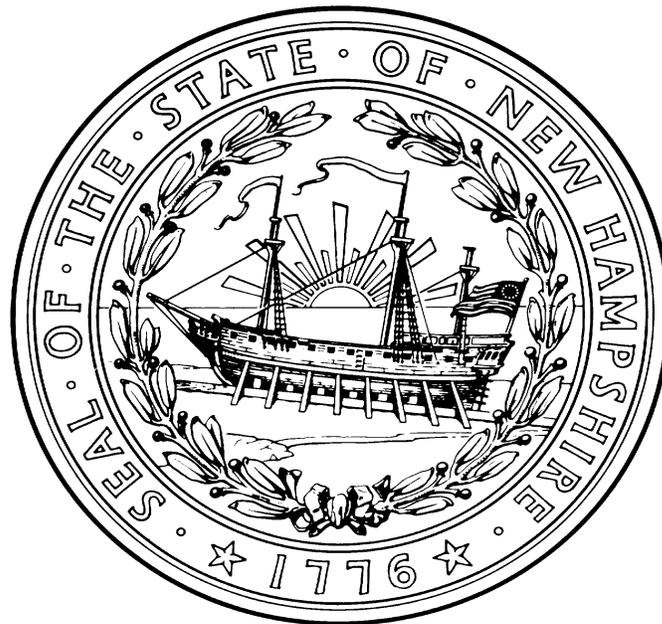


**REGION 5
MONADNOCK DEVELOPMENTAL SERVICES**

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

FEBRUARY 2011



**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
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February 3, 2011

Jim Craiglow, President, Board of Directors
Alan Greene, Executive Director
Monadnock Developmental Services
121 Railroad Street
Keene, NH 03431

Dear Jim and Alan:

As you know, the Bureau of Developmental Services has recently concluded its redesignation review in Region V 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 Monadnock Developmental Services for their cooperation in assisting the Bureau in carrying out this important process. The redesignation team is particularly grateful for the assistance given by Mary Anne Wisell 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 Monadnock Developmental Services has been approved for redesignation for the period of October 1, 2010 through September 30, 2015. 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 Regional 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.]

Jim Craiglow, President, Board of Directors
Alan Greene, Executive Director
Monadnock Developmental Services
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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

Attachments

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

Bureau of Developmental Services

DATE: February 3, 2011

TO: Matthew Ertas, Bureau Administrator
Bureau of Developmental Services

FROM: John T. Capuco, Psy.D.
Redesignation Team Leader for Region 5
Monadnock Developmental Services

RE: Redesignation Review, Region 5, 2010

In July, 2010, Region 5, Monadnock Developmental Services, requested redesignation as the area agency that provides services to individuals with developmental disabilities and acquired brain disorders in Region 5.

During September 2010, a team of Bureau staff reviewed the services provided by the area agency. The team was comprised of Ken Lindberg, Joyce Butterworth, Linda Graham, Denise Sleeper, Judith Shultz, Barbara Reed and me as team leader. Susan Covert conducted interviews with management staff of the agency's sub-contract agencies and Kimberly Maines entered survey data. Paula Bundy conducted phone interviews with cooperating agencies. The narrative report of our findings was written by Jeanne Cusson with input and final editing 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 Mary Anne Wisell for her coordination of the team's activities. Mrs. Wisell's flexibility, organizational skills, and positive and helpful approach truly facilitated the work of the redesignation team. We would also like to thank Mary Anne and other managers for their prompt responses to the team's questions and inquires and their help in coordinating the Family Forum and Individuals' Forum. We also wish to thank the agency's Board of Directors, Family Support Council and the region's Self-Advocacy Group for sharing their valuable perspectives on the work of the agency.

If approved, the agency's redesignation would extend from October 1, 2010 through September 30, 2015 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 2010 Redesignation Review in Region 5

The redesignation review process in Region 5 included:

- Review of Region 5's Future Plan for fiscal years 2009 – 2011 and updated July, 2010.
- Review of Region 5's Biennial Plan for fiscal years 2006 – 2007 and Progress Update Fall 2008.
- Review of the area agency mission statements, Bylaws, and organizational chart.
- Review of the rosters of the Board of Directors, Board Committees, Family Support Council, Self-Advocacy Group and area agency committees/workgroups.
- Review of the Area Agency's previous Redesignation Report dated February 2004
- Review of the Bureau's summary reports of the Adult Consumer Outcomes Surveys (ACOS) for fiscal years 2006, 2007, 2008, and 2009 and review of aggregate data for Adult Consumer Outcome Surveys collected from fiscal years 2006-2009.
- 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 2005-2010.
- Review of 2009 Complaint Investigator Summary
- Review of Early Supports and Services Family Outcomes data collected in calendar years 2007, 2008, and 2009.
- Review of results of a written survey of parents and guardians conducted by the redesignation team in collaboration with the area agency in September 2009 (181 respondents).
- Review of New Hampshire Developmental Services Family Survey conducted by the Community Support Network, Inc. (CSNI) for the year 2007.
- Review of results of written surveys of the following:
 - ❖ Area Agency Service Coordinators (13 respondents)
 - ❖ Family Support Coordinators (12 respondents)
 - ❖ Direct Service Providers (76 respondents)
 - ❖ Home Providers (24 respondents)
 - ❖ Early Supports and Services direct service providers (6 respondents)
 - ❖ Area Agency and Subcontract Agency Nurses (3 respondents)
- Review of results of a Board Self Assessment Survey
- A review of financial audits of the area agency.
- A review of 17 records including service agreements at the Region 5 office
- Review of 8 records of individuals identified as medically frail.
- An interview conducted by the review team with the Region 5 Board of Directors on September 27, 2010.
- An interview conducted by the review team with the Region 5 Family Support Council on September 21, 2010.
- An interview conducted by the review team with the Region 5 Management Team on September 28, 2010.
- An interview conducted by the redesignation team with the Self-Advocacy Groups on September 20, 2010. Five members attended.
- An interview with Sheila Mahar regarding the MIG Employment Grant was conducted on September 21, 2010
- An interview with Paula Smith regarding the Gentle Teaching pilot project was conducted on September 21, 2010
- An interview with Jessica O'Connor regarding various community relations projects the area agency is engaged in was conducted on September 21/2010

- Review of written questionnaire by the Management Team
- Review of written questionnaire by the Director of Service Coordination
- Review of written questionnaire by the Director of Family Support
- Review of written questionnaire by the Director of Operations and the Director of Training and Quality Enhancement regarding Quality Improvement..
- Review of written questionnaire by the Complaint Investigator.
- Review of written questionnaire by the Director of Operations who serves as the Human Rights Committee Chairperson.
- Attendance at an Individuals Forum on September 21, 2010. 22 individuals attended.
- Attendance at a Family Forum on September 20, 2010. 36 family members attended
- Phone interviews with management team staff of 14 sub-contract agencies.
- Phone interviews with 12 agencies identified to the redesignation team by Region 5 as Cooperating Agencies in providing supports and services.
- Review of the agency's Fiscal Policies
- Review of documentation, including:
 - ❖ Area agency policies and procedures
 - ❖ Job descriptions of key personnel
 - ❖ Board of Directors Orientation manual
 - ❖ Board of Directors meeting minutes
 - ❖ BOD QA Committee meeting minutes
 - ❖ Management Team meeting minutes
 - ❖ Human Rights Committee meeting minutes
 - ❖ Waitlist Committee meeting minutes
 - ❖ Subcontractor Agency meeting minutes
 - ❖ Data regarding complaint investigations
 - ❖ Data regarding medication administration occurrences
 - ❖ Human Rights information
 - ❖ Crisis Plan
 - ❖ 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 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.

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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, subcontract agencies, individuals, self-advocacy groups and families/guardians include information on rights protection, Basic Health Observation Guidelines, safety measures and emergency situations, and provides organizational support for self-advocacy groups.**
- 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.**

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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.

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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.

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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.**

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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.**

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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.

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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.

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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.

The Monadnock Developmental Services' (MDS) stated vision and mission:

Because we believe...

- *Everyone, from children to the elderly, has the right to experience a safe, supportive family life, in all its many facets;*
- *Respecting each person's and each family's values is the foundation for building and strengthening people's lives;*
- *Power, authority and responsibility lie with each person for how they will live their life.*

The mission of Monadnock Developmental Services (MDS) is...

to work toward inclusion, participation and mutual relationships for all people who are at risk of isolation from community. We will promote self-determination and quality of life, develop an environment which encourages creativity, innovation and individuality, and ensure quality of supports."

The Monadnock Developmental Services' mission statement clearly states that the agency is committed to supporting people who have a disability to become active and valued members of their communities and to do this in accordance with the individuals' and families' decisions about their services. The MDS mission is consistent with the Bureau of Developmental Services' directive that people who receive services have choice and control over their services and that these services foster community inclusion.

The MDS mission statement is posted in key areas of the agency, including in all meeting rooms. It is widely publicized in every area agency brochure, on agency business cards, on its web site, in its quarterly newsletter, "The Clipboard", and in its By-Laws and Strategic Plan. Articles about individuals' contributions to their community regularly appear in local newspapers, highlighting the value of the people the agency supports. Job descriptions for all MDS managers specifically require them to take on an active role in implementing the mission and to lead the staff in this endeavour. The mission is deeply imbedded in all MDS trainings and there is continuous reference to it throughout the new employee orientation training.

During the redesignation review, families and community agencies that work cooperatively with MDS were surveyed, and 14 subcontract agencies were interviewed. Eighty-three percent (83%) of the 173 families that responded to the redesignation survey reported that their family members were supported to become active members of their communities. Ten of the eleven cooperating agencies surveyed were aware of the area agency's mission and its work to support individuals with disabilities in the community. The subcontract agencies interviewed responded less positively, with only 69% reporting that they and the area agency worked well together to achieve

their common mission. The remaining 31% felt the area agency could do more to cultivate a true partnership in fulfilling the area agency mission.

Others surveyed during the redesignation review included the area agency Board of Directors, direct service staff, home providers, early supports and services staff, service coordinators, and family support coordinators. Members of the Board of Directors generally agreed that the MDS mission statement was understood and continually reviewed in conjunction with all planning activities. One member did comment that they relied primarily on anecdotal information to assess implementation, predominantly feedback from families. On average, 84% of direct service staff, home providers, early supports and services staff, service coordinators and family support coordinators reported that they felt supported by MDS to implement the mission. Of the thirteen direct service staff comments about community participation, four referenced “Life Art”, which is an agency-operated community program, as a resource to establish and maintain relationships in the community.

During their redesignation interviews, the MDS management team, as well as the managers of its fourteen subcontract agencies, described their efforts to support staff in implementing the area agency mission. Both identified their orientation and ongoing training sessions as promoting individuals’ involvement in the community. They also stated that the mission is brought up during discussions at staff and management meetings. The area agency supports families to participate in leadership trainings and subcontract agencies referred to using family connections to access employment opportunities for individuals. The area agency stated that its mission has been greatly enhanced by the hiring of a communication/public relations staff member to help integrate all facets of the agency’s work within the community.

Individuals who receive services participate in an annual Adult Outcome Survey interview conducted by the Bureau of Developmental Services. Although only a small number participate each year, over a four-year period a total of 49 individuals were interviewed. Overall, individuals who receive services for a developmental disability or acquired brain disorder felt well supported to participate in their communities, and to maintain connections with family and friends. An average of 87% responded positively to these questions in the survey. In addition, the great majority of survey participants said they were assisted with banking, participation in community recreational activities, and with transportation. One hundred percent (100%) reported having their own doctor and 82% reported visiting a dentist regularly. There were some areas of the survey, however, that had less positive results. At the time of the Outcomes Interviews, there were some individuals who expressed a desire to be involved in other types of community activities. Only three of 49 interviewed participate in a self-advocacy group.

Consideration: Although the number of interviewees is small and spread out over a four year period, there is indication that the agency would do well to collect more data regarding individuals’ interest in participating in various community activities. Additionally, the area agency could explore ways to help individuals develop an interest in taking part in the local self-advocacy group.

Paid employment and volunteering are two important ways for people to become active and contributing members in their community. They are also roles that are valued. Anecdotal evidence from consumer forums and the Adult Outcomes surveys indicate that there are individuals who are not working but would like to work and many people who are employed would like to work more hours. MDS, being a lead agency for the Medicaid Infrastructure Grant, has focused on advancing employment initiatives. It has also recently become involved in Project Search, an employment training program that has experienced a very high rate of success on achieving individual employment goals in other regions. This initiative was launched in Region 5

in January 2011. MDS is also to be commended for spearheading the development of a community-based culinary training program called First Course. Since 2007, 19 individuals that receive services from the area agency have gone through this training. Of that number, 13 have attained employment in restaurant/catering businesses; one attained employment in another field. Based on the Bureau of Developmental Services' employment data collected between 2007 and 2010, the average pay per hour (\$7.46) for individuals supported by MDS is currently slightly higher than the statewide average of \$7.33. The average number of hours worked per week (8 hours) is slightly lower than the statewide average of 9 hours.

The MDS mission statement is clear from the outset, "to work toward inclusion", and to do this in a way that places the individual and family in control of their services. The mission is very well publicized, both within the agency and in the broader community. The vast majority of staff, home providers and subcontract agencies are not only familiar with the MDS mission; they feel well supported to implement it. The work that has been done in this area is commendable.

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.

Foremost among an area agency's responsibilities is its duty to promote the health and welfare of the people it serves. This requires policies and procedures that give clear guidelines for everyone who provides services, good oversight of policy implementation, and training at all levels.

MDS has all required policies in place to address the rights of persons receiving services, incident reporting, safety committee responsibilities and early supports and services protocols on rights. There is an emphasis on informing individuals and families of their rights in clear, understandable language. In addition to the usual policies related to rights and safety, MDS has well-developed policies for dealing with emergencies and a crisis protocol. These include the responsibilities of an Emergency Response Team trained specifically to respond to crisis situations. The Executive Director is the team's coordinator with the Director of Operations acting as back up. Members of the Management Team and nursing staff also attend Cheshire Public Health Network meetings to discuss emergency preparedness throughout the region.

The area agency reviews all programs for individuals who have extensive medical needs or behavioral challenges and the Management Team is kept informed. The Board of Directors is kept informed through its membership in the Human Rights Committee. These are proactive measures, which along with the area agency policy of having service coordinators regularly conduct unannounced visits to individuals, are intended to provide the broad oversight needed to prevent crises. The area agency has incorporated into its Strategic Plan a focus on dental care for all individuals who receive services. As part of this effort MDS collaborated with four community agencies to create "Dental Health Works" – an exemplary model – which provides routine and restorative oral health care for individuals.

Based on the results of redesignation family surveys, the Community Services Network, Inc. (CSNI) family survey of FY 2007, and early supports and services family surveys, an average of 85% of families reported being well informed and understanding their and their family member's rights in the service system. The vast majority also reported that they knew whom to contact at the area agency if they were concerned about rights or service provision and they felt comfortable contacting the area agency about any concerns. Eighty-three percent (83%) of families also felt well informed about resources to address the health care needs of their family member. Results from both the direct staff redesignation surveys and the home provider surveys echoed these positive findings.

In the Adult Outcome Surveys of FY 2006 - 2009, 76% of the individuals interviewed reported understanding their rights. Ninety-eight percent (98%) reported that they knew whom to go to if they had a problem or did not feel safe. When asked specifically if they knew how to file a complaint, however, 41% reported that they did not.

Consideration: The agency needs to examine its supports for individuals to become involved in self-advocacy, which includes knowing and feeling empowered to exercise basic rights. As noted under the Mission section of this report, and again here, many individuals are not aware of the more formal aspects of the advocacy roles available to them.

Area agency trainings in the region are open to all staff, providers, and families. MDS has incorporated into its policies a minimum amount of training hours as well as identified core competencies for staff in every position at the agency. It has also hired a staff member skilled in Gentle Teaching. This positive relationship approach is the basis for all its behavioral trainings. Gentle Teaching and Social Role Valorization are part of the mandated trainings for all new employees during their first two days of employment. Among its notable practices, MDS has collaborated with Southern NH University to provide training opportunities in personal finances for individuals who have a developmental disability or acquired brain disorder.

Survey results from direct service staff, home providers, early supports and services staff, nurse trainers and service coordinators, indicate that they feel sufficiently trained in all areas of rights protection and health promotion. A record review of eight individuals identified to be in frail health revealed that all of these individuals were monitored closely and services were assessed quarterly to ensure that they met the needs identified.

Although the majority (90%) of direct services staff, home providers and service coordinators felt they were well trained to handle medical emergencies, they reported being somewhat less (74%) prepared to cope with behavioral challenges. Of the fourteen subcontract agency managers interviewed during redesignation, five reported that there were problems with the area agency's trainings and expectations regarding behavioral challenges. Some felt that the time and resources needed to implement Gentle Teaching were not available and that MDS was not supportive of other behavioral strategies.

Recommendation: The area agency is commended for its adoption of the Gentle Teaching method and the resulting pilot program. The area agency should continue discussions with subcontract agencies to determine what staff need to better support individuals with behavioral challenges and develop a plan for appropriate trainings.

MDS has a well-established complaint process and contracts with an external complaint investigator to investigate all rights violations. In their survey responses, staff, providers and families reported that the area agency was very responsive to addressing any complaints. All investigations are reviewed by the area agency's Human Rights Committee and trends are discussed with service coordinators and subcontract agencies during Management Team meetings. The MDS Board of Directors reviews summaries of all incident reports and investigations.

Although the number of Nurse Trainer respondents was few, some of the Nurse Trainers in the region reported in their survey that they were not involved in reviews of abuse and neglect allegations, or sentinel event and mortality notifications. They also indicated that they should receive more timely reports about medical issues. One stated: "It would be nice to know an individual is going to the MD so we can add questions we feel are important." All Nurse Trainers, however, reported that they were involved in both short-term follow-up and broad analysis of medication errors.

Recommendation: The area agency needs to review and increase the degree of involvement of the Nurse Trainers in the region regarding health care monitoring of individuals, including oversight of individuals identified to be in frail health.

There have been several proactive measures taken by MDS to better ensure health and safety for the people it serves: the Human Rights Committee drafted a protocol to follow when an individual is released from the hospital to provide better continuity of care; there is a tracking system of when fire alarm systems have been tested and when batteries are replaced; and MDS has an alliance with local home health care agencies to assist individuals who live on their own to manage their medications. The information provided in individual and family surveys confirmed that the vast majority felt that their health and safety needs were being met in the region.

The MDS Human Rights Committee is comprised of two area agency Board members; one individual who receives services; one guardian/family member; the Complaint Investigator; a clinical psychologist; a representative from subcontract agencies, and the Director of Operations. The Committee meets monthly and reviews all behavior protocols, including those used in the forensic program, and it consults with outside experts on best practices for behavioral interventions. The committee also reviews incident reports and all complaints. To its credit, this committee has developed protocols for proactive measures to ensure the health and safety of individuals that receive services.

The area agency has many policies and practices in place to ensure the health and safety of everyone that receives its services. Most individuals and families are aware of their rights and feel safe with the services they receive. MDS has a strong focus in this area. The area agency contracts with an experienced external Complaint Investigator. It also has an active Human Rights Committee that reviews health and safety information and makes recommendations to the area agency. Two areas for improvement concern MDS' trainings, particularly with regard to behavior training for subcontract agencies, and the degree of involvement of the Nurse Trainers in the region.

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.

The fact that an entire section of the redesignation review is dedicated to assessing the degree of individual and family choice and control over services underscores the importance of this practice in the service system.

In order to exercise choice and control, individuals who receive services and their families must be fully informed of their options and the resources available to them. During the redesignation family forum, most families reported that they did receive the information they needed. The exceptions to this were wait lists and the transition period from high school to adult services, about which families expressed concerns regarding the lack of information available to them. The concerns surrounding information about transitions to adult services and wait lists were corroborated in the 2010 redesignation family survey, with only 48% of families responding positively. In the 2007 CSNI survey, only 54% responded positively about transition information, while 76% of families were positive about the quality of the information they received in general. In the early supports and services survey, 82% of families responded positively to questions regarding the information they received about their services. A smaller percentage, 67%, reported that they were assisted by Early Supports and Services (ESS) staff to access community resources.

The area agency Management Team employs a number of strategies to ensure that individuals and families receive the information they need. The information provided to individuals and families at the time of intake is repeated at the time of the eligibility determination, during all planning sessions with service coordinators, and on the area agency web site. MDS offers trainings to families and children's service coordinators in collaboration with the Parent Information Center (PIC). They also noted that children's service coordinators are involved on school teams and attend IEP and other school meetings whenever requested by a family. There is a newly formed Transition Committee that is intended to involve adult services coordinators earlier in the transition process.

Considerations: 1) By forming a Transition Committee and taking other steps to provide smoother transitions to adult services, MDS has taken the initiative to address this problem area. The area agency could expand these efforts by engaging family members and its Family Council in examining the roles played by a number of people in the transition process and evaluating the type of information that families receive; and 2) ESS staff may also need further training and support on how to assist families to access resources and services available to all families in the community.

In assessing MDS' accomplishments in ensuring that individuals are in control of their services, the Director of Service Coordination gave a realistic appraisal, identifying the area agency's stronger and weaker points. MDS strives to involve each person in the design and implementation of his or her services but challenges remain. She cited the need for more Gentle Teaching training, as well as training on how to assist individuals in developing meaningful

goals. The occasional conflict between what is needed and wanted by individuals also presents challenges.

Survey results, including the redesignation family survey, the CSNI (Community Support Network, Inc.) family survey and area agency staff surveys indicated that the majority feel the agency provides the supports needed for individuals and families to direct their services. Staff also reported that the area agency was responsive when they represented individual and family needs and that changes in services occurred whenever indicated. On average, 85% of these survey results were positive in this area. Home providers were somewhat less positive, with 73% responding positively to these questions. During their forums and in their surveys many families reported that they did not receive encouragement or support to become involved in financial decisions related to their family member's service budget: Forty-Three percent (43%) responded "No" to this survey question and 50% of the families who attended the redesignation family forum said they were not aware of the concept of Consumer Directed Services.

Consideration: MDS has incorporated information about all service options in its intake and service planning meetings. Based on the information gathered during the redesignation review, however, many families remain unaware of the degree of involvement they could have in decisions about how funds are used in individual budgets. There is need for more training and guidance for area agency staff that work with individuals and families on budgets.

In the Adult Outcomes Surveys of 2006-2007, over 80% of the individuals interviewed said that they chose where and with whom they lived, and they chose what they did during the day. On average, 65% of these individuals and 63% of home providers who responded to the redesignation survey reported that individuals chose the staff that supported them. This lower percentage was not reflected in other surveys of families, staff and providers. On average, 79% of families reported that their choices were respected with regard to who provided services. In all surveys and interviews conducted during the redesignation review, including families, individuals who receive services, area agency staff, home providers, and area agency and subcontract agency managers, people agreed that great effort was made to ensure that individual goals were customized and services were designed in accordance with individual choice: 85% positive. Ninety-six percent (96%) of the participants in the Adult Outcomes survey also reported that they were supported to reach their goals. The overwhelming majority of families receiving early supports and services were equally positive: 92% reported that ESS has helped their child to make progress.

Consideration: While most survey results were positive about the degree that individuals and families had choice and control over their services, a lower percentage of individuals and home providers indicated that people who receive services are able to choose the staff that support them. The area agency could engage self-advocates and home providers on ways to address any concerns in this area.

Overall satisfaction with services was assessed during the redesignation review primarily through Adult Outcomes Survey interviews (49 participants from 2006-2009); the BDS respite and environmental modification telephone surveys (27 conducted from 2007-2009); the 2007 CSNI family survey that was distributed to all families (82 respondents); and the redesignation family survey (175 respondents). The majority of the individuals interviewed in the Adult Outcomes Survey said they were satisfied with the supports and services they received. The only area where they would like to see changes made was in employment: 42% of those working wanted to work more hours. The results of telephone interviews with 27 families receiving environmental modifications and respite over a three-year period were overwhelmingly positive; however,

several families did indicate a need for back up respite providers with one stating, “I wish we had a list of qualified respite providers that we could call.”

During the redesignation review, 17 individual records were examined to determine the degree of individuals’ community involvement. Eight individuals were employed, with one individual wanting additional work; and two out of 17 were volunteering. Although three individuals were looking for work, seven of the individuals, 41%, were neither volunteering nor working. Since 2007, the area agency has been involved in the Medicaid Infrastructure Grant (MIG), designed to assist people with employment opportunities. The agency’s Board of Directors has also placed a strong emphasis on employment. Based on the information gathered during the redesignation review as well as the routine employment data collected, the area agency has put in place a process for future success, but outcomes to this date have been limited.

The results of the family surveys were somewhat contradictory. In the CSNI survey, 80% of families expressed satisfaction with services, with the respect they and their family members were afforded by staff and providers, and with service coordinator, residential and day services staff’s responsiveness to any concerns. When asked specifically about whether or not their family member was provided with opportunities for meaningful community activities during day and residential services, 62% responded positively. Also, on average only 55% of families expressed satisfaction with the assistance they received from service coordinators regarding assistive technology for communication and mobility. In the 2010 redesignation family survey, an overall question was asked: “Are you satisfied with the services you and your family member are receiving from the area agency?” Sixty-eight percent (68%) said “Yes”; 23% said “Sometimes”; and 9% said “No.” Several comments centered on service coordination, with one family concluding, “The best case managers cannot take on more clients unfortunately. Clients per case manager seem to be too much.”

Recommendation: In Region 5, individuals who receive services and their families are generally satisfied with these services. Two areas that require follow-up: the quality of the information and support provided for assistive technology, particularly for communication, and the capacity of service coordinators to assist all those who require their help. There is a reference in Section V of this report to an increase in case loads for adult service coordinators from 25 to 30 over the past several years.

MDS has a number of initiatives currently devoted to expanding opportunities for people to become engaged in meaningful activities. The area agency runs Life Art where people can drop by at any time to take part in music, dance, crafts and other activities that they may do individually or in groups. The Community Connections Coordinator administers the program and has also initiated a program for teenagers at the Keene High School called React, a collaboration with the school’s Interact club. The group is an opportunity for young people with and without disabilities to form friendships, participate in recreational activities, and perform service in the community. This commendable practice has expanded to other local High Schools. This program was presented at an International Rotary Club convention in Canada and as a result has taken root in other States.

People’s needs vary, and they change. Based on all of the survey information and interviews gathered during this redesignation review, MDS has done well to provide individuals and families with essential information and services, adjusting supports as needs change. Further improvement is required regarding the information and support provided during transitions to adult services, and for information on assistive technology and individual budgets.

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.

It is essential for individuals and families to be fully involved in determining their own services. Area Agencies also must engage their stakeholders in the evaluation of services and in regional planning.

In their redesignation surveys, both the MDS Board of Directors and the Management Team reported that individuals and families are made aware of area agency activities through the MDS web site, emails, flyers, and the area agency newsletter. Transportation, respite and mileage reimbursement are available to any individual or family member that wishes to participate in area agency committees. Five of the current ten-member Board are family members and one is an individual that receives services. Family members on the Board participate in all Board committees with the exception of the Fiscal Committee and the one individual on the Board is on the Human Rights Committee as well as the Development Committee. Three Family Council members participated in a Respite Committee that met on three occasions in 2010. With the exception of the recently formed Respite Committee, there are no family members or individuals who receive services on other area agency committees such as the MDS Wait List and Transition committees, which in particular, require family representation. During their redesignation forum, the five self-advocates who attended were neither aware of area agency committees and the strategic planning process, nor did they express an interest in participating.

Recommendation: The involvement of families and an individual on the MDS Board of Directors and on Board committees is commendable. The area agency needs to find ways, however, to actively engage individuals and families on other area agency committees. Family members could offer many suggestions on ways to communicate information, for example about transitions and wait lists, to all families in the region. Self-advocates and other individuals that receive services need to have information about area agency committees, a personal invitation to join a committee, and make an informed choice about whether or not to participate in these committees.

The MDS quarterly newsletter, "Clipboard", is the primary vehicle used by the area agency to disseminate information about the Family Council, area agency activities and legislation affecting developmental services. Each issue begins with a letter from the Executive Director, who uses the newsletter to explain regional and statewide initiatives. It is sent to all individuals who receive services and their families, and is posted on the area agency web site. A reformatted web site, launched in December 2009, has many useful links, including an "Action Alert" page that enables users to send letters to legislators regarding the Wait List. The area agency activities have been featured in the local newspaper and highlight the accomplishments of the individuals and families that receive its services.

In the redesignation survey, families expressed overall satisfaction with the information they received about services and the Family Council. As noted in previous sections of this report, information about transitions to adult services and wait lists was perceived as being insufficient. Families also reported that they were not always made aware of changes in service coordinators, with 60% responding yes they are made aware of changes in service coordination; 14% sometimes; and 26% answering no. (cf. Consideration in Section III of this report)

Since the last redesignation review was conducted in Region 5 in 2005, the Family Council has become an active advisory council to the area agency. In addition to including its own goals in the region's strategic plan; the Council took the initiative to develop a Family Support Directory. Although only 100 of the 900 families in the region participated in the project, it has already served as a useful tool to connect families who are able to support one another. During their redesignation interview, Family Council members stated that the MDS Executive Director was "very accessible" to them and the area agency Management Team members reported to them on a rotating basis. Since a member of the Council serves on the MDS Board of Directors, and another member of the Board serves as liaison to the Council, they felt they had good representation and a good relationship with the Board. The Family Council also has administrative support and budget tracking provided by the area agency. They did not feel they had a full understanding of budgets, either the Council's or the area agency's, and they did not fully understand their responsibilities vis a vis the area agency's responsibilities in addressing the Council goals in the strategic plan. They attributed this to the fact that there is no single agency staff member that serves as a liaison between the Council and the area agency.

Consideration: The Region 5 Family Council is an active, interested advisory group that could function more effectively if the area agency identified a single staff person to act as liaison between the area agency and the Council. A staff person serving in this role could help to answer questions the Council may have, relay information, provide follow-up and ensure administrative support.

MDS has made great efforts to reach out to individuals and families through its quarterly newsletter, web site and brochures on specific topics. This outreach includes open invitations to participate in area agency activities. The area agency has also effectively used the local media to highlight the accomplishments of individuals who have a disability and their families. These are all excellent tools to communicate regional and statewide initiatives to its constituents. They are not, however, the most effective ways to invite individuals and families to participate in area agency activities. This requires a more personal outreach by area agency staff.

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.

Area agencies provide services to an increasing number of individuals and families. Inquiring on a person-by-person level whether or not people are satisfied with their services is an important indicator of quality. There is also the need to look at the broader picture: incorporating a systemic approach to assessing quality and to ensuring that services are consistent with the area agency's mission.

In the redesignation family survey, most families reported that MDS does inquire about their satisfaction with services, with 70% responding always or sometimes. There is a clear area agency requirement that all service coordinators assess individual and family satisfaction at least quarterly. Service coordinators also conduct annual quality assurance visits, utilizing a form that was standardized in 2009. Part of this process requires written responses on follow-up by service providers for any concerns noted. This ensures that the same criteria are applied in each assessment. Results of all surveys and summary reports of medication errors, incident reports, certification deficiencies and complaint investigations are reviewed by individual departments within the area agency, the Management Team, the Board of Directors, and via the Board's liaison to the Family Council, as appropriate.

There were 14 subcontract agencies interviewed during the redesignation review. Only three of these agencies reported that quality assurance activities were required by MDS in their contractual agreement. Several said that, regardless of whether or not this was in their contract, they were aware that it was an expectation of the area agency. All reported that MDS did assess the quality of the services they provided, primarily through service coordinators who conducted quarterly reviews of individual service agreement implementation and progress notes, and did occasional unannounced visits. Subcontract agency managers also reported that the area agency reviewed any incident reports and certification results. Minutes of the area agency meetings with subcontract agencies indicate that quality assurance is a standing agenda item. These meetings are conducted monthly by the Director of Operations. The MDS Executive Director attends regularly, as do other management staff as needed. Although all subcontract agencies are invited to these area agency meetings, not all attend.

The subcontractor managers responding had an array of issues. There seemed to be a wide spectrum of differing resources and methods used both by the vendors to assess satisfaction and performance of their own agencies, as well as differing opinions as to what was expected by the area agency. There was concern expressed regarding lack of sharing amongst the vendors and area agency regarding quality indicators that would inform their improvement process. Though each subcontract agency said that they relied primarily on feedback from individuals and families to assess quality, they also conducted their own internal reviews. For adult services this included reviews of incident reports, medication reports, and certification deficiencies.

The Director of Operations and the Director of Continuous Quality Improvement share the position of Quality Coordinator at MDS. Tracking and reviewing all information gathered by the area agency and providing follow-up are among the responsibilities of the Director of Operations. An agency-wide tracking system has been put on hold pending CSNI decisions about a statewide tracking system. Implementing the individual and program “Enhanced Quality Review” and following up on recommendations resulting from the reviews is the purview of the Director of Quality Improvement. The Enhanced Quality Review is a comprehensive examination of either an area agency or subcontract program, or the services provided to an individual. Because of the extensive amount of time needed to complete these in-depth studies, only three to four are conducted each year.

In the previous redesignation review conducted in 2005, the area agency was asked to implement a formal system of quality assessment for the region. Since that time, MDS has incorporated a systematic review of data collected on surveys, incident reports, certification deficiencies, and complaint investigations. The area agency has also developed an Enhanced Quality Review. There are, however, no formal policies and procedures on quality assurance. Subcontract agencies do not feel part of a regional quality improvement effort, and the area agency has not effectively communicated its policy and the subcontract agencies’ responsibilities with regard to quality assurance.

Recommendation: It is recommended that MDS involve its stakeholders, including families, individuals, and all its subcontract agencies in the development, documentation, and dissemination of policies and procedures related to quality improvement in order to provide a coherent regional approach to the assessment of services.

Reviewing information about services and problem areas is one part of the quality improvement process. Taking action to resolve problems or concerns is the second part. In the redesignation family survey, 46% of families reported that follow-up was provided when the family made suggestions for changes; 15% said that this was the case sometimes; and 39% said that there was no follow-up. On average, 87% of the staff and home providers surveyed during the redesignation review reported that they had been asked by the area agency for ideas and suggestions to improve the quality of services. These same staff, which included direct service staff, service coordinators, family support staff, and ESS staff responded positively when asked if suggestions resulted in improvements in the quality of the services provided, (89%). Home providers were less positive, with only 67% reporting that their own suggestions resulted in an improvement in services.

Consideration: The area agency needs to examine the discrepancy between staff and families’ perceptions about area agency follow-up on suggestions. It is this type of focus data that could be incorporated into a regional quality improvement process.

Both the MDS Board of Directors and the Family Council reported being made aware of the results of surveys and quality reviews in the region, with the exception of the results of the BDS Adult Outcome Survey interviews that concluded in 2009. Neither the Board nor the Family Council recalled being made aware of the annual reports resulting from these interviews. The Quality Coordinators did report that individual Adult Outcome Survey reports resulted in “brainstorming” sessions with service coordinators and providers to address any concerns.

When they were asked during the redesignation review to identify some of the barriers to improving service quality in the region, some management staff identified staff turnover and the increase in service coordinator caseloads from 25 to 30 as impacting the quality of services. Training and the limited time staff have to attend trainings were also cited as factors. When asked

about changes that had been made in the past several years due to quality improvement efforts, the Family Council, Management Team, and Quality Coordinators cited several examples: the Family Council cited a respite survey and the formation of a Respite Committee; the Management Team and Quality Coordinators cited the operationalized home checks used by service coordinators; the Medicare Infrastructure Grant to improve employment outcomes for individuals that receive services; and an autism support group in Peterborough. The Enhanced Quality Review has resulted in improvements in the quality of life for people on a case-by-case basis, particularly with regard to individuals with challenging behaviors. As noted earlier in this report, subcontract agencies did not feel involved in region-wide quality improvement activities. Seventy-one percent (71%) were not aware of quality reviews leading to area agency sponsored trainings or other supports to their agencies. (cf. Recommendation in this section)

The redesignation review included an examination of 17 service agreements of adults who receive services for a developmental disability or acquired brain disorder. In 15 out of 17 (88%) of the agreements the goals appeared to be in line with the individuals' stated interests, and goals were revised as needs changed. In one service agreement the goals were related to staff responsibilities rather than to the individual's interests, and in one agreement the goals were vague and general, presenting no challenge.

During the past five years, MDS has put into place a systematic review of incidents, certification deficiencies, survey results, medication errors, service agreements and complaint investigations. It has created a Quality Enhancement Review process to take an in-depth look at the services provided to individuals whose quality of life is marginal and these have led to significant improvement in the outcomes for several individuals that present challenging behaviors. The area agency, however, needs to develop policies and procedures on quality improvement that can serve as a guide to the entire region, including its subcontract agencies.

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.

Providing leadership, a coherent organizational structure, a well-trained workforce, and an environment where the free exchange of ideas is encouraged, is the responsibility of each area agency.

MDS has a comprehensive policy manual that includes, among others, policies and procedures related to staff development, safeguards, personnel, and federal and state mandates. In June 2010, the Board of Directors completed an eighteen-month review and revision of all area agency policies. Area agency by-laws, however, do not mention that services are provided for people who have an acquired brain disorder in addition to people who have a developmental disability. Job descriptions for each management position reflect current responsibilities.

All agency employees, including the Management Team, undergo the New Hire Orientation. Each member of the Management Team is also offered education and training opportunities specific to their areas and they are encouraged to participate in the Leadership Monadnock series to familiarize themselves with regional resources. All new members of the MDS Board of Directors undergo orientation with the Board Chair and the area agency Executive Director. The Board orientation manual contains information about the MDS mission, its policies, pertinent state rules and the area agency organizational chart. The Board’s by-laws, which had not been reviewed in a formal way in the past, were examined in-depth and updated by the Board’s Personnel Committee in 2010. The bylaws stipulate that Board membership “shall represent the agency’s entire geographic area.” Currently, membership represents only three of the 34 towns in the region. Membership is, however, highly inclusive of families, with 50% representation of families and one individual who receives services in the region.

Consideration: Although individuals and families that receive its services are well represented on the Board, there are only three towns represented in a region that covers a broad geographic area. The area agency could assist the Board with finding new members from other towns in the region. In addition, the Board orientation manual could be expanded to include a state system overview and history of developmental services in New Hampshire, reports available for review and other information that would formally document what is currently shared with new members.

Recommendation: The area agency must add “and acquired brain disorders” to its by-laws and other pertinent documentation.

The primary ways MDS provides administrative direction and guidance is through its strategic plan and ongoing monitoring of services. Planning is a dynamic process that involves the Board of Directors, Management Team and Family Council. The strategic plan is continuously reviewed and goal attainment is documented. One of the results of this process was the area

agency's success in implementing a Gentle Teaching pilot project, and expanding its staff orientation to include this approach. The MDS Management Team also routinely engages in discussions about survey results, trends in complaint investigations and incident reports, wait list information and utilization of resources. The Board of Directors reported during its redesignation interview that the area agency Executive Director "does a good job" of informing them about regional, state and national issues related to developmental disabilities and acquired brain disorders. It is clear from the Board minutes that members are involved in reviewing and providing input on area agency initiatives.

Based on the results of the redesignation surveys, staff at all levels feel that MDS creates an open work environment wherein they are encouraged to offer ideas and suggestions: on average, 95% positive. They also reported that supervisors were accessible and they were satisfied with the level of supervision they received: 88%. When asked to rate the support they received from their agencies, home providers were less positive, with 67% rating their agencies "excellent" or "good". In answer to this same question, staff rated their agencies as "excellent" or "good" 87% of the time. In the comments provided by a wide variety of staff surveyed, MDS was characterized as "flexible", "great at brainstorming", "responsive", and "creative." When asked what MDS needed to improve, both staff and home providers cited "communications...especially between departments" as needing improvement. These comments were echoed by service coordinators, family support staff, direct service staff, and home providers. The exception to this was the ESS staff who believed communications between their agencies and MDS were "excellent."

As community organizations, area agencies do not operate in isolation. They must engage in community outreach to become an integral part of the communities in which they work. As noted in previous sections of this report, MDS has used its own and local media effectively to publicize its work. Members of the Board of Directors and area agency staff make an effort to network with businesses and other community agencies. They also participate in panel discussions at several area colleges, and provide information forums to community groups. Based on the information provided by eleven other community agencies, MDS and its mission are very well known in the region.

The area agency's relationship with its Family Council is described by Council members as "very good." There is a continuous exchange of information. The Council participates in interviews and performance reviews of the Director of Family Support and interviews prospective candidates for both Adult Service Coordination Supervisors. Management Team staff rotate attendance at Family Council meetings to keep them apprised of area agency activities and to seek their input and feedback. A Family Council member serves on the MDS Board of Directors and another Board member serves as liaison to the Council. MDS and the Family Council enjoy a very positive relationship that would be strengthened by a "single point of contact" between the area agency and the Council (cf. Recommendation in Section IV of this report)

Both MDS and its subcontract agencies reported that they offered orientation and ongoing training for their employees. A tracking spreadsheet is used for agency staff and similar tracking systems are employed by subcontract agencies. When they were asked during the redesignation review if they were satisfied with the training they received, 83% of ESS staff expressed satisfaction. In contrast, 68% of other staff responded positively. In their comments, staff offered recommendations for additional training, including in communications, working with individuals who present various types of challenges, transitions and budgets. Currently, MDS encourages staff to attend trainings but it requires no training beyond the two-day orientation. Subcontract agencies interviewed during the redesignation review expressed some similar dissatisfaction with the trainings offered by MDS. They reported that they did most of their own

training. Several of them wished that the area agency would “take a more active role in organizing...regional trainings.” Based on additional comments from subcontract agency managers, these agencies do not feel part of a regional service system. Although MDS provides them with information during their meetings with the area agency, subcontract agencies feel left out of any new initiatives that the area agency undertakes. In the words of one manager, “It seems that they are often involved in their own mission and their own projects.”

Recommendation: The area agency needs to examine its training curriculum, use the information provided by staff in the redesignation surveys, make further inquiries about what trainings staff and providers want and need, and widely publicize these training opportunities. It must also include mandated trainings beyond the required two-day orientation. In addition, MDS must find more ways to collaborate and involve its subcontract agencies in regional initiatives and area agency planning. Perhaps a good way to begin would be to sponsor a regional discussion about training.

Providing proactive supports not only assists individuals and families in the short term, it may also reduce the need for more extensive supports in the future. MDS has collaborated with other community agencies, such as Interim, to better assist individuals with complex medical needs. It has secured additional funds for respite through United Way and Cheshire County. By entering into partnerships with other organizations such as the Rotary Club, Pilot Health, Vocational Rehabilitation and school districts, the area agency has increased its capacity to provide services. In their redesignation surveys, 100% of service coordinators reported that MDS assisted them in their efforts to help individuals and families to explore, identify, and access community resources.

MDS has demonstrated effective governance, administration and oversight of area agency staff and providers. It engages in community outreach on a number of levels and it has a very collaborative relationship with its Family Council. The area agency also collaborates with many other community agencies to address the needs of individuals and families. MDS must now focus on expanding its training and involving its subcontract agencies in regional initiatives.

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.

An area agency's fiscal health is critical to continued service provision. It must have clear guidelines for reporting on, reviewing and managing its resources.

The MDS Board of Directors plays an active role in reviewing MDS' financial status, with the Board Treasurer and Finance Committee meeting monthly to review actual, budget and variance reports and reporting to the full Board on at least a quarterly basis. The area agency has financial policies and procedures that document its accounting practices. The MDS Management Team minutes demonstrate that management is kept well aware of the financial status of the area agency and is involved in budget development and review. In their redesignation written questionnaire, the Management Team described its process for tracking the financial health of its subcontract agencies and requirements for reporting, including annual audits. There are, however, some area agency practices which, although sound, have not been formalized in policy.

Consideration: In order to enhance the internal controls of the agency, MDS should develop formal policies in the following areas:

- A policy on requests for proposals for services, property or major purchases;
- A policy that requires written approval for non-recurring journal entries;
- A policy on the use and accountability of credit cards;
- Policies on billing, including collection of old fees and the fee schedule;
- A policy on record retention.

Information obtained during the redesignation review identified the ways in which individual budgets are developed and modified at the area agency, but it was less clear how this process works in its subcontract agencies. At MDS the Adult Service Coordination Supervisor works with service coordinators, families and provider agencies to develop budgets in their initial stages. Once budgets are developed, the service coordinators work with Program Managers and individuals/families to identify unmet needs, review individual budgets and, if necessary seek further funding to meet those needs. As noted in Section VI of this report, staff have identified budgets as one area where they would like further training. The area agency's fiscal policy on budget development requires input from Program Directors on staffing, facilities, equipment and other operating requirements.

The area agency follows individuals on the projected service needs list (PSNL) prior to their going on the adult Wait List. The Family Support Director is very involved in this process and ensures that children's names are placed on the PSNL and advocates for funding. The family support unit also reviews the status of the In-Home Support Waiver in the region, prioritizing funding needs. Service coordinators gather required information about all those on the Wait List

and update this information as needs change. The Adult Service Coordination Supervisor oversees the region's Wait List and support service coordinators in identifying ways to assist individuals and families who are awaiting long-term funding. The area agency Management Team reviews the number of people supported by Wait List funds and tries to identify resources to support some individuals who would then no longer need to go on a Wait List. The MDS Board of Directors is kept apprised of how many individuals will be served with new Wait List funds and Board members have been involved in advocating at the legislative level to secure Wait List funds.

Service coordinators, the family support unit and the Family Council have identified ways that the area agency seeks to supplement its resources. The MDS Management Team and Board of Directors underlined their efforts to access and utilize additional revenues for the area agency. Grants are used to increase respite revenues, and to support efforts at First Course, the React and Get Fit programs, and Life Art. Fundraisers are done routinely to raise additional money, and the area agency's 600 Club has long provided additional resources. This Club is an impressive community effort to support the area agency in its mission. The area agency has a Development Committee and a MDS Board member is a member of this committee. The Board supported the hiring of a part time development staff person for MDS. Staff at the area agency assist individuals and families to apply for Section 8 housing, fuel and electrical assistance as needed.

According to the Department of Health and Human Services' Annual Report of Financial Condition for FY 2009 with a five-year trend analysis, the MDS current ratio of assets to liabilities averaged 2.1. While this is better than the statewide area agency average of 1.9, MDS saw a marked drop in the current ratio from 2.1 in prior years to 1.7 in 2009. The difficulties in FY 2009 were also noted in discrepancies between revenue and expenses. In 2008 revenues increased 11.9% and expenses 10.9%; in 2009, revenues increased 3.9% and expenses 5.4%. The average number of days in receivables for FY 09 was only 25 days, compared to the statewide average of 27 days. MDS did manage, however to finish each of the five years with a surplus, with a high of \$374,869 in FY 06, and \$271,000 in FY 09. In her written redesignation questionnaire, the Adult Service Coordination Supervisor noted that there is a need for more staff support at the area agency to cope with the number of changes that have occurred: new programs starting, individuals converting to Consumer Directed Services, and individuals changing provider agencies.

On the whole, the fourteen subcontract agencies interviewed during the redesignation review gave high marks to the area agency business office and its Director of Finance. While only two subcontract agencies held regular meetings with MDS to discuss financial matters, the Director of Finances was described as being very open to meeting with subcontract agency managers and was available whenever they had questions or concerns regarding budgetary matters. Five subcontract agencies reported that the change to "Fee for Service" had caused them significant hardship.

Although the area agency has recently experienced difficulty, its fiscal management is sound and it has succeeded in ending each year in a surplus. It makes every effort to supplement its resources and is supported in this by the MDS Board of Directors and staff. The Director of Finance is described as very responsive and available to staff as well as to subcontract agencies. Whether it is a matter of additional training for some staff or additional staff in some areas, the area agency would need to evaluate the support provided to coordinators in their budget responsibilities. The recommendation to formalize procedures may assist in this effort.

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.

State and federal regulations provide a framework for service delivery, establishing minimum standards to which area agencies must adhere in order to receive public funding.

MDS has complied with regulations on eligibility determinations and manages its Wait List in accordance with established criteria. Based on the results of the redesignation review of 17 individual records, the area agency is in compliance with the Bureau of Developmental Services' standards for service agreements, He-M 503 for developmental services and He-M 522 for acquired brain disorder.

MDS and its Family Council maintain policies, procedures and guidelines as required by He-M 519. The Council is comprised of family members representing individuals of all ages and plays a vital and active role within the region. The area agency's delegate to the state Family Support Council is a strong and active participant in statewide family support activities. The region is also well represented on state family support conference planning meetings and at the annual family support council retreat.

The BDS Prior Authorization unit reported that MDS meets the requirements of state regulations He-M 517, requesting prior authorization for services under the Medicaid Community Care Waiver. The Bureau's Nursing Supervisor reported that the area agency is in compliance with He-M 1201 on Administration of Medications. In addition, MDS is noted for having been very responsive in providing plans of corrective action in a timely manner to any deficiencies identified in medication error reports.

Certification reports for adult residential services were reviewed for fiscal years 2006-2010. There was an average of 2.44 deficiencies per year, as compared to the statewide average of 1.75 for this time period. MDS has experienced an increase from 1.93 deficiencies per visit in FY 06 to 3.9 in FY 10. While the statewide percentage of deficiencies per site visits has decreased over the past five years, from 72% to 69%, the MDS percentage of deficiencies has increased, from 74% to 88%.

Recommendation: The area agency needs to undertake a critical review of the reasons for the increase in residential certification deficiencies in the region, and develop a plan to address this. Involvement of stakeholders, including subcontract agencies, is essential to this undertaking.

For Early Supports and Services (ESS), the region has had an outstanding record. Its two providers have been in 100% compliance for each of the three-years monitored, from FY 2007 through FY 2009. Monitoring includes the timely provision of services in natural settings,

through transition conferences being held at least 90 days prior to a child's third birthday. Services for the children's In Home Support services were reviewed in 2006 and 2007. Though two deficiencies were found in 2006, there was none found in the 2007 review.

The Bureau of Developmental Services requires ongoing submission of information from area agencies in order to document service provision and compliance. MDS has consistently submitted timely and accurate information related to budgets and contracts, prior authorization requests, wait lists, respite and ESS reports, mortality reports, sentinel events, and information required by the Bureau's Medication Committee.

Over the five-year period covered by the redesignation review, MDS has demonstrated its commitment to complying with all state and federal regulations. It has achieved this goal in most areas.

SUMMARY: REDESIGNATION REVIEW, REGION 5

A mission statement is a guidepost for any organization, the stated purpose of the agency. The Monadnock Developmental Services' area agency mission is clear, well publicized and understood by those who receive services, by staff and providers and by all those who work in collaboration with the agency in the region. MDS has embraced inclusion and individual and family control over their services as the foundation for all of its work.

MDS has systems in place to protect and promote the safety and health of individuals that receive services. The area agency has an effective external process for complaint investigations. Some proactive measures highlighted in this report are exemplary. In order to foster the respect that the area agency believes is due all people, it has developed a pilot program utilizing Gentle Teaching, a positive relationship approach to support people who have behavioral challenges. Both individuals and families in the region are aware of their rights and people feel safe in both their residential and day services. Families reported that they knew whom to contact at the area agency if they were concerned about rights or service provision and, most importantly, they felt comfortable contacting the area agency about any concerns. To further improve in this area, the area agency needs to support self-advocates to expand their outreach to other individuals in the region, many of whom did not seem to be aware of the advocacy roles they could play. There is also a need to involve Nurse Trainers more directly in health monitoring.

In the world of human services, "One size fits all" does not work very well. Services must be customized to meet individual needs. In order to make decisions about their services, individuals and families must have information provided in clear, understandable language. The area agency has worked to ensure this. Survey data also indicates that MDS does well in responding to changing needs. Many individuals and families do not, however, feel they have a good understanding of their individual budgets, nor do they receive sufficient information during transitions to adult services. This is an area that requires follow-up and there is some indication that it may be related to the high case loads of service coordinators in the region.

The area agency's Board of Directors has an excellent representation of families and individuals who receive services on the Board and on Board Committees, although geographical representation does not meet the by-laws expectations. There is also good cross representation between the Family Council and the Board. There is a need, however, to more broadly engage individuals and families in area agency committees.

During the last redesignation review in 2005, it was recommended that MDS incorporate a systematic approach to quality improvement in the region. Since that time, the area agency has implemented a process by which committees, the Management Team and the Board of Directors review information about incident reports, complaint investigations, medication errors, survey results and certification deficiencies. The area agency's subcontract agencies, however, do not feel they are an integral part of quality improvement, nor do they feel part of the creative initiatives they know are occurring in the region. MDS needs to move forward with developing region-wide policies and procedures on quality improvement and involve its stakeholders in this effort.

The strategic plan is a dynamic process and a tool used to set direction and evaluate progress. The area agency has a very involved Board of Directors and a Family Council that has become an active and effective advisory body. The Executive Director, Director of Finance and other Management Team staff have an open door policy and are readily accessible. Providing an environment in which staff and providers feel free to openly discuss issues, share ideas and feel valued is an important indicator of a healthy organization. MDS receives high marks for this.

Nevertheless, both MDS staff and subcontract agencies in the region cited an important area as needing improvement: training opportunities at all levels. The area agency must also address an oversight in its policies: it has neglected to include references to individuals who have an acquired brain disorder in by-laws, manuals and all other documents related to services provided.

Though it has experienced some difficulties recently with its finances, over the years MDS has consistently engaged in sound financial management practices. Formalizing these practices and developing recommended fiscal policies would improve the area agency's internal operations and provide guidelines for its subcontract agencies.

Monadnock Developmental Services is an area agency that has served the region well since its previous redesignation review in 2005. It has put into place many exemplary and innovative practices. The recommendations in this report are intended to assist in the ongoing effort to improve services to individuals who have a developmental disability or acquired brain disorder, and their families.