



Strategic Plan 2000 - 2003

Foreword Our strategic plan is the result of months of work. Within the agency, Commission staff met across bureaus and within bureaus. Input was sought from key stakeholders, including the Governor's Office, the Legislature, the Division of the Budget, state agencies and service providers. Recipients of services, family members and advocates were asked to provide feedback on their experience with the Commission. All these meetings were held with an eye to the future and with a goal of improving the quality of how we serve the state and the persons entrusted to our care. Senior staff from the Commission met for three days to give shape to the plan.

Inspired by the dedicated work of Commission staff for more than twenty years and guided by legislative mandate and our mission statement, we recommit ourselves to the important task of serving persons with disabilities within our state.

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 enables us to DO SOMETHING, and to do it well.

Our Strategic Plan 2000-2003 sets the direction and tone for Commission activities for the coming years. Partnering with those in state government, family members, advocates and consumers, we will continue to fulfill our mission of improving the quality for life of persons with disabilities within our state.

Many thanks to all for your effort and your support.

Gary O'Brien
Chair

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 Offices¹ 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 two decades, 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 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 strategies in this plan set the context for Commission activities as it approaches its 25th anniversary of improving the quality of life for persons with

disabilities and protecting their rights through independent oversight.

Goals, Objectives and Strategies

Goal 1: To maintain and improve our traditional independent oversight role.

Objectives:

- Review the cost effectiveness and spending practices of mental hygiene agencies.
- Conduct systemic reviews of mental hygiene policies, programs and services.
- Assure effective and timely investigations of complaints, allegations of abuse, and unusual or traumatic deaths.
- Effectively communicate findings to improve quality of care.

Strategies:

- Develop an inclusive process involving Commission staff and external parties, to identify systemic issues which the Commission can prioritize for policy and cost-effectiveness studies.
 - Look behind poor care and treatment cases uncovered by the Commission's Quality Assurance and Investigations Bureau for possible fiscal fraud and abuse.
 - Upgrade and utilize Commission databases to identify systemic trends and issues.
 - Review case investigation processes to ensure and, where necessary, improve efficiency and timeliness.
 - Determine the most effective strategies for communicating Commission findings to promote positive changes in the mental hygiene system, and to keep all interested parties informed of Commission activities.
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Goal 2: To monitor new and emerging service trends and modalities within the mental hygiene system.

Objectives:

- Increase the Commission's knowledge of new and emerging trends in service delivery.
- Assist operating agencies with the design and implementation of new service modalities.
- Assess the effectiveness of new service modalities.
- Effectively communicate findings to improve the quality of care.

Strategies:

- Ensure Commission representation on Office of Mental Health and Office of Mental

Retardation and Developmental Disabilities planning work groups.

- Outreach to providers and consumer and family groups to identify new and emerging trends in service delivery.
 - Initiate and maintain dialogue with new managed care entities (SNPs) about the Commission's and their respective quality assurance roles.
 - Monitor the implementation of the NYS-Cares initiative.
 - Monitor the implementation of the Governor's \$125 million mental health initiative.
 - Use the most effective strategies for communicating Commission findings.
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Goal 3: To seek to ensure that persons with mental disabilities served primarily by non-mental hygiene agencies receive services that effectively address their needs.

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.
- Communicate findings to improve the quality of services.

Strategies:

- Enter into a dialogue with state and local mental hygiene officials about individuals with mental disabilities who are being served primarily by non-mental hygiene agencies/service systems (some of which are already known, e.g., the adult home system, the correctional system, etc.).
 - Develop the Commission's capacity to receive and respond to complaints concerning individuals with mental disabilities receiving services outside the mental hygiene system.
 - Convene meeting(s) with key state and local government officials (e.g., the Office of Mental Health, the Department of Correctional Services, the Commission of Correction, Sheriffs, County Directors) to begin to explore the issues and problems relating to persons with mental disabilities in correctional facilities.
 - Focus public officials' attention on the problems of individuals with mental disabilities living in adult homes in order to spur short and long-term remedies.
 - Use the most effective strategies for communicating Commission findings.
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Goal 4: To advocate for and empower persons with disabilities in exercising their human, civil and legal rights.

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.
- Support individuals with mental disabilities and other appropriate parties in providing informed consent for major medical procedures.

Strategies:

- Evaluate the current system of contracted advocacy services with an eye toward ensuring, and maximizing where necessary, its program and cost-effectiveness, diversity and range of representation.
- Examine the Commission's public policy advocacy endeavors (e.g., public testimony, legislative activities, etc.) to establish priorities for the next several years.
- Examine the Commission's empowerment endeavors (e.g., transition training, educational advocacy training, minority outreach, etc.) to establish priorities for the next several years.
- Work with other public and private sector organizations to foster empowerment of persons with disabilities.
- Enhance the capacity of the Surrogate Decision Making Program to assist mentally disabled individuals requiring major medical care to provide informed consent.

Goal 5: To promote excellence and to assist those serving persons with disabilities by providing them with information, training and technical assistance.

Objectives:

- Identify and disseminate information on best practices in serving people with disabilities.
- Provide training and technical assistance to service providers.
- Assist Boards of Visitors to carry out their duties effectively.

Strategies:

- Outreach to recipient groups, self advocates, family representatives, and program operators to identify best practices worthy of replication.
- Develop strategies for marketing best practice presentations (i.e., through printed materials, conference presentations, etc.).
- Develop a training plan for external parties based on a survey of the service system to identify needs for training and technical assistance which the Commission could best meet.
- Develop a training plan for Boards of Visitors based on a survey of Boards of Visitors

identifying their needs for training and technical assistance.

Goal 6: To foster public awareness of the Commission's mission and services.

Objectives:

- Develop strategies to increase the general public's knowledge of the Commission's services.
- Inform persons with disabilities, service providers, government officials and other concerned parties of the Commission's services.
- Target outreach efforts to populations which, historically, have not used the Commission's services.

Strategies:

- Increase use of media and the internet to broadcast Commission services to the general public.
 - Develop a plan for targeted outreach efforts to state Legislators to better enable Legislators and their constituents to use Commission programs and services.
 - Develop a two year plan for Commission meetings with key state and local government officials, and various provider, consumer and family groups in all regions of the state.
 - Develop a two-year plan for outreach efforts to minority populations not historically served by the Commission.
 - Market the availability of Commission presenters/speakers to major conference planners.
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Goal 7: To sustain and continually strengthen the Commission's ability to fulfill its mission.

Objectives:

- Recruit and maintain a work force 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 and objectives.
- Improve communication throughout the Commission.

Strategies:

- Review and, where necessary, adjust staff assignments to promote strategic goals and

objectives.

- Improve the performance evaluation system by including a development component which establishes an individualized plan for further professional growth, and ensures cross training and availability of back-up skills among staff within the agency.
- Ensure that training opportunities, offered by the Commission or other agencies, are available to all staff.
- Promote staff use of technology, including the internet, for professional growth, information sharing, and job completion within the Commission.
- Maximize inter-bureau staff involvement in the planning and implementation of major Commission activities.
- Create a mechanism for including all staff in briefings on major Commission activities, and soliciting their input.



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