

Strategic Plan Priorities for Action 2001

During the past year, the Commission solicited the input of all staff, as well as outside parties who have a stake in the Commission's mission, to craft a strategic plan to guide our activities over the next three years.

The plan, finalized in June 2000, puts forth seven goals towards which the Commission will strive as we approach the 25th anniversary of operations. The goals set the framework for proactive steps the Commission must take to keep its mission of improving the lives of people with disabilities and ensuring their rights as vital in 2003 as it was in 1978 when the agency began.

As outlined in the strategic plan, the Commission is committed to:

- 1. Maintaining and improving its traditional oversight role;
- Monitoring new and emerging mental hygiene service trends and modalities;
- Ensuring that people with mental disabilities served outside the traditional mental hygiene system receive services appropriate to their needs:
- 4. Advocating and empowering people with disabilities in exercising their rights;
- 5. Promoting excellence in assisting people with disabilities;
- 6. Fostering the public's awareness of the Commission's mission and services; and
- 7. Sustaining and strengthening its ability to fulfill its mission.

During the past six months, agency staff continued discussions about specific actions the Commission should take during 2001 to advance the above stated goals. It should be noted that many of the activities in which we currently engage will continue. For example, complaints will still come in and be responded to; reviews of policy matters and investigations into untoward events, program operations and fiscal improprieties will continue; and the many advocacy programs currently in place will carry on. At the same time, however, the Commission will undertake several initiatives to further its goals. The following new endeavors, slated for 2001, fall into two broad categories: internal operations and external activities. The goals to which they relate are also indicated.

Internal Operations

Creating a Learning Environment (Goal #7)

Sustaining and strengthening the Commission's ability to fulfill its mission

requires assessing the skills we have, honing them somewhat, and learning new ones. It calls for creating an evaluation process coupled with a learning environment which will result in professional development. Toward that end, the Commission will:

- Get the performance management system back on track, one which, more important than rating a person's performance, identifies his or her self-identified needs and reaches agreement on a training plan.
- Ensure all supervisory staff are trained in an agency approved program on performance appraisals. The agency will ensure that performance appraisal activities are tasks to be evaluated when supervisors undergo performance reviews.
- Establish standing work/study groups on issues including but not limited to pharmacology, community mental health initiatives, advances in service delivery for individuals with developmental disabilities, provision of services to children, etc.
- Host periodic Policy and Legal Forums for all interested staff on new and emerging policy and legal issues in the field, e.g., Kendra's Law, the ADA, etc.

Improving Traditional Oversight and Advocacy Activities (Goals #1 and #4)

While the four operational bureaus - QAIB, Fiscal, Policy and Advocacy - will continue to carry out their traditional programmatic and fiscal oversight roles and advocacy services, the following will be done to improve the quality and effectiveness of these activities:

- QAIB will complete the organization of an Information Management Unit to both intake/triage cases coming to the Bureau's attention, and offer support to investigators in their case activities.
- QAIB will review factors contributing to delays in case work.
- QAIB will establish a medical case review team of nurses within the Bureau to capitalize on their rich and diverse knowledge and experience. Once established this group will be open to all nurses on the Commission's staff.
- The Advocacy Services Bureau will examine its current process for contracting with local service agencies with an eye toward the pros & cons of the current one contract per program per year arrangement, establishing outcome measures, etc.
- The Policy Bureau will coordinate an inter-bureau workgroup to examine the Commission's various data bases with an eye toward

- using these tools more effectively to identify systemic issues/problems and better guide the Commission's activities.
- As it always has, the Fiscal Bureau, when asked by other units investigating complaints of poor care, will independently look behind the conditions for possible fiscal abuses. Additionally, the Fiscal Bureau will include a quality of care component in its fiscal studies, integrating staff from other Bureaus into the study.

Marketing the Commission (Goal #6)

During the summer and fall, an internal committee of staff offered the Commission approximately 30 excellent recommendations for activities which would increase the general public's awareness of the Commission, better inform select audiences (e.g., persons with disabilities, service providers, government officials, etc.) of our services, and enhance our outreach efforts. Additionally, the Committee offered sage advice on outreach efforts: Before 'soliciting new business' make sure CQC's internal workings are in order...and define what one means by outreach. The Commission will establish this Committee on Public Awareness as a standing committee to assist the Commission in establishing time lines for the implementation of its many worthwhile recommendations and to assist it in sorting out the thorny issues surrounding outreach, which the Committee raised. In the interim, the Commission will immediately act to implement the following recommendations posed by the Committee:

- Develop an array of brochures which illustrate the various activities/functions of the CQC, as well as a brochure which gives an overview of all our work addressed to a lower reading level. Existing brochures need to be reviewed to correct dated or erroneous information.
- Continue website development in connection with the Governor's egovernment/e-commerce initiative.
- Take advantage of opportunities for talk show appearances and representation at conferences.
- Sponsor a workshop on Commission services for Legislative staff.
- Develop a three year plan for meeting with interest groups across the state.

External Activities

During 2001, the Commission will engage in a number of new external activities which will directly impact on the lives and rights of individuals with disabilities.

Surrogate Decision Making Program

 The SDMC program will be expanded to include 10 Finger Lakes and seven Western New York counties, thus making it operational statewide, pursuant to the Governor's initiative. (Goal #4)

Adult Homes

- Pursuant to the Commission's agreement with the Division of the Budget, the Commission will operate an Adult Home team to assist the Commission in managing complaints from residents of Adult Homes and visiting and inspecting such facilities. (Goal #3)
- The Commission will conduct a more systemic study of Adult Homes and the layering of services for people who live in the homes, services which are often poorly coordinated and ineffective, yet often costly. The study will be designed and coordinated by the Policy and Fiscal Bureaus. (Goal #3)
- Based on its Adult Home experience, the Commission will fashion a document describing best practices in Adult Homes. (Goals #3 and #5)
- Also, the Commission will design a brochure, in concert with other appropriate agencies, for Adult Home residents describing their rights. (Goals #3, #4 and #5)
- Finally, the Commission will participate in a Task Force with the Department of Health and the Office of Mental Health to identify and seek remedies for problematic issues impacting on Adult Home residents. (Goal # 3)

Monitoring the OMRDD's New York Cares Initiative

- The Commission will be represented on the Oversight Committee OMRDD has organized to monitor this initiative. (Goal #2)
- The Commission will secure and regularly update a list of all new programs/agencies brought on line under this initiative to serve as a tool in triaging and prioritizing cases which are brought to the Commission's attention for possible investigation. (Goals #1 and #2)
- The Commission will fashion a document on best practices relative to Board Governance for the new agencies coming on line under this initiative. (Goal #5)

Monitoring the OMH \$125 Million Outpatient Care Initiative

In mid-November, the Commission was briefed on this initiative which grew in large part out of the Commission's 1999 work on the Kendra Webdale homicide. (See: *In the Matter of David Dix.*) In a nutshell, the initiative, which will begin as a pilot program, ties the money dedicated for case management services and some residential opportunities to a single point of entry/accountability on a county basis. Whereas the OMH will collect a lot

of data as this initiative moves forward, it is recognized that the Commission is uniquely gifted in conducting people-centered assessments of how systems work, or need improvement, and such would be of value to OMH. Preliminary brainstorming has identified several possible areas that the Commission, through an inter-bureau effort, could examine with this vantage point:

- The pilot experience, how have the lives and services of people changed as a result of the initiative?
- As case management is a critical component of the initiative, what are case management services, how are they offered, what difference do they make?
- As the plan calls for tripling the number of ACT Teams, what are these teams and their services, and what difference do they make in the lives of people?

Examining any one of the above, or any other "doable" element of this initiative, would assist the OMH in making whatever changes or fine tunings it needs to do during this historic initiative; provide opportunities to identify and replicate best practices; and further the Commission's goal of monitoring new and emerging service trends. (Goals #2 and #5)

The Commission has shared these study ideas with OMH, invited its feedback and will meet with OMH in January, at which time a study plan will be finalized.

People with Mental Disabilities in the Criminal Justice System (Goal #3)

The Commission is committed to doing whatever it can, given its limited resources and the jurisdictional issues, to advocate for appropriate services for people with mental disabilities within the criminal justice system. However, this is a new arena for Commission action and the Commission needs to learn more. Therefore, the priority activities for 2001 are "learning activities".

- The Commission will attempt to broker an agreement with the Commission of Correction which will allow each agency representation on the others' Medical Review Board. This was suggested by the CQC's MRB as a means for both agencies to learn more about the issues within our respective systems which often serve the same individuals.
- The Commission will ask our contract P&A agencies to routinely update the Commission on the numbers and types of complaints and issues they handle within the criminal justice system, to enable us to learn more, and at the same time perhaps advocate

on a State-agency level.

- The Commission will host a meeting of key stakeholders in the matter of mentally disabled individuals in correctional settings as a means to promoting dialogue and learning. The Commission will also arrange for informational site visits to local jails.
- The Advocacy Services Bureau will begin exploring the transition of people with mental and physical disabilities out of jails and prisons, beginning by contacting Parole officials to identify the population.
- Finally, work will begin on a mail survey of local jails focusing on needed and provided services for individuals with disabilities.

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