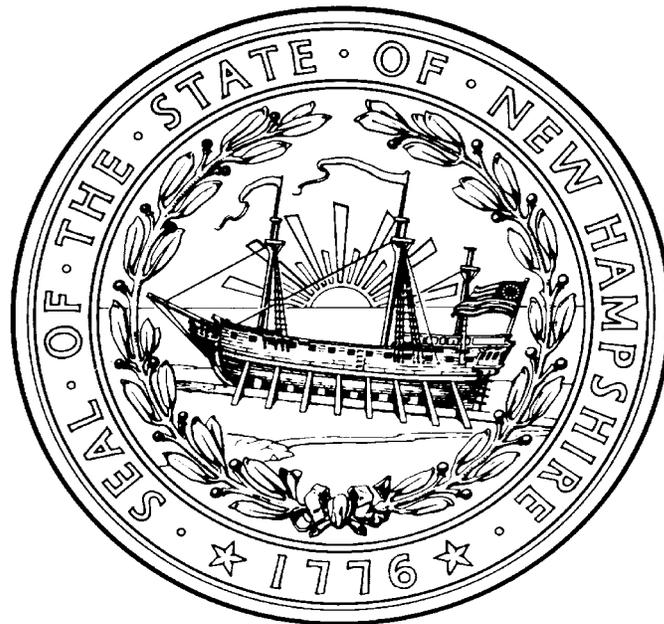


**REGION 4
COMMUNITY BRIDGES**

REDESIGNATION REVIEW



CONDUCTED BY:

THE BUREAU OF DEVELOPMENTAL SERVICES
Matthew Ertas, Bureau Administrator

THE DIVISION OF COMMUNITY BASED CARE SERVICES
Nancy L. Rollins, Associate Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Nicholas A. Toumpas, Commissioner

MARCH 2009



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES**

BUREAU OF DEVELOPMENTAL SERVICES

**Nicholas A. Toumpas
Commissioner**

**Nancy L. Rollins
Associate Commissioner**

**105 PLEASANT STREET, CONCORD, NH 03301
603-271-5034 1-800-852-3345 Ext. 5034
Fax: 603-271-5166 TDD Access: 1-800-735-2964**

March 2, 2009

Beth Dixon, President, Board of Directors
Roy Gerstenberger, Executive Director
Community Bridges
2 Whitney Rd
Concord, NH 03301

Dear Beth and Roy:

As you know, the Bureau of Developmental Services has recently concluded its redesignation review in Region IV as required by the State Rule, He-M 505, Establishment and Operation of Area Agencies. The review focused on eight indicators of successful area agency operations: mission; rights, health and safety; choice, control and satisfaction; individual and family/guardian involvement; system of quality improvement; governance and administration; budget development and fiscal health; and compliance. I would like to thank all of the people associated with Community Bridges for their cooperation in assisting the Bureau in carrying out this important process. The redesignation team is particularly grateful for the assistance given by Tracey Lonergan who made every effort to see that meetings were scheduled and that materials were available for the team's use.

It is my pleasure to inform you that Community Bridges has been approved for redesignation for the period of October 1, 2008 through September 30, 2013. The Bureau recognizes your agency's efforts on behalf of persons with developmental disabilities and acquired brain disorders and their families and is pleased that you are a part of New Hampshire's service delivery system.

The results of the redesignation review are contained in the attached narrative report. Please share it with the local stakeholders. Where recommendations have been made, please work with the appropriate parties regionally to consider how to improve the areas highlighted. If appropriate, please add areas of recommendation to your Biennial Plan. Finally, if support from the Bureau could be helpful in addressing any of these areas, please let us know how we could be of assistance. [Note that we are also sending you an extensive attachment, which lists all of the specific findings of the redesignation team. We hope that you will find this as a useful source document.]

Beth Dixon, President, Board of Directors
Roy Gerstenberger, Executive Director
Community Bridges
Page 2

Again, thank you for your contribution to New Hampshire's community-based service system and to the lives of persons with developmental disabilities and acquired brain disorders and their families.

Sincerely,

Matthew Ertas
Bureau Administrator

Enclosures

cc: Nicholas A. Toumpas, Commissioner
Nancy L. Rollins, Associate Commissioner

Bureau of Developmental Services

DATE: Monday, March 2, 2009

TO: Matthew Ertas, Bureau Administrator
Bureau of Developmental Services

FROM: John T. Capuco, Psy.D.
Redesignation Team Leader for Region 4
Community Bridges

RE: Redesignation Review, Region 4, 2008

On July, 10, 2008, Region 4, Community Bridges, requested redesignation as the area agency that provides services to individuals with developmental disabilities and acquired brain disorders in Region 4.

During September, October, and November of 2008, a team of Bureau staff reviewed the services provided by the area agency. The team was comprised of Judith Schultz, Kaarla Weston, Kenneth Lindberg, Joyce Butterworth, Carolyn Stiles, Ann Driscoll and me as team leader. Fredda Osman conducted interviews with management staff of the agency's adult services sub-contract agencies and Patti Thibeault compiled and tabulated survey data. Paula Bundy conducted phone interviews with cooperating agencies and Carolyn Stiles conducted phone interviews with ESS families. The narrative report of our findings was written by Jeanne Cusson with input from the redesignation team.

Attached please find:

- ❖ A list of activities associated with the review process
- ❖ A source document containing bullets substantiating material used in reaching our conclusions
- ❖ A narrative report of our findings

The redesignation team wishes to recognize and thank Tracey Lonergan for her coordination of the team's activities. Tracey's flexibility, organizational skills and positive and helpful approach truly facilitated the work of the redesignation team. We would also like to thank Ann Potoczak and Jo Edwards for their prompt responses to the team's questions and inquires. We also wish to thank the agency's Board of Directors, Family Support Council and the region's Self-Advocacy Groups for sharing their valuable perspectives on the work of the agency.

If approved, the agency's redesignation would extend from October 1, 2008 through September 30, 2013 or, if conditionally approved, any time therein. The review team has agreed to meet with the Board of Directors, agency staff and other individuals or groups that the agency wishes to invite to discuss our findings and answer questions.

Please contact me or any other team member if you require additional information.

Components of the 2008 Redesignation Review in Region 4

The redesignation review process in Region 4 included:

- Review of Region 4's Biennial Plan for fiscal years 2003, 2004, 2005, 2006, 2007, 2008 and 2009.
- Review of the area agency mission and vision statements, BY Laws, and organizational chart.
- Review of the rosters of the Board of Directors, Board Committees, Family Support Council and the Self-Advocacy Groups.
- Review of the Bureau's summary reports of the Adult Consumer Outcomes Surveys (ACOS) for fiscal years 2004, 2005, 2006, 2007 and review of aggregate data for Adult Consumer Outcome Surveys collected from fiscal years 2004-2008.
- Review of Employment data collected as part of the Department's Employment Advisory Group during calendar year 2006.
- Review of Bureau of Health Facilities Administration program certification data from 2004-2008.
- Review of 2008 Complaint Investigator Summary
- Review of the 2005, 2006 & 2007 In Home Support Program audits.
- Review of the 2004 Region 4 He-M 521 Services report.
- Review of Early Supports and Services Family Outcomes data collected in calendar years 2006, 2007 and 2008.
- Review of results of a written survey of parents and guardians conducted by the redesignation team in collaboration with the area agency in September 2008 (123 respondents).
- Review of New Hampshire Developmental Services Family Survey conducted by the Community Support Network Inc. (CSNI) for the years 2003, 2005 & 2007.
- Review of results of written surveys of the following:
 - ❖ Area agency Service Coordinators/ Family Support Coordinators (20 respondents)
 - ❖ Direct Service Providers (14 respondents)
 - ❖ Home Providers (19 respondents)
 - ❖ Early Supports and Services direct service providers (9 respondents)
- A review of financial audits of the area agency.
- A review of 10 service agreements at the Region 4 office
- Review of 5 records of individuals identified as medically frail.
- An interview conducted by the review team with the Region 4 Board of Directors on September 2, 2008.
- An interview conducted by the review team with the Region 4 Family Support Council on September 24, 2008.
- An interview conducted by the review team with the Service Coordination/ Family Support Staff on September 10, 2008.
- An interview conducted by the review team with the Region 4 Management Team (Leadership Committee) on October 7, 2008.
- An interview conducted by the redesignation team with Region 4 Nurse Trainers on October 8, 2008.
- An interview conducted by the redesignation team with the Self Advocacy Groups on September 22, 2008.
- An interview with the Director of Quality Improvement by selected members of the redesignation team.

- An interview with the Complaint Investigator by selected members of the redesignation team.
- An interview with the Human Rights Committee liaison by selected members of the redesignation team.
- An interview with the Training Coordinator by selected members of the redesignation team.
- Interviews with management team staff of 14 adult sub-contract agencies.
- Attendance at a family forum on September 24, 2008.
- Phone interviews with 10 agencies identified to the redesignation team by Region 4 as Cooperating Agencies in providing supports and services.
- A review of the agency's Fiscal Policies was conducted by a member of the Department's Office of Improvement and Integrity.
- Review of documentation, including:
 - ❖ Area agency policies and procedures
 - ❖ Job descriptions of key personnel
 - ❖ Board of Directors Orientation manual
 - ❖ Board of Directors meeting minutes
 - ❖ Management Team meeting minutes
 - ❖ Human Rights Committee meeting minutes
 - ❖ Training curricula
 - ❖ Data regarding complaint investigations
 - ❖ Data regarding medication administration occurrences
 - ❖ Human Rights information
 - ❖ Crisis Communication Plan
 - ❖ A Review of: Self-Directed Service Options at Community Bridges, Inc.
 - ❖ Community Bridges Service Development Guide (Family Guide)
 - ❖ 2003-2007 Vendor Reviews
 - ❖ Area agency Newsletters
 - ❖ Area Agency brochures
 - ❖ Area agency Website

I. MISSION

- I. The area agency demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities.**

Expectations:

The area agency is unequivocal in its mission: supporting people who have a disability in being valued members of their communities, and educating communities to recognize the value of individuals who have a disability. Individuals who receive services in the region and/or their families and guardians have a clear understanding of the mission and its implications. All staff members of the area agency and of its provider agencies are committed to this common mission and understand the purpose of their work.

- I.1 The area agency mission articulates a commitment to community membership and inclusion for people with disabilities.**
- I.2 Individuals, families/guardians, and collaborating agencies are aware of the mission of community membership and inclusion for people with disabilities.**
- I.3 The area agency and its subcontract agencies staff, including all direct service providers, are aware of the mission of community membership and inclusion for people with disabilities, work to support individuals and their families in developing and maintaining relationships with family, friends, and community members.**
- I.4 The area agency focuses on providing inclusive opportunities in all service arrangements.**
- I.5 The area agency supports individuals to participate in paid employment, volunteering and being members of community organizations, as they choose.**

*

*

*

II. RIGHTS, HEALTH AND SAFETY

II. The area agency, through multiple means, demonstrates its commitment to individual rights, health and safety.

Expectations:

The area agency has systems in place to promote the health and well being of the individuals who receive services. It is proactive in its efforts to protect individuals from abuse, neglect, and exploitation; and, when there are rights violations or questionable injuries, these are thoroughly investigated and the information is used to prevent future occurrences. Individuals, families, guardians and service providers receive on-going training regarding rights, rights' protection, health promotion, and safety.

- II.1 The area agency has policies and processes to ensure that individual rights protection, health care needs, safety and emergency situations are addressed.**
- II.2 Individuals and families/guardians have been made aware of their rights, health care information, and safeguards and understand them.**
- II.3 The area agency supports the individual's right to engage in meaningful activities during day and residential services, as evidenced in service agreements and progress notes.**
- II.4 The area agency assures that trainings for staff, providers, subcontract agencies, individuals, self-advocacy groups and families/guardians include information on rights protection, Basic Health Observation Guidelines, safety measures, healthcare needs, and emergency situations.**
- II.5 The area agency uses an effective complaint process, which includes follow-up on an individual and system-wide basis.**
- II.6 Individuals and families express a feeling of safety and well-being.**
- II.7 The area agency has a Human Rights Committee that provides oversight regarding rights, health care needs, and safeguards.**

*

*

*

III. CHOICE, CONTROL AND SATISFACTION

III The area agency provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them.

Expectations:

The unique needs, strengths and preferences of individuals and families are acknowledged, respected and supported. Individuals and families/guardians have the knowledge, authority and support they need to direct and manage their supports and services and to decide who will provide them. Supports and services are designed to address the needs of individuals and their families, and to improve the quality of their lives.

III.1 Individuals and families/guardians are given information to help them understand their rights and responsibilities to plan, direct and manage their services and resources.

III.2 Services and goals are customized and reflect individual and family/guardian choices.

III.3 Individuals and families are supported to reach their goals.

III.4 Individuals and families/guardians are satisfied with the type of service options offered to them and the quality of services provided.

* * *

IV. INDIVIDUAL AND FAMILY/GUARDIAN INVOLVEMENT

IV. The area agency involves those who use its services in regional planning, system design and development.

Expectations:

The area agency believes that people who need and/or receive services have the greatest investment in and understanding of how those services should be designed and provided. Individuals and families/guardians are invited, welcomed, and supported as full participants in system planning and decision-making. The opinions of individuals and families/guardians are continuously sought to inform policy making and system improvement. Financial and other assistance is available to enable individuals and families/guardians to play leadership roles and participate in all activities that affect them.

IV.1 Individuals and families/guardians are made aware of area agency activities and committees, including the ones related to regional planning and quality improvement. They are invited, supported and valued as participants.

IV.2 Individuals and families/guardians receive information from the area agency regarding proposed or implemented changes in regional and/or statewide services.

IV.3 Family Support Council members are invited and supported to participate in the agency's planning regarding overall availability, accessibility and quality of services, budget development, and waiting lists. Their participation is valued by the area agency.

*

*

*

V. SYSTEM OF QUALITY IMPROVEMENT

- V. The area agency continuously assesses and improves the quality of its services and ensures that the recipients of services are satisfied with the assistance that they receive.

Expectations:

There is a resolute and continuous commitment to excellence and quality improvement. The area agency is committed to assessing the quality of services on an ongoing basis and is accountable to individuals and families who receive services. Individuals, families, as well as others are active partners in evaluating system quality and provider performance. There is continuous evaluation and improvement of services and supports to achieve better outcomes for individuals and families.

- V.1 The area agency and its subcontract agencies have policies and processes related to ongoing quality assessment and improvement. Ongoing inquiry regarding individual and family/guardian satisfaction is a common practice of the area agency and its subcontract agencies.
- V.2 The area agency and its subcontract agencies share the results of quality assessments and utilize the information to improve services, operations, and personnel development.
- V.3 The area agency provides effective follow-up if there is no progress in service agreement implementation.

* * *

VI. GOVERNANCE AND ADMINISTRATION

VI. The area agency Board of Directors and the Management Team demonstrate effective governance, administration and oversight of the area agency staff, providers, and if applicable, subcontract agencies.

Expectations:

The area agency Board of Directors and Management Team play crucial leadership roles in administering an effective regional service system. A well informed and active Board and Management Team fulfill their responsibilities by engaging in and promoting effective communication with and among all stakeholders in the agency and region, achieving quality services, individual/family/guardian satisfaction, and employing a well trained, supported and supervised work force. The Board and Management Team engage in activities to enhance the area agency's association with the community at-large on behalf of individuals with disabilities.

- VI.1 The area agency policies, procedures, bylaws, organizational chart and job descriptions reflect current agency practices.**
- VI.2 The area agency Board of Directors and Management Team members receive orientation and ongoing training regarding their roles and responsibilities, as well as new regional and/or statewide initiatives.**
- VI.3 The Board of Directors and Management Team provide oversight and leadership to achieve individual safeguards, quality services and individual and family/guardian satisfaction.**
- VI.4 The management team provides effective communication, supervision and support to staff, providers and subcontract agencies.**
- VI.5 The area agency engages in community outreach and public education efforts regarding its services and mission.**
- VI.6 The area agency provides organizational supports for and has a collaborative relationship with the Family Support Council and the local self-advocacy group.**
- VI.7 The area agency and its subcontract agencies support staff orientation and ongoing training; and the area agency requires that subcontract agencies provide orientation and ongoing training consistent with area agency practices.**

*

*

*

VII. BUDGET DEVELOPMENT AND FISCAL HEALTH

VII. The area agency is fiscally sound, manages resources effectively to support its mission and utilizes generic community resources and proactive supports in assisting people.

Expectations:

The Management Team and Board of Directors provide leadership in achieving financial health in the pursuit of the area agency mission. The agency's resource allocation, budget oversight, and billing procedures reflect sound fiscal management. The development and management of the agency and individual budgets are achieved through the involvement of appropriate stakeholders. The agency reviews its fiscal status on an ongoing basis, maintains good financial health and considers cost effectiveness in resource allocation. In responding to requests from individuals and families/guardians for assistance, the area agency draws on generic community supports and services as key resources to enhance its own funding, including its efforts to address the needs of those who are on waiting lists.

- VII.1 The area agency has policies and procedures to ensure sound fiscal management and financial health.
- VII.2 The area agency Management Team members are involved in regional budget development.
- VII.3 The area agency and its subcontract agencies seek input from appropriate staff and providers in developing and managing budgets.
- VII.4 The area agency manages its resources to address waiting list needs.
- VII.5 The area agency seeks and utilizes other/generic sources of revenue to enhance its financial resources.
- VII.6 The area agency is financially sound and manages its fiscal resources effectively and efficiently.
- VII.7 The area agency demonstrates a commitment to proactive supports and services to reduce the need for or intensity of long-term services.

* * *

VIII. COMPLIANCE

VIII. The area agency complies, along with its subcontractors, if applicable, with state and federal requirements.

Expectations:

The area agency and its subcontract agencies are knowledgeable of and in compliance with the basic state and federal standards regarding services. The area agency and its subcontract agencies fulfill requirements regarding certification of day and residential services, medication administration, determination of eligibility for area agency services, establishment of service agreements for each person being served, authorization for Medicaid's Community Care Waiver funding stream, provision of Family Support and Early Supports and Services, and management of waiting lists. The area agency and its subcontract agencies also submit to the Division requested information and data regarding services provided under the contracts with the State.

VIII.1 The area agency and its subcontract agencies comply with all applicable federal and state laws and regulations.

VIII.2 The area agency and its subcontract agencies comply with the Division of Developmental Services' requests for information and data that are accurate, timely and in correct format.

MISSION

Expectations:

The area agency is unequivocal in its mission: supporting people who have a disability in being valued members of their communities, and educating communities to recognize the value of individuals who have a disability. Individuals who receive services in the region and/or their families and guardians have a clear understanding of the mission and its implications. All staff members of the area agency and of its provider agencies are committed to this common mission and understand the purpose of their work.

“Community Bridges will advance the integration, growth, and interdependence of people with disabilities within their home communities.”

Mission Statement for Community Bridges

The area agency’s mission statement has clearly been crafted to let everyone who reads it know that this is an agency that will not provide services in segregated settings, apart from others in the community. The choice of words conveys a strong message. The word “interdependence” underscores the belief that all people have something of value to offer, regardless of their level of ability. The mission is publicized on the area agency’s website, in all of its brochures, and in its newsletter. The mission statement also serves as the underpinning of the agency’s current biennial plan where the most serious challenges to individuals’ inclusion are addressed.

Having a strong, well-articulated mission is important. Having all who work for, or who are affiliated with an agency understand and commit to that mission is essential. In its interview with the redesignation team, the Board of Directors stated that its primary responsibility was policy review and oversight, ensuring that the agency’s mission is carried out. In line with this, Board members have assumed the responsibility of educating the broader community about the role of the area agency in assisting individuals to become valued members of their community. Board members were unequivocal and adamant when they spoke of the value of the people served by the area agency. They carry this message to legislators, to the media and to the education community.

The area agency management team, during its interview with the redesignation team, spoke of the large number and wide array of staff trainings it offered on social role valorization and community connecting. The Director of Individual and Family Support provides a number of trainings on disabilities to the community at large in an effort to promote a better understanding of people’s diverse gifts. In his presentation to all newly hired staff, the area agency Executive Director provides information about the agency’s mission and services. A major focus of the presentation is to explain how “communities are made stronger when all people are included.”

As a testament to its success in communicating its mission to others outside the agency, all nine collaborating agencies who were interviewed as part of the redesignation review said that the area agency has made it clear that its mission is to assist people with disabilities to actively participate in their communities. Subcontract agencies interviewed during the redesignation review reported that they provided trainings for their staff on social role valorization and on how to implement goals related to community involvement. Three of the thirteen subcontract agencies reported, however, that they did not work closely with the area agency to achieve this common mission.

The Family Support Advisory Council has worked with consultants to develop goals that are in line with the mission of assisting individuals to make community connections. With the help of the area agency, the council has also reached out to collaborate with Capitol Regional Healthcare.

In the area agency's staff surveys conducted in 2007, which include Early Supports and Services (ESS), service coordinators/family support coordinators, In Home Support and respite staff, area agency day and residential staff, and area agency office and business staff, all of the 97 staff who responded said they not only had a clear understanding of the area agency's mission, they also understood how their work contributed to this mission. Only four of the 97 staff indicated that they would have difficulty explaining the mission to someone who was unfamiliar with the area agency. Service coordinators/family support coordinators, in both the redesignation interviews and surveys, reported that assisting individuals to broaden their community connections is a major focus of individual planning and of their work with families, the schools and community businesses. In a separate redesignation survey, 17 of 20 (85%) service coordinators/family support coordinators reported being satisfied with the support they received to assist individuals to establish and maintain community relationships. Fewer, however, (64%) reported that they were satisfied with the area agency's support to assist families in this area.

Some direct support staff and home providers, although understanding their agency's mission, did not feel they had sufficient support to assist individuals to become more actively involved in their communities. On average, 65% of those who responded to the redesignation survey felt that they were sufficiently supported to assist individuals to establish and maintain relationships and to participate in community clubs and organizations. This information is consistent with the results of the Adult Outcomes Survey interviews conducted each year by the Bureau of Developmental Services. Between 2004 and 2008, ninety-eight (98) individuals were interviewed. Fewer than 50% of those who wanted to participate in community clubs, religious services and in organized recreational activities were, in fact, participating in these at the time of the interviews.

Consideration: The agency has successfully communicated its important mission to all who are affiliated with its services. It must now find ways of assisting all direct service staff and home providers to support individuals in becoming more involved in their communities.

Paid employment and volunteering are two important ways that people have to meet others and expand their relationships. Based on data collected by the Bureau, there has been an increase in the number of individuals who have paid employment in integrated settings over the past four years in the region. Equally encouraging is that the amount of pay per hour has also increased for individuals: on average \$7.58 per hour in 2008, while the statewide average was \$6.55. The Adult Outcome Survey interviews, however, continue to reflect that there are many individuals who are not employed who would like to work. Based on the information compiled during these same interviews, there was an increase in the number of individuals who were volunteering over the four year period. Those who were not volunteering said that it was because they chose not to.

In recognition of the importance of paid employment to individuals who have a developmental disability, the area agency revised its biennial plan to include major initiatives in this area. The agency has, under its Capacity for Inclusion goal, offered a greater number of employment trainings, created new positions for job development and job coaching, collaborated with other agencies to expand employment initiatives in the region, and committed to finding a greater number of employment opportunities for any individual who expresses an interest in this.

The area agency's mission statement leaves no doubt that its services will be designed to assist individuals who have a developmental disability to become valued members of their communities. The Board of Directors, the management team, and the Family Support Council, based on their planning initiatives and revised goals, recognize the work that remains to be done to fully implement this mission.

RIGHTS, HEALTH AND SAFETY

Expectations:

The area agency has systems in place to promote the health and well being of the individuals who receive services. It is proactive in its efforts to protect individuals from abuse; neglect; and exploitation; and; when there are rights violations or questionable injuries; these are thoroughly investigated and the information is used to prevent future occurrences. Individuals; families; guardians and service providers receive on-going training regarding rights; rights' protection; health promotion; and safety.

The area agency's policies reflect state standards on rights protection, health, safety and emergency preparedness. The policies also underscore that people who have a developmental disability and acquired brain disorders are no different from other citizens, sharing the same rights, and, within the service system, deserve respect, a safe place to live and the supports they need to participate in the life of their home communities.

In an effort to ensure the implementation of these policies, the area agency involves all of its subcontract agencies and its own service providers in a comprehensive, bi-annual review of certification deficiency reports, complaint investigation reports, behavior plans, staff training, employment data and medication administration occurrences. The area agency also meets as a group with its subcontract agencies every other month in "Inter-Agency Collaborative" meetings where fire safety, accident/incident reports and emergency procedures are discussed and evaluated. The thirteen subcontract agencies interviewed during the redesignation review were unanimous in reporting that the area agency was clear in its expectations about staff training on rights and safety and that it was very responsive to any crisis. Ongoing emergency evacuation training and drills, including training with the Federal Emergency Management Agency, resulted in the agency's ability "to recover from two actual flooding emergencies within 24 hours." The agency has also supported training for self-advocates to assemble personal emergency kits and plans. The area agency is to be commended for its efforts in the area of emergency management. Trainings for all staff and providers are offered quarterly and have recently been supplemented with online training on the area agency's website. Trainings are also offered for families in the Early Supports and Services program with some innovative workshops being conducted on sign language for infants and toddlers, and infant-parent groups for mothers who are in treatment for substance abuse.

The area agency has established special, proactive protocols for individuals who present behavioral or medical challenges. The protocols include a comprehensive risk assessment, emergency responses, training and consultations for staff providing care, and planning in order to minimize risk. Trainings on managing aggressive behaviors are conducted at minimum every two months. Responsibilities of agency nurses include authorizing all direct service staff and home providers to administer medications to individuals who receive services under He-M1201. Upon request, they also provide consultation with program managers for individuals with specifically identified health care needs. A nursing assessment is included in an Individual Specific Profile for all individuals who receive services under He-M 1201.

The results of several surveys were reviewed to determine the degree to which individuals, families and providers are aware of individuals' rights and of the area agency complaint procedure, and were satisfied that safety needs were being addressed. In the Adult Outcome Survey (2004-2008), while all respondents reported that they knew whom to go to in order to file a complaint, an average of 26% of individuals responded that they would like more help to understand their rights. When asked if they knew what to do if an individual's rights were ever violated, 100% of home

providers and 86% of direct service staff who responded to the redesignation survey reported that they did. During their self-advocates' forum, several individuals said that not all staff were responsive to complaints about services. One hundred percent (100%) of families responding to the Early Supports and Services survey reported that they were helped to know and understand their rights. On average 90% of families responding to the CSNI Family Outcomes surveys (2003-2007) indicated that they were aware of individuals' rights in the service system and they knew whom to contact to file a complaint. Seventy-five percent (75%) felt that individuals' safety needs were being addressed.

In stark contrast to the positive responses related to rights and safety in family surveys, only two of the 54 family members who attended the redesignation family forum reported being aware of the complaint procedure and knowing whom to call if they wanted to file a complaint about a rights violation or a concern about services. Many families expressed frustration about not knowing how to address their concerns. During their redesignation interview, service coordinators reported that all who received services were informed of their rights and of the area agency complaint process at least annually. The complaint investigator in the region, who is under contract to conduct investigations, reported that on average there are 25-30 investigations resolved per year. The investigator, who is not an agency employee, reported that she finds the Region 4 area agency very open to the entire investigation process.

Consideration: While the majority of families who responded to surveys feel that they are sufficiently informed about rights and they believe that the agency does address individual safety needs, a number of families at the forum did not feel well informed about how to have their concerns/complaints addressed by the area agency. The individual annual rights' reviews have not been sufficient to assure families that their voices will be heard and their concerns will be addressed. The area agency would do well to engage in expanded discussions with families in this area.

The information gleaned during the redesignation review makes it clear that the agency's complaint process is open and thorough and that all complaints are handled appropriately. Neither area agency nurses nor subcontract agency nurses, however, are consistently informed when there are deficiencies related to He-M 1201, nor are they consistently informed when there are unanticipated mortalities.

Recommendation:

- As a result, many area agencies have found it beneficial to have increased health oversight as part of the area agency's and individuals' overall comprehensive planning. The area agency is asked to review and revise present practices to ensure that nurses are notified when there is an allegation of abuse or neglect that is medically related; when there is a mortality report or review to analyze preventative practices in unanticipated deaths; when there is a medically related Sentinel event; and when there is a certification deficiency related to He-M 1201.

Statewide demographics indicate the general population, which is inclusive of individuals that the area agency supports, is living longer and therefore may have increased medical needs. Current research (*American Association on Intellectual and Developmental Disabilities, 2006*) demonstrates individuals with developmental disabilities are at risk for significant health disparities that lead to the development of secondary conditions, functional decline, and increased morbidity and mortality, all of which are potentially preventable. These health disparities result in a much poorer quality of life than that enjoyed by people without disabilities who receive appropriate health care on par with others of like ages and similar family history.

Some examples of the secondary conditions that are going unidentified, under-treated or untreated completely are diabetes, heart disease, cancer, and obesity. Each of these conditions is amenable to treatment, which can prevent secondary disability and increased morbidity and mortality. Ongoing health surveillance and early diagnosis and treatment are necessary, as many conditions are relatively "silent" in their early stages and may not be identified by someone who is not a qualified health care professional. It is also more costly when individuals with failing health develop a greater degree of functional decline and need additional staffing supports from a Medicaid utilization standpoint.

Recommendation:

- The Bureau recognizes the efforts that the area agency has taken to provide appropriate training to staff around medical issues and to identify individuals who are at risk for medical complications. To further its efforts, the area agency would do well to establish a system that will ensure routine discussions between service coordinators and nurses to analyze medical information for preventable medical conditions and incorporate health care advocacy into the service planning process.

A sampling of individual service agreements and supporting documentation was reviewed during redesignation. In all of the charts reviewed there was evidence of supports “that maximize opportunities for integration in the community” and that “connect individuals with friends and relatives regularly.” Service coordinators/family support coordinators confirmed area agency support of individuals to establish and maintain relationships in the community. They indicated, however, that the agency was less effective in assisting families to have inclusive opportunities with their family member. The area agency, in its annual report, indicated that this is recognized and they have identified some ways of assisting families through club membership and adaptive equipment to assist individuals to communicate.

The area agency has an active Human Rights Committee comprised of community members and agency staff. It meets at least monthly and is charged with reviewing all level 3 behavior plans, as well as summary reports on all complaint investigations, incident reports and medication administration reports. The committee reviews policies and procedures related to safeguarding individual rights and makes recommendations to the area agency for improvements based on an analysis of trends and patterns.

The area agency has many systems in place that demonstrate its commitment to individual rights health and safety and should be commended for their dedication to individuals receiving services through the developmental services system. Based on the information obtained during the redesignation review, however, there are some individuals and families who would need more information about their rights in the service system.

CHOICE, CONTROL AND SATISFACTION

Expectations:

The unique needs, strengths and preferences of individuals and families are acknowledged, respected and supported. Individuals and families/guardians have the knowledge, authority and support they need to direct and manage their supports and services and to decide who will provide them. Supports and services are designed to address the needs of individuals and their families, and to improve the quality of their lives.

In order to design services to meet their unique needs, individuals and families must be fully informed about all of the options available to them. During the redesignation review, a number of interviews were conducted and surveys were analyzed to determine the amount and type of information provided to individuals and families both before and after they began services, whether or not they had choice and control over these services and whether or not they were satisfied with their services.

During their interviews, area agency service coordinators and the management team reported that they provide information about a number of options available to individuals and families during times of transition, at the start of any new service and when people are dissatisfied with their services. Information is given both orally and in writing. Although all families are informed that a self-directed service arrangement is an option, detailed information about this option is only given to individuals and families whom the service coordinator feels would be able to be involved with service provision at this level. As a result of family input, the agency has developed a specialized unit for self-directed services, with three service coordinators who are highly trained in this area and able to work with families who are interested. Since 2004, when there were only two individuals involved in self-directed service arrangements at Community Bridges, the number of individuals participating in self-directed services has risen to a current total of 46 in the region.

Fifty-four family members attended the Region 4 redesignation family forum. Although some families spoke positively of the seamless transition to adult services their son/daughter experienced, many family members attending the forum said that they were unaware of the options available to them such as self-directed service arrangement and adult in-home supports. Some families said they had never heard of these and they expressed frustration over the lack of information they received and doubted the accuracy of the information they were given by service coordinators. In contrast to the information provided during the family forum, the most recent Community Support Network, Inc. (CSNI) family survey results were more positive with regard to transition planning and service planning in general, where more than 80% of respondents reported feeling well supported during transition and service planning. In yet another survey, the redesignation family survey, results indicate that most families feel they receive sufficient information about family support services but they feel less well informed about wait lists, transition services, and the Family Support Council. More than 80% of these families also indicated that they felt their family member had the support needed to exercise choice and control over their services.

Consideration: In their effort not to overload families with too much information about services, service coordinators are limiting families' access to a greater variety of possibilities. The area agency needs to develop methods for communicating all information about services in a way that will inform without overwhelming individuals and families. One family member suggested that the area agency reinstitute the family forums and workshops that they had sponsored in the past.

Results of surveys of families who receive Early Supports and Services (ESS) were highly favorable about the extent to which families reported having choice and control over their services and the extent to which they feel a real partnership with the provider agencies. Results were less favorable regarding questions about the information they received about services and about community resources. Regarding service provision, 100% of the 34 respondents reported that ESS staff helped them to include strategies in the family's daily schedule to help their child develop and learn. In redesignation telephone surveys most families expressed a high degree of satisfaction with ESS services, making comments such as, "Fantastic" services, and, "Can't imagine where we would be today without this." While most of the survey results were very positive for ESS, improved communications are needed with families who receive Early Supports and Services are needed, as they are with families who receive adult services.

Regarding satisfaction of services, information obtained during the redesignation family forum contrasts with the information obtained from several surveys of families and individuals. Of the 54 family members who attended the forum, approximately half expressed concern and frustration about the information they received from service coordinators, the level of control they had over services, and the quality of the services provided. They felt the area agency often failed to act until there was a crisis. There were also comments about a lack of respite providers and a lack of good respite coordination.

In contrast to this, the results of the Adult Outcome Survey and the most recent CSNI family survey (2007) were generally very positive regarding people's satisfaction with the services they received. Aggregate data over a five-year period of the Adult Outcomes Survey, indicates that over 90% of individuals like where they live and enjoy what they do during the day. Ninety-seven percent (97%) also felt that they were being helped to achieve their goals. In the 2007 CSNI family surveys, most categories had the same favorable rating as the 2005 surveys, or showed a more positive rating. Favorable ratings of over 85% included satisfaction with service coordination, residential services, day services, respite services and environmental modifications. Based on the survey results, the one area that is clearly in need of improvement is technology and training for individuals who have difficulty communicating. This was reflected in ESS surveys and it was brought up at the family forum where one mother said that her daughter communicated with signs but the staff that supported her had not been trained in sign. In family surveys, 51% of respondents said that they needed assistance to research available technology to enhance their family member's communication.

Recommendation:

- The area agency needs to re-evaluate the type of information families receive about communication technology and to provide both better access to technology and training in this area.

Families who attend family forums do so because they are concerned and interested in the services they or their family member receive. Based on the results of several different surveys conducted during the last several years, the concerns and frustrations shared by some of the family members who attended the regional forum for redesignation are not shared by most families in the region. The concerns are nonetheless significant and must be addressed.

INDIVIDUAL AND FAMILY/GUARDIAN INVOLVEMENT

Expectations:

The area agency believes that people who need and/or receive services have the greatest investment in and understanding of how those services should be designed and provided. Individuals and families/guardians are invited, welcomed, and supported as full participants in system planning and decision-making. The opinions of individuals and families/guardians are continuously sought to inform policy making and system improvement. Financial and other assistance is available to enable individuals and families/guardians to play leadership roles and participate in all activities that affect them.

There are multiple ways in which an area agency can involve individuals and families in its planning and oversight activities. Engaging individuals and families in these activities requires providing them with information, inviting them to participate and supporting this degree of involvement.

In Region 4, seven of the twelve members of the Board of Directors are consumers, with three of the seven receiving supports from the area agency, for which the area agency is to be commended. Additionally, one Family Support Council member serves as a Liaison to the agency's Board of Directors but is not a voting member. Individuals and family members participate in several area agency committees including: the Development Committee, the Finance Committee, and the Human Rights Committee. The Board and Management Team reported that families are supported to participate by being offered transportation and respite services whenever needed.

Eight of the ten families who participated in the redesignation telephone interviews for Early Supports and Services reported that the area agency made them aware of its committees, work groups and other activities in which they may wish to participate. Seven of the ten families indicated that they were informed about workshops and legislative activities. One of the three was new to services and one could not remember if she had received the information. Based on this sample, the agency's efforts to keep families in ESS informed about agency activities appear to be effective.

The area agency sends out a number of brochures to inform all individuals and families about its committees and events. They are disseminated to everyone who receives services as well as to the broader community. Eight of these brochures were designed specifically for individuals and families and include information on Early Supports and Services, Partners in Health, Parent to Parent activities, the Family Support Council, Consumer (self) Directed Services and Elder Services. The area agency extends invitations to individuals and families to join its committees on its website with links entitled "Interested in joining the Board?" and "Opportunities", where they are encouraged to join the Family Support Council and the Partners in Health Council and where contact information is provided. The agency has also sponsored Legislative coffees where families can come together with their representatives to learn from each other. Additionally, the area agency has conducted several workshops during the five-year period covered by the redesignation review. The area agency newsletter, "Crossings", which would be an excellent vehicle for providing all individuals and families with updated information, is published only sporadically. In an effort to promote knowledge and understanding of self-directed services, and as outlined in its biennial plan strategies, the agency convened a family advisory panel to evaluate the implementation of the self-directed service option. The group has met twice since the spring of 2008 and will continue its work to foster practices that promote increased involvement of individuals and families in directing their services.

The Family Support Council has sponsored a number of events over the past five years to provide information to families. These include open houses in 2006 and 2008, "Advocacy Call to Action Night" in 2006; an "Information Night" in 2005; and other specialized sessions for families on "Sensory Processing", "Picture Exchange Communication" systems, and "Planning for the Future." These sessions have supplemented area agency workshops on "Disability is Natural"; "Living the Question", an interactive workshop on inclusion; and courses to practice PATH (Planning Alternative Futures with Hope). The Family Support Council was instrumental in developing four PATH committees but there are currently no family members on the committees. The area agency is working with the Council to identify families who can participate in the four committees that will focus on Education and Training, Employment, Person Centered Planning, and Community Connections.

The area agency Management Team reported that families are frequently invited to participate in committees and planning sessions and that they receive information on all matters related to family support. During their redesignation interview, Council members reported that their ability to impact policy was limited. Although they are often invited by the area agency to participate on committees, they are a small group of volunteers (6), who have to balance their desire to be more involved with the needs of their families. They also noted that meetings typically occur during the weekday when many of them work. Lack of respite providers and transportation problems were noted as barriers to their participation.

Consideration: The area agency works closely with its Family Support Council and maintains good communications with it. The agency has supported the Council to develop workshops and information sessions for families. It has also reached out to families on its web site and through a number of brochures. These outreach efforts, however, have not succeeded in involving a broader number of families in the region to join the Council and to engage in planning and oversight. The agency should consider ways to develop a more personal approach to inviting families to participate; work with the families to identify the specific supports they need to participate, and identify times and places that are mutually convenient for families and staff to meet.

Community Bridges desires and seeks out the participation of its constituents in area agency planning. To date, its success has been limited to a relatively small number of individuals and families who have been very involved and have worked well with the agency. The area agency needs to expand this involvement.

SYSTEM OF QUALITY IMPROVEMENT

Expectations:

There is a resolute and continuous commitment to excellence and quality improvement. The area agency is committed to assessing the quality of services on an ongoing basis and is accountable to individuals and families who receive services. Individuals, families, as well as others are active partners in evaluating system quality and provider performance. There is continuous evaluation and improvement of services and supports to achieve better outcomes for individuals and families.

Improving service quality requires a continuous assessment of outcomes, ongoing efforts to seek feedback from customers, and a commitment to changing systems that have not proven to be effective. The Region 4 area agency has many systems in place to assess service outcomes. It has policies and procedures related to ongoing quality assessment that include specific time frames regarding when different surveys are disseminated, and protocols for tabulating and documenting the results.

Because Community Bridges is an agency that subcontracts with other agencies for a number of services, it has developed mechanisms to engage these agencies in its quality improvement initiatives. The Director of Community Services, who serves as the quality coordinator in the region, meets with subcontract agencies collectively every other month and with each of them individually at least twice per year. The requirements outlined in subcontract agency contracts, as well as interviews with each subcontract agency during the redesignation review, confirmed that the area agency has established clear expectations about quality improvement systems for all its subcontract agencies. The area agency's own managers of residential and day services are part of the collective review. Discussions focus on information related to areas such as certification deficiencies, emergency preparedness, fire safety and staff training.

During its redesignation interview, the area agency Board of Directors reported that the Executive Director provides the Board semi-annual updates on the agency's "Vital Signs" that includes information about accident and incident reports, complaints, allocation of wait list funding, the timeliness of services delivered, and the results of satisfaction surveys. Although each survey is not done every year, the area agency sends out surveys to: families, provider or subcontract agencies, direct support staff, home providers, family support staff and service coordinators, and individuals and families involved in self-directed services. The area agency evaluates its Request for Proposal (RFP) process to ensure that individuals and families are satisfied with the process and that it results in the services they want.

During its redesignation interview, the area agency management team reported that it has included a feedback mechanism on the agency's website, asking individuals and families to identify areas where they would like more information or assistance. The area agency's use of technological advances to enhance its work is further demonstrated in its application of "E-studio", a secure and rapid response communication system with the Bureau of Developmental Services' Liaison to the region. The agency also has several excellent systems in place to identify and solve problems. Two in particular were recognized during the redesignation review as best practices: 1) its administrative review process that involves a comprehensive examination of billing practices, budgets and service design, and any documentation problems; and 2) its peer review meetings where subcontract agencies provide feedback to one another regarding their policies, certification, and documentation practices. Additionally, subcontract agencies reported that the area agency's formal memorandum of agreement with school districts has been instrumental in achieving good outcomes for children.

Although the area agency has its own updated policies and procedures in place, the Family Support Council manual is outdated by six years and does not reflect current practice with regard to biennial planning.

Consideration: Area agency staff could offer assistance to the Council to update its manual so that family members new to the Council have a document to help them understand practices that are currently in place.

During telephone interviews with families that receive Early Supports and Services, as well as during the family forum, families who receive or recently received ESS reported that the area agency asked them routinely if they were satisfied with their services. Those who had made suggestions also reported that the agency had been responsive. Based on the results of ESS surveys, fewer families reported being aware of quality improvement initiatives in the region, with 44% stating they were seldom or never made aware of these. Eighty-eight percent (88%), however, said they were asked for suggestions by the agency on ways to improve services. In their surveys, a high percentage of ESS staff (88%) reported that they were aware of quality improvement activities in the region and that the results of assessments were shared with them. Eighty-nine percent also reported that these quality improvement activities usually resulted in improved services to families.

A very high percentage of direct service staff (93%) reported in their redesignation surveys that they had been involved in discussions about improving the quality of services for the people they supported. Fewer home providers, but still a majority (71%), reported that they had been involved in quality improvement discussions. A relatively low percentage of family support staff and service coordinators/family support coordinators (65%) reported that they had been asked for suggestions on ways to improve service quality and only 50% reported that the results of family surveys had been shared with them. It is also unclear the extent to which the individual Adult Outcomes Survey reports are shared with the participating individuals and guardians, and the extent to which all survey results are shared with individuals, families, providers and staff in the region.

Recommendation:

- Although the area agency has done well in conducting many reviews and assessments of service quality, it could do better in sharing this information broadly with individuals and families, as well as its staff and providers. It is recommended that the area agency develop a systematic way of sharing the results of assessments and surveys with its constituents, those who have a vested interest in knowing the results and in knowing what the area agency is doing with these results.

A sampling of seventeen service agreements was examined during the redesignation review. All were comprehensive, with extensive health information for individuals who are medically frail. The individual goals reflected each person's unique interests and there was documentation of service provision. Changes to agreements, when required to reflect changing needs, were done in a timely way. The agency provides extensive training to service coordinators in person-centered planning and mapping in order to give them the tools they need to assist individuals and families in designing their services.

The quality improvement reviews conducted by the agency have resulted in several significant administrative changes in the past several years. In order to provide more effective supports in self-directed services, a new service coordination unit was established with three service

coordinators who are trained extensively in all aspects of this service. Another special two-person team has been trained to provide consultation to families on benefits offered by the government and non-government agencies. The reviews also resulted in the termination of a contract when it became clear the subcontract agency was unable to improve the quality of its services. In an effort to improve its staff training, the area agency uses the information it receives from staff exit interviews, staff retention surveys and staff training evaluations.

The area agency has many systems in place to assess the quality of the services it provides. There is ample evidence that this is an agency committed to a process of continuous quality improvement. Sharing the information it compiles with a greater number of stakeholders will enhance the agency's efforts in this area.

GOVERNANCE AND ADMINISTRATION

Expectations:

The area agency Board of Directors and Management Team play crucial leadership roles in administering an effective regional service system. A well informed and active Board and Management Team fulfill their responsibilities by engaging in and promoting effective communication with and among all stakeholders in the agency and region, achieving quality services, individual/family/guardian satisfaction, and employing a well trained, supported and supervised work force. The Board and Management Team engage in activities to enhance the area agency's association with the community at-large on behalf of individuals with disabilities.

Individuals, families, agency staff and providers all rely on area agencies to provide the supports they need. Sound administrative practices are essential to the smooth operation of any agency and provide a solid foundation for its services

Community Bridges has an active Board of Directors representing both the city and small towns in the region. As noted in Section IV of this report, seven of the 12 members of the Board are consumers: Three individuals who receive services and four family members. This clearly demonstrates the Board's commitment to consumer participation in overseeing the agency's work. During their redesignation interview, Board members reported that they used the Carver method of policy governance. Using this method, the Board defines the limitations of the Executive Director. Issues beyond these limitations are matters that must be addressed by the Board. The Board also adheres closely to its business calendar that provides a solid structure for Board activities. The Board has an orientation manual and the Executive Director of the agency meets with any new member for several hours to provide an overview of the agency. New members also spend time with veteran members to learn about their role. Area agency staff attend Board meetings quarterly to discuss services provided.

The agency's organizational chart and manager job descriptions are all up-to-date, reflecting current practice. There is evidence that significant time and effort have gone into delineating staff roles and responsibilities to adjust to changing demands. The agency has invested in expanded training for its managers. Managers attend external trainings at a number of state colleges and universities as well as the National Seminars Training. The agency also has internal trainings for managers and has offered a series on management skills through Human Capital Solutions that all members of the management team attended. Trainings for all staff are entered into the agency's database via a software system that allows the area agency to record, track and report on attendance by staff at all training sessions. These reports are issued to supervisors every six months. The area agency also requires its subcontract agencies to submit quarterly reports on their staff trainings. The area agency offers many trainings conducted by its own staff and it also contracts for trainings with nationally recognized experts in social role valorization and community inclusion. Notices about trainings are sent out to all subcontract agencies and a calendar of trainings is posted and updated each month on the agency's website

The area agency's Management Team uses information from a number of sources in its decision making processes. Management's decisions are based on information obtained from the Adult Outcomes Survey, family surveys, ESS surveys, as well as on the input it receives for biennial planning during regional strategic planning sessions. Family Support Council members participate in all strategic planning activities and the Family Support Plan is incorporated into the biennial plan. The area agency biennial plan has several initiatives listed under a Work Force goal. Despite fiscal constraints, the agency has managed to retain health and dental benefits, highly valued by all

its employees. It has also restructured its hiring practices to improve job matches and it has renovated office space.

In the surveys conducted during redesignation, staff and providers give the area agency mixed reviews regarding governance and oversight. On average, 80% of direct service staff for both adult and early supports and services reported that the agency creates a work atmosphere where staff are encouraged to offer ideas, opinions and suggestions, whereas only 51% of service coordinators/family support coordinators rated the agency positively in this area dependent upon their role at the time. Over 75% of all staff and home providers surveyed reported that supervisors were accessible and helpful. With regard to the actual supervision they received, however, only 57% of service coordinators/family support coordinators said they were satisfied with the supervision they receive regarding family support issues, while an average of 82% of service coordinators/family support coordinators and direct service staff reported being satisfied with the supervision they received regarding adult services. In the surveys, staff offered comments on what the area agency does well and on how it could improve. They felt that the agency was true to its mission and that it had many hard-working staff and a well respected executive director who believe in what they are doing. Direct service staff and home providers felt that supervisors listened to them and responded to their requests. The major challenge identified by most was staff retention, particularly with regard to service coordination/family support coordinators. There has been a very high rate of turnover of service coordinators/family support coordinators, leading to increased work loads for those who remain and confusion for individuals and families experiencing frequent changes. Service coordinators/family support coordinators expressed frustration that their case loads were too high, that there is a lack of communication between management and employees, and that their concerns about the duplication of paperwork and lack of teamwork were not being addressed. They also felt that the area agency had great difficulty giving control over services to individuals and families and that this was impacting the effectiveness of self-directed services.

Recommendation:

- A suggestion made by service coordinators/family support coordinators requires serious consideration: “A teamwork approach needs to be re-established where not only are opinions, ideas sought out, but are actually utilized in services, projects, etc.” The area agency needs to involve service coordinators/ family support coordinators in discussions about how to improve communications and collaboration within the agency. Exploring their ideas on how the agency can support them to be more effective in their work could serve the agency well.

ESS staff responded positively to most survey questions regarding collaboration within the area agency. The agency’s performance on the vast majority of questions related to intake, obtaining family support services and transitioning were rated good to excellent. The one area where more responses were average to poor was in the determination of eligibility. When ESS staff were asked in the survey if they felt that the area agency communicated clear expectations of what their responsibilities were, 89% responded always or usually.

During phone interviews, community agencies who have a working relationship with the area agency reported that they had an excellent relationship, or the relationship was very limited. One agency reported that due to staff turnover at the area agency their relationship has not been as good over the last two years. The Board of Directors and management team reported that they engage in a variety of community outreach projects to educate the public and other community organizations about the agency’s role. One Board member had recently been on a radio program to talk about the

area agency and another staffed a booth at a trade show at the Capitol Center for the Arts. Community agencies that refer individuals and families to the area agency are contacted annually and offered training opportunities for their staff.

The Family Support Council, a major player in any area agency, sees itself as having an advisory role in the agency. During their interview for redesignation, Council members indicated that they would like greater input into agency decision-making, especially as this relates to family support. They cited as an example that the decision to unify case managers and family support staff was done without Council input.

Recommendation:

- The area agency must re-examine the Family Support Council's actual role in providing input and feedback to management and the Board. The following are suggestions made by the Council:
 - Area Agency staff should attend only a portion of the Council meetings;
 - The Council should have input into the Director of Individual and Family Services' evaluation;
 - The area agency should present all changes related to family support to the Council for input.

Based on the information provided during the redesignation review, the agency has been making a great effort to provide proactive supports and services to people. Compared to survey results in 2007, the 2008 survey results had 15% more families who receive ESS services reporting that ESS staff had assisted them with accessing generic resources and services in the community. Service coordinators/family support coordinators reported that access to community resources was always discussed during person-centered planning sessions and it was often a topic of discussion at their own staff meetings. These staff also participate in a Concord group that assists families to identify community resources. The area agency has a cooperative agreement with Riverbend Community Mental Health to provide individuals who qualify with regular access to mental health services.

The area agency has updated policies and procedures on governance and oversight, an organizational chart that reflects current practice, an active, committed Board of Directors, a Management Team that works hard to implement the agency's mission, and a variety of trainings open to all. Two areas, service coordination and family support, are in need of further attention at this time.

BUDGET DEVELOPMENT AND FISCAL HEALTH

Expectations:

The Management Team and Board of Directors provide leadership in achieving financial health in the pursuit of the area agency mission. The agency's resource allocation, budget oversight, and billing procedures reflect sound fiscal management. The development and management of the agency and individual budgets are achieved through the involvement of appropriate stakeholders. The agency reviews its fiscal status on an ongoing basis, maintains good financial health and considers cost effectiveness in resource allocation. In responding to requests from individuals and families/guardians for assistance, the area agency draws on generic community supports and services as key resources to enhance its own funding, including its efforts to address the needs of those who are on waiting lists.

Area agencies have the responsibility to manage their resources effectively in order to support individuals and families who need services and to fulfill their mission.

Community Bridges has financial policies and procedures included in its fiscal manual that was updated in 2007. New policies have been put into place recently to address changes needed in the budgets for self-directed services. The agency also has policies related to its subcontract agency contracts and a new Bad Debt policy. Although there is an informal policy requiring two signatures for checks over \$500, this has not yet been incorporated into its formal policies.

The job descriptions of all members of the area agency Management Team include responsibilities for budget development and management. The agency's Board of Directors plays an active role in setting the direction and establishing financial goals. It has retreats dedicated to this work. The agency's Chief Financial Officer provides each program director with information about the previous year's budget and any changes that occurred during the current year. The program directors complete individual budgets for all service areas and submit this information to the agency's business office. Data are then compiled into the overall budget which is submitted to the Executive Director for approval. The budget, along with comparisons to prior years, is presented to the Board Finance Committee for review. The Finance Committee then makes recommendations to the full Board that votes on the budget.

The area agency's requirements for financial reporting from its subcontract agencies vary, based on the number of people served by the subcontract agency. An annual budget and annual audit report are required for most of those agencies. In addition, some submit quarterly financials and others submit them monthly. The area agency Board of Directors receives a synopsis of subcontract agencies' fiscal status twice per year.

Service coordinators at the agency are actively involved with individuals and families in developing individual budgets. These are based on individual service needs utilizing the area agency budget tools, and they are developed prior to the availability of funds in order to minimize delays in starting services. Adjustments are made once funding has been identified. The agency has a Service Development Guide that outlines the steps in developing new services and its related individual budgets. The guide includes the Request for Proposal (RFP) process, used when individuals and families wish to use the services of a subcontract agency. Individuals and families review proposals with the service coordinator and decide which agencies they would like to interview. Service coordinators then schedule the interviews for the individual and family.

The Director of Community Services is responsible for compiling and revising the agency's wait list. Compiling information about needed services is a process that begins with individuals and families and the service coordinator. The coordinator assists the individual and family with PATH planning, completes any needed assessments and develops an initial budget. Information about anyone who is in need of services is discussed with supervisors and the Directors of Community and Family Services. Needs are prioritized at this time. The directors track and allocate wait list funds through the area agency's fiscal committee. A summary of wait list information is presented to the Board, most recently in May of 2008, prior to wait list allocations in July of 2008.

The area agency has worked on generating sources of revenue beyond its allocation of state and Medicaid funds. The Director of Resource Development, a new position at the agency, is charged with developing and implementing strategies to supplement funds through grants, fundraising and public relations, increasing the agency's visibility in the community. The Board has a Development Committee that meets regularly and both the committee and the Director of Resource Development provide updates to the full Board. The agency's annual appeal and the invitations to make donations on its web site are other ways the agency seeks to supplement its revenue.

Based on financial audits for the past five years, the area agency is financially sound. The agency's fiscal committee meets weekly to review budgets and discuss expenses. High cost budgets are a standing agenda item for this committee, for which the Board is to be commended. The Board's Finance Committee meets monthly, reviews audits and sets expectations for the agency. The Board has established a 1.6 current ratio highlighting its knowledge on the importance of the agency to remain a strong fiscal entity. The agency has had an average current ratio of 1.6 for the past five years and days of Medicaid receivables of 22 days. Optimal level of days in receivables is 30 days. The Board has set a minimum expectation of eight days cash on hand. The agency, however, has had over 15 days of cash on hand for the past two years.

Consideration: In the event that budgeted revenues are not received in a timely way, the agency could have difficulty paying day to day operations if it maintained only eight days of cash on hand. It is strongly suggested that the standard be raised.

Community Bridges has systems in place to track and monitor its finances. The management team meets weekly to review the agency's fiscal status and the Board Finance Committee receives and reviews financial reports monthly. By hiring someone whose primary responsibility is to supplement income, the agency is demonstrating a commitment to increase resources available for services. Overall, the agency is in good financial standing.

COMPLIANCE

Expectations:

The area agency and its subcontract agencies are knowledgeable of and in compliance with the basic state and federal standards regarding services. The area agency and its subcontract agencies fulfill requirements regarding certification of day and residential services, medication administration, determination of eligibility for area agency services, establishment of service agreements for each person being served, authorization for Medicaid's Community Care Waiver funding stream, provision of Family Support and Early Supports and Services, and management of waiting lists. The area agency and its subcontract agencies also submit to the Division requested information and data regarding services provided under the contracts with the State.

All area agencies must comply with state and federal requirements in the provision of services. The results of certification reviews by the Bureau of Health Care Facilities and reviews conducted by the Bureau of Developmental Services from 2004 to 2008 were examined during the redesignation process.

Early Supports and Services in Region 4 had 100% compliance for three important indicators: timely service delivery; the development of Individual Family Service Plans within 45 days of referral; and conducting transition conferences 90 days or more prior to a child's third birthday. Documentation for Medicaid billing of Early Supports and Services has improved since fiscal year 2006, with three instances of a lack of documentation of services in the most recent review as compared to 15 in fiscal year 2006.

Equally impressive is the area agency's compliance with the children's In-Home Support Waiver (IHS) regulations, He-M 524. There were several best practices cited in the review of these services. Documentation of service provision by providers and service coordinators was consistently done well, and demonstrated that families were being assisted to manage the care of their children in the spirit of the IHS waiver. There was evidence of close collaboration with the schools and nursing oversight was built into each service agreement where applicable. The agency utilizes a monthly billing procedure for this waiver and is vigilant about balancing revenues and expenses. .

The Family Support Council meets the minimum state standard for membership, with six voting members currently on the Council. Members represent five different cities and towns in the region and no voting member is an employee of the agency. The Council provides orientation and training for all of its members and it develops an annual plan that identifies and allocates resources. In all of these areas, the Council is in compliance with the state standard governing Family Support Councils, He-M 519.

During the redesignation review, there were eighteen day services records evaluated for compliance with day services regulations. All records included goals for day services and 77% had goals that were directly related to the personal needs and interests identified in the individual's personal profile. An equal number had specific monthly provider documentation that was directly related to the progress on the goals. In sixteen of the eighteen records the billing and attendance always matched, but there were problems noted in two records. Service coordination monthly notes did not always refer to day services and in some records service coordinators did not document individual and guardian satisfaction with services on at least a quarterly basis. The majority of records reviewed met the requirements for documentation of day services outlined in He-M 507.

Based on a review of the residential certification reports in the region between 2004 and 2008, there have been fewer yearly visits required. Since 100% compliance in one year means that certification reviews are not done in the following year, the reduction in numbers is an indication of full compliance. The average number of deficiencies cited in residential services over the four year period was 1.64, slightly better than the statewide average of 1.73 during this period. Residences are in compliance with He-M 1001.

The Bureau of Developmental Services' medication committee, which reviews all medication administration errors and incidents, reports that the area agency is always responsive to request for information and "diligent in its efforts to comply with suggestions." Over the redesignation review period, the agency has continually made improvements in its oversight in accordance with the state standards on medication administration in He-M 1201.

The Bureau of Developmental Service's Liaison to the region reports that all information needed to process budget approvals and information related to service provision are submitted in a timely way. The Bureau's wait list coordinator, staff from the Prior Authorization office and Acquired Brain Disorder (ABD) unit also report that the area agency submits needed information on time.

Overall, the area agency receives a good rating for meeting its obligations to provide services that are in compliance with state and federal regulations. In some areas, notably for ESS and In-Home Supports for children, it has done an outstanding job.

SUMMARY

The Region 4 area agency mission sends a clear message to all: this is an agency that believes people who have a disability should be part of the broader community because they have something to offer that community. In the words of its Executive Director, words reinforced by the Board of Directors, “Communities are made stronger when all people are included.” This serves as the guiding principle in the agency’s work. Based on the information received during the redesignation review, the vast majority of staff and providers at the area agency are aware of the mission, understand the mission and are committed to the mission.

There is ample evidence that Community Bridges is continuously evaluating its progress in achieving the mission. The agency has many systems in place to assess the quality of the services it provides. Foremost among these is the peer review process that involves subcontract agencies as well as the agency’s own service providers. Best practices and recommendations in areas requiring improvement are discussed during peer review meetings, and follow-up is required. The agency gathers outcome information from family and staff surveys conducted on a regular basis and analyses are done on these as well as on other service related data. This information is used by management to assess the organization’s effectiveness and to redesign approaches to service delivery where needed. The information is not, however, shared broadly among agency staff, individuals and families. Since their establishment over twenty-five years ago, area agencies have experienced enormous growth both in the number of people they serve and in the array of services they provide. One of the many challenges agency managers face is to remain close to the people served and to the people who provide the services. At Community Bridges, there is a need to fully involve agency staff and coordinators at all levels, as well as families, in discussions about service outcomes. Recommendations in this area have been included in several sections of this report.

Throughout the past five years that were examined in the redesignation review, Community Bridges has been expanding the staff trainings it offers and it has been reaching out to other community agencies to collaborate on increasing employment opportunities for people with disabilities in the region. It has improved both service quality and family satisfaction in its Early Supports and Services and children’s In-Home Support services. The agency has also done a commendable job in meeting all state and federal regulations. It is fiscally sound and it has taken measures to increase its financial resources during the coming years. The agency has made good use of advances in technology to track information, to communicate with the Bureau of Developmental Services, and to expand staff training opportunities.

Overall, Community Bridges has demonstrated a strong commitment to providing a wide array of developmental services that it continuously seeks to improve. Finding more and better ways to involve families and staff in this process will serve both the agency and its constituents well.