



# Strategic Plan 2004 - 2006

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## Foreword

This strategic plan is the result of efforts by many who share and have a stake in advancing the mission of the Commission. Beginning with our own dedicated staff, who tirelessly carry out the day-to-day work of the agency, input was sought on how we can do things better and issues the Commission should address in the future. Similarly, meetings were held with representatives of the Governor's Office, Legislature, Division of the Budget, other state agencies and service providers. Likewise, recipients of service, family members and advocates were invited to provide their perspectives on Commission activities and issues of concern requiring further or future attention.

Senior Commission staff reflected at length on all that was heard and the various suggestions offered. They met, discussed, and, with me, gave shape to the plan.

No statement says all that can be said. No program fully accomplishes a mission. No set of goals or objectives includes everything. Like gardeners, we plant seeds to grow and nurture them, knowing they hold future promise. We lay foundations that will need further development. We cannot do everything, but knowing that and knowing what we can do, enables us to DO SOMETHING, and do it well.

Our Strategic Plan 2004-2006 sets the direction and tone for Commission activities for the coming years. Partnering with those in state government, family members, service recipients, advocates and providers, we will continue to fulfill our mission of improving the quality of life and protecting the rights of persons with disabilities.

*Gary O'Brien*  
Chair

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## History and Vision

The Commission's mission of improving the quality of life for individuals with disabilities and protecting their rights is not unique; it is shared by many other public and private agencies. What is unique, however, is that the Commission has been granted the gift of independence.

Scandals associated with New York State's Department of Mental Hygiene in the 1970s led not only to the reorganization of the Department but to the realization that there was a need for an entity, unencumbered by the weighty task of service delivery, to continually and objectively assess the quality of service systems and to speak on behalf of individuals who depend upon those systems. With the reorganization of the Department into three autonomous Offices [The Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services] in 1977, legislation was enacted creating the Commission on Quality of Care to fill the void and provide the much needed independent oversight.

Initially charged with core functions of conducting policy and cost effectiveness studies, investigating complaints, unusual deaths and allegations of abuse, and training Boards of Visitors, the Commission's duties have been expanded over the years. For example, the Commission now serves as New York's protection and advocacy (P&A) agency within the federal government's P&A system; investigates reports of child abuse in mental hygiene facilities pursuant to Social Services Law; manages a program to assist individuals with mental disabilities provide informed consent for major medical procedures; and investigates fraud and spending abuses within facilities. Additionally, the Commission's enabling legislation and subsequent amendments have empowered it to look at issues from a system-wide perspective, unhindered by the jurisdictional divisions among agencies providing direct services to people with mental disabilities.

Over the past 25 years, the service system the Commission was charged with overseeing has also changed. Years ago most people receiving care for their mental disabilities were congregated in several dozen large, often overcrowded and short-staffed public institutions. Today they are receiving supports and care in thousands of community-based programs in almost every village, town and city across the state – many in "traditional" group homes or community residences, and a smaller, but ever increasing number, in newer, innovative service modalities.

These changes have opened opportunities for individual growth for many persons with disabilities. At the same time, they have presented new challenges for ensuring quality and protecting rights. Movement from institutions to the community has not guaranteed individuals with disabilities immunity from abuse or neglect. Twenty-five years of Commission experience suggests that whenever the care of vulnerable people is entrusted to the hands of fallible individuals, whether it is in an institution or the group home next door, preventable accidents can occur, slipshod management may foment neglect, and unchecked malfeasance will result in the deprivation of consumer rights.

Further, the Commission recognizes that today many individuals with mental disabilities still linger on the fringes of the mental hygiene system, incarcerated in correctional facilities or living in adult homes which were never intended and are ill-equipped to serve individuals with severe disabilities.

In short, the need for an independent voice to speak on behalf of individuals with disabilities is as vital today as it was when the Commission commenced operations in 1978.

The goals, objectives and activities in this plan reflect the Commission's continuing commitment to improve the quality of life for persons with disabilities and protect their rights through independent oversight.

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## **Goal 1: Maintaining and Improving Traditional Oversight Activities and Monitoring New Service Trends and Modalities**

### **Objectives:**

- Assure effective and timely investigations of complaints, allegations of abuse and unusual or traumatic deaths.
- Review the cost effectiveness and spending practices of facilities serving individuals with mental disabilities.
- Conduct systemic reviews of mental hygiene policies, programs and services.
- Ensure Commission representation on service planning work groups.
- Use the most effective strategies for communicating Commission findings to foster meaningful and lasting improvements in the mental hygiene system.

## **Planned Activities:**

- Continue ongoing clinical and fiscal reviews of complaints, deaths, abuses, program practices and other matters brought to the Commission's attention.
- Maintain a presence on and continue to provide independent advice to statewide service planning and monitoring committees including but not limited to the Developmental Disabilities Planning Council, the Council on Children and Families, the NYS-Cares Oversight Committee, the Most Integrated Setting Coordinating Council and the Governor's Housing Task Force.
- Continue to examine programmatic and fiscal issues relative to the provision of health services through Article 28 and Article 16 clinics.
- Expand the Commission's oversight activities relative to the Office of Alcoholism and Substance Abuse Services, beginning first with a review of the State's Addiction Treatment Centers (ATCs).
- Explore and detail the needs and life experiences of children with mental disabilities by studying a sample of children entering the mental health system.
- Begin to mine the wealth of information contained in the Commission's data bases for research projects or white papers on a variety of topics, beginning first with inpatient suicides.
- Examine the needs and the coordination of mental health services for adults by following a sample of such individuals released from acute care facilities.
- Examine the strengths and weakness of the State's Medicaid Services Coordination Program by studying the experiences of a sample of individuals with developmental disabilities who have received such services.
- Assess the efficacy of the State's Comprehensive Psychiatric Emergency Program (CPEP).
- Conduct a programmatic and fiscal review of Continuing Day Treatment Programs.

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## **Goal 2: Assisting People with Mental Disabilities Outside the Traditional Mental Hygiene System**

### **Objectives:**

- Identify service systems outside the mental hygiene system which

serve and significantly impact the lives of persons with mental disabilities.

- Identify the needs of persons with mental disabilities in those systems.
- Assess how well those systems address the needs of persons with mental disabilities.
- Use the most effective strategies to communicate findings to public policy makers and to advocate on behalf of persons with mental disabilities served outside the traditional mental hygiene system.

### **Planned Activities:**

- Continue work in adult homes serving individuals with mental disabilities with a focus on examining deaths and health care issues, monitoring basic conditions and the transfer/relocation of residents, improving advocacy services through the Adult Home Advocacy and Ombudsman programs, and promoting fiscal accountability in the Quality Incentive (QUIP) and Assisted Living (ALPs) Programs.
- Continue work in the criminal justice system on behalf of individuals with mental disabilities by continuing to advocate for improved services for inmates with such disabilities in State Correctional Facilities, by sponsoring training on disability matters for judges through the Office of Court Administration, and by promoting the diversion of individuals with disabilities from incarceration through the Disability and the Law Project and ongoing work with the Division of Probation and Community Alternatives.
- Begin examining the roles played by Skilled Nursing Facilities in serving people with mental illness and developmental disabilities.
- Join with other agencies, including the State Education Department, the Council on Children and Families, the Developmental Disabilities Planning Council and the Department of Health, in addressing the cross-systems needs of children with disabilities, including children who are placed in out-of-state programs.

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### **Goal 3: Advocating For & Empowering People with Disabilities**

#### **Objectives:**

- Maintain a statewide system of protection and advocacy services which safeguards the rights of persons with disabilities.

- Advance the rights and quality of life for persons with disabilities through systemic advocacy.
- Provide individuals who advocate for themselves or others with necessary information and tools.
- Work with other public and private sector organizations to foster the empowerment of people with disabilities.
- Support individuals with disabilities and other parties in providing informed consent for major medical procedures.

### **Planned Activities:**

- Enhance the statewide system of contract advocacy services and broaden the array of services through the addition of two new programs: one dedicated to assisting individuals with traumatic brain injury and the second assisting individuals with disabilities exercise their right to vote.
- Continue to train and support Boards of Visitors in their advocacy efforts on behalf of patients and residents of state operated facilities.
- Explore the possibility of expanding advocacy services dedicated to adult home residents with disabilities.
- Continue work with the State Office for the Aging's Ombudsman program to strengthen adult home advocacy efforts.
- Examine how the Commission can best target advocacy efforts in adult homes to promote "Work and Recovery" issues.
- Explore the possibility of expanding the Commission's Educational Advocacy Training Program through contractual services.
- Conduct an Advocacy Training Program for the Commission's network of contract advocacy agencies.
- Consider and guide careful expansion of the Surrogate Decision Making Program to address the needs of vulnerable populations in the most programmatically and fiscally responsible way.
- Begin to explore how the Commission, alone or in concert with others (e.g., DDPC, Medical Societies, etc.), can reach out to the general medical community to sensitize it to the rights and unique needs of individuals with disabilities.

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## **Goal 4: Promoting Excellence & Awareness of Commission Services**

### **Objectives:**

- Identify and disseminate information on best practices in serving people with disabilities.
- Provide training and technical assistance to service providers.
- Develop strategies to inform service recipients and providers, public officials and the public at large about the Commission's services.

### **Planned Activities:**

- Maintain the Commission's internet, newsletter and e-mail news notification services. Continue to upgrade such as technology develops.
- Continue publishing case studies with particular attention to health care matters including, but not limited to, consent issues, medication management, and special needs coverage while individuals are hospitalized.
- Disseminate research projects or white papers gleaned from the Commission's data bases to providers and other interested parties.
- Create a clearinghouse for unique or desirable practices found in adult homes, or suggested by residents or operators of adult homes, that are worthy of replication by others.
- Continue the work of the Speaker's Bureau and the Commission's presence and presentations at conferences.
- Explore the logistics of delivering the products of the Speaker's Bureau on a regional basis to networks of agencies, combined with a forum wherein advocates and program directors can meet with the Commission Chair.
- Submit articles on aspects of the Commission's operations to other agencies with newsletters whose reading audiences might differ from the Commission's but still be interested in Commission services.
- The Commission's Public Relations Committee will be asked to review and advise the Chair and Bureau Directors regarding implementation of the many suggestions on public awareness offered by various parties during the strategic planning process.

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## **Goal 5: Strengthening the Commission's Workforce**

### **Objectives:**

- Recruit and maintain a workforce that is qualified, committed, well-trained and culturally diverse and sensitive.

- Maximize opportunities for growth and development for agency staff.
- Seize technological developments and opportunities.
- Promote a collaborative work environment conducive to staff achieving shared goals.
- Continually strive to improve communication within the Commission.

### **Planned Activities:**

- Continue to recruit, train and periodically reallocate staff to ensure maintenance of the agency's key functions, particularly as resources and demands change.
- Continue to provide educational opportunities which promote the professional growth of staff as well as their health and well-being.
- Re-inventory staff on their training desires and needs.
- Formalize a schedule of monthly meetings (10 per year) during which outside speakers will present on various aspects of service delivery and/or interested staff will be updated on major Commission projects.
- Provide staff with written updates on the Commission's strategic plan as discussed at quarterly Bureau Director meetings.
- Reissue new and improved employee identification cards to all staff.

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