

Committee on Mental Health and Developmental Disabilities

Winter 2011-2012 Newsletter

Sheldon Silver, Speaker • Félix W. Ortiz, Chair

Message from the Chair



I am pleased to share with you highlights from the Assembly Committee on Mental Health and Developmental Disabilities. As Chair of the Committee, I was able to take part in actions that would ensure that persons with psychological and developmental disabilities continue to have access to safe, appropriate care and treatment focused on and tailored to individualized needs. The Committee was able to introduce and move several significant pieces of legislation,

sponsor public hearings to provide an informative arena to access information on some of the most critical issues surrounding the mental health and developmental disability fields, and travel around New York State to gain better insight on current procedures and policies. Below is a highlighted sampling of some of the very important issues the Committee focused on during the 2011 Session.

Sincerely,



Félix W. Ortiz, Chair

Significant Legislation

Reducing Stigma for Veterans and Their Families

A.1070 Ortiz/S.4760 McDonald (Passed Assembly)

As the federal government begins to withdraw troops from overseas conflicts, there will be a significant increase in the number of veterans returning to New York State looking to return to life after war.

Many returning military personnel have been exposed to or have experienced trauma in combat, placing many of these individuals in high-risk categories for triggering underlying conditions such as Post Traumatic Stress Disorder (PTSD), substance abuse or other mental health issues. This is complicated further by the pronounced stigma that is associated with mental illness and substance abuse among military communities. Left untreated, combat-related mental health issues can manifest through substance abuse, the criminal justice system, and even suicide, destroying the lives of veterans and their families.

This bill is an attempt to reduce stigma surrounding mental illness and substance abuse among military communities. It would require the commissioners of the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), and the Director of the Division of Veterans' Affairs, to develop a public education initiative on mental illness and chemical dependency among service members, veterans and their families. This bill passed the Assembly.

Updating Mental Hygiene Law to Reflect Person-Centered Language

A.6840 Rodriguez/S.4467 McDonald (Chapter 37)

Chapter 168 of the Laws of 2010 renamed the Office of Mental Retardation and Developmental Disabilities (OMRDD) the Office for People With Developmental Disabilities (OPWDD).



Assemblyman Félix Ortiz visits the Special Olympics of Lincoln Heights

As a follow-up to this significant legislation, A.6840 makes conforming changes to the Mental Hygiene Law by eliminating references to the terms "mentally retarded" and "mental retardation" and replacing these outdated terms with person-centered language.

Prohibiting Co-Mingling of Adolescents and Adults in OMH Residential Programs

A.8357 Titone/S.5678 Lanza (Chapter 188)

It is important that families are assured that their children are safe and are receiving the best possible care when they are admitted to a facility operated by a program licensed through the Office of Mental Health. This law requires the Commissioner of the Office of Mental Health to promulgate rules and regulations prohibiting the co-mingling of adolescent and adult patients under certain instances in state-run facilities. This bill was signed by the Governor (Chapter 188).

Public Hearings

Mental Health Roundtable on Access of Services for Individuals Served by the Office of Mental Health (OMH)



Assemblyman Félix Ortiz and several other Assemblymembers direct questions to individuals presenting testimony at the annual Mental Health Committee budget hearing.

In January, the Committee brought together individuals from the mental health community in New York State to discuss current procedures and practice, and to identify any possible gaps in early detection and intervention of mental illness.

At the roundtable, conversation was led by representatives from the Office of Mental Health (OMH); the New York Association of Psychiatric Rehabilitation Services (NYAPRS); the Mental Health Association of New York State, Inc. (MHANYS); the National Alliance on Mental Illness (NAMI); and the University at Albany Counseling Center. The discussion centered on the importance of early identification, diagnosis and treatment. Suggestions were made on improving access to mental health information by school employees; increasing awareness on mental health issues by pediatricians; and, most importantly, reducing the stigma that surrounds mental illness so that individuals and families can seek appropriate care.

Access to Services for Individuals with Autism Spectrum Disorder



Assemblyman Ortiz speaks with representatives from My Time, Inc. to discuss the impact of autism on minorities and the disparities in services available for these families.

On February 10th, the Assembly Committee on Mental Health and Developmental Disabilities and the Assembly Subcommittee on Autism Retention held a public hearing at Summit Educational Resources in Getzville, New York. The purpose of this hearing was to examine issues surrounding access and any gaps in services provided through the Office for People with Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH) for individuals with Autism Spectrum Disorders (ASD). The Committees heard from over 25 individuals including individuals diagnosed with ASD, parents, psychiatrists, medical providers, attorneys, and community service providers. Several recurring topics were discussed, including the need for improved coordination between state agencies, specifically OMH and OPWDD in providing care; a strong desire for increased supports for families in order for parents to maintain employment while ensuring appropriate care for their child; and the need for state agencies to provide services in languages other than English.

The Committee worked throughout the 2011 Legislative Session to monitor concerns surrounding access to services for individuals with ASD and will continue to advocate for an increase in quality of services for this population which includes the ability for families to provide care for their children.

Safety and Quality of Care in Residential Facilities and Programs Licensed by the Office for People With Developmental Disabilities (OPWDD)

On March 12, 2011, the New York Times published an investigative report on the care and treatment of individuals served in facilities and programs licensed by OPWDD. The report described incidents of severe abuse and mistreatment of residents with developmental disabilities receiving services in these facilities and programs.

The Assembly Committee on Mental Health and Developmental Disabilities, the Assembly Committee on Codes, and the Assembly Committee on Oversight, Investigation, and Analysis conducted a series of public hearings across New York State to examine the matter. From the testimony received, several key themes began to emerge. They included the call for a change in culture, the need for increased supports of the workforce, a review of current reporting procedures, and the need to move toward person-centered services. From this, the Assembly passed several significant pieces of legislation, three of which have been signed into law.

Increasing Inspection of OPWDD Facilities

A.6665-A Ortiz/S.5791 McDonald (Passed Assembly)

This bill would require OPWDD to make at least three unannounced visits per year at each facility and program. The bill would also authorize any DDSO Board of Visitor member or any other individual approved by the commissioner of OPWDD to attend an inspection as an independent monitor.

Limiting Mandatory Overtime

A.8127-A Ortiz/S.5716-A McDonald (Passed Assembly)

This bill would establish a cap of 60 hours on the number of hours OPWDD employees are required to work to ensure patient safety and prevent staff fatigue.

Increasing Independence of the Ombudsman of DDSOs

A.8322 Schroeder/S.5792 McDonald (Chapter 542)

Charged with the responsibility to advocate for individuals being served by OPWDD, the Assembly looked to strengthen the role of the Ombudsman of DDSOs by requiring that he or she be an employee of CQC-APD in order to increase the independence of this role.

Increasing Training

A.8323 Bing/S.5794 McDonald (Passed Assembly)

This bill would require OPWDD to standardize the training provided to personnel who care for individuals with developmental disabilities at state mental hygiene facilities.

Removing Silent Resignations

A.8324 Ortiz/S.5793 McDonald (Chapter 588)

This bill would ensure that investigations into employee misconduct continue when an employee under investigation resigns and that notices of this policy would be provided to all current and new employees of OPWDD-licensed facilities.

Expediting Crime Reporting to Law Enforcement

A.8325 Ortiz/S.5795 McDonald (Chapter 558)

This bill would require the district attorney or appropriate law enforcement officials to be contacted immediately but no later than 24 hours if it appears a situation has occurred where physical injury or unauthorized sexual contact has resulted, the welfare of an individual has been endangered, or a felony crime was committed.

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Providing Additional Work History for Prospective OPWDD Employees

*A.8330 Weisenberg/S.5796 McDonald
(Passed Assembly and Senate)*

This bill would allow providers of facilities or programs licensed or certified by OPWDD to request additional background information of any substantiated report of abuse or serious neglect that the Office has on file of a prospective employee or volunteer.

The Assembly Committee on Mental Health and Developmental Disabilities is committed to working with all relevant stakeholders to continue conversations on how to curb incidents of abuse and neglect of vulnerable individuals and establish real and meaningful reform in the coming years.

1115 “People First” Waiver

Earlier this year, OPWDD announced that the agency would be working with the federal government to establish a new 1115 demonstration waiver, known as the “People First Waiver.” The new waiver will provide New York with the opportunity to create an alternative approach to the way programs are operated and funded. The goal of the waiver will be to increase efficiency and flexibility of service delivery.

OPWDD initiated the process by creating forums for public comment from relevant stakeholders across the state. OPWDD has established a Steering Committee and several subcommittees

in order to guide the development of the waiver application for federal review. It is anticipated that several pilot programs across the state will be established within the next state fiscal year, with the entirety of the demonstration process expected to last at least into the next five years. While the new waiver process is intended to be a seamless transition where services are uninterrupted, the waiver is looking to reorganize the way programs are funded. The Committee will continue to monitor the vast changes that will occur in the area of service delivery for individuals served by OPWDD.

Medicaid Redesign

In January, Governor Andrew M. Cuomo established the Medicaid Redesign Team (MRT) that was given the task of providing recommendations to the Governor on ways to save Medicaid dollars while improving medical outcomes. The MRT made several proposals regarding mental health reimbursement that were ultimately enacted in the budget. The following actions will have a significant impact on the mental health community:

By 2013, the second phase of the plan is expected to be implemented and would require OMH and OASAS to select plans to manage behavioral health services which may be paid on a capitated basis.

Behavioral Health Organizations

Because individuals who receive SSI or TANF and also have complex behavioral health needs use 15 times the amount of Medicaid services as the average beneficiary, the MRT recommended the establishment of interim regional behavioral health organizations (BHOs) to manage carved-out behavioral health services while moving towards a model similar to a managed care plan.

The first phase of this plan establishes regional behavioral health organizations (BHOs) to manage behavioral health services. The BHOs also serve a direct purpose in coordinating health-care services with other support services such as locating and maintaining housing. This reform is intended to produce savings over the next several years by reductions in costly emergency room visits and inpatient use which could be avoidable.

Health Homes

The 2011-12 Enacted Budget includes the development of health homes for high-risk patients that are suffering from a serious and persistent mental health condition, two chronic conditions, or one chronic condition and at risk for another. Health homes are a network of providers that are designed to be person-centered systems of care that facilitate access to and coordination of an array of primary and acute physical health services, behavioral health care, and long-term community-based services and supports.

The focus of the program will be on the reduction of avoidable hospitalizations and emergency room visits, and therefore will work with BHOs in this regard.

The Committee hopes to continue to be a part of discussions surrounding the changes in service delivery established by the MRT and will monitor the process to ensure that quality of care has not decreased as a result of this measure.



Assemblyman Félix Ortiz meets with members of the NY Association of Psychiatric Rehabilitation Services to discuss their 2011 Legislative Budget agenda including the development of regional behavioral health organizations.

Further Information

Access to services play a key role in screening, treatment, and recovery. Knowing how to access information can sometimes be difficult and overwhelming. Below is important information on a variety of services available to New Yorkers.

Developmental Disabilities

New York State Office for People with Developmental Disabilities (OPWDD)

- To search for available services and further localized information, visit the OPWDD website: www.opwdd.ny.gov
- To receive contact information on a variety of services or local Developmental Disabilities Services Offices (DDSOs) visit: www.opwdd.ny.gov/hp_contactlisttwo.jsp
- Questions about services not listed on the website, or concerns about quality of care or abuse and neglect can be directed to OPWDD by the Information Line: **1-866-946-9733 (TTY: 1-866-933-4889)**
- Further information on the OPWDD 1115 “People First” Waiver is available at: www.opwdd.ny.gov/2011_waiver/index.jsp

Suicide Prevention

The New York State Suicide Prevention Resource Center website (www.sprc.org) provides information that includes:

- Contact Information
- Recent Developments
- State Events
- State and Local Prevention Resources

Or, if you know someone who is in suicidal crisis, call **1-800-273-TALK (8255)**

Services for Veterans

- A list of VA and Vet Center facilities can be found online at: www.va.gov or call the VA’s general helpline at **1-800-827-1000**

Mental Health Services

New York State Office of Mental Health (OMH)

- To search for mental health programs by county, program category, or subcategories, including addresses and phone numbers of service providers in your community, visit the OMH website at: www.omh.state.ny.us
- If you have questions or complaints about mental health services in New York State you may call: **1-800-597-8481**
- Also, if you are in crisis OMH provides this toll-free line: **1-800-273-TALK (8255)**

Commission on Quality Care and Advocacy for Persons with Disabilities (CQC-APD)

The Commission on Quality of Care and Advocacy for Persons with Disabilities is charged with protecting and improving the quality of life for New Yorkers with disabilities. The Commission provides independent oversight of the quality and cost-effectiveness of services provided by mental hygiene programs in New York State.

- Further information about CQC-APD can be located at: www.cqc.ny.gov
- Contact CQC-APD at **(518) 388-1281** or **1-800-624-4143** (TTY/Spanish)

Alcohol and Substance Abuse

New York State Office of Alcoholism and Substance Abuse Services (OASAS)

- To locate a certified service provider by name, city, or county visit OASAS’ website: www.oasas.ny.gov
- New York State HOPELINE **1-877-8-HOPENY** (1-877-846-7369) offers help 24 hours a day, 365 days a year, and your call is anonymous and confidential

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Assemblyman Félix Ortiz engages guests at an Assembly Roundtable on *Access to Mental Health Services in New York*.