Progress Report
on the Recommendations from the People First Forums

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Background

The "People First Forums" were held across the State in five locations during the spring and summer of 2007 by the Commissioners of Health (DOH), Mental Health (OMH), Mental Retardation and Developmental Disabilities (OMRDD), and Alcoholism and Substance Abuse Services (OASAS). The forums provided an opportunity for individuals with multiple needs, and their caregivers, to describe their needs and issues in navigating State and local service systems to receive necessary services. More than 2,200 consumers, family members, providers, community members, and local government representatives attended one or more of the forums.
People and their families reported experiencing a host of challenges in trying to obtain quality health and mental hygiene services. Attendees at the forums identified the greatest opportunities for improvement in:

- Accessing services and supports,
- Receiving quality, coordinated services and supports from a competent workforce, and
- Overcoming service barriers created by the systems themselves.

A report summarizing the major concerns raised at the forums was submitted to the Governor and published in October 2007. The report outlined steps the Commissioners were taking in response to those concerns and set forth recommendations for improving and coordinating support for people who have needs that require support from more than one system. The "People First Coordinated Care Listening Forums" report is available online at
http://www.oasas.state.ny.us/pio/forums/documents/PeopleFirstRpt.pdf

Purpose of the Report

The purpose of this report is to provide a summary of progress toward implementing the recommendations from the People First Forums. From this point forward, reports of continuing progress will be incorporated into the work of the Inter-Office Coordinating Council (IOCC), the body charged with coordinating services for people with multiple needs among the offices of OASAS, OMRDD, and OMH. The three Commissioners of these agencies reinvigorated this group over the last year and, consistent with the autonomy of each office for matters within its jurisdiction, they are collaborating to ensure:

- Better integration of the planning and implementation of the prevention, care, treatment, and rehabilitation of mental illness, mental retardation and developmental disability, alcoholism, alcohol abuse, substance abuse, substance dependence, and chemical dependence;
- Elimination of gaps in services to persons with multiple disabilities so that no person is denied treatment and services because he or she suffers from more than one disability;
- Coordination of procedures for the regulation of programs that offer care and treatment for persons with disabilities between the offices having jurisdiction over

such programs.

Ultimately, the IOCC fosters integration and alignment of agency structures and functions to improve outcomes for individuals with multiple disabilities and their families. More information about the reinvigoration of the IOCC appears under Goal 2 in this report.

Progress on People First Recommendations

The four agencies have engaged in various collaborative activities to address concerns identified during the forums. They have developed new initiatives and refocused ongoing projects to improve the coordination and delivery of services for people with multiple needs. Significant progress has been made, but much remains to be done.

The People First Forums outlined two major goals and made specific recommendations to accomplish them. The following reports on significant activities taken to achieve these goals.

GOAL 1

Enable people with disabilities and family members to more readily navigate the existing service systems.

1. **Create an integrated health/mental hygiene services directory to provide the basic information and assistance that people with disabilities and their families need to obtain services within and among these systems.**

■ **Services Directory**
OMH, OMRDD, OASAS, and DOH are making services directory information easier to access for people with disabilities and their families. The agencies created links from their website service directories to those of their sister mental hygiene agencies. Most recently, OMH introduced an expanded service directory that includes both licensed and non-licensed programs. As with the other agency directories, OMH provides a searchable directory that members of the public can enter from the main web page of its website. Persons wishing to search the directory are provided with opportunities to customize their searches (by region, by county) and to learn more about what each type of program offers through the use of a companion glossary. OASAS and OMRDD offer similar search capabilities to the public on their websites. Searchable directories for all three mental hygiene agencies can be found at:

http://www.oasas.state.ny.us/pio/needhlp.cfm
http://www.omr.state.ny.us/ws/servlets/WsNavigationServlet
http://www.omh.state.ny.us/omhweb/resources/consumers/

DOH launched several new online directories designed to assist individuals and families in navigating multiple service systems. During the past year, DOH introduced two websites related to long-term care services and resources—the Nursing Home Compare http://nursinghomes.nyhealth.gov/) and the Home Care and Hospice Compare http://homecare.nyhealth.gov/) sites. These sites provide information on all nursing homes, certified home health agencies, long-term home health care programs, licensed home care services agencies, and hospices in New York State. The information can be searched by location and provides the most readily available data regarding quality measures. Additionally, DOH has made available online information to assist families of children with special health care needs and young adults with special needs (http://www.health.state.ny.us/community/special_needs/resource_directory.htm) in finding basic information about services across multiple systems. The site provides a link to local contacts for the *Children with Special Health Care Needs Program* and a compilation of available resources related to family and youth supports, developmental disabilities, and mental health. This webpage and the printable publications on the site were designed to give individuals and families information to assist them in navigating the multiple systems.

2. Strengthen local capacity to assist people receiving services and families to get the supports they need from multiple systems. This will include county and regional mechanisms that improve communication and collaboration enabling issues to be resolved at the local level.

■ Commissioners' Group on Cross-Systems Services for Children and Youth

On December 19-20, 2007, the Commissioners of nine State agencies participated in a retreat that identified the need for, and means of, implementing cross-systems services for children, youth, and families in New York State. The Commissioners affirmed the important role and work of the State Council on Children and Families (CCF) and will fully participate in its continued deliberations and activities. The nine participating Commissioners are:

- Deborah Benson, Executive Director of CCF
- Karen M. Carpenter-Palumbo, Commissioner of OASAS
- Gladys Carrión, Commissioner of the Office of Children and Family Services (OCFS)
- Richard Daines, MD, Commissioner of DOH
- Michael F. Hogan, PhD, Commissioner of OMH
- Diana Jones Ritter, Commissioner of OMRDD
- Robert Maccarone, State Director of the Division of Probation and Correctional Alternatives (DPCA)
- Richard Mills, Commissioner of the State Education Department (SED)
- Jane G. Lynch, Chief Operating Officer for the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD)

At the retreat, there was considerable discussion about the complex needs presented by youth and families, and the fact that many youths were placed out-of-state because their cross-systems needs could not be met within New York State. The retreat included a dialogue with youth and parents sharing their cross-system experiences. The retreat was further informed by input from the People First Forums; the deliberations of the Governor's Children's Cabinet; and other cross-systems meetings with consumers, parents, service providers, and family and youth advocates. The focus of this effort was to improve the response of the various systems to the needs of youth who require services from more than one system.

The discussion was positive, constructive, and action-oriented. The nine Commissioners acknowledged their shared responsibility for New York State's children. To carry forward the spirit and practice of collaboration, the Commissioners meet as a group regularly to develop and implement joint solutions to improve the lives of children, youth, and families. These meetings also give the Commissioners the opportunity to review and discuss progress. In this spirit of collaboration, 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 their 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.

On May 14, 2008, the Commissioners met with representatives from six counties. The county representatives delivered a presentation regarding the various youth related cross-systems collaborations in their counties. On June 10, 2008, the Commissioners met with their youth and parent partners. The discussion focused on a draft protocol that is being developed by CCF and a subcommittee of senior staff from the participating agencies. The purpose of the protocol is to ensure that hard-to-place children are receiving the services they need. The protocol gives CCF authority to resolve disputes and have the final say. The Commissioners will meet again in September and December, and the protocol will be presented at the September meeting.

■ Integrated Mental Hygiene County Planning

OASAS, OMH, and OMRDD are actively engaged in an integrated approach to local planning. The goal is to strengthen the service systems and promote coordinated care by better identifying and addressing local needs while improving services for those confronting addiction, gambling problems, mental illness, and developmental disabilities. Historically, each State mental hygiene agency conducted its own local services planning process, which included separate planning timetables, county planning requirements, and linkages to statewide planning and budgeting. The

integrated approach to local planning includes improving the quality of care provided to individuals and their families and reducing administrative burdens on State and county mental hygiene agencies by:

- Establishing a common approach to local services planning, including consistent processes, overarching themes, timetables, and connections to statewide planning and budgeting;
- Exploring opportunities for collaboration on local services planning efforts particularly focused on cross-system issues and the needs of persons with multiple disabilities while preserving and supporting each agency's own mission, goals, priorities, and constituencies;
- Easing the local services planning burden on counties by creating a more uniform, efficient, and integrated planning process that reduces unnecessary duplication of effort and accommodates a more rational cross-system planning focus.

The *2009 Local Services Plan Guidelines for Mental Hygiene Services,* which were created through this collaboration among the mental hygiene agencies and the Conference of Local Mental Hygiene Directors (CLMHD), are improving the alignment of State budgeting to local needs and priorities. The web-based planning system supported by the Guidelines originates in the OASAS Online County Planning System (CPS) and incorporates the planning requirements of OASAS, OMH, and OMRDD into a unified online system. This represents a new approach to local planning that emphasizes cross-agency collaboration and supports the movement toward more integrated services for New Yorkers. Designed to streamline the planning process by eliminating duplicative paperwork, the system also encourages localities and State agencies to think and plan across systems. Additionally, the OMH, OASAS, and OMRDD collaboration extended this spring to a series of training sessions on the new system for county and regional office staff. As a more integrated CPS is developed, additional planning data resources will be shared among the agencies and posted to the online system to support county planning efforts.

■ Regional Operations

- OMH operations are spread over five regions of the State and coordinated closely through the Central Office in Albany. OMRDD boundaries are being analyzed to determine whether alignment to the regional structure of OMH would enable both agencies to work more effectively in coordinating services.
- Mechanisms are in place for OMH Field Office staff to work with localities to facilitate coordinated care across the mental health, developmental disability, and chemical dependence service systems. The Field Office Directors report directly to the Executive Deputy Commissioner of Mental Health, strengthening the bridge between State and local operations.
- Recognizing the importance of collaborating with its State and local partners to improve access to services for individuals and families, OASAS' Bureau of Statewide Field Operations now reports to the agency's Executive Deputy Commissioner. This improves the ability of regional staff to coordinate with OMH and OMRDD to make sure that people with multiple needs receive appropriate care.

■ **OMH/OMRDD Collaboration on Dual Diagnosis**

In November 2007, Commissioners Hogan and Ritter held a video conference with the OMH Regional Directors and OMRDD Developmental Disabilities Services Offices (DDSOs) on issues related to dual diagnosis. The DDSOs and OMH Field Offices established collaborative teams, including managers and clinical staff, and county mental health staff as deemed appropriate locally. The teams submitted their initial status reports at the end of November 2007 and a second report in March 2008. The reports include:

- Identification of team members;
- Identification of known persons with challenging service needs with an initial emphasis on, but not limited to persons in inappropriate settings and/or who require cross-agency solutions;
- Identification of unique/successful collaborative activities/services and systems issues or barriers to effective coordination of services for persons with dual diagnosis and who are eligible to receive both OMH and OMRDD services;
- Identification of existing collaborative models that may be appropriate for expansion or replication.

On April 14, 2008, a video conference was held with OMRDD leadership staff, DDSO point persons, managers, and clinical staff involved in the OMH/OMRDD collaborative team meetings/activities. The video conference agenda included the history of the OMH/OMRDD collaboration initiative, DDSO "go around" reports of unique/successful collaborative activities/services, and consensus determination of systemic obstacles and barriers to effective service delivery. Next steps include:

- Examining systems funding issue on dual diagnosis versus dual eligibility;
- Developing a definition of stabilization (acute versus sub-acute);
- Developing a long-term "Best Practice" learning conference.

In addition, OMRDD and OMH will jointly host three regional training sessions on dual diagnosis targeting clinicians, Medicaid service coordinators, and program managers. The training sessions will focus on three areas: (1) navigation of the service systems, (2) best models of successful collaboration and services, and (3) clinical integration.

■ **Collaboration to Address Returning Veterans and their Families**

Commissioners and executive leadership representing more than 30 New York State agencies—including OMH, DOH, and OASAS—local governments, armed forces, care providers, and related organizations gathered in May 2008 to explore and discuss ways to better provide a coordinated, collaborative system of services for veterans and their families in New York State. This roundtable discussion was designed to pull resources together across the State to meet the addiction, mental health treatment needs, and transition issues of citizen soldiers and their families, particularly those being deployed to or returning from the Iraq and Afghanistan conflicts. Participants agreed to continue work across individual agency jurisdiction to address

the ongoing needs of veterans and their families.

In May 2008, New York State submitted an application to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for the *Returning Veterans and Their Families Strategic Planning Conference and Policy Academy*. New York was one of ten states selected to participate in the Policy Academy, which was held on August 11–13, 2008. While New York has already begun to address the mental health and substance use prevention and treatment needs of returning veterans and their families, participation in the Policy Academy enabled the State to strengthen and expand these efforts. The Policy Academy brought key stakeholders together to develop a strategic plan to coordinate efforts to implement the best service models for returning veterans and their families. New York's team includes the Governor's Office, OASAS, OMH, DOH, the Division of Veterans' Affairs, the federal Department of Veterans Affairs, the Division of Military and Naval Affairs, the Department of Labor, Jefferson County, a substance abuse treatment provider, and a family member,.

■ **OASAS–OCFS Plan of Cooperation**

In March 2008, the Commissioners of OASAS and OCFS established a Plan of Cooperation to improve the availability and accessibility of chemical dependence prevention and treatment services in the child welfare and juvenile justice systems. The goal of the two agencies is to support, to the fullest extent possible, the availability and accessibility of a full range of appropriate service for all New Yorkers. Many children, youth, and families served through the State's health, public safety, child welfare, and education systems have addiction service needs that require collaborative partnerships between the OASAS and OCFS systems. This is evidenced by:

- 74 percent of youth placed in OCFS juvenile justice facilities need substance abuse services;
- A 2007 sampling of indicated child protective reports in New York State found that alcohol or substance abuse was a risk factor in nearly 50 percent of the cases;
- Nationally, two-thirds of the children who die each year from abuse and neglect have parents under the influence of alcohol and/or illegal drugs;
- 62,000 children are living with parents or other primary care givers who are receiving addiction treatment.

The Plan of Cooperation represents a consensus framework between OASAS and OCFS that includes providers, local government, and consumers. It outlines eight broad areas where the two systems can work more closely together to address juvenile justice and child welfare issues. OASAS and OCFS agreed to address the foregoing indicators across by cooperating in the following areas: at-risk populations; strategic planning; program and community development; program evaluation/assessment; cross-training; fostering best practices; cross-system information sharing; stakeholder involvement; and juvenile residential care and aftercare. An interagency work team has been established to address these areas.

■ **Incident Notification and Access to Records**

Jonathan's Law includes requirements regarding notification of incidents and access to records pertaining to allegations of abuse and neglect. These requirements applied to OMRDD, OMH, OASAS, and CQCAPD. The four agencies collaborated during the development of regulations and guidance documents related to implementation of the law. This was done to ensure consistent interpretation of statutory language and that differences in implementation by each agency were appropriate and based on either systemic differences, differences in the individuals served by each system, or differences in other legal underpinnings (e.g., applicable federal regulations).

Jonathan's Law established the Task Force on Mental Hygiene Records. The Task Force was chaired by OMRDD Commissioner Ritter and included representatives from OMH, CQCAPD, OCFS, SED, DOH, provider agencies, labor organizations, and individuals receiving services and their parents. The Task Force met from January to March 2008 and issued a report in April 2008. Task Force discussion and deliberation centered on the following areas:

- Improving communication between providers and families;
- Reporting of suspected abuse;
- Developing guidance for the redaction of records;
- Developing a procedure for administrative review of denial of records under Jonathan's Law;
- Assuring consistency in implementing Jonathan's Law among providers and State agencies.

The following are the Task Force's recommendations:

1. Direct OMRDD, OMH, and OASAS to develop curricula aimed at enhancing relationships and communications among staff, individuals who are served, families, and advocates;
2. Develop informational pamphlets describing specific agency rules regarding access to records and requirements and responsibilities when responding to an incident or allegation of abuse;
3. Take necessary steps to re-train staff in reporting requirements to emphasize to staff members their continuing obligation to report incidents and allegations of abuse with the enactment of Jonathan's Law;
4. Develop guidelines to maximize consistency of redaction so that it is done in the spirit of meaningful disclosure, while complying with the law's requirement of redacting the names of employees and individuals receiving services in order to protect their privacy rights;
5. Establish an administrative appeal process for individuals who have been denied records and documents under Jonathan's Law related to incidents and allegations of abuse;
6. Direct OMRDD, OMH, OASAS, and CQCAPD to work together to develop consistent guidance, where appropriate, on the implementation of Jonathan's Law.

■ Crisis Intervention

OMRDD, OMH, OASAS, DOH, and OCFS staff members have participated in the Restraint

and Crisis Intervention Technique Committee, along with provider organizations, mental health professionals, and family members. This Committee was established by Chapter 624 of the Laws of 2006 to examine crisis intervention approaches used by several State agencies to identify the most effective, least restrictive, and safest techniques for the modification of a child's behavior in response to an actual or perceived threat by the child of harm or bodily injury to the child or others; review models of crisis prevention and intervention, including the use of physical restraints; and establish uniform and coordinated standards giving preference to the least restrictive alternative for the use of such techniques. The Committee issued a report in September 2007. OMRDD is modifying its curriculum, *Strategies for Crisis Intervention and Prevention—Revised* and developing new regulations related to behavior management to incorporate Committee recommendations.

■ **Foster Care and Bridges to Health**

A growing body of evidence suggests that children in foster care experience severe emotional, developmental, and health disabilities at higher rates than the general population. DOH and OCFS implemented a new Medicaid program, Bridges to Health (B2H), for children in foster care up to 21 years of age, beginning January 1, 2008. B2H is providing community-based services to children who are in the care and custody of a local department of social services or OCFS and who have significant mental health care needs, developmental disabilities, or medical fragility and who would otherwise require an institutional level of care.

Administered by OCFS under one program as three separate Medicaid waivers, the program is being phased in over a three-year period, with a total 3,305 participant slots, also known as housing opportunities, distributed by 2010 as follows: 2,688 serious emotional disturbance (B2H/SED) housing opportunities, 541 developmental disability disabled (B2H/DD) housing opportunities, and 76 medically fragile (B2H/MedF) housing opportunities.

Specifically, OMRDD and OCFS staff developed a Memorandum of Understanding (MOU) that details their cooperative relationship with respect to B2H. The MOU was issued in December 2007, and delineates the responsibility that OMRDD retains in establishing eligibility for individuals with a developmental disability. It states that DDSOs will make all waiver developmental disability eligibility determinations for B2H waiver applicants, and also review and approve initial Level of Care (LOC) Determinations. Renewals of the LOC are required annually and will be completed by the Health Care Integration Agency under the auspices of OCFS. Prior to an individual aging out of foster care and the B2H waiver, OCFS will notify OMRDD 18 months in advance for the purpose of transitioning the person into the OMRDD waiver. OMRDD staff conducted training on developmental disability eligibility for OCFS staff and Health Care Integration Agencies in December 2007. It provides ongoing consultation to ensure smooth access to services via timely determinations of developmental disability eligibility.

■ **Children's Mental Health**

The Children's Mental Health Act sent a unifying call to action to families, providers, advocates, communities, and policymakers that the social emotional development of children is a priority. This legislation established mental health as an essential component of children's health and wellness. In addition, New York State made a strong commitment to strengthening the

emotional health of children by putting forth the *Achieving the Promise* initiative in 2006. These endeavors reflect statewide, shared concerns about the social emotional development of children. To achieve the goals set forth in each initiative, individuals representing various perspectives and expertise came together in December 2007 to focus on developing broad recommendations to guide the care of children and families in New York. Those represented included parent/caregivers, youth, educators, community leaders, children/youth development experts, service providers, advocates, and policymakers from multiple State agencies.

OMRDD, OASAS, and DOH staff participated in workgroups established to develop recommendations for promoting mental health and wellness of children, youth, and families. Priority issues addressed by the committees included social emotional needs of children; workforce; early identification, family support, and evidence-based treatment; and accountability and systems integration for children with multiple disability needs. Participants on the five workgroups represented more than 100 people from all parts of the services systems, State agencies, counties, providers, associations, families, and youth. Participation on these workgroups has enabled agencies and stakeholders to broaden their ability to work collaboratively in positively impacting the mental health and wellness of children and their families. This is evidenced, for example, by the recommendation to continue joint efforts among OMH, OMRDD, OASAS, SED, OCFS, DOH, and other child-serving systems to help guide implementation of social emotional development and learning across the State, based on the best scientific evidence available. The recommendations of the five workgroups may be found at: http://www.omh.state.ny.us/omhweb/engage/next_step.html.

■ Coordinated Children's Services Initiative

The Coordinated Children's Services Initiative (CCSI) began in the 1990s as a multi-agency approach to help counties create local structures to provide cross-systems services to children with serious emotional and behavioral disabilities who are at risk of residential placement. CCSI assures that children with multiple diagnoses receive the necessary services and supports to remain in their homes, schools, and communities. CCSI ensures the coordinated delivery of services through a three-tier interagency structure that addresses service barriers at the provider, county, and State levels.

The Tier III Team is the statewide level of CCSI and comprises all child-serving agencies and family representatives. It identifies systems-level solutions to meet locally identified needs; coordinates planning across child and family services systems; addresses barriers to the effective delivery of local interagency services; coordinates the provision of technical assistance and training; tracks the outcomes being achieved; and reports results and recommendations for change to the Governor, Legislature, and Board of Regents.

A Tier III advisory workgroup, which includes senior staff of each member State agency, meets regularly to discuss progress on CCSI initiatives. (The listing of current CCSI Tier III membership can be found is available at:
http://www.ccf.state.ny.us/Initiatives/CCSIRelate/CCSIResources/CCSI%20Tier%20III%20Workgroup%20List%20_8-07_.pdf.)

The workgroup is discussing directions to be taken in response to data gathered from all counties about the degree of CCSI structure that exists, how it is organized, and effectiveness of the local processes.

At the local Tier II level, Regional Technical Assistance Teams (RTATs) were developed to provide support to counties in situations where a child is unable to obtain needed services from within the local county structure. RTATs consist of field staff representatives from participating CCSI agencies, family organizations/advocates, and county-level staff. They meet regularly with counties and other stakeholders to address systems barriers, share best practices, attend county or regional level (Tier II) meetings, provide and/or host training sessions, and answer questions and provide requested support from local CCSI representatives. Utilizing the RTATs, the agencies are able to develop system-wide solutions to the eligibility, certification, and funding issues standing in the way of full and effective services for children. There are five CCSI RTATs: Western, Central, Mid Hudson, Long Island, and New York City.

■ Out-of-State Placement Committee

The Out-of-State Placement Committee is chaired by the Executive Director of CCF. The Committee consists of the Commissioners of OCFS, SED, OMH, OMRDD, OASAS, DOH, and DPCA. Additional agencies and non-governmental representatives participate through a subcommittee structure. These include the Division of the Budget (DOB), CQCAPD, non-governmental representatives including two family liaisons with experience in out-of-state residential placements, and the statewide director of CCSI. Representatives of key child-serving organizations and advocacy groups also have provided valuable input to the Committee. Subcommittees include: Contract Parameters, Registries, Model Processes, Integrated Funding, and Infrastructure.

The Committee has overseen a steady decline in the number of New York State children and youth placed in out-of-state residential schools and facilities. It has also:

- Developed basic contract parameters for New York State contract programs;
- Improved coordination among New York State agencies serving children and youth to ensure that they are served in the least restrictive, most appropriate settings closest to their homes;
- Helped coordinate new and improved in-state residential capacity.

More information on the Out-of-State Placement Committee, including recent annual reports to the Governor and the Legislature, is available at http://www.ccf.state.ny.us/Initiatives/OSPRelate/OSPRepLeg.htm

■ OMRDD Autism Platform

Responding to the growing prevalence of Autism Spectrum Disorders (ASDs), OMRDD created a comprehensive platform to improve treatment and services for people with ASDs in May 2008. The platform is designed to address ASDs on multiple fronts including research,

training, treatment, and family and individual supports. Under the umbrella of the Autism Platform is the Interagency Task Force on Autism, a group charged with ensuring that individuals with ASDs receive collaborative cross-agency services statewide. Task Force members include DOH, SED, OMH, OCFS, CCF, CQCAPD, and the Developmental Disabilities Planning Council (DDPC). OMRDD and SED co-chair the group.

3. Provide a single point of accountability within each State agency to serve as a liaison to coordinate information requests and follow up on more complex concerns, particularly when people have difficulty obtaining or maintaining necessary services.

■ **OMRDD Office of Consumer Affairs**

In keeping with the motto of "putting people first," OMRDD Commissioner Ritter created the Office of Consumer Affairs. It serves as the Central Office portal to access information, supports, and services provided by OMRDD. To facilitate statewide access, a toll-free Information Line was also established (Voice: **1-866-946-9733**, TTY: **1-866-933-4889**). The Office of Consumer Affairs advances OMRDD's vision for people with developmental disabilities, which is to have a home of their choice, enjoy meaningful relationships with family and friends, and experience personal growth and good health.

■ **OMH Customer Relations**

OMH Customer Relations staff, available toll free at **1-800-597-8481**, serve as the point of inquiry for people with questions, and/or concerns about services and supports. Customer Relations staff members are part of the OMH Quality Management program and trained to triage questions and concerns and refer them to the appropriate agency staff. OMH staff work across the systems of care to help address complex concerns and to link individuals and families to necessary services.

■ **OASAS Patient Advocacy Unit**

The OASAS Patient Advocacy Unit promotes high-quality care by addressing patient concerns, resolving patient grievances, and rendering clinical advice. Patient Advocacy also assists with questions about patient rights, provider services, and provider procedures. It is a primary source of grassroots information for OASAS on day-to-day issues affecting patients in treatment. The Unit's responsibilities cover three main areas: patient rights, standards compliance, and generally accepted practice. The Patient Advocacy Unit has a toll-free dedicated phone line for patient use at **1-800-553-5790**.

■ **DOH Division of External Affairs**

The DOH Division of External Affairs (DEA) is the point of inquiry and liaison for individuals and organizations that have information requests related to DOH services and/or procedures. The DEA handles calls and correspondence for the Department's Executive offices and triages these to appropriate program offices for handling. While program staff members respond directly to inquiries, the Division coordinates complex requests that cross programs both within

and among agencies when needed. DOH's general information number is **518-474-2011**.

4. Develop specific mechanisms to involve people receiving services and families in the design of systems that help people find their way more easily within agency structures or across agencies.

■ OMH

Commissioner Hogan is advised on the planning, implementation, and evaluation of programs and services by several bodies that continue to meet at regular intervals, provide guidance, and help to design and implement approaches to coordinated care including, but not limited to, the:

- **Recipient Advisory Committee (RAC),** which provides advice to the Commissioner and assists the Bureau of Recipient Affairs in promoting recovery and autonomy for people who are dealing with mental health challenges. Members of the RAC bring input from the regions throughout the State to OMH and from OMH to their regions. Assisting individuals in navigating more easily within and across agency structures—primarily through peer support and leadership—is a part of RAC members' responsibilities. They also help to identify opportunities for improvement in coordinating services and to find solutions that offer positive outcomes.
- **Committee on Families** includes community-oriented mental health advocates from across the State. The Committee advises the Commissioner on mental health policy and planning, with an eye toward coordinated, effective, and timely public mental health services.
- **Multicultural Advisory Committee** advises the Commissioner on policy, programs, and activities for individuals of diverse ethnic and cultural heritage who are dealing with mental health challenges. It makes recommendations on the design and development of culturally appropriate treatment and support strategies.
- **Bureau of Consumer Affairs** is another avenue for recipients and family members to obtain information necessary to aid recovery. The Bureau aims to enhance the inclusion of current and former recipients of mental health services into all aspects of planning, policy-making, program development, evaluation, monitoring, and related activities within OMH. It does this in part through focus groups, town meetings, and dialogues, all of which serve as a vehicle for people to speak directly to OMH staff and to give direct input into OMH planning, policymaking, and program development. Bureau staff members also provide information, training, and assistance to recipient organizations on systems advocacy and how to be effective change agents and promote awareness of the importance of recovery and empowerment in relation to well-being and health.

In addition to the guidance and support offered by these advisory bodies, OMH benefits from the counsel and contributions of Parent Advisors in each of its five regions. The primary role of Parent Advisors is to coordinate family support services within their regions and to facilitate networking among local family support services. Specifically, Parent Advisors respond to requests for individual family support, referral, and advocacy in their regions and represent the family perspective in planning, developing, and monitoring of programs at the State and local

levels. An important responsibility of Parent Advisors is to enable parents and families to navigate systems of care (e.g., schools, primary care settings, mental health) and obtain the services that foster their children's well-being and growth.

■ OMRDD

- **Mental Retardation and Developmental Disabilities Advisory Council**
  OMRDD reassessed the Mental Retardation and Developmental Disabilities Advisory Council (MRDDAC) to ensure appropriate diversity and representation. Self-advocate, parent, professional, and Community Service Board representation was strengthened by appointing several new members. MRDDAC subcommittees are being similarly charged to insure the people receiving services and families are engaged in the design of systems that help people find their way more easily within agency structures.

- **OMRDD Family Support Services Committee**
  The Family Support Services Committee is reexamining its roles and responsibilities to best represent the needs of families supporting children with developmental disabilities.

- **OMRDD Aging Task Force**
  The Commissioner's Task Force on Aging includes self-advocates, parent advocates, the State Office for the Aging (SOFA), DOH, CQCAPD, DDPC, and key OMRDD divisions. Four subcommittees actively address the following key areas: Nursing Home Diversion and Discharge; Health/Prevention/Geriatric Assessment; In-Home Supports; and Workforce Readiness. Major initiatives of the Commissioner's Task Force on Aging include:

  - Development of a Preventative Health Guideline with recommendations for health care screening for older people with developmental disabilities;
  - Development of a DDPC Telemedicine Proposal to enhance accessibility to health care services through the use of technology for older persons with multiple medical conditions;
  - Development of a broad platform of aging/elder care training via videoconference;
  - Identification of best practice "success stories," highlighting situations where individuals with developmental disabilities were able to successfully return to community homes from nursing homes, or where people could remain in their homes with proper advocacy and supports for them and their caregivers.

OMRDD Systems Transformation Platform
In the fall of 2007, OMRDD implemented the first steps of a transformational agenda to accomplish systems change. These changes were focused on increasing choice and control through provision of individualized and self-directed services, creating a system to more effectively manage funding for long-term supports that promote community living options, and coordinating long-term supports with affordable and accessible housing. Numerous committees and workgroups have been formed and include over 200 people, representing individuals with developmental disabilities, families, providers, provider associations, OMRDD staff, community resources, and other State agencies.

■ **OASAS**

- **Advisory Council on Alcoholism and Substance Abuse Services**
  The Advisory Council on Alcoholism and Substance Abuse Services comprises 26 members who are appointed by the Governor with the advice and consent of the Senate and one member who represents the CLMHD. In the past year, appointments were made to the Advisory Council to provide greater representation of those served by OASAS. As a result of legislation submitted by OASAS and recently signed into law, there are additional appointments to be made to the Advisory Council that will address two areas that were not previously included in the law—prevention and problem gambling services. The Council also established a subcommittee to explore ways to provide prevention, treatment, and recovery services in the most integrated setting.

- **OASAS Program Contact Project**
  To gather ideas for strengthening the addiction system, the OASAS Leadership Team individually contacted all 1,550 programs to conduct a survey to determine what is working well, where there are opportunities for improvement, and how OASAS can better meet the needs of service recipients. The valuable feedback received will help in formulating future improvements and result in benefits to those who are served. The following are among the significant recommendations made by program staff:

  - Streamline and reduce paperwork and increase technological assistance to improve their operations;
  - Provide more funding;
  - Improve recruitment and retention of staff and increase salaries;
  - Ensure that regulations are not too stringent and are interpreted consistently;
  - Increase communication and collaboration to strengthen the system;
  - Provide more training to strengthen services;
  - Increase credentialing opportunities and shorten the renewal process;
  - Increase contact information for all OASAS staff.

■ **DOH**

Through several advisory bodies, Commissioner Daines draws upon the knowledge and experiences of individuals and families receiving services in the development and implementation of DOH policies and programs:

- **Youth Advisory Committee and Family Champions**
  Through its Youth Advisory Committee and Family Champions, consumer representatives advise DOH on tools and resources to help individuals find their way more easily within and across agencies. The groups have had substantial input into the development of a portable health summary - better known as the Health Information Document - which helps youth

and young adults with special needs organize their health information for use during visits with health care providers.

- **The Early Intervention Coordinating Council**

  The Early Intervention Coordinating Council was established to advise and assist DOH in the administration of the Early Intervention Program and to improve the appropriateness and quality of early intervention services being delivered to children and families, assure accountability and cost management of the service delivery system, and increase the efficiency of local and State administration. Among the 27 members of the EICC are Commissioners, or their representatives, of DOH, SED, OMRDD, OMH, OASAS, as well as parents, providers, and other individuals.

- **The Traumatic Brain Injury Services Coordinating Council**

  The Traumatic Brain Injury Services Coordinating Council acts as an advisory body to DOH. The Council is composed of several State agency representatives, including OMH, OMRDD, OASAS, and members of the public, who are appointed by the Governor and the Legislature. These appointees include persons with traumatic brain injury and their family members, advocates, and professionals.

GOAL 2

Systematically eliminate structural, financing and regulatory barriers to access and services coordination that exist in the service system.

1. **Reinvigorate the IOCC, an existing structure charged with comprehensive planning, development, and implementation of all facets of prevention, treatment and rehabilitation of mental illness, mental retardation and developmental disability, alcoholism, alcohol abuse, substance abuse, substance dependence, and chemical dependence, as well as eliminating gaps in services to persons with multiple disabilities.**

■ **Reinvigoration of the IOCC**

An immediate outcome of the People First Forums was the reinvigoration of the IOCC, which had long been dormant. The IOCC, comprising the Commissioners of OMH, OMRDD, and OASAS, was re-established to eliminate barriers and improve coordination of services for people with disabilities. The IOCC met on August 20, 2007, at the Rensselaerville Institute. OASAS Commissioner Carpenter-Palumbo, OMH Commissioner Hogan, OMRDD Commissioner Ritter, and their key staff members attended this meeting. The Commissioners agreed that the IOCC would meet regularly to address issues of an interagency nature, focusing on access and coordination of services. IOCC meetings are open to the public and are webcast.

Commissioner Carpenter-Palumbo assumed the duties of IOCC Chairperson, which will rotate among the Commissioners every two years. Each Commissioner appointed an agency coordinator for the IOCC. The Commissioners agreed that staff of the three State agencies

would continue their ongoing work with the CLMHD to improve and align local services planning.

The IOCC is addressing short- and long-term goals set forth in the "People First Forums Report." The IOCC member agencies have asked DOH, SED, OCFS, and DDPC to serve as ad hoc members. Their involvement and input will be critical as the IOCC addresses structural, financial, and regulatory issues to improve access to services for people with multiple disabilities and cross-system needs.

Although it was not statutorily required, on January 18, 2008, the IOCC submitted the first annual report to the Governor and Legislature. The IOCC is meeting three times during 2008. The IOCC's website is available at: http://www.oasas.state.ny.us/pio/collaborate/IOCC.

2. Create an interagency committee linked to the IOCC to develop a work plan and time line to improve coordination, integration, and alignment of agency structures and functions to simplify processes, diminish administrative complexity, increase flexibility, and thereby improve outcomes and enhance the quality of services for adults, children and families. DOH, while not a member of the IOCC, will participate in this committee to assure continued collaboration.

■ **IOCC Committees**

The IOCC established a Program Committee and a Mental Hygiene Planning Committee. The Program Committee is chaired by the Director of the OMH Office of Intergovernmental Relations, and includes members from OASAS and OMRDD. The Committee holds monthly conference calls to identify collaborative issues for the IOCC to address, develops the agenda for IOCC meetings, facilitates communication among member agencies and other State and local partners, and coordinates the preparation of the annual report.

The Mental Hygiene Planning Committee is co-chaired by a representative from CLMHD and, the OASAS Associate Commissioner for Outcome Management and System Investment. This Committee, which has members from OMH, OMRDD, OASAS, and CLMHD, meets monthly to coordinate planning efforts of the three State agencies and local partners.

Since its inception, the Mental Hygiene Planning Committee has developed and implemented an integrated approach to local planning. The Committee agreed to a uniform local services planning timetable that is designed to facilitate a stronger and timelier linkage to local governmental and State planning. Discussion is under way to determine next steps in helping to align planning and budgeting processes.

Most recently, the Planning Committee completed the *2009 Local Services Plan Guidelines for Mental Hygiene Services* and developed new content and enhanced functionality in a web-based system designed to capture essential planning information and priorities among the three agencies. The web-based platform is hosted by OASAS and builds upon the strengths of its County Planning System. To aid in gathering relevant cross-systems and agency-specific planning information, the

Committee created a number of tools, most important among them the County Priority Outcomes Form. This new form allows counties to more effectively address cross-disability issues impacting individuals who need services from multiple systems.

This integrated approach is consistent with the commitment to put the needs of individuals and families at the forefront of our service systems and exemplifies how a person-centered philosophy works to ensure high-quality, individualized services for New Yorkers and their families. The approach demonstrates how cross-systems collaboration can lead to improved outcomes for individuals with multiple needs who require assistance across different systems.

3. Develop recommendations to break down regulatory barriers to services and make recommendations regarding efficiencies that may be gained in the short run, strategies for overcoming more complex barriers, and methods for systematically examining proposed cross-system regulatory changes, including Medicaid reform, and ensuring efficiency and effectiveness.

Interagency collaborative initiatives designed to overcome barriers to access include the following:

■ **Coordinating Care for Co-Occurring Disorders**
Working together, OMH and OASAS are committed to improving the effectiveness of screening and assessment, creating meaningful standards for quality of care, and examining ways to create more flexible funding approaches. In 2007, Commissioners Hogan and Carpenter-Palumbo convened a Task Force on Co-Occurring Disorders to work toward these goals. While 35 percent of those admitted to OASAS-certified treatment programs have a diagnosed mental illness, only 10 percent receive treatment for both substance abuse and mental illness. Co-chaired by OMH and OASAS, the Task Force comprises 20 members representing OMH, OASAS, service recipients, families, and a variety of mental health and chemical dependency organizations. The Task Force is charged with translating science into practice by assessing the current ambulatory system of care within OMH and OASAS, identifying practical and timely solutions for improving care and outcomes for individuals with co-occurring disorders, and providing meaningful and feasible solutions that could be implemented in a timely manner.

The Task Force developed a set of recommendations divided into five domains—Clinical, Regulatory, Fiscal, Systemic Support, and Co-Occurring Disorders Among Youth. Overall, the recommendations seek to ensure that individuals and families can access care anywhere in certified mental health and chemical dependence programs; receive just one evaluation; learn if they have a co-occurring disorder; learn about treatment options; collaborate in establishing a single treatment plan; receive evidence- or consensus-based treatment (or referral); and participate in recovery-oriented care.

An Advisory Panel has reviewed the implementation of the recommendations and an Internal Steering Group composed of OMH and OASAS staff is involved in implementation. The Commissioners are meeting regularly with the Internal Steering Group to review implementation

progress. This work will be facilitated by an MOU to enable certification within 1,200 OMH and OASAS outpatient mental health and chemical dependence programs for treatment of both conditions.

In May 2008, the New York State Health Foundation announced a $5 million investment over four years to create a Center of Excellence aimed at tackling the challenges faced by individuals who suffer from both substance use and mental health disorders. Called the "People First: Center of Excellence for the Integration of Care for Individuals with Co-Occurring Disorders," the Center will implement evidence-based practices and provide technical assistance to institute systemic changes at more than 1,200 OMH and OASAS certified outpatient programs. The Center will promote integrated clinical services such as screening, assessment, and treatment plans. It will strive for more flexible regulatory and fiscal practices to support better care for persons with co-occurring disorders. The Center will also work with the Health Foundation in managing a grant program to support providers in their efforts to implement evidence-based practices. Guidance and advice will be shared with providers in the near future on how to overcome perceived barriers to implementing such practices.

■ Planning to Promote the Mental Health and Well-Being of New York's Children and Families

As noted previously, OMH is in the midst of a year-long planning process to develop a strong foundation and set of recommendations to guide services and supports that broadly promote the mental health and treatment needs of children, youth, and their families.

■ Supporting Cross-Systems Initiatives for Children and their Families

Efforts are taking place among the three mental hygiene service systems to promote cross-system initiatives for children and families.

- As noted elsewhere in this report, Commissioners Hogan and Carpenter-Palumbo are encouraging mental health clinics that serve children and their families to employ a substance abuse screening instrument as part of an overall mental health assessment.
- At the Field Office level, integration of mental health and mental retardation/developmental disabilities services is being facilitated by teams composed of staff from both disciplines. Team members are reviewing the care of children with multiple needs and promoting access to appropriate care. Joint funding is also supporting a cross-systems project in Rochester.
- As part of its *Achieving the Promise* initiative, OMH Clinic Plus programs have been established in many school settings, child welfare preventive services sites, early childhood programs, and in some pediatric settings.

■ Implementing Revised Ambulatory Care Certification

Revisions to the Certificate of Need (CON) process for ambulatory care programs with behavioral and chemical abuse services and long-term habilitative therapies took effect April 1, 2008. These changes, collaboratively developed by DOH, OMH, OMRDD, and OASAS, are part of an overall restructuring of New York's health care system to strengthen primary and preventive care. These revisions are aimed at streamlining the development of needed services in

underserved communities. They also clarify the process by which medical and behavioral health services can be provided in the same setting.

Consistent with this effort to increase access to needed services, Governor Paterson authorized DOH to cover social work services for pregnant women, postpartum women, and all children and adolescents covered by the Medicaid program. Women and especially children are among the most underserved in terms of mental health services. This unmet need will be in part addressed by enabling Article 28 licensed health facilities to provide mental health counseling in the context of primary care.

DOH is also developing integrated models of care that seek to address the needs of persons who live with chronic illness and have mental health and substance abuse issues. One such effort is the Chronic Illness Demonstration Project (CIDP). The CIDP will target people who have had inpatient admissions and emergency department visits, but little primary care or outpatient mental health or chemical dependence treatment. The goal will be to engage people in preventive care and other treatments to stabilize and improve their health. Demonstration projects will be geographically diverse and are expected to begin in late 2008.

4. Build on existing efforts within each agency to examine and advance incentives to attract and retain a qualified workforce, share best practices, and increase the number of individuals who choose careers in the health and mental hygiene fields.

The availability of a qualified workforce continues to be at the forefront of challenges faced by human services systems. Significant initiatives are under way to address these challenges.

■ OASAS Talent Management

Talent management and development are necessary to ensure quality of care in the addiction service delivery system. Key to this effort is assuring that managers, supervisors, and direct care staff have the knowledge, skills, and competencies to be successful in their jobs. To develop a comprehensive approach to attracting, selecting, and retaining talent across the system of care, Commissioner Carpenter-Palumbo convened a representative group of experts in October 2007 to form a Talent Management Committee. Chaired jointly by representatives from OASAS and the provider community, the Committee is developing recommendations, strategies, and actions that will have a positive impact on the issues and challenges facing the addictions workforce.

The Talent Management Committee formed seven subcommittees to identify critical workforce issues and implement action plans to address them both in the short- and long-term. The subcommittees include leadership development; compensation; career ladders; organizational culture and work environment; recruitment, hiring, and retention practices; staff development, education, and training; and marketing.

Key accomplishments to date include: (1) issuance of a Provider Staffing Survey as part of the *2009 Local Services Plan Guidelines for Mental Hygiene Services*; (2) sponsorship of five free regional

forums on Retirement Plan Options for Non-Profit Organizations; (3) creation of a vision statement for strengthening the role of clinical supervision in the OASAS service delivery system; and (4) development of plans to establish regional recruitment centers to attract and place qualified professionals in the addictions field.

The Provider Staffing Survey is assessing the system's ability to recruit and retain qualified staff and asking prevention and treatment programs to report on a variety of staffing related topics. These include salaries and benefits of direct care, administrative, and support staff, and recent experiences with filling vacant positions.

■ **OMRDD Direct Support Workforce**

OMRDD convened a Workforce Advisory Committee of individuals from the field interested in workforce issues and assigned staff to research and review issues related to direct support workers. In December 2007, OMRDD issued the report "Ensuring Stability and Quality in New York State's Direct Support Workforce" and posted it on the agency's website. Key findings derived from national, State, and local experience in workforce support are outlined in the report. This report was the outcome of a technical assistance grant from the federal Centers for Medicare and Medicaid Services (CMS) to aid in investigating issues related to recruiting, retaining, and developing direct support workers. These workers are the key to providing quality services to assist persons with developmental disabilities. The University of Minnesota provided technical assistance under the auspices of the National Direct Service Workforce Resource Center. With assistance from the University of Minnesota experts, OMRDD staff gathered, reviewed, and summarized both national and New York State information about the direct support workforce, which was reviewed and discussed by the Advisory Committee during a series of meetings.

To guide review and analysis, OMRDD focused on three primary areas of interest. These were: training for direct support workers, career development for these workers, and assistance to individuals who are self-directing. Examples of the types of information gathered in each of these areas include: content and delivery of worker training; nationally available curricula, such as the Community Support Skills Standards; national credentialing programs, such as the College of Direct Support; wages and benefits; recruitment tools and techniques; agency culture; socialization of employees; work relationships; demands on supervisors; particular needs of individuals who are self-directing; and peer mentoring. This information is described more fully in the Technical Assistance Grant Findings document.

In November 2007, OMRDD issued a Request for Proposals for Quality Improvement Demonstration Programs to enhance direct support worker quality, career path options, and retention. More than 100 letters of intent were received in response to the call. OMRDD will share lessons learned from these workforce demonstration projects, which were recently awarded.

OMRDD created a Division of Workforce and Talent Management to focus its workforce efforts. The agency is establishing an Advisory Committee on OMRDD Talent Management. This group will reach out to experts from the field, including nonprofit providers, who are

already doing outstanding work in this area. OMRDD will also bring to the table representatives from research institutes and universities, and partner with self-advocates and parents to chart a future course that will result in a high quality, stable, and valued workforce.

■ Mental Health Workforce

OMH evaluation staff members are examining workforce issues and strategies to address them. These efforts have been complemented by the work of the OMH Medical Director and colleagues, who in the fall of 2007 assessed professional workforce opportunities. While the focus of their report was at the professional level, it acknowledges the role of paraprofessionals and direct care staff in the provision of services and supports. The assessment calls for the development and implementation of a multi-year strategy to increase recruitment and retention. In the area of children's mental health, a comprehensive set of workforce recommendations was advanced by the Workforce Workgroup for the Children's Mental Health Plan. These recommendations were vetted through a series of public forums and will be examined closely by OMH advisory groups. When final, the recommendations carried forth in the Children's Mental Health Plan will help to inform mental health workforce priorities for New York's children and families. A number of recommendations cut across systems of care and focus on coordinated education and training, career ladders, and core competencies, to name just a few.

■ Health Workforce Development

The health care workforce is the backbone of care delivery at every level of health care, whether in a hospital setting or at home. The need for health care professionals is growing as the State's population ages and requires more care. Over the next 10 years, it is estimated that 16 of the 50 fastest growing jobs in the State will be in health care.

In recent years, every sector of New York's health care system has confronted challenges in recruiting and retaining appropriate staff. This problem has become most critical in rural and certain urban areas where the shortage of physicians is particularly acute. The DOH budget provides support for several initiatives aimed at recruiting and maintaining a high quality health care workforce. Specifically, DOH is supporting efforts to recruit and retain physicians in the areas of the State that need them the most through the creation of the Doctors across New York program. This initiative will provide medical school loan repayment tied to a five-year commitment to practice in medically underserved rural and urban communities. It will provide startup funds for young physicians and new physician practices in shortage areas. To address the shortage of registered nurses throughout the State, the 2008-09 Budget added significant funding to increase the capacity to train nurses.

■ Civil Service Collaboration

To create an opportunity for multiple agencies to collaborate with the Department of Civil Service on a shared talent management agenda, six agencies that make up approximately 50 percent of the total State workforce, including 65 percent of the State's health care/medical professionals, began meeting over the summer of 2007. Participating agencies are OMRDD, OMH, OASAS, OCFS, DOH, and the Department of Correctional Services (DOCS). The group is engaged in continuing strategic discussions focused on long-term goals such as an increased ability to recruit and retain employees in specialized titles in the health care, clinical,

education, and information technology fields, and broader management appointment flexibility in leadership positions. At the same time, two subcommittees are meeting to propose solutions for key action items. Initial areas of focus include the expansion of internship opportunities and increased support for "shadow jobs" for succession planning purposes.

5. Support the existing efforts of the State's Most Integrated Setting Coordinating Council to improve access to housing and transportation for people with disabilities.

■ **Most Integrated Setting Coordinating Council (MISCC)**
The MISCC is a statutorily created council that is developing and implementing a plan to ensure that people with disabilities receive services and supports appropriate to their needs in the most integrated setting. OMRDD Commissioner Ritter chairs the MISCC, which comprises Commissioners from ten State agencies and nine public advocates. This collaboration provides opportunities to address cross-system issues including improving mobility, employment opportunities, and access to community services for persons with disabilities. During 2008, the MISCC identified housing, transportation, and employment as top priorities for its plan. OMRDD, OMH, and OASAS participate on the Employment and Transportation Workgroups and the Housing Task Force and DOH also participates on the Housing Task Force. All have been charged with focusing on activities, outcomes, and recommendations that foster the MISCC mission.

- **Housing Task Force**
  The MISCC Housing Task Force comprises 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 Task Force was formed in 2007 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. The Task Force goals are to:

  - Increase opportunities for people with disabilities to live independently in the setting of their choice, 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 a policy agenda that furthers the collective goals of both MISCC and the Task Force.

- **Transportation Workgroup**
  The Transportation Workgroup, chaired by the Department of Transportation, is working on recommendations to improve and coordinate transportation opportunities for persons with disabilities that help to facilitate their community integration. The Workgroup plans to

address barriers to transportation and to research, evaluate, and provide examples of best practices for transportation policies and programs for people with disabilities.

- **Employment Workgroup**
  The Employment Workgroup, chaired by the Office of Vocational and Educational Services for Individuals with Disabilities (VESID) at SED, addresses employment challenges for people with disabilities and provides legislative or policy recommendations to enhance employment opportunities. The lack of employment opportunities for people with disabilities is a substantial public policy concern. Employment is essential for people with disabilities because it enables them to fully participate in society.

  The Employment and Transportation Workgroups will work together to address transportation barriers to employment and to find better ways of providing services in the most integrated setting.

■ Implementation of MISCC Initiatives

To support the goals of the MISCC, OASAS created the Bureau of Housing and Employment Services in January 2008. The Bureau coordinates agency housing and employment efforts. In July 2007, OASAS became a member agency of the Governor's Housing Sub-Cabinet. This recognized the agency's collaborative work with other State agencies including the Office of Temporary and Disability Assistance (OTDA), Division of Housing and Community Renewal (DHCR), OMH, and OMRDD as well as major State associations such as the Supportive Housing Network of New York and the Coalition for the Homeless. In May 2007, Commissioner Carpenter-Palumbo was appointed to the Board of Directors of the Homeless Housing Assistance Corporation. This body is the public authority that funds over $30 million annually in capital grants for the development of housing for homeless single adults and families. OASAS now participates in the application review of all Homeless Housing Assistance Program projects. In the 2007–08 funding round, three programs that will serve recovering individuals and families were funded for a total of $9 million.

OMH is looking toward its internal advocacy groups to address the question, "What do we do that would allow us to focus on the MISCC priorities?" The advisory group members have had two meetings and continue to review their individual communities of care with an eye toward integration of services. They are also identifying challenges to housing and employment.

■ DOH Collaborative Housing Initiatives

The federal government approved New York's application to participate in the Money Follows the Person (MFP) Federal Rebalancing Demonstration Program in 2007. Currently, funding has been provided for planning purposes. 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. DOH is working with DHCR to use MFP funding to improve access to housing. In addition, the MISCC is working closely with the MFP Housing Task Force.

DOH is also working collaboratively with DHCR and the New York State Association on

Independent Living to improve the *New York State Accessible Housing Registry*. The registry, which is accessible online at http://www.mnip-net.org/NY/nyhr.nsf/pages/home?open, provides extensive information regarding affordable and market-rate housing throughout New York State. Users are able to tailor their search for housing based on several factors, including availability, location, and accessibility features. The registry will soon undergo a major reconstruction with a new website host, which operates affordable housing directories in 25 states.

6. Look for opportunities to expand cross-agency public health prevention and awareness and treatment public health campaigns through an interagency task force, beginning with a focus on Fetal Alcohol Spectrum Disorder (FASD).

■ DOH Prevention Agenda

In April 2008, Commissioner Daines launched a *Prevention Agenda for the Healthiest State*, a public health effort that crosses systems of care and establishes statewide public health priorities. The Agenda represents collaborations with local health departments and their health care and community partners to assess, identify, and develop programs to meet these public health priorities. Specifically, the Agenda establishes a set of ten public health priorities, goals for each, and indicators for measuring progress toward goal attainment and elimination of racial, ethnic, and socio-economic health disparities where they exist. Examples include access to quality health care; tobacco use; healthy mothers, healthy babies, healthy children; physical activity and nutrition; unintentional injury; chronic disease and cancer; infectious disease; healthy environment; community preparedness; mental health; and substance abuse. OMH is among a multidisciplinary group providing guidance to DOH and its Office of Minority Health on measures for eliminating racial, ethnic, and socio-economic health disparities.

■ Fetal Alcohol Spectrum Disorders (FASD)

Fetal Alcohol Spectrum Disorders (FASD) refers to a range of birth defects, which can include abnormal facial features, growth retardation, nervous system problems, developmental disabilities, and other physical problems. FASD is 100 percent preventable. It can occur if a woman drinks alcohol during pregnancy. FASD is a lifelong disability, requiring services across various systems. Children and adults with FASD may have physical disabilities and problems with learning, memory, attention, problem solving, and other social/behavioral problems. If FASD goes unaddressed, substance abuse, mental health issues, unemployment, and criminal behavior can result.

In February 2008, OASAS received $1.2 million in federal funding to conduct a statewide FASD prevention initiative. This initiative is focused on eliminating alcohol consumption by women of child-bearing age that are at risk for alcohol-exposed pregnancies. It will include using the evidence-based intervention "Project CHOICES" with more than 800 women enrolled in residential chemical dependence treatment programs. The implementation sites will initially be providers in the Greater New York Metropolitan area. After the four-year project period, it is anticipated that Project CHOICES will be implemented statewide in the OASAS treatment system. This funding also supports the creation of a FASD Prevention Task Force to oversee

the implementation and sustainability of this project.

A new Interagency FASD Workgroup began meeting in November 2007. The mission of this Workgroup is to advance the effective prevention and treatment of FASD through interagency collaboration and coordination. In addition to working through interagency committees, each participating agency is empowered to examine its own policies, practices, regulations, and laws, to determine how it can positively impact the goals of eliminating alcohol use during pregnancy and improving the lives of New Yorkers affected by prenatal alcohol exposure. The Workgroup meets quarterly and is co-chaired by OCFS and CCF. It includes staff from OASAS, OMH, OMRDD, DOH, OCFS, SED/VESID, DDPC, DPCA, CCF, and Office of Court Administration (OCA). Four subcommittees have been formed: Education and Awareness; Prevention and Prenatal Screening; Diagnosis and Screening of Children; and, Intervention and Treatment Services. These subcommittees are moving forward to address issues identified by the Workgroup as well as those identified by each subcommittee. They are committed to achieving both short- and long-term outcomes.

In addition to the efforts of the Interagency FASD Workgroup, State agencies continue to collaborate to improve the quality and availability of FASD services and resources. For example, in February 2008, the DDPC issued a Request for Proposals (RFP) to provide multi-year funding for up to three projects to support a statewide FASD public awareness initiative and for regional or statewide professional development training initiatives. OASAS developed a FASD prevention brochure that can be used across systems, and continues to provide FASD video conference training to OMRDD staff on a regular basis. In April 2008, OASAS staff delivered FASD training for supervisors of the DOH's Community Health Worker program. OASAS is working with OCFS to roll out regional FASD regional training for the Healthy Families New York Home Visiting program staff, starting in late July 2008. OASAS is assisting in organizing FASD training for staff of OCFS local districts and voluntary agencies. On August 22, 2008, Dr. Ira Chasnoff, of the Children's Research Triangle, and OASAS staff conducted statewide videoconference training on the "Prenatal Effects of Alcohol on Children and What Can Be Done to Help."

■ DOH–OASAS Tobacco Cessation Collaborative

The Integrating Tobacco Use Interventions into New York State Chemical Dependency Services project, established in January 2008, provides training and technical assistance to OASAS-certified and/or funded chemical dependence treatment providers as they integrate tobacco-dependence treatment into their existing clinical interventions and establish tobacco-free grounds. This project supports implementation of an OASAS regulation requiring certified and/or funded OASAS sites to be tobacco-free. This regulation, which became effective on July 24, 2008, made New York the first state in the nation requiring all chemical dependence prevention, treatment, and recovery programs to be tobacco-free. In addition, OASAS providers are able to access free nicotine replacement therapy for their clients through a specialized order system established through collaboration with DOH.

■ OMH Public Awareness Collaborations

- **Maternal depression**. OMH and DOH collaborated on and jointly published a fact sheet for care providers last year, *Understanding Maternal Depression*. The publication covers: differential diagnosis; the types, prevalence, and symptoms of perinatal depression; risk factors, screening, and treatment; and barriers to services. This fact sheet was part of a broader campaign that will expand to include informational materials for use in the offices of obstetricians and gynecologists.
- **Children's mental health for military families**. Another public awareness campaign based on collaboration is the second installment of the *Talk, Listen, Connect* program. The latest program, which was introduced April 2008, is the result of a partnership between OMH, Sesame Workshop, Office of the Assistant Secretary of Defense for Health Affairs, Military OneSource, Wal-Mart Stores, Inc., American Greetings, the Corporation for Public Broadcasting, United Services Organization, the Military Child Education Coalition, and the Joseph Drown Foundation. *Talk, Listen, Connect: Deployments, Homecomings, Changes* was developed to help military families with young children between the ages of two and five build a sense of stability and resiliency during times of separation and change. The program follows *Talk, Listen, Connect: Helping Families during Military Deployment*, launched in 2006 to help military families cope with the feelings, challenges, and concerns experienced during the various phases of deployment. The success of that first effort, and the overwhelming support it received from the military community, particularly at Fort Drum in Northern New York, made clear the need for the second phase of outreach. OMH is actively working with OCFS and the New York State Child Advocacy Center to reach Head Start and Pre-K programs with this program and it is about to partner with SED and the New York City Education Department to reach school settings. Efforts are under way to reach school districts around Fort Drum to raise awareness and promote the program.
- **Veterans' issues**. In collaboration with the VA and DVA, OMH developed and published a guide for veterans, which is helping to raise awareness about combat mental health issues and to identify resources that are available to veterans, including women, active duty soldiers, National Guard troops, and reservists as well as their families.
- **Autism and mental health**. Planning has begun on raising awareness of autism and mental health issues. OMH will collaborate with OMRDD to move this public health promotion project forward.
- **Health and mental health**. Planning is also in progress to work with DOH to produce a series of booklets that deal with depression and health issues such as heart disease, cancer, HIV, and diabetes.

Next Steps

As noted in the introduction to this report, the recommendations from the People First Forums will continue to be at the heart of the IOCC's mission and goals. Reporting on these recommendations will henceforth be integrated into the annual report due to the Legislature at the end of each calendar year. Readers are invited to monitor future progress on these recommendations by visiting the IOCC web page at http://www.oasas.state.ny.us/pio/collaborate/IOCC/.