

44 Holland Avenue
Albany, New York 12229

October 12, 2006

The Honorable Gary O'Brien
Chair
State of New York
Commission on Quality of Care and Advocacy for Persons with Disabilities
401 State Street
Schenectady, New York 12305-2397

Re: Adult Home Closure Study Draft Report

Dear Chairman O'Brien:

The NYS Office of Mental Health (OMH) is in receipt of your August 7, 2006 correspondence regarding the draft Adult Home Closure Study Report. OMH shares the commitment of Commission staff to improve the quality of life for individuals with mental illness who are living in adult homes, including those who are affected by adult home closures. To that end, OMH, the Department of Health (DOH) and the Commission have worked closely and collaboratively over the last several years to improve the closure process.

The operation of the OMH adult home team, and its interaction with staff from the Commission and DOH, which is the lead State agency providing oversight of adult homes, is one of many examples of the collaborative working relationship among our agencies. Significantly, since 2004, together we have implemented many joint strategies to further assist residents during the process of an adult home closure. These strategies have resulted in:

- improved resident engagement;
- improved identification of resident preferences;
- the development of standardized referral materials; and
- the ability to track placements.

It is recognized, as indicated in the Commission's draft report, that numerous residents involved in the adult home closures that took place during the study period (2002 – 2004) were adversely affected. However, it must be stressed that the majority of such closures took place prior to the full implementation of the joint strategies identified above.

In regard to the Closure Study, it is difficult to determine, based on the description of the methodology applied, if the Commission's conclusions can be applied

to a broader group of adult home residents. The non-random selection protocol, as well as the high percentage of residents who could not be interviewed, may have compromised the validity of the study. The number of residents who were surveyed would result in a wide confidence interval, even if the sampling method had been true random. For these reasons, any conclusions drawn from the study, and any related recommendations, should be regarded as applicable only to the 80 residents who were interviewed.

One of the key objectives of the Commission's study focused on the level of recipients' involvement, choice and satisfaction with their housing. OMH fully agrees with the need for individualized, person-centered planning and we are working with providers, on a systematic basis, to further that goal. In relation to persons with mental illness who are living in adult home settings, we will be issuing a memorandum to provide guidance to both case management and treatment providers who serve residents who have a mental illness and live in an adult home that is in the process of closing.

The memorandum to providers will remind case management staff working with residents affected by the closure of an adult home to be sensitive to the life-changing events associated with losing one's residence and re-locating to a new community. Community providers licensed or funded by OMH that work with individuals who reside in an adult home that is in the process of closing will also be reminded of the need for a person-centered approach in addressing the residents' relocation, in order to provide the resident with the support and skills necessary for a successful transition. Staff should be attuned to the following needs as they work with residents in developing a transition plan:

- engagement in the transition process;
- housing preferences;
- medical needs and treatment;
- community resources and transportation;
- social needs;
- educational needs;
- vocational needs; and
- community interests.

In conjunction with the memorandum issued to case managers, a component of the OMH Case Management Manual will be included, emphasizing the areas of needed support for residents. Areas that will be highlighted include the following:

- Assist residents in making informed choices, accessing the most appropriate services to meet their needs, and achieving maximum level of independence in the most appropriate and least restrictive environment.

- Assist residents in developing their own individualized person-centered care plan.
- Provide supports necessary to address the transition to new housing.
- Secure and coordinate services, monitor progress and ensure continuity of services and supports after the resident's relocation.
- Help residents develop and maintain situations for living, working and socializing in the community.
- Ensure that information pertaining to a resident, forwarded by any referral source, is quickly and appropriately acted upon.
- Ensure that mental health records contain assessments that address residents' stated preferences and that there is follow-up on those needs and preferences. Areas to which particular attention should be paid include, but are not limited to:
 - sadness associated with the need to move;
 - assessing medical and dental care;
 - addressing daily living skills;
 - accessing supplemental medical services (e.g., physical therapy);
 - continuity of employment and education; and
 - access to the community for shopping, exercising, traveling, socializing, working and learning.

Thank you for the opportunity to comment on the Commission's draft Adult Home Closure Study Report. I look forward to our continued interagency collaboration in ensuring the highest quality of care for persons with mental illness who are living in adult homes.

Sincerely,

Sharon E. Carpinello, RN, Ph. D.
Commissioner