Yorkers with disabilities.
5. Increase work incentive utilization by reinforcing and enhancing provision of comprehensive benefits and work incentives planning.
6. Alleviate chronic poverty by linking employment at livable wages with asset accumulation tools and strategies.
7. Increase access to healthcare through the Medicaid Buy-In program.

8. Expand informed choice and decision-making for people with disabilities facing multiple barriers to employment through expanded opportunities for education, skills development, and economic empowerment.
9. Develop and expand customized and entrepreneurial approaches to employment as a vehicle for increasing the State's labor force through inclusion of New Yorkers with disabilities.

Supporting these strategic goals, New York applied as a Fully Eligible State, requesting two years of funding with funding in year one commencing January 1, 2009 totaling \$5,992,413.

Next Steps for Implementation of Recommendation #1

Specifically, the New York Makes Work Pay (NY-MWP) work group of the MISCC Employment Committee will initially focus on the following set of activities while awaiting word from the CMS regarding award which is anticipated in Fall 2008:

1. Obtain Department of Health participation on MISCC Employment Committee.
2. Conduct a webinar and related activities to facilitate high communication among partners to continue investing and engaging MISCC Employment Committee stakeholders in the NY Makes Work Pay initiative.
3. Develop for presentation to the MISCC a multiple benefit action plan that touches all agencies.
4. Develop a better understanding of obligations for developing a strategic plan for employment as required by the Centers for Medicaid and Medicare Services.

A proposed organizational chart as well as a logic model for project implementation and evaluation is detailed in **Attachment B**.

Collaborative Opportunity #2: Marketing to Employers through a collaborative marketing campaign for employment of qualified candidates who have disabilities.

Recommendation #2: Marketing to Employers

- Develop an advisory group of representatives from business associations who will act as a sounding board and help to maintain a business focus.
- Hire a marketing research firm to conduct focus groups with employers on both a regional and Occupational Sector basis to ascertain their:
 - familiarity with hiring people with disabilities
 - comfort level in hiring people with disabilities
 - beliefs about hiring people with disabilities
 - current hiring practices including how they find qualified candidates, what kinds of jobs are becoming available and which positions are difficult to fill or difficult to keep filled.
 - qualifications required to meet employer's needs. For example, food service jobs require that workers have certification in ServSafe from the NRA.

- Develop a marketing plan based on the information received above and identify resources necessary to implement the plan (with input from the advisory group) including a campaign to educate employers about hiring people with disabilities. This may include public service announcements, printed material and/or web-based information.
- Pilot the plan on a small scale; prior to a Statewide or full regional rollout.
- Identify spokespersons, possibly including Governor Paterson, to help spread the word that hiring people with disabilities is good business.
- Research and contact other groups, including all State agencies, that are working toward similar goals, to collaborate and share information.
- Obtain information on other States and countries with successful employment programs for people with disabilities. Review successful marketing efforts that have taken place outside of NYS.
- Other activities to be identified based on the information collected from the focus groups.
- Implement specific demand-side research to identify promising human resource practices that support employment for New Yorkers with disabilities as promised in the CMS New York Makes Work Pay initiative.
- Implement a statewide intervention to build demand-side and supply-side partnerships between employers and service providers as proposed in the CMS New York Makes Work Pay initiative.

Background

During the past 20 years, the unemployment rate for people with disabilities has remained largely unchanged despite the considerable resources and effort that have gone toward the development of employment services across the State. Many collaborative projects designed to address the issue have been initiated with varying degrees of success. Although there are many successful programs, and thousands of people with disabilities have gone to work, the problem persists. A different approach, including a much larger scale effort to increase awareness and a synthesis of successful regional efforts, may yield the desired result: a significant increase in the employment rate of people with disabilities in New York State. There are approximately 533,000 employers in NYS. We will focus upon occupational sectors, in regions with potential employment opportunity.

Broad Strategies

Determine current employer perceptions of hiring people with disabilities and develop a collaborative marketing campaign to increase public awareness that hiring people with disabilities is good business. Work with local Chambers of Commerce, and other appropriate employer groups to gather the information needed to develop an effective approach in marketing the benefits of employing qualified individuals with disabilities. This will be a regionalized process where we will also focus on specific occupational sectors. The sectors have been identified as growth areas by the NYS DOL.

The MISCC Employment Committee will need to identify funds to pay for the following marketing activities:

- Focus Groups (approximately \$50,000) – dependent on the numbers of sectors and regions of the State utilized.
- Advertising - (not yet known)
 - Print
 - Web
 - Other media
- Other services will be donated by group members, advisory group members and “celebrity” spokespersons.

As the overall goal is to increase the employment rate of people with disabilities in New York State, we must first develop a method for measuring the current situation. This has been discussed in Employment Workgroup meetings and is the *essential first step* in developing measures and identifying outcomes. Once a common method for measuring is agreed to, we can set a target with interim goals. Additional measures will be delineated as the plan is fully developed (e.g., response rate for advertising or events, number of interviews, number of placements, job retention, promotions, or occupational sector focus). These measures are discussed in more detail as related to Collaborative Opportunity #3 below.

Next Steps for Implementation of Recommendation #2

- Research and report on other efforts to increase employment of people with disabilities across the State, nationally and internationally. Determine if there are partners we would like to collaborate with.
- Arrive at common measure for employment outcomes by State, region, sector and State agency charge.
- Set a goal for increasing that number.
- Secure funds to initiate focus group activities.
- Develop the Plan based on results of Focus groups.

Collaborative Opportunity #3: Reviewing data and funding integration to explore how existing funding and reporting structures across agencies can be more effectively integrated to better meet the needs of people with disabilities seeking employment and meaningful community integration.

Recommendation #3: Data and Finance Integration

It is recommended that State agencies:

- Identify in aggregate terms for the people with disabilities they support, both their activity status (e.g. idle) and whether they are in day services (specifying type of service or program), working, in school, volunteering or combinations of these, and the duration of the activities.
- Issue regulations requiring State agencies and their contracted providers to:
 - review employment status with each person served every six months;
 - demonstrate that each person served is informed of all options and are allowed choices to pursue the most integrated employment support; and
 - require that all service plans include person-centered action steps towards more integrated employment, regardless of type of service.

- Tabulate aggregate data about the variety of different services people seek to guide State agency policy, fiscal planning and measurement of progress in supporting people to meet their employment and community integration goals.

Background and Broad Strategies

Chapter 551 of NYS laws of 2002 (MISCC) requires the MISCC and the respective State agencies to produce:

- benchmark data to assist appropriate policy and fiscal planning that identifies “the number of individuals of all ages with disabilities who are currently institutionalized and are eligible for services in (more integrated and independent) community-based settings”;
- sufficient data to help us make “an assessment of how well the current service system works for different populations”;
- recommendations as to “what must be done to ensure that people are able to receive needed (more integrated) community-based services at a reasonable pace”; and
- recommendations as to how we can ensure that “individuals of all ages with disabilities receive the information necessary to make informed choices regarding how their needs can best be met (in the most integrated setting).”

Despite a long history of interagency collaboration, including efforts supported by Chapter 515 of the Laws of 1992, New York State has yet to establish a clear understanding of how many New Yorkers with disabilities need support in finding and maintaining meaningful employment in the most integrated settings.

The [Chapter 515 report](#) provides some of the data from four State agencies: Office of Mental Health; Office of Mental Retardation and Developmental Disabilities; Commission for the Blind and Visually Handicapped; and the Office of Vocational and Educational Services for Individuals with Disabilities, as well as some cross-agency data regarding the numbers of people involved in supported employment services.

Unfortunately, what is currently collected about the employment needs of people with disabilities is limited to people who are already in some form of work program. These data are also currently limited to people served by OMH, OMRDD, CBVH and VESID.

There are many more people receiving non-work related services or participating in day programs who deserve the opportunity to have their employment and economic status assessed, become informed about the opportunities and supports available to make a change in their status and receive coordinated support to do so.

Taken together, these recommendations would allow us to:

- Cross-index data about how many people have remained in less integrated settings and for how long, as well as evaluate our progress in helping people with disabilities to leave those settings for more independent ones and
- Motivate agency and provider practice to more effectively promote person-centered, community integration goals.

Specific measures and outcomes include:

1. An aggregate interagency data report of the numbers of people with disabilities in specific levels of activity and the duration of time they have been engaged in services, work, school or job training.
2. An aggregate interagency data report demonstrating the level of flow or transition towards more integrated settings and services,
3. Evidence of person-centered action steps towards employment in service plans as a result of on-going person-centered assessment and planning activities
4. An increase in the reported employment rate of people with disabilities in New York State.

Next Steps for Implementation of Recommendation #3

- 1) Convene a cross-disability workgroup comprised of people with disabilities, advocates and State agencies to:
 - Identify the types of services that would be included in data collection priorities, review aggregate data and recommend future directions to ensure that people are moving towards the most integrated employment opportunities as possible.
 - Monitor the development of an interagency data collection system.
 - Collaborate with the New York Makes Work Pay grant activities to develop and promote a comprehensive employment services options package for people with disabilities that includes information about the positive impact of employment, negative impact of unemployment, the right to work, existing rights protections, information on how earned income affects benefits and work incentives that are available to people with disabilities in New York State.
 - Collaborate with the New York Makes Work Pay grant activities to promote training and public education opportunities for people with disabilities, advocates, service providers, employers, families and the community about the capacity of people with disabilities to work and be meaningfully integrated in the community through employment.
- 2) Collaborate with the New York Makes Work Pay grant to design and work toward the implementation of a comprehensive statewide interagency integrated data collection system that develops a more robust picture of the employment outlook for New Yorkers with disabilities, building on existing systems such as the New York Interagency Supported Employment Reporting System (NYISERS) and other reporting systems developed by individual State agencies.

Collaborative Opportunity #4: Develop recommendations to **significantly improve opportunities for public sector employment for individuals with disabilities.**

Recommendation #4 Public Sector Employment

Implement innovative strategies for the recruitment, hiring, retention and promotion of individuals with disabilities in public sector employment:

- Create a legislative proposal to expand the 55b and 55c programs over the next several years. It is suggested that positions be added incrementally each year over a five year period to increase the overall total for 55b to 2,500 positions and for 55c to 2,000 positions. It is further suggested that these new positions be exempt from any hiring freezes and from agencies' personnel ceiling limits, particularly when non-State dollars are available to fund the positions.
- Issue an updated version of Executive Order 6 to require State agency Human Resource Offices to review their agencies' recruiting, hiring, retention and promotional practices and procedures related to people with disabilities, and to modify as necessary, to assure that they optimize opportunities for people with disabilities to enter the State workforce and sustain a productive careers with advancement opportunities.
- Enhance the resources of the current Department of Civil Service to assume responsibility for a program targeted to meet the needs of workers in State service who become disabled or those individuals with existing disabilities who may acquire another disability but who want to return to work in State government; they may no longer be able to perform the essential functions of their former jobs with reasonable accommodations and thus require a different position.
- Expand Minority and Women-Owned Businesses Program by creating a new category for individuals with disabilities – People with Disabilities Business Enterprise (PwDBE). The focus of this program is developing opportunities for entrepreneurs with disabilities who own for profit businesses.

Background

As the Governor and Legislature continue to promote economic and job growth throughout the State that includes all of the State's diverse populations, including people with disabilities, it is important for the State to model those inclusionary practices in its workforce. The State has several avenues where it can foster economic and workforce inclusion.

Based on July 3, 2008 data provided by the NYS Dept. of Civil Service, there are significant vacancies in both the 55b and 55c programs. These hiring options seem underutilized. With enhanced recruitment efforts, there is a strong likelihood that the maximum number of items could be filled.

Executive Order 6 was issued by Governor Mario Cuomo and is still in place today as it was never formally rescinded. The Order addresses many components of the current recommendation. The Executive Chamber Policy Memo on Assistive Technology also provides helpful guidance on affirmative practices.

The March 2008 New York State Department of [Labor Report of the Commissioner on Return to Work](#) in consultation with the Return to Work Advisory Council provides

helpful data and guidance concerning this recommendation. The full report is available on the NYS Department of Labor's website. A noteworthy comment on pages 63 and 64 is as follows:

Nevertheless, NYS does not have a systemic approach to return to work issues across all agencies. As an employer, NYS should provide leadership on this issue and serve as a role model for all employers. Re-employment, retraining and rehabilitation should be the goal of the State for its entire workforce.

New opportunities would emerge for entrepreneurs with disabilities through an expansion of the existing M/WBE program. Other States have established successful programs specifically targeted to entrepreneurs with disabilities.

Broad Strategies

A specific 55b and 55c legislative proposal would need to be developed. The proposal should include some specific measures to document the effectiveness of the program, e.g. the number of people recruited and determined eligible for 55-b and c; the number of people interviewed; and the number of people hired by State agencies.

If the Department of Civil Service is still compiling the agency data listed in Executive Order 6, it should distribute it broadly to agencies. If it is not compiled, the practice could be resumed so that State agencies report their data to Civil Service which in turn could develop a report that enables agencies to identify State policy barriers or enhancements and develop strategies to address them.

Information obtained from the Department of Labor Report of the Commissioner on Return To Work should be referenced to guide the development of specific strategies. Measures and outcomes may include tracking of the number of people rehired and the reduction in Workers' Compensation benefits paid to those individuals.

For entrepreneurs with disabilities, there would be the need to establish requirements to assure the financial stability and capacity of the business. The current requirements of the M/WBE Program could serve as a model. In addition, the New York Makes Work Pay grant has included a set of interventions to replicate and broaden statewide the Start Up NY Program which will further expand self-employment and business development opportunities, services and supports available to New Yorkers with disabilities.

Next Steps for Implementation of Recommendation #4

Since the NYS Department of Civil Service has significant responsibility concerning recruitment of the individuals with disabilities in State service, the Employment Committee suggests that the MISCC extend a formal invitation to the Commissioner of Civil Service to appoint a representative to the Employment Committee to work collaboratively on the four public sector employment recommendations outlined below. If supported by the MISCC, the Employment Committee would:

- work with the Department of Civil Service to develop a legislative proposal to expand 55b and 55c;

- draft a revised Executive Order 6 with technical assistance from the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) and the Department of Civil Service;
- review the recommendations of the March 2008 NYS DOL *Report of the Commissioner on Return To Work* and develop options with Department of Civil Service and other relevant State agency partners, including staff capacity needs, to implement a program to rehire workers with disabilities in the State workforce; and
- gather information from NYS Office of General Services M/WBE Program and, in close collaboration with the efforts outlined in the New York Makes Work Pay initiative (see Recommendation #1 above), determine specific strategies and outcome measures to include entrepreneurs with disabilities into the program.

Collaborative Opportunity #5: Improve access to employment services for individuals with disabilities across State agencies by developing clear cross-systems partnership policies and procedures to ensure collaboration, coordination and a streamlined experience for customers.

Recommendation #5 Improving Access

State agencies that are primarily concerned with providing employment services to individuals with disabilities will develop a clear set of cross-agency policies and procedures to guide practice so that individuals with disabilities can readily access needed employment services.

Background

Individuals with disabilities frequently need to access the services of more than one State agency to obtain the necessary ongoing supports and services that will make work possible. In spite of some collaborative efforts, usually between two State agencies, there is not set of clear standards to specifically guide how individuals with disabilities who require services from multiple agencies will be served in a timely and effective manner. Community service providers, the families of individuals with disabilities and individuals with disabilities themselves are often caught up in process delays that affect service delivery.

Broad Strategies

The MISCC Employment Committee should recommend that State agency partners develop a specific partnership policy that can set standards for collaboration among those State agencies primarily charged with providing employment services and related ongoing supports and services that are necessary to make work possible for individuals with disabilities. This policy would clearly outline collaborative agreements and procedures related to the following:

- The specific individuals who are eligible to be served by the respective State agency;
- The required steps in application process;

- The criteria for eligibility, identification of acceptable and required documentation for eligibility determination, and how that information will be shared in a timely manner and accepted across the State agency partners;
- Identifying confidentiality safeguards and agency-specific release of information forms and procedures;
- Establishing standards for timely sharing of information to facilitate service delivery;
- Specific employment, training and related support service offerings of each State agency partner;
- Identification of any specific economic need criteria for certain services;
- Defining due process; and
- Identifying expected measurable outcome on employment services.

Once this partnership policy is established, cross-agency training would need to occur at both the State and regional levels to ensure consistency in implementation. Measures would need to be established to ensure that the collaborative policies and procedures are implemented and actually enhance the timeliness and quality of services to individuals with disabilities. State agency staff will need to be assigned to perform considerable work over an extended period to develop the above policy and procedures and fully implement this recommendation.

Next Steps for Implementation of Recommendation #5

As part of a broader strategic plan, have a cross-systems work team develop the policy as outlined above.

Conclusion

The formation of the Employment Committee of the MISCC is a significant step forward in demonstrating Governor Patterson's commitment to cross-systems collaboration to improve employment opportunities for people with disabilities. While New York State has some noteworthy resources, assets and achievements in supporting individuals with disabilities in employment over the past three decades, there are still incredible untapped opportunities that would dramatically improve the participation of New Yorkers with disabilities in the workforce. Improvement will occur when we commit to integration, independence and economic self-sufficiency instead of dependency, stigma and segregation. The recommendations and action steps are summarized in **Attachment C**. Implementation of the recommendations contained in this report will be the first step in what must be a long-term commitment to end the poverty trap and change the employment rate for citizens with disabilities in New York State. Courageous leadership is necessary. New York State must not shrink from this effort to develop a comprehensive, statewide strategy to promote the employment of people with disabilities. This is a historic opportunity that can change the lives of New Yorkers with disabilities in profoundly meaningful ways, enhancing the economic and social vitality of our communities.

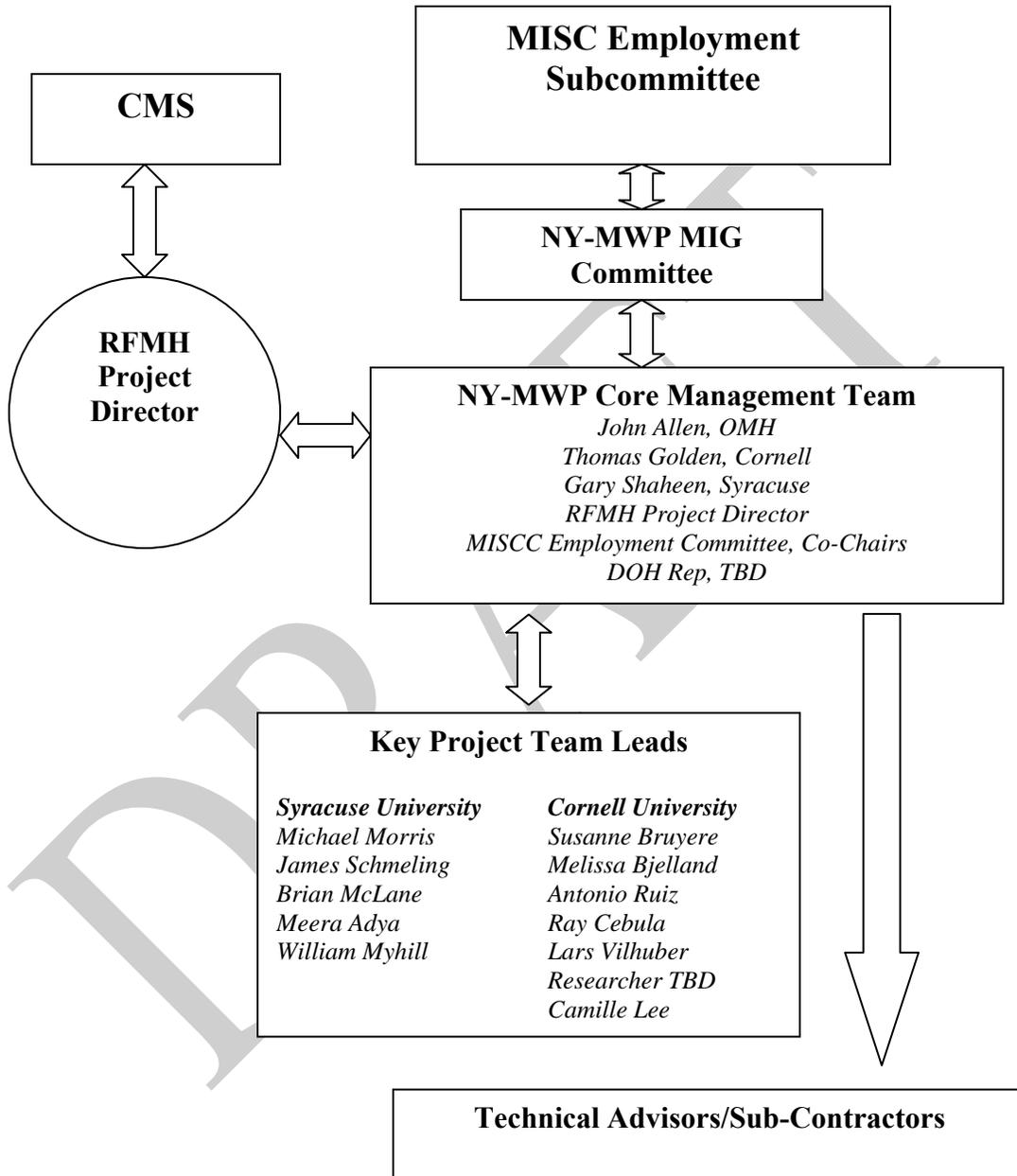
Attachment A

MISCC Employment Committee Membership

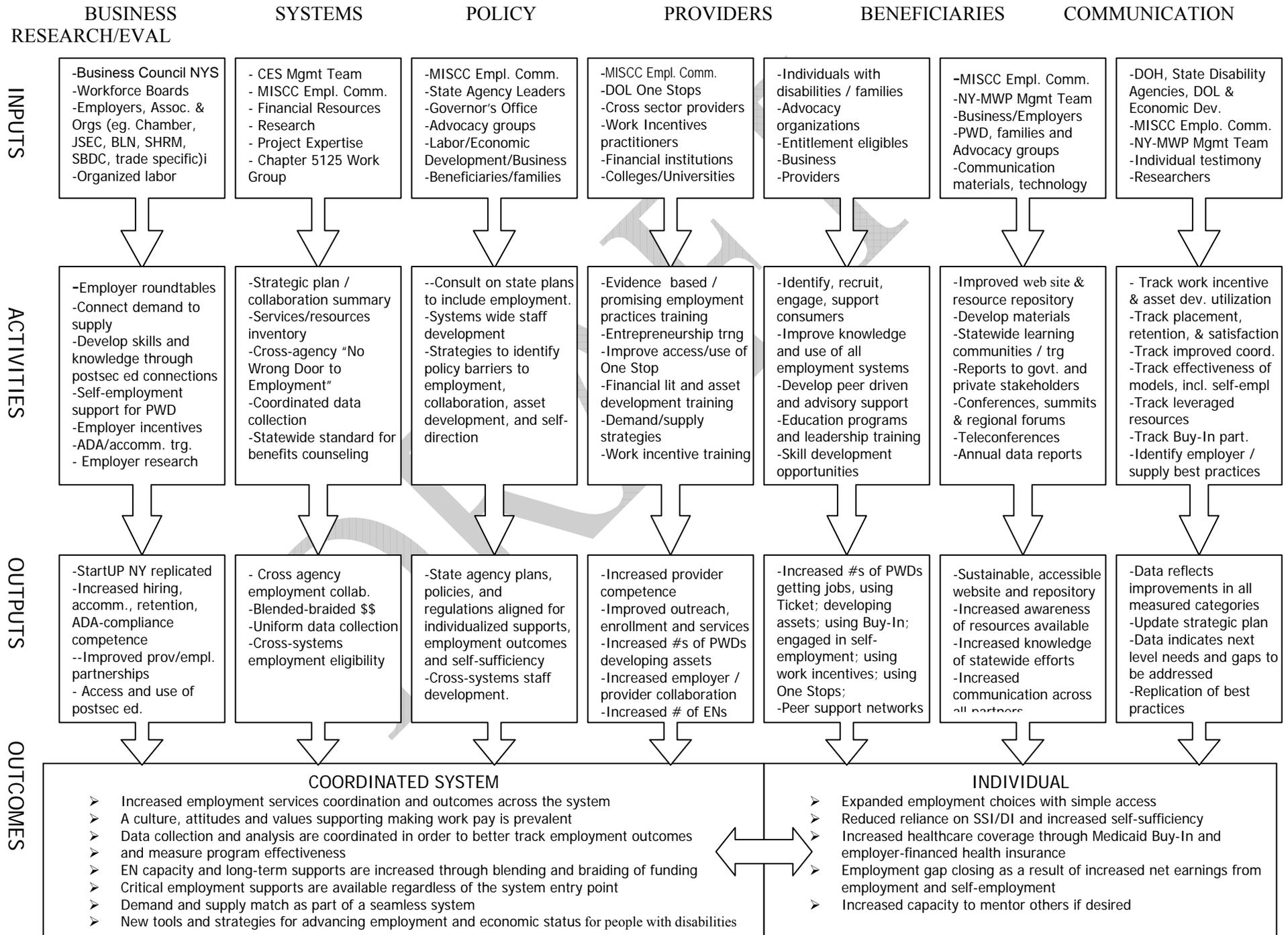
Edward Placke, Chair, Assistant Commissioner, NYSED/VESID
Joanne Bushart, Vice Chair, NYS OMRDD
Leslie Addison, Jeff Tamburo, Co-Presidents and Andy Karhan, Empire Association of
Persons in Supported Employment (APSE)
Michael Alvaro, Cerebral Palsy Association of New York State
Tobi Bickweat, NYSED/VESID
Mary Blais, NYS Department of Labor
Richard Bowles, NYS Worker's Compensation Board
Debora Brown-Johnson, NYSED/VESID
William Carpenter, NYS OASAS
Frank Coco, NYSED/VESID (Increasing Access Team Co-Leader)
Susan Constantino, Cerebral Palsy Association of New York State
Patricia Dowse, NYS Rehabilitation Association
Barbara Drago, SUNY, Business, Industry and Workforce Development
Chester Finn, NYS OMRDD
Julia Gold, North Colonie School District
Thomas Golden, Cornell ILR and VESID State Rehabilitation Council (NY Makes Work
Pay Team Leader)
Robert Gumson, NYSED/VESID
Stephen Holmes, Self-Advocacy Association of NYS
Doug Hovey, Newburg ILC
Bill Krause, NYS Division of Veterans Affairs
Rosemary Lamb, NYS CQCAPD (Public Sector Employment Team Leader)
Donna Lamkin, Center for Disability Services
Glenn Liebman, Mental Health Association of New York State
Mathew Matthai, NY Association of Psychiatric Rehabilitation Services - NYAPRS
(Data and Fiscal Integration Team Leader)
Jennifer McCormick and Robert Miron, Empire State Development
Patricia McKay, NYS Association of Community and Residential Agencies
Donald McManus, NYSED/VESID (Increasing Access Team Co-Leader)
Elise Melesky, NYS OTDA
Margaret Moree, The Business Council of New York State
Mike Peluso, NYSED/VESID
Frank Pennisi, NY Association of Independent Living
Christopher Rosa, CUNY
Nick Rose, NYS DDPC
Fredda Rosen, Job Path
Doug Ruderman, NYS Office of Mental Health
Winifred Schiff, Interagency Council of Metal Retardation and Developmental
Disabilities Agencies, NYC
Melanie Shaw, NY Association of Independent Living
Mark Simone, NYS Office of Mental Health
Lynne Thibdeau, NYS OMRDD
Steve Towler, NYSARC Inc. (Marketing to Employers Team Leader)
Mary Ann van Alstyne, NYS OCFS, CBVH

Attachment B
NY-MWP Organizational Chart and Preliminary Logic Model

Financial/Contract Management Project Implementation



NY-MWP Preliminary Logic Model



Attachment C

Close the Employment Gap for Individuals with Disabilities through executive, legislative and budgetary action.

MISCC Employment Committee Action Chart

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| <p>•Collaborative Opportunity #1</p> | <p>Develop a statewide infrastructure for benefits and work incentives planning and assistance, including statewide collaboration on applying for the Centers for Medicaid and Medicare Services (CMS) Comprehensive Employment System Medicaid Infrastructure Grant entitled <i>New York Makes Work Pay.</i></p> |
| <p>Recommendation: Statewide Infrastructure</p> | <p>Develop, submit, implement and evaluate a Comprehensive Employment Systems Medicaid Infrastructure Grant to engage employment systems changes to improve employment outcomes and economic self-sufficiency for New Yorkers with disabilities.</p> |
| <p>Action Steps</p> | <ol style="list-style-type: none"> 1. Obtain Department of Health participation on MISCC Employment Committee. 2. Conduct a webinar and related activities to facilitate high communication among partners to continue investing and engaging MISCC Employment Committee stakeholders in the NY Makes Work Pay initiative. 3. Develop for presentation to the MISCC a multiple benefit action plan that touches all agencies. 4. Develop a better understanding of obligations for developing a strategic plan for employment as required by the Centers for Medicaid and Medicare Services. |
| <p>•Collaborative Opportunity #2</p> | <p>Marketing to Employers through a collaborative marketing campaign for employment of qualified candidates who have disabilities.</p> |
| <p>Recommendations: Marketing to Employers</p> | <p>Develop an advisory group of representatives from business associations who will act as a sounding board and help to maintain a business focus.</p> <p>Hire a marketing research firm to conduct focus groups with employers on a both a regional and Occupational Sector basis to ascertain their:</p> <ul style="list-style-type: none"> o familiarity with hiring people with disabilities o comfort level in hiring people with disabilities o beliefs about hiring people with disabilities o current hiring practices including how they find qualified candidates, what kinds of jobs are becoming available and which positions are difficult to fill or difficult to keep filled. o qualifications required to meet employer's needs. For example, food service jobs require that workers have certification in ServSafe from the NRA. <p>Develop a marketing plan based on the information received above and identify resources necessary to implement the plan (with input from the advisory group) including a campaign to educate employers about hiring people with disabilities. This may include public service announcements, printed material and/or web-based information.</p> <p>Pilot the plan on a small scale; prior to a Statewide or full regional rollout.</p> <p>Identify spokespersons, possibly including Governor Paterson, to help spread the word that hiring people with disabilities is good business.</p> <p>Research and contact other groups, including all State agencies, that are working toward similar goals, to collaborate and share information.</p> |
| <p>Recommendations: Marketing to Employers, continued</p> | <p>Obtain information on other States and countries with successful employment programs for people with disabilities. Review successful marketing efforts that have taken place outside of NYS.</p> <p>Other activities to be identified based on the information collected from the focus groups.</p> |

Attachment C

Close the Employment Gap for Individuals with Disabilities through executive, legislative and budgetary action.

MISCC Employment Committee Action Chart

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| | <p>Implement specific demand-side research to identify promising human resource practices that support employment for New Yorkers with disabilities as promised in the CMS New York Makes Work Pay initiative.</p> <p>Implement a statewide intervention to build demand-side and supply-side partnerships between employers and service providers as proposed in the CMS New York Makes Work Pay initiative.</p> |
| Action Steps: Marketing to Employers | <p>Research and report on other efforts to increase employment of people with disabilities across the State, nationally and internationally. Determine if there are partners we would like to collaborate with.</p> <p>Arrive at common measure for employment outcomes by State, region, sector and State agency charge.</p> <p>Set a goal for increasing that number.</p> <p>Secure funds to initiate focus group activities.</p> <p>Develop the Plan based on results of Focus groups.</p> |
| •Collaborative Opportunity #3 | Reviewing data and funding integration to explore how existing funding and reporting structures across agencies can be more effectively integrated to better meet the needs of people with disabilities seeking employment and meaningful community integration. |
| Recommendations: Data and Funding Integration | <p>Identify in aggregate terms for the people with disabilities they support, both their activity status (e.g. idle) and whether they are in day services (specifying type of service or program), working, in school, volunteering or combinations of these, and the duration of the activities.</p> <p>Issue regulations requiring State agencies and their contracted providers to:</p> <ul style="list-style-type: none"> • review employment status with each person served every six months; • demonstrate that each person served is informed of all options and are allowed choices to pursue the most integrated employment support; and • require that all service plans include person-centered action steps towards more integrated employment, regardless of type of service. <p>Tabulate aggregate data about the variety of different services people seek to guide State agency policy, fiscal planning and measurement of progress in supporting people to meet their employment and community integration goals.</p> |
| Action Steps: Data and Funding Integration | <p>Convene a cross-disability workgroup comprised of people with disabilities, advocates and State agencies to:</p> <ul style="list-style-type: none"> • Identify the types of services that would be included in data collection priorities, review aggregate data and recommend future directions to ensure that people are moving towards the most integrated employment opportunities as possible. • Monitor the development of an interagency data collection system. • Collaborate with the New York Makes Work Pay grant activities to develop and promote a comprehensive employment services options package for people with disabilities that includes information about the positive impact of employment, negative impact of unemployment, the right to work, existing rights protections, information on how earned income affects benefits and work incentives that are available to people with disabilities in New York State. • Collaborate with the New York Makes Work Pay grant activities to promote training and public education opportunities for people with disabilities, advocates, service providers, employers, families and the community about the capacity of people with disabilities to work and be meaningfully integrated in the community through employment. |

Attachment C

*Close the Employment Gap for Individuals with Disabilities through executive, legislative and budgetary action.
MISCC Employment Committee Action Chart*

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| | Collaborate with the New York Makes Work Pay grant to design and work toward the implementation of a comprehensive statewide interagency integrated data collection system that develops a more robust picture of the employment outlook for New Yorkers with disabilities, building on existing systems such as the New York Interagency Supported Employment Reporting System (NYISERS) and other reporting systems developed by individual State agencies. |
| •Collaborative Opportunity #4 | Develop recommendations to significantly improve opportunities for public sector employment for individuals with disabilities. |
| Recommendations: Public Sector Employment | Create a legislative proposal to expand the 55b and 55c programs over the next several years. It is suggested that positions be added incrementally each year over a five-year period to increase the overall total for 55b to 2,500 positions and for 55c to 2,000 positions. It is further suggested that these new positions be exempt from any hiring freezes and from agencies' personnel ceiling limits, particularly when non-State dollars are available to fund the positions. |
| | Issue an updated version of Executive Order 6 to require State agency Human Resource Offices to review their agencies' recruiting, hiring, retention and promotional practices and procedures related to people with disabilities, and to modify as necessary, to assure that they optimize opportunities for people with disabilities to enter the State workforce and sustain a productive careers with advancement opportunities. |
| | Enhance the resources of the current Department of Civil Service to assume responsibility for a program targeted to meet the needs of workers in State service who become disabled or those individuals with existing disabilities who may acquire another disability but who want to return to work in State government; they may no longer be able to perform the essential functions of their former jobs with reasonable accommodations and thus require a different position. |
| Recommendations: Public Sector Employment, continued | Expand Minority and Women-Owned Businesses Program by creating a new category for individuals with disabilities – People with Disabilities Business Enterprise (PwDBE). The focus of this program is developing opportunities for entrepreneurs with disabilities who own for profit businesses. |
| Action Steps: Public Sector Employment | The MISCC extend a formal invitation to the Commissioner of Civil Service to appoint a representative to the Employment Committee to work collaboratively on the four public sector employment recommendations. |
| | Work with the Department of Civil Service to develop a legislative proposal to expand 55b and 55c. |
| | Draft a revised Executive Order 6 with technical assistance from the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) and the Department of Civil Service. |
| | Review the recommendations of the March 2008 NYS DOL Report of the Commissioner on Return To Work and develop options with Department of Civil Service and other relevant State agency partners, including staff capacity needs, to implement a program to rehire workers with disabilities in the State workforce. |
| | Gather information from NYS Office of General Services M/WBE Program and, in close collaboration with the efforts outlined in the New York Makes Work Pay initiative (see Recommendation #1 above), determine specific strategies and outcome measures to include entrepreneurs. |

Attachment C

*Close the Employment Gap for Individuals with Disabilities through executive, legislative and budgetary action.
MISCC Employment Committee Action Chart*

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| •Collaborative Opportunity #5 | Improve access to employment services for individuals with disabilities across State agencies by developing clear cross-systems partnership policies and procedures to ensure collaboration, coordination and a streamlined experience for customers. |
| •Recommendations: Improving Access to Employment Services | State agencies that are primarily concerned with providing employment services to individuals with disabilities will develop a clear set of cross-agency policies and procedures to guide practice so that individuals with disabilities can readily access needed employment services. |
| •Action Steps: Improving Access to Employment Services | As part of a broader strategic plan, create a cross-systems work team that can develop the policy as outlined above. |

DRAFT

DEPARTMENT OF TRANSPORTATION (DOT)

Overview

The Department of Transportation (DOT), unlike the other members of the Most Integrated Setting Coordinating Council (MISCC), is primarily a "bricks and mortar" agency. As such, the DOT does not have a number of advisory bodies which provide input into the human service needs of the agency related to individuals with disabilities. The DOT has a United We Ride advisory workgroup which focuses on integrating public transportation services with human service delivery systems, including but not limited to low-income individuals. With the formation of the MISCC Transportation Committee, chaired by the DOT, the United We Ride advisory workgroup was merged into the MISCC Transportation Committee and this body will serve as the DOT stakeholder group for the purpose of advising the DOT in the development, implementation and updating of the MISCC implementation plan as it relates to transportation related matters. The following report of the MISCC Transportation Committee will also serve as the DOT agency report to the MISCC.

MISCC TRANSPORTATION COMMITTEE REPORT

Mission Statement

Promote and Advocate for the Accessibility, Reliability and Affordability of transportation alternatives for individuals with disabilities.

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 the choice and empowerment to live in the most integrated setting that meets their individual needs and preferences.

TRANSPORTATION COMMITTEE MEMBERSHIP

-Agency Members-

Ron Epstein, NYS Department of Transportation (Chair)
Carl Letson, NYS Office of Mental Retardation and Developmental Disabilities
Gerald Passamonte, NYS Office of Mental Retardation and Developmental Disabilities
Sandy Longworth, NYS Office for the Aging
Greg Jones, Commission on Quality Care and Advocacy for Persons with Disabilities
John Allen, NYS Office of Mental Health
Lisa Irizarry, NYS Division of Housing and Community Renewal
Michael Peluso, New York State Education Department
Joseph Nye, NYS Office of Children and Family Services
Henry Gonzalez, NYS Office for Alcohol and Substance Abuse Services
Nicholas Rose, Developmental Disabilities Planning Council
Mark Kissinger & Terrance Cullen, NYS Department of Health

-Advocacy Members-

Harvey Rosenthal, Association of Psychiatric Rehabilitation
Cliff Perez, Independent Living Center of the Hudson Valley
Donna Suhor, Capital District Coalition for Accessible Transportation
Daniel Skulicz, Center for Transportation Excellence

Focus

The members of the MISCC Transportation Committee met eight times between December 2007 and August 2008 to discuss issues, concerns and strategies to improve mobility alternatives for individuals with disabilities. The Committee identified leveraging federal, state and local funding for health and human service transportation as a priority that requires the attention of MISCC and the enhanced coordination of MISCC agencies. Potential examples of coordinated transportation opportunities identified include:

- Mobility management;
- Integrating Medicaid funding into the public transportation-human service agency coordination requirement;
- Identifying vehicle-sharing opportunities among State agencies;
- Promoting deployment of accessible taxi's
- Identifying alternatives above and beyond current minimum ADA complementary paratransit requirements; and
- Addressing and responding to Center for Medicaid Services (CMS) rulemakings in a coordinated manner as they impact State agency transportation delivery/eligibility.

Transportation plays an essential role in providing access to employment, health care, education, community services, and activities necessary for daily living. Without reliable and accessible transportation, individuals with disabilities are:

- faced with a diminished quality of life and potentially increased dependence on public support;
- isolated from their communities, losing access to shopping, medical care, friends and family;
- segregated from the economic mainstream and are at a much higher risk of being unemployed, thus causing a myriad of other problems, such as homelessness and institutionalization.

The importance of transportation is underscored by the variety of federally-assisted transportation programs that have been created in conjunction with health and human services programs. Ironically, for most people who need transportation assistance, the creation of more programs has resulted in several unintended consequences. Health and human service transportation programs/services are often fragmented, underutilized, or difficult to navigate, and can be costly because of inconsistent, duplicative, and often restrictive federal and state program rules and regulations (**Attachment A**). In some cases, narrowly focused programs leave service gaps, and transportation services are simply not available to meet certain needs. Notwithstanding, the Committee also recognizes that no one service type or delivery methodology will supply solutions to the varied transportation needs and requirements of individuals with disabilities. Research across the nation has demonstrated that a “family” of transportation services approach that relies on a variety of delivery, funding and coordination methods is necessary to allow for and

facilitate the most integrated setting possible (**Attachment B**). Thus, a comprehensive health and human service transportation policy must create sufficient accessible transportation opportunities and options for individuals with disabilities. The successful coordination of public and human service agency transportation mobility alternatives for individuals with disabilities is essential to greater economic independence, healthy living and improved quality of life.

Recommendations

The following recommendations are intended to address this issue:

❶ Establish State Agency Transportation “Czar”

Each member health and human service agencies (and non-member agencies as appropriate) should be required to establish a transportation “czar.” The agency transportation “czar” will serve as the primary point of contact and lead on all program/service delivery related agency transportation matters. In addition, this person will also be appointed to the MISCC Transportation Committee to support future discussions on coordination of transportation services.

The purpose of this recommendation is to facilitate further dialogue and elevate the discussion of health and human service agency transportation programs/services provided directly by, contracted for and/or offered as part of program-related activities/services among State agencies. Over the past eight months the Transportation Committee has struggled with the lack of readily available transportation expertise among State agency representatives. This has served as a major barrier to identifying transportation issues and further developing recommendations. The lack of transportation expertise within health and human service agencies is largely attributable to the fact that transportation services are typically assumed within program/service delivery and are not a core competency within agency delivery of services. Elevating the issue of transportation within an agency and identifying an individual(s) in each agency that have specialized knowledge of agency transportation services/activities is an essential step toward further developing recommendations that address the transportation needs of individuals with disabilities.

❷ Accessible Taxi Law/Tax Credit Incentive

It is recommended that legislation be developed and introduced that combines specific milestones (i.e., penalties) with incentives (tax credits; direct subsidies; other) to mainstream the deployment of accessible livery vehicles into private taxi fleets and other for-hire companies. When it comes to the provision of private transportation services (taxis/livery/shuttle services), as it pertains to individuals with disabilities, there is no comparable accessibility requirement to what is required under the Americans with Disabilities Act (ADA) for public transportation services.

The ADA does not require private transportation providers to ensure wheelchair access in their vehicles and it does not require them to purchase accessible vehicles.

It is this transportation gap within the federal ADA that this recommendation addresses. The availability of such a service will also provide an inexpensive choice for Medicaid medical service for wheelchair users who now have no alternative but to use very expensive non-emergency ambulette services. Several major cities across the Country presently provide wheelchair accessible taxicab services including: Chicago, San Francisco, Boston, Los Angeles, Las Vegas, Cleveland, Houston, and the District of Columbia. This growing trend in major cities demonstrates the significant demand for wheelchair accessible vehicles. The Transportation Committee has concluded that if wheelchair users had access to wheelchair accessible private transportation where they lived, the transportation opportunities for elderly individuals and individuals with disabilities would be greatly improved. The availability of accessible taxicab services in rural areas of New York, where there are no ADA mandated complementary paratransit services and limited bus service, is also essential to sustaining employment, health care, recreation, and improved quality of life.

Benefits of wheelchair accessible taxicabs include:

- Independence – Elderly individuals and individuals with disabilities will no longer need to be totally dependent on family members or friends to take them where they choose to go or wait until family members are available.
- Access - Taxi services generally operate just about everywhere. In large urban areas, taxi services are recognized as an integral part of the local transportation network. Taxi services are also available in many suburban communities and bigger towns in rural areas, providing feeder service to commuter and public transportation stops.
- Spontaneity - Taxi services are spontaneous. Taxi services provide curb-to-curb service. Call your local “Yellow Cab Company” and within a short period, your taxi arrives at your curb. This reduces need for advance planning and making reservations one to fourteen days ahead of time.
- Employment - The primary purpose of taxi service in communities large and small is transportation to and from work. Significant investment in the number of wheelchair-accessible taxi vehicles in the years ahead may make it easier for workers with disabilities to enter the labor force, return to work or maintain employment.

③ Mobility Management

Establish a Mobility Manager/Health and Human Service Transportation Coordinator within each county to implement the use of Mobility Management strategies to improve the availability and accessibility of transportation services and maximize choice.

Mobility management is an innovative approach for managing and delivering coordinated transportation services to customers, including elderly individuals,

individuals with disabilities, and low-income individuals. Mobility management focuses on meeting individual customer needs through a wide range of transportation options and service providers. It also focuses on coordinating these services and providers in order to achieve a more efficient transportation service delivery system for public policy makers and taxpayers who underwrite the cost of service delivery. It is a two tiered approach of meeting the needs of individuals, especially individuals with disabilities, developing ties among institutions and providers resulting in flexible, meaningful strategies to improve the mobility options for a specific region.

Mobility managers serve as:

- Policy coordinators to help communities develop collaborative plans, programs, and policies, and build local partnerships. They also work to promote land-use policies that favor transit-oriented development, public transportation, and pedestrian access.
- Operations service brokers who coordinate transportation services among all customer groups, service providers, and funding agencies.
- Customer travel navigators working with human service agencies and/or workforce centers that coordinate the travel and trip planning needs of individuals who receive human service program assistance.

Attachment C delineates these recommendations in a table format. **Attachment D** identifies potential future recommendations which the Committee will address in the upcoming year and beyond.

Useful Practice Information

The MISCC Transportation Committee recognizes that transportation is a major obstacle for individuals with disabilities, elderly individuals, children and youth, and other populations that need various social and health services. Interagency partnerships are essential to coordinate transportation needs to help increase the quality of life for these populations as well as for agencies to provide their services effectively and efficiently. The following is designed to provide basic information of useful practices identified to be highly effective in meeting three service provision goals: increased efficiency, simplified access, and reduced duplication. These useful practices have been implemented and are successful in improving transportation services for target populations to help them access needed services more quickly, efficiently, and easily.

•Useful Practice Information: Mobility Management

- Project Title:** Center For Transportation Excellence (CTE)
Area Population Size: Medium Urbanized (200,000-1,000,000)
Partnerships: Health and Human Service Agencies
 Public Transportation Providers
Target Population: Elderly Individuals
 Individuals with Disabilities
Target Outcome: Simplified Access
How is outcome known? Number of trips/riders served
Administrative Level: Local
Practice Type: Partnership and Leadership
Element of Criteria: Coordination Between Providers
 Mobility Management

Description:

The Center for Transportation Excellence (CTE) is a for-profit agency that has established a Western New York Center to convene and create a standard of best practices for organizations in the health and human services transportation industry through the provision of comprehensive training, state of the art fleet maintenance, mobility management and advocacy for integrated human-centered transportation systems. CTE has provided input and expertise to the MISCC Transportation Committee regarding their practices and continue the dialog about how transportation services can be improved to benefit providers, users and the funding agencies that represent the population at risk from lack of mobility. CTE's core services include:

Mobility Management

- Trip Scheduling
- Dispatch Services
- Planning & Coordination of Routes

Training and Development

- Commercial Driver's License (CDL) Training
- Enhanced Driver Safety Training
- Driver Sensitivity Training

Fleet Services

- Qualified Team of ASE Certified Mechanics
- Complete New York State Department of Transportation (DOT) Inspection and New York State Inspection Services
- Full Service Maintenance, Repairs and Vehicle Washing Services

Community Collaboration and Advocacy

- Annual Transportation Summit
- Grants and Developments
- Capacity Building Activities

•Useful Practice Information: Travel Training

Project Title: New York City Board of Education Travel Training Program

Area Population Size: Large Urbanized (over 1,000,000)

Partnerships: Education
 Public Transportation Providers
Other: Public Schools System

Target Population: Children and Youth
 Individuals with Disabilities

Target Outcome: Other: Purpose is to help individuals with disabilities become more independent.

How is outcome known? Success is known when individual with disability is able to take fixed route public transportation services.

Administrative Level: Local

Practice Type: Customer Service

Element of Criteria: Customer Information
 Travel Training/ Mobility Management

Description:

Travel training is short-term, comprehensive, intensive instruction designed to teach students with disabilities how to travel safely and independently on public transportation to a regularly visited destination and back. Specially trained personnel provide travel training on a one-to-one basis. Students learn travel skills while following a particular route, generally to school or a worksite, and are taught the safest, most direct route. The travel trainer is responsible for making sure the student experiences and understands the realities of public transportation and learns the skills required for safe and independent travel. The term "travel training" is often used generically to refer to a program that provides instruction in travel skills to individuals with any disability except visual impairment. Individuals who have a visual impairment receive travel training from orientation and mobility specialists. Travel trainers have the task of understanding how different disabilities affect a person's ability to travel independently, and devising customized strategies to teach travel skills that address the specific needs of people with those disabilities.

•Useful Practice Information: Service Coordination

Project Title: Human Service Transportation Office

Area Population Size: Large Urbanized (over 1,000,000)

Partnerships: Health Care Providers
 Human Service Providers
 Medicaid
 Public Transportation Providers

Target Population: Older Adults
 Individuals with Disabilities

Target Outcome: Increased Cost Efficiency

How is outcome known? Cost per rider

Administrative Level: State

Practice Type: Partnership and Leadership

Element of Criteria: Coordination Between Providers

Description:

In 2001, Massachusetts consolidated the purchase and management of transportation services for the clients of a number of human service agencies in a new state-level Human Service Transportation Office (HST). Transportation managers from the state's Medicaid, Public Health, and Mental Retardation agencies drew new district boundaries, standardized procurement procedures, and began to contract with regional transit authorities for the brokerage of coordinated client transportation services. This joint effort has resulted in common service standards and standardized reporting requirements that are followed by all brokers. Most of the entities involved in the program feel that the brokerage system will ultimately result in cost savings, due to grouped trips, use of more cost-effective modes of transportation, monitoring of service providers, and competitive procurement procedures. As of the beginning of calendar year 2004, the Massachusetts Executive Office of Health and Human Services (EOHHS) has decided to bring the HST office directly under the umbrella of EOHHS. Under this new arrangement, staff will be dedicated to the HST office, rather than spending only part of their time there; the management fee provided to the Regional Transit Authority brokers will be pooled for all participating agencies. The agencies will also negotiate contracts together, rather than each needing separate contracts with the Regional Transit Authority.

•Useful Practice Information: Accessible Taxi

Project Title: Ride DuPage (County Taxi Subsidy Program)
Area Population Size: Medium Urbanized (200,000-1,000,000)
Partnerships: Human Service Providers
 Private Transportation Providers
Target Population: Older Adults
 People with Disabilities
Target Outcome: Other: Improved mobility for target population
How is outcome known? Number of trips/riders served
Administrative Level: Local
Practice Type: Partnership and Leadership
Element of Criteria: Coordination Between Providers

Description:

DuPage County, IL, initiated a subsidized taxi service as a pilot program in 1998. The program resulted from a paratransit coordination study conducted for DuPage County and the Chicago Area Regional Transportation Authority. The study concluded that human service agencies and municipalities could improve mobility for their clients and residents by developing a joint taxi program that would augment public transit services service provided by Pace, the suburban transit agency. The DuPage County Department of Human Services administers the program on behalf of all participating entities. The program is primarily aimed at older adults and individuals with disabilities, although sponsoring agencies have been able to offer subsidies to many other DuPage residents as well. Participation is available through sponsoring cities, villages, townships and human service agencies.

The program includes the following features:

- a) Registration through a sponsor is required,
- b) Discounted coupons can be obtained through the sponsor (these coupons are worth \$5 toward the cab fare; the typical discount is 50 percent although some coupons are provided free of charge to participants in the county's Transportation to Work Program),
- c) Program participants may ride together and share their coupons for payment,
- d) Travel is possible 24 hours a day, 365 days a year, anywhere in the county,
- e) Trip reservations are made through one of nine cab companies and can be made up to one week in advance, and
- f) Lift-equipped vehicles are available.

Sponsors include programs such as the DuPage County Transportation to Work Program (for persons with developmental disabilities), the DuPage County Health Department Teen Parent Services program, and the DuPage County Access to Jobs Program (short-term assistance for county residents with incomes at or below 150 percent of federal poverty guidelines who are actively seeking employment, or are preparing to do so.) The service, initially using one taxi company, currently uses nine. The program provides about 35,000 trips per year and involves expenditures of approximately \$310,000 for transportation service. Administration of the program requires the equivalent of one county employee (one FTE).

•Useful Practice Information: Service Coordination

Project Title: Medical Motors Service

Area Population Size: Medium Urbanized (200,000-1,000,000)

- Partnerships:** Health Care Providers
 Human Service Providers
 Medicaid
 Private Transportation Providers
 Public Transportation Providers

- Target Population:** Children and Youth
 Older Adults
 Individuals with Disabilities

Target Outcome: Simplified Access

How is outcome known? Brokers more than 300,000 trips per year, arranging and administering non-emergency transportation services,

Administrative Level: Local

Practice Type: Operations

- Element of Criteria:** Coordinated Funding
 Coordination Between Providers
 Customer Information

Description:

MMS started in 1919 as Volunteer Motor Service, a volunteer organization that brought doctors and nurses to patients during the 1919 influenza epidemic. The program operated with volunteer drivers until World War II when fuel was rationed and difficult to obtain. In 1946, Medical Motor Service became part of the Rochester area United Community Chest (now the United Way).

Medical Motor Service now is one member of an eight-partner alliance of agencies that serve persons with disabilities. Other partner agencies are the Arc of Monroe County, CP Rochester, Epilepsy Foundation, Mary Cariola Children's Center, National Multiple Sclerosis Society Upstate New York Chapter, Rochester Hearing and Speech Center, and the Rochester Rehabilitation Center. These agencies are located within the 42-year-old Al Sigl Center, self-described as "a resource organization committed to meeting the needs of our eight partner agencies by providing affordable, state-of-the-art facilities, developing shared business services, and generating community awareness and philanthropic support."

Services: Medical Motor Service provides direct transportation services, brokered trips, and vehicle maintenance services. The direct transportation (more than 400,000 trips per year) involves wheelchair transportation; door-to-door escort to medical appointments; trips to senior centers, nutrition sites, day treatment centers, mental health services, and adult day care; trips to counseling services or home visitations for children in foster care; and transportation for children attending programs at the Sigl Center. MMS brokers more than 300,000 trips per year, arranging and administering non-emergency transportation services through other community providers. MMS serves more than 17,000 passengers and provides a full-service maintenance and fuel purchasing facility for other nonprofit agencies, servicing more than 200 vehicles for these agencies. MMS also staffs a regional training center for defensive driving that includes driver training and evaluation and safety training; performs eligibility certifications for a number of programs; and assists other agencies with vehicle replacement plans. MMS has been certified as a common carrier by the New York State Department of Transportation.

•Useful Practice Information: Mobility Management

Project Title: Transportation Options Program (TOP)

Area Population Size: Nonurbanized (under 50,000)

Partnerships: Human Service Providers
 Public Transportation Providers

Target Population: Individuals with Disabilities

Target Outcome: Simplified Access

How is outcome known? Outcome measures including people served, referrals, and employment outcomes.

Administrative Level: State

Practice Type: Customer Service

Element of Criteria: Travel Training/ Mobility Management

Description:

The Massachusetts Rehabilitation Commission's Transportation Options Program (TOP) is a program aimed at identifying affordable transportation for people with disabilities to get to work, school, or training. It began in the late 1990's when the Massachusetts Rehabilitation Commission identified a gap between transportation and human service providers. In response, it established Transportation Operation Managers who would become the centralized source of information about available transportation services and resources for persons with disabilities. The initiative covers over 70 rural communities in three regions across the state of Massachusetts. The primary purposes of the project are:

- 1) to help identify transportation resources for individuals with disabilities,
- 2) to identify unmet transportation needs, and then
- 3) to move these needs into transportation solutions.

Through TOP, local transit providers are able to develop an individualized transportation plan for individuals with disabilities that can include a variety of public transit, paratransit, and ridesharing services. Travel training, information about transportation voucher and auto ownership programs, and itinerary planning are also provided.

•Useful Practice Information: Coordinated Planning

- Project Title:** Coordinated Planning
- Area Population Size:** Rural and Urban
- Partnerships:** State and Community Agencies
- Target Population:** Elderly Individuals
Individuals with Disabilities
Low Income Individuals
- Target Outcome:** Other: Facilitate activities among service providers
- How is outcome known?** Development of locally developed plans
- Administrative Level:** State/local
- Practice Type:** Policy and Planning
- Element of Criteria:** Action Plan
 Assessment
 Collaboration
 Coordinated Funding
 Coordination Between Providers

Description:

Effective October 1, 2006, Federal Transit Law requires that projects selected for funding under certain federally funded programs be “derived from a locally developed public transit human service coordinated transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.”

Beginning with the Federal Fiscal Year (FFY) 2008 applications, this locally developed coordinated planning process is required to identify and help recommend projects for funding under FTA Section 5310 Elderly Individuals and Individuals with Disabilities program, FTA Section 5316 Job Access and Reverse Commute (JARC) program and Section 5317 New Freedom program for applications to the statewide solicitation under these federal FTA grant funding programs.

The primary purpose of the locally developed coordinated plan is to maximize the federal funding programs’ collective coverage by minimizing the duplication of services, and maximizing efficiency. In New York State, these plans are directed through the Metropolitan Planning Organization (MPO) planning process or through a County level planning process (if no MPO exists for that particular region). Specific approaches have varied based upon the local priorities and decision making approaches. Community Planning Sessions, Survey and Public Outreach, and Detailed Studies and Analysis have been some of the most common approaches, and these plans bring various organizations and agencies to together to formulate a common goal of the coordination of transportation services under the requirements set forth under SAFETEA-LU.

It is the intention of this new locally developed coordination planning requirement to improve the services for individuals with disabilities, elderly individuals and low-income individuals. While this is the first year in New York State that the locally developed coordinated planning requirements have been initiated as part of grant program application administration, these plans are now well under way in every region of the State, and will be updated to align with the annual competitive selection process of the application programs.

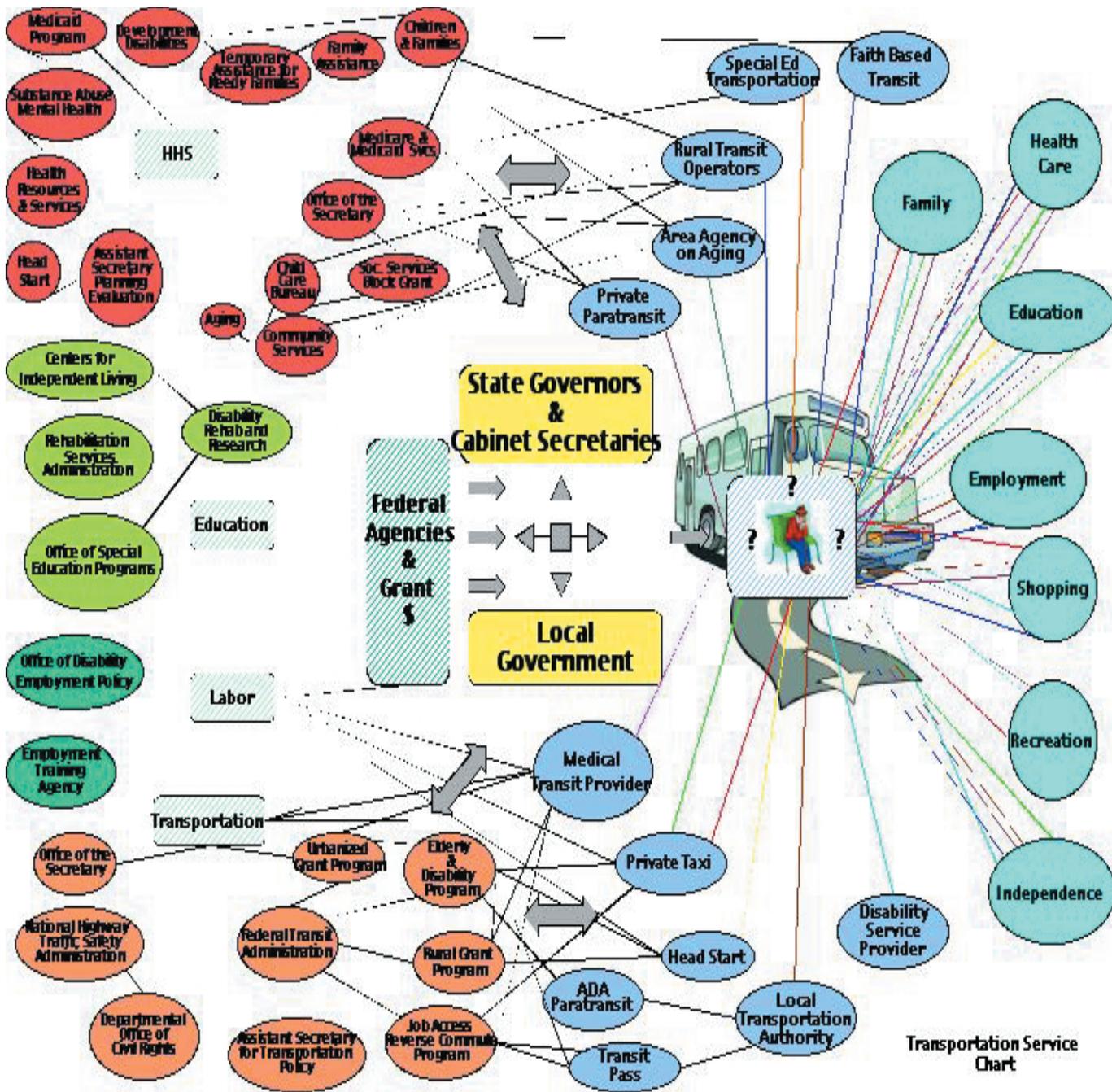
•Useful Practice Information: Service Coordination

- Project Title:** Schenectady County Chapter, NYSARC
- Area Population Size:** Medium Urbanized (200,000-1,000,000)
- Partnerships:** Human Service Providers
 Private Transportation Providers
- Target Population:** Elderly Individuals
 Individuals with Disabilities
- Target Outcome:** Simplified Access
- How is outcome known?** Increased Cost Efficiency
- Administrative Level:** Local
- Practice Type:** Operations/Maintenance
- Element of Criteria:** Coordinated Funding
 Coordination Between Providers
 Customer Information

Description:

The Schenectady County Chapter, NYSARC, Inc. has coordinated its transportation services with Catholic Charities of Schenectady County for the past seventeen years. They share a radio frequency and have an agreement to perform preventive maintenance and repairs on Catholic Charities' vehicles. Schenectady ARC contracts with Alternative Living Group, Northeast Parent & Child, and Child Program & Family Resource Center to provide vehicle maintenance and repairs. The services also include pick-up and delivery of vehicles, emergency repair, and washing. The staff consists of a Service Manager and three mechanical technicians. They service 87 ARC vehicles, 16 vehicles owned by Catholic Charities, 10 vehicles owned by Alternative Living Group, 10 owned by Northeast Parent & Child, and 4 owned by Child Program & Family Resource Center. They also provide services to Rotterdam Ambulance and Schenectady County Head Start. These arrangements provide full time employment for the Schenectady ARC staff, and provide quality maintenance and repair service to other area private, non-profit and other community organizations. According to the Capital District Transportation Committee, their Metropolitan Planning Organization (MPO), Schenectady ARC "is probably the most active in the coordination arena in the Capital District."

Attachment A



Attachment B

Communities that adopt a *Family of Transportation Services* approach provide a broad range of options and specifically match modes to community demographics and needs, particularly the needs of elderly individuals, individuals with disabilities, low-income individuals. A *Family of Transportation Services* may include:

- *Fixed-route transit:* Public transportation service provided in vehicles operated along predetermined routes according to a fixed schedule. Service routes are close to housing, health facilities, shopping, and other common destinations. Fixed-route transit includes services on accessible low-floor midi- or minibuses.
- *Feeder service:* Paratransit service to and from an accessible fixed-route service to those individuals designated as eligible for ADA (Americans with Disabilities Act) paratransit.
- *Flex-route options:* A blend of fixed-route and paratransit services that includes public bus routes with published schedules overlaid on an existing subscription and other prearranged service. Flex-route options also may include assigned routes based on where people live rather than routes predetermined by an organization or agency that funds the trips. Flex-route options continue to serve the general public, in accordance with a published bus schedule, as they pick up or drop off funded clients at their doorstep.
- *Demand-responsive:* Non-fixed route system of transporting individuals that requires advanced scheduling. An advance request for service is a key characteristic of demand-responsive service provided by public entities, nonprofits, and private providers.
- *ADA complementary paratransit:* Transportation services for individuals who have a disability that prevents them from independently using regular fixed-route transit services.
- *Specialized human-service, agency-provided paratransit (curb-to-curb, door-to-door or door-through-door/hand-to-hand):* Curb-to-curb service refers to the pick up and discharge of passengers at the curb or driveway in front of their home or destination; door-to-door service refers to assistance provided to passengers between the vehicle and the door of their home or destination; door-through-door/hand-to-hand service refers to assistance provided to passengers through the door of their destination to another assistant or caregiver.
- *Special shuttle service:* Transportation services provided by faith, community, business, and other organizations to specific destinations.
- *Volunteer driver programs:* Services that use unpaid assistants or drivers to provide transportation.
- *Transit pass/voucher programs:* Transit subsidies that enable a target population to reach jobs, childcare facilities, training opportunities, and other activities. The subsidies may be in the form of bus passes, tokens, fare cards, coupon booklets, and debit cards.
- *Gas-voucher programs:* Certificates or credit for fuel used for transportation options operated by individuals, their families, or caregivers.
- *Travel training:* Assistance in using available transportation options.

- *Car and vanpool programs:* Ridesharing targeted at getting individuals to jobs, training, and special activities.
- *Vehicle-sharing programs:* A service that provides specific access to cars for certain trip making without requiring the purchase of an automobile.
- *Accessible taxi:* Vehicle licensed to provide on-demand taxi service for people with disabilities and older adults. An accessible taxi accommodates a passenger in his/her wheelchair while in the vehicle and meets requirements for lifts, ramps, and securement systems as specified in the Federal Code of Regulations.
- *Education, information, and outreach:* Travel information for people with sensory, cognitive, linguistic, or other disabilities.
- *Private-vehicle loan/purchase/donation programs:* Financial assistance for purchasing a vehicle or equipment for outfitting/adjusting a vehicle for use by persons requiring assistance or for supporting vehicle-sharing activities.
- *Pedestrian/bike interface:* Infrastructure such as sidewalks, stops, traffic signals, and other provisions that encourage pedestrian and bike crossings that connect to other transportation services.
- *Simplified access:* One-call centers assist customers in making all their travel arrangements.
- Communities that support all modes of travel in the full range of the *Family of Transportation Services* offer the greatest level of mobility to all its residents, including older adults, people with disabilities, and individuals with lower incomes. Communities that manage all transportation options on a comprehensive and coordinated basis offer cost-effective transportation to all.

Attachment C

MISCC TRANSPORTATION COMMITTEE RECOMMENDATION SUMMARY LIST

| Name | Term | Action | Responsible Party | Delivery method | Cost Implication |
|---|----------------|--|--------------------------------------|--|-------------------------|
| ❶ Establish a Transportation “Czar” at each State health and human service agency | Short-term | Establish a Transportation staff person at each health and human service agency to identify and quantify transportation services provided directly or contracted for as part of program delivery/eligibility. Individual would also be assigned to the Transportation Committee for future planning. | MISCC General Membership | Executive/Agency | Minor |
| ❷ Accessible Taxi Legislation | Short-term | Develop/introduce legislation that combines specific milestones and incentives to mainstream accessible vehicles into private taxi fleets and other for-hire companies. | MISCC General Membership | Budget Bill/Article VII/Stand-Alone Bill | Moderate-Significant |
| ❸ Mobility Manager | Short/Mid-term | Establish a Mobility Manager/Health and Human Service Transportation Coordinator within each county across systems/networks to maximize choice and capacity. | NYSDOT, DSS, DOH, OTDA, OMRDD, other | Agency | Moderate-Significant |

Attachment D

MISCC TRANSPORTATION COMMITTEE POTENTIAL FUTURE RECOMMENDATIONS SUMMARY LIST

| Name | Term | Action | Responsible Party | Delivery method | Cost Implication |
|---|---------------|--|-------------------------------|--|-------------------------|
| Coordinated planning | Mid-term | Require appropriate State agencies and/or their local affiliates to participate in the FTA required locally-developed public transportation-human service agency transportation planning process. | MISCC General Membership | Agency | Minor-Moderate |
| Shared Use Vehicles | Mid-term | Encourage State agencies to coordinate use of appropriate State financed vehicles to support the transportation needs of individuals with disabilities/trip-sharing. In addition, agencies should report - as part of their MISCC activities - opportunities and funding sources available to encourage/enhance coordinated use of vehicles and vehicle sharing. | MISCC General Membership | Agency | Minor-Moderate |
| ADA Service | Mid/Long-term | Evaluate opportunities and develop recommendations for alternative methods of providing increased services. | MISCC General Membership | Budget Bill/Article VII/Stand-Alone Bill | Moderate/Significant |
| User tax credit for accessible transportation trips | Mid-term | Introduce legislation establishing a pre-tax mechanism (similar to Commuter Choice) to fund costs of accessible transportation services paid directly by the user. | MISCC General Membership | Budget Bill/Article VII Bill | Moderate-Significant |
| Volunteer Network | Mid-term | Work with Counties and Community Service Providers to develop volunteer networks of drivers, travel trainers, etc. In addition, develop funding and technical requirements to integrate availability of services into 511/211 and the current ITN demo from SOFA. | SOFA/MISCC General Membership | Agency | Minor |
| Emergency issues | Mid-term | Work with the NYS Association of Counties and SEMO to develop an IWD evacuation plan. | SEMO, NYSDOT, NYSAC, DOH | Agency | Minor-Moderate |
| Transit Oriented Development/Smart Growth | Mid-term | Require MISCC agencies (possibly through Executive Order) that directly invest in the development of new public and private facilities and rehabilitation of existing facilities to maximize existing infrastructure. | MISCC General Membership | Executive/Agency | Minor |
| Barriers | Mid-term | Require State agencies to develop an inventory of transportation services for their respective agencies and strategies to assess potential legislative/regulatory barriers for consideration by MISCC. - 78 - | MISCC General Membership | Agency | Minor |

| | | | | | |
|---|---------------|---|--|------------------|----------------------|
| Voter Polling Site Accessible Transportation | Mid-term | Establish a State policy regarding accessible transportation to voter polling places and potentially permitting the use of State agency or State financed vehicles for such purposes. | MISCC General Membership | Executive/Agency | Moderate-Significant |
| Streamline regulations for 8-14 passenger vehicles that share clients | Mid-term | Convene working group of appropriate State agencies to review regulations governing the safety requirements for shared-use vehicles and develop recommendations for shared standards to address existing disincentives to coordination. | NYS DOT/DMV, State Insurance, DOH, OMRDD, SOFA & DOB | Executive/Agency | Moderate |
| Pedestrian Amenities | Mid/Long-term | Work with appropriate State and local agencies to review pedestrian access policies and enforcement, and develop plan to address deficiencies. | Various State Agencies | Agency | Moderate-Significant |

DRAFT

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (OMRDD)

General Principles and Guidelines

The Commissioner of the Office of Mental Retardation and Developmental Disabilities (OMRDD) has been the Chairperson of the MISCC since its inception. OMRDD has a long history of advocacy for and support of community integration of persons with developmental disabilities. Under the leadership of Commissioner Diana Jones Ritter, OMRDD, has clarified its mission, vision and guiding principles to reflect the agency's commitment to full community inclusion for persons with developmental disabilities who are able to do so with appropriate supports and services.

Mission

We help people with developmental disabilities live richer lives.

Vision

People with developmental disabilities 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. More specifically, OMRDD is committed to achieving the five following basic outcomes:

- **Person First** – People who have developmental disabilities have plans, supports, and services that are person centered and as self-directed as they choose.
- **Relationships** – People who have developmental disabilities have meaningful relationships with friends, family, and others of their choice.
- **Good Health** – People with developmental disabilities have good health.
- **Home of Choice** – People who have developmental disabilities are living in the home of their choice.
- **Work or Contributing to the Community** – People who have developmental disabilities are able to work at paying jobs and/or participate in their communities through meaningful activities.

Guiding Principles

Guiding Principles frame how OMRDD conducts its business:

Put the Person First – People with developmental disabilities are at the heart of everything we do, and this person-first ethic is embodied in the way we express ourselves, and in the way we conduct our business.

Maximize Opportunities – OMRDD’s vision of productive and fulfilling lives for people with developmental disabilities is achieved by creating opportunities and supporting people in ways that allow for as many as possible to access the supports and services they want and need.

Provide Equity of Access – Access to supports and services is fair and equitable; a range of options is available in local communities to ensure this access, regardless of where in New York State one resides.

Nurture Partnerships and Collaborations – Meaningful participation by people with developmental disabilities strengthens us. OMRDD staff and stakeholders create mechanisms to foster this participation. The diverse needs of people with developmental disabilities are best met in collaboration with the many state and local entities who are partners in planning for and meeting these needs, such as people who have developmental disabilities, families, not-for-profit providers, communities, local government, and social, health and educational systems.

Require Accountability and Responsibility – There is a shared accountability and responsibility among and by all stakeholders, including individuals with developmental disabilities, their families, and the public and private sectors. We strive to earn and keep the individual trust of people with developmental disabilities and their families, as well as the public trust. Creating a system of supports that honors the individual’s right to be responsible for their own life and accountable for their own decisions is of paramount importance.

Stakeholder Group

OMRDD has a rich history of stakeholder involvement in all aspects of its operations. Commissioner Ritter has a number of councils and advisory groups, composed of people with developmental disabilities, parents, families and service providers which meet regularly and provide input to foster the OMRDD People First agenda. OMRDD has selected the **Self-Advocacy Association of New York State, Inc. (SANYS)** as its MISCC stakeholder group.

Over the years, OMRDD and SANYS have developed a unique working relationship that includes partnership activities on many projects and advocacy by SANYS on issues that are key to the hopes and dreams of self-advocates throughout New York State. What has evolved from this relationship is a true grass roots advocacy capacity by SANYS that allows self-advocates to give input to OMRDD on virtually every major committee process at the local, regional and statewide levels. Self-advocates have a major voice on all current transformation efforts related to individual supports. Following is a brief sampling of the various interactions which constitute areas of advocacy and engagement by SANYS:

Self-Advocacy Conferences – OMRDD supports self-advocate attendance in regional activities and conferences. Ongoing activities include self-advocacy leadership team meetings and meetings with OMRDD regional directors and management staff. This is all part of the grass roots strategy of SANYS and the intent of OMRDD to support and include self-advocates in system change meetings and leadership activities. Use of

videoconferences to facilitate meetings of self-advocates has emerged as a key support in some regions.

Ongoing Dialogue – The SANYS Board of Directors engage in ongoing dialogue with the OMRDD Commissioner and other administrative staff.

System Wide Opportunities for Feedback – Self-advocates and leaders of SANYS were encouraged and supported by OMRDD to participate broadly in:

- Peoples First Listening Tours where SANYS spoke on transportation, employment and the move to individualized supports;
- OMRDD Five Year Planning Forums where SANYS called for the OMRDD system to continue to transform to more person centered, individualized supports, including more support for individualized work and day supports. SANYS input was incorporated into the finalized agency five year plan.

System Transformation Activities – Members of SANYS are playing a role in over twenty committees related to systems transformation. Committees and activities include: thirteen committees and sub-committees related to the OMRDD Real Choice Systems Change grant; four OMRDD design teams; and, a key informal leadership group for the Executive Deputy Commissioner. Self-advocates also lead the Think Tank, which is promoting individualized supports and participate in the Learning Institute and Life Sharing planning groups.

Increased Participation on the Commissioner’s Advisory Counsel – Five new leaders were added this year.

Individualized Support Activities and a Film: Through a contract with OMRDD, SANYS intends to produce a film about the individualized, person-centered supports that OMRDD now provides which need to be expanded greatly in the future. This will be part of an overall OMRDD strategy to encourage movement from existing twenty-four hour residences to less expensive individualized supports which will also free up opportunities in existing homes for people who are on the OMRDD wait list. This is a key strategy in a time when new funds will be extremely limited.

In summary, OMRDD Putting People First is a direct result of the ongoing dialogue with, and influence of, the self-advocacy stakeholder group. Their ongoing comprehensive involvement in system transformation and evaluation activities will help drive OMRDD as it continues to convert its service system to one which is based on individualized supports.

Programs and Services

The future efforts of OMRDD to more effectively offer the supports, services, and programs that people who have developmental disabilities and their families desire and need is closely tied to the capacity to offer person centered, customized services. While OMRDD will continue to support its full range of programs and services, information gathered from individuals and their families has made it clear that it must do a better job of offering the person centered and more customized supports and services, as well as

offering more opportunities for individuals and families to self-direct those supports and services to the extent they desire. This emphasis reflects a national movement towards increased choice, control and self-direction in service delivery. Following are some of the initiatives presently underway fostering the intent of the MISCC legislation.

Consolidated Supports and Services

The emerging framework for this initiative is related to OMRDD's current **Consolidated Supports and Services (CSS)** program. In June, 2001, OMRDD implemented this pilot project to use a Medicaid waiver funding stream to enable 200 individuals with developmental disabilities to create their own plans and administer their own individual budgets as an alternative to receiving traditional rate-based services through an agency. This was a significant departure from OMRDD's existing fiscal and administrative framework.

CSS, a self-directed service option under the Home and Community-Based Service (HCBS) waiver, represents one path for individuals with developmental disabilities in New York State (NYS) to pursue self-determination using an individualized budget to fund necessary supports and services in conformance with an approved plan of care. The concept of individualized resources, no matter how they are structured, allows participants to hire their own staff or purchase the supports and services they need to live responsible, productive, and rewarding lives within their chosen communities. Individual resources should be portable, meaning that they "follow" the person.

Because CSS plans are individually created based on a person's specific needs, each CSS plan and budget is as unique as the participant who designs it. Through CSS, participants can access the supports necessary to live at home, in a home of their own or in a variety of living arrangements (both certified and non-certified); pursue interesting and meaningful employment, volunteerism, or other community service activities; engage in satisfying, productive connections with community members; and, enjoy rewarding family and peer relationships.

CSS is now a fully recognized service option. Cost-benefit analyses conducted throughout the first three years of implementation indicate that CSS has realized a 12% to 15% reduction in per person expenditures in comparison with the cost of either historical or projected traditional services for the same individuals. The data indicate that CSS had the desired effect of empowering individuals to make decisions in their lives and to participate in community life through more mutual and organic relationships. Increases in friendships, community involvement, personal growth, and satisfaction with services were also identified as outcomes of participation in CSS. Most importantly, people indicated high levels of satisfaction with the choice and control that CSS provides and have remained healthy and safe in a self-directed environment.

Presently, despite notable monthly growth, only 500 of the 62,000 people receiving services under the HCBS waiver are participating or applying to participate in CSS. In an effort to make self-direction a more viable option for a larger number of people receiving services, OMRDD will, in addition to CSS, promote a number of strategies to refine and redesign these service opportunities in a way that will be simpler and easier for people to access and self-manage. Strategies undertaken will be designed to:

- **Increase the ability of individuals and families to identify their service needs and access the financial resources necessary to pay for these supports.** OMRDD will develop mechanisms to dramatically increase opportunities people have for more choice and control over the supports and services they require. CSS has shown that when people and families identify and have responsibility for self-directing their supports they experience greater satisfaction with the services they receive. Opportunities will be enhanced, through options such as Self-Directed At Home Residential Habilitation and Agency-with-Choice (AWC), to develop several approaches to self-directed services and individualized budgets. (Agency-with-Choice is an arrangement in which a person or family selects an agency to assist in the management of an individualized portable budget to provide some or all of their services.)
- **Increase opportunities for meaningful employment and volunteerism.** OMRDD will continue to pilot innovative ways to provide supports for individuals so they can work in competitive employment and job development settings. OMRDD also continues to explore models to support people interested in pursuing continuing education at universities, community colleges, and vocational training settings. Lastly, OMRDD seeks to provide assistance to individuals interested in entrepreneurial and self-employment endeavors. In all instances, it is vital to encourage opportunities within community settings that lead to the development of marketable skills which may result in competitive employment at some point in the future.
- **Increase provider capacity to offer more individualized, customized, and person centered options.** Many people indicate that what they are seeking is “a good agency that will listen and be responsive to them.” In order to ensure that people are able to choose among all of the person centered, customized service options, OMRDD will be working with its network of providers to re-examine our roles and business practices. Agencies will be a major resource in support of self-directed services. Providers have expressed interest in developing and offering individualized supports for people they serve, but how to actually begin remains a challenge. OMRDD and the NYS Developmental Disabilities Planning Council (DDPC) have provided funding, administered through the NYS Association of Community and Residential Agencies, to fifteen agencies statewide to participate in a “Learning Institute” designed to develop the organizational cultures and service designs necessary for promoting and supporting individualized services. These agencies will assist OMRDD in determining best practices in individualized service delivery and activities that help sustain the organizational cultures necessary to nurture individualized services. Future institutes for developing so-called “communities of practice” around individualized services methodologies are also under consideration.
- **Development of streamlined practices.** The most elegant and effective services are of no value if one has to wait an excessively long time to gain access to them. This is particularly true for people who literally cannot wait – they are graduating from school, seeking a job, in crisis at the family home, or in psychological or physical peril. Often, comprehensive “24/7” services take a long time to put in

place, in part because of their complexity, but also because of the lengthy procedures that have evolved over time that control entry. Such a system, in not being responsive and proactive, leads to unrecognized human suffering and cost-inefficiency. Expediting access to all services – but especially to highly individualized supports that can be deployed rapidly to rent an apartment, support someone in a job, or deal with a crisis - is a high priority in OMRDD's reengineering of the system. If it is to be successful and customer friendly, system transformation must result in, among other imperatives, a more rapid and streamlined approach to service delivery.

- **Navigating person centered supports.** Current efforts in self-directed and highly individualized service approaches show that most people's major needs are in the areas of (1) staff supports, (2) transportation, and (3) a room and board subsidy (for individuals who wish to live on their own). OMRDD also has learned that most people and families who self-direct need additional help and guidance, especially in areas related to plan reviews and revisions, ongoing documentation, and other areas of Medicaid compliance. Therefore, OMRDD has added "brokerage" as a fourth category to the list of essential needs for self-direction. ("Brokerage" is a term used nationally to describe a personal agent who assists a person or family in managing their budget, in hiring and training staff, and in completing documentation.) Through its federal Systems Transformation grant, OMRDD has facilitated a workgroup looking at national brokerage models that will provide recommendations on how to design this service to best support people seeking individualized choice and control. OMRDD will also develop a streamlined application process which will assist individuals to access self-determined supports in a more expedient manner.

Lives of Distinction

OMRDD believes that every person with a developmental disability has a distinctive contribution to make to the world. By supporting people to develop these contributions and make connections with people and communities, we help them to become valued and respected by others. Contributions become visible and people take pride in their accomplishments. But, even more important, the lives of the people surrounding them are enriched by their contributions. Building relationships through work, volunteerism, and participation in community life is at the core of building "lives of distinction" (a term which OMRDD has appropriated from the work of Beth Mount, Ph.D.) OMRDD will continue to support activities that foster desirable and sustainable changes in agency cultures that support lives of distinction. OMRDD also intends to increase opportunities to provide plans, supports and services that are person centered and as self-directed as people choose, so that they can have the home of their choice in the neighborhood of their choice, contribute to their community in preferred jobs, artistic endeavors or activities, have good health and ultimately, have meaningful relationships with friends, family, co-workers, and others of their choice.

Housing Initiatives

Supporting Families

Supporting individuals and families to stay together as a family unit, if that is what they desire, is a core belief structure underpinning much of the planning for how OMRDD designs supports and services. Family units provide the most natural means to helping people sustain meaningful relationships, remain connected to community support systems, and integrated to community networks. In addition, supporting families to stay together is a very cost-effective way to meet the needs of people with developmental disabilities.

Over the past 24 years, Family Support Services (FSS) has grown from serving 200 families to serving approximately 42,000 families. FSS is identified in Mental Hygiene Law Section 41.43 as a family-directed, statewide system of comprehensive family support services. The purpose of family support services is to enhance a family's ability to provide in-home care to their family members with a developmental disability. These services are absolutely vital to maximizing family strength and stability, and to supporting individuals in developing community connections and relationships through the enhancement of natural supports.

Consumer Councils are established in every Developmental Disabilities Services Office (DDSO) in order to recognize and use the knowledge and experience of families of persons with developmental disabilities, and individuals with developmental disabilities themselves, in developing New York State's family support policies, services and supports. These Councils assist the DDSOs in the development and oversight of local FSS programs. The Commissioner also invites family members from across the state to be a part of a Statewide Family Support Services Committee that meets on a regular basis. This Committee brings the grassroots needs of families to the attention of the Commissioner. The success of the FSS program over the years can be credited in great part to the collaboration between the Statewide Committee on Family Support Services, local (DDSO) Consumer Councils, the DDSOs, and nonprofit providers. The program's ability to be responsive to the needs and priorities of families of individuals with developmental disabilities is very much due to the continued involvement of parents and family members who are involved in the planning, implementation, oversight and evaluation of the services provided through this program.

In their local government plans for 2007-2009, counties were required to state outcomes that reflect desired future system improvements. Family support is one of two categories that were identified by over 50% of the counties that reported. One of the services most often requested is respite. Respite services provide temporary relief from the demands of caregiving, which helps reduce stress in the home and may help to keep the family together. An allocation methodology was recently developed to expand respite services to offer opportunities to approximately 800 additional individuals in 2008-2009. In addition to respite, FSS also include programs such as: information and referral, family and individual counseling, recreation, after-school programs, transportation, and reimbursement.

Additional FSS funding was provided for in the FY 2008-09 Executive Budget. An allocation methodology was developed to distribute \$5 million in State share funding targeted to benefit up to 3,000 individuals in need of crisis intervention/behavior management support. An allocation was also developed to distribute \$2 million in State share funding for services to 1,300 individuals with autism and autism spectrum disorders. Requests for proposals will be issued to facilitate implementation.

New York State CARES

This nationally recognized program 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 their own homes. Its tremendous success resulted in it being codified in law, thus assuring families and individuals with developmental disabilities that the supports and services they need will be there when they need them. By March 31, 2009, NYS-CARES will have provided nearly 16,500 new out-of-home residential opportunities for individuals with developmental disabilities, thus helping to meet one of the four major outcomes that are part of the agency's mission.

Individual Support Services (ISS)

Individual Support Services (ISS) were established to assist adults with developmental disabilities who want to be more independent. It 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. However, reimbursement may also include, but is not limited to: food, transportation, clothing, start-up costs, etc. There are currently 2,034 individuals enrolled in ISS statewide. OMRDD is seeking to maximize opportunities for independent living through the use of ISS and plans to monitor ISS enrollments and spending plans on a statewide basis to determine program growth.

Home of Your Own (HOYO)

During the next five years, OMRDD will transform its Home of Your Own (HOYO) program to include a greater reliance on public/private partnerships to act as a catalyst to expand the supply of affordable and accessible housing for people with developmental disabilities, their income-eligible parents or legal guardians and the workforce. This public/private partnership is in direct line with OMRDD's mission, vision and guiding principles – it Puts People First.

For more than a decade the HOYO program formed collaborations and partnerships within a closed enclave of state and federal housing agencies. However, within the past few years a concerted effort was made to bridge the divide between the public and private sectors. Time was also spent reviewing the entire spectrum of housing opportunities in New York State for people with mental retardation and developmental disabilities, their families, and the workforce. This new and emboldened partnership will work with diverse constituents to ensure that the supply of affordable and accessible housing meet the needs of the populations supported by OMRDD. This partnership will also ensure that the populations under consideration are prepared for homeownership and have the tools necessary to keep their home.

Shared Living

If our service system is truly dedicated to supporting people with developmental disabilities to live in the “right” home of their choice, we need to look towards the use of more non-certified residential settings. Many people being served today in certified residential sites have expressed their desire to live with their family members or in their own homes/apartments with an appropriate level of supports. Additionally, many young adults transitioning from the school system are not looking for certified residential options, but are seeking apartments they can share with their friends. Often it is difficult for a young adult to pay for an apartment on their own. In many areas of the state this is also cost prohibitive, even for young adults who are not disabled. Therefore, OMRDD must explore various models that support ‘shared living’ approaches for people with disabilities. These models may include ways to share room and board costs, as well as co-sharing staff supports. Companionship and Live-in Caregiver Models will be further explored and enhanced.

OMRDD plans to identify other shared living arrangements that can be supported for individuals, and work with the NYS Department of Labor to develop guidelines and solutions that will allow people with developmental disabilities to live in their communities, with staff of their choosing that will also be in accordance with Fair Labor Standards, Workers Compensation, and other NYS Labor Laws and Regulations, as well as adherence to State and Federal Medicaid Regulations.

OMRDD will continue to participate in a statewide workgroup, comprised of individuals with disabilities, parents, siblings, and other family members, providers, and policy makers, to define shared living arrangements that will support people with disabilities effectively. Regional forums will be held to gather information on exactly what living arrangements people are seeking. OMRDD will also take a major lead in designing residential approaches that will increase the number of shared living opportunities available statewide.

Family Care

OMRDD’s Family Care (FC) program is in the vanguard of options for persons who seek personal growth through individualized opportunities. FC 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 2,700 individuals in 1,466 homes statewide, FC is poised for a larger role in person centered choice. Key stakeholders from each DDSO will play an integral part in the implementation and promotion of new ideas through the creation of more personalized opportunities, provision of training, and other innovative benefits for the FC provider and the individuals in their homes. The expectation is that by building on the sound basis that is FC today and applying this renewed focus, FC will be offered more broadly as an option of choice for individuals and their families.

Home and Community Based Services Waiver (HCBS)

OMRDD has continued to offer people the opportunity to live in the home of their choice with the services and supports that they desire through its Home and Community Based

Services (HCBS) waiver. The HCBS waiver offers individuals and their families a flexible choice of residential options. Through the waiver, OMRDD accomplishes its commitment to provide individualized and person centered services to all participants.

Other Waiver services such as Respite, Environmental Modifications, Adaptive Devices, and Family Education and Training (FET) support individuals at home independently or with their families. Recently, OMRDD expanded its HCBS waiver respite services to include 800 additional individuals. Waiver respite provides a relief for caregivers of individuals with developmental disabilities by providing respite in a setting of their choice.

Through the use of waiver Environmental Modifications and Adaptive Devices, individuals are utilizing more creative and innovative technology to ensure their independence and safety at home. Through its waiver, OMRDD will continue to explore the use of “smart homes” to develop technological adaptations to individuals own homes in order to provide more freedom and independence in the future. The use of the waiver service of FET allows more and more parents of children with developmental disabilities to receive needed training and education regarding their child’s disability.

Starting in winter 2005, OMRDD awarded the first blended day services (planned use of different HCBS waiver day service options for the same individual) using a pilot contract mechanism that is set up for a five year period. Each person who participates in the blended service has a habilitation plan that describes the supports and services associated with each distinct service component. To date, OMRDD has approved approximately 50 proposals for blended services. Anecdotally, OMRDD has heard that individuals participating in these services are pleased with the ability to receive services according to a plan that allows for greater flexibility in their day or week. Through the creative exploration and use of waiver services combined, individuals are able to fully participate in their communities. The blending of services has allowed individuals opportunities for engaging in meaningful employment while continuing to receive needed supports, such as day habilitation or pre-vocational skills.

OMRDD is working on a new programmatic and fiscal platform for the delivery of At Home Residential Habilitation (AHRH) services. OMRDD is also working to establish an Intensive AHRH option, to address the critical need for intensive behavioral supports in the home.

Outcomes and Performance Measures

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

Performance Measure:

- Increase in the number of individuals supported by families that access family support services.
- Increase in the number of individuals receiving at-home and intensive at-home habilitation services.

- Increase in the number of HCBS waiver respite services utilized.

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

Performance Measure:

- Increase in the number of people accessing individualized, non-certified living arrangements, including those using services such as Individual Support Services (ISS) and self-directed options.
- Increase in the number of people accessing out-of-home residential opportunities through NYS-CARES.
- Increase in the number of people receiving day service opportunities through NYS-CARES.

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

Performance Measure:

- Increase in the number of people accessing self-directed supports and services.

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

Performance Measure:

- Increase in the number of family care homes.
- Increase in the number of individuals in family care services.

Employment

OMRDD is promoting *Employment First* as a preferred outcome for persons with developmental disabilities who choose to work. By choosing to work and achieving the personal, social, and monetary benefits that accrue to all individuals who are employed, individuals with developmental disabilities will experience the dignity of self-worth of being valued employees, financial freedom and fully engage in their communities.

OMRDD is piloting a new strategy for assisting people to achieve their employment goals called “Enhanced Supported Employment” through a Request For Proposals (RFP). The pilot will support at least 700 new people in employment for a five year period. This pilot, along with other strategies, is designed to promote an *Employment First* agenda which will serve as the basis for assessing what new approaches can be developed that assist people with developmental disabilities to achieve their employment outcomes.

OMRDD has included transportation for work as a possible service in this pilot. Transportation is a major barrier to employment and OMRDD will evaluate how the service is utilized as part of the pilot.

In order to promote our workforce, OMRDD will explore new strategies to assist people to be successful workers in emerging industries and sectors of the economy. Some of the strategies will include identifying emerging sectors in our various regions and then working with our DDSOs to explore with community partners how individuals OMRDD serves can become trained and ready to work in these sector industries. OMRDD wants to move the workforce into emerging sectors, and let go of jobs that are becoming outdated and have no future. As a component of this theme, it is possible that OMRDD may want to explore the idea of sector based training programs which are developed for people with developmental disabilities.

Other strategies for marketing our workforce include:

- Development of a marketing video which demonstrates the jobs of distinction of people with developmental disabilities. The video can be used with employers, businesses, and trade associations to demonstrate the capacities of our workforce.
- Development of a marketing packet which highlights the strengths of our workforce and provides tax incentives and other promotional information to businesses.

Internship Program

The Employment Training Internship program enables employers to employ individuals with developmental disabilities and have their wages paid by OMRDD for a period of up to 18 months. The internships are paid by OMRDD in an effort to provide expanded employment opportunities that will lead to long-term employment in the private sector, governmental agencies and nonprofit organizations. In 2007/08 more than 130 self-advocates and individuals with developmental disabilities were placed in internships. In 2008/09, OMRDD expects that an additional 128 interns will participate. As of August 2008 an internship program has been established at every DDSO, thereby offering an individualized employment opportunity to OMRDD individuals statewide. OMRDD hopes to expand the capacity of the OMRDD Internship Program to assist individuals who may need a long-term on the job training experience in order to be successfully employed. OMRDD will also seek to explore new ideas for internships with business and industry leaders.

Volunteerism

OMRDD is developing an employment and volunteering guide for use by the DDSOs. The overview will provide regulatory and service option information which can help to guide the development of employment (including self-employment) career exploration and volunteering for individuals with developmental disabilities who wish to pursue these options.

Outcomes and Performance Measures

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

Performance Measure:

- Increase in the number of individuals employed.
- Increase in the number of individuals who choose where they work.
- Increase in the number of individuals who maintain jobs for one year or longer.

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

Performance Measure:

- Increase in the number of individuals who volunteer in the community.
- Increase in the number of individuals who receive blended supports.

Community Inclusion

As OMRDD works toward achieving its mission, “to help people lead richer lives,” the agency makes a commitment to assist people for a lifetime, to build community membership over time through participation in a variety of day-to-day activities. The level of participation must be based on each individual’s capacities, needs and preferences, and supported by family, friends, neighbors, volunteers, community organizations, and staff.

OMRDD has come to recognize that a large part of what needs to be done to accomplish the objectives of the Community Participation Initiative stems around how to change the expectations and views of community members, as a whole, about people with developmental disabilities, and the gifts and talents they have to share. Increased efforts

will be undertaken to use various media to educate communities at large about people with disabilities that will showcase their successes in fostering friendships, successful community involvement, and full participation through work, volunteerism, and recreation. Successful practices will be shared and replicated throughout the state; not just within the OMRDD service system, but with family members, provider associations, community neighbors, employers, policy makers, and others.

Faith-Based Initiative

The OMRDD Faith-Based Initiative was instituted by Commissioner Ritter in May 2007. Its mission is to explore new avenues, and expand opportunities for individuals with

developmental disabilities, to express their *beliefs*, support their right to *belong* to a faith community, and assist them to *become* a valued member in their chosen house of faith. The first step toward meeting the goal of supporting individuals in their faith choice and expectations was to survey the DDSOs.

Survey results indicate that the major concerns of individuals with developmental disabilities who have expressed a faith choice are: (1) the lack of transportation to community faith worship and activities, (2) the lack of staff to assist them with access to their house of worship, (3) the need for education and training of staff to increase staff comfort with their participation in community worship, and (4) the need for outreach and dialogue with congregants to increase their comfort with the presence of individuals with developmental disabilities. These surveys also indicated that individuals with developmental disabilities would like more opportunities to participate in other forms of faith worship, such as faith community social gatherings and music programs. They also expressed concern about being able to find a place where they can share in the faith community experience. Within the next five years OMRDD plans to make significant inroads with respect to partnering with the faith community, and other interested parties, to build support systems that will sustain an individual's inclusion in his or her chosen faith community.

Community Participation Initiatives

OMRDD's existing Community Participation Workgroup reconvened under OMRDD's federal systems change initiative. Workgroup objectives are to identify and promote efforts to increase community experiences for all citizens of NYS including those with developmental disabilities. The Community Participation Workgroup identified the following elements as necessary for the expansion of community experiences for people served by OMRDD and its network of providers. Consequently, each district plan will be reviewed to identify:

- Activities that create and support more individualized opportunities for community participation for people with developmental disabilities;
- Activities that promote vision, leadership, and a greater awareness of community participation for individuals with developmental disabilities, family members, the community at large (including potential employers), and/or providers and provider associations; and,
- Strategies built into local action plans that increase community participation for people with developmental disabilities into the future on an ongoing basis, rather than the promotion of one-time events.

With assistance from evaluators, OMRDD will assess the effectiveness of the various activities identified within each DDSO action plan. Several DDSO regions will be profiled for their exemplary practices in promoting community acceptance, community involvement, and full participation. These practices will be replicated in other regions of the state.

In order for OMRDD to advance the vision of community participation for all people, it must embrace new service designs which specifically promote participatory outcomes and which honor the choices people make to participate in their communities in their own way. New options for individualized supports include Consolidated Supports and Services (CSS) and Agency-With-Choice (AWC). Making these options more universally available will require the infrastructure support of the DDSOs, in conjunction with their regional planning groups. The DDSOs will develop 2008-2010 local Community Participation Action Plans which will continue to identify goals that promote the development of individualized supports and choices.

Outcomes and Performance Measurements

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

Performance Measures:

- Increase in the number of training opportunities for direct care staff on how to support individuals' desires for community participation.
- Increase in the number of information-sharing and training opportunities available to a variety of community groups in order to enhance acceptance of people with developmental disabilities through meaningful participation in their communities.
- Increase in the percentage of favorable responses to National Core Indicators (NCI) Consumer Survey community inclusion indicators.

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

Performance Measure:

- Increase in the percentage of favorable responses to NCI Consumer Survey relationship indicators.

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

Performance Measure:

- Increase in the number of individuals participating in faith-based activities/worship in the community.

Attachment A

**Self-Advocacy Association of New York State, Inc.
Board of Directors 2008**

David Liscomb
Larenz Pickens
Jessica Taiti
Mellissa Rose
Marilyn Stata
Drew Cline
Wiil Horton
Kanema Varner
Joann Ripp

Ramon Aldecoa
Roz Adler
Rain Ripple
Tyrone Barnes
Sara Skillen
Stephen Muller
Michelle Teusch
Shawn Nitz
Yolanda Zehr

Self-Advocates (partial list) involved in SANYS and system transformation activities throughout New York

Donavan Holmes
Hanif Joseph
Lisa Severino
Joey Perez
Winfred Joh
Christine Petrauskas
Caroline Charbonneau
Terrelle Spiva
Robert Terry
Tina Fitzgerald
Jordan Poissant
Michael Caulfield
Christine Kane
Samuel Floyd
Stephanie Speaker
Richard Marino
Raymond Bergen-Fulmor
Stacey Tumolo
Matthew Pezzula
Debbie Smith
Eric Pernick
Janice Bartley
Michelle Santiago
Nelcy Rameriz
Tony Phillips
Tim Elliot
Emmanuel Spratt
Shawn Hoyt
Cheryl Clark
Agnes McCray
Jeff Hill

Dougals Vanable
Charlene Ward
Kisha Haire
Marilyn Dickerson
Regina Fowler
Uly Ramos
Julie Rosenborg
James Sandle
April Horn
Nancy Culbertson
Bradford Smith
Cayla Tuckerman
Mary Wilburn
Richard Fitzgerald
Avdi Bruncaj
Michael Rogers
Larry Jordan
Tyronn Hawkins
Shameka Andrews
Mike Kennedy
Dan Bayley
Linda Phillips
Joe Santacesaria
Stephanie Boise
James Brown
Kim Hennen
Allen Fontaine
Helen Scavuzzo
Jason Belicove
Jason Smith
Steven DiPiano

Tom LaVelle
Dennis Pullen
Allan Walley
Cheryl Walther
Bob Zellweger
Darren DeLuca
Scott Fowler
Carole Prieto
Steve Fleisher
Allyson Martin
Harvey Pacht
Sujeet Desai

Charles Degraffenreid
Robin Ripple
Mike Cardella
Roberta Duke
Tom Techman
Brienne Nobis
Mitch Levitz
William Furse
Mandy Shenkman
Sally Johnson
Glenn Good

DRAFT

OFFICE OF MENTAL HEALTH (OMH)

OMH has been a national leader in its efforts to promote recovery and the goal of a life in the community for all. Many of the programs developed in New York serve as models for other states. The New York State Office of Mental Health (OMH) has continued to make strides in its efforts to transform New York State's public mental health system. In this process we strive to place individuals and families at the core, foster resiliency and recovery, and through culturally and linguistically effective treatment and supports, enable individuals with mental illness to live, work, learn and participate fully in their communities. This report will highlight OMH's commitment to the Olmstead decision and the Most Integrated Setting Coordinating Council's (MISCC) goals and objectives. Throughout this report programs will be highlighted as they form the cornerstone of our efforts to serve people in integrated settings in the community rather than in institutions.

In Fiscal Year (FY) 2007 OMH served 688,000 people of all ages. **(See Attachment A, Table 1)***. Our priority for service has been 544,000 adults with Serious Mental Illness and 144,000 children with Serious Emotional Disturbance. These individuals are people with, or at risk of psychiatric disabilities. By design, our service delivery system serves the bulk of these individuals in the community. ***(All numbers from the tables reflect only people served during the week of the PCS survey in 2007)**

OMH has had success in reducing the number of individuals in institutions by expanding the availability of community-based services. It is crucial to note that the role of institutional (e.g. hospital inpatient) care for mental illness may be different than the role of institutional care for other conditions. One primary role for psychiatric hospital care is analogous to hospital care generally: to address an illness that has flared out of control, by providing intensive professional treatment in a controlled environment. This generally brief use of hospitals is as appropriate for care of mental illness as it is for care of other illnesses. Our primary focus as it relates to Olmstead is primarily to address a different use of institutional care, one where people are *living in* a hospital for a long period of time.

In our report to the MISCC in 2006 we noted a decrease in the inpatient census for adults from 6030 in 1997 to 4223 in 2003. For FY 2007 the number of individuals across all ages with disabilities who are currently institutionalized in OMH facilities (as of 9-18-08) includes 3,812 adults, 425 children, and 647 in forensic settings. While the number of adults is somewhat higher than in FY 2003, the rise is due to a larger number of overall adults using the mental health system overall.

While OMH is the primary agency responsible for serving persons with psychiatric disabilities, we are not alone in this process. OMH works closely with other state agencies to address the holistic needs and situations facing our recipients. One major partner is the Department of Health (DOH) through the Medicaid program. Medicaid represents one of the major funders of services and the two agencies work closely on the mental health services and related issues. The Medicaid buy-in program allows persons who no longer qualify for Medicaid through one of the standard categories to purchase

coverage. This is important to persons with psychiatric disabilities as they build their lives in their communities. **(See Attachment B, Table 2)**

Co-occurring Disorders

Another agency with which OMH has a very active partnership is the Office of Alcoholism and Substance Abuse Services (OASAS). The issue of persons with co-occurring mental health and substance use issues is a major challenge for both agencies. The goal is to provide integrated treatment for these individuals and this collaboration has resulted in improvements to both delivery systems.

A Memorandum Of Agreement (MOA) was entered into on July 31st, 2008, by and between the New York State Office of Mental Health (OMH) and the New York State Office of Alcoholism and Substance Abuse Services (OASAS). The agreement addressed the following areas, Interpretation of Statutory Authority; Identification and Provision of Integrated Treatment Services; Billing for the Provision of Integrated Treatment Services; Roles and Responsibilities; Term and Termination of MOA. The products of this collaboration encouraged all OMH and OASAS clinics to screen all clinic recipients for co-occurring substance abuse use or mental health disorders, depending on the setting. Guidance as to Screening, Assessment, Regulative Reform and a Memorandum of Agreement were the chief products enclosed in this package.

Every clinic was strongly encouraged to assess all individuals who screened positive on one of the screening instruments. Although no specific form was recommended, key elements of a quality assessment was identified, while enclosing a detailed description of the areas of assessment. These efforts will continue to be a focus over the upcoming year as a part of the OMH clinic restructuring process.

In addressing the issue of Regulatory Reform, the concept of dual certification from OASAS and OMH had been discussed at 2008 inter-Office task force meetings. It was concluded that, integrated treatment was possible within a provider's existing certification, referred to as "single certification". This allows providers to render services to an individual associated with substance use and mental health disorders in an integrated manner within a single setting certified by either OMH or OASAS. Because of the widespread misperceptions associated with the State's standards, a Frequently Asked Questions (FAQ) document was developed and enclosed as well.

Directors were notified that future training and technical assistance would be made available to them and that a separate initiative is underway addressing co-occurring disorders amongst children and adolescents, and similar products would be made available to them in the future. Assistance was offered to any provider or county that wished to restructure its services to become more integrated and person centered, in order to encourage systemic support for all age groups.

Dual Diagnoses

OMH has focused considerable attention to our collaboration with the Office of Mental Retardation and Developmental Disabilities (OMRDD). This is a direct result of the commitment of both Commissioners to improve services to persons dually diagnosed with a mental illness and a developmental disability. These populations have many

parallels but often are caught between the two service systems. The commissioners of both agencies have met on multiple occasions to discuss the issues and work toward common ground in addressing them. As a result, staff have been working to promote communication and understand in the field. Trainings are planned for the coming year to build on this and to highlight successful efforts that are under way. One successful program is in Long Island where joint efforts on staffing of dual diagnosed recipients have led to improvements for this population. This collaboration had the unforeseen positive development of proposals for a new program to support these individuals in independent housing settings. Other field offices are involved in activities as well to improve the collaboration between OMH and OMRDD.

Previous Year Activities

Stakeholder Group

Our efforts to implement the MISCC recommendations are guided by input from several groups. This past year we implemented a MISCC steering committee comprised of recipients, family members, providers and other advocates from across the state. In addition to this group we receive input from our Recipient Advisory Committee, the Commissioner's Committee on Families, and our Multicultural Advisory Committee. These committees meet once a quarter and provide regular review and feedback of all OMH programs and activities. Input from the committees and other sources is consolidated and then shared with the MISCC steering committee who makes recommendations to OMH about implementation. Over the past year the MISCC steering committee has met three times and in addition to reviewing the input from the other committees, has focused on data needs for Olmsted related planning. The membership listing for these committees is attached in **Attachment C**.

Efforts over the past year to redesign many of our programs and services have been intended to develop more support for self-determination and recipient choice. In addition to these efforts OMH has adopted a number of programs that are considered to be best or promising practices. Among these are Assertive Community Treatment, Supported Employment and Wellness Self Management and Recovery.

Children's Mental Health Plan

Building upon themes laid out in the Children's Mental Health Act passed in 2006 and the Achieving the Promise Initiative of the same year, the formulation of the Children's Mental Health Plan took a very new direction. First and foremost, it acknowledged that mental health is not defined by a state agency, but rather it is an essential component in the development of each child. When thought of in this context, a mental health plan must be a document that is crafted by the knowledge and perspectives of parents and caregivers, young people, early education educators, school educators, elementary and secondary administrators, community leaders, youth development experts, youth service providers, advocates and state policy leaders.

The OMH has engaged with many state and local leaders to develop a comprehensive plan for improving the mental health and emotional well-being of New York's children and youth. The formal planning process, which has been under way since December

2007, represents a collective and coordinated approach. It currently involves four workgroups responsible for the development of recommendations to improve children's mental health and well-being. Their aim is to contribute to a vision that sets the stage for future work and collaboration. Workgroup members represent a wide cross-section of stakeholders invested in children's social and emotional development and well being.

In New York State, much progress has been made in the development of models of collaboration across children's systems; however, a great deal of fragmentation and duplication still remains. There exist multiple interagency collaborative efforts at the system level, as well as, uncoordinated provision of services at the local and agency level. As a result, there has been recognition of the need for systems to move towards integration of system structures, procedures and processes, rather than collaboration. System integration would allow for shared decision-making, shared responsibility, seamless transitions, and unified planning and case management.

The Children's Mental Health Plan provides an opportunity to institute system reform efforts to improve the state's system-level structures and ensure quality of care for the children and families served. It is a unique time in New York State history in which there have been unparalleled levels of system integration across child-serving systems, marked by a number of recent collaborations, including the creation of the Governor's Children's Cabinet, the reconstitution of the Inter-Office Coordinating Council within the Department of Mental Hygiene, and an effort to improve residential services called, "Building Bridges."

One such collaboration amongst the child-serving Commissioners has yielded a renewed commitment to working together and a shared sense of responsibility. During a retreat in December of 2007, the Commissioners from all child-serving systems met to discuss the needs of cross-system youth. As a result of that meeting, the Commissioners committed to:

- Engage families and youth directly, listen to their concerns and proposals, and involve them in the design of individualized services and supports across agencies.
- Work together in a new way: more cooperatively, transparently, effectively and efficiently.
- Increase our focus on effective prevention and comprehensive early childhood services, while also focusing better on children with intensive needs requiring services and supports from multiple agencies.
- Explore new models for quality and continuity of care, including service coordination and dispute resolution.
- Support each other's individual agency goals relative to cross-systems children and youth.

This was a major milestone towards enhanced systems integration. Continued collaboration, increased efforts to move towards integration on the part of all child-serving systems, and enhanced accountability are needed to ensure that children and their families are served in a seamless and effective system of care.

Geriatric Services

The work of the Office of Mental Health's Geriatric Service Demonstration Programs, which was established through the Geriatric Mental Health Act, continues to service the elderly population in New York State. This 2006 law authorized the establishment of an Interagency Geriatric Mental Health Planning Council, a geriatric service demonstration program and a required annual report to the Governor and the Legislature of NYS.

In July 2008, the Act was amended to expand the range of the Council to include chemical dependence and veterans. The Council's name was changed to the Interagency Geriatric Mental Health and Chemical Dependence Planning Council consisting of 19 members with four Co-Chairs: Karen M. Carpenter-Palumbo, Commissioner New York State Office of Alcoholism and Substance Abuse Services (OASAS); Michael J. Burgess, Director of the New York State Office for the Aging (NYSOFA); Michael F. Hogan, PhD, Commissioner of the New York State Office of Mental Health (OMH); and Jim McDonough, Director, New York State Division of Veterans' Affairs. This name change reflects the increasing need for coordinated mental health and substance abuse prevention and rehabilitative services,

A geriatric service demonstration program grants funds, within appropriations, to providers of mental health care to the elderly. OMH administers this program in cooperation with NYSOFA. With funding provided through the geriatric service demonstration program grants, programs like the "Gatekeeper and Physical Health-Mental Health Integration Programs were established.

- A ***Gatekeeper Program*** is designed to proactively identify at-risk older adults in the community who are not connected to the service delivery system. Gatekeepers are non-traditional referral sources who encounter older adults through their everyday work activities.
- A ***Physical Health – Mental Health Integration Program*** is designed to provide physical and mental health care for older adults whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health problem. It entails either the co-location of mental health specialists within primary care or the improvement of collaboration between separate providers.

OMH is responsible for the continuous evaluation, implementation, making priority recommendations and the establishment of minimum sets of outcomes apropos to the diverse projects under the geriatric demonstration programs.

In 2008, in consideration of the current and long-term geriatric mental health needs of New York State residents, in the Geriatric Mental Health Annual Report recommendations, OMH has prioritized four areas:

- ***Depression Screening Education for Primary Care Physicians***
- ***Medicare Optimization***
- ***Service Demonstration Projects***
- ***Center for Excellence in Geriatric Mental Health***

In addition, in June 2008 OMH sent a letter to Healthcare Providers cautioning against the use of First Generation Anti-psychotics (FGAs) and Second Generation Anti-psychotics (SGAs) in elderly patients treated for dementia-related psychosis or dementia-related behavioral disturbances. The FDA is requiring a Boxed Warning in antipsychotic product labeling describing this risk and noting that these drugs are not approved for the treatment of psychosis in elderly patients with dementia.

Mental Health Clinic Restructuring

The Office of Mental Health (OMH), community partners, local governments and service providers are involved in several initiatives to integrate and improve care for persons who suffer from co-occurring mental health and substance abuse disorders. Additionally, OMH is leading a clinic restructuring effort that is intended to improve services and supports for persons with serious mental illnesses. As part of its effort to promote quality care, OMH is sponsoring a series of Regional Clinic Forums in September and October 2008.

Integrated Health and Wellness

In response to the report of the National Association of State Mental Health Program Directors (NASMPHD) Medical Directors Division on Morbidity and Mortality, OMH created the LifeSPAN initiative. This report documents that individuals with psychiatric disabilities die on average twenty-five years prematurely, mostly as the result of treatable conditions. The SPAN part of LifeSPAN is a mnemonic device to highlight the four target areas: Smoking, Prevention, Activity and Nutrition.

OMH State operated facilities have been at the cutting edge of developing new and innovative programs which have been documented and are being compiled into a emerging best practices template book. We also have a resource CD that organizes free resources on the web and in our state. Over the past year we have hosted three statewide webinars. The first one covered the scope of the epidemic facing recipients. The second and third dealt with behavioral and pharmacological interventions on Smoking Cessation.

We also have a new link on the website that is in the final stages of development. This has most of the materials that is on the resource CD. Lastly, OMH implemented a listserv for community programs, agencies and facilities to share their issues, brainstorm solutions, and help guide the flow of the LifeSPAN initiative as we continue to lead the nation on developing best practices in treating mental and physical wellness in persons with serious mental illness.

Community Forensics

OMH is committed to partnering with the Department of Corrections, Division of Parole, Office of Court Administration and Department of Probation and Correctional Alternatives to address the needs of people with serious mental illness (SMI) who become involved with the New York State criminal justice system. Persons with mental illness are disproportionately involved in the criminal justice system with estimates as high as twenty-five percent (25%) of state and local correctional inmates diagnosed with serious mental illness. There is little research in what helps this population recover,

reintegrate and reduce recidivism. We do know there is a high correlation of substance use/abuse when people commit a crime. OMH supports several projects that are promising practices, such as: Parole Support and Treatment, Mental Health Courts, and the Connect Program which addresses co-occurring SMI and Substance Abuse issues.

Parole Support and Treatment Project Overview

Project Renewal's Parole Support and Treatment Program (PSTP) has been operating under contract with the OMH since July 2002. The program currently serves up to 56 parolees at a given point in time. The program goals are to facilitate each parolee's community re-entry in a law-abiding manner and their transition to long-term housing by the time the term of their parole expires.

The program has two components: residential and clinical. The residential component consists of 50 transitional housing beds funded through supported housing dollars. Program participants are assigned to rooms in two-bedroom apartments leased by Project Renewal. The clinical services component is a blended case management team that provides case management, treatment, and crisis intervention services and is funded through case management dollars. A part-time psychiatrist and nurse are also funded by this program through the NYS Division of Parole through an agreement with the OMH.

Mental Health Courts

The OMH works closely with the New York State Unified Court System's Office of Court Administration (OCA) and the Center for Court Innovation (CCI) to support the development of new mental health courts and other court-based diversion efforts, as well as the continued operation of existing courts as an alternative to incarceration. Mental health courts link defendants with mental illnesses to court-supervised, community-based treatment in lieu of traditional case processing. These courts are based on the concepts of therapeutic jurisprudence and are often patterned after drug courts (Watson et. al, 2001). One of the leading architects of this concept, David Wexler, describes it as "the study of the role of the law as a therapeutic agent." In practice, the application of therapeutic jurisprudence means incorporating both legal and therapeutic goals in response to violations of the law. Treatment is not prioritized over the requirements of the legal system, but rather integrated into its very processes. Thus, mental health courts are a prime example of therapeutic jurisprudence in action (CSG, 2005).

While the development of Mental Health Courts has been on a significant upswing since the first one was developed in 1997 (there are currently 17 operational mental health courts in NYS and over 150 mental health courts nationally), there has been little research regarding their outcomes. In the 2003 Brooklyn Mental Health Court evaluation, participants demonstrated considerable improvements in areas of functioning; suggesting that additional research with a comparison group would find that involvement in this court positively impacts these outcomes.

Program Highlight: Bronx Mental Health Court

The Bronx Mental Health Court began formal operations in January 2001 and has approximately 225 participants on any given day. Individuals with violent or non-violent felony charges and "serious and persistent" mental illnesses are eligible for participation.

Misdemeanor offenders are considered on a case by case basis. Over 50 percent of participants have a major affective disorder (i.e. Bipolar, Major Depression) and over 33 percent of participants present with psychotic symptoms upon admission to the program. The Bronx Mental Health Court is a post-plea court where participants plead guilty and have their sentences suspended for the duration of their treatment plan. Upon completion of the program, participants are able to plead to a lesser charge. The Bronx Mental Health Court places an emphasis on cultural competence in regards to the large Hispanic/Latino and African-American communities in the Bronx. In 2006, The Bureau of Justice Assistance (BJA) designated the Bronx Felony Mental Health Court as one of five mental health court learning sites in the USA to provide a peer support network for local and state officials interested in planning a new--or improving upon an existing--mental health court.

Mental Health Court Connections

The Mental Health Court Connections (MHCC) program is designed to support jurisdictions that are interested in providing their communities with a meaningful response to the problems posed by defendants with mental illness in the criminal justice system on a county-wide basis. MHCC addresses both the treatment needs of defendants with mental illness and the public safety concerns of communities. This program benefits those counties that do not currently have a mental health court.

There are currently three counties in NYS that have a MHCC program: Albany County, Dutchess County and Rensselaer County and three Mental Health Court Connections programs planned in NYS: Schenectady County, Orange County and White Plains, NY.

Partnerships in Training and Funding

OMH, OCA and CCI have a collaborative relationship at the Executive level, which includes quarterly meetings that foster discussion of current and future projects and well as collaboration efforts aimed at improving services for persons with mental illness involved in the court system.

OMH funds several court-based initiatives, including ongoing funding of the Brooklyn Mental Health Court, supporting the development of a training program for Judges on Assisted Outpatient Treatment (AOT), which was disseminated through the Judicial Institute, and funding for the Statewide training for mental health courts.

Connect

Connect is a staff development and technical assistance program designed to meet the needs of those working with persons with serious mental illness and co-occurring substance use disorders on probation or in Alternatives To Incarceration (ATI) programs and to facilitate systems change. The Connect programs are specifically designed to encourage customization of the program. Although the specifics of the staff development and other activities will be determined locally, the objectives of this program are to provide information and instructional aides.

Veterans

NYS is proud of its commitment and experience in meeting the needs of veterans and their families. Thirteen veteran-specific benefits that target the categories of education, financial, and quality of life include: the Blind Annuity Program, which serves more than 4,750 veterans and their families; and, the NYS Division of Veterans' Affairs' Gold Star Parent Annuity provides financial assistance to parents of service members killed in action. New York State is proud to be one of only two states to offer this program. Also available is tuition support equal to the cost of undergraduate tuition at the State University for every eligible combat veteran. This tuition support is available for veterans from the Vietnam era forward, at any private or public college, part or full time, vocational, undergraduate and graduate. New York recognizes the complex physical and psychiatric needs of returning veterans and currently has five state operated veterans' homes and provides on-site occupational and physical therapy in some of these homes. Adult day care models are being developed.

NYS Division of Military and Naval Affairs (DMNA) has established a comprehensive support strategy for National Guard veterans and their families before, during, and after deployment. A comprehensive family support network, committed to making a family ready for all phases of deployment and regionalized across New York State, includes full time Family Assistance Centers, Transition Assistance Advisors, Employer Support of Guard and Reserve Counselors, Youth Counselors and volunteer Family Readiness Groups. This comprehensive network continues to grow with the inclusion of a Military One Source Consultant and Military Family Life Counselor in the near future. DMNA has also instituted a Soldier and Family Reintegration Program designed to provide redeploying service members a strong footing to transition back to civilian life. The Reintegration program focuses on providing soldiers and families a plethora of information on benefits and entitlements they are able to access as a result of their veteran status. The Reintegration program also provides soldiers and families training on potential concerns associated with returning veterans, such as Post Traumatic Stress Disorder, (PTSD), Traumatic Brain Injury (TBI), and substance abuse.

NYS is also working to address the mental health and substance abuse treatment needs of veterans and their families. The OASAS certifies and funds Samaritan Village for veterans' residential substance use treatment in New York City with 48 beds in Manhattan and 50 beds in Queens. OASAS is currently seeking a provider to operate 100 additional treatment beds in upstate New York including \$25.4 million in OASAS capital funds. OMH has been working collaboratively with other State, Federal and Local agencies to address this need. The Fort Drum Regional Health Planning Organization (RHPO) was created to analyze existing services and use that knowledge to leverage new opportunities to address service gaps to meet the needs of our expanding military population. RHPO efforts have resulted in additional outpatient mental health clinics, increased inpatient mental health capacity at a local hospital, additional funding for supportive services for families and children, PTSD training for community mental health providers, greater use of telemedicine, and school based social workers. The Department of Labor (DOL), through the 2008 United States Department of Labor, Veterans Employment and Training Service Jobs for Veterans Act grant, supported 80 veteran staff; JVA staff are responsible for providing a full range of employment services to

veterans and transitioning service members throughout NYS, including intensive case management services, employer outreach, and Transition Assistance Program workshops.

MISCC Priority Service Areas

Housing

OMH has made strides in expanding housing and is beginning to systematically address employment. Both of these areas are of great important to recipients in their efforts to build a life in the community. As in other areas, New York is a national leader, especially in our supported housing programs. For FY 08-09 the budget for housing related expenditures was increased to meet a growing need. In order to maximize these funds providers are being asked to use them to leverage funding from other sources such as the Division of Housing and Community Renewal (DHCR). The end result of this effort should be the creation of additional capacity to meet a growing need. While over 40,000 units of supported housing are available or under development, a great need still exists, especially for affordable housing with flexible and generally off-site supports.

For many consumers being served in community, supported housing is needed as a means to move to a least restrictive setting. This is especially true for recipients currently living in adult homes. These homes differ from supported housing in that they are more institutional in nature and provide a structured environment focused on caring for the individual in large, congregate settings. Many of the newer models of supported housing focus on providing affordable housing and assuring that treatment, rehabilitation and natural supports are available in the community—not in the individual's home. The result is that persons in these settings are able to become a part of their community, rather than apart from their community.

NY/NY III

NY/NY III builds on earlier initiatives to provide housing to mental health recipients in the NYC region who are considered high need. High need individuals include recipients who are homeless, being discharged from State psychiatric centers, or who are young adults transitioning from mental health programs for youth. Expanding the number of supported housing beds will make housing more accessible to these high need populations and help people to stay in our communities.

The NY/NY III agreement consists of two major housing components. One component is to construct 1,125 efficiency apartments (congregate units) for priority populations. Of those 1,125 units, 425 are to be filled by homeless recipients, 500 by individuals who are being discharged from inpatient care at a State psychiatric center (P.C.), and 200 by young adults transitioning from mental health programs for youth. OMH has filled 1,025 units and is currently processing the requests to get the last 100 of these filled. The average length of stay for individuals in our efficiency apartments is 10 years.

The other component is to create two Requests for Proposals (RFP) to develop 975 supported housing units for priority populations. The first RFP has been awarded for 400 units and these have all been filled. Of these, 185 have been filled by homeless recipients and 215 by individuals who are being discharged from inpatient care at a State P.C.

The second RFP will focus on getting the balance of 575 supported housing units filled. A certain number of units will be occupied by homeless recipients and a certain number by individuals who are being discharged from inpatient care at a State psychiatric center. The average length of stay in our supported housing programs is 7 to 8 years, and OMH expects that to continue or increase in our NY/NY III supported housing.

Employment

Although individuals with psychiatric disabilities consistently cite employment as a major goal, only about 15% of individuals receiving mental health services are actually employed. Often times the view of work is that it is either not possible or might even result in a loss of services needed due to a loss of benefits. The reality is that work is a natural part of a person's life in the community, and many of the beliefs around benefits are simply not true. Persons with serious mental illness can learn and apply the skills needed to compete in the workforce and most benefit programs have options that allow a person to return to work without automatically losing the safety net that provides a major part of their support.

To address some of the fears related to employment, OMH has funded a grassroots program entitled "We Can Work" using an Olmstead grant from the Center for Mental Health Services administered through the Bazelon Center for Mental Health Law. The "We Can Work" initiative is a grassroots program designed to reframe how work for persons with serious mental illness is viewed.

Further concerns about how employment affects an individual's entitlements, have begun to be addressed through a series of workshops that OMH has provided entitled "Social Security, Myths, Tips and Tricks". These workshops give providers, recipients and families the tools to begin understanding the myriad of vocational supports that address concerns regarding loss of public benefits, most specifically Medicaid. During the past year, over 2000 individuals have benefited from these workshops which have been held in each region of the state.

Career Development Initiative

As New York State began looking more closely at evidence-based models of treatment, supported employment as a methodology gained more prominence. The Career Development Initiative (CDI) is an approach that the OMH has undertaken within its 16 adult facilities to address the issue of poor employment outcomes. CDI was born out of a desire to focus on work as a major aspect of recovery.

In 2002, OMH partnered with the Cornell University School of Industrial and Labor Relations' Employment and Disability Institute to design a new approach to assisting individuals achieve their employment goals. The initial phases of CDI involved agreement on common language, terms, and defining what constitutes integrated employment. Given that there were so many models in the field (sheltered work, enclaves, affirmative business, transitional employment, supported employment), there was little consistency or agreement as to what a real job was. Agreeing to utilize the national standard definitions allowed the project to move forward on common ground.

Traditional approaches to addressing the “employment problem” have been to train vocational staff in job development and to send them out to develop “job slots”. Although the development of job placement skills along with other technical vocational rehabilitation skills is a part of the supported employment approach, we fail to consider the individual when we look for “job slots” alone. Traditional approaches yield traditional results, namely an 85% unemployment rate.

In order to achieve the CDI goal, it is important to remember that evidence-based practices are enhanced when used in combination. In 2006, CDI chose a theme of “Work: It’s Everybody’s Business” to support this fact and to encourage everyone’s involvement in the process: the clinician, psychiatric nurse, psychiatrist, family member, and individual receiving services, along with the vocational counselor all have an important role in helping an individual realize his/her goal of employment. This theme focused on the value and contribution of everyone toward employment goals.

Each facility was asked to identify barriers that they faced in making sure that work was considered a part of everyone’s recovery process. Barriers such as lack of administrative buy-in, clinical skepticism of the role that work might play in the recovery process, and the level of job development and coaching skills of staff, who were to provide these services were identified. From this, each facility was challenged to target an area of intervention which would help place them in strategic positions to begin to achieve more positive employment outcomes.

Learning communities were established to bring staff involved in the project together to discuss issues they were facing, to be exposed to new ideas and approaches, and to develop a network of support among facilities. This forum allowed the staff to identify the supports that were needed for them to move their goals forward and to learn from one another’s experiences. These communities have met quarterly since the program started.

In order to address staff skill needs, “Foundations to Recovery”, a catalogue of specific training and technical assistance programs designed to meet specific competency objectives, offers support to facilities as they address their identified targeted CDI goal areas. These training opportunities are offered to facilities based on the connection to their specific facility goals. CDI representatives are encouraged to think beyond traditional participants and invite staff from other areas of the facility as well as their community partners to attend the quarterly meetings, participate in the annual conference, and/or attend CDI-sponsored training sessions.

The team’s next challenge was to “Shake It Up”, across the facility in ways that would expand the existing acceptance of typical approaches used to achieve vocational goals. Facility staff were encouraged to identify alternative methods to helping people using recovery-oriented services think about and move toward employment. It involved challenging treatment teams to consider the role of employment in recovery and to look beyond traditional job development in assisting individuals secure work

In response, facilities began to advocate for the role of employment in recovery with their administration as well as with the clinical teams. Employment fairs were held in various locations to increase the visibility of work. Newsletters were started and some vocational service programs changed course to secure more competitive employment opportunities rather than relying solely on traditional non-integrated forms of work. Some facilities

began exploring the world of self-employment with individuals desiring to start their own businesses. Small start-up grants were offered to individuals with sound business plans. Employment proposals have been popping up to market the unique skills of the individuals served by OMH.

Currently, the CDI is focused on “Extending the Table”, reaching out within and outside the traditional walls to discuss employment and share approaches with clinical staff as well as community partners. At the last annual conference in March, 2008, many community partners joined the CDI teams to look more closely at the work we are embarking on and to return to the soul of our work, to genuinely connect with the essence and spirit of each individual with whom we work. By eschewing the cynicism often engendered by process outcomes, we can re-energize both our own and recipient’s passion and try to connect that passion to the world of work. In the end, it is not only about money that can be poured into developing work outcomes, but it is the relationship to the individual and his/her dream that is essential to achieving employment success.

Medicaid Infrastructure Grant (MIG)

The OMH, in partnership with the DOH, and a number of other state agencies, applied for a Medicaid Infrastructure Grant that focuses on employment. If awarded, this grant would provide \$6 million in new funding to enhance employment outcomes for individuals with disabilities. This innovative approach would also build on our current efforts to maximize benefits and earnings for these persons by supporting expanded use of the Medicaid Buy-In for working people. By collaborating with employer groups and promoting the advantages they can receive from hiring persons with disabilities, the outcome will be new opportunities for individuals to work at a livable wage. The grant application has been shared with the MISCC Employment Committee where it has received positive support. If awarded, this grant will be a major focus of OMH employment activities over the next year.

Transportation

The OMH has been participating in the United We Ride committee meetings for the past two years. Over the past year, United We Ride has been incorporated into the MISCC Transportation Committee. OMH has been attending and participating in the Department of Transportation’s (DOT) regular Transportation Committee meetings.

The Office of Mental Health has supported the efforts of the transportation subcommittee in regards to promoting cross agency and cross disability usage of the Federal 5310 grant transportation vehicles. Coordination of vehicle usage and reducing deadhead runs is a goal one that will create more efficient use of the vehicles, and decrease stigma across disability and elderly populations through the simple act of sharing space and getting to know each other during the trips.

OMH has promoted mental health agencies in the use of federal 5310 grants that are available each year to support local transportation needs. This year we have expanded efforts by volunteering to serve on evaluation panels with DOT reviewing funding opportunities. DOT representatives have been invited to OMH advisory committees to explain and further promote transportation funding opportunities.

Community Based Services

Along with housing, employment and transportation, OMH recognizes that persons with psychiatric disabilities need an array of services and supports to live in community settings. From our status as one of the leading states in the use of Assertive Community Treatment (ACT) to our use of evidence based programs we have a robust array of services and supports to address this need. Key among these is the Single Point of Access (SPOA) process and the use of the PSYCKES data system to improve clinical outcomes related to medication. Person and family centered paradigms are interwoven into these programs and services.

Assertive Community Treatment (ACT)

Often described as “a hospital without walls,” ACT was conceived as a life-long service that helped to promote community integration. ACT programs are mobile teams of mental health professionals who provide intensive but flexible services and treatments, often where people live and work. ACT is one of six evidence-based practices for serious mental illness endorsed by the federal government and the National Association of State Mental Health Program Directors. ACT provides improved consumer outcomes, and is cost effective when delivered to high-need individuals, reducing episodes of hospitalization and increasing successful life in the community. OMH has implemented 78 ACT teams since 2003. The ACT model was developed decades ago to provide a community based alternative to long term institutional care.

ACT Step-Down Project

OMH was awarded a \$1.9 million grant to develop, implement, and evaluate step-down approaches for the ACT team model. The new project will promote recovery and positive outcomes for ACT recipients and will also increase capacity of ACT teams to serve high-need individuals.

Many elements of the ACT model have not been well specified, including the use of recovery enhancing practices, and step-down or graduation of clients. This grant offers an opportunity to study new models of transitioning individuals in to the community.

The project calls for extensive collaboration among stakeholders, including state and local government, national experts, researchers, consumers, agency leadership, and clinicians. Specific goals of the project are to develop and pilot transitional approaches for ACT step-down/graduation based on clinical evidence and consumer needs; to identify and promote changes in regulations and policies needed to support ACT step-down/graduation approaches; and to develop a training package to support wide scale dissemination. The last two years of the five-year grant will focus on developing sustaining mechanisms and disseminating the approaches studied.

Single Point of Access

The Single Point of Access (SPOA) helps Local Governmental Units achieve community-based mental health systems that are cohesive and well coordinated in order

to serve those individuals most in need of services. There are three types of SPOAs - Children, Adult Case Management and Adult Housing. This process helps to enhance the effectiveness of assessments and placements by expanding person-centered-planning initiatives in the Single-Point-of-Access (SPOA) program

Psychiatric Clinical Knowledge Enhancement System (PSYCKES)

The PSYCKES data system provides a rational approach to psychopharmacology. Initially developed for use in state psychiatric facilities, where it supported significant improvement in medication practices, PSYCKES is an award-winning portfolio of web-based tools. Users can navigate through state-, region-, county-, agency-, program-, and recipient-level reports to review quality indicators, identify consumers whose treatment could benefit from review, and obtain medication and service utilization information to support quality improvement and clinical decision-making. This data system allows clinicians to receive accurate up to date data about the medication management. This system has been implemented in all OMH facilities and is currently being rolled out to OMH licensed clinics.

The outpatient roll out of PSYCKES is a DOH and OMH collaboration on a four-year initiative to improve the quality and efficiency of psychotropic prescribing practices in NYS. In order to develop quality indicators, OMH and DOH took into account recommendations from a Scientific Advisory Committee of national experts and input from advocates, community providers, consumers, and family members. The initial set of quality indicators will focus on psychotropic polypharmacy and cardiometabolic risk, with additional portfolios of indicators to be developed over time. This roll out will provide improved pharmacological management to recipients who rely on this service in order to live in the community.

Person Centered Planning

Person Centered Planning (PCP) in New York State is an essential part of recovery for those utilizing mental health services. Although person centeredness is promoted throughout all service areas, and is the focal point in a person's recovery and interconnectedness, NYS funds two separate projects that highlight PCP.

The **Western New York Care Coordination Project (WNYCCP)**, a collaborative partnership among state and county governments, peers and family members, and mental health provider agencies. The WNYCCP provides numerous opportunities for administrators, providers, people receiving services and their families and friends, and communities to learn about and become more involved in mental health recovery through a person-centered approach to mental health care. The WNYCCP offers a seven-session course of instruction on the techniques of PCP. The training includes a number of levels, building from an introduction suitable for anyone desiring a general overview to skill building in advanced methods for facilitating a PCP process. The training is based on the curriculum Foundations of Person-Centeredness co-created by the Western New York Care Coordination Program Curriculum Committee and Carol Blessing, LMSW.

The second project is the **Personalized Recovery Oriented Services (PROS)** program, a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and

rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.

The OMH chose a strategy that looks at the implications of technical assistance at all levels of a system and provides the interventions and supports necessary to bring about and sustain desired change. The OMH has contracted with Neal Adams, MD, MPH and Diane Grieder, Med, to provide technical assistance in person-centered approaches to planning and providing mental health services. Providers must be able to effectively and efficiently work within the guidelines of the State's PROS program (a program under the rehabilitation option of Medicaid) and consistently demonstrate the medical necessity of services provided consistent with scope of practice and service definitions.

Self-Help / Peer and Family Support

A wide array of peer support, and peer run programs provide vital services in the community and are key to effort to move people from institutional settings into the community. Likewise several peer programs in our state hospitals provide a link to the community and assistance in making the transition from hospital to community. Three programs that provide these services are Peer Specialists stationed in the hospitals, Peer Bridgers and Recipient Associate Managers (RAMS). OMH also recognizes the importance of supporting and teaching families how to help in the recovery process. NAMI-NYS is under contract with OMH to provide a number of programs and services to recipients and families.

Peer Specialists

In our State hospitals we employ both full and part time peer specialists. These individuals are current or former recipients of service who are in recovery and have been trained to work directly with patients in a variety of areas. Through the provision of peer support and other services they role model recovery, providing hope and encouragement to persons with psychiatric disabilities. Hope is an essential ingredient to recovery and moving from an institutional setting to the community.

Peer Bridgers

The Peer Bridger Project, which began in 1995, has helped hundreds of New Yorkers to successfully transition from six state psychiatric centers back into their home communities, using a model that has promoted hope, recovery and self-empowerment, and that has significantly decreased the need for re-admission. The Peer Bridger Project accomplishes these goals through four person teams of peer bridgers, individuals who are successfully managing their own recovery and have completed the requisite Peer Bridger training program offered by NYAPRS. Candidates for hospital discharge are offered four primary services: engagement in a uniquely personal, positive and supportive relationship with a peer; involvement in a network of local peer support meetings located both in the hospital and in the community; linkage to a broad range of community-based services; and, natural supports and education in community adjustment and wellness self-management skills.

Recipient Associate Managers

The Recipient Associate Managers (RAMS) program is a highly successful program operated at Buffalo Psychiatric Center. This program is a partnership between hospital administration, recipients, and community advocates. The goal is to assist peers in acquiring management skills needed to participate in planning of recovery based services both in the inpatient and outpatient settings. Unlike the peer specialists, the RAMS learn skills for business management so they can participate in a wide array of committees and taskforce meetings including the cabinet. RAMS also run self help groups and are paid a stipend for the work they do. Many of them are also enrolled in vocational programs to develop job readiness skills. As with the peer bridgers, the RAMS program helps to move persons with psychiatric disabilities along the continuum from inpatient recipient to full participant in the community.

NAMI-NYS

New York State has worked to further wellness, understanding and support of both recipients of services and their families through various programs funded by NYS and presented, under contract, by NAMI-NYS.

Family to Family Training. Developed by Joyce Burland of National NAMI, the Family-to-Family curriculum provides participants with clear, accurate, and practical information on topics such as the categories of and biology of mental illness; medications and research; crisis management; communication skills; problem solving; self-care; advocacy, and recovery. A recent study conducted by the University of Maryland School of Medicine showed that course participants gained a greater understanding of mental illness, coped much better, worried less, and felt newly empowered to advocate for better treatment and services for their relative. The course is offered by 23 different NAMI-NYS affiliates free of charge.

Peer to Peer program. Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. The course is being written by Kathryn Cohan, a person with a psychiatric disability who is also a former provider and manager in the mental health field and a longtime mutual support group member and facilitator. An advisory board comprised of consumer members of NAMI, in consultation with Joyce Burland, Ph.D., is guiding the curriculum's development. Each class builds on the one before: attendance each week, therefore, is required.

Criminal Justice Program provides direct assistance to families when a family member with mental illness encounters the criminal justice system. Consultation, supportive assistance and direct intervention services are provided when a family member is arrested, faces court action or is incarcerated in a state or local correctional facility. In addition, staff work with local affiliate groups to better understand the workings of the criminal justice system and to advocate more strongly for the kinds of reforms that are needed in the criminal justice system and the mental health system to meet the treatment and service needs of our loved ones and to keep them out of the criminal justice system. Staff also participate in educational and training programs across the state to enhance the understanding of mental illness among police, court and correctional personnel.

In Our Own Voice is a recovery education presentation given by trained consumer presenters for other consumers, family members, friends, professionals, students of all academic levels, and lay audiences. A brief, yet comprehensive interactive presentation about mental illness – including video, personal testimony, and discussion enriches the audience’s understanding of how people with these serious disorders cope with the reality of their illnesses while recovering and reclaiming productive lives. In Our Own Voice is dedicated to the support, education, and growth of consumers as presenters. The personal educational component of this program dispels many myths surrounding mental illnesses and will help reduce stigma as they openly talk about it. The mere fact that they are standing there helps reduce the myths surrounding mental illness. This reduces stigma as well. The power of In Our Own Voice is based on the sharing of their journeys and stories about living with mental illness. They give hope, educate, open minds, and change attitudes. In Our Own Voice helps eradicate the stigma surrounding mental illness. Seven different NAMI-NYS affiliates employ the In Our Own Voice Program.

Recommendations For Next Year

In working with our MISCC steering committee several areas have been noted as focus for the upcoming year. The first of these areas is improvements in getting the data needed to make planning our Olmstead implementation more comprehensive. Currently our best sources of data on person who are institutionalized are on those in State hospitals. By making efforts to expand this to other settings a more comprehensive picture of persons with psychiatric disabilities who may be able to move to a less restrictive environment can be developed.

Another area of focus for OMH in the upcoming year is improving the cultural competence of our service system. OMH has a long standing commitment to providing services that are culturally competent. Over the next year OMH will be making adjustments to the linguistic competence of our services. Using a train the trainer approach, OMH will expand and improve training on cultural competence. This will increase the numbers of training opportunities to better equip our workforce. The third area is to create a more inclusive process for advising the system on these issues. This is to be accomplished by developing local multi-cultural advisory councils.

People with disabilities, advocates and other citizens have mentioned a wide array of issues and recommendations. The following list is an overview of these recommendations specific to our efforts for the upcoming year.

- OMH collect appropriate data to mark and measure our progress in helping people to live and work in the most integrated settings;
- raise standards to make person centered community integration focused planning a reality for those served by OMH programs; and,
- redirect funds from institutional settings to those that support folks in most integrated settings.

OMH should produce the following data regarding housing:

- Number of individuals transitioning to appropriate affordable/accessible housing.

- Numbers of individuals and lengths of stay in group settings (could include state and local hospitals, nursing homes, prison/jails, adult homes, homeless shelters, living with aging parents, etc)
- Numbers of individuals who indicate more integrated housing goals in service plans

OMH should produce the following data regarding employment:

- Numbers of people in specific levels of activity (day services, employment, education or job training) and the length of time they have been engaged in services, work, school or job training.
- Data demonstrating the level of flow or transition towards more integrated settings and services,
- Evidence of person-centered action steps towards employment in service plans as a result of on-going person-centered assessment and planning activities
- Increase in the reported employment rate of people with psychiatric disabilities in New York State.
- Issue regulations requiring person centered planning processes that inquire about employment and housing satisfaction and preference and revise service goals every six months for all individuals served.
- Collect length of stay data on all individuals relating to changes in their housing and day activity statuses (e.g. time spent in day program, community residences, etc) in keeping with those goal plans.
- Improve community readiness services in hospital by emphasizing skills and supports in treatment plans.
- Improve efforts to prevent hospitalization by providing more respite, step down, hospital diversion, etc. This needs to be a multi-level approach which includes a mixture of peer and clinical services.
- Implement efforts to reinforce discharge planning to go beyond looking at acute symptoms so they have a more rehabilitative focus.
- Work with other agencies such as DOH and OASAS to align regions and field offices to create a “one stop shop” for persons working with multiple agencies.
- Provide a dedicated person to impelment care coordination as a person moves from one level of serivces to another level.
- Establish financial incentives for providers to move people to less restrictive services.
- Work to Amend Social Services law to eliminate the diagnosis of a psychiatric disability as grounds for termination of parental rights.

OMH will continue to look for new opportunities to improve its efforts to serve persons with psychiatric disabilities in the most integrated setting possible. In addition to ongoing work with various advisory groups, OMH plans to continue regular dialog with its MISCC steering committee. This committee will serve as a focal point for stakeholder input into review of current services and making recommendations for future efforts.

DATA TABLES

Attachment A

TABLE 1 - - - STATEWIDE LEVEL OF AGGREGATION

CLIENTS SERVED DURING WEEK OF 2007 PCS, BY MAJOR AGE GROUP BY PROGRAM.

| PROGRAM | TOTAL CLIENTS | LESS THAN 18 YEARS | 18-64 YRS | 65+ YEARS | UNKNOWN AGE |
|----------------------------------|----------------------|---------------------------|------------------|------------------|--------------------|
| ALL SERVICES | 168538 | 32085 | 124044 | 12277 | 132 |
| EMERGENCY PROGRAMS | 3748 | 918 | 2625 | 204 | 1 |
| INPATIENT PROGRAMS | 13861 | 2085 | 10587 | 1169 | 20 |
| OUTPATIENT PROGRAMS | 112230 | 24493 | 79717 | 7970 | 50 |
| MH RESIDENTIAL PROGRAMS | 24653 | 457 | 22693 | 1503 | 0 |
| COMMUNITY SUPPORT NONRESIDENTIAL | 41845 | 6565 | 32704 | 2515 | 61 |

Generated by the Bureau of Data Infrastructure on May 20, 2008.

Attachment B

TABLE 2 - - - STATEWIDE LEVEL OF AGGREGATION

CLIENTS SERVED DURING WEEK OF 2007 PCS, BY MAJOR AGE GROUP BY CURRENT DISABILITIES, EMPLOYMENT STATUS, SMI/SED STATUS, SSI/SSDI ENROLLMENT, AND MEDICAID ENROLLMENT.

| | TOTAL, ALL AGES COMBINED | LESS THAN 18 YEARS | 18-64 YRS | 65+ YEARS | UNKNOWN AGE |
|--|---------------------------------|---------------------------|------------------|------------------|--------------------|
| TOTAL CLIENTS SERVED | 168538 | 32085 | 124044 | 12277 | 132 |
| EMPLOYMENT STATUS | | | | | |
| Competitive, with No Formal Support | 13831 | 225 | 13333 | 266 | 7 |

| | TOTAL, ALL AGES COMBINED | LESS THAN 18 YEARS | 18-64 YRS | 65+ YEARS | UNKNOWN AGE |
|---|---|---------------------------------------|----------------------|----------------------|------------------------|
| Competitive, With Supports | 4511 | 47 | 4383 | 79 | 2 |
| Community Integrated, Run by Agency | 1369 | 34 | 1298 | 37 | 0 |
| NonIntegrated, eg: Shelterd Workshop | 3064 | 17 | 2894 | 153 | 0 |
| Paid Sporadic or Casual Employment | 4444 | 145 | 4170 | 127 | 2 |
| Non-Paid Employment, eg: volunteer | 1633 | 41 | 1415 | 176 | 1 |
| Unemployed, looking for work | 18330 | 424 | 17286 | 613 | 7 |
| NLF: retired,jail,homemaker,student | 48795 | 30041 | 13780 | 4938 | 36 |
| NLF(NotInLaborForce): disabled,inpt | 60857 | 424 | 55417 | 4995 | 21 |
| Unknown Employment Status | 11704 | 687 | 10068 | 893 | 56 |
| SMI(SED) STATUS | | | | | |
| Yes | 139702 | 25726 | 104222 | 9688 | 66 |
| No | 25767 | 5556 | 17815 | 2362 | 34 |
| Unknown | 3069 | 803 | 2007 | 227 | 32 |
| SSI/SSDI ENROLLMENT | | | | | |
| Yes | 81532 | 4869 | 68913 | 7719 | 31 |
| No | 68934 | 21051 | 44343 | 3484 | 56 |

| | TOTAL, ALL AGES COMBINED | LESS THAN 18 YEARS | 18-64 YRS | 65+ YEARS | UNKNOWN AGE |
|---------------------|---|---------------------------------------|----------------------|----------------------|------------------------|
| Unknown | 18072 | 6165 | 10788 | 1074 | 45 |
| MEDICAID ENROLLMENT | | | | | |
| Yes | 111825 | 18629 | 85364 | 7754 | 78 |
| No | 50868 | 11861 | 34894 | 4093 | 20 |
| Unknown | 5845 | 1595 | 3786 | 430 | 34 |

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Attachment C

Recipient Advisory Committee Members

Camille Santoro
W. Marc Ducker
Kathryn Cascio
Angelo Cerio
Myung Park
Irene Kaplan
Barbara Schumaker
Bill Gamble
Donna Ce'Cartel
Jim Rye
Jonathan Edwards
Steven Simons
Martin Cohen
Beverly Forde
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Deb Damone
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John Cruden
Gary Goldstein
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Denis Bouchard
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Deborah Baker
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Mary Ann Ebert
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Dan Hazen
David Jorsling
Anthony Scaffidi
Christine Wilson
Kenny Redfern
Gerard P. Heller
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Vanessa Turner
Mary Alice Brown
Heather C. Laney
Gayle Almond
Timothy Daratsakis
Carl Mautner
Afra Sepulveda
Isaac Brown
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Moneer Zarou
David Gourdine
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Dally Sanchez
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Cook-Barnes, Ellen
Cook, Alexandra (Sandi)
Cooper, Janice Ph.D.
Frenette, Felicidad
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Gheith, Ali
Johnson, Sabrina
Knight, Wendell
Luu, Hun-jue
Lyons, Gail
Melecio, Jacqueline
Morilus-Black, Marie
Morris, Neville
Parikh, Amie
Powell, Alberta
Reed, Denise
Reid-Rose, Lenora
Sanchez, Dally
Santiago, Terry
Skye, Warren
Spence, Hyacinth
Whitmore, Carlton
Williams, Henri
Brown, Celia
Harrell, Ulysses
Bradwell, Carol

Commissioner's Committee on Families Members

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Dodi McIntyre
Jane Vail
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Sigfrido Benitez
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Frank Greco
David Hymowitz
Mary Lou Barry
William Palmateer
Susan Owens
Celeste Johns
Linda Wilson
Patricia Papaleo
Terri Winterbottom
Sally Gibson
Evelyne Trooper
June Rodriques
Mame Lyttle
Liz Anne Clifford
Joe Coppola
Anna Mae Douglas
Jackson Douglas
Karen Gormandy
Eleanor Landry
Dr. Irene Levine
Bernadine Meeks
Trix Niernberger
Anthony VanMeyerdol
Paulina Magnetti

Most Integrated Setting Steering Committee Members

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Sue Wheeler
Sylvia Lask
Diane Lang
Michelle Hunt
Dawn Phillips
E. Mariah Beatty
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Pagie Pierce
Glen Lebman
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Harvey Rosenthal
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Randy Hill
Calvin Twoguns
Afra Sepulveda
Diana Stulbaum
Grace Zapata
Pilot Tansy
Anthony Ciccarino
Tim Cameron
Oscar Jimenez
Rosa Maria Sampedro
Paulina Magnetti
Margaret Colon
Tammy Huertas

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS)

Introduction

The Office of Alcoholism and Substance Abuse Services (OASAS) is responsible for the provision of a wide array of services on behalf of individuals with alcohol and substance abuse problems and their families. The Agency sets public policy, certifies and/or funds prevention, treatment, and recovery services. Recovery services include Recovery Community Centers as well as permanent supportive housing and employment programs. The Agency also directly operates Inpatient Rehabilitation programs across the state.

Integration of MISCC General Principles and Guidelines

The over-arching principles are: (1) access to transitional and most especially permanent residence in a fully-integrated community setting; (2) in the community of a person's choice; and (3) with access to appropriate and effective services in those chosen communities for people who have a wide range of special needs. The MISCC has identified Housing, Employment, and Transportation as three key components which will make the integration goals a reality.

Under the leadership of Commissioner Karen Carpenter-Palumbo, OASAS has undertaken an agency-wide process to identify major Destinations and their complementary Metrics. Increasing services for prevention, treatment, and recovery are now measured. The attainment of a "Gold Standard" for all services is the primary Quality Assurance focus for both our agency and all certified and/or funded local programs. OASAS has an attendant goal of acting as a state-wide and national leader for services on behalf of people with addiction problems and their families. The development of talent for our agency and our field is a major goal that requires ongoing training and education. The fifth Destination is the development of effective and responsive fiscal resources that allow us to provide these essential services.

OASAS made a historic decision in May of 2007 to establish Recovery Services as a major agency function. The two newest Bureaus in the agency are the Recovery Services Bureau and the Bureau of Housing and Employment Services. The core values of all Recovery-oriented efforts are fully compatible with MISCC Principles and Guidelines:

- 1) Recovery comes first in all that is done;
- 2) Inclusion of persons in recovery is critical;
- 3) Authenticity - using one's own life experience as guidance in defining problems and finding solutions;
- 4) Participatory process that reaches out to all members in the community; and,

- 5) Leadership development that enriches the community and ensures the community's growth.

OASAS believes that the following characteristics are essential for successful long-term recovery of individuals, families, and communities:

- **Choice** –Services must be tailored to meet individual needs, and be flexible and open to modification as the person moves forward in his/her recovery.
- **Voice** – “Nothing about us without us,” direct involvement in planning and carrying out programs and services is a critical component for success.
- **Empowerment** – Case management and counseling services must not simply do for individuals and families. Interventions must educate and empower people to make their own informed choices in matters affecting their lives and to accept responsibility for those choices.
- **Dignity and respect** – All services and communications should be built on tangible evidence of dignity and respect for all persons involved.
- **Hope** – Recovery of hope is essential for recovery from addiction, co-occurring psychiatric disorders, and life trauma. Recovery from these life problems is an achievable goal that in turn makes all other quality of life goals possible.

Stakeholder Group at OASAS

OASAS established an ongoing **Recovery Implementation Team (RIT)** in January 2008. The team consists of a diverse membership that includes persons in recovery, representatives from the prevention, treatment, and recovery systems, other systems (including child welfare, mental health and faith-based) and OASAS staff. Team members meet quarterly and work together to develop recovery-oriented services.

The RIT has formed several workgroups, with membership from across New York State. Focus groups have been conducted. The **Civic Engagement Workgroup** is seeking to increase the visibility and strength of the growing recovery constituency. A workgroup is developing a statewide **Recovery Conference** and another workgroup is providing direction for the OASAS effort to develop **Recovery Community Centers**. In addition, a major focus OASAS' efforts to develop a Recovery Oriented System of Care is the **Integration Workgroup** which is working to develop a plan to integrate recovery-oriented policies, practices and linkages into the existing prevention and treatment system.

A list of Recovery Implementation Team members and their affiliations is attached. **(Attachment A)**

OASAS Programs and Services Reviewed (October 2007-September 2008)

OASAS does ongoing Quality Assurance inspections of all certified programs, measuring their performance against our regulations and data outcome metrics. Short-term Inpatient Residential Treatment Programs stabilize individuals and make discharge plans that are consistent with the MISCC Principles and Guidelines. Long-term Intensive Residential Treatment Programs and Community Residences also are responsible for making discharge plans that maximize the individual's ability to live independently in the community of his/her choice. Outpatient Chemical Dependency Treatment Programs and Medically-Assisted Outpatient Treatment Programs have ongoing responsibility to provide directly or through cooperative referrals all necessary services for persons with special needs. This includes access to permanent supportive housing where appropriate and to vocational and employment services.

During this Report period, 388 certified programs were inspected, including:

- 200 Outpatient Services;
- 58 Medically Assisted Outpatient Services;
- 105 long term residential programs; and
- 25 inpatient rehabilitation programs.

OASAS Program Initiatives Designed to Meet MISCC Recommendations

Recovery Community Centers

OASAS will be implementing a new initiative in our 2008-09 Budget to establish four Recovery Community Centers this year, one in New York City, one in an upstate city, and two in rural communities. Four more Centers are scheduled for each of the two following years.

Recovery Community Centers were first established through the efforts of the federal Center for Substance Abuse Treatment in 2001. The Centers provide social supports that meet the "stage-appropriate" needs of people in recovery and their families, from early recovery to long-term sustained recovery. Services include:

- Emotional support, such as peer-mentoring and peer-led support groups;
- Informational support, such as peer-led skills training in areas like parenting and job-seeking, or wellness information such as on smoking cessation or nutrition;
- Instrumental support such as helping with transportation or helping people complete applications for services; and,
- Affiliation support, helping people to establish positive social connections and to learn social and recreational skills in an alcohol-and-drug-free environment.

Permanent Supportive Housing (PSH) and Employment Services

The **OASAS Vision** - Safe, affordable housing and stable employment are critical to successful long-term recovery. Components of the **Services Package** are:

- 1) Rental Subsidies at the full HUD Fair Market Rental for each community, with the expectation that individuals and families participating in the program will contribute financially to the actual rent due to landlords;
- 2) Apartment leases can be “turn-keyed” to the recovering individual or family when their income is sufficient to assume full rental responsibility;
- 3) Recovery case management services are available not just during daytime hours, but in the evening and on weekends; and,
- 4) Employment counseling services include custom job development, job coaching, post-employment support groups, and access to skills training to aid career growth.

The **Program Model** emphasizes scatter-site rentals of apartments in clusters of five to ten apartments in any given building, with the recovery case management and employment counseling services coming to the housing sites. Congregate sites will also be developed, especially in those buildings that provide permanent housing to several different special needs groups.

The **Program Scale** focuses on projects with approximately 25 units, so that no one neighborhood becomes saturated, the staff really can establish meaningful work relationships with program participants, and job development and job placement can be accomplished not just with a few large employers, but with the many and diverse micro-enterprises and small businesses that are present across the state. Rural communities will begin this initiative with approximately five to ten units.

Program Components include:

- 1) **HUD Shelter Plus Care** Rental Subsidy Program that OASAS operates in New York City, the New York metropolitan counties, and in upstate communities (approximately 900 apartments) coupled with OASAS case management funding for all sponsoring agencies;
- 2) **New York/New York III** scatter-site rental subsidy program for homeless single adults who have completed some level of substance abuse treatment (approximately 325 units on line between July and October 2008), and a more modest congregate site program of up to 50 additional units to go on line in late 2009; and,

- 3) **Upstate Permanent Supportive Housing** initiative that will also be scatter-site rental subsidies for at least 125 units for upstate cities and rural communities, to be implemented through a planning supplement RFA to be released in October 2008, with contracts to be executed starting in early 2009 and moving forward for the next year.

OASAS Statewide FASD Prevention Initiative

In February 2008 the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) received federal funding from Northrop Grumman Health and Human Services to conduct a statewide initiative to prevent the incidence of Fetal Alcohol Spectrum Disorders (FASD) in New York. The NYS OASAS was one of seven states selected nationally. The Project is focused at eliminating alcohol consumption by women of child-bearing age who are at risk for alcohol-exposed pregnancies. OASAS envisions a multi-year, multi-faceted approach to preventing FASD through implementing Project CHOICES interventions with women enrolled in intensive residential treatment, and developing and advocating for programs and policies to support FASD prevention through the active involvement of a statewide FASD Prevention Task Force.

The initial focus of the Project CHOICES implementation will be in the Greater Metropolitan New York area. Program capacity may expand to other geographic regions of the State in the later Option Years. Many of the providers anticipated to be selected for Project CHOICES provide services to children in residence with their mothers. Some of them offer individualized programs to meet the special needs of women coming from correctional institutions, women involved in the child welfare system, and women with co-occurring disorders.

The FASD Prevention Task Force will be empowered to oversee and provide guidance to New York's FASD Prevention Project. Task Force members will represent a variety of sectors and expertise from across the State, including: State & local policymakers; substance abuse educators; health professionals; FAS diagnosticians; women in recovery; and, prevention and treatment providers. The Task Force will meet quarterly throughout the subcontract period to advise Project staff and develop programs and policies to support FASD prevention, including examining issues of funding and sustainability.

Traumatic Brain Injury Programs

The R. E. Blaisdell OASAS state-operated Inpatient Rehabilitation Program located at the Rockland Psychiatric Center offers specialized chemical dependency treatment services for persons with Traumatic Brain Injury. Specialized individual and group counseling is provided, with a behavioral treatment focus and a lengthened stay. Additional case management services are also available.

OASAS certified a new treatment provider agency in 2008. The Belvedere Brain Injury Program offers comprehensive Outpatient Treatment services; Supportive Living Services that include assistance with activities of daily living and home management; and Supportive Work Services that includes Job Coaching and post-employment support counseling.

Attachment A

Members and Partners of the Recovery Implementation Team Members:

Karen Carpenter-Palumbo, OASAS Commissioner

Lureen McNeil, OASAS (Chair)

Keith Stack, ASAP (Co-Chair)

Roger Ambrose, CLMHD Representative
Rev. Cheryl Anthony, JUDAH
David Bowen
Renee Bradley, OCFS
Richard Buckman, LIRA
Josephine Cochrane
Jim Conklin, Orange County Council
David Cornish, Addiction Care Center of Albany
Betty Currier, Faces & Voices
Jackson Davis, Community Alternatives
Charles Devlin
Laura Elliott-Engels, Cattaraugus Council
Jennifer Faringer, NCADD, DePaul Addiction Services
Alexis Gadsden, Outreach
Sherrie Gillette, Clinton County
Walter Ginter, MARS
Frank Jordan, OCA
Howard Josepher, Exponents
Roy Kearse, Samaritan
Alexandre Laudet, NDRI
Patrick Martin
Renee Martinez-Junck, LAC
Rob Morea
Mathew Matthai, NYAPRS
Lisa Mojer-Torres
Susan Ohanesian, Palladia
John Paul Pelletser
Corine Pettey
Deirdre Rice-Reese, Phoenix House
Monette Sachs, ACS
Dr. Edwin Salsitz, Beth Israel
Brooke Schewe, Families Together in Albany County
Ken Smith, Group Ministries
Pat Taylor, Single Parents Resource Center
Joseph Verhey, YMCA
John Ward
Norma Winfield
Father Peter Young
Ira Marion, Government and Community Relations
Donna Mae DePalo, Resource Training Center
Gloria E. Jimpson, RN, MHA, C.HE

Partners

Sky Davis-Pena, OCA

Tracie Gardner, LAC

Malik Hutchinson, Samaritan Veterans' Program

Dawn Lambert-Wacey

Jeanne Ruth, OCFS

Naomi Weinstein, Phoenix House, COA Foundation

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NEW YORK STATE DEPARTMENT OF HEALTH (DOH)

Principles and Guidelines

As an active participant in the statewide ‘People First’ Listening Forums that were held in 2007, the New York State Department of Health (NYSDOH) had the opportunity to learn first-hand about the challenges and desires of individuals with disabilities and their caregivers residing in the community. We learned about people’s wishes to be served in the most integrated settings, to receive services that were person-centered and consumer-driven and to share in the American dream of a home of their own, a meaningful job and the opportunity to become valued members of their communities. These lessons, which have been reinforced through the NYSDOH’s membership on the MISCC, have become an integral part of our agency’s mission and vision and have contributed to our strategic efforts for the future.

This report highlights the efforts of the Office of Long Term Care (OLTC), the Center for Community Health (CCH) and the AIDS Institute to fulfill MISCC goals and objectives and to ensure that its principles and guidelines are incorporated within the programs and policies of the NYSDOH as well as those of its provider network. Given the close alignment between the MISCC principles, guidelines and priorities with those of the newly developed OLTC, this office has been designated to play the lead role in compiling and organizing the NYSDOH’s MISCC-related activities over the past year. At the heart of many of the new long term care initiatives that the NYSDOH sponsors are the ideals and objectives of the MISCC Council, particularly those various programs, services and policies described in this report.

Within this section, we seek to cover the variety of strategies that the OLTC, the CCH, and the AIDS Institute have relied on to promote the MISCC philosophy. These methods have included the following:

- Promoting the awareness that individuals with disabilities should have a strong voice in designing programs that meet their unique needs and preferences for services in the most integrated setting.
- Ensuring that all providers have a clear understanding of MISCC principles vis-à-vis informational opportunities such as conferences, trainings and surveys.
- Providing technical assistance in program development and assigning priority status to those providers that demonstrate MISCC compliance and conduct program evaluation activities.
- Facilitating opportunities to share best practices and successful MISCC strategies.

OFFICE OF LONG TERM CARE

Request for Information Survey

One of OLTC's primary vehicles for soliciting and disseminating MISCC-related information was through a statewide Request for Information (RFI) survey that was conducted in early 2007. This RFI was designed to elicit ideas and comments from stakeholders about such Long Term Care rebalancing issues as community resources, service coordination and management, system oversight, workforce development, accessible transportation and affordable housing, informal caregiver supports and quality improvement. We reviewed approximately 250 responses to the RFI submitted by advocates, consumers, service providers, professional organizations, state agencies and local governments representing forty-seven counties and the city of New York. The major recommendations put forth by respondents included:

- Restructuring the Long Term Care system to be consumer-driven and to better reflect individuals' preferences to be served in the most integrated setting.
- Creating an efficient and person-centered assessment tool that captures unbiased information and contributes to improved care planning.
- Strengthening family and informal caregiver supports.
- Updating and simplifying regulations, documentation requirements and provider reimbursement rate setting methodologies.
- Ensuring consistency of program administration across geographic areas.
- Enhancing educational efforts to increase community awareness of all available programs and services.
- Improving affordable and accessible housing opportunities, workforce recruitment and retention and transportation systems.
- Ensuring standardization of case management and service coordination.
- Facilitating transitions from service to service without interruption or unnecessary reassessment.

These RFI responses contributed significantly to laying the foundation of NYSDOH's strategic planning efforts to rebalance the Long Term Care service system in compliance with MISCC principles and practices. The RFI survey and findings are posted on the Department's website for the purposes of familiarizing and reinforcing long term care priorities across the service system.

Long Term Care Symposium

On June 21, 2007, the NYSDOH presented a statewide symposium on long term care titled “Planning Today for Tomorrow” at the Empire State Plaza Convention Center to update participants on current New York State restructuring activities, examine the special needs of those requiring long term care, review the best practices and innovations of New York State counties and other states and plan for future activities. Over 600 participants from across the state, including consumers, health care providers, association representatives and state, local and elected officials, participated in the symposium. Over 20 different workshops were offered on such MISCC priorities as care coordination, affordable senior housing, workforce development, children in long term care and informal caregiver supports.

NY Connects Initiative

The NY Connects single point-of-entry initiative, a collaboration between the NYSDOH and the New York State Office for the Aging (NYSOFA), has offered a substantial means by which MISCC principles and MISCC-driven programming have been communicated to the public. Over the course of 2007-08, the NYSDOH participated in numerous meetings of Long Term Care Councils that 52 counties have thus far convened, as a requirement of participation in the NY Connects initiative. Within these meetings, which are comprised of providers, consumers, caregivers, family members, advocates, local Department of Social Services and state representatives, the NYSDOH updates attendees on the various initiatives underway to expand consumers’ options to access desired resources in the community. At the same time, essential feedback is provided to the NYSDOH about unmet needs and gaps in services within each community. During the summer of 2008, the NYSDOH staff presented at several regional NY Connects conferences geared to sharing best practices, promoting strategies for successful public education campaigns and exploring evaluation methods to measure the impact of the information and assistance that each county is providing to community members.

Additional Long Term Care Venues for Integrating and Disseminating MISCC Principles

- A monthly report that is prepared for the Commissioner is yet another vehicle to familiarize and update NYSDOH staff of MISCC activities. Within these reports, accounts are given of MISCC Council meetings, as well as a summary of the Long Term Care Advisory Council proceedings (the NYSDOH’s designated MISCC committee).
- Effective methods used to disseminate MISCC principles were the many presentations, panel discussions and trainings that were conducted by DOH over the course of 2007 and 2008. These presentations, which were attended by diverse stakeholders, emphasizes the importance of such MISCC principles as:
 - Designing Long Term Care programs to promote independence by empowering consumers to make choices and take control of the community support services they receive, such as the newly developing Nursing Home Transition and Diversion and Money Follows the Person initiatives.

- Improving the quality of care by creating reimbursement incentives that emphasize efficiencies and support improved clinical outcomes across settings, such as the emphasis on primary and preventative care.
- Expanding adaptive technologies and telemedicine options to assist individuals to increase their independence and sustainability in home and community-based settings.
- Improving transitions in care to strengthen discharge planning.
- Encouraging innovative approaches to the provision of nursing home care to improve health care quality, worker productivity and retention and consumer satisfaction, such as the greenhouse initiative and culture change.

Other MISCC Venues for the Center for Community Health and the AIDS Institute

- The AIDS Institute has been convening regional listening forums throughout the state to solicit input and recommendations regarding service needs and other issues related to HIV/AIDS. Each forum consists of three meetings: one with clinicians, one with consumers and one with community-based providers. To date, forums have been held in Buffalo, Rochester, Syracuse and Albany. In September and October 2008 forums will be held in the Hudson Valley region, Long Island and New York City.
- The CCH's Bureau of Early Intervention sponsors ongoing forums and trainings, which provide information and technical assistance and solicit feedback from families and providers, for the purpose of improving the quality of services, identifying gaps in service, and informing best practices.

Stakeholder Groups

The NYSDOH relies upon a variety of stakeholders and advisory bodies to develop and implement MISCC-driven policies and programs. The NYSDOH's primary vehicle for spearheading the MISCC endeavors has been the Long Term Care Advisory Committee, which is comprised of 16 stakeholders, representing state and local government, provider associations, consumers and consumer advocacy organizations. The purpose of the Committee is to assist the NYSDOH with recommendations to improve and restructure long term care services across the state. More specifically, the responsibilities of the Committee include:

- Assisting in the identification of opportunities to develop consumer-focused, cost-effective long term care strategies by maximizing efficiency and shifting service provision to community-based settings.
- Exploring options to increase utilization of home and community-based services, improving transitions in care to reduce institutional placements, expanding supportive housing options, increasing planning and personal involvement for

long term care needs, integrating care management services, promoting better end-of-life care, supporting mechanisms related to a trained and available workforce and improving quality of long term care services.

- Identifying evaluation methodologies that can be used to analyze the effectiveness of new and existing programs.
- Engaging consumers to solicit their input and disseminate their findings with the larger committee.

Since the last MISCC report, the Council held formal meetings on December 19, 2006, March 27, 2007, December 18, 2007, and July, 2008. Valuable feedback and information was also solicited throughout the year through surveys and conference calls. A listing of the members of the Long Term Care Advisory Committee as well as a summary of the Committee's proceedings is attached as **Appendix E**.

The NYSDOH also hosts and/or participates in other advisory bodies to derive the knowledge and input of individuals and families who rely upon the NYSDOH licensed or funded long term care programs and services. These additional stakeholder groups are listed in **Appendix F**.

MISCC Efforts, Outcomes, and Future Directions

In preparation for this MISCC Report, the NYSDOH took stock of its various programs to evaluate their adherence to MISCC guidelines and recommendations, to ascertain their outcomes over the past eighteen months and to determine their MISCC-related goals and objectives for the near future. Within the next section, a brief description of each program component is provided, followed by highlights of its progress and plans to fulfill the most essential MISCC guidelines and recommendations as stated below:

- Developing systems and services that support self-determination and are person-centered.
- Providing quality outcomes with consumers' wishes taken into account.
- Providing easy access to comprehensive, unbiased and well-organized information on services and programs in their community.
- Serving individuals with disabilities in a way that promotes independence consistent with their capacity and preferences.
- Addressing community support and service needs in all areas of consumers' lives.

Office of Long Term Care Programs

Bridges to Health (B2H)

This newly developing collaboration between the NYSDOH and the Office of Children and Family Services (OCFS), the B2H program consists of three distinct Medicaid 1915(c) Home and Community-Based Services waiver programs designed to serve children in foster care with serious emotional disturbances, developmental disabilities or

medical fragilities. Beginning in January 2008, the B2H program offers a comprehensive array of community-based supports necessary for these most vulnerable of children to be cared for in their homes and community rather than in institutional care settings. Among the services provided include intensive in-home support, health integration, crisis intervention, accessibility modifications, day habilitation, adaptive and assistive equipment, planned respite, skill building and pre-vocational services.

Outcomes

- The process by which the B2H initiatives were developed truly exemplifies the ideals of the MISCC -- to foster collaboration among diverse stakeholders in the planning and provision of services. In designing the B2H program, numerous meetings were conducted with children in foster care and their parents, adoptive parents, clinicians, local DSS agencies and representatives from the NYSDOH, NYS Office of Mental Health (NYSOMH), NYS Office of Mental Retardation and Developmental Disabilities (NYSOMRDD), *New York State* Office of Alcoholism and Substance Abuse Services (OASAS), and New York State Office of Children and Family Services (OCFS).
- The B2H waivers are being phased-in beginning with the Rochester, Albany and New York City regions. As of September 1, 2008, 123 children are enrolled with approximately 250 additional children in the formal referral process.

Future Direction

Over the next two years, the B2H programs will provide family and community supports to a planned 3,305 children statewide. Due to its recent implementation, an assessment of the B2H programs will be ongoing. Any future improvements for alignment with the MISCC ideals will be determined through a thorough analysis of both program results and stakeholder input.

Timeline: SFY 2008-2010.

Care at Home (CAH)

The Care at Home programs are 1915(c) Home and Community-Based Services waivers serving children with physical and/or developmental disabilities, aged eighteen years or younger, so they may remain in the community as an alternative to care in a skilled nursing facility or hospital setting. In addition to the full array of Medicaid State Plan services, CAH waiver enrollment provides case management, home/vehicle adaptations and respite care.

Outcomes

- Currently there are approximately 750 children enrolled in CAH I/II; the total enrollment for the three OMRDD waivers (CAH III, IV and VI) is 600.

Future Direction

In response to participant surveys and input from consumer advocacy groups, CAH will produce the following program enhancements:

- Modify financial eligibility requirements to enable access to the waiver for Medicaid-eligible children.

- Eliminate the cap on the number of waiver participants.
- Change from a monthly to an aggregate expenditure cap.
- Eliminate the requirement for a prior thirty-day institutional stay.
- Add five new pediatric palliative care waiver services.

Timeline: With CMS approval, the above program improvements will be implemented when the waiver renewal period begins on December 1, 2008.

Certified Home Health Agency Program (CHHA)/ Licensed Home Care Services Agency Program (LHCSA)

CHHAs are certified by the NYSDOH in accordance with Article 36 of the Public Health Law. There are currently 192 CHHAs operating statewide, providing nursing, home health aide services, medical supplies, equipment, appliances and at least one of the following services: physical therapy, speech/language pathology, occupational therapy, social work services and nutritional services.

LHCSAs are voluntary, nonprofit or proprietary organizations that are granted a license from the NYSDOH to provide home care services to seniors and individuals with disabilities. Across the state, there are presently over 900 LHCSAs in operation, that directly or in contract with other providers, offer one or more of the following services: nursing care, home health assistance or personal care.

Outcomes

- 387,000 consumers are currently served by CHHAs, many of whom would otherwise require care within more restrictive, institutional care settings such as nursing homes or hospitals. .
- In 2007, the DOH performed over 280 surveys of LHCSAs to evaluate patient records and evaluate the quality of service provision.

Future Direction

Over the course of the next year, the data collected from surveys will be utilized to inform future planning efforts in the following manner:

- Determining legislative recommendations regarding needed changes to Article 36 of the Public Health Law.
- Strengthening home health aide and personal care aide training requirements.
- Evaluating the expansion of the Criminal History Record Check (CHRC) requirements to include assisted living, adult home and waiver service provider workers who provide direct patient/client care services.

Timeline: SFY 2008-2009

Consumer Directed Personal Assistance Program (CDPAP)

The CDPAP is a home care services delivery model in which the consumer is responsible for directing their care, including the hiring, termination and training of their worker(s). Individuals who are Medicaid eligible and have been assessed as being appropriate to receive personal care, home health or nursing services may choose to receive these services via the CDPAP model. This program has been designated by the MISCC as a “best practice” model for expanding consumer options for self-determined care planning.

Outcomes

- In 2007, the CDPAP provided care to approximately 10,000 individuals.
- Over the last three years, there has been an estimated annual utilization increase of 12% across all areas, including geographic location, disability level and consumer age.

Future Direction:

Working with stakeholder input, the NYSDOH will be developing and sharing new CDPAP tools with local districts, fiscal intermediaries and consumers. These tools will support the ongoing purpose and goals of CDPAP and MISCC in allowing consumers to receive supportive services in the least restrictive setting appropriate to their needs, while allowing consumers greater choice and flexibility in meeting their care needs.

Timeline: SFY 2009.

Long Term Home Health Care Program (LTHHCP)

The LTHHCP, a 1915(c) Home and Community-Based Services waiver program, serves seniors and individuals of all ages with physical disabilities who are medically eligible for placement in a nursing home but desire to remain at home. In addition to a coordinated plan of care that is developed for each individual, supportive services may include social day care, transportation, respiratory therapy, medical social services, moving assistance, respite, personal emergency response systems, home maintenance and improvements and home-delivered or congregate meals.

Outcomes

- Currently, there are approximately 28,400 individuals served by the LTHHCP statewide.
- The NYSDOH implemented a reporting process to assist local districts in the identification and remediation of individual care plans that do not accurately reflect consumers’ true needs and preferences.
- The NYSDOH developed a draft proposal that seeks to redesign LTHHCP to simplify and improve access to the program.
- A recent quality assurance review by the CMS found the LTHHCP substantially meets all quality assurance measures.

Future Direction

Driven by MISCC ideals, DOH is developing an increasingly robust quality management strategy to accomplish the following objectives:

- Implementing performance measures and enhancing oversight by local districts.
- Monitoring participant services through case record reviews and monitoring the cost effectiveness of the LTHHCP services.
- Broadening the scope of home modifications to include vehicular adaptations, expanding assistive technology supports and moving assistance services to further safeguard consumers' rights to care in the most integrated settings.
- Adding a new waiver component to provide a combination of personal care and oversight/supervision to support individuals with cognitive deficits.

Timeline: These efforts are currently underway, with an anticipated timeline for completion of January 2009 through June 2009.

Managed Long Term Care (MLTC)

There are presently three models of managed long-term care in NYS: Programs of All-inclusive Care for the Elderly (PACE), Partially-capitated Managed Long-Term Care Plans and Medicaid Advantage Plus (MAP) Plans. All three plan types serve individuals who, while qualifying for nursing home care, prefer to remain in the community. Supplemented by in-home and referral services, MLTC programs provide social and medical services in adult care centers, on an as-needed basis.

Outcomes

- Total enrollment statewide in managed long term care plans is 24,465.
- Consumer satisfaction with MLTC plans is high. DOH and plan survey data indicate 90% of enrollees rated their plans' overall performance as good to excellent, 80% said that they would recommend their MLTC to others and 85% responded that they have benefitted from plan membership or that their health has improved since joining the plan.

Future Direction

To expand upon its growth and to strengthen the program's alignment with MISCC ideals, MLTC is undertaking the following goals:

- Continued enrollment growth.
- Better integration of Medicare and Medicaid financing.
- Development of quality outcome measures specific to the MLTC population.

Timeline: SFY 2008-2009

Money Follows the Person (MFP)

In January 2007, New York's application to participate in the MFP Federal Rebalancing Demonstration Program was approved by CMS, thereby enhancing reimbursement for select services to persons who transition to community-based care after having been in a nursing home for more than six months. The five projects funded under MFP include: 1) conducting outreach to nursing facilities to provide residents with objective information about community-based services; 2) developing informational materials on community-based services in partnership with NYSOFA; 3) assisting the DHCR to expand the functionality of its statewide Accessible Housing Database; 4) providing education to individuals living in the community to increase access to affordable housing; and 5) providing funding for the statewide Technology Related Assistance to Individuals with Disabilities (TRAID) Projects, which provide loaner equipment to individuals with disabilities to augment their ability to live within their community.

Outcomes

- At this early date, there are no measureable outcomes to report from the MFP demonstration program; however, much work has been completed surrounding development, funding and agency collaboration(s) in all five projects.
- Memorandums of Understanding currently under development include partnerships with the DHCR, the New York Association on Independent Living (NYAIL), NY Connects and the NYS Commission on Quality of Care and Advocacy for Persons with Disabilities.

Future Direction

MFP has identified transportation as an area of focus for adherence to the MISCC ideals, noting that an increase in the availability of transportation will allow seniors and individuals with disabilities to be more fully integrated into the community by having access to more of the community's resources. MFP will pursue funding to realize this goal and will develop a pilot program to test the effectiveness of any proposed solution(s) in both urban and rural areas.

Timeline: Completion by March 31, 2009.

Nursing Home Transition and Diversion (NHTD)

Another newly emerging initiative that epitomizes the NYSDOH's commitment to fulfilling MISCC recommendations is the Nursing Home Transition and Diversion (NHTD) program, a 1915(c) Home and Community-Based Services waiver that provides seniors and individuals with disabilities a wide array of health and other supportive services in the least restrictive, most appropriate available setting. The goals of this ambitious program are to identify nursing home residents who can safely return to the community, as well as to assist nursing home eligible individuals already in the community to remain there with appropriate supports. Within the next three years, the NHTD program is projected to serve upwards of 5,000 participants.

Outcomes

- Over the past year, extensive outreach was conducted to local district social services staff through presentations at the NYS Community Alternative Systems Agency (CASA) meetings to discuss implementation of the NHTD waiver and successfully build ongoing collaborative relationships. A NHTD program manual has been developed and is posted on the NYSDOH website.
- In collaboration with other state agencies, options for use of the housing subsidy appropriation were analyzed and discussions initiated with the DHCR regarding the development of supporting policies and procedures.

Future Direction

The NHTD Advisory Board has identified consumer directed services as a service option that should be considered for NHTD participants. This will require significant research to assess the feasibility and effectiveness of this new service along with the necessary approval from the CMS, as well as the development of guidelines delineating the method of delivery in relation to existing personal care services protocols. NHTD is examining the possibility of diminishing the time needed to expedite the process from initial contact with the consumer to their enrollment in the NHTD waiver.

Timeline: October 2008 to September 2009

Personal Care Services Program (PCSP)

The PCSP provides support to Medicaid recipients who are medically stable but have a medical need for supportive services and have chosen to remain in their communities. The program provides assistance with activities of daily living, the scope and magnitude of which are determined by a thorough nursing and social assessment.

Outcomes

- Currently, the PCSP provides supportive services to over 86,000 individuals.
- The PCSP revised its home care worker training standards and secured funding to distribute a new training manual on a statewide basis.

Future Direction

The PCSP will develop a PCSP Information and Training Guide and an assessment training initiative to support strength-based, consumer-centered evaluations.

Timeline: The training guide will be available by December 31, 2008; the assessment training initiative is planned for development in 2009, followed by training in 2010.

Telemedicine/Telehealth

The NYSDOH has continued to expand the availability of telemedicine services to allow individuals to receive medical services and monitoring in their homes using state-of-the-art telecommunications and computer systems. By employing technology to transmit x-rays, laboratory results, CT scans and conduct clinical interviews and case management, consumers' access to care has been substantially enhanced, as well as their clinical outcomes. In support of telemedicine services, Medicaid reimbursement rates (i.e.,

Telehealth) are now available to support home care recipients who require frequent medical monitoring. As a result, consumers can be served in their preferred setting as an alternative to medical office visits or admission to long term or acute care facilities.

Outcomes

- Twenty-two agencies were awarded nearly \$3 million for telemedicine demonstration projects in the past year.
- Six hundred and ninety three telemedicine training sessions were conducted, for a total of 2,727 trained staff. Staff provided 53,049 home visits; 50,462 visits were scheduled and 1,405 visits were un-scheduled.
- Fifty seven percent of agencies reported lower hospitalization rates among telemedicine patients. Twenty nine percent of agencies also reported that emergency room visits were lower among telemedicine patients versus traditional home care patients.
- Fifty percent of agencies indicated that patients reported that their understanding of the their disease/condition increased as a result of telehealth monitoring, as well as their knowledge on how to better manage their care.

Future Direction

The NYSDOH will work with agencies participating in the Telemedicine/Telehealth program to:

- Provide continual staff training and reinforcement of the program.
- Develop guidelines to accommodate the cultural and linguistic needs of consumers.
- Conduct educational campaigns to reinforce the value of these services to consumers and their caregivers.

Timeline: SFY 2008-2009

Traumatic Brain Injury (TBI)

Another component of the NYSDOH's comprehensive strategy to prevent unnecessary entrances into nursing homes and to help individuals leave nursing homes to live in the community, is the waiver program serving individuals with TBI. In addition to a comprehensive array of Medicaid-funded services to assist participants to live in community-based settings and achieve maximum independence, consumers may also be eligible for rent subsidies, housing supports and payment for furniture and household supplies.

Outcomes

- As of September 2008, approximately 2,500 individuals were enrolled in the program, with over 200 new participants enrolling each year.
- Since its inception, the TBI waiver program has successfully returned 400 NYS residents from out-of-state nursing facilities.

- A renewal application was prepared and submitted to CMS which included an evidence-based report covering six areas of quality assurances. CMS has since requested to use this report as a national model of best practices.
- Approximately seventy percent of TBI waiver participants receive housing subsidies for which there is no federal participation.

Future Direction

The NYSDOH has experienced significant difficulties with administering the housing subsidy benefit for waiver participants, underscoring the need for a statewide policy for the development of sufficient affordable and accessible housing. To address this concern, the NYSDOH will augment its efforts to partner with providers, agencies, legislators and other stakeholders to assist in the development of a comprehensive, effective housing policy for consumers challenged by traumatic brain injuries.

Timeline: SFY 2008-2009

The AIDS Institute

The constellation of the AIDS Institute funded and administered programs are intended to ensure the availability and accessibility of quality care and services for all populations infected and affected by HIV and AIDS. Through the provision of a comprehensive continuum of services to at-risk individuals and persons living with HIV/AIDS, the Institute aspires to safeguard consumers' right to high quality care in the most integrated setting. Among the HIV prevention services provided at various accessible settings are: education, outreach, counseling, testing, referral, spousal/partner notification and peer counseling. The components of the Institute's health care continuum include: ambulatory care, therapeutic drugs, hospital care, AIDS day health care, case management, substance abuse and a range of supportive services. Worth noting in relation to MISCC priorities, the AIDS Institute funds transportation and supportive housing services, including rental assistance, emergency financial assistance and housing placement and referral that allows services.

Outcomes

- Currently, 230,000 persons are served by AIDS Institute programs, including persons at risk for HIV infection and persons living with HIV/AIDS.
- The AIDS Institute's substance abuse initiatives have demonstrated a care retention rate of more than 80 percent and have led to a decline in the infection rate among injection drug users from 27 percent to seven percent.
- In 2007, almost 3,000 people living with HIV/AIDS avoided homelessness.

Future Direction

The AIDS Institute will continue to improve upon its person-centered service delivery model by:

- Reducing the number of new infections through increased education, screening, access to sterile supplies and prenatal care.

- Improving overall numbers of persons who are maintained in care and adhere to care and treatment by increasing the capacity of Special Needs Plans, developing more appropriate Medicaid payment structures, conducting outreach to sister agencies to develop coordinated programs and targeting initiatives to ensure continuity of care.
- Developing hepatitis C treatment centers to assist both persons infected with hepatitis C and persons dually infected with hepatitis and HIV.
- Assuring that unmet needs are identified through appropriate needs assessment methodologies, including the continuation of regional listening forums to obtain input and recommendations from providers and consumers.

Center For Community Health Programs

Alzheimer's Disease Program

The goal of the Alzheimer's Disease Program is to provide professional and public education; caregiver training and support; respite; early detection, treatment and care management; community outreach; and the coordination of access to quality, culturally-sensitive services. Through nine Alzheimer's Disease Assistance Centers and 19 Community Service Programs throughout the state, this program strives to reduce the burden of disease and improve the quality of life for patients, families and caregivers, enabling them to remain at home in their communities.

Outcomes

- The Alzheimer's Disease Program routinely collects and responds to feedback presented at community forums convened by the Coordinating Council for Services Related to Alzheimer's Disease and Other Dementias.

Future Direction

The Alzheimer's Disease Program has developed the "Comprehensive New York State Plan for the Identification and Treatment of Alzheimer's Disease and Other Dementias," which will include recommendations related to the specific service areas covered by the program and a myriad of other issues. These issues include the lack of access to home health, respite, day services, appropriate health care and an array of non-institutional housing options.

Arthritis Self-Help Course (ASHC)

People with Arthritis Can Exercise (PACE) is a standardized, community-based exercise program that includes education about joint protection, development of pain-coping skills and enhancement of social support. Participants engage in exercises that target joint range of motion, muscle strengthening, endurance, balance and coordination. The education component instructs participants about how to manage the various secondary conditions often reported in people with arthritis.

Outcomes

- Individuals who have participated in the ASHC have reported a decrease in both visits to physicians and hospital admissions.

Child and Adult Care Food Program (CACFP)

CACFP is a federally-funded entitlement program that ensures day care providers serve nutritious and safe meals and snacks to children and adults in their care. CACFP funds meals served in child care and Head Start centers, outside school centers, afterschool programs, family day care homes and to elderly or functionally impaired adults in adult day care centers.

Outcomes

- CACFP provides meal reimbursement to programs serving 285,000 children, disabled adults and elderly each day.

Future Direction

CACFP currently serves a large percentage of its target population of day care programs serving low-income New Yorkers. In an effort to improve program reach and quality, CACFP will:

- Conduct outreach to non-participating eligible programs and underserved communities, and continue to streamline the application process.
- Emphasize quality outcomes by providing training and technical assistance.

Children with Special Health Care Needs (CSHCN)/Physically Handicapped Children's Program (PHCP)

The CSHCN program is a public health program whose purpose is to improve the quality of children's health care by developing a solid infrastructure for a community-based system of quality care for children, including children with special health care needs. The Physically Handicapped Children's Program (PHCP) - a gap-filling component of the CSHCN program - reimburses for medical services to uninsured/underinsured children with physical disabilities and/or severe chronic illness.

Outcomes

- In 2007, the CSHCN program served over 5,000 children; the PHCP served approximately 2,700 children.

Future Direction

CSHCN will be holding the annual Family Champions/Youth Advisory Committee meeting in March 2009. The committee meeting will meet the following objectives:

- Participant feedback will be solicited regarding the transition documents on health insurance availability.
- Information collected on unmet needs through the Youth Advisory Committee and Family Champions focus groups will be applied to framing the needs

assessment for the Center's next Maternal and Child Health Block Grant application and report.

Early Intervention Program

The Early Intervention Program (EIP) is a statewide, comprehensive, multidisciplinary service delivery system for infants and toddlers with disabilities and their families. Infants and toddlers with suspected developmental delays or diagnosed physical or mental conditions with a likelihood of experiencing developmental delays are referred to EIP to receive a multidisciplinary evaluation that informs service planning. Early intervention services include a range of therapeutic and supportive services, such as special instruction, audiology and speech-language pathology, physical therapy, occupational therapy, social work, psychological services, nutrition, family training, counseling and home visits. Consistent with MISCC principles, these services are delivered in natural environments including home and community-based settings to the maximum extent possible.

Outcomes

- Services were provided to 28,342 children in their homes or in programs designed for typically developing children. New York exceeded its target for this measure.
- For children under age one, New York exceeded the national average baseline percent of children with an Individualized Family Services Plan (IFSP); for the birth-to-three population, New York greatly exceeds the national average baseline percent of children with IFSP. Under the IDEA Improvement Act of 2004, early intervention programs are required to develop performance plans on specific compliance and performance indicators. A complete listing of local data on these indicators is posted on the NYSDOH website.

Future Direction

The Bureau of Early Intervention (BEI) will continue to work closely with the Early Intervention Coordinating Council on issues and concerns related to the service delivery system as they emerge. Specifically, the BEI will:

- Continue to provide training and technical assistance to localities, families and providers aimed at improving the quality of services.
- Utilize child and family outcome data, currently being collected on an annual basis, to inform program improvement efforts.
- Continue to develop and implement a state-of-the-art program and fiscal information system (New York Early Intervention System - NYEIS). NYEIS will handle current and future business, statutory and regulatory requirements and will employ proven hardware and software technologies to ensure that data security meets defined performance standards, is cost effective and is easy to maintain and operate.

Updates on Specific MISCC Recommendations

Beyond the more global recommendations of the MISCC Council that pertained to all participating member agencies, there were several recommendations relating specifically to the Department of Health. The following section reports on the progress made in addressing these priority issues:

Recommendation: Given the multitude of assessment tools that are presently used to evaluate the health and functional status of individuals with disabilities, several MISCC recommendations called for standardizing the evaluation process to accurately reflect consumers' individualized needs and preferences and ensure that consumers receive the right service at the right time.

Actions Taken: In pursuit of developing a more comprehensive assessment instrument that could be applied across the long term care system, the OLTC prepared a budget proposal to identify a uniform data set (UDS) that would integrate all of the eligibility, assessment, quality outcome and care planning information that is currently amassed through a myriad of forms and instruments. The Legislature and the Governor appropriated funding in 2007-08 to the NYSDOH for the purposes of furthering this endeavor. Over the past year and a half, the NYSDOH embarked on an ambitious campaign to identify an optimal uniform data set that would serve the best needs of New York's diverse Long Term Care stakeholders. The following is a brief summary of the steps undertaken to fulfill this objective:

- An extensive review of the research literature was undertaken in order to identify UDS models and templates developed by other states and countries for the purposes of bringing uniformity and orderliness of information to their Long Term Care service system. Though these analyses proved valuable, it was determined that these models were insufficient in light of the richness and complexity of New York's Long Term Care system.
- An examination of the more than 15 data sets and assessment tools in active use by NYS long term care providers (e.g., nursing homes, home and community-based) was conducted to identify commonalities and differences and to organize these informational items into domains and categories that would be germane to a multidimensional assessment within any setting or population.
- Having preliminarily identified an optimal uniform data set, DOH is presently retaining the expertise of an outside consultant/vendor to validate our findings and recommendations. This consultant will possess expertise in several realms, including data set construction, assessment instrumentation, measurement and design, clinical and functional evaluation and long term care programs and services.

Recommendation: The MISCC called for an expansion of consumer-directed options that would enhance an individual's ability to hire a caregiver of their choice and purchase needed services in the community.

Actions Taken: For the past year, the NYSDOH has been actively pursuing development of a Cash and Counseling (C&C) demonstration project that would incorporate selected tenets from the Consumer Directed Personal Assistance Program (CDPAP) and Personal Care Services (PCS). This vision evolved from a researched and tested model, which yielded very positive results from the states that have already implemented this program. Additionally, C&C research included the examination of best practices in other states and identifying their successes and pitfalls. The program design for the demonstration includes all the basic principles of the C&C model. Those principles are person-centered planning for PCS, consumer-directed individualized budgets, budget counseling and fiscal agent services and quality assurance and improvement systems.

Under the proposed NYSDOH model, C&C includes principles that go beyond what is already possible in New York. Program participants can choose needed services and decide whom to hire for what services and participation will be optional. Counseling will be available to assist participants with budget development/ management and will be implemented on a small scale to allow for evaluation prior to widespread implementation. The C&C proposal is currently undergoing a fiscal impact review.

Recommendation: The MISCC requested a progress report from the NYSDOH and the NYSOFA on the efforts of its Discharge Planning Workgroup to develop guidelines that would facilitate smooth and appropriate consumer dispositions to the most integrated care setting.

Actions Taken: The Discharge Planning Workgroup, comprised of representatives from provider and professional associations, state agency staff and consumer advocates, has continued to meet on a monthly basis to address such discharge planning issues as the timely sharing of accurate consumer information among settings, the need for more discharge planner education and training and eliminating the barriers that complicate the discharge/transition process. A number of discharge planning guidelines and protocols have been developed and are posted on the NYSDOH website for review by discharge planners and consumers.

Other venues for disseminating educational materials are being planned for the future, e.g., brochures, seminars, mailings. In this regard, the workgroup hosted a day-long conference in Albany on September 24, 2008, entitled, *Person-Centered Transitions of Care: Challenges and Successes for Discharge Planning Across the Continuum*. The program offered information on supporting care partners, best practices and regulatory guidelines that should contribute to improving discharge planning efforts across the long term care system.

Recommendation: The MISCC called for updates on the NYSDOH's initiative to "right-size" nursing homes in accordance with the recommendations put forth by the Commission on Health Care Facilities in the Twenty-First Century (Berger Commission). It was also recommended that the service system should identify and address other institutional biases that limit access to services in the community.

Actions Taken: The NYSDOH has continued its activities to right-size the nursing home industry as part of its ongoing efforts to ensure that individuals can more readily access and obtain long term care services in the most integrated, least restrictive environment. With \$1 billion in state funding available through the Healthcare Efficiency &

Affordability Law (HEAL) and another \$1.5 billion in federal funding available through the Federal-State Health Reform Partnership (F-SHRP), the NYSDOH has implemented a number of recommendations contained in the Commission on Health Care Facilities in the Twenty-First Century. By the end of 2008, seven nursing homes will have been closed, removing almost 1,100 beds from the system. By 2011, an additional 1,600 nursing home beds will be eliminated. At the same time, the NYSDOH is actively pursuing substantial enhancements to the community-based system of care, including additional assisted living, home care and adult day health programs. The Department is also actively engaged in plans to reform the Certificate of Need (CON) process to further the MISCC ideals of supporting New York State residents in their homes and communities, together with their families and friends.

In addition to the nursing home rightsizing initiative, the NYSDOH has been pursuing yet another ambitious endeavor to transition funding from hospital-based services to outpatient services to advance the provision of quality health care within the most integrated, least restrictive setting --- the MISCC's most valued principle. In early 2008, the DOH received approval from the NYS Legislature to embark on a multi-year process of reallocating inpatient funding in support of ambulatory care, including hospital and community clinics, ambulatory surgery and physician services. Beginning in December 2008, over \$300 million will be invested in these services as an essential first step to support high quality, ambulatory care and to address the problem of avoidable hospitalizations. At the same time, a new rate setting methodology, called "Ambulatory Patient Groups" (APGs) will replace the current flat "per-visit" payment methodology, whereby Medicaid payment will be based on the intensity of the services provided during an ambulatory visit. This APG reimbursement methodology will also serve to increase access to primary care services by offering incentives for expanded weekend and evening hours in clinics and office settings, the provision of diabetes and asthma education and psychotherapy for children, adolescents and pregnant women. Over the course of 2009, APGs will be introduced to other care settings, including emergency rooms and free-standing diagnostic and treatment centers. The implementation of APGs represents the first major change to New York's Medicaid outpatient reimbursement in more than 20 years and over the course of 2009, the NYSDOH will be sponsoring APG trainings across the state to ensure that this investment in primary and preventative care bears fruit for all New Yorkers.

Recommendation: A number of MISCC recommendations pertained to the implementation of the NY Connects project, a collaboration between the NYSDOH and the NYSOFA to establish a single point-of-entry to New York's long term care system. The MISCC requested updates on 1) the process of identifying those local entities that would serve to provide information and referral services and 2) the mechanisms for providing training to stakeholders including hospitals, nursing homes, home care agencies and consumer groups.

Actions Taken: Since the last MISCC report, substantial progress has been made in implementing the NY Connects initiative in a manner consistent with MISCC principles and priorities. As an integral component of the NYSDOH's effort to transform the long term care arena from a largely fragmented, difficult to navigate system to one that is consumer-centered and easily accessible, NY Connects has received priority attention from the NYSDOH over the past 18 months. In 2007, the first year of the NY Connects, a majority of counties opted to apply to the Request for Information to develop a single

point of entry program in collaboration with local Departments of Social Services (DSS) and Area Agencies on Aging (AAA). During the first year of operation, counties developed the necessary infrastructure to allow for the provision of information and assistance on long term options for consumers and health care professionals. For the three-month period of July-September 2007, there were more than 20,000 contacts statewide to NY Connects. Most inquires pertained to information and assistance about home health care, case/care management, advocacy, personal care and utility payment assistance. During NY Connects' second year of operation, which began in October 2007, emphasis was placed on advancing the delivery of information and assistance, conducting public education and promotion, developing data collection and evaluation systems and identifying gaps in the local long term care system in furtherance of MISCC's priorities. To raise awareness of the NY Connects initiative, the NYSOFA and the NYSDOH created the nyconnects.org website, which provides extensive information about long term care services and provides links to local single points-of-entries for information and assistance. Another informational tool in development is a comprehensive, statewide provider resource listing of local long term care services that will offer up-to-date and accurate information to consumers, caregivers and providers via the web. This resource will be released in 2009. Over the past year, the NYSDOH and the NYSOFA also convened a Data Workgroup to facilitate accurate reporting and analysis of the information generated by the NY Connects initiative.

One of the more notable developments that has occurred as a result of NY Connects is an unprecedented level of collaboration among long term care stakeholders within each county, including consumers, caregivers, service providers and local government agencies. At the hub of this activity are the Long Term Care Councils that each county has convened as a requirement for participating in the NY Connects initiative. Each Council is charged with evaluating the implementation of the project and making recommendations to fill unmet needs in their community. The NYSDOH has participated in a number of the Long Term Care Council meetings throughout the state to provide updates on newly developing programs that add to the rich array of long term care options available to New Yorkers in need of such services

Projected Focus for 2008-09

As this report demonstrates, the NYSDOH provides a diverse array of programs and services that honor the dignity and preferences of senior citizens and individuals with disabilities to receive care in the most integrated setting. Over the coming year, it is the NYSDOH's intention to develop policies and programs that further promote MISCC principles and priorities and to more closely evaluate several of the newly emerging initiatives referenced in this year's report, e.g., Money Follows the Person, Nursing Home Transition and Diversion, NY Connects. Given the dramatic increase in the number of individuals who are anticipated to require long term care services over the next decade, the NYSDOH recognizes its obligation to transform and ready the service system to meet this challenge. For this reason, the NYSDOH will sustain its efforts to create a seamless, cost-effective system of long term care that enables consumers to remain in their homes and communities amid friends and families. Some of the more specific MISCC priorities the NYSDOH will pursue in the upcoming year include:

- Continue with rightsizing of nursing homes and reviewing nursing home regulations to identify further opportunities for reform, improve the quality of life

of nursing home residents (e.g., ‘Green House’ and culture change) and review HEAL applications.

- Researching and implementing best practice models that minimize adverse medical events (e.g., falls, medication errors) in nursing homes and home care settings to reduce hospitalizations.
- Reviewing the provision of home care services under Article 36 of the Public Health Law to seek efficiencies and reforms that will reduce fragmentation and duplication of effort.
- Developing better quality assessment and screening tools to ensure consumers receive the right services at the right time.
- Continuing collaboration with the NYSOFA to enhance implementation of NY Connects by establishing statewide administrative systems for data collection and for development of information technology tools; implement program monitoring and quality assurance measures; and contribute to the NYSOFA’s development of enriched social day programs.
- Fostering collaborations with long term care stakeholders to ensure the development and implementation of policies consistent with the principles and guidelines of the MISCC.
- Refining existing and developing new options for self-direction of Medicaid long term care, State Plan and waiver services that balance quality, flexibility, accountability and cost-effectiveness.

OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS)

Introduction and Background

The Office of Children and Family Services (OCFS) was established in 1998 to improve, strengthen and integrate services to the State's children, youth and other vulnerable populations. The creation of OCFS responded to a growing recognition of the complexity and interrelatedness of today's problems and solutions. All children, youth and adults require the support of their families and communities. Fundamental to securing the safety and well-being of all State residents is the ability to access supports, without regard for funding sources, service capacities, or having to reconcile differing approaches to services among providers.

The OCFS mission is to "serve New York's public by promoting the well-being and safety of our children, families and communities. We will achieve results by setting and enforcing policies, building partnerships, and funding and providing quality services." This mission statement guides OCFS' administration of public funds aimed at meeting its multiple service delivery responsibilities. OCFS is responsible for the administration and oversight of a continuum of human development, prevention, early intervention, protective, out-of-home placement and community re-integration services. State law establishes a number of mandates for OCFS, both direct responsibilities and those that the local social services districts must provide under the supervision of OCFS. Direct responsibilities include:

- Providing fiscal support, technical assistance and oversight to municipal youth bureaus for the planning, coordination and funding of youth development services for the under-21-year-old population;
- Receiving and tracking through the State Central Register reports of child abuse and maltreatment;
- Providing fiscal support and oversight to the statewide juvenile detention system;
- Coordinating the provision of training and technical assistance to voluntary agency and local government agency staff;
- Operating and overseeing programs designed to foster independence of the blind and visually handicapped;
- Licensing and supervising voluntary foster care agencies, domestic violence and child care providers;
- Operating the New York State Adoption Service including adoption subsidies, photolisting, and administration of the Interstate Compact on Placement of Children;

- Administering the federal Indian Child Welfare Act; and
- Providing for the care and treatment of youth placed by the courts in OCFS custody.

OCFS supervises local administration of child welfare and adult protective services by fifty-seven counties, New York City and the St. Regis Mohawk Tribe. Services provided include child protective services, preventive services, foster care, adoption, protective services for adults, and child day care.

OCFS principles are consistent with MISCC principles and values and with the MISCC mission of putting people first; removing barriers in housing, employment and transportation; and seeing that appropriate community supports and services are in place. The following principles guide OCFS work.

SERVICES SHOULD BE DEVELOPMENTALLY APPROPRIATE. OCFS recognizes the importance of the stages of human development in guiding service delivery. The cognitive, emotional, physical and social skills of children, youth and adults are fundamental to their need for and ability to benefit from services. Recent studies in the separate fields of child development and youth development address the value of focusing on competencies rather than deficits. OCFS is committed to the use of strength-based approaches, with a focus on child and family strengths as opposed to problems or pathology. Building on individuals' strengths facilitates the efficacy of all services.

SERVICES SHOULD BE FAMILY-CENTERED AND FAMILY DRIVEN. Supporting families that foster the healthy development of their members requires serving the family as a whole, as well as individuals within the family. Research conducted on the development of children, from newborns through teens, emphasizes the crucial role of parents in the successful cognitive, emotional, physical and social development of their children. In fact, with the support of their communities, most families meet and exceed the expectations put on them. Strategies for family-centered services require family members, including youth, to participate actively with other stakeholders in identifying the design of community based family supports. OCFS is committed to the practice of planning for one child and family at a time, based on individual strengths and needs, not program categories.

SERVICES SHOULD BE COMMUNITY-BASED. Communities play a critical role in supporting the growth and development of their children and the self-sufficiency of their adults and families. The involvement of community-based organizations, schools, businesses, childcare providers, health care facilities, faith-based organizations, law enforcement and courts promotes culturally competent supports for children, youth, adults and their families in their neighborhoods. Development of comprehensive, collaborative, integrated, long-term community-based programs that address the full spectrum of child, youth, adult and family needs represent a wise investment of resources.

The diversity of New York State dictates that OCFS provides localities flexibility in tailoring programs to meet their unique circumstances. By supporting the provision of

supports and services in family and community settings, OCFS supports the reduction of over-reliance on restrictive and expensive out-of-home placements and the reduction of the disproportionate representation of families and children of color in the child welfare and juvenile justice systems.

SERVICES SHOULD BE LOCALLY RESPONSIVE. The development of effective services and supports for individuals and families requires family and community involvement in decisions about service priorities, strategies and program interventions. OCFS is committed to delivering services that are culturally competent, recognizing that a family's cultural background might affect the determination of appropriate services. OCFS is committed to providing care that is unconditional, embracing the idea that services are provided to all in need regardless of how, when, or where they come in to the system.

The OCFS regional infrastructure offers the capacity to assist localities in tailoring local service delivery systems to community needs. Integrated local planning by departments of social services and youth bureaus, with the involvement of community stakeholders, including families, has helped promote local public and private human services partnerships. The joint identification of local needs based on common definitions support program planning and development that addresses needs in a manner compatible with existing community resources and interests. The resulting shared outcomes and principles hold promise for effective service delivery and positive outcomes.

SERVICES SHOULD BE EVIDENCE AND OUTCOME BASED. The human services field has increasingly emphasized the use of outcomes for measuring program success. The move to outcome-based practice has resulted in a new series of questions about which practices most effectively produce desired outcomes. Too long guided by intuition and anecdote, human service providers and administrators now look for reliable and valid evidence to inform their service investments. OCFS specifies and demands that outcomes be established and met for its substantial investment in the community. The ability to measure outcomes and define success continues to be a top priority for OCFS as it seeks to achieve its core goals.

Stakeholder Groups

The creation of OCFS was accompanied by a statutorily created **Children and Family Services Advisory Board** comprised of 24 members. The Board's purpose is to help OCFS construct a better system of services for New York's children, families and individuals. The Governor appoints twelve members and the State Senate and Assembly appoint six each. Its duties broadly include consideration of matters relating to the improvement of children and family services, review of proposed rules and regulations prior to their adoption, advocacy for OCFS programs, and liaison with local stakeholders. The Advisory Board meets quarterly.

While the Advisory Board is OCFS' MISCC stakeholder group, OCFS is involved in numerous collaborative efforts related to a wide range of child, youth, and family services. Under the leadership of Governor David Paterson and Commissioner Gladys Carrión, Esq., OCFS invests in, develops, and monitors programs that promote the self-sufficiency of families and individuals. The Governor has reinforced an agenda that

encourages cooperation and collaboration among state agencies in an effort to maximize the benefit of public funds allocated to multiple service delivery responsibilities. As OCFS Commissioner Carrión stated in the OCFS newsletter, "...we have been diligently working to create partnerships with advocacy groups, community programs, and our sister state agencies working together to find common ground with our stakeholders and the community...the needs of our children and families call for a broader approach that includes the intervention of other state agencies."

OCFS is committed to working cooperatively with state agencies, community providers, advocacy groups and families to forge partnerships to develop and implement effective strategies to address issues that affect New Yorkers. These joint efforts may be formal interagency task forces and/or workgroups, efforts required by statute or regulation, or informal responses to an identified problem. All of these efforts have positive effects beyond the stated issues in forming working relationships and mutual understanding of approaches to populations and problems and have the continuing effect of improving communication and problem-solving ability, thereby promoting improved service delivery. Other stakeholder groups include:

Bridges to Health Stakeholders: Bridges to Health (B2H), the OCFS Medicaid Home and Community Based Services waiver program, benefitted from significant stakeholder involvement, both formal and informal, in its design, early and on-going implementation. As implementation of B2H moves forward into its second and third years, OCFS will continue to rely on regular, stakeholder involvement. Specifically, OCFS convenes Regional Quarterly Forums with consumers, service providers and local governments to solicit feedback to improve service provision. In addition, OCFS has formed a Bridges to Health Quality Advisory Board, the role of which will be to offer feedback on the B2H Quality Management Plan and to address challenges for refining the B2H process to more effectively and efficiently serve children and their families. Providers, local governments and family members have been invited to serve on this Board.

The Commission for the Blind and Visually Handicapped (CBVH) Stakeholders: In 2007, legislation in New York established an **Executive Board** of the Commission for the Blind and Visually Handicapped. The scope of the Board's work includes examination and analysis of services for all individuals who are blind, from infancy through old age, whether residing in the community or in institutions and will address issues of prevention, detection, intervention, education, rehabilitation, and vocational rehabilitation. The Executive Board to CBVH met publicly for the third time on September 10, 2008. The meeting included reports from some of the committees; an executive session; discussion on the legislative proposal for licensing vision rehabilitation professionals; and a brief public comment period. The agenda included a discussion on accessible voting and as follow-up Board members and OCFS staff will participate in a teleconference with State Board of elections officials on Thursday, September 18 to learn more about the progress to date and understanding the expectations for the upcoming general election. The next public Board meeting is scheduled for Tuesday, December 2 in the Capitol. The Board's quarterly meetings are webcast and minutes are posted on the OCFS Internet site.

The **State Rehabilitation Council (SRC)** is an advisory body authorized under Section 105 of the Rehabilitation Act of 1973, as amended. The nature and scope of the Council's deliberations and recommendations include CBVH policies, procedures, and operations

as they may affect consumers or consumer applicants of agency services statewide. Additionally, the SRC assists in the development of federally required State plans and annual updates to those plans. Much of the Council's business is conducted in committees focusing on the CBVH priority issues of employment, children and transition services, and consumer needs assessment. The Council meets once each calendar quarter. The Council is comprised of consumers, parents, educators, business, industry and labor, consumer advocacy groups, the New York State Workforce Investment Board and the New York State Independent Living Council. Ex Officio members represent The New York State Office of Vocational and Educational Services for Individuals with Disabilities (VESID), the New York State Commission on Quality of Care and Advocacy for People with Disabilities (CQCAPD) and the New York State Office for the Aging (OFA). Meetings are open to the public and always include a public comment segment on the meeting agenda for individuals to provide input or bring issues of concern to the Council. The next meeting of the SRC is December 4, 2008.

Please see attached list of all CVBH stakeholders. **(Attachment A)**

Youth in Progress, commonly referred to as YIP, is the New York State Foster Care Youth Leadership Team. YIP was established in 2003 and is comprised of teams of youth leaders, each with an adult mentor, from each of the six regional foster care youth leadership groups. Members are youth currently in foster care or OCFS placement or youth that recently transitioned from care. The motto of YIP is "We are Today's Youth, Tomorrow's Leaders." The mission of Youth in Progress is: "To enhance and advance the lives of today's and tomorrow's foster care youth by giving them a sense of self and responsibility. To do this, YIP pledges to educate everyone involved in the foster care system to the realities of this experience. We will accomplish this mission by listening to youth in care and by offering them guidance that will allow them to achieve success in their lives and to realize their full potential."

From 2003 to the present, YIP has achieved an impressive number of results. They have co-written a handbook for youth in foster care, held regional speak-outs, participated in the filming of a video to accompany the handbook, enacted regional distribution plans for the handbook, produced a video on clothing, developed a proposal on clothing in partnership with OCFS which was incorporated into an Informational Letter issued by OCFS to social services districts and authorized voluntary agencies on meeting the clothing needs of foster care youth ages 12 through 20 years of age, produced a video to address issues related to the stereotyping of youth in foster , co-written a pamphlet on law guardians for youth in foster care, and continues to meet with state legislators and are participating in local, statewide and national/events featuring Youth Voice. In August 2007, approximately 25 youth were trained and certified by Foster Club, a national organization, to teach other youth about the importance of permanency for older youth in foster care. They will train service providers as well as youth.

OCFS policy and program staff meet regularly with YIP on specific topics where the youth voice is critical, such as staff recruitment and retention criteria. In addition, YIP raises policy issues for OCFS attention as YIP deems appropriate and necessary.

Governor's Task Force on transforming New York's juvenile justice system: The Task Force will meet for the first time on September 26, 2008. Governor Paterson named a panel of national, state and local experts to the Task Force from a variety of fields

including law enforcement, academia, government and community-based organizations. The Task Force will be chaired by CUNY's John Jay College of Criminal Justice President, Jeremy Travis. Additionally, the Task Force will study ways to improve treatment for juveniles in the areas of mental health and substance abuse, and will address the disproportionate number of minority youth in the system. New York's juvenile justice system currently serves nearly 1,900 children at an approximate annual cost of up to \$200,000 per child. More than three-quarters of those children are African-American or Latino.

OCFS Partners: OCFS seeks the input of its partners in the **social services districts, youth bureaus, voluntary authorized agencies, child care providers** and others using a variety of methods. Communication occurs through state level associations such as the New York Public Welfare Association (NYPWA), the Council of Family and Child Caring Agencies (COFCCA), the Empire State Coalition of Youth and Family Services (Empire State Coalition), the New York State Juvenile Police Officers Association (NYSJPOA), and the Association of New York State Youth Bureaus (NYSAYB). OCFS staff participate in association meetings and conferences, and frequently communicate with individual members of sub-groups as needed and appropriate.

In a similar manner, the OCFS **Native American Services (NAS)** unit actively interacts with the Tribes and Nations both to offer general forums for discussions of issues, as well as to address specific child/family circumstances. Monthly meetings with Tribal representatives provide the opportunity for ongoing dialogue. The NAS unit provides feedback on policy and program issues to OCFS home office.

Review and Modification of Services

OCFS reviews its programs and policies against its operating principles, and in the context of MISCC principles and guidelines. Recent program reviews and modifications have occurred in the OCFS/MISCC areas of strengthening supports for families and individuals in their homes and communities and reducing reliance on out of home placement, particularly in costly residential programs. Certain programs, notably the Commission for the Blind and Visually Handicapped, are dedicated to serving individuals in their homes and communities. Other programs, such as child welfare and juvenile justice, serve children and youth in their families/ communities and in out of home settings.

Consistent with MISCC principles, OCFS policy, supported by State law and regulation, calls for efforts to prevent the removal of a child from home by offering and providing services that will support the family in keeping the child safe and meeting the child's needs. Where a child must be placed out of home, policy calls for children to be placed in the least restrictive setting (i.e., with a kinship caretaker or a foster family) that can meet the child's needs. In addition, and again consistent with MISCC principles, OCFS policy calls for the child's placement location to permit continuity with the child's environment and regular visits with the child's family. Permanency planning begins at the time of placement. A review of New York's out of home placement statistics indicates that children spend too long a period of time in foster care. Families, children and providers attest that too often the multiple needs of the children are not being effectively met by the foster care and juvenile justice systems, challenging our efforts to

place children in the most integrated/least restrictive setting and to achieve timely permanency.

Following are the areas of focus for the prior year and going forward:

Juvenile Justice Reforms: OCFS has reviewed its juvenile justice policies and programs in the context of OCFS guiding principles and MISCC principles. While OCFS remains committed to supporting technical assistance to localities in their efforts to reduce reliance on detention and out of home placement for at-risk, court-involved youth, the broader reform agenda includes those adjudicated youth that are placed in OCFS custody. OCFS is actively seeking opportunities to serve adjudicated youth in their families and communities where appropriate. In New York State, like many other states, the juvenile justice system has sometimes been referred to as a “pipeline to prison.” The culture has been one of custody, security and order through behavioral control. On average, there are over 2000 youth in the custody of OCFS at any point in time. Research has estimated the rate of recidivism (re-arrest) as high as 80% over a 3 year period following release. As OCFS moves to a community based model of intervention, the primary challenges facing OCFS include:

- Re-directing youth to community based programs when appropriate. “Right-sizing” the State’s juvenile system, while at the same time continuing to provide the services our youth need, in the communities where they can be “closer to home,” is a challenge that OCFS has taken on. Many of the State’s juvenile justice facilities are located far from New York City, where the majority of the juvenile justice population originates.
- Addressing the issues youth present within the family structure and in their own neighborhoods and schools, closer to home; and
- Transforming OCFS’ culture from one that is ideologically grounded in corrections to one of treatment. This presents opportunities for instituting systemic improvements that will produce better outcomes for youth in our care and their families.

Transformation of the juvenile justice system requires the collaboration and support of many. OCFS fact-finding sessions with advocates and stakeholders have shown the value and real benefit of engaging in an inclusive process for gathering information, constructive criticism and suggestions for recommendations to help transform the juvenile system and improve outcomes for youth in our care.

OCFS will continue to aggressively pursue the reform agenda of “right-sizing” the State’s juvenile residential facilities and improving linkages to community-based programs so that youth with less serious offenses may receive appropriate services within their home community (“Closer to Home”); converting to a trauma informed, “Sanctuary” model of treatment; reducing the use of physical restraints in OCFS facilities; and, ultimately, stopping the “pipeline to prison” for youth in our care. A significant shift in OCFS’ culture involves reducing the frequency and ultimately the use of physical restraints of youth, which will greatly enhance the safety and security of residents in our care and facility staff.

Bridges to Health (B2H): OCFS determined to improve the foster care and juvenile justice system's capacity to meet children's mental health, development and health needs in order to keep more children in family based care as an alternative to placement in higher level programs. It was clear that, in the interest of permanency and successful return to the community, needed supports must be provided to birth families, foster families, adoptive families and to the individual older youth transitioning out of care.

In response to identified needs, the New York State Department of Health (DOH) and OCFS submitted three Home and Community Based Medicaid Waivers to the federal Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) in April 2007 and received approval for Bridges to Health (B2H) from CMS on July 26, 2007, with a 3 year phase-in starting January 2008.

The three waivers have been implemented as a single program, B2H, to serve children in foster care with serious emotional disturbances, developmental disabilities, and medical fragility. Each waiver will address a subset of children and youth in foster care, with B2H services following the child upon discharge from foster care. These clinical diagnoses are sufficiently severe to result in placing the children in a medical institution. B2H services are not provided by the foster care system and are not supported through state or federal funding available for foster care services.

OCFS and DOH are responsible for the operation and oversight of the B2H waivers. B2H was designed with considerable input from providers, local departments of social services, clinicians, birth families, foster and adoptive parents, and children themselves. All of the B2H services are intended to serve children within their support network, as children in foster care have many people involved in their lives – including birth families, foster and adoptive families, caregivers, LDSS, providers, clinicians, courts, and advocates. The B2H services are as follows: Health Care Integration, Planned Respite, Skill Building, Day Habilitation, Family/Caregiver Supports and Services, Prevocational Services, Intensive In-Home Supports and Services, Supported Employment, Special Needs Community Advocacy and Support, Immediate Crisis Response Services, Crisis Avoidance, Management and Training, Adaptive and Assistive Equipment, Crisis Respite and Accessibility Modifications.

OCFS has adopted the evidence-based Child and Adolescent Needs and Strengths (CANS) instrument for B2H that will allow providers to track progress for children. CANS B2H scores will quantify the progress of children. OCFS child welfare information system, CONNECTIONS, will maintain the CANS scores so that OCFS can evaluate progress both on a specific case by case basis as well as on a system-wide basis.

To promote efficiency and allow for regional flexibility, OCFS has entered into provider agreements with Health Care Integration Agencies (HCIAs) in the three first-year regions of the State and will add HCIAs as implementation moves into other regions. The HCIAs are not-for-profit voluntary child serving agencies. In addition, they must demonstrate experience in providing community-based services to individuals with disabilities. These agencies recruit providers, prepare enrollment packages for LDSS approval, propose individualized health plans (IHPs) to the Local Department of Social Services, arrange for waiver services and assist in waiver administration.

B2H began serving children January 1, 2008, in the OCFS Rochester, Albany, and New York City regions. In 2009, OCFS will continue to expand the B2H Program to serve the lower Hudson Valley and the Syracuse Regions, while continuing to increase the number of opportunities in Rochester, Albany, and New York City. OCFS has projected that it will serve an additional 843 children by the end of 2009. OCFS will continue to work diligently with the provider community to explain the benefits of the B2H Program and to educate voluntary child care staff so they will refer potential applicants to the program. OCFS will monitor the enrollments of children in the B2H Program in the 5 roll-out regions. The B2H program is expected to serve 3,305 children from foster care and OCFS juvenile justice programs statewide as it is implemented over three years.

Commission for the Blind and Visually Handicapped (CBVH): CBVH is responsible for the administration of services to residents of New York State who are totally blind or legally blind with a goal of enhancing individual employability. CBVH is the designated state vocational rehabilitation unit for such services provided pursuant to federal and state laws/regulations. It is responsible for the administration of the Business Enterprise Program (BEP) in New York State and for administering vending revenue contracts which fund additional services for people who are blind.

CBVH recognized and assessed the multi-cultural nature of New York City and the traditional barriers presented by languages and customs unique to immigrant populations and other cultures and nationalities residing there. In response, CBVH is currently planning for an expansion in New York City with an objective to enhance service to underserved and minority communities in upper Manhattan and the Bronx. It is anticipated that by December, 2008, CBVH's current office will expand to a full-fledged District Office with staff re-located to the Harlem State Office Building. To reinforce these downstate changes and to expand opportunities for multi-cultural service enhancement statewide, CBVH is preparing for inclusion in an existing state contract which will allow for immediate telephone access to translation services for approximately 170 languages.

Protective Services for Adults review: Last year, the New York Public Welfare Association (NYPWA) issued a paper entitled *Building A Shared Commitment to Protect and Support Vulnerable Adults; Guiding the Future of Adult Services in New York State*. The paper presented and discussed the major issues facing PSA statewide. At the same time, OCFS had strengthened its Adult Protective Services capacity and set about to join NYPWA in addressing these shared issues. OCFS has developed training on many of the issues raised including mental health, substance abuse, developmental disabilities, financial exploitation, and linkages with hospitals and law enforcement. OCFS is involved in many initiatives and workgroups in close collaboration with its state agency partners, including an OCFS-Office of Temporary and Disability Assistance (OTDA) Workgroup that developed cross training for PSA and temporary assistance workers to improve access to public assistance benefits. Through the New York State Children and Family Trust Fund, OCFS is funding the Elder Abuse Prevalence Study and the Equinox Adult Abuse Services Project to increase knowledge and awareness of elder abuse. Finally, OCFS continues to refine the Adult Services Automation Project (ASAP) to help collect data and generate reports to help local departments of social services track their efforts to protect clients. OCFS will continue to promote statewide, cross-agency dialogue and action on these issues.

Cross-Systems Collaboration for families and children: OCFS has long been a committed partner in the Coordinated Children's Services Initiative (CCSI), and has joined with other agencies and stakeholders in a commitment to strengthen cross-system collaboration. In December 2007, a meeting of state agency commissioners serving children was held to discuss the need for **cross system collaborations for children with service needs that involve more than one service delivery system**. Commissioners from the following agencies attended: OCFS, the Office of Mental Health (OMH), the Office of Mental Retardation and Developmental Disabilities (OMRDD), the Office of Alcohol and Substance Abuse Services (OASAS), the Department of Health (DOH), the Division of Probation and Correctional Alternatives (DPCA), the State Education Department (SED), and the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD). The Commissioners and family members are committed to meeting quarterly to continue the discussion and to develop and implement joint solutions to improve the lives of children, youth and families.

As an example of work in progress, OCFS, OMRDD and OMH are working jointly to reduce the use of physical restraints in child care settings, to improve service delivery to children who need support from multiple systems.

OCFS and DOH are conducting a review and analysis of the efficacy of the Medicaid per diem rates for voluntary authorized agencies providing foster care.

OCFS has been working collaboratively with SED to develop bed capacity within New York State to prevent placement of children with high service needs in out-of-state residential facilities and when appropriate, return children currently in out-of-state residential programs to services that are delivered close to home within NYS.

Services for Families Affected by Substance Abuse: OCFS Commissioner Gladys Carrión and OASAS Commissioner Karen Carpenter-Palumbo have signed a joint Plan of Cooperation, creating the collaborative framework for effectively addressing the needs of children, youth, families and adults who require assistance from the child welfare, juvenile justice and chemical dependency systems. A number of initiatives are underway, including the **Child Welfare-Substance Abuse Collocation Project**. A review of the characteristics and needs of families and youth entering the child welfare and PINS systems and at risk of out of home placement led to the creation of the Child Welfare-Substance Abuse Collocation Project. This is a three-year demonstration project that involves the collocation of Credentialed Alcoholism and Substance Abuse Counselors, mentors, and alcohol and substance abuse prevention workers in Child Protective Services (CPS) Units and offices that serve PINS (Person in Need of Supervision) in eight counties. The focus of this collocation model is to provide early identification of chemical dependency problems in CPS and PINS cases, facilitate access to treatment and prevention services, link clients with support services, increase client engagement and retention in treatment, and improve service planning and coordination. OCFS and OASAS have partnered with the University at Albany, Center for Human Services Research, to conduct a randomized control trial. The goal is to prevent family disruption and out of home placement, and to reduce length of time in out of home placement.

A second major collaborative initiative is the **In-Depth Technical Assistance (IDTA) Project** in New York State. New York State's lead systems in the **New York Partnership for Family Recovery** are OCFS, OASAS and the Office of Court

Administration (OCA). Key collaborative partners are the New York City Administration for Children's Services (ACS); New York Public Welfare Association; Association of Substance Abuse Providers (ASAP); and Office of Temporary and Disabilities Assistance (OTDA). This initiative focuses on families with substance abuse problems that are involved with both the child welfare and court systems. These are often the same families with repeated involvement in one or all of the systems, as well as the end users of the most expensive system resources, including out of home placement. "Family" in this context is defined broadly enough to include, for instance, adolescents in congregate care, multigenerational households, and other non-traditional constellations. The priority outcome of this initiative is to achieve child safety, permanency and wellbeing by supporting family recovery and helping families to prevent the need for involvement with the courts.

The New York Partnership for Family Recovery has provided *Gearing up to Improve Outcomes for Families*, a collaborative cross-systems practice guide and best practices to assist counties, services providers and court officials working with families at the intersection of the three systems. These guidelines are designed to help parents and families recover while keeping their children safe and to provide needed treatment and services to support healthy child development. As adapted by various counties and cities, this document will be recommended for use in all future initiatives and RFPs to achieve more effective outcomes for children and families by incorporating cross-systems objectives.

Finally, OCFS and OASAS are working in collaboration to align the **delivery of chemical dependency prevention and treatment services for youth in OCFS' juvenile justice facilities and community services**, to support the youth's successful return to family and community.

Office of Mental Health (OMH) Home and Community Based Waiver: In addition to the B2H Waiver, OMH and OCFS work together to provide over 300 OMH Home and Community Based Waiver slots that are dedicated to provision of waiver services to children in the child welfare system through the use of state and local preventive funding and federal Medicaid funding. Both agencies provide resources and are key members of the Coordinated Children's Services Initiative (CCSI), a multi-agency family initiative that focuses on maintaining children with cross-systems needs in their homes and communities.

Kinship Care for Children Removed from their Homes: A central strategy for maintaining family and community ties for children requiring out-of-home placement is to promote the use of relatives as placement resources. New York State statute requires that judges direct social services districts to consider the availability of relatives as a placement resource, either as a direct custodian or foster parents, prior to placing a child in need of care in foster care with a non-relative.

In kinship foster care situations where it is determined that children are unlikely to be returned home, exploration of the relative's willingness to adopt is generally the next best alternative. Kinship adoptions have increased over the last few years. However, there are other times when a relative is not interested in adopting her/his kin where the child may remain with the relative in foster care for a more extended period. While social services districts have had increasing success in decreasing lengths of stay for these

kinship foster children, their lengths of stay in foster care remain higher, on average, than that of other foster children. New York State does not have a subsidized kinship guardianship program as an alternative for children who cannot safely return to their birthparents, but who do not wish to be adopted, or whose committed caretaker relatives do not wish to adopt. However, under Article 6 of the Family Court Act, relative custody or guardianship is an option.

OCFS reviewed the supports available to kin caretakers seeking to assume custody or guardianship and it was clear that the rights and responsibilities of a custodian or a guardian were not defined in law. The lack of definition and seeming overlap between the meaning and effect of an application to be appointed a custodian or guardian of a child caused confusion to parties, schools, health and medical services providers. Health insurance providers, school districts and medical providers have differing requirements regarding whether a non-parent must have custody or guardianship of a child to provide a child with health insurance, enroll a child in school or provide medical care and treatment. A person who applied for custody may have learned that he or she had asked for the wrong legal authority and be forced to commence another proceeding, with an attendant delay to the detriment of the child. OCFS developed legislation to clarify and harmonize provisions regarding custody and guardianship of minors under New York Laws. On August 5, 2008, Governor Paterson signed into law **Chapter 404 of the Laws of 2008**. Chapter 404 enacts a **definition of permanent guardianship** and clarifies the powers of custodians and guardians, including the ability and obligation to enroll a child in school, consent to medical care, and sign voluntary placement agreements.

A major initiative of OCFS and its partner, the NYS Office of Temporary and Disability Assistance (OTDA), is the finalization and promulgation of a **handbook for relatives** raising children that will be provided to identified kin caretakers of children needing out of home placement. This handbook will provide general information about the advantages and disadvantages of caring for a relative child as a foster care placement versus as a non-foster care caretaker. The content of the handbook is based on both statutory requirements and input from stakeholders. OCFS and OTDA are working collaboratively with a workgroup of local social service districts as well as with a contractor to produce the handbook.

New York City Improved Outcomes for Children (IOC): Pursuant to Social Services Law Section 153-k, the New York City Administration for Children's Services (ACS) submitted to OCFS a plan to pilot Improved Outcomes for Children. To facilitate implementation, ACS requested a waiver of certain State regulatory requirements related to case management responsibilities of local departments of social services. Such a waiver was granted to Children's Services in 2007 for pilot agencies in Phase I of Improved Outcomes for Children. The IOC model includes the delegation of greater case management authority to provider agencies through the strengthening of decision-making, use of a practice model based on Family Team Conferencing and rigorous monitoring of the process of service provision and the outcomes achieved by the service providers. The premise was that IOC would enhance ACS' ability to oversee and hold accountable the provider agencies with which it contracts for foster care and preventive services. The primary goals of IOC are to establish that:

- High quality services are being delivered to every child and family in the system;

- Decisions that affect children and families are made by those with the most knowledge and routinely involve the family;
- Decisions that affect children and families are carried out expeditiously and efficiently.

OCFS is monitoring implementation and outcomes of IOC and is currently reviewing ACS plans for expansion of the pilot and ultimate system-wide implementation of the model.

Supports for Youth in Transition to Adulthood: Older youth in foster care and juvenile justice placements often need on-going services and supports as they transition to adulthood. OCFS continues to examine its policies and investments on behalf of adolescents transitioning from out of home placement into adulthood in the community. Housing, health care and educational/vocational supports are priorities. OCFS, in consultation with its Adolescent Strategy workgroup made up of stakeholders from across New York State, is working to amend policies and to target program strategies to improving services and supports for these youth.

In response to jointly identified needs, the Department of Health (DOH), as the single state Medicaid agency, proposed Article VII legislation in the 07-08 Executive Budget to expand Medicaid coverage for children in foster care up to age 21. This was enacted and will help to reduce the number of uninsured, as well as provide continuity of services for youth leaving foster care up to the age of 21. This is important to sustain the health services for children as they leave foster care.

New York's Supervised Independent Living (SILP) Program assists older youth in making the transition to self-sufficiency. SILPs are apartments in the community licensed by the foster care agency. The youth remains in foster care status while residing in the SILP and experiencing increasing independence. On February 13, 2008, new OCFS regulations were adopted governing the approval and operation of Supervised Independent Living Programs and Supervised Independent Living units. The regulations enable authorized agencies that operated supervised independent living programs approved by OCFS to certify homes or apartments as supervised independent living units. In addition, the regulatory change adds the definition of a Supervised Independent Living Unit. The benefit of authorized agencies operating supervised independent living programs and certifying supervised independent living units, is to facilitate expanded use of supervised independent living programs and increase the number of older youth having access to and placed in these programs.

A practice guidance paper has been issued to provide local social services districts, voluntary agencies, and OCFS juvenile justice staff with a new framework for practice with adolescents to strengthen services to adolescents and improve their achievement of permanency. A tool for monitoring adolescent services has been revised and is being used by OCFS Regional Offices to help local social services districts strengthen services to adolescents. The new practice framework recognizes for adolescents to achieve functional independence they must be provided with life skills development and a connection with at least one adult permanency resource to assist them after they are discharged from foster care.

OCFS will be instituting a new, evidenced-based, strength-based Life Skills Training program throughout its juvenile justice system as a key core component of the residential treatment program. Additional life skills interventions will be identified and prescriptively provided from the newly developed “Counselor’s Toolbox”. OCFS will continue to expand the number of independent living program sites serving youth in its custody.

Federal Chafee Foster Care Independence funds may be used to support youth’s housing needs, but fall far short of meeting the need. Other opportunities continue to be explored, including an analysis of the efficacy of Preventive Housing Services, provided in the form of special cash grants, including rent subsidies, for a limited period of time.

OCFS and its partner the NYS Division of Housing and Community Renewal have begun to identify opportunities that may become available under the federal Family Unification Program (FUP), a federal initiative under the federal Department of Housing and Urban Development (HUD) which provides limited Section 8 assisted housing to families whose children are at risk of foster care placement or whose return to the family is delayed primarily due to a lack of adequate housing. Youth in transition meet this eligibility standard, as eligibility in New York State parallels eligibility for mandated preventive services. OCFS will continue to seek the opportunity offered by the New York/New York III Supportive Housing agreement that calls for the creation of 9,000 new units of supportive housing in New York City over a ten year period beginning in 2005. Two hundred of these housing opportunities will be targeted to young adults, ages 18-25, who have a serious mental illness being treated in NYS licensed residential treatment facilities, State psychiatric facilities or leaving or having recently left foster care and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.

MISCC Recommendations

OCFS actions in the areas of Data Collection and Analysis; Needs Assessment and Quality Assurance; and Housing are responsive to MISCC recommendations. This review and response activity will continue into the coming year.

Housing: Access to housing for youth in transition, as well as for families needing housing assistance to prevent a child’s placement or to support the return of the children from out of home placement, will remain a priority area of focus. As an active member of the MISCC Housing Task Force, OCFS supports the Task Force’s mission “To provide people 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 appropriate to foster opportunities for people with disabilities to live, work, learn, play and participate in their communities to the fullest extent possible.” In addition to pursuing state and federal housing subsidies as mentioned previously, OCFS will continue to identify barriers to access to housing and work with partner agencies to remove or ameliorate those barriers. This work will be facilitated by a review of data being collected in state child welfare and juvenile justice data systems and B2H tracking, as well as feedback from families and youth themselves.

CBVH Consumer Information System (CIS): CIS is a stable, upgradeable web-based system supporting CBVH operations in compliance with the requirements of CBVH and the Federal Rehabilitation Services Administration. CIS will replace the existing Access database system, known as CARES, to maintain services to New Yorkers who are blind. CIS will be subdivided into major releases: Resource Management, Vocational Rehabilitation Case Management, Independent Living case Management, Children's Services and Older Blind Services. One of these releases will include a state accounting interface. Reports and Predefined Queries (PDQ's) will be included with each release. The system will be implemented in October 2008.

Connections Health Module: With regard to child welfare programs, OCFS set a goal to identify and record child needs and track child and family assessment and service plan activity in response to identified child and family strengths and needs. The purpose was to make this data available to state and local level planners and policy makers. Within the child welfare and juvenile systems, significant numbers of children, at risk of or in out-of-home placement, have multiple needs in the areas of health, mental health, developmental disabilities and substance abuse. Such needs are identified in the course of casework and health screenings/assessments, and documented in the health record and in casework files. Historically, the statewide computer information system did not track or offer the opportunity to analyze these needs in the aggregate for program and fiscal planning purposes. Now, the Health Module has been implemented statewide and is an important part of the on-line case record where specific and limited health information about a child is documented by the caseworker. It is intended to support a focus on the current health care needs of foster children and serve as a communication tool among service providers, including foster and adoptive parents as appropriate. This electronic record follows the child throughout his or her experience(s) in the child welfare system and makes information about the child's health history readily available, 24 hours/day, to child welfare professionals working with the child now, and those who may provide services to the child and family in the future. It also supports case tracking and broader analysis of children's health needs and services provided across caseloads.

CBVH Needs Assessment: CBVH and the State Rehabilitation Council (SRC) jointly agreed to have a formal needs assessment conducted by the Center for Essential Management Services (CEMS) as part of the CBVH comprehensive statewide assessment required by the Rehabilitation Services Administration. CBVH and the SRC have decided to conduct needs assessments on a continuing basis – in other words, conducting needs assessments annually over a three year period. The Statewide Needs Assessment completed in March of 2008 focused on identifying the legally blind individuals who are under and unserved by CBVH. This year (2009) will focus on analyzing extant data and conducting consumer surveys for all consumers whose cases were closed in the prior year. Year three will address the State workforce investment system and focus on combining the results of the qualitative needs assessment (2008) with the quantitative needs assessment (2009) to facilitate a more systematic and ongoing effort to identify the needs of persons who are legally blind and to determine if there is a need to establish, develop or improve community rehabilitation programs. The needs assessment has so far yielded the following information:

- **Individuals with the most significant disabilities, including their need for supported employment:** The needs assessment completed in March 2008 utilized key informant interviews (interviews of consumers, professionals,

advocates and other stakeholders who provided qualitative data about the characteristics, needs and qualities of unserved and underserved individuals who are legally blind in New York State) and focus groups (participants provided information about the critical issues and/or needs of the unserved and underserved individuals who are legally blind in New York State), to identify who the unserved and underserved persons are, their needs and how best to provide outreach. Twenty eight individuals were interviewed as key informants. Sixty-one individuals participated in seven focus groups which represented six geographic areas of the state while one focus group was dedicated to Spanish speaking individuals only. All of the focus group participants either received services or were receiving services from CBVH. This needs assessment indicated that individuals who are legally blind and deaf-blind or those who have multiple impairments are considered the individuals with the most significant disabilities. Also included in this group were individuals who are visually impaired (not legally blind), children and the elderly. (It should be noted that by New York State Law, CBVH can not provide services to individuals who are not legally blind.) The needs of these individuals included improving access to transportation, improving the public/employer perception of the abilities of people who are legally blind, improving self-advocacy skills and enhancing computer skills and access to computer equipment regardless of vocational goal.

- **Individuals with disabilities who are minorities:** The key informants and focus group participants identified individuals who are legally blind and Non-English speaking, Hispanic, Asian or Native American as individuals who are minorities. The results of the needs assessment suggested that increased funding for additional outreach staff and outreach activities could result in increased awareness of CBVH services for the culturally diverse population of New York State. To better serve these populations, CBVH needs to break down cultural and language barriers.
- **Individuals with disabilities who are unserved:** The key informants and focus group participants identified the unserved and underserved populations as all those individuals noted in the two categories above plus individuals residing in rural areas, individuals age 18 – 55 who do not want to work and those individuals, 17-50, who want to work but have few skills. The needs of these individuals include improving access to transportation, improving the public and employer perception of people who are legally blind and enhancing computer skills and access to computer equipment regardless of vocational goal. In addition, improving vendor services (though the key informants and focus group participants did not elaborate on this issue) and increasing employment services are also vocational rehabilitation needs of the individuals who are unserved.

CBVH Quality Assurance Initiative: CBVH has launched a Quality Assurance Pilot project in partnership with the National Consortium of Regional Rehabilitation Continuing Education Programs (University partners). The Pilot Project Goals are:

- To improve the current CBVH quality assurance process for contracted vendor/provider performance and management. Quality assurance review reports

will provide the appropriate narrative that describes qualitative findings which inform the quantitative data-for internal use on continuous improvement efforts.

- Quality assurance review reports will include an executive summary that can be shared both internally and externally as a public document which contains a vendor/provider report card/performance index.

To date, CBVH, with assistance from the National Consortium of RRCEPs, has completed the goal setting, benchmarking, external review, provider profiles, and CBVH staff input phases of the quality assurance technical assistance project. In addition, a draft report card outline has been developed. Each of the aforementioned actions was attained without any major difficulties. Direct Technical Assistance included exploration of existing and promising practices throughout the country; conference calls with resources around the country; provision of a replicable results accountability model; meeting facilitation and consulting; and Coordination with NYS/VESID on mutual areas of interest.

Key to the improvement of the CBVH quality assurance process and development of the vendor report card was the external review of the existing CBVH system. The external review, conducted by C. Bryson of the California Department of Vocational Rehabilitation, found a well organized and complete quality assurance program. Direct Technical Assistance included: researching existing QA systems; referrals to sources of expertise; provision of discussion opportunities with other Vocational Rehabilitation agencies concerning quality assurance systems and vendor management.

Protective Services for Vulnerable Adults Needs Assessment: As previously mentioned, OCFS is reviewing the Adult Protective Services system to better understand the needs and capacities of the individuals served and how to improve the system's response. One of the key initiatives worthy of note in the context of MISCC is the **Elder Abuse Prevalence Study** being conducted by Lifespan of Greater Rochester in partnership with NYC Department for the Aging and Cornell Institute for Translational Research on Aging (CITRA). It is the first of its kind in the country and will examine prevalence rates among reported and unreported cases, characteristics of victims, types of abuse reported and current referral patterns. OCFS will use the findings in consultation with local government stakeholders, providers and advocates to identify ways to improve the system's responses to the emergent needs of a growing adult protective population.

Early Childhood Quality Stars NY: Quality Stars NY is a quality improvement and recognition system that is still in the planning phase. It is designed to recognize programs that demonstrate quality above and beyond meeting New York's strong regulatory standards. An effective Quality Rating and Improvement System, whether for center-based or family-based programs, rests on the foundation of a state's regulatory system. New York ranked 2nd among the fifty states, the District of Columbia and the Department of Defense on both standards and oversight for centers and ranked 21st on standards and oversight for small family child care homes. Quality Stars NY will be designed to improve quality and provide supports such as technical assistance and professional development. Participation in Quality Stars NY will not be required; programs that do participate will gain access to support services and financial benefits.

Quality Stars NY will offer families an easy-to-understand rating system to help them choose the right program for their child. Quality Stars NY is a comprehensive initiative to ensure that our young children - the 1.5 million New Yorkers under age six – have the opportunity for high quality early learning experiences. It has the potential to create an efficient and effective early learning system that is accountable to investors, easy to access and good for children and families. The expectation is that Quality Stars NY will be field-tested in 2009 followed by staged implementation across the state in 2010 and beyond. The field test will be supported by a private-public funding partnership.

Quality Stars NY will offer a framework for continuous quality improvement in all settings. The framework for improvement focuses on practitioners and the programs in which they work. Support for professional development will help teachers and others who work with and for children to be well-prepared and continue to learn the most effective and up-to-date teaching and learning strategies. Programs will have access to information for crafting quality improvement plans and to the mentoring, coaching and other assistance necessary to implement those plans.

Quality Stars NY is being designed and developed by a work group of the Governor's Children's Cabinet and its Advisory Board. More information about Quality Stars NY is available at www.earlychildhood.org – just click on the Quality Rating and Improvement System.

OCFS Office of the Ombudsman: OCFS has strengthened the **Ombudsman** function in its juvenile justice programs. The OCFS Office of the Ombudsman protects and promotes the legal rights of youth in programs and facilities operated by OCFS. This Office, which reports directly to the Commissioner's Office, hears complaints and issues concerning residents placed in facilities under the jurisdiction of the Office of Children and Family Services. Complaints and issues are received via telephone, letter, e-mail and facility visits, and may come from residents, their parents, their law guardians, or other interested parties. Additionally, Ombudsman staff participates in the agency Resident Grievance Program by serving on a committee that reviews and makes recommendations on Grievance Appeals. This Office also assists residents in accessing the courts/legal system. Approximately 900 requests for assistance are handled annually.

OCFS is convening a **Bridges to Health Quality Advisory Board** made up of providers, families and children, and other stakeholders as an inclusive and comprehensive component of its B2H Quality Assurance efforts. See previous description.

Attachment A

New York State Office of Children and Family Services Commission for the Blind and Visually Handicapped (CBVH) Stakeholders

Consumer Groups:

- ACB of New York
- NFB of New York

Private Agencies Serving Individuals Who are Blind:

- Association for the Blind and Visually Impaired – Goodwill (Rochester)
- Elizabeth Pierce Olmsted, MD Center for the Visually Impaired (Buffalo)
- Association for Vision Rehabilitation and Employment, Inc. (Binghamton)
- Catholic Charities, Diocese of Rockville Center (Amityville)
- Catholic Charities, Archdiocese of New York, Guild for the Blind (New York)
- Central Association for the Blind and Visually Impaired (Utica)
- Chautauqua Blind Association (Jamestown)
- Glens Falls Association for the Blind (Glens Falls)
- Helen Keller Services for the Blind (New York/Long Island)
- Jewish Guild for the Blind (New York)
- Lighthouse International (New York, Hudson Valley Region, Long Island)
- Northeastern Association for the Blind at Albany, Inc. (Albany)
- North Country Association for the Visually Impaired (Lake Placid)
- Association for the Visually Impaired, Inc. (Spring Valley)
- Aurora of Central New York, Inc. (Syracuse)
- Visions Services for the Blind and Visually Impaired (New York)
- Western New York Center for the Visually Impaired, Inc. (Buffalo)

Services to Individuals Who are Deaf-blind:

- Helen Keller National Center (Sands Point)

State Rehabilitation Council: (Voting Members)

- Sharon Giovinazzo, Chair
- Raymond Wayne, Vice Chair
- Nancy Belowich-Negron
- Sherry DeFrancesco
- Patricia Eisenhandler
- Steven M. Ennis
- Robert K. Hanye
- Kathleen Nichols
- Dennis J. O'Connell
- Robert Pulsifer
- Eric Randolph

(Ex Officio Members)

- Robert Gumson, VESID
- Addie Hampton, Downstate Counselor Representative
- Rosemary Lamb, Office of Advocates' for the Disabled
- Nick Rogone, Office for Aging
- Tammy Scheffer, Upstate Counselor Representative
- Cathy Reardon, Dept. of Labor

CBVH Executive Board:

- Alan R. Morse, Co-Chair
- Charles Richardson, Co-Chair
- John Bartimole
- Carrina Collura
- Tara Cortes
- Christina Curry
- Maria T. Garcia
- Karen Gourgey
- Mindy J. Jacobsen
- Luis A. Mendez
- Julie Phillipson
- Tom Robertson
- David R. Stayer

Rehabilitation Services Administration:

- Joe Pepin, New York State Liaison

Regional Rehabilitation Continuing Education Program, Region II:

- David F. Burganowski, Chair

NEW YORK STATE OFFICE FOR THE AGING (NYSOFA)

General Principles and Guidelines

The New York State Office for the Aging (NYSOFA) was established in the 1965 by Article 19-5 of Executive Law (now New York State Elder Law Article II, Title I) with a mission to promote the independence and protect the dignity of elders. That mission is as relevant today, as it was at the time the Office was created. The values expressed in the 1999 United States Supreme Court's Olmstead Decision, and in the New York State legislation creating the Most Integrated Setting Coordinating Council (MISCC), are core values of this office. NYSOFA's efforts to address the challenges presented by a growing older adult population are rooted in the deepest principle of our aging services philosophy: to promote the independence of older adults by serving them - where they want to be served and where it is most cost-effective to serve them - in their homes and communities. In developing policies that support aging in place, NYSOFA is working to ensure that policies promote individual choice, support independence to the greatest extent possible, and recognize the importance of caregivers and community-based care services. NYSOFA believes: that the most integrated setting is determined by the individual regardless of age or disability.

NYSOFA has provided staff support for all MISCC workgroups, committees and MISCC activities across the state since the inception of the Council in 2004. NYSOFA served as chair for the MISCC Quality Assurance Committee and functioned as Co-Chair of the MISCC Transportation Committee. NYSOFA is currently lending staff support to the MISCC Transportation and Housing Committees and contributing to the reports that are being produced by those working groups. NYSOFA has shared authorship in the crafting of the MISCC General Principles and Guidelines contained in the 2006 MISCC Report. The General Principles and Guidelines adopted by the MISCC are a reflection of the mission and values of NYSOFA and have been adopted into all agency policies, programs and services supported by the agency.

NYSOFA's primary source of staffing for the MISCC is the Division of Policy, Research and Legislative Affairs and in particular, the Bureau of Policy, Analysis, Research and Management. All staff from the Division of Policy, Research and Legislative Affairs have been afforded an opportunity to learn about and apply the MISCC General Principles and Guidelines. The goal is to ensure that all policy development activities are guided and tempered by the MISCC General Principles and Guidelines. NYSOFA views the integration of the MISCC General Principles and Guidelines into all agency activities as mission critical.

NYSOFA's Division of Community Services (CS) staff are responsible for helping develop NYSOFA funded programs. CS staff have day to day responsibility for NYSOFA funded programs that are delivered through NYSOFA's network of fifty-nine county based Area Agencies on Aging (AAAs) and/or the AAA's local subcontractors. CS staff have received training on the MISCC that included: an overview of the enabling legislation; MISCC membership and the statutory charge for the Council. CS staff have been provided a copy of the MISCC Report, *Addressing the Service and Support Needs of New Yorkers with Disabilities: Report of the Most Integrated Setting Coordinating*

Council. CS staff have been briefed and provided an opportunity to discuss: the MISCC Operational Plan which outlines the work process that all participating MISCC state agencies are required to conform to; the MISCC Standard Format for Reporting that all agencies are required to use to provide the MISCC with the agency's annual MISCC Implementation Plan; and the set of General Principles and Guidelines for State Agencies that all state agencies are required to use in conference with their stakeholder group to guide the evaluation that will determine if programs are consistent with the General Principles and Guidelines for state agencies as published in the MISCC Report.

CS staff are routinely engaged in program evaluation activities and the MISCC information provided to them has spurred many comments and suggestions on how program development and review processes may include the MISCC General Principles and Guidelines. CS staff communicate routinely with the AAAs and are responsible for the dissemination of information such as the MISCC General Principles and Guidelines to the network. CS staff defer to NYSOFA policy staff to reply directly to local requests for additional information or clarification regarding the MISCC. Additional coordination with CS staff will be on-going in order to establish firm work plans to ensure that all NYSOFA programs and services are and remain consistent with the MISCC General Principles and Guidelines as directed by the Council.

The MISCC General Principles and Guidelines have been integrated into the work of both the upstate and downstate Long Term Care Advisory Councils which NYSOFA co-chairs with the New York State Department of Health. The Long Term Care Advisory Councils provide policy and program advice to NYSOFA and the New York State Department of Health regarding the NYConnects information and assistance program as well as on a variety of issues concerning long term care reform. Members of NYSOFA's Stakeholder Group were selected from the Long Term Care Advisory Council. At each meeting of the Long Term Care Advisory Council, members common to both groups have reported on the Stakeholder Group's activities. The General Principles and Guidelines have been disseminated to all members of the Long Term Care Advisory Council so that they may be considered and utilized in their policy advice to the State.

NYSOFA routinely engages stakeholders, at the local level to provide guidance to NYSOFA and NYSOFA's network of fifty-nine county based Area Agencies on Aging (AAAs) and/or the AAA's subcontractors that deliver NYSOFA funded programs directly to consumers. These Advisory Councils are mandated by the Older Americans Act. 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 NYSOFA or the AAA in their community. NYSOFA encourages advisory council members at all levels to assume a strong leadership role in guiding, directing and supporting State advocacy efforts for older adults throughout the state. Advisory council members are often consumers of aging services themselves and often caregivers for individuals receiving NYSOFA funded services. NYSOFA and the AAAs rely on their input to help ensure the needs and concerns of older adults are being heard and responded to. Advisory council members are a key link in the success of the aging network. This model of stakeholder engagement mirrors the construct that the MISCC is attempting to establish within other State agencies to provide information, guidance, advice and support in the development, coordination and administration of their programs. The MISCC General Principles and guidelines are being shared with state and local advisory

council members, so that they may provide input and guidance to ensure that the MISCC General Principles and Guidelines are integrated into all policies and operations at all levels.

Stakeholder Group

To create a Stakeholder Group that models the construct described in the MISCC Operational Plan, NYSOFA sought individuals who presently or at one time, have received NYSOFA funded services or through their role as a caregiver, have direct experience in utilizing services and supports funded by NYSOFA. NYSOFA also recruited individuals who are advocates and who actively seek the least restrictive setting for care and living for older adults with disabilities in New York State.

The names and affiliations of the members of the Stakeholder Group which is advising NYSOFA in the development, implementation and updating of the Most Integrated Setting Implementation Plan are listed below:

Patricia Binzer - Advocate for Older Adults
Priscilla Bassett - Advocate for Older Adults and Consumer
Shirley Genn - Brooklyn-wide Interagency Council of the Aging, Caregiver and Advocate for Older Adults
Lani Sanjek - NY Statewide Senior Action Council NYC Chapter, Caregiver and Advocate for Older Adults
Carol Gehrig - Advocate for Older Adults and Caregiver
John Eadie - NY Statewide Senior Action Council, Advocate for Older Adults
Nelsa Selover - Advocate for Older Adults, Caregiver and Retired AAA Director
Ladan Alomar - Centro Civico of Amsterdam, Advocate for Older Adults
Fatima Goldman - Federation of Protestant Welfare Agencies, Advocate for Older Adults
Hong Shing Lee - Asian American Federation of New York, Advocate for Older Adults
Bruce Darling - Advocate for Adults with Disabilities

The Stakeholder Group convened by conference call on January 18, 2008. The purpose of the first meeting of the Stakeholder Group was to orient the members of the stakeholder group to the MISCC and to provide context and direction for their charge as the advisory group to NYSOFA as it develops, implements and annually updates its MISCC Implementation Plan. The Stakeholder group convened again by conference call on September 8, 2008. The purpose of the second meeting of the Stakeholder Group was to focus on NYSOFA's caregiver programs. The decision to focus on NYSOFA's caregiver programs was based on the importance that caregiver programs play in preventing institutionalizations by helping to sustain people in the community as expressed by the MISCC members. A description of the stakeholder review process that was undertaken by SOFA and the outcome of that review are contained in the meeting records in **Appendix G**.

Caregiver Programs

NYSOFA chose to focus on caregiver programs because of the importance that caregiver programs play in preventing institutionalizations and in recognition that the provision of support caregiving is a priority of the Governor. The decision was also spirited by several MISCC members who spoke of the critical role that caregivers fulfill in helping to sustain people in the community. Studies that show that caregivers who experience stress and feel burdened are more likely to give-up their caregiving responsibilities which could mean that the person or persons that are being cared for in the community are destined for placement in a nursing home or other like institution.

New York State has more than two million informal caregivers and ranks third in the nation for the number of caregivers. It is estimated that no less than 80 percent of the care that addresses long term care needs is provided by family or other informal caregivers in New York State. Research shows that the strength or weakness of an older person's informal supports has proven to be an even better predictor of institutional placement than the older person's own physical and mental health status. NYSOFA recognizes the importance of caregivers. NYSOFA believes that the provision of program support to assist them, as they strive to ensure that the individuals they care for are afforded the right to live in the least restrictive setting of their choice, is paramount.

NYSOFA's Family Caregiver Council was formed in 2007. NYSOFA was assigned by the Governor to be the State agency responsible for coordinating and convening this council, made up of consumers and State agencies. The Council focuses on caregivers across the lifespan, which includes caregivers of older New Yorkers as well as caregivers who devote their time to children and adults with special needs. The majority of members of the Council are individuals who have first-hand experience delivering care themselves to others in the community. Since its inception, the Family Caregiver Council has identified and made recommendations to address the barriers and challenges facing the family members, friends and neighbors that provide support to New Yorkers of all ages and abilities so that they can remain in their homes for as long as possible. The Council's goals are to provide a strong statement of support for family caregivers; undertake a comprehensive mapping and evaluation of existing services and family caregiver needs; review key policies; establish a mechanism to coordinate these activities and to propose new and expanded services and policy implementation; and focus on strengthening local agencies to reach, assess, and support caregivers. The work of the Council has produced recommendations that have resulted in several new initiatives designed to support caregivers which have been negotiated by Governor Paterson and adopted in the current State Budget. NYSOFA's engagement of stakeholders, at all levels, to advise the agency in the development, implementation and updating of its programs and services is not exclusive to its MISCC Plan.

NYSOFA's Family Caregiver Council would qualify as a stakeholder group under the MISCC's Operational Plan and could be utilized accordingly. However, due to NYSOFA's strong commitment to MISCC's mission, purpose and prescribed construct for MISCC Plan development, NYSOFA chose in this first year, to engage a separate Stakeholder Group in the review of its programs designed for caregivers against the MISCC General Principles and Guidelines. NYSOFA's MISCC Stakeholder Group was assembled exclusively to advise the agency as it develops its initial Most Integrated Setting Implementation Plan. For this period, the Stakeholder Group was engaged in a

review of NYSOFA's New York Elder Caregiver Support Program and its Caregiver Resource Center program to assess consistency with MISCC General Principles and Guidelines.

New York's network of AAAs, provide a multifaceted system of support services for informal caregivers of older people and grandparents and other older relatives caring for children. The New York Elder Caregiver Support Program, funded by Title III-E of the federal Older American Act, supports informal caregivers as they carry out their caregiving responsibilities. Section 206 of the New York State Elder Law, Article II, Title I establishes the Caregiver Assistance Program within the State Office for the Aging. The primary responsibilities of the existing seventeen centers are to assist caregivers through training programs, support groups, counseling and technical assistance, and to link them with AAA services and other community services. The Centers provide services that are coordinated and comprehensive.

A description of the stakeholder review process that was undertaken by NYSOFA with the Stakeholder Group in 2008 and the outcome of that review is contained in the

Recommendations

The specific recommendations set forth in the 2006 MISCC Report which were reviewed during this annual reporting period are listed below.

ASSESSMENT

1. Assessments should permit the person to easily articulate his or her preferences and ideas for successfully living in the community.
2. Assessments should take into account a person's preferences and needs rather than solely assessing a person's eligibility for a specific program or service.
3. Assessments should identify both a person's community support needs and the person's preference for how these needs are met.
4. Assessments should take into account available "natural supports" or assistance, that family, friends and neighbors can provide.
5. Assessments should look at skills and competencies that the person and his support "team" already have in place. These competencies must be recognized, worked with and incorporated as future services/supports are developed.
6. Assessments should not require a specialized knowledge of the bureaucracy, services or funding streams, but instead tease out the person's daily needs and match these needs to community resources; include creative use of services and resources.
7. Assessments should address community supports and services needs in all areas of a person's life, e.g., medical and psychological needs, health and safety, housing, personal assistance, transportation, relationships, social outlets, and employment.
8. Assessments should consider cost effectiveness.

The Stakeholder Group's review focused on that portion of the MISCC General Principles and Guidelines for Assessment that are relevant and can be applied to NYSOFA's New York Elder Caregiver Support Program and NYSOFA's Caregiver

Resource Center program. Priority was given to this set of specific Principles and Guidelines because of their applicability to the program and their value in improving the capacity of existing community services and supports to sustain individuals in the least restrictive setting of their choice. Implementation of the Principles and Guidelines is immediate. Continuous improvement, in terms of ensuring that the programs remain consistent with the Principles and Guidelines will be achieved through the agency's Performance Outcome Measurement Project (POMP). POMP will be utilized to describe positive, measurable outcomes which demonstrate accountability to MISCC General Principles and Guidelines. POMP should afford NYSOFA performance measures to evaluate any diminutions in a program's consistency with the MISCC General Principles and Guidelines and describe any revisions that have been or should be implemented in response to the review.

As NYSOFA looks ahead to updating and expanding its MISCC Implementation Plan for the next annual reporting period, it will continue to utilize stake holder input to determine the next program areas to engage in the review process. In regard to the future construct of a NYSOFA MISCC Stakeholder Group, NYSOFA is considering the advantages of enhancing the role of local AAA advisory councils by enabling broader input into NYSOFA's MISCC Plan. As local advisory councils function to advise the AAA during the development of the Area Plan, they could be engaged to perform a stakeholder review to assess the consistency of NYSOFA funded programs delivered at the local level with the MISCC Principles and Guidelines. Local advisory council members could be used to facilitate the MISCC Plan process directly and/or play an ancillary role. Council members are engaged at the local level, to identify the needs of older adults by visiting program sites, talking with groups of consumers of services to identify their needs and hold hearings on the needs of older persons in the community. Local advisory council members represent the interest of Older Adults through direct participation in programs and communication with service recipients. Input, provided by an array of local customer's, may prove to be as beneficial as a state level stakeholder review. The Long Term Care Advisory Council will also continue to play a role in the process. More discussion is needed before it can be determined which approach or a combination of approaches would be most effective and the best means for supporting the agency's MISCC Plan.

COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES (CQCAPD)

Agency Background

The New York State Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) is an independent, New York State government agency charged with improving the quality of life for New Yorkers with disabilities and protecting their rights by:

- Promoting the inclusion of people with disabilities in all aspects of community life;
- Ensuring programmatic and fiscal accountability in the State's mental hygiene system;
- Providing individual and systemic investigative and advocacy services;
- Advancing the availability and use of assistive technology for persons with disabilities; and,
- Offering impartial and informed advice, training and recommendations on disability issues.

MISCC Related Agency Activities

Money Follows the Person

The Commission's Technology Related Assistance for Individuals with Disabilities (TRAID) program is partnering with the Department of Health on a new initiative to provide assistive technology (AT) devices for loan and trial periods for persons who are leaving nursing homes or at risk of entering nursing homes.

In January 2007, New York's application to participate in the federal Centers of Medicare and Medicaid Services (CMS) *Money Follows the Person Federal Rebalancing Demonstration Program (MFP)* was approved. The demonstration grant will provide enhanced reimbursement for select services to persons who transition to community based care after having been in a nursing home for more than six months.

The MFP grant is intended to assist in building infrastructures that will result in effective and enduring improvements in community-based long-term care and support systems for people with disabilities of all ages. To create these long-term supports it was recognized that AT devices are often a vital and essential aspect to assisting or maintaining an individual's independence at home, at work and in the community.

The TRAIID program operates 12 regional centers that will provide device loans and training on devices for individuals participating in the MFP grant. The goal of the TRAIID program is to increase the access and acquisition of assistive technology in the areas of education, employment, community living, and information technology/telecommunications. For more information on the TRAIID program please visit our website <http://www.cqcapd.state.ny.us/AssistTechTRAIID/TRAIIDProj.htm>

The Quality Initiative

The Commission has joined in a coalition with over twenty (20) 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.”

A series of research activities have been undertaken to study the critical question, “How can we help families and organizations support a good quality of life for individuals with disabilities?” Most important to the Commission and the Coalition in this research effort, is to understand:

- if people think they are living a good quality of life;
- what constitutes a good quality of life;
- what challenges needed to be surmounted to get a good quality of life; and,
- what still needs to change.

The Commission plans to report the data collected from focus groups and individual stories documenting what people say is important to their quality of life. The report will also describe the challenges people say they have faced or are facing in obtaining a good quality of life, and their opinions about what is lacking and what needs to change.

In addition, using the data collected on measures of quality of life from the report, the initiative plans to develop a practical “guide” identifying examples of policies, legislation, grants, programs, and services that currently exist that promote good quality of life.

Additional information is available on the Commission website at:
<http://www.cqcapd.state.ny.us/Brochures/QualityQuestionnaire.pdf>

Housing

The Commission, in collaboration with the Department of Housing and Community Renewal (DHCR), NYS Office of Mental Health (OMH), and others, is working to

enhance housing opportunities for individuals with disabilities in New York State. Two of several collaborative housing efforts in which the agency has been involved include:

Pollack Gardens: This former adult home (Family Lodge) was successfully converted by Concern for Independent Living into a 50 bed community residence - single room occupancy - licensed by the OMH. The program opened on May 23, 2007 and is an example of how once poorly run housing can be turned into quality supportive housing for persons with psychiatric disabilities.

Unlike the previous adult home, the new residence features a distinct dining room, several community rooms, library, community lab, exercise room, laundry facilities and well-landscaped outdoor areas. All residents have their own bedroom, bathroom and kitchenette equipped with air conditioning.

Besides the more personalized nature of the living environment, a unique aspect to this program's development was the close coordination between OMH and DHCR that resulted in the collaborative funding of the purchase and renovation of this property. Concern for Independent Living was able to combine both Low Income Tax Credits from DHCR with a long term mortgage commitment from the OMH that has since been used as a model by other supportive housing providers. The program also had strong support from its local community with the Town Of Islip and West Sayville Civic Association, and was honored as "Neighbors of the Year" in October 2007 by the NYS Supportive Housing Network.

Concern Riverhead: Similar to Pollack Gardens, this site involves the conversion of a closed adult home into a 50 bed OMH-licensed community residence - single room occupancy. This former historical hotel, run as an adult home for several years, has now been restored to reflect the quality that it once represented in downtown Riverhead. With its official opening scheduled for September 25, 2008, the newly-developed facility has been in operation for just a short time. Again, all housing for residents will be provided through private bedrooms and bathrooms equipped with a kitchenette in each room. An aggressive effort was undertaken to identify and recruit former residents of the adult home to live in this newly-converted program.

CQCAPD Stakeholder Groups and Activities

CQCAPD has identified the following Stakeholder groups to advise the agency in the development, implementation and updating of the MISCC plan and activities.

- Commission on Quality of Care and Advocacy for Persons with Disabilities Advisory Council
- Protection and Advocacy for Individuals with Mental Illness Advisory Group
- Interagency Coordinating Council for Services to Persons who are Deaf, Deaf-Blind or Hard of Hearing (to be convened)

The Stakeholder groups, comprised of a broad and diverse range of people with disabilities and family members, advocates, service providers and experts in a variety of disability-related fields, drawn from throughout the State, have assisted the agency by

providing feedback on recommendations and actions steps, were involved in periodic reviews of the agency's draft MISCC plan, will review the final plan, and, continue to participate in ongoing and future MISCC related activities within the agency.

Meetings with the stakeholder groups occurred on the following dates:

- **2/12/08** - Protection and Advocacy for Individuals with Mental Illness Advisory Council

Discussion: The discussion centered on why the PAIMI Advisory council was identified as a stakeholder group, assignments to review the specific MISCC recommendations that CQCAPD had chosen to address, and review a draft timeline for the plan. Council members requested more time to review the materials and agreed to provide feedback via email or phone call back to the agency MISCC coordinator. Minutes of the meeting are mailed back to the members and they disseminate to interested parties within their respective regions.

- **3/12/08** - Commission on Quality of Care and Advocacy for Persons with Disabilities Advisory Council

Discussion: The discussion centered on the expectation of the council as an identified stakeholder group, and the group was then asked to review the specific MISCC recommendations that CQCAPD had chosen to address, and review a draft timeline for the plan. Members felt that a majority of the recommendations fit within the purview of agency and that they would like continued briefings as the plan progressed. In addition, a review of internal policies and procedures was shared with the group. CQCAPD Advisory board meetings are webcast for the public.

Internal MISCC Activities

CQCAPD has reviewed existing policies and procedures to ensure they are in accordance with the "General Principles and Guidelines" set forth by the MISCC. Specifically, the agency has reviewed all bureau policies to:

- i. Ensure "person first" language (in internal & external training materials and other documents).
- ii. Ensure the principles of self determination and provision of services and supports in the most integrated setting are embedded throughout all agency activities, with the Commission committed to:
 1. Considering a person's self-stated preferences and needs, not just their eligibility for services;
 2. Complying with a strengths-based and recovery-focused approach;

3. Promoting person's ability to drive their own services, explore options and plan their own lives;
 4. Identifying natural supports and services to meet the person's needs in their home and community;
 5. Emphasizing personal responsibility and the consequence of choices; and,
 6. Examining the balance between the dignity of risk and safety of the individual.
- iii. Ensure that future requests for proposals (RFP) and the contractors chosen demonstrate adherence to the principles of person first language and self determination.
 - iv. Ensure outcome based services and supports for individuals.

In addition, the Commission has identified specific MISCC recommendations and the areas where: 1.) activities are taking place, 2.) activities could be expanded, and/or 3.) new activities could be undertaken. Priority has been given to addressing those recommendations which seek to improve access to affordable and accessible housing and transportation, vocational and educational opportunities, and long-term care community services and supports. Following are two of several MISCC recommendations that were identified and the agency efforts to address them follow.

MISCC Recommendation: The extent to which service information is available to discharge planners, service coordinators and others with placement responsibility should be assessed and training should be undertaken, if necessary, to increase and promote the education of discharge planners.

Commission Plan: Increase training to service coordinators and other individuals with placement responsibility.

Current Activity: The Commission conducts training for Office of Mental Retardation and Developmental Disabilities (OMRDD) service coordinators on disability/diversity awareness and special education advocacy.

Planned Activity: The Commission is exploring new opportunities with OMH to extend training to their network of service providers and family members to improve awareness of special education resources for children with serious emotional disturbances. The Commission, in addition, will offer training on the Americans with Disabilities Act, General Advocacy and Assistive Technology to service coordinators and others with placement responsibility.

MISCC Recommendation: State agencies should continue compliance and training efforts related to applicable requirements of federal disability rights and housing laws/regulations, which require non-discrimination and accessibility in new construction/renovation.

Commission Plan: Increase compliance and training efforts related to applicable requirements of federal disability rights and housing laws/regulations.

Current Activity: The Commission conducts training on building codes and accessibility for code enforcement officers, advocates and general audiences.

Planned Activity: The Commission will maintain staff with official Building Code Officer certification and increase the number of accessibility/barrier – free design trainings for general audiences.

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Attachment A

**Commission on Quality of Care and Advocacy for Persons with Disabilities
Advisory Council Members**

Regis Obijiski Executive Director –
New Horizons Resources, Inc.
Advisory Council Chairman

Dale R. Angstadt
Saratoga County Mental Health

James Bopp
Executive Director
Rockland PC

Mary Derby

Barbara Devore, Deputy Director
Center for Community Health
NYS Department of Health

Judy Eisman

Denise A. Figueroa, Executive Director
Independent Living Center of the Hudson
Valley, Inc.

Shirley Flowers

Loretta Goff

Andrea Haenlin-Mott
Cornell University

Richard P. Johnson, Retired
Executive Director
Parsons Family and Child Center

Joan Klink

Deborah S. Lee
Asian-American Mental Health Services
Hamilton Madison House

Jeffry Luria, Ph.D.

Mary Lou Mendez
U.S. Veterans Affairs

Loretta H. Murray, Esq.
Executive Director
Mill Neck Services for the Deaf

William E. Reynolds, DDS.
Reynolds Consulting Group

Milo I. Tomanovich, Esq.

Elizabeth Wickerham

**Commission on Quality of Care and Advocacy for Persons with Disabilities
Protection and Advocacy for Individuals with Mental Illness (PAIMI)
Advisory Council Members**

Cathi Calori, Chairperson

George Badillo
Kandee Kennedy
Timothy R. Cameron
Joshua Koerner
David Chudy
Artelia Lewis
Richard Dowhy
Diane Lightbourne
Susan Ganser
Melissa Ramirez
Loretta Goff
Terry Wilcox
Deborah Wilson

Note: Members represent different geographic regions of the state.

DRAFT

APPENDIX A

Most Integrated Settings Coordinating Council Housing Task Force Housing Subsidy Workgroup Findings and Recommendations August 25, 2008

The **Housing Subsidy Workgroup**¹ was formed in late 2007 to bring together stakeholders from inside and outside government to form recommendations for consideration by the MISCC Housing Task Force. Chaired by Mike Newman (Office of Mental Health), the group held a series of eight meetings to define its purpose, review and gain an understanding of the current inventory of state housing subsidy programs, identify unmet needs and gaps that can help form the rationale for a new subsidy program, and discuss options for the creation of a new subsidy program for people with disabilities living in New York State.

The Workgroup drafted its recommendations after thoroughly discussing these matters and gathering information from knowledgeable sources outside the group.

In the course of the group's work together, a set of five recommendations emerged, and the group set about spending about 6 weeks collecting information and developing some of the specific details for each. The **recommendations** are for NYS to:

1. Improve coordination;
2. Assess the need for a housing subsidy to help individuals with high Medicaid costs;
3. Expand existing subsidy and rent-freeze programs;
4. Develop new housing subsidy programs; and
5. Develop a new housing application assistance demonstration program.

A few objectives emerged in the course of the group's discussions, including:

- To avoid duplication of effort;
- To carefully target any new subsidy to a group for whom it would clearly serve to reduce costs, thereby justifying the expenditure in tough economic times;
- To strengthen the existing infrastructure of programs and consider ways to help state subsidies work as bridges to federally funded subsidies, most notably Section 8; and
- To recognize that all of the MISCC agencies are committed to and accountable for delivering meaningful opportunities for people with all disabilities to receive care and services in the most integrated settings appropriate to their individual needs.

¹ The MISCC Housing Task Force Housing Subsidy Workgroup members are listed on the final page of this document

FINDINGS

The MISCC Housing Task Force Housing Subsidy Workgroup makes the following findings about the need for housing subsidies for people living with disabilities in New York State:

1. There is a significant unmet need that necessitates the expansion of virtually all of the New York State's existing housing subsidy programs.
2. Existing State housing subsidy programs vary in how well each can "bridge" the recipients to more permanent and stable federally-funded housing subsidies such as Section 8 vouchers. They also vary widely in their structure, costs, associated service packages, and administrative constructs.
3. There is a need to pair people with disabilities who hold or are eligible to receive housing subsidies supplied by various state agencies (and the agencies themselves) with government assisted housing, including, but not limited to, that which is accessible and/or adapted for use by people with mobility or sensory impairments. This strategy will help to extend the value of both operating and capital subsidies, and can help contain the costs of subsidy programs that may otherwise experience high rates of growth in their costs due to housing market conditions that sometimes include very substantial annual increases in even regulated rents.
4. There is a need to increase the sharing of information about the availability of existing housing subsidies for people with disabilities and the availability of state assisted affordable housing opportunities that exist at the local level. The local organizations involved with both the housing and the subsidies, as well as organizations that work with people with disabilities as advocates, case managers and care coordinators, should all be involved to a much greater degree in sharing information and resources, coordinating outreach and public information efforts, and in strengthening their own knowledge base about housing needs and resources for people with disabilities.
5. SSI/SSD recipients with disabilities who need housing in high cost markets usually do not qualify for state-aided developments, including tax credit projects, unless they possess a subsidy or the development has project-based subsidies because their incomes are so low. Yet they should be able to access state supported affordable housing with the aid of something far less costly than Section 8 level subsidies if there is an incentive for the owner to set aside a number of units for people with disabilities.
6. There are gaps in the availability of targeted rental assistance for certain groups of people with disabilities, including low income people with mobility impairments, disabled Seniors, and disabled veterans. There is also a shortage of general subsidies like Section 8 in upstate communities and there are very long waiting lists (formal and informal) for various subsidies in certain communities and programs.

7. Existing housing subsidies and disability-specific or supportive housing set-asides in mainstream state affordable housing programs do not help people with serious disabilities who do not fit neatly within the guidelines for these programs. Such individuals could benefit from a new, more generic housing subsidy program for people with disabilities. Such individuals could also benefit from “something more” in the way of set-asides in state-aided affordable housing development programs that could reach those for whom the 2 percent set-aside for people with sensory impairments; the 5 percent set-aside for people with mobility impairments; the supportive housing set-aside; and the 15 percent set-aside incentive for special needs populations do not apply. For example, a person with a cognitive impairment who receives SSI and is able to live independently generally does not fit into any of these special categories, and yet is also priced out of most state-aided affordable housing developments because his income is too low for him to qualify. Or a woman with Multiple Sclerosis whose condition now requires her to use a wheelchair, and who receives SSI is also in a similar bind, unless some generous developer decides to set aside some units for people in her situation. The “something more” clearly goes to some sort of incentive that can reach across disabilities inclusively.
8. There is a need for one or more new state housing subsidy programs (person or household-based rental or homeownership subsidies) targeted to meet the needs of people with disabilities in New York State. Such a program or programs should include a generic subsidy for people with a range of disabilities that extends beyond the eligibility criteria and capacity of existing subsidy programs, and that also extends beyond geographic or programmatic confines that may limit enrollment in certain programs. A new subsidy should be portable and able to be used for rental as well as homeownership opportunities. It is not anticipated that subsidies such as those outlined below would have adverse impacts on local housing markets.
9. A policy recommendation that bears further exploration is the idea of offering state incentives to engage localities in making some accommodation in their local zoning rules for the establishment of accessory apartments to benefit people with disabilities who may live with family or friends.
10. A suggestion that new subsidies be flexible in how they are targeted to allow people to “graduate” from housing offering supports they may no longer need prompted a discussion of the dilemma government faces with finite resources: Whether to help those most in need, even if only a fraction of them for whom the cost is great, but the savings are as well (like NY/NY III housing); or, in the alternative, to help people who are not the most desperate, for a lesser cost, in the hope that this will free resources or opportunities for those in greater need (like supported housing or short-term subsidies). The workgroup is mindful that we are entering a very difficult budget cycle that will likely entail major cuts to programs and services across the board, and conclude that the development of a new subsidy program should be sensitive to this problem and include a solid rationale that demonstrates that the subsidy would be, while not targeted based on disability, targeted to achieve savings by reaching the population of individuals with high Medicaid costs for whom a housing subsidy would arguably reduce those costs and allow for access to needed care in the community.

11. The unmet need for housing assistance among people with disabilities in New York State has been characterized and quantified as follows:
- a. New York State has the following shortages of affordable available units of housing:
 - 528,000 units for those with Extremely Low Incomes (below 30 percent of state median family income - below \$17,906 in 2005, with a median of \$8,154)
 - 568,000 units for those with Very Low Incomes (31 - 50 percent of state median family income - below \$29,843, with a median of \$19,263)
 - 259,000 units for those with Low Incomes (51-80 percent of state median family income - below \$47,749 with a median of \$31,371.)
 - b. Nationally, 57 percent of households with non-elderly adults with disabilities have rent burdens in excess of 50 percent of income.
 - c. The number of renter and owner households in NYS that report Mobility or Self-Care Limitations is 1.27 million, of which 756,815 households (about 60 percent) are low-income renters and owners. Among these, there are 390,925 Extremely Low and Very Low Income renter (73%) and owner households with housing problems. Indeed 60 percent to 80 percent of these owner and tenant households experience high housing cost burdens relative to their incomes and/or have housing that is in poor condition.
 - d. The U.S. Census Bureau projects that number of New Yorkers aged 65 and older has been rising steadily and is expected to grow from 2.65 million in 2010 to 3.92 million by 2030. With the aging baby boom, there will be a greater need to provide non-institutional affordable and accessible living opportunities in the community for seniors on fixed incomes, many of whom will develop various limitations in mobility and self care abilities as they age.
 - e. There are about 22,500 residents of NYS nursing homes who signify their desire to return to a community setting when they are respond to the MDS Q1a Nursing Home survey each quarter. Although this does not necessarily mean that each is able to do so, and others may be able to return to the community but fear doing or saying so, it is an indication that there are indeed people confined to expensive nursing homes who can be helped to return to the community with the aid of an affordable housing subsidy.
 - f. Forty percent of the 1,060 denials issued by the NYC Finance Department Disability Rent Increase Exemption (DRIE) program were for applicants whose building was not eligible for the program, and this would suggest that extension of DRIE to additional types of housing would actually help a sizable cohort of low-income people with disabilities with high rent burdens.
 - g. According to an analysis of NYC housing data, there are 25,994 non-senior households receiving SSI/SSD living in rent-regulated housing and

paying more than a third of income for rent. These tenants would benefit from DRIE or an expanded DRIE program and efforts to promote enrollment.

- h. About three-quarters of the \$46 billion Medicaid budget in NYS, or \$34.5 billion, is provided for the care of just a fifth of the recipients, or about one million people. The costs are for people needing long-term care, nursing homes, inpatient care, and for those in the OMH, OMRDD, and OASAS systems as well as people with HIV/AIDS. These individuals often have chronic illnesses, are sometimes excluded from managed care, and can be in community and institutional settings. The Department of Health \$10 million initiative to improve care for Chronically Ill Medicaid Patients included a valuable analysis of Medicaid utilization by some 33,000 individuals with chronic illnesses. The data reveal high rates of mental illness and substance abuse diagnoses, along with high rates of multiple chronic illness, inpatient costs, and costs for pharmacy and substance abuse treatment. The goal of the initiative is to reach these people with services that improve care coordination and outcomes, and the expectation is that this will improve the bottom line with savings. NYS has some of the highest costs for health care, but this is not reflected the best outcomes: We have great access, but rank poorly in the areas of quality, healthy lives and avoidable costs. One suggestion is that housing subsidies may be a useful addition to this project because it could improve the outcomes.
- i. One of the prominent analysts of high cost utilization of Medicaid, John Billings, has observed that homelessness and housing instability likely impact the lives of this extremely poor population and has written, “For some high-risk patients, an effective, supportive housing environment might be enough to tip the balance, allowing sufficient life stabilization to address previously intractable health and mental health problems. An emerging body of research indicates that these “social service” interventions can have a major impact on the use of health services.”²
- j. Billings finds that one can predict future Medicaid expenditures following inpatient episodes and that interventions to prevent future hospitalizations and other costs, when concentrated on the highest risk patients, can arguably end up saving the state money. For example, achieving a 20 percent reduction in costs for patients with high-risk scores (90%) through an investment of \$9,000 per patient per year could result in the state breaking even. Given that rental assistance is budgeted at about \$650 per household per month, New York State would stand to save \$1,200 per household per year by stabilizing those with unstable housing via housing subsidies focused on high cost Medicaid patients.
- k. Billings’ research shows that the mean Medicaid cost for the top three percent of non-institutionalized children with disabilities in NYS (1,595

² *Health Affairs* (Vol. 26, No. 6), *Improving The Management Of Care For High-Cost Medicaid Patients, Evidence from New York City that it is possible to predict future health care use of a costly population*, by John Billings and Tod Mijanovich.

children) was over \$108,000 in 1999, or \$173 million, accounting for over 30 percent of the Medicaid costs for disabled children.³

- l. This research concerning the top three percent of costs for non-institutionalized Medicaid patients found similarly extremely high mean Medicaid costs for disabled (non-HIV/AIDS) adults with Schizophrenia, Alcohol and Drug treatment utilization, and other disabilities that accounted for \$745 million in treatment expenditures for just 6,686 non-elderly adults. The profile of these patients includes very high rates of chronic disease (69.3%), psychiatric conditions (47.8%), mental retardation (27.9%), and multiple hospitalizations (86%), along with heavy emergency department utilization – four visits – that did not result in hospitalization for the alcohol/drug patients. Notable for the Schizophrenia patients were an average of 4.5 hospitalizations per year, 3.3 additional emergency department visits not yielding hospitalization, and high rates of co-morbidity beyond chronic physical illnesses, including mental retardation/developmental disability (27.5%) and alcohol/drug diagnoses (51.4%).
- m. The last group in the top three percent of Medicaid costs analyzed for this research were non-institutionalized elderly patients of whom there were 7,158 whose mean costs were between \$82,723 and \$92,753, and whose aggregate costs were \$643.7 million, representing 22 to as much as 33.7 percent of the costs for all non-institutionalized seniors. Seniors too, had extremely high rates of chronic disease (84-93%) and psychiatric disorders (49-57%).

RECOMMENDATIONS

A. Improve Coordination

In order to promote better access to safe, affordable, appropriate housing, it is critical that people with disabilities who have special housing needs, and the organizations serving them, understand the availability of and how to access various housing subsidies.

1. Memorandum to the Field

The MISCC Housing Task Force should prepare a memorandum to MISCC member commissioners, housing-related public authorities, and all state and local health and human services commissioners (social services, aging, mental hygiene, children and youth, health, etc.) as well as their respective contract service agencies highlighting the need for “Improving Coordination and Delivery of Services to People with Disabilities.”

This communication should include a link to the housing subsidy section of DHCR’s new housing locator database on the web, and ask that it be promoted through local networks to help build awareness and improve access to subsidy programs. This memo should emphasize the importance of coordinating regional meetings on the topic of access to

³ *High Cost Medicaid Patients: An Analysis of New York City Medicaid High Cost Patients* by John Billings (2004) (downloadable at http://www.uhfnyc.org/pubs-stories3220/pubs-stories_show.htm?doc_id=215780)

housing for people with disabilities, developing formal linkage agreements, offering local service coordination training, and promotion of existing subsidy programs. It should emphasize the value of helping seniors to age in place where possible, and the availability of home modification assistance and assistive technology to help people remain as independent as possible in the community, thereby reducing the need for more expensive subsidies or long term care. In addition, the memo should publicize the new MOU between DOH and DHCR regarding the Nursing Home Transition and Diversion waiver rent subsidies, and describe the roles of the Section 8 Local Administrators and the Regional Resource Development Specialists and Service Coordinators.

The memo should be issued by December 31, 2008 and should advise Commissioners to include in their annual MISCC reports what each agency has accomplished in this area, and what future plans each envisions for further improving coordination.

Non-MISCC authorities and agencies should be asked to report to the MISCC Housing Task Force within one year of the memo as well; a simple survey should suffice.

2. Executive Order

The DHCR Commissioner should issue an Executive Order establishing a vacancy set-aside program within certain state-aided developments for the benefit of low-income people with disabilities who are in immediate need of accessible housing; who choose to apply for set-aside units and are enrolled in the Nursing Home Transition and Diversion Waiver rent subsidy program, the Traumatic Brain Injury Waiver, tenant-based Section 8, or any of the other rental/housing assistance programs offered by MISCC agencies, including any new subsidies that may be provided consistent with the recommendations made below.

Such order should be issued by December 31, 2008 and should be designed to target 1,000 new vacancies per year for people with disabilities for the first three years of the order. Not more than 5 percent (10 percent with a waiver) of the units in any one building are to be made available to people with disabilities under the order.

Note that any subsidy holder with a disability could qualify, whether the assistance derives from the new subsidy program we propose, or any other such subsidy already in existence, and for which they qualify. The notion here is to help extend the value of both state housing investments and the subsidies themselves. The program would not, unlike a prior program for homeless families with children, require any Section 8 set-aside.

3. New Incentive Program Workgroup

To ensure that New York housing policy does not discriminate against people with certain disabilities, most notably cognitive and psychiatric, it is important that there be incentives and requirements that help people to access housing that include people with all types disabilities. The MISCC Housing Task Force should form a new workgroup with all of the MISCC agencies to formulate a new housing incentive and/or set-aside requirement to accommodate the needs of people with disabilities whose needs are not addressed by the current requirements and incentives. This workgroup should complete its work by October 1, 2009.

4. Adding Partners to the Task Force

A significant number of persons with addictive, psychiatric, or chronic medical conditions are now homeless, have experienced episodes of homelessness, or are at high risk of becoming homeless. MISCC Housing Task Force efforts must coordinate with the Office of Temporary and Disability Assistance (OTDA) at the state level and through that agency with local Social Service Districts and in NYC with both the Human Resources Administration (HRA) and the Department of Homeless Services (DHS). This coordination should extend to the planning work of HUD's Homeless Continuum of Care coalitions, which prioritize HUD Homeless grants for emergency, transitional, and most relevant for our focus, permanent housing through full Fair Market rental subsidies.

5. Monitoring Progress

The MISCC Housing Task Force should monitor and evaluate the outcomes of the Memorandum of Understanding between DOH and DHCR regarding the new administrative structure for the Nursing Home Transition and Diversion waiver rent subsidies, and assess its potential to be replicated for other state housing subsidy programs.

B. Assess Need

1. Analyze Medicaid Data

The MISCC Housing Task Force (or a sub-committee thereof) should work in cooperation with analysts at the Department of Health to obtain an understanding of how many Medicaid patients in NYS have high Medicaid costs for whom a housing subsidy would arguably reduce those costs and allow for access to needed care in the community. A specific look at the 3 percent of non-institutionalized patients with the highest costs should be undertaken. Also, a special analysis of the age cohort of those ages 17-21 will help in early identification of a group at risk of falling out of services and into a pattern of housing instability for which subsidies may serve as a solution.

An attempt should be made to obtain further analysis of the cohort of 33,000 individuals targeted by the analyses prepared for the Health Department's Chronically Ill Medicaid Patients initiative in order to find whether or not a housing subsidy might improve outcomes for such patients, and produce greater savings for that particular project. A separate analysis should examine data that DOH and OASAS are generating from the Managed Addiction Treatment Services initiative, which provides intensive case management services to voluntarily participating high cost Medicaid-eligible recipients of chemical dependence services.

A thorough analysis of the patient characteristics and likely needs should include both data and a "reality check" type of investigation that might entail personal interviews or surveys, focus groups, or other means of determining both need and critical elements for making a housing subsidy intervention that is well designed and effective. It is expected that a proper analysis and collateral investigation will constitute a multi-year effort and cost in the range of about \$1 Million in total expenditures.

2. Analyze Utilization of Foster Care Medicaid Per Diem

Some way of examining the foster care population should also be developed because their records are not in the Medicaid Management Information System; their providers

receive a Medicaid per-diem, which we assume must have some actuarial basis in utilization data of some sort that could be helpful.

3. Analyze Utilization of Current Subsidies Relative to Need

Another facet of needs assessment that would help agencies with planning and promoting existing subsidy programs would entail a comprehensive analysis of the utilization of existing subsidy programs relative to the need for them. Supplied with this information, the MISCC Housing Task Force will be able to recommend expansion of the most under-subscribed programs or adjustments to their design that might promote improved utilization.

For example, the \$300 per month cap on the Foster Care Rent Subsidy programs reportedly acts as a barrier to their utilization unless they can be paired with other sources of subsidy or limitations on required rent contributions. An affordable change in policy could help expand utilization of a program like this to help more families reunify and bring their children home from expensive out-of-home placements.

This sort of analyses could arguably be accomplished within the means of the agencies sponsoring the subsidy programs. It would require some coordination by the MISCC Housing Task Force, and possibly some policy analysis from DHCR, or the help of a foundation grant to foster the timely completion of the analysis.

C. Expand Existing Subsidy and Rent-Freeze Programs

1. Expand Existing Subsidy Programs

The MISCC Housing Task Force should recommend to the MISCC and Governor Paterson that the Executive Budget include funds to expand existing subsidy programs as follows:

| State | Present | Enrollment Target | |
|-------------------------------|---------------|-------------------|--------------------|
| Net | | | |
| Subsidy | Enrollment | December 2010 | |
| Increase | | | |
| DOH NHTD | 0 | 1,500 | 1,500 |
| DOH TBI ⁴ | 1,100 | 1,500 | 400 |
| OCFS Foster Care ⁵ | 3,892 | * | * |
| OMH Supported Housing | 12,200 | at least 15,200 | 3,000 ⁶ |
| OMRDD (ISS) ⁷ | 1,950 | * | * |
| OASAS Subsidies ⁸ | 294 | 587 | 293 |
| AIDS Institute ⁹ | 79 | 280 | 201 |
| OTDA OSAH ¹⁰ | 236 | 236 | 0 |
| *Total | 19,751 | 25,145 | |
| 5,394 | | | |

The anticipated expansion in the number subsidies available through existing state programs is a critical component necessary to the MISCC's comprehensive plan. The projected net increase of nearly 5,400 subsidies across all agencies by December of 2010 should be maintained as a benchmark by which the MISCC measures progress on this recommendation.

2. Expand Existing Rent Freeze Programs

The Disability Rent Increase Exemption Program (DRIE) (http://www.nyc.gov/html/dof/html/property/property_tax_reduc_drie.shtml) and Senior Citizen Rent Increase Exemption Program (SCRIE) (<http://www.nyc.gov/html/dfta/html/scrie/scrie.shtml>) presently serve about 4,000 non-seniors with disabilities and 44,000 senior households (with and without disabilities), respectively, in New York City. Each program serves tenants and certain co-op owners with low incomes, who live in rent-regulated housing, and pay more than one-third of their incomes for housing. Hundreds more participate in these programs in well over a dozen other localities, mostly on Long Island and in Westchester. Tenants who qualify for the program are exempt from paying future increases in their rent. Localities opt into

⁴ Subsidy recipients only; does not include waiver participants without subsidies

⁵ This includes 3,072 in NYC over one year (1,658 at any one point) and 820 in the rest of the state. No 2010 projection is supplied because the cap on subsidies - \$300 per month - serves to limit participation in the program.

⁶ No additional funds need to be appropriated for this expansion.

⁷ OMRDD is reviewing the ISS program and future needs; it does not have an enrollment projection for 2010.

⁸ Includes NY/NY III (250 rising to 500) and Upstate Permanent Supportive Housing (44, rising to 87);

⁹ Data includes NY/NY III units and about 30 units of supportive housing outside NYC; units rise to 530 by 2014-15.

¹⁰ There are 1,059 additional units in 49 other eligible projects that do not receive OSAH subsidies, and another 886 units in nine new projects under development, all of which can compete with the currently funded 12 projects for \$1.15 Million in subsidies in 2009. While this program is not generally used as rental assistance, it can be used for such subsidies as well as simply as an operating subsidy, and should be considered for regular state budget increases to keep pace with the capital development pipeline for AIDS housing under contract with HHAP. This is the only program that has come to our attention in which the necessary operating and rental subsidies for a need funded on the capital side have not kept pace with the rate of expansion in capacity

this program and compensate owners for the foregone rent through refundable real property tax abatements. Both programs are under-subscribed (with participation rates of 20 percent and 37 percent, respectively) and should be expanded by raising the income limits, deducting income from select sources such as Veteran's benefits, and lowering the rent burden requirement from one-third to 30 percent of income. In addition, these programs should be promoted through private and public means to achieve better participation rates.

This model of allowing localities to opt in to a program that freezes rents for vulnerable groups and then makes the landlords whole in the amount of the foregone rent through tax abatements, could be adapted to include other types of state-assisted housing.

Further, the state could undertake an abatement program of its own that could serve the purpose of expanding housing opportunities for low income people with disabilities who don't have access to subsidies and who need help because of high rent burdens. Even a voluntary abatement program could serve an important segment of the unmet need for subsidies.

The MISCC Housing Task Force should recommend to the MISCC and Governor Paterson that the Executive Budget include \$1 million in initial funding to establish a new state tax abatement rent-freeze program for low-income people with disabilities who have high housing costs, and/or to expand SCRIE and DRIE by helping to cover the costs of including more participants by raising the income limits, expanding the types of eligible housing, reducing the rent burden amounts to 30 percent of income, and deducting certain sources of income and medical expenses from income in the income-limit calculation.

In addition, the state should support efforts to expand enrollment in DRIE and SCRIE through at least one outreach and education contract of not less than \$250,000 to be issued by RFP. Contract activities would be designed to publicize these programs, and to provide training and support to encourage community-based organizations to help their clients apply.

By 2010 New York should spend at least \$10 million per year in tax-expenditures or incentives to utilize this highly cost-efficient strategy.

D. Develop New Housing Subsidy Programs

1. Establish New Deep Subsidy Program

The MISCC Housing Task Force should recommend to the MISCC and Governor Paterson that the Executive Budget include funds to establish a new generic housing subsidy program for people with disabilities that have high Medicaid costs, and for whom a housing subsidy would arguably reduce those costs and allow for access to needed care in the community.

This recommendation should be based upon the results of the needs assessment outlined above, and should be made for the 2010-2011 State Fiscal Year. This recommendation should be accompanied by a fiscal analysis that illustrates potential cost savings associated with the use of the subsidy; identify eligibility criteria and operational structures for the program; identify how much it would cost to provide the subsidy to all eligible persons within a three-year period of its inception. The top 3 percent of High Cost Medicaid patients, or the a subset of the 33,000 individuals targeted by the analyses prepared for the Chronically Ill Medicaid Patients initiative are considered to be sensible target populations to start.

The program should be housed at DHCR and pegged to Fair Market Rents to facilitate the transition of individuals and families from this subsidy to federally funded Section 8 subsidies over time. Budgeting for the subsidy should assure that an average subsidy amount (within the wider geographic ranges) be calculated @ \$650 per household per month, indexed for inflation based on historical rates of increase in the HUD Fair Market Rent levels for New York State. To fund 1000 subsidies in the first full year of program operation would cost \$7.8 million, plus about \$600,000 in administrative costs.

Although the phasing in of any new program takes time, it should probably be funded at \$4.2 million to start, assuming a mid-year enrollment start and some up front administrative expenses. The first three years of the program should make at least 3,000 subsidies available to low income people with disabilities who have an immediate need for housing assistance.

A rough projection of future costs involved with a steady expansion of the program would require appropriations of \$17.6 million in year 2 and \$27.7 million in year three with an enrollment of 3,000 households. It is the fervent belief of the workgroup that a substantial portion of this cost will be offset by reduced expenditures in Medicaid because research evidence points to housing instability in the target population. Further, this population is not unlike the population targeted by the NY/NY Agreements, for whom supportive housing (usually more costly than the subsidies contemplated here) has been shown to be no more expensive than not addressing the housing need and allowing that target population to continue cycling through hospitals, shelters, and jail.

In addition, while it should initially target the High Cost Medicaid patient group, the new subsidy can be considered for expansion to other subsets of people with disabilities in the future, when the economy has returned to a more stable status.

2. Establish New Shallow Subsidy Demonstration Program

The MISCC Housing Task Force should recommend to the MISCC and Governor Paterson that the Executive Budget include funds to establish a new DHCR project-based shallow subsidy demonstration program to help support people with disabilities who are priced out of state-aided housing developments. The program should target SSI and SSD recipient households that are on local Section 8 waiting lists as a way to help this new subsidy work as a bridge to Section 8. An initial appropriation of \$2.4 million would provide sufficient funds to help 1,000 households move into affordable, and possibly adapted units in developments that presently exclude people with incomes below a certain threshold. “Deep rent skewing” provides the opportunity to make this work on Tax Credit projects, but it will be important to determine how to classify and design this subsidy so that it comports with certain Federal Low Income Housing Tax Credit regulations.

DRAFT

E. Develop a Housing Application Assistance Demonstration Program

The MISCC Housing Task Force should recommend to the MISCC and Governor Paterson that the Executive Budget include funds to establish a new state-funded Housing Application Assistance Demonstration Program and associated evaluation with an initial appropriation of \$2 million.

These funds would be used to support 4 or 5 geographically dispersed projects, as well as a program evaluation, to be made available by competitive Requests for Proposals. Each project would be designed to provide housing application assistance and placement services specifically for people with various disabilities, and for all of the various housing subsidies and programs for which they may qualify. The program would call for local collaboration, formal linkages (but not consortium proposals), and a performance-based approach that assures that the services deliver not just completed applications, but actual housing placements measured in units occupied by applicants with disabilities. As with any contract for state services, no duplication of services already required and reimbursed under other funding streams would be permitted.

Entities with demonstrated experience and a track record of success in helping people with disabilities to secure the housing of their choice and that is suitable for their needs should be invited to compete for funding via a Request for Proposals that should be administered by DHCR in consultation with members of the MISCC Housing Task Force.

Eligible applicants should include, but not be limited to: Independent Living Centers, Neighborhood and Rural Preservation groups, Supportive Housing sponsors, OMH and OMRDD rehabilitation providers, Community Action Agencies, Catholic Charities offices, and others with a track record of successful housing placements for people with disabilities. Awards should include at least one project in a rural community, one in a suburban community, one in a large upstate city, one in New York City, and one of them possibly located in a neighborhood with a large concentration of people with limited English Language proficiency.

A study or evaluation component might be funded through an outside source like the Robert Wood Johnson Foundation or the New York State Health Foundation.

SUMMARY AND CONCLUSION

The members of the MISCC Housing Task Force Housing Subsidy Workgroup are pleased to submit these recommendations in support of new and expanded housing subsidy resources for people with disabilities in New York State.

Taken together, our recommendations would generate about 8,894 new state housing subsidies within existing and new programs for people with disabilities by December 31, 2010, and 12,644 such subsidies when fully implemented in the 2012-2013 State fiscal year (including units made available to subsidy holders in state regulated housing development), raising the total inventory of housing subsidy opportunities for people with disabilities to 32,395.¹¹

The investments recommended here constitute a reasonable array of administrative and direct assistance expenditures with modest initial outlays of about \$3.8 million for one-time administrative, analytical, evaluation and demonstration project costs and \$7.6 million in direct subsidy costs for the first year. Ongoing annual subsidy costs for the three new initiatives (deep subsidy, shallow subsidy, and tax abatement expansion) are recommended at \$40 million for the 2012-2013 state fiscal year.

Our recommendations will also serve to increase the number of people with disabilities in New York State who transition to federally funded Section 8 housing vouchers; access state-assisted affordable housing; benefit from improved local coordination; and/or qualify for at least one type of state housing subsidy.

We hope that the MISCC and Governor Paterson adopt these recommendations and act swiftly to implement them.

¹¹ Figure does not include any projected increase in “rent-freeze” program participation, but initial costs for new enrollment in DRIE and SCRIE are presently about \$22 per person per month, or about \$264 per person for year one. According to an analysis of NYC Housing data, there are 25,994 non-senior households receiving SSI/SSD living in rent-regulated housing and paying more than a third of income for rent. It is strongly advised that these households be included in DRIE as quickly as possible to help keep them stably and affordably housed on their fixed incomes. Military veterans in receipt of Veterans Disability Compensation should also be categorically included in DRIE – the present statute excludes those with 100 percent disability ratings because their incomes are marginally above the program’s income limit.

RESOURCES

Center for Health Care Strategies (www.chcs.org)

Disability Rent Increase Exemption Program (DRIE) (http://www.nyc.gov/html/dof/html/property/property_tax_reduc_drie.shtml)

High Cost Medicaid Patients: An Analysis of New York City Medicaid High Cost Patients by John Billings (2004) (downloadable at http://www.uhfnyc.org/pubs-stories3220/pubs-stories_show.htm?doc_id=215780)

Improving The Management Of Care For High-Cost Medicaid Patients, Evidence from New York City that it is possible to predict future health care use of a costly population, by John Billings and Tod Mijanovich associate professor and senior research scientist, respectively, at the NYU Robert F. Wagner Graduate School of Public Service. *Health Affairs* (Vol. 26, No. 6)

MDS Q1a Report, Centers for Medicare and Medicaid Services. The “MDS Q1a report summarizes, by state and county, percentages of (nursing home) residents that answered "yes" to Q1a: Residents expresses/indicates preference to return to the community.” The following are links to the main database, state-by-state data, and county-by-county data for NYS, second quarter, 2008:

http://www.cms.hhs.gov/MDSPubQIandResRep/06_q1areport.asp#TopOfPage

http://www.cms.hhs.gov/MDSPubQIandResRep/06_q1areport.asp?qtr=15&isSubmitted=q1a2

http://www.cms.hhs.gov/MDSPubQIandResRep/06_q1areport.asp?isSubmitted=q1a3&date=15&state=NY

NYS Department of Health Chronically Ill Medicaid Patients initiative (http://www.health.state.ny.us/press/releases/2008/2008-02-21_health_department_seeks_proposals_to_improve_care_of_chronically_ill.htm). The RFP and associated attachments can be found at <http://www.health.state.ny.us/funding/rfp/0801031003/> .

Senior Citizen Rent Increase Exemption Program (SCRIE) (<http://www.nyc.gov/html/dfta/html/scrie/scrie.shtml>)

MISCC Housing Task Force Housing Subsidy Workgroup Participants:

The MISCC Housing Task Force Housing Subsidy Workgroup is chaired by Mike Newman (Office of Mental Health) and coordinated by Shelly Nortz (Coalition for the Homeless).

John Broderick, Supportive Housing Network of New York
Doug Cooper, Association for Community Living
Denise A. Figueroa, Independent Living Center of the Hudson Valley
Millie Figueroa, Office of Alcoholism and Substance Abuse Services
Maureen Freehill, Division of Housing and Community Renewal
Lucinda Grant-Griffin, Office of Mental Retardation and Developmental Disabilities
Charlie Hammerman The Disability Opportunity Fund
Ken Harris, New York Association of Homes & Services for the Aging
Anne Hill, New York Association of Homes & Services for the Aging
Steven Hochberg, The Disability Opportunity Fund
Lisa Irizarry, Division of Housing and Community Renewal
Ann Marie LaVallo, Office of Mental Health
Carl Letson, Office of Mental Retardation and Developmental Disabilities
Donna Mackey, Office of Mental Retardation and Developmental Disabilities
Nancy Martinez, Office of Children and Family Services
Bob Melby, Commission on Quality of Care and Advocacy for Persons with Disabilities
Jane Muthumbi, Developmental Disabilities Planning Council
Bill Panepinto, Office of Alcoholism and Substance Abuse Services
Jeanette Santos, Department of Health
Kyle Sapkiewicz, Office of Mental Retardation and Developmental Disabilities
Leah Sauer, Department of Health
Linda Reese, Department of Health
Nick Rose, Developmental Disabilities Planning Council
Laura Turnblum, Malkin & Ross
Cheryl G. Udell, Department of Health).

In addition, Emil Slane from the Office of Mental Health made a very informative presentation to the group. Scott Edwards and Brett Hebner from the Office of Temporary and Disability Assistance provided helpful information, as did Joseph Losowski AND Elizabeth Foster from the AIDS Institute at the Department of Health.

APPENDIX B

MONEY FOLLOWS THE PERSON AND HOUSING COMMITTEE MINUTES

Money Follows the Person (MFP) Housing Task Force Meeting

May 2, 2007

Empire State Plaza, Concourse Meeting Room 2

Albany, NY

10:00am – 12:00pm

1. Welcome and Introductions

Deborah VanAmerongen, Commissioner of the NYS Division of Housing and Community Renewal (DHCR) opened the meeting and welcomed everyone for coming.

2. Money Follows the Person Overview

Mark Kissinger, Deputy Commissioner, Office of Long Term Care, NYS Department of Health (DOH) provided an overview of the Money Follows the Person (MFP) Rebalancing Demonstration. The MFP initiative was created by Section 6071 of the Deficit Reduction Act to assist states to “rebalance” their long term support systems. New York will receive an additional 25% Federal Medical Assistance Percentage (FMAP) for qualified services provided through the Nursing Home Transition and Diversion (NHTD) Medicaid waiver and certain State Plan long term care services provided to MFP participants for 365 days after transitioning into the community. The additional FMAP revenue is anticipated to reach up to \$27 million which is contingent on the transition of 2800 eligible individuals from nursing homes back into the community during this initiative.

The first year of the project, beginning in January 2007 and lasting until December 31, 2007 is called the Pre-Implementation Phase. This phase is reserved for planning activities. Implementation of MFP begins on January 1, 2008 and ends on September 30, 2011. The rebalancing activities that New York State plans to pursue during the MFP project will build on previous work.

3. Role of the MFP Housing Task Force

As part of the application to CMS for MFP, the State had to identify barriers to transitioning people from nursing homes. A major barrier identified by the State was the lack of affordable, accessible and integrated housing. To explore strategies to overcome this barrier, the State created a MFP Housing Task Force.

Commissioner VanAmerongen noted that one of the main roles of the MFP Housing Task Force will be to complete a needs assessment which includes an inventory of affordable, accessible and integrated housing units and how many housing units are required to meet the need.

Commissioner VanAmerongen advised that there will be cross-over between the Housing Task Force and the Most Integrated Setting Coordinating Council (MISCC). Some of the same

individuals serve on both groups. As work evolves, there will be the need to integrate the work of these two groups.

4. Overview of Nursing Home Transition and Diversion (NHTD) waiver/ Discussion about MFP

Bruce Rosen, Project Director of MFP and Director of the NHTD waiver provided an overview of the NHTD waiver and discussed its role in MFP. The NHTD waiver is designed for individuals who have not had the opportunity to transition into the community under other HCBS waivers. It is expected that the NHTD waiver will be operational in the summer of 2007. The NHTD waiver will serve individuals who are:

Capable of living in the community with needed assistance of available informal supports, non Medicaid supports and/or Medicaid State Plan services and one or more waiver service;
Eligible for nursing home level of care;
Authorized to receive Medicaid long term care services;
At least 18 years of age or older;
Considered part of an aggregate group that can be cared for at less cost in the community than they would otherwise in a nursing home; and
Choose to live in the community rather than in a nursing home.

Waiver services are services of last resort. The NHTD waiver will provide a variety of services including home modifications, assistive technology and Community Transitional Services. A regional structure will be used to administer the NHTD waiver. Of the 2800 MFP participants that will transition from nursing homes using the NHTD waiver, it is anticipated that 1190 individuals will have physical disabilities, 1190 individuals will be seniors, 280 individuals will have mental health disabilities and 140 individuals will have developmental disabilities.

CMS does not allow Medicaid funds to be used for room and board. The 2007-2008 Executive Budget included an appropriation of \$2.5 million for housing subsidies for NHTD waiver participants. The housing subsidy initiative is funded through state-only dollars. DOH will be meeting with stakeholders to work on a plan for the administration and distribution of these funds.

The Traumatic Brain Injury (TBI) waiver has a housing subsidy program. 80% of TBI participants (approximately 1600 people) receive some kind of subsidy which averages about \$400 per participant per month. The TBI housing subsidy program also has a Housing Finding service for the downstate metropolitan area.

For MFP, CMS has been very specific about the type of housing in which MFP participants can reside. As defined by Section 6071(b) of the DRA, the term “qualified residence” means, with respect to an eligible individual:

- (A) a home owned or leased by the individual or the individual’s family member;
- (B) an apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual’s family has domain and control; or

(C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.

5. MFP Housing Task Force Activities

Lorrie Pizzola, Deputy Commissioner for Policy and Intergovernmental Relations, NYS Division of Housing and Community Renewal, detailed the expected activities of the Housing Task Force. Ms. Pizzola noted that the Housing Task Force is comprised of a variety of stakeholders, and may need to be expanded as we move forward.

Inventory/Needs Assessment

The State needs to confirm with CMS what needs to be inventoried. The MFP Pre-Implementation Timeline called for the completion of this activity by the end of July 2007. Although we will not complete this activity by that time, we need to at least set the parameters.

The Operational Protocol that is due to CMS by October 31, 2007 requires a description of existing or planned inventories/needs assessments. We need to research if there are other inventories that have been completed by other states, as well as within New York State.

DHCR contracts with the Center for Independence of the Disabled in New York (CIDNY) to maintain an accessible housing database that was created through funding by the NYS Developmental Disabilities Planning Council (DDPC). The directory needs to be better marketed to make it a usable directory for people with disabilities who are seeking housing. We may also want to determine whether this directory can be used to develop an inventory.

Task Force members discussed other inventories that have been conducted such as a survey that was done in Westchester County and a survey that the U.S. Department of Housing and Urban Development (HUD) conducted on the availability of housing for seniors.

Any existing inventories should be shared with DHCR.

Recommendations to promote the availability of affordable, accessible and integrated housing:

Many people who receive Supplemental Security Income (SSI) or people who have a spend down for Medicaid do not have the financial resources to pay for housing. Even units that are built as “affordable” are not affordable for people with extremely low incomes. The Housing Task Force needs to explore other opportunities for long-term rental subsidies. The Task Force acknowledged that the State alone cannot solve this issue; we may need to make recommendations for HUD as they are currently decreasing the availability of housing subsidies.

Housing Task Force members discussed other recommendations including an examination of the enforcement of Section 504 of the Rehabilitation Act of 1973 and the promotion of Naturally Occurring Retirement Communities (NORCs).

Ms. Pizzola noted that inter-agency collaboration is essential to discovering what opportunities and programs currently exist. In addition, Task Force members discussed the need to work with local housing counseling agencies that are certified by HUD and to collaborate with the NYS

Office of Mental Retardation and Developmental Disabilities (OMRDD) Real Choice Systems Change grant.

Housing Consultant

In its MFP Application, the State advised that we would be contracting with a housing expert to help the Housing Task Force prioritize strategies and draft the recommendations. DHCR and DOH need to discuss whether the best use of these funds will be to hire a consultant or an employee and determine the responsibilities of this person.

Statewide Housing Education and Advocacy Campaign

The State will be contracting with ILCs to implement a statewide housing education and advocacy campaign aimed at municipalities which are required to complete Consolidated Plans. Ms. Pizzola provided a brief overview of DHCR's Consolidated Plan process. The current DHCR Consolidated Plan began in 2006 and runs through 2010. Every year, DHCR is required to submit an Action Plan to HUD and an Annual Performance Report. The DHCR Consolidated Plan covers the following programs: the Community Development Block Grant (CDBG) Small Cities program, the HOME Investments Partnerships program, the Emergency Shelter Grants program and the Housing Opportunities for Persons with AIDS program. The DHCR Consolidated Plan is just one piece of the housing puzzle.

6. Next Steps

We need to start developing the parameters of the required Inventory/Needs Assessment. Another pending issue is the contracts with ILCs for housing education and advocacy.

New York's Operational Protocol is due to CMS by October 31, 2007. Between now and early October, the Housing Task Force will be working on the section of the Operational Protocol dealing with housing. We will email the document back and forth for comment. We will plan on having another face to face meeting in September, but we can schedule a meeting prior to that time if needed.

Money Follows the Person (MFP) Housing Task Force Members

| Last Name | First Name | Organization | Address | Telephone | E-Mail Address |
|-------------------------------|------------|--|--|--------------------------|--|
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DRAFT

REVISED (September 11, 2007)

**Most Integrated Setting Coordinating Council Housing Task Force Meeting
July 9, 2007
Hampton Plaza Ballroom
1:00 pm to 3:00 pm**

- Welcome and Introductions
 - Deborah VanAmerongen, Commissioner of DHCR
 - To have such tremendous knowledge and resources gathered in one setting presents a real opportunity.
 - While DHCR agreed to Chair the Housing Task Force on behalf of the MISCC – it is fully intended to be an interactive setting that allows for the exchange of ideas.
 - Look forward to engaging members about how to further housing opportunities for persons with disabilities.
 - Discussed interagency efforts; review of Qualified Allocation Plan (QAP) with an emphasis on special needs and supportive housing.
 - Asked for concrete suggestions about how we can make the most integrated setting work, so that we can advance an agenda
 - Emphasized the need to work with other groups and programs who have similar priorities/goals, such as Money Follows the Person
 - Lorrie Pizzola, Deputy Commissioner for Intergovernmental Affairs for DHCR
 - Across the board State agencies are being asked to participate on a new level by engaging in a variety of Task Forces, Councils, Cabinets and Workgroups.
 - Held the Governor’s Children’s Cabinet as a model to set the tone for the MISCC Housing Task Force.
 - Danger of managing the days to day workload is a tendency to fall into a pattern where meetings end up another scheduled appointment. The hazard is that it does not allow for forward thinking, or for us to reach our goals.
 - We need to view Task Force as part of our “regular work” -- as a way to think deliberately about how to utilize the opportunity we’ve been given.
 - Asked that participants introduce themselves and provide thoughts on what they would like to see the MISCC Housing Task Force accomplish in one year
 - Lisa Irizarry, Director of Special Needs Policy for DHCR
 - Would like to more proactively work with developers and applicants to ensure programs receive better applications that integrate special needs/supportive housing. Discussed expansion of the affordable housing registry.
 - Bill Panepinto, OASAS
 - Appointed the first Director of Housing for OASAS.
 - Discussed the traditional definition of supportive housing for OASAS populations as residential/licensed treatment and the need to move beyond in terms of both permanent and transitional scattered supportive housing.

- Nicholas Rose, NYS Developmental Disabilities Planning Council
 - Envisions a Housing Trust Fund for people with disabilities and would like to see more engagement with programs such as Money Follows the Person.
 - Would like to visitability criteria for developers.
 - Develop a statewide housing policy that coordinates State programs and resources such as the Real Choice Systems Program and Nursing Home Transition and Diversion Waiver.
- Gary O'Brien, NYSCQCAPD
 - Discussed the Adult Home Workgroup and Interagency Task Force on Housing for People with Special Needs.
- Bob Melby, NYSCQCAPD
 - Would like to see a review of models such as Pollack Gardens. Such projects should be integrated as a standard approach for building affordable and accessible housing.
- Shelly Nortz, Coalition for the Homeless
 - Would like to see more programs like the New York/New York agreements.
 - **Creation of an affordable, accessible Housing Trust Fund for workforce and supportive housing.** Consensus on how large the HTF should be.
 - Legislative initiatives that give incentives for set asides and adaptations for people with mobility impairments.
- Harvey Rosenthal, NYAPRS
 - Discussed the need to individualize funding in order to “wrap” the funding around the person who can then make choices to fit their needs. Consumers should be able to buy and purchase supports to fit their needs.
 - More concrete information on numbers and goals (units, location, population eligible to transition, etc...)
- Linda Ostreicher, CIDNY
 - Emphasized that the major disadvantage facing many disabled individuals is that they cannot afford a place to live. Need a permanent funding stream for those transitioning out of nursing homes.
 - Commented that the Affordable/Accessible Housing Registry is a good design on which to build.
- Donna Mackey, OMRDD
 - Addressed the need for education of communities regarding special needs and accessible housing.
 - Suggested an awareness campaign to combat NIMBY.
 - Stressed the importance of educating the public to avoid costly litigation.

- Lucinda Griffin, OMRDD
 - Briefly explained how OMRDD is working to assist people with disabilities to purchase their own homes; reiterated the need for community education that is culturally sensitive and emphasizes the “language of choice.”
 - Discussed the need to move from silos to a seamless system for people seeking supportive/special needs housing.
 - Emphasized the importance of choice and individualization within programs.
- Carl Letson, OMRDD
 - Emphasized the need for interagency coordination. Stressed that agencies must bring the pieces together and speak with a united voice to address need. Concrete proposals must be put forth as “one family.”
- Liam McNabb, OMH
 - Stated that the Housing Task Force should explore different models of housing.
- Mike Newman, OMH
 - Reiterated the importance of community education and discussed the need for community integrated housing with increased flexibility for disabled/special needs residents.
- Greg Olsen, NYSOFA
 - Discussed the need for a statewide policy agenda on housing that includes multiple models.
- Vera Prosper, NYSOFA
 - Reiterated the need for housing for seniors and deferred to her counterpart Mike Paris to detail further.
- Mike Paris, NYSOFA
 - Discussed the need for housing in general in which individuals could access services from NYSOFA. There are no options without housing.
- Tracie Crandell, DOH
 - Discussed Money Follows the Person.
 - Stressed the importance of a rental subsidy.
 - Shared a willingness to work together to develop plans to increase availability of housing for people with special needs.
- John Allen, OMH
 - Stated that supportive/special needs housing problems cannot be fixed through programs alone.

- Need to come up with strategies to help residents overcome barriers in order to transition from institutions to integrated housing that is beyond merely what our programs offer.
- Michael Peluso, VESID
 - Discussed the connection between housing and vocational development and the importance of youth transitional housing.
- Task Force Mission
 - Lorrie Pizzola, DHCR
 - Emphasized the need to incorporate this mission into every aspect of our daily work in a deliberate and focused way.
 - In order to have an impact and foster change our work must be an integral part of how we think about doing business. A conscious effort to apply our discussions in a way that they relate to a tangible change in programs and policies.
 - Develop a mission that has balance, breadth and focus.
 - Consider outside consultation
 - Meeting structure (larger settings or smaller workgroups)
 - Setting goals both short- and long-term
 - Gary O'Brien, NYSCQCAPD
 - Stated that the mission statement should encompass both a broad focus and concrete goals and that it should be something that drives and inspires the group and captures the enthusiasm; suggested a brainstorming/drafting session.
- Framing the Topics/General Discussion
 - Harvey Rosenthal, NYAPRS
 - Discussed the importance of being able to track how well we are doing with the people that we serve, as well as impediments to measuring need; suggested that we look at new models/best practices, possibly even bringing in people from out of state to speak.
 - Bill Panepinto, OASAS
 - Suggested creating a project that knowingly connects people with multiple problems with multiple housing and supportive services.
 - Lucinda Griffin, OMRDD
 - Emphasized that we should try to learn from each other and inform each other of what we do and where we are in order to establish short-term and long-term goals
 - John Allen, OMH

- Discussed the need for housing and supportive services that are flexible, so that support can change as an individual's needs change; allowing residents to choose their home and then wrapping services/funding around them.
 - Stated that our current system tends to keep people where they are – important that we think radically different.
 - Emphasized that we need to continue to increase our stock of affordable and accessible housing and think creatively about fully integrated options that are not even on the table yet.
- Vera Prosper, NYSOFA
 - Suggested that we look at programs like NYSOFA's Naturally Occurring Retirement Community Program as an example of thinking creatively about how to wrap services around an individual or community.
 - Linda Ostreicher, CIDNY
 - Stated that there are other agencies, such as DCJS, that should be included in efforts to address housing issues.
 - John Allen, OMH
 - Stated that we should look at other state models and discussed the need for creative solutions for particularly complex problems, such as aging populations who would like to leave their homes to their disabled loved ones, but face a host of barriers.
 - Lorrie Pizzola, DHCR
 - Emphasized that quantifying the need for these types of services/housing will strengthen our position for more affordable/accessible housing.
 - Shelly Nortz, Coalition for the Homeless
 - Suggested that we may want to consider asking the Census Bureau to gather some statistics on special needs/supportive housing needs in New York.
 - Bill Panepinto, OASAS
 - Maintained that the housing inventory booklet should contain baseline statistics (ie. HUD's #s).
 - Donna Mackey, OMRDD
 - Suggested that we hold brainstorming sessions and break out into subgroups who will discuss one issue at a time until they have addressed each issue.
 - Lorrie Pizzola, DHCR
 - Stated that it is important to focus brainstorming sessions on one or two issues, so that tangible deliverables come out of the meeting.
 - Discussed the need to better use our resources, such as using agency data to feed into the affordable housing directory or possibly mandating developers to post their vacancies.

- Carl Letson, OMRDD
 - Suggested that we may want to invite DOB to sit in/participate in these meetings, so that they can be informed from the very beginning on the needs and responsibilities involved in special needs/supportive housing issues.
- Next Steps
 - Deborah VanAmerongen, DHCR
 - Will report back to MISCC on the following issues: public service campaign, needs assessment, models from other states or NYC, and updating our housing program inventory so that it is a useful, active tool for those applying for funds.
 - Asked that members of the Housing Task Force write a few sentences on what they envision the most integrated setting to be as a starting point for the mission and goals of the Task Force.
 - Lorrie Pizzola/Lisa Irizarry, DHCR
 - DHCR will draft a mission statement
 - Other agencies will present on unique programs/models they have utilized when the Task Force meets again in two to three weeks.

Most-Integrated Setting Coordinating Council Housing Task Force Meeting
July 31, 2007
10:30 am -12:30 pm
Hampton Ballroom

- Welcome and Opening Remarks
 - Lorrie Pizzola, Deputy Commissioner for Intergovernmental Affairs at DHCR, greeted attendees and apologized for Commissioner VanAmerongen's absence. She explained that the Commissioner was at an event with the Governor and said that we plan to brief her on the meeting later in the day. She thanked DHCR staff who worked on meeting. She then asked attendees to introduce themselves again and anyone who was not at the last meeting, to share their thoughts on how they envision the most-integrated setting.
 - Michael Peluso shared that he would like to see the most-integrated setting include residential programs for out-of-state students with disabilities.
 - Lorrie thanked everyone for coming and directed them to the minutes of the last meeting in their folders. She asked that anyone with changes or comments send them to her or Lisa.
 - Lorrie asked everyone to look at the draft document containing structure and goals, mission statement, and vision and values for the Task Force. She explained that this document was drafted with the help of DHCR's PIO based on the minutes of the last meeting and raised the issue of nuances that should be addressed, such as proper language and terminology. She emphasized that this is very much a work-in-progress and attendees should feel free to provide comments and/or edits.
- Comments on "Structure and Goals" and "Mission" Sections
 - Gary O'Brien suggested that we should use the generic "disabilities" instead of "physical" and "mental" disabilities throughout the document.
 - Pat Fratangelo suggested that under "Mission" we change "live independently in their communities" to capture the idea of living independently with proper supports because the concept of living independently may be scary for some individuals with disabilities. She also emphasized the importance of using the word "home" rather than housing because "home" means something more.
 - Michael Peluso stated that the language should include something about ownership. He also maintained that some of the language in the mission statement is too specific and resembles more of "action steps."
 - Lorrie Pizzola suggested that we could add an "action steps" section.
 - Shelly Nortz and Michael Peluso agreed that we should get specific about accessibility and possibly replace "customized" with "individualized" in the mission statement.
 - Michael Peluso suggested that we revise the "Mission" to read that the Task Force "works to assure *access to* quality, customized affordable housing..."
 - Michael Paris suggested adding "choice" to access.
 - Lorrie Pizzola stated that we will modify the "Structure and Goals" and "Mission" sections and send the revised version on to the group.

- Comments on “Vision and Values” Section
 - Linda Ostreicher suggested that we add “accessible” to decent, safe, and affordable under “Basic Human Need for Housing”.
 - Vera Prosper stated that under “Personal Choice,” it should state that we aim to enable people to exercise personal freedom regarding where *and how* they live.
 - Shelly Nortz suggested that we include something about eligibility criteria under “Cooperation and Coordination.”
 - Michael Peluso stated that housing is not just a basic need; it is a human right and suggested that we may want to consider stronger language. Linda Ostreicher concurred.
 - Donna Mackey stated that everyone has a right to live free from discriminatory practices.
 - Robert Melby distinguished between the right to shelter and the right to housing.
 - John Allen stated that the real issue is control, that individuals have a right to control where and how they live. He suggested that we amend the language to “housing with or without supports.”
 - Shelly Nortz stated that the housing must be both supportive *and accessible*.
 - Linda Ostreicher suggested that under “Flexibility” we may want to specify that an individual should have access to any necessary supportive housing services.
 - Michael Peluso suggested that we include the term “consumer-driven.”
 - Donna Mackey raised the issue of terms such as “supportive housing,” which has a very specific meaning for OMRDD. She suggested that we may want to use more general terminology.
 - Pat Fratangelo emphasized that we seek to enable people to live in a home of their choice and bring supportive services to them.
 - Greg Olsen suggested that we may want to use stronger language to describe the purpose of the Task Force. He stated that it is more than a “vision” or “mission,” but rather that we ought to put forth recommendations and advance policy. He also suggested that we may want to include language about public-private partnerships under “Cooperation and Coordination.”
 - Carl Letson raised the need to *create* and streamline waiting lists, as mentioned under “Cooperation and Coordination.” He pointed out that OMH does not have a central waiting list.
 - Linda Ostreicher suggested that we add “vocational” under “Community.”
 - Greg Olsen pointed out that we want to enable *people of all ages* to live in the most-integrated setting.
 - Michael Peluso suggested that under “Community,” we change “interacting with non-disabled people” to “interacting with all community members.”
 - Stephen Holmes stated that “waiting list” has two connotations: lists for those waiting for affordable housing and lists for those waiting for services. The term “waiting list” then has different meanings depending on the particular housing the individual is looking for.
 - Shelly Nortz maintained that “waiting list” is a “dicey” term because it varies among agencies. She suggested that the Task Force consider forming a work group on waiting lists to study how waiting lists presently operate as barriers.

- Michael Peluso argued that we need more transparency and accountability in the waiting list process.
- Bruce Darling suggested that we include integration under “List of Values.”
- Michael Peluso agreed that “integrated in community” should be a value of this Task Force.
- Lorrie Pizzola suggested that the group may also want to consider listing “transition” as a value. She then discussed the list given to the Task Force detailing how individuals and agencies within the Task Force envision the “most-integrated setting.” She apologized that DHCR’s submission was not on the list. She stated that the “most-integrated setting” means a lot of different things to different people, depending on the individual’s needs, wants, resources, etc. She identified the common theme of allowing for flexibility in the type of housing and then wrapping services around the person, should they need them. She also discussed the concept of transition and the need to identify individuals who can transition out of institutionalized living.
- Shelly Nortz stated that people often initially use higher levels of services in order to transition out of institutions and the level of services changes over time.
- Lucinda Grant-Griffin emphasized the importance of individual choice across one’s lifespan and housing that is self-directed and person-centered.
- Robert Melby highlighted the concept of empowerment and providing services that enable personal choice.
- Carl Letson pointed out the limits on personal choice and the need to maximize personal choice within those limits.
- Vera Prosper stated that we need to work to increase people’s awareness of what is out there, possibly through education and counseling.
- Michael Peluso concurred and mentioned the need for outreach and public communication.
- Linda Ostreicher pointed out the need for professional training.
- Stephen Holmes asked how the Task Force can “push the envelope” and be creative. He highlighted financing as an issue and emphasized the importance of giving people some choice about where and who they live with.
- Vera Prosper suggested that under “Community,” the Task Force include “employment” in front of “educational.”
- Shelly Nortz stated that transition is about choice and maintaining relationships with those the individual lived with prior to transitioning out.
- Stephen Holmes discussed the possible need for a separate Task Force to examine the issues surrounding shared living and the common ways agencies support people in transition.
- Robert Melby emphasized the importance of giving people the opportunity to develop relationships in supportive housing, including getting married and having children, and going beyond single home residences.
- Michael Peluso maintained that the Task Force should talk about supportive services germane to housing and talk about the continuum from residential homes to supportive housing to independent living. He also discussed how transitioning from a more restrictive environment into a less restrictive environment gets us into service areas.

- Lorrie Pizzola stated that DHCR will work to revise the entire document and send it to the Task Force. She also reiterated what she said last time about the need for every member of the Task Force to make a conscious choice to integrate the mission, goals and values of the Task Force into their everyday work and discussions. She emphasized the importance of keeping these issues on the forefront and sharing the information and ideas from these meetings with our agencies. She stated that we need broad, systemic change in how we think about these issues.
- Housing Model Presentations
 - Laurence Shapiro, NYSOFA – Presented on Naturally Occurring Retirement Communities (NORCs)
 - Lucinda Grant-Griffin, OMRDD – Presented on Home of Your Own Program
- Discussion on Data
 - Lorrie Pizzola talked about the need for more data expressed by the Task Force at the last meeting and explained the efforts of her staff at DHCR to explore possible ways for obtaining this data. She mentioned the NYC Housing and Vacancy Survey currently performed by the U.S. Census Bureau and the possibility of extending this survey to upstate for our purposes. She stated that DHCR is exploring how best to fund this type of effort. She also mentioned the National Center for Health Statistics, the Center for State Health Policy at Rutgers University, the Centers for Disease Control and the Kaiser Foundation as possible avenues for data.
 - Harvey Rosenthal raised the specific case of the adult home population. He stated that agencies track specific populations, but cannot always share the data. He wants to look to agencies to provide the data.
 - Linda Ostreicher expressed the need to define the specific data we are looking for. For example, she stated that she would like to know how many nursing home residents are living on Social Security.
 - Robert Melby maintained that beyond the data for specific populations, there is broad, generic data that we need.
 - Lorrie Pizzola said that we need data that can be applied statewide and suggested a brainstorming session on what data we want and what we already collect. She asked everyone to look at the minutes from the last meeting and send us any questions or comments. She also reminded them of the email asking each agency to review and update the appropriate sections of the Housing Inventory. She stated that her staff would revise and re-circulate the mission statement document. She discussed the creation of a Housing Sub-Cabinet in the Governor’s Office, which is co-chaired by Commissioner VanAmerongen and President/CEO of SONYMA, Priscilla Almodovar. She also talked about the newly-appointed Assistant Secretary for Housing, Mike Skrebutenas. She discussed the first meeting of the Housing Sub-Cabinet, which included a discussion of MISCC, the MISCC Housing Task Force and various programs, such as Money Follows the Person.
- Closing Thoughts
 - Nicholas Rose said that on November 7th, there will be an event in Albany on individualized shared living to be followed up with regular meetings.

- Stephen Holmes reminded the group that people are not always ready to move and part of the process is teaching people what is possible.
- Carl Letson discussed OMRDD's use of MapInfo services, which can track every OMRDD project and has the capacity to do the same for every state agency. He said that this service could be helpful for site selection.
- Lisa Irizarry mentioned that the Accessible Housing Registry site is up and running and asked that the Task Force take a look at it. She said that the next step for the site is to help CIDNY populate it with housing data.
- Michael Peluso raised several issues that he would like to discuss and learn more about, including tax credits, Section 8 Self-Support Program, the lottery process for subsidized housing, the 80-20 housing in NYC, and where supportive housing exists via OMH.
- Lorrie Pizzola closed by thanking everyone and suggesting that the Task Force meet again in early September.

DRAFT

Summary of Proceedings – September 11, 2007
Most Integrated Setting Coordinating Council Housing Task Force Meeting

MISCC Housing Task Force Meeting Participants

Deborah VanAmerongen, Chair

Commissioner, Division of Housing and Community Renewal

Lorrie Pizzola

Deputy Commissioner for Intergovernmental Affairs, DHCR

Lisa Irizarry

Director for Special Needs Policy, DHCR

John Broderick

Statewide Advocacy Coordinator, Supportive Housing Network of New York

Tracie Crandell

Department of Health

Lewis Dubuque

Advocacy Center for Disability Rights

Denise Figeora

Executive Director, Independent Living Center of the Hudson Valley

Patricia Fratangelo

Executive Director, Onondaga Community Living

Lucinda Grant-Griffin

Office of Mental Retardation and Developmental Disabilities

Stephen Holmes

Executive Director, Self-Advocacy of New York State

Chester Finn

Self-Advocacy Association of New York

Carl Letson

Office of Mental Retardation and Developmental Disabilities

Nancy Martinez

Director of Strategic Planning & Policy Development, Office for Children and Family Services

Robert Mascali

Office of Mental Retardation and Developmental Disabilities

Liam McNabb

Office of Mental Health

Bob Melby

Commission on Quality of Care and Advocacy for Persons with Disabilities

Mike Newman

Office of Mental Health

Gary O'Brien

Chairman, Commission on Quality of Care and Advocacy for Persons with Disabilities

Linda Ostreicher

Center for the Independence of the Disabled, New York

Michael Paris

New York State Office for the Aging

Vera Prosper

New York State Office for the Aging

Mark Scott

DDPC

Carla Williams

Department of Health

Meeting Notes

Commissioner VanAmerongen welcomed and thanked everyone for attending the meeting. She apologized for missing the last meeting due to an event with the Governor and reported that she has been discussing several housing issues that are very relevant to the Task Force with the Governor. She directed the group to the agenda and the contents of the packet, noting specifically that at today's meeting, the Task Force would approve or suggest changes to the revised mission statement and break into workgroups to examine several issues. She also mentioned that the packets contain minutes from the last meeting and if anyone has any changes or questions, to please let us know. Commissioner VanAmerongen then directed participants to the mission statement, which was also distributed, and asked if anyone had any questions or changes.

Vera Prosper (NYSOFA) asked how "disabilities" is defined with regard to the mission statement.

Commissioner VanAmerongen answered that “disabilities” was not defined in the statement.

Lorrie Pizzola (DHCR) answered that based on the discussion at the last meeting, she thought that the group wanted to take a broad approach to the term “disability.” She stated that references to specific disabilities (mental, physical, etc.) were removed and the mission statement now refers to “people with disabilities.” Lorrie also stated that they tried to change the focus of the mission statement based on the discussions at the last meeting. She said that the group talked a lot about bundling services and supportive housing and how for some people, that is going to be necessary for them to live in the community, while other people may require a different level of services in order to live independently. She emphasized that it is really about personal choice and they tried to change the thrust of the mission statement based on those discussions.

The mission statement was approved by the group.

Commissioner VanAmerongen stated that they will post the statement on the website and distribute it to the group electronically.

Lorrie Pizzola (DHCR) said that based on discussions with the Commissioner, they decided to distribute a copy of the MISCC report because they were not sure how many people were familiar with the report. She stated that the report has a few references to special needs housing, including page 8. She emphasized how important it is both in our discussions and in our thought process to remember how MISCC and the MISCC Housing Task Force came about. She discussed the Olmstead decision, which involved two women with psychiatric disabilities in Georgia who were living in a psychiatric hospital long after their physicians and caretakers determined they had the ability to live more independently in the community and on their own. She said that these women were prepared to live in the community, but the State refused to give them that option, citing a lack of community-based housing and supports for them to have the ability to move out. Lorrie stated that the women sued the State of Georgia based on the Americans with Disabilities Act (ADA) and their case was upheld. Lorrie discussed how the court stated that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied benefits or services, programs or activities from any governmental entity or be subjected to discrimination by any such entity. She stated that the courts maintained that a public entity must administer services, programs or activities in the most integrated setting possible and then they went on to try to define the most integrated setting. Lorrie explained that the court defined the most integrated setting as that in which individuals with disabilities have the opportunity to interact with non-disabled persons. She discussed how the Supreme Court concluded that unjustified isolation based on disability is regarded as discrimination.

Lorrie also identified three major themes that have emerged from the discussions of the Task Force to date. She said that one theme is rent subsidies. Lorrie explained that it is not always the creation of new affordable housing that is necessary, but rather sometimes people need rent subsidies in order to live independently. Lorrie said that one workgroup

would address rent subsidies. She discussed the second theme, data, specifically what data we already have, barriers to releasing that data and what data we need to obtain from elsewhere. Lorrie stated that it is important to isolate and nail down what exactly we want to come from the data discussion. She said that if the group is going to be action-oriented, it is important to focus in on deliverables and benchmarks and set some priorities. Lorrie stated that the third theme is an educational campaign. She said that in earlier discussions, the Task Force talked a lot about marketing and educating the public and developers on what it means to create accessible and affordable housing. She stated that in all of the discussions, it is important to think about the full community participation and integration of people with disabilities into the community. Lorrie said that this means stepping out of our comfort zone and avoiding thinking about special living arrangements or beds/units. She emphasized that it is important to think about that individual and consumer being able to live independently. She said that sometimes the solution is supportive housing because supportive housing is the most integrated setting for a person, and that is fine, so long as it is that individual's choice. She stated that all of our discussions should be framed by what is consumer-driven, person-centered, and voluntary. She said that we should avoid congregate living arrangements that group people by disability because there is a stigmatism that goes with that and it is counter to our goal. She explained that we may have the tendency to want to protect people, but sometimes choice is about making mistakes. Lorrie said that this means that people may move out and then decide that housing solution is not going to work for them. She explained that freedom really means being free to make and correct mistakes. Lorrie also discussed the need for a continuum. She stated that we need to explore a range of housing options, including homeownership, and ensure that people are not grouped with other people based on their disabilities. She mentioned that in the smaller group discussions, it is important to focus on consumer goals and preferences, individualized and flexible options, and enabling people with disabilities to live in an affordable housing environment where they have opportunities for employment, education, and entertainment. Lorrie stressed again that within the three workgroups, the Task Force is looking for deliverables, solutions, and strategies for taking the next steps necessary to meet our goals.

Commissioner VanAmerongen emphasized the importance of integrating the work of the Task Force into the daily work of the members of the Task Force. She then shared how she is doing just that in her daily work, providing several examples. First, regarding Money Follows the Person, Commissioner VanAmerongen stated that she is working with DOH to bring someone in to work at DHCR (funded by DOH) to work on data collection, policy issues and housing priorities under Money Follows the Person. Second, Commissioner VanAmerongen discussed the review of the Qualified Allocation Plan, which is how DHCR allocates low-income housing tax credits. She described how the tax credit program drives most of our housing programs because it brings in private dollars. Commissioner VanAmerongen stated that there have been a series of roundtable discussion about the QAP. She said that the QAP is likely to be published this month and told the group that we will send it out when it is published. She mentioned that there are a number of things in the QAP that relate back to the MISCC Housing Task Force goals. Specifically, she discussed the 5%/2% requirements for building out for persons with

disabilities and visitability issues. Commissioner VanAmerongen also raised the issue of the accessibility registry and proposed that the Task Force create a workgroup to focus on the registry. She explained that CIDNY culls most of the information from developers to populate the site. She also mentioned that DHCR now has a consolidated EEO Office, headed by Cecil Brown, which recently issued a new policy requiring that all new developers receiving funding from DHCR provide CIDNY with information for the accessible housing registry. She said that DHCR is also continuing to do outreach to those developers who have previously received funding from DHCR to obtain information for the registry, but going forward, it will be a proactive requirement for any developer receiving DHCR funds.

Linda Ostreicher (CIDNY) clarified that the registry contains information about all housing that is getting affordable housing dollars and notes which housing is accessible.

Commissioner VanAmerongen also said that DHCR is working to get word out about the new policy. She stated that in August, DHCR announced their funding awards and as part of our funding notification, we will be telling developers about the new policy.

Lorrie Pizzola (DHCR) restated the Commissioner's request that the Task Force form a workgroup to examine issues involving the internet and accessible housing registry. She said that many of the state agencies still do not have a link to the registry on their websites. The focus of this short-term workgroup would be to focus on placing a link to the site on all state agency websites and in the longer-term, to work on how we can give more information to CIDNY to populate the registry.

Lorrie then said that the Task Force would break into three workgroups: rent subsidies, data and educational campaign.

Regarding the rent subsidies group, Carl Letson (OMRDD) asked if that is just one option that we are considering.

Lorrie Pizzola (DHCR) said these three workgroups are the result the themes that emerged from discussions in previous meetings. She stated that the discussion of the Task Force is not limited and the workgroups are one way of making the meetings more interactive, which is necessary to come up with concrete goals and deliverables. Lorrie said that we are certainly open to other themes for future workgroups.

The group reconvened and the workgroups were asked to report back on their discussions.

Rent Subsidies Workgroup – Bob Melby (CQCDP), Mike Newman (OMH), Denise Figuora (ILCHV), Nancy Martinez (OCFS), Bob Mascelli (OMRDD), Lewis Dubuque (Advocacy Center), Tracie Crandell (DOH), Mark Scott (DDPC), and Lisa Irizarry (DHCR)

This group discussed what a rent subsidy looked like. The group concluded that they would like a rent subsidy to be a housing subsidy, so it could include homeownership. This subsidy should include an emphasis on creating new housing opportunities because sometimes the vacancy rate is so low, as is the case Downstate, that it is necessary to have new housing opportunities available for those subsidies. The group discussed the need for housing subsidies that are affordable, geographically-based, long-term, person-based, not disability-specific, flexible regarding family size, integrated into the community, and inclusive of homeownership opportunities. Regarding funding sources, they discussed the need to ask state agencies for information on rent subsidies that they already have and to collect information on potential sources of funding, including HUD and Section 8, and look at other programs, including the HOME program.

Data Workgroup – Mike Paris (NYSOFA), Linda Ostreicher (CIDNY), Patricia Fratangelo (OCL), Carla Williams (DOH), John Broderick (SHNNY), and Lorrie Pizzola (DHCR)

This group started by discussing what type of data would be useful, including information about persons with disabilities who are not getting services and those who are getting services, but whose needs are not being met; information about people in nursing homes who are looking for alternative placement; information about funding streams and which money will follow an individual; an analysis of each agency's current picture of unmet needs; and the number of people in hospitals waiting to enter a nursing home or alternative settings. The group also focused on waiting lists as a means of assessing "expressed needs." They discussed the Point of Entry process as a way to avoid double counting. They identified the need to get an inventory of resources and concluded that some information is available through providers, while other information is available through the agencies. This group agreed that although it is very difficult to assess who is inappropriately housed, this type of information is very important in order to assess needs for persons with disabilities.

Educational Campaign – Liam McNabb (OMH), Vera Prosper (SOFA), Lucinda Grant-Griffin (OMRDD), Gary O'Brien (CQCDP), Carl Letson (OMRDD), and Stephen Holmes (SANYS)

This group stated that it is first important to identify a target audience, including developers, consumers, federal/state/local government, statewide associations, banks, etc. After identifying the audience, this group stated that it is possible to develop a message for that audience and find effective messengers to convey that message through the appropriate venue or medium. This group suggested that it might be helpful to bring together the PR staff from the represented groups in order to develop a theme. They also identified the importance of success stories, training the trainers, and looking at other programs with educational campaigns, so as not to duplicate/confuse efforts.

Lorrie Pizzola (DHCR) suggested that we create workgroup listservs in order for the group to establish some concrete deliverables. She also asked for volunteers to

participate on the internet/accessible housing registry workgroup, which would focus on placing a link to the affordable housing registry on state agency websites and help populate the registry with information. OMRDD, SOFA, DOH, and others volunteered. Lorrie also mentioned that the packets have the web address and some screen shots for the registry. She asked the attendees to share this information and help market the site.

Action Items:

- DHCR will post the mission statement on the website.
- DHCR will create email listservs to work on deliverables/benchmarks for each of the workgroups (rents subsidies, data and educational campaign). These workgroups will work towards establishing action items for the next meeting.
- Also, rent subsidies group will work on specific questions for state agencies concerning their rent subsidies.
- Educational campaign group will work to get the PR reps together to develop a message.
- DHCR will send out the QAP when it is published.

Summary of Proceedings – January 15, 2008
Money Follows the Person Housing Task Force and the
Most Integrated Setting Coordinating Council Housing Task Force Meeting

MISCC Housing Task Force Meeting Participants

Deborah VanAmerongen, Chair

Commissioner, Division of Housing and Community Renewal

Lorrie Pizzola

Deputy Commissioner for Intergovernmental Affairs, DHCR

Sean Fitzgerald

Assistant Commissioner for Capital Development, DHCR

Lisa Irizarry

Director for Special Needs Policy, DHCR

John Broderick

Statewide Advocacy Coordinator, Supportive Housing Network of New York

Linda Camoin

Office of Temporary and Disability Services

Doug Cooper

Association for Community Living

Tracie Crandell

Department of Health

Michael Fagan

Center for Independence of the Disabled, New York

Denise Figueroa

Executive Director, Independent Living Center of the Hudson Valley

Millie Figueroa

Office of Alcohol and Substance Abuse Services

Lucinda Grant-Griffin

Office of Mental Retardation and Developmental Disabilities

Ken Harris

New York State Association of Homes and Services for the Aging

Stephen Holmes

Executive Director, Self-Advocacy of New York State

Donna Mackey

Office of Mental Retardation and Developmental Disabilities

Nancy Martinez

Director of Strategic Planning & Policy Development, Office for Children and Family Services

Robert Mascali

Office of Mental Retardation and Developmental Disabilities

Bob Melby

Commission on Quality of Care and Advocacy for Persons with Disabilities

Mike Newman

Office of Mental Health

Gary O'Brien

Chairman, Commission on Quality of Care and Advocacy for Persons with Disabilities

Linda Ostreicher

Center for the Independence of the Disabled, New York

Bill Panepinto

Office of Alcohol and Substance Abuse Services

Vera Prosper

New York State Office for the Aging

Nick Rose

Development Disabilities Planning Council

Bruce Rosen

Department of Health

Harvey Rosenthal

NY Association of Psychiatric Rehabilitation Services

Michael Seereiter

Governor's Office

Melanie Shaw

NY Association of Independent Living

Peter Sheridan

Community Preservation Corp

Mel Tanzman

Westchester Disabled on the Move

Meeting Notes

Commissioner VanAmerongen welcomed and thanked everyone for attending the meeting. She shared news of the Housing Opportunity fund and that details would be in the Executive Budget to be released the following week. She said that the fund will be administered by the State of New York Mortgage Agency and that an advisory panel will be co-chaired by SONYMA and DHCRE and will include the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Alcohol and Substance Abuse Services, the Office of Temporary and Disability Assistance.

She directed the group to the agenda and the contents of the packet, noting that today's meeting will include a presentation by Sean Fitzgerald of DHCR about the Qualified Allocation Plan (QAP). She said that the QAP approval process was nearing conclusion and that Sean would review the areas that impact accessibility and persons with special needs. She then said that Mike Fagen from the Center for Independence of the Disabled, NY (CIDNY) would provide a demonstration of the accessible registry. She also mentioned that the packets contain minutes from the last meeting and if anyone has any changes or questions, to please let us know.

Sean Fitzgerald reviewed the QAP and discussed the timetable and three roundtables that were held to gather input on the proposed document. He said that the QAP created a set-aside of \$2 million in Low Income Housing Credit (LIHC) for supportive housing with a new definition of this set-aside included in the QAP. He also talked about the QAP language for visitability and identified the visitability standards. He discussed the scoring incentive for "move-in" ready units for persons with mobility and sensory impairments. Lastly, he said that DHCR recently hosted a meeting of State service agencies to coordinate programs with these agencies and to emphasize the need for service/rent subsidies in project applications to DHCR.

Shelly Nortz, Coalition for the Homeless, said that this direction (in the QAP) was laudable and that landlords should maintain a separate waiting list for persons with mobility impairments so that persons are not skipped over.

Mel Tanzman, Westchester Disabled on the Move, asked if under the Comprehensive Service Plan if the Money Follows the Person/Nursing Home Transition Diversion Waiver would be adequate to meet that requirement.

Lisa Irizarry, DHCR, said that this program would be included as eligible for the Comprehensive Service Plan criteria.

Bruce Rosen, Department of Health, talked about the \$2.5 million rent subsidy plan for participants of the Nursing Home Transition and Diversion Waiver.

Ken Harris, NYAHS, said that the subsidy is the right idea and asked if the \$2.5 million will be enough.

Bruce Rosen, Department of Health, said that based on the experience of the Traumatic Brain Injury (TBI) program, the expectations are that the funding will need to be increased during its operations.

Mel Tanzman, Westchester Disabled on the Move, said that he was not in favor of using the subsidy for housing security deposits and broker fees and the other sources, such as local Departments of Social Services should be used for these expenses.

Bruce Rosen, Department of Health, said that the subsidy dollars would be looked at as last resort for these expenses.

Mike Fagan, Center for Independence of the Disabled New York, presented a demonstration of the Accessible Housing Registry, www.nysaccessiblehousing.org – He also provided background information that CIDNY is under contract with DHCR to support the site and approximately 4,600 developments statewide are listed. He said that the site lists development features and not individual units. He continued through a live on-line demonstration of the site showing how a search is done and pointing out that it is intended to be a huge timesaver for consumers. He answered questions both during and after the demonstration.

Bill Panepinto, Office of Alcohol and Substance Abuse Services (OASAS) asked how frequently vacancies are updated.

Mike Fagan, CIDNY, answered that they are building the list of vacancy information.

Shelly Nortz, Coalition for the Homeless, asked what portion of the listings is congregate care and whether those units could be sorted.

Mike Fagan, CIDNY, answered that a key word search allows that.

Vera Prosper, State Office for the Aging, asked if it includes HUD housing.

Mike Fagan, CIDNY, answered that it does include Section 202 housing.

Bill Panepinto, OASAS asked if a private landlord can list housing.

Mike Fagan, CIDNY, answered that an advertising campaign is currently targeting those private landlords.

Mel Tanzmen, Westchester Disabled on the Move, asked if there are any attempts to verify accessibility.

Mike Fagan, CIDNY, said that there is a feedback button from site users and that information could be added to narrative. Mike then reviewed the improvement/upgrade suggestions including that there are obstacles to using a computer to access site and therefore need for a 1-800# and local telephone numbers of Independent Living Centers (ILC's). He said other ways to improve site are: make the search results printable in a usable format, create a benefits calculator, advertise throughout the State and customize that advertisement for particular areas; and include language translation.

Shely Nortz, Coalition for the Homeless, asked if the site could add emergency housing.

Mike Fagan, CIDNY, answered yes.

Ken Harris, NYAHS, said that it would be good to do a crosswalk between CIDNY's site and the NYSOFA site and to cross reference the registry with NY Connects.

Mike Fagan, CIDNY, said that it is a goal to bring the information together.

Action Items:

DHCR will forward any additional comments/suggestions on the Accessible Registry to CIDNY

DHCR will continue to coordinate update of Program Inventory.

APPENDIX C

MISCC Competitive Employment Committee Meeting Summary East Greenbush Public Library

March 6, 2008

Participants: Leslie Addison, APSE; Joanne Bushart, Chester Finn, Lynn Thibdeau, Jessica Janeski, Elsie Chun, Rob Noble, OMRDD; Melanie Shaw, NYAIL; Ed Placke, Debora Brown-Johnson, Janine Guilz, Donald McManus, Frank Coco, Michael Peluso VESID; Patricia McKay, NYSACRA; Steve Towler, NYSARC; Margarita Mayo, NY State Business Council; Nick Rose, NYS DDPC; Thomas Golden, Cornell ILR and VESID State Rehabilitation Council; Sheela Lucier, Julia Gold, North Colonie School District; Winifred Schiff, NYC IAC; Bill Carpenter, OASAS; Steven Holmes, Self-Advocacy Association of New York State; Maryanne Van Alstyne, NYS CBVH; Mark Simone, NYS OMH; John Haley, OTDA; Richard Bowles, Worker's Compensation Board; Patricia Dowse, NYSRA; and Fredda Rosen, Job Path;.

Opportunities for Collaboration

Cross Systems Collaboration:

- Develop a single point of entry which enables consumers to obtain services from multiple agencies without re-establishing eligibility.
- Develop a statewide infrastructure for benefits planning and management.
- Promote use of Medicaid Buy-In and secure funding through the Medicaid Infrastructure Grant.
- Use technology initiatives to support employment.
- Develop cross agency incentives for employment.
- Develop a secure blog which would allow MISC Employment Committees members to effectively dialogue between meetings through posted comments.

Engaging and Empowering Individual with Disabilities:

- Improve transition to work for youth.
- Use Disability Mentoring Day more extensively to grow internships.
- Use peer mentoring to keep individuals engaged with employment efforts.

- Develop and implement internship programs as a means of gaining experience for placement in government and private industry.

Marketing:

- Marketing the benefits of employment – *making work pay* - shifting paradigm from services to work.
- Develop collaborative marketing campaign for employment of qualified candidates for employment who have disabilities and work with local Chambers of Commerce.

Customized Employment Options:

- Examine existing funding structures across agencies and the policy of moving segregated employment dollars to integrated employment.
- Create provider incentives for achieving livable wage employment outcomes.
- Effective job development is extremely difficult task and we need to increase expertise and the capacity to train and retain skilled job developers.
- Recognize demand driven providers and services that match what individuals with disabilities want, not just fitting individuals into the current offerings of services or providers.
- Develop community integrated supported employment programs.
- Improve options for self-employment.

Legislation and Advocacy:

- Advocate for an executive order to promote to the hiring of persons with disabilities in all state agencies through a reinvigorated 55 a, b, and c for hiring in the public sector.
- Begin legislative initiative for student loan forgiveness for those graduates who work as VR counselors.
- Advocate for additional business tax incentives similar to those used for economic empowerment zones.
- Improve service to underrepresented disability populations, particularly, mobility, communication, and autism spectrum disorders across state/provider partners.
- Develop community service grants to recruit second career baby-boomers as paid providers or volunteers.

MISCC Competitive Employment Committee Meeting Summary

St. Anne's Institute

•May 28, 2008

Participants:

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| <p>Leslie Addison, APSE Michael Alvaro, CP of NY Mary Blais, NYS DOL Richard Bowles, Worker's Compensation Board Debra Brown-Johnson, VESID Joanne Bushart, OMRDD William Carpenter, OASAS Elsie Chun, OMRDD Frank Coco, VESID Rebecca Cort, Deputy Commissioner VESID Patricia Dowse, NYSRA Barbara Drago, SUNY Julia Gold, North Colonie School District Thomas Golden, Cornell ILR and VESID State Rehabilitation Council Steven Holmes, Self-Advocacy Association of NYS Doug Hovey, Newburg ILC</p> | <p>Bill Krause, NYS Division of Veterans Affairs Rosemary Lamb, NYS CQCAPD Donna Lamkin, Center for Disabilities Service Mathew Matthai, NYAPRS Patricia McKay, NYSACRA Donald McManus, VESID Jane Muthumbi, NYS DDPC Edward Placke, Assistant Commissioner VESID Michael Peluso, VESID Frank Pennisi, NYAIL Fredda Rosen, Job Path Winifred Schiff, NYC IAC Mark Simone, NYS OMH Lynn Thibdeau, OMRDD Steve Towler, NYSARC Mary Anne Van Alstyne, NYS CBVH</p> |
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Charge: The MISCC Employment Committee will make recommendations to close the employment gap for individuals with disabilities through executive, legislative and budgetary action.

Discussion Summary:

Ed Placke welcomed the group and reviewed the charge from the MISCC as well as the expectation that the Employment Committee will make formal recommendations to the full MISCC in advance of its October meeting. The expectation is for the Committee to recommend some short-term, immediate actions (year 1) and longer-term (2 –3 years) strategies.

Instead of breaking into topic driven discussion groups as outlined in the agenda, the committee decided to remain as one for a discussion of the 23 Opportunities for Collaboration that were generated at its initial meeting on March 6, 2008.

The group recognized federal and state laws/regulations govern respective entitlement and eligibility criteria employment services for different agencies which will impede the development of a “single point” entry across agency systems.

In lieu of a “single point of entry”, the committee affirmed that consumers require better information to navigate different agencies and could benefit from a statewide benefit and planning infrastructure to decrease employment services fragmentation for individuals with disabilities.

Though there have been 1,200 benefit advisors credentialed in NYS, substantial information barriers for individuals with disabilities still exist and impacting disabled veterans, injured workers, persons in recovery and individuals who acquire a disability later in life.

A broader policy framework discussion ensued, with the committee asking; what is work and who are we talking about in relation to work? Furthermore, how do agencies define employment data, in terms of people, skills, and earnings? There was initial agreement that NYS needs to develop an integrated policy framework where policy addressed to needs of consumers, services providers and employers.

As a result of this discussion, the committee sought to develop a mission or vision statement (see below), which affirms, that “all people can work.” and should direct our mutual efforts towards a greater marketing initiative to employers through the Business Council and local Chambers of Commerce.

The importance of establishing a tangible goal, such as increasing the number of employment outcomes by a specific number or percentage was discussed so that any policy framework can lead to action and measurable results. Different ideas were discussed about what that goal should be. While the group did not reach consensus on exactly what the goal should be, there was consensus that the Employment Committee, as part of developing its policy framework, should identify a specific, measurable goal related to employment.

The Committee’s discussion addressed the following areas from the Opportunities From Collaboration list:

- Develop a single point of entry which enables consumers to obtain services from multiple agencies without re-establishing eligibility;
- Develop a statewide infrastructure for benefits planning and assistance;
- Promote use of Medicaid Buy-In and secure funding through the Medicaid Infrastructure Grant;
- Develop cross agency incentives for employment;
- Change marketing efforts to emphasize employment;
- Develop marketing campaign for employment of qualified candidates who have disabilities and work with local Chambers of Commerce;
- Marketing the benefits of employment – *making work pay* - shifting paradigm from services to work.and,
- Advocate for an executive order to promote to hiring of persons with disabilities in all state agencies through a reinvigorated 55 a, b, and c hiring in the public sector.

There was debate around whether the work of the Committee needed to drive toward “BIG, BOLD, IMPORTANT” change leading to a paradigm shift that “makes work pay” or to identify very practical actions that would have an immediate impact. General consensus was that the MISCC Employment Committee should strive to address both in its recommendations to the MISCC.

Information Gathering Assignments

In the course of the discussion, several members committed to gathering some background information related to specific discussion points:

Thomas Golden – Will forward a final report that was published at the conclusion of the SSA State Partnership Initiative New York Works Project.

Fredda Rosen – Will obtain information about other States’ (e.g. Minnesota) “Employment First” initiatives and share with the Committee.

Steve Towler – Will gather information on how international companies, such as IKEA, handle recruitment, hiring and accommodations for workers with disabilities.

Mary Blais – Will check into any definition that DOL uses for “employment”.

Thomas Golden presented the Medicaid Infrastructure Grant information and requested participation of the MISCC Employment Committee to undertake the advisory role as required in the grant. OMH will be applying and behalf of New York State DOH. Thomas will present additional information by which the committee can further evaluate its’ potential role in the grant, keeping in mind the June 30 submission deadline.

At the conclusion of the meeting, the Committee had developed a proposed vision statement and decided on five collaborative opportunities from which to develop goals and specific recommendations.

Proposed Vision Statement:

The Employment Committee developed the following vision statement:

All people can work. New York State, in partnership with the whole community, will exercise leadership to advance prospects for employment and economic self-sufficiency of all individuals with disabilities. Resources will be directed and redirected to realize this vision of integrated competitive employment. Individuals with disabilities will have the opportunity to contribute to and benefit from the economic vitality of the workforce. Employers will view individuals with disabilities as valued employees in their recruitment and hiring efforts.

Proposed Collaborative Opportunities:

1. Executive Order for Public Sector Employment - Advocate for an executive order to promote to the hiring of persons with disabilities in all state agencies through a reinvigorated 55 a, b, and c for hiring in the public sector.
Team Lead: Rosemary Lamb with assistance from Michael Peluso and Lynn Thibdeau.
2. Develop a statewide infrastructure for benefits planning and management.
Promote use of Medicaid Buy-In and secure funding through the Medicaid Infrastructure Grant to make sure individuals with disabilities know about and use all available work incentives. Team Lead: Thomas Golden. Follow-up Action: Deputy Commissioner Cort will brief Commissioner Ritter and Thomas Golden

will brief Commissioner Hogan about the possibility of developing the statewide proposal.

3. “No Wrong Door” - easing access to employment services across state agencies.
Team Lead: Frank Coco will coordinate work with the state agencies, providers, and advocates to examine how to improve cross-systems access to services. He will be soliciting Committee members to participate in the development of a work plan.
4. Marketing to Employers. Develop collaborative marketing campaign for employment of qualified candidates for employment who have disabilities and work with local Chambers of Commerce and market the benefits of employing qualified individuals with disabilities. Review any related findings and recommendations from the Economic Security Cabinet. Team Lead: Steve Towler with Business Council representative.
5. Review Data and Funding Integration. Examine existing funding structures across agencies and the policy of moving segregated employment dollars to integrated employment. Look at collaborative efforts to gather data across programs so that we have a coherent picture of results and progress. Team Lead: Mat Matthai with Pat Dowse, Frank Pennisi and Leslie Addison.

Deputy Commissioner Cort also advised the Committee that it may also want to consider issues related to higher education as a means to earning livable wages and sustaining life-long careers.

Next Steps:

- The Team Leaders for each of the five focus will gather information and solicit participation of interested Committee members for the purpose of developing a work plan proposal for their related opportunity for collaboration area at the next full meeting of the MISCC Employment Committee.
- Acting upon a recommendation from the committee, the next meeting will employ the services of an independent facilitator.

Next Meeting:

- August 6, 2008, *10 am to 3pm* at the VESID District Office, 80 Wolf Rd., Albany Second Floor Conference Room.

MISCC EMPLOYMENT COMMITTEE WORKGROUPS PRESENTATION SUMMARY CHART
August 6, 2008 Meeting

| Work Group | Proposal | Membership | Discussion/Recommendations/Measurable Outcomes | Next Step |
|---|---|--|---|---|
| Road to Employment Web Portal Information, referral, application- and eligibility web site. | Develop a comprehensive interactive web site to enable persons with disabilities and service providers to access information about application process, documentation for eligibility requirements for employment services from the respective State agencies. The goal would be to reduce duplicative processes for consumers wherever possible. | Frank Coco, Mary Ann Van Alstyne, Joanne Bushart, Pat Dowse, Bill Krause, Donald McManus, William Carpenter, Margaret Moree, Steve Towler. | Change “No Wrong Door” name as too many State agencies are using term. Review NY State My Benefits web site and any existing “one door” system to avoid duplication. Explore potential for on-line application for employment services. Establish a system that allows user to offer feedback on functionality. Use Dept. of Labor Disability Program Navigators. Possibly link to Career Zone and Job Zone. Develop a pilot in libraries and one stop centers. Design for differing needs of youth and adults. Explore potential cost savings if duplicative evaluation processes are eliminated. See if NY Make Work Pay initiative can help support development. | Recommendation due 9/5 |
| Medicare Infrastructure Grant (MIG) Maximize work incentives utilization. | Use of the MIG, NY Make Work Pay (MWP) and Medicaid Buy-In to engage employment systems changes to improve employment outcomes and economic self-sufficiency for persons with disabilities. | Thomas Golden, John Allen, Douglas Ruderman, Gary Sheehan Additional MISCC EC members to be determined. | Obtain Dept of Health participation on MISCC Employment Committee. Present to the MISCC as a multiple benefit action plan that touches all agencies. Need to understand obligations for developing a strategic plan for employment. Increase utilization of work incentives and reinforce system for comprehensive benefits and work incentives planning. Review all 9 goals of project proposal. | Recommendation due 9/5 Hold a webinar on 9/8 at 1:00 PM to brief the full MISCC EC. |
| Data and Finance Integration Increase funding for integrated employment. | Identify present statewide data, reporting and funding structures with a goal of decreasing segregated employment and while maximizing integrated employment. | Matthew Mathai, Pat Dowse, Frank Pennsi, Leslie Addison, Steve Holmes, Fredda Rosen, Jeffrey Tamburo, Bob Gumson. | Develop appropriate supports and funding structures for most integrated options. Define “people first” standards for evaluating data and funding of employment programs. Obtain specific data and information on what is currently spent and allocated for employment programs in segregated and integrated settings and how results/outcomes are reported. Clarify terms and obtain consumer feedback . Look at NY State 515 Law, Report and NYISER information. | Recommendation due 9/5 Will obtain examples other state intergrated/braided funding and reporting from WA, MA, VT, CO, MIN |
| Marketing to Employers Promoting the labor resource | Develop a comprehensive collaborative marketing campaign for employment of qualified candidates who have disabilities. | Steve Towler, Joanne Bushart, Winifred Schiff, Tobi Bickweat, Jennifer McCormick, Robert Myron, Margaret Moree | Develop a collaborative marketing campaign for employment of qualified candidates with disabilities. Survey employers or conduct focus groups to understand the skill sets required and concerns about hiring people with disabilities. Determine the hiring needs and practices of employers. Consider “celebrity” spokesperson. Understand the nature of hiring, Avoid negative branding of persons with disabilities, stress skill sets. | Recommendation due 9/5 |

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|---|--|---|--|-------------------------------|
| <p>Public Sector Employment Improve State agency recruitment of persons with disabilities.</p> | <p>Promote the hiring of persons with disabilities in all State agencies through a reinvigorated 55b, & c program.</p> | <p>Rosemary Lamb, Michael Peluso, Lynne Thibdeau, William Krause, Mary Ann van Alstyne, Nicholas Rose, Richard Bowles</p> | <p>Team will determine whether or not to recommend Executive Order or alternative strategy to promote public sector employment in NYS. Develop viable strategy increase recruitment, hiring, retention and promotion of persons with disabilities in NYS civil service. Explore the development of a program model for retaining or reinstatement of State employees injured on or off the job. Should State employees injured on the job have a specific “55” status for employment retention or re-instatement (e.g. 55d)?</p> | <p>Recommendation due 9/5</p> |
|---|--|---|--|-------------------------------|

DRAFT

APPENDIX D

Dates and Summaries from Transportation Committee Meetings:

12/17/07

- Lessons learned from the “People First” listening tour
- Barriers to transportation services and first hand experiences with entities that are providing alternatives to traditional transportation services

3/3/08

- Utilizing the Center for Transportation Excellence as a best practice model
- Discuss workgroups mission statement and goals
- Reviewed best practices in Erie, Essex and Sullivan Counties
- Discussion of federal policies for sharing of vehicles and coordinating trips (Coordinating Council for Accessible Living)
- Legislation (A. 8520) in relation to access to certain for-hire vehicles and shuttle services by individuals with disabilities. Concern with legislation because taxis are exempt from being DOT inspected and don't require same operating authority (higher liability costs will result)

3/27/08

- Presentation 5310 grant application and workshops conducted for transportation needs of elderly and disabled individuals
- Accessible taxi issues and Assemblyman Reilly's legislation to expand para-transit routes limited to $\frac{3}{4}$ of a mile off fixed routes
- Barriers to transportation for disabled people
- Alternatives to public financing of CTE like projects
- Options for improving and expanding the coordination of transportation services

5/7/08

- Transportation-based barriers to services and employment
- Land-use and pedestrian infrastructure issues and how to best mitigate these barriers
- Social-serve.com (North Carolina) was discussed as a possible model
- Developing a system similar to 511 to place human services information at a single reference point
- Increasing the ADA lift requirements of 600 lbs to 800lbs to 1,000 lbs

5/30/08

- Agency and stakeholder identified barriers. Insurance was discussed as a major barrier to the sharing of vehicles
- The rules and regulations in place that pertain to people with disabilities and the transportation services industry limits transportation options. Members explored allowing people with disabilities to assume an equitable amount of risk in transportation services industry

- Members discussed the 5310 program and agencies capacity to coordinate services
- Accessible-taxi legislation and which communities in the United States have tried accessible-taxi legislation was discussed
- Improving consumer education about transportation service, particularly accessible taxis already available was explored

7/10/08

- Ensuring accessibility of State agency fleet vehicles and schedules to encourage coordination
- Establishing a State policy regarding accessible transportation access to voter polling places
- Evaluating opportunities to expand para-transit consistent with ADA
- Establishing mobility managers in each county
- Opportunities to expand paratransit
- Transit-oriented development as a means of reducing barriers and expanding transit options

8/13/08

- Guest presenter from the Federal Transit Agency (FTA) discussed the Coordinating Council on Access and Mobility and how the Feds can help
- New York State is not alone in its attempt to make improvements to transportation
- Sharing vehicles among state agencies was discussed, and concerns were expressed about logistical practicality
- Accessible taxi legislation was discussed in further detail, stakeholders provided thoughts about whether to use incentives or disincentives

Appendix E

Department of Health

Long Term Care Advisory Committee Members

- Broome County Community Alternative Systems Agency (Michelle Berry)
- Center for Disability Rights (Bruce Darling)
- Consumer (Lois Wilson)
- Consumer Directed Choices (Constance Laymon)
- Healthcare Association of NYS (Robin Frank)
- Home Care Association of NYS (Al Cardillo)
- Long Term Care Community Coalition (Richard J. Mollot, Esq.)
- New York Association of Homes and Services for the Aging (Carl Young)
- New York Association on Independent Living (Melanie Shaw)
- New York City Human Resources Administration (Mary Harper)
- New York State Health Facilities Association (Richard Herrick)
- New York State Office for the Aging (Michael Burgess)
- Oneida County Office for the Aging & Continuing Care (Michael Romano)
- Schuyler Center for Analysis and Advocacy (Karen Schimke)
- Sick Kids Need Involved People of New York (Jane Salchli)
- Visiting Nurse Services of New York (Carol Raphael)

Summary of Long Term Care Advisory Committee Proceedings

- March 27, 2007 - This meeting was devoted to providing updates of the various projects underway as part of the NYSDOH's long term care restructuring efforts. There was discussion of the Money Follows the Person (MFP) demonstration grant, which had just been approved by Centers for Medicaid and Medicare Services (CMS) in January, 2007. The need to develop a Housing Task Force and a MFP workgroup was discussed along with recommendations for membership. There was dialogue about the responses to the NYSDOH's Request for Information (RFI) that was issued in the fall 2006 to elicit stakeholder ideas about restructuring New York's long term care system. The Committee discussed the major themes that emerged based on the 250 responses received from advocates, consumers, service providers, professional organizations and local government entities. These themes included the need to expand consumer-driven community-based services, develop workforce recruitment and retention incentives, enhance accessible transportation and housing options and create a uniform, comprehensive assessment tool to ensure consistent service planning across settings and regions. A summary of the RFI responses were placed on the NYSDOH's website.
- December 18, 2007 – The highlight of this meeting was a PowerPoint overview of the vision, state of the organization and objectives of the OLTC as described earlier in this report. Additional updates were given on the Commission on Health Care Facilities in the Twenty-First Century (Berger Commission), the status of

various waiver programs, including the Long Term Home Health Care Program (LTHHCP), the Traumatic Brain Injury (TBI) program, the Nursing Home Transition and Diversion (NHTD) program, the Money Follows the Person (MFP) program and the Care at Home (CAH) initiatives. In each instance, recommendations were discussed for improving these waiver services to expand access, enhance quality of service and strengthen service coordination/case management, particularly in light of the fact that a number of these waivers were up for renewal with CMS. An update on the NY Connects initiative was given, which in the first month of operation, responded to 22,000 contacts for information and assistance about long term care needs. An environmental assessment of NYS' long term care system was given and discussion ensued about how best to rebalance the system to serve individuals in the most integrated setting. Committee members also considered their Long Term Care priorities for 2008 and agreed to identify key issues through a formal survey to be completed in the near future.

- July 1, 2008 - An overview was given of the Uniform Data Set (UDS) initiative that was funded and authorized by the Governor and Legislature in the 2007-08 budget. Discussion ensued about how this UDS would serve as the foundation for system reform and contribute to reducing fragmentation among providers, improving continuity of care and better ensuring that consumers get the right service at the right time---outcomes consistent with the MISCC ideals. Updates were related about other Long Term Care programs and proposals including: a proposed cash and counseling consumer-directed demonstration project to expand consumers' options to purchase needed services in the community; recent enhancements to the Care At Home I/II waiver programs; the joint Office of Children and Family Services (OCFS)/NYSDOH Bridges to Health (B2H) program serving children in foster care and the LTHHCP waiver renewal application in which NYSDOH is seeking to redefine services for consistency purposes and to improve the ability of individuals to remain in the community. Other programs in development were discussed including news that the Nursing Home Transition Diversion (NHTD) program manual had been posted on the Department's website and participants have begun being served; the Money Follows the Person demonstration program; the Telehealth project referencing the fact that over 2,000 home care recipients have benefited from this service to date; and the NY Connects single point of entry initiative entering its third year of operation with 55 participating counties providing Long Term Care information and assistance to the individuals in their communities. Plans for launching a comprehensive media campaign to raise awareness about the Partnership Long Term Care insurance plans was discussed, as well as news that the Partnership received approval from the NYS Department of Insurance to train and certify financial planners to offer the Partnership plans to their clients. Feedback was provided on the membership survey that was conducted earlier in the year regarding the prioritization of Long Term Care restructuring activities. Increasing utilization of home and community-based services was the top priority, followed by increasing housing options, addressing workforce issues, improving transitions to reduce institutional placements and strengthening quality of care throughout the Long Term Care system.

APPENDIX F

Department of Health

Additional Long Term Care Stakeholder Groups

- The **Traumatic Brain Injury Services Coordinating Council**, composed of state agency representatives, consumers, advocates and professionals, provides recommendations to the NYSDOH on services to this special needs population and provides an effective means for consumers to have a voice in the direction of program policy. The yearly well-attended TBI Best Practices Conference is also designed not only to share best practices and information, but to provide direct access to providers and policy makers.
- The **Nursing Home Transition and Diversion (NHTD) Advisory Group** was created as part of a collaborative effort among the NYSDOH, advocacy groups, local government representatives and state agencies, and representatives from disability and senior groups. The primary goal of the Advisory Group has been to provide input and insight into the design of this new Medicaid waiver opportunity for nursing home eligible individuals seeking to return or remain in the community. The NHTD Advisory Group continues to meet on a quarterly basis. In collaboration with Division of Housing and Community Renewal (DHCR), members of this group also participate on the **NHTD Housing Subsidy Group** to provide eligible participants with rental subsidies and improved access to affordable housing.
- The **Money Follows the Person (MFP) Workgroup**, composed of individuals with disabilities, seniors, advocates, providers and state representatives, helps to guide the implementation of this demonstration project.

The AIDS Institute Stakeholder Groups

The AIDS Institute utilizes a variety of councils and workgroups to guide MISCC policy development, help shape priority areas and provide input and guidance regarding program models, unmet needs and mechanisms for ensuring that quality care and services are delivered in settings most appropriate to client needs and that will result in the best possible patient outcomes. A number of advisory groups are summarized as follows:

- **NYS AIDS Advisory Council**: Seventeen appointed Council members whose affiliations include educational and medical institutions; local health departments; nonprofit organizations, including the advocacy and service communities; legislators; and persons living with HIV/AIDS, advise the Department and make recommendations about issues related to HIV and AIDS. The Council currently meets at least five times a year and its proceedings are open to the public.
- The **Prevention Planning Group (PPG)** is an inclusive community planning group with participation by people of diverse races, ethnicities, genders, sexual orientations and ages and whose responsibilities include conducting needs

assessments to determine HIV prevention priorities and developing an HIV prevention plan for the state.

- The **Statewide AIDS Service Delivery Consortium (SASDC)** is a diverse statewide body comprised of individuals who represent special populations including health care providers, community based organizations and persons living with HIV/AIDS. This body is charged with addressing unmet needs and service gaps of HIV infected/affected population segments.
- **Quality of Care Program Advisory Committee:** The AIDS Institute coordinates the participation of several groups of stakeholders to promote, monitor and support the quality of HIV services for people with HIV in New York State. Several subcommittees have been established to allow the Department to remain responsive to the needs of the communities that it serves, while staying abreast of changes in clinical and scientific knowledge.

The Center for Community Health Stakeholder Groups

- The **Early Intervention Coordinating Council (EICC)**, which advises and assists the Department, includes designated representatives of state and local agencies, legislative staff, parents of young children with disabilities and providers of early intervention services. The EICC is convened for quarterly meetings and establishes time-limited Task Forces to focus on a variety of important MISCC service delivery and systems issues, including transition services for children, standards and procedures for evaluation and eligibility, marketing guidelines and health and safety standards. The Bureau of Early Intervention program has also cultivated a strong cadre of parent leaders who actively participate in and contribute to policy, systems and community efforts to improve early intervention services for children and families.
- The **Youth Advisory Committee and Family Champions**, comprised of advocates and family members, advise the NYSDOH on tools and resources to help youth and young adults with special needs make a smooth transition to adult living. One example of this worthwhile collaboration has been the development of the portable health information document, which allows young people to organize their health information for use during visits to health care providers.
- The **Coordinating Council for Services Related to Alzheimer's Disease and Other Dementias** was created in 2007 to develop a Comprehensive NYS Plan for the Identification and Treatment of Alzheimer's Disease and Other Dementias for the Governor's review by June, 2009. In an effort to inform the plan, the Department convened eight statewide community forums to hear issues and recommendations from Alzheimer's disease patients, caregivers, medical and non-medical providers.

APPENDIX G

New York State Office of the Aging

MEETING RECORD

The Stakeholder Group advising NYSOFA in the development, implementation and annual updating of the agency's MISCC Implementation Plan was convened on January 18, 2008.

The following members of the Stakeholder Group participated:

Patricia Binzer - Advocate for Older Adults

Priscilla Bassett - Advocate for Older Adults and Consumer

Shirley Genn - Brooklyn-wide Interagency Council of the Aging, Caregiver and Advocate for Older Adults

Lani Sanjek - NY Statewide Senior Action Council NYC Chapter, Caregiver and Advocate for Older Adults

Carol Gehrig - Advocate for Older Adults and Caregiver

The following NYSOFA staff participated:

Mike Burgess, Director

Greg Gardiner, Director of Field Operations, Division of Community Services

Thea Griffin, Director, NY Connects: Choices for Long Term Care

Gail Koser, Assistant Director, Division of Policy, Public Information and Management

Gary Malys, Assistant Director, Division of Community Services

Gail Myers, Special Assistant to the Director

Michael Paris, Aging Services Program Coordinator, Bureau of Policy Analysis, Research and Management

January 18, 2008 - Summary of the Presentations and Discussion

Purpose

The purpose of the first meeting of the Stakeholder Group was to orient the members of the stakeholder group to the MISCC and to provide context and direction for their charge as the advisory group to NYSOFA as it develops, implements and annually updates its MISCC Implementation Plan.

Director Burgess provided the welcome, opening remarks and purpose of the group. The Director spoke of the many challenges facing older adults in New York State. Director Burgess described how those challenges will become greater in the future as the population in New York State ages. Director Burgess told the members that it is his desire to have all of NYSOFA's programs be reviewed by the group for consistency with the General Principles and Guidelines set forth in the MISCC Report. Director Burgess told the members that it is the agency's mission to provide support for people in the least restrictive setting of their choice.

Michael Paris mentioned that he had contacted each of the members in advance of the meeting to discuss the initial information that was disseminated to all and the role of the

MISCC –NYSOFA Stakeholder Group as set forth in the MISCC Report. The hard copy information that Michael Paris provided to each of the members in advance of the meeting included:

- Summary of the Americans with Disabilities Act (ADA);
- Summary of the Olmstead Decision;
- Summary of the relationship between the ADA and the Olmstead Decision;
- General description and a summary of the MISCC and activities undertaken by the MISCC to date;
- The 2006 MISCC Report, “Addressing the Service and Support Needs of New Yorkers with Disabilities: Report of the Most Integrated Setting Coordinating Council;”
- MISCC Operational Plan;
- Standard Format for State Agency MISCC Plans;
- MISCC General Principles and Guidelines as well as the Recommendations to State Agencies contained in the MISCC Report;
- An overview of state funded NYSOFA programs;
- A copy of the MISCC home page taken directly from the OMR/DD, MISCC web site; and
- The schedule of MISCC meetings for 2008.

The summaries of the Americans with Disabilities Act (ADA), the Olmstead Decision and the relationship between the ADA and the Olmstead Decision were presented by Michael Paris and discussed. Many of the members were familiar with the ADA and Olmstead. Those members that were not as familiar, remarked that the material on the ADA and Olmstead provided a good grounding and background. Michael Paris presented a summary of the MISCC and the Council’s activities including:

- MISCC Operational Plan;
- MISCC Standard Format for State Agency MISCC Plans; and
- MISCC General Principles and Guidelines contained in the MISCC Report.

Members remarked that the information presented and discussed provided them with context and the structure for the work that the MISCC –NYSOFA Stakeholder Group will be engaged in. Members remarked that they could see how each of the pieces came together to form and guide the work process of the group.

Michael Paris invited the members to access the MISCC website for additional information including updates on the MISCC Housing Task Force chaired by the Division of Housing and Community Renewal and the newly formed MISCC Transportation Work Group chaired by the New York State Department of Transportation. All remarked that the MISCC website will be a useful resource for more background and a way to keep up on MISCC proceedings.

Michael Paris invited members to attend the MISCC meetings that were scheduled for 2008. Michael Paris reminded the members to check their e-mail for the schedule of 2008 MISCC meetings that he sent. Michael Paris stated that for those unable to attend the actual meetings in Albany, they could view a web cast of the meeting either live or recorded on the MISCC website.

Gail Koser provided the group with an explanation of the relationship between the MISCC –NYSOFA Stakeholder Group and the Long Term Care Council that was formed in 2007. Gail Koser noted that the group will constitute a sub-committee of the larger Long Term Care Council and will report out on their work as members of the stakeholder group when the Long Term Care Council convenes. Everyone appeared to understand the relationship of the MISCC –NYSOFA Stakeholder Group to the larger group. Several of the members remarked that this construct would provide an opportunity to convey and share information.

Greg Gardiner presented an overview of NYSOFA’s “top ten” programs based on the number of individuals served and current program expenditures. All of the members stated their familiarity with NYSOFA’s programs. Several members stated their ideas for building capacity to expand aging services in order to meet the growing need for such in New York State. Greg Gardiner noted there are many more NYSOFA programs than those he presented and discussed at the meeting. Greg Gardiner informed the group that about half of NYSOFA’s programs are federally funded. Greg Gardiner noted that more information on NYSOFA’s programs will need to be shared and discussed with the members as the stakeholder group embarks on the process of reviewing NYSOFA’s programs for consistency with the MISCC General Principles and Guidelines as required in the MISCC Report.

Gary Malys presented ideas for the MISCC –NYSOFA Stakeholder Group to consider as they approach the work of reviewing NYSOFA programs for consistency with MISCC General Principles and Guidelines in concert with staff from NYSOFA’s Division of Community Services (CS). Gary Malys told the members that CS staff have day to day responsibility for the NYSOFA funded programs. Gary Malys said that NYSOFA does not provide programs or services directly. Rather, NYSOFA funded programs are delivered through NYSOFA’s network of 59 county based Area Agencies on Aging (AAAs) and/or the AAA’s local subcontractors. Gary Malys noted that he has shared with CS staff: the MISCC Operational Plan which outlines the work process that all participating MISCC state agencies are required to conform to; the MISCC Standard Format for Reporting that all agencies are required to use to provide the MISCC with the agency’s annual MISCC Implementation Plan; and the set of General Principles and Guidelines for State Agencies that all state agencies are required to use in conference with their stakeholder group to guide the evaluation that will determine consistency with the General Principles and Guidelines for state agencies as published in the MISCC Report. Gary Malys stated that he has received many comments and suggestions from CS staff on how the review process may be constructed. Gary Malys described one possible approach which would bundle “like programs” for review by the stakeholder group. A review of each grouping of programs would be performed by the stakeholder group together with CS staff. A group of like or related programs will be reviewed against the MISCC General Principles and Guidelines as described in the MISCC Operational Plan. Gary said that more discussions with CS staff are needed before any firm work plans can be offered to stakeholder group. Gary Malys noted that CS staff will run all suggested approaches by the stakeholder group for review and feedback in order to achieve consensus before a review process formally begins. Everyone agreed that would be the best way to approach the task. Gary Malys said that CS staff will work with the stakeholder group to identify which programs, services and supports may be slated for review during the annual reporting period which concludes this year in October, 2008.

Gary Malys noted that next steps such as scheduling stakeholder meetings and a timetable for the reviews will be determined and carried out by CS staff.

Concluding Statements and Remarks

Michael Paris noted that State Agency Most Integrated Setting Implementation Plans are to be submitted to the MISCC on or before October 1, 2008. Annual Implementation Plan updates are to be submitted on or before October 1 in each subsequent year. Michael Paris stated that there is no requirement as to the number of programs that must be reviewed by the stakeholder group. Michael Paris said that there is also no requirement as to how many of the domains for review such as assessment, community services, data, quality assurance or transportation are to be applied to an annual review process. Michael Paris noted that many of the General Principles and Guidelines are focused toward particular agencies and will not apply to NYSOFA's programs. Therefore, some of the General Principles and Guidelines will not be used in the reviews.

Director Burgess concluded by saying that the review that the MISCC – NYSOFA Stakeholder Group will be engaged in is a wonderful opportunity for the agency. Director Burgess told the members that he will report out on NYSOFA's MISCC Implementation Plan at the October MISCC meeting. The review will ensure that NYSOFA programs really do help people to stay at home in the community where they want to be. Director Burgess said that if we find that a program is not consistent with the MISCC General Principles and Guidelines as written in the MISCC Report; the program will be amended so that it is consistent. All of the stakeholders participating in the meeting remarked that they found the materials, presentations and discussions very beneficial. All appeared pleased with the transactions to date. All stated that they are looking forward to working with NYSOFA to complete the assignment.

MEETING RECORD

The Stakeholder Group which is advising NYSOFA in the development, implementation and annual updating of the agency's MISCC Implementation Plan was convened by conference call on September 8, 2008.

Patricia Binzer - Advocate for Older Adults

Priscilla Bassett - Advocate for Older Adults and Consumer

Justin Cunningham - NY Statewide Senior Action Council, Advocate for Older Adults

Nelsa Selover - Advocate for Older Adults, Caregiver and Retired AAA Director

Kathy Fitzgibbons for Fatima Goldman - Federation of Protestant Welfare Agencies, Advocate for Older Adults

Shirley Genn - Brooklyn-wide Interagency Council of the Aging, Caregiver and Advocate for Older Adults

Carol Gehrig - Advocate for Older Adults and Caregiver

Hong Shing Lee - Asian American Federation of New York, Advocate for Older Adults

Bruce Darling - Advocate for Adults with Disabilities

The following NYSOFA staff participated:

Mike Burgess, Director

Nanci Hawver, Caregiver Coordinator, Division of Community Services

Andrea Hoffman, Director of Long Term Care Services and Caregiver Supports, Division of Community Services
Gail Koser, Assistant Director, Division of Policy, Public Information and Management
Gail Myers, Special Assistant to the Director
Greg Olsen, Deputy Director, Division of Policy, Research and Legislative Affairs
Michael Paris, Aging Services Program Coordinator, Bureau of Policy Analysis, Research and Management

September 8, 2008 - Summary of the Presentations and Discussion

Purpose

The agenda of the second meeting of the Stakeholder Group was focused on NYSOFA's caregiver programs. The decision to focus on NYSOFA's caregiver programs was based on the importance that caregiver programs play in preventing institutionalizations. The members of the Stakeholder Group focused on the portion of the MISCC Principles and Guidelines that pertain to client assessment in NYSOFA's caregiver programs. The Stakeholders provided feedback concerning the degree of consistency that the client assessments performed within the caregiver programs have with the MISCC Principles and Guidelines addressing assessment.

Director Burgess spoke of NYSOFA's commitment to the work of the MISCC and he told the members that it is his desire to have all of NYSOFA's programs be reviewed by the group for consistency with the General Principles and Guidelines set forth in the MISCC Report. Director Burgess told the members that it is the agency's mission to provide support for people in the least restrictive setting of their choice. Director Burgess thanked each of the stakeholders for their willingness to participate in providing program and policy advice to the agency in relation to the MISCC Operational Plan.

Greg Olsen spoke of his presentation on NYSOFA's caregiver programs at the March, 2008 MISCC meeting. Greg Olsen stated the issue of caregiving is an important issue for the State of New York. Greg Olsen presented the value of caregiving in relation to keeping people out of institutions and in the community where they want to be. Greg Olsen discussed the New York State Family Caregiver Council which NYSOFA convenes. Greg Olsen mentioned that the Caregiver Council is made-up of fifty percent caregivers who provide policy and program direction to the office. Greg Olsen told the stakeholders about the caregiver surveys that the agency is engaged in to obtain feedback from caregivers all across the state on how well the programs are performing as well as another survey on caregiver programs designed to identify gaps in services throughout New York State. The information received directly from the surveys is then used to improve and realign programs to best meet the needs of caregivers. Greg Olsen mentioned the agency's partnership with local public television station WMHT and the information and educational activities that have occurred. Greg Olsen told the stakeholders how NYSOFA disseminates information and educational materials for use by caregivers through the agency's website as well as through the local area agencies on aging.

Michael Paris stated that he had contacted members in advance of the meeting to discuss the initial information that was disseminated and the role of the MISCC –NYSOFA Stakeholder Group as set forth in the MISCC Report. The hard copy information that

Michael provided to each of the members in advance of the meeting included: an overview of NYSOFA's caregiver programs; the MISCC Operational Plan; a copy of the MISCC General Principles and Guidelines as well as the Recommendations to State Agencies contained in the MISCC Report; and a document containing the portion of the MISCC Principles and Guidelines that pertain to client assessment in NYSOFA's caregiver programs.

Michael Paris provided a review of the MISCC Operational Plan, the Standard Format for State Agency MISCC Plans and the relationship to MISCC General Principles and Guidelines as well as the Recommendations to State Agencies contained in the MISCC Report. Michael Paris described the purpose of the activity and the important role that the stakeholders play in operationalizing NYSOFA's MISCC Implementation Plan. Everyone appeared to understand the significance and purpose of the activity and how it will be utilized and applied to complete the work at hand.

Michael Paris took a moment to present on how the agency, over the years since the MISCC Report was published, has disseminated the MISCC Principles and Guidelines in all divisions throughout the agency, through its network of fifty-nine area agencies on aging, through its many state level advisory councils made up of consumers, caregivers and advocates that provide policy and program advice to the agency on specific programs along with the local advisory councils both the local area agency on aging as well as the local stakeholders engaged collaboratively on issues related to long term care reform.

Andrea Hoffman described in detail the Caregiver Resource Center Program that NYSOFA provides through the local area agencies on aging to support caregivers as shown in the handouts sent in advance of the meeting.

The Caregiver Resource Center (CRC) Program is a state funded program. Since the late 1980's, 17 AAAs across the state receive \$20,000 each for CRCs to provide caregivers of older adults with information, assistance, counseling, training and support groups. All CRCs have a designated location where caregivers can go to access support.

Andrea Hoffman described in detail NYSOFA's New York State Elder Caregiver Support Program (Title III) that NYSOFA provides through the local area agencies on aging to support caregivers as shown in the handouts sent in advance of the meeting.

The New York State Elder Caregiver Support Program is federally funded under the Older Americans Act and came about in 2001.

Virtually every local area agency on aging in the state participates in this program. Allocations to area agencies on aging range from about \$31,000 as the minimum allocation to New York City that receives almost \$4 million.

Almost half of the area agencies on aging receive an allocation in \$31,000 - \$40,000 range.

Andrea Hoffman informed the stakeholders that once the federally funded program came about, at the local level, where there is state funding as well, the programs are indistinguishable and seamless. All local programs provide support to caregivers caring

for older adults and many (about 40%) also provide support to grandparents or other older relatives caring for children.

Andrea Hoffman told the group that the caregiver programs that are being reviewed today provide 5 different types of services:

- Information about available services;
- Assistance in helping caregivers access these services;
- Training/counseling/support groups to help caregivers make decisions and solve problems related to their role as a caregiver;
- Respite services to give people a break and temporarily relieve caregivers from their caregiving responsibilities; and
- Supplemental services to complement and support the care that the caregiver is provided.

Andrea Hoffman said that while local programs must provide at least one service in each of these categories, there is variation from program to program that reflects the differences from community to community.

Andrea Hoffman asked the group to move on to the task at hand which was analyzing the Assessment section of the MISCC General Principles and Guidelines to determine how well NYSOFA's caregiver programs meet the principles and guidelines and where program changes need to be considered. Andrea Hoffman explained the format that will be used to review each of the MISCC Principles and Guidelines for assessment against the programs. Andrea Hoffman then invited the stakeholders to tell us where they think we stand in terms of consistency based on the information about the programs that has been presented and discussed.

MISCC General Principles and Guidelines

ASSESSMENT

1. Assessments should permit the person to easily articulate his or her preferences and ideas for successfully living in the community.
2. Assessments should take into account a person's preferences and needs rather than solely assessing a person's eligibility for a specific program or service.
3. Assessments should identify both a person's community support needs and the person's preference for how these needs are met.
4. Assessments should take into account available "natural supports" or assistance, that family, friends and neighbors can provide.
5. Assessments should look at skills and competencies that the person and his support "team" already have in place. These competencies must be recognized, worked with and incorporated as future services/supports are developed.
6. Assessments should not require a specialized knowledge of the bureaucracy, services or funding streams, but instead tease out the person's daily needs and match these needs to community resources; include creative use of services and resources.

7. Assessments should address community supports and services needs in all areas of a person's life, e.g., medical and psychological needs, health and safety, housing, personal assistance, transportation, relationships, social outlets, and employment.
8. Assessments should consider cost effectiveness.

MISCC General Principles and Guidelines for Assessment Applied to NYSOFA Caregiver Support Programs

MISCC General Principles and Guidelines:

1. "Assessments should permit the person to easily articulate his or her preferences and ideas for successfully living in the community."
2. "Assessments should take into account a person's preferences and needs rather than solely assessing a person's eligibility for a specific program or service."
3. "Assessments should identify both a person's community support needs and the person's preference for how these needs are met."

Evaluation of Where NYSOFA Stands:

Local area agencies on aging (AAA) operate in a manner that looks comprehensively at an individual's circumstance and encourages/solicits information from consumers regarding their needs and preferences.

Evidence:

The assessment/reassessment process, called the Minimum Data Set (MDS) used by AAAs for individuals seeking or receiving Aging funded community-based long term care services is comprehensive and designed to encourage/solicit information from consumers regarding their needs and preferences. While service and program eligibility determinations are made, the process is intended to look beyond a particular program but at all of the needs, strengths and preferences of the individual so that the individual can be informed of, and if appropriate referred or linked to other programs and services in the community.

- The MDS assessment process must be used in the caregiver program before respite services can be provided.
- The MDS assessment includes a section on informal supports.
- AAAs funds more than one type of respite service in recognition of different consumer needs and preferences.
- AAAs mission statements reflect serving persons holistically and supporting their independence.
- AAAs seek to understand the circumstances and needs of caregivers that contact them in order to understand how they may help and support them. AAAs use various tools to do this, for example, some use the "Montgomery Borgatta Caregiver Burden Scale" to help identify the type(s) of burden most prevalent in a caregiver's life at that time.

- As a requirement of the **NY Connects** contract, counties are developing a comprehensive inventory of all long term care services in their community including caregiver's services. This inventory will serve as the basis for the provision of Information and Assistance. The inventory is constantly updated to reflect new services or changes to the existing list of services.

Stakeholder Feedback:

- Nelsa Selover stated that it is unfair that only seventeen local area agencies on aging receive funding for Caregiver Resource Center Programs. Nelsa stated that this is a valuable program that should be implemented statewide so that it is available for everyone across the state.
- Andrea Hoffman explained that the goal has always been to expand the program statewide but appeals for funding have been denied. Andrea Hoffman stated that NYSOFA will continue to work to advance the program so that it can be made available to everyone.
- Pricilla Bassett stated that the program should take into account language barriers and cultural sensitivity.
- Nanci Hawver explained that the area agencies contract with community based agencies to bridge this. The area agency on aging makes every effort to ensure that language and cultural needs are met for both programs.
- Hong Lee commented that particular attention needs to be paid to south Asian groups to meet their unique language and cultural needs.
- Greg Olsen explained that each area agency on aging must provide NYSOFA with their plan for targeting and outreach efforts to cultural and ethnic members of the local population including how language and cultural needs will be accommodated.
- Shirley Genn suggested that even more training be provided for caregivers across the state to help them with the burden of caregiving.
- Bruce Darling suggested that a greater emphasis be made by the agency on disseminating information on "Poole Trusts" to caregivers. Bruce stated that the NYConnects website is lacking that important information and that it should be there.
- Gail Koser stated that she will follow-up with NYConnects staff to ensure that the information on Poole Trusts is included on the NYConnects web site and made available through the information and assistance function that NYConnects provides at the local level.
- Andrea Hoffman polled the stakeholders for their feedback specifically on whether or not the programs being reviewed appeared to operate in a manner

consistent with the first three MISCC Principles and Guidelines for assessment. The stakeholders did not raise any issues to demonstrate otherwise.

MISCC General Principles and Guidelines;

4. “Assessments should take into account available ‘natural supports’ or assistance, that family, friends and neighbors can provide.”

Evaluation of Where NYSOFA Stands:

AAAs include information on natural supports in the comprehensive assessment they conduct for consumers requesting/receiving aging funded community based long term care services.

Evidence:

The comprehensive assessment that AAAs are required to complete on all individuals seeking/receiving aging-funded community based long term care services includes a section on informal caregivers. This section assesses these “natural supports” in terms of the assistance they currently provide, their ability to continue to provide this support and additional support and their own needs/limitations.

Stakeholder Feedback:

Everyone concurred that the programs operate in a manner consistent with the fourth MISCC Principle and Guideline for assessment.

MISCC General Principles and Guidelines:

5. “Assessments should not require a specialized knowledge of the bureaucracy, services or funding streams, but instead tease out the person’s daily needs and match these needs to community resources; include creative use of services and resources.”

Evaluation of Where NYSOFA Stands:

The assessment that is conducted by AAAs is designed to look comprehensively at the individual and their support system to enable the development of a care plan that covers a broad range of services and programs based on their assessed need.

Evidence:

Case managers and others who complete assessments develop care plans with the individual and family that include an array of services and programs provided by various organizations in the community. The care plan specificity includes information on services and programs to which a referral or linkage is needed. This is mechanism that is used to match clients with appropriate services.

A major function of the Aging network is to know about the wide array of programs and services that are available in the community, and advocate on behalf of consumers to

assure that they receive the services they need, want and are eligible for. This is a fundamental responsibility of AAA staff.

Stakeholder Feedback:

- Pat Binzer asked how often reassessments are performed.
- Andrea Hoffman replied that they are done annually unless there is a change in the client's condition or circumstances.
- Everyone concurred that the programs operate in a manner consistent with the fifth MISCC Principle and Guideline for assessment.

MISCC General Principles and Guidelines:

6. "Assessments should address community supports and services needs in all areas of a person's life, e.g., medical and psychological needs, health and safety, housing, personal assistance, transportation, relationships, social outlets, and employment."

Evaluation of Where NYSOFA Stands:

The comprehensive assessment that is conducted by AAAs collects information on many aspects of an individual's situation.

Evidence:

The assessment that is conducted for individuals seeking aging funded community based long term care services includes sections on: emergency contact, informal supports, services currently being received, instrumental activities of daily living, activities of daily living, cognitive status (psycho-social), health status, medications, housing status, nutrition, income, and benefits/ entitlements.

Currently NYSOFA, through a subcontract is, conducting regional training sessions for case management staff. The focus is on a strength based approach to case management. Fundamental to this approach is focusing on vital engagement and life plans. This means paying attention to past and current interests of clients and their goals and aspirations, developing life plans to reflect this.

Stakeholder Feedback:

Everyone concurred that the programs operate in a manner consistent with the sixth MISCC Principle and Guideline for assessment.

MISCC General Principles and Guidelines:

7. "Assessments should consider cost effectiveness."

Evaluation of Where NYSOFA Stands:

NYSOFA programs are based on a yearly appropriation and thus have a fixed budget.

Evidence:

By virtue of the fixed budget for our programs, case managers and others who conduct assessment are under pressure to develop care plans that are lean and maximize informal supports.

While there is cost sharing in EISEP, one of the aging funded programs, the caregiver programs include an opportunity to contribute but not a cost sharing component.

A 2007 Brief by AARP discussed the financial impact of caregiving on caregivers themselves and provides updated data (2006) on the economic value of their contributions to the U.S. economy. The report cites that family caregivers provide \$350 billion dollars in uncompensated care, annually in the United States. In New York State, the estimated care value is \$24 billion provided by 2.2 million caregivers.

Stakeholder Feedback:

- Justin Cunningham asked how NYSOFA measures money being spent by programs.
- Andrea Hoffman explained that the AAA reports units/service data and that NYSOFA field staff perform local program monitoring visits to review program financial records as well.
- Nelsa Selover stated that AAAs are always accountable for the expenditures related to the programs and services that they provide.
- Everyone concurred that the programs operate in a manner consistent with the seventh MISCC Principle and Guideline for assessment.

MISCC General Principles and Guidelines:

8. Assessments should look at skills and competencies that the person and his support “team” already have in place. These competencies must be recognized, worked with and incorporated as future services/supports are developed.”

Evaluation of Where NYSOFA Stands:

The comprehensive assessment and care plan include these strengths.

Evidence:

The comprehensive assessment that is conducted identifies the strengths of the individual, including where resources are already present to address a need, where those resources may be used to address other needs and then where the gaps are that must be addressed by the formal system. Care plans build in and include these resources, and

formal services are specified to complement and supplement these resources that are already present.

Stakeholder Feedback:

- Everyone concurred that the programs operate in a manner consistent with the eight MISCC Principle and Guideline for assessment.
- Andrea Hoffman offered a few additional statements about other activities that NYSOFA believes also help to demonstrate the consumer focus of the aging network caregiver programs and the attention given to addressing the needs and preferences of the consumers, both caregivers and those they care for:

Evidence:

AAAs conduct assessments of the care receiver using a comprehensive assessment process that is required by NYSOFA. Many, if not most, AAAs also conduct an assessment of the caregiver. However, there is not a standard assessment that is required. This is a decision that is by the local program.

AAAs obtain information on consumer satisfaction on all of their services, including those provided to caregivers and their care receivers through various methods. They regularly conduct consumer satisfaction surveys; case management and other staff have contact with caregivers and care receivers.

NYSOFA recently conducted a Statewide Caregiver Survey. A primary purpose of the survey is to get feedback from caregivers who have been served by AAA caregiver program. The results are expected to be available in the fall and will help guide our work on both the local and state levels.

NYSOFA has recently initiated monthly conference calls with caregiver program coordinators. These calls will be used for a variety of purpose – share good practices among programs, provide training and technical assistance, share information and group problem solving.

NYSOFA is anticipating the implementation of a new program, Regional Caregivers Centers of Excellence. These centers are intended to bolster and strengthen existing caregiver programs in communities by providing them with support, education, training and technical assistance.

In addition, NYSOFA, in partnership with the Department of Health, have established local information and assistance programs known as **NY Connects: Choices for Long Term Care** in counties across New York State. **NY Connects** provides locally accessible, consumer-centered access points that provide comprehensive, unbiased information about long term care options and linkages to services for individuals of all ages with long term care needs. To assist individuals to make informed decisions and to streamline access to long term care services and supports, **NY Connects** helps advance the vision of self-determination, choice, and opportunities to remain at home and in the person's community.

NY Connects programs provide information and assistance to consumers, caregivers and helping professionals. Although the types of information provided varies during each reporting quarter, some of the topic areas that appear each quarter include utility payments, personal care, home delivered meals, and case management.

Michael Paris thanked the members of the Stakeholder group for their time and commitment to the review process. Michael Paris invited members to provide written comments in addition to those stated during the meeting should they wish to do so.

The deliberations of the Stakeholder Group, along with NYSOFA's MISCC Implementation Plan/Report have been sent to the MISCC Chair as required. Public posting of NYSOFA's Stakeholder Group meeting records and all related MISCC information will be through the MISCC website maintained by the Office of Mental Retardation and Developmental Disabilities.

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