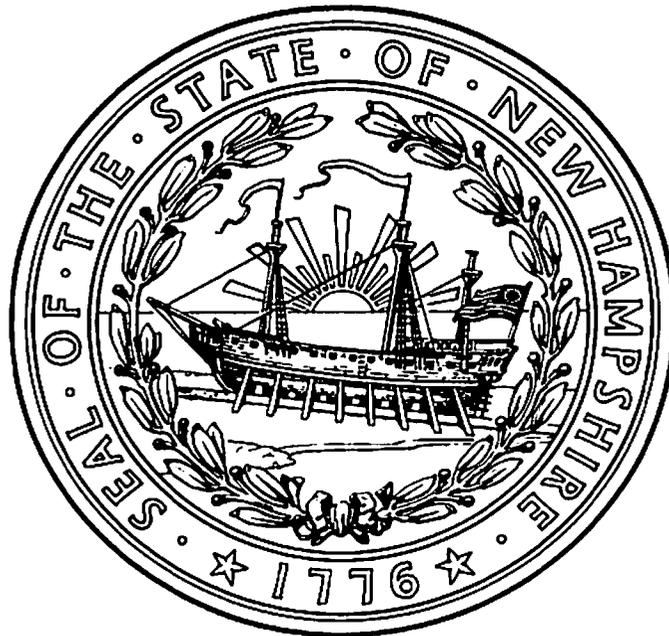


**REGION IX
COMMUNITY PARTNERS**

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 2009



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

BUREAU OF DEVELOPMENTAL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

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February 19, 2009

Ken Muske, President, Board of Directors
Brian Collins, Executive Director
Community Partners
Forum Court
113 Crosby Rd, Ste 1
Dover, NH 03820-4375

Dear Ken & Brian:

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

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

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

Ken Muske, President, Board of Directors
Brian Collins, Executive Director
Community Partners
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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

Enclosures

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

Bureau of Developmental Services

DATE: Thursday, February 19, 2009

TO: Matthew Ertas, Bureau Administrator
Bureau of Developmental Services

FROM: Lorene Reagan
Redesignation Team Leader for Region 9
Community Partners

RE: Redesignation Review, Region 9, 2008

On July 10, 2008 Community Partners requested redesignation as the area agency that provides services to individuals with developmental disabilities and acquired brain disorders in Region 9.

During September, October, and November of 2008, a team of Bureau staff reviewed the services provided by the area agency. The team was comprised of Darlene Ferguson, Linda Graham, Elizabeth Collins, Jan Skoby, Barbara-Joyce Reed, Michelle Rosado, Karen Kimball, Ann Driscoll, and me as team leader. Jeanne Cusson conducted interviews with management staff of the agency's adult services sub-contract agencies and Patti Thibeault compiled and tabulated survey data. Fredda Osman completed record reviews and Paula Bundy conducted phone interviews with cooperating agencies. The narrative report of our findings was written by Jeanne Cusson.

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 Judy Mettee for her coordination of the team's activities. Judy's flexibility, organizational skills, and positive and helpful approach truly facilitated the work of the redesignation team. Nathan Gilfenbaum also contributed to the success of the redesignation team's review. We also wish to thank the agency's Board of Directors, Family Support Council, and 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, 2008 through September 30, 2013. The review team has agreed to meet with the Board of Directors, agency staff, and other individuals or groups that the agency wishes to invite to discuss our findings and answer questions.

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

Components of the 2008 Redesignation Review in Region 9

The redesignation review process in Region 9 included:

- Review of Region 9's Strategic Plan for fiscal years 2004 & 2005, 2006 & 2007 as well as the 2008 & 2009 strategic plan update submitted to BDS in July 2008.
- Review of the area agency mission statement and organizational chart.
- Review of the rosters of the Board of Directors, Board Committees, Family Support Council, and Self-Advocacy Group.
- Review of the Bureau's summary reports of the Adult Consumer Outcomes Surveys (ACOS) for fiscal years 2004, 2005, 2006, 2007 and 2008 and review of aggregate data for Adult Consumer Outcome Surveys collected from fiscal years 2004-2008.
- Review of Employment data collected as part of the Department's Employment Advisory Group during calendar year 2007.
- Review of Bureau of Health Facilities Administration program certification data from fiscal years 2004-2008.
- Review of Early Supports and Services Family Outcomes data collected in calendar years 2006, 2007 & 2008.
- Review of results of a written survey of parents and guardians conducted by the redesignation team in collaboration with the area agency in September 2008 (53 respondents).
- Review of results of online surveys of the following:
 - ❖ Area Agency Service Coordinators (8 respondents)
 - ❖ Area Agency Family Support Staff (6 respondents)
 - ❖ Direct Service Providers (15 respondents)
 - ❖ Home Providers (14 respondents)
 - ❖ Early Supports and Services Direct Service Providers (11 respondents)
- Review of Community Support Network, Inc. (CSNI), Family Survey data for 2003, 2005 and 2007.
- A review of financial audits of the area agency.
- A review of 10 service agreements at the Region 9 office.
- An interview conducted by the review team with the Region 9 Board of Directors on October 28, 2008.
- An interview conducted by the review team with the Region 9 Family Support Council on October 20, 2008.
- An interview conducted by the review team with the area agency's Service Coordinators and Directors on September 11, 2008.
- An interview conducted by the review team with the area agency's Family Support Staff and Coordinator on September 9, 2008.
- An interview conducted by the review team with the Region 9 Management Team on October 27, 2008.
- An interview conducted by the review team with Region 9 Nurse Trainers on September 17, 2008.
- An interview conducted by the review team with the area agency's ESS Staff and Director on October 9, 2008.
- An interview conducted by the review team with the Self Advocacy Group on October 16, 2008.
- An interview with the Director of Quality Improvement by selected members of the redesignation team.
- An interview with the Complaint Investigator by selected members of the redesignation team.

- An interview with the Human Rights Committee liaison by a member of the redesignation team.
- An interview with the Training Coordinator by a member of the redesignation team.
- Interviews with management team staff of 10 subcontract agencies that provide supports and services to adults.
- Attendance at two family forums held on October 20, 2008 in Dover, NH and attended by a total of 8 family members/guardians.
- Attendance at two consumer forums held on October 16, 2008 in Dover, NH and in Rochester, NH and attended by a total of 17 individuals.
- Phone interviews with 12 agencies identified to the redesignation team by Region 9 as Cooperating Agencies in providing supports and services.
- A review of the agency's Fiscal Policy Manual was conducted by a member of the Department's Office of Improvement and Integrity.
- Review of documentation, including:
 - ❖ Area agency policies and procedures
 - ❖ Job descriptions of key personnel
 - ❖ Board of Directors Orientation manual
 - ❖ Board of Directors meeting minutes
 - ❖ Management Team meeting minutes
 - ❖ Human Rights Committee meeting minutes
 - ❖ Training curricula
 - ❖ Data regarding complaint investigations
 - ❖ Data regarding medication administration occurrences
 - ❖ Human Rights information
 - ❖ Area agency Newsletters
 - ❖ Area Agency Brochures
 - ❖ Area agency Website

I. MISSION

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

Expectations:

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

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

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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, providers, subcontract agencies, individuals, self-advocacy groups and families/guardians include information on rights protection, Basic Health Observation Guidelines, safety measures, healthcare needs, and emergency situations.**
- II.5 The area agency uses an effective complaint process, which includes follow-up on an individual and system-wide basis.**
- II.6 Individuals and families express a feeling of safety and well-being.**
- II.7 The area agency has a Human Rights Committee that provides oversight regarding rights, health care needs, and safeguards.**

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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.

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.

“Our mission is to promote respect, wellness, full inclusion and empowerment of individuals and their families who experience mental illness, emotional distress, developmental disability, chronic health need, or acquired brain disorder. By identifying and creating opportunities for people, in close collaboration with a network of local agencies, we will promote independence and interdependence and help the people we serve to realize their maximum potential. We are committed to educate the community at large about our mission. The agency will provide staff with opportunities for professional growth so they may contribute to the overall achievement of the agency’s mission.”

Mission Statement for Community Partners

The area agency provides services to individuals who experience mental illness, as well as to people who have a developmental disability or acquired brain disorder. People’s need to be empowered, respected and included in the life of their community is the same, regardless of any disability. The area agency’s mission is clear about this. The statement expresses a commitment to the people who receive services, to the people who provide the services, and to the community at large.

Community Partners’ mission is in line with the Bureau of Developmental Services’ mission of empowerment and inclusion, and the agency mission is well publicized. There is a framed copy at the entrance to all of its main offices; it is included on its website, in the subcontract agency manual and home provider handbook; it is also in all of its brochures and annual reports. The agency holds community forums and legislative forums to publicize its mission, and its Development Committee is regularly engaged in speaking to a variety of clubs and organizations in the region. The area agency management team cited the agency’s formal participation in a group comprised of over 20 Strafford County non-profit agencies in support of its mission as further evidence.

The area agency’s Board of Directors, Family Support Council and family support staff were interviewed during the redesignation review. They confirmed their full support of the agency’s mission and their own commitment to its implementation. Board members educate and advocate individually as members of local civic organizations and in their places of employment. The Family Support Council and staff cited their outreach activities with the University of New Hampshire and Dover High School to involve students in providing community recreation opportunities to individuals during respite. The Family Support newsletters listed an impressive number of activities it sponsored in 2008, from a student employment initiative to discounted tickets to area attractions for families.

The twelve community cooperating agencies, who were interviewed by phone for the redesignation review, all reported that they were fully aware of Community Partners’ mission,

which they felt agency staff worked hard to implement. Ten of the area agency's subcontract agencies were also interviewed. The majority stated that they shared the mission of community inclusion and several reported that they were working collaboratively with families to enhance individuals' community participation. Two agencies had developed trainings for families related to this and these trainings were having a very positive effect on assisting individuals to become more active in their communities. Another subcontract agency emphasized that the best way to achieve this mission is to "hire staff who are themselves very involved in the community and to have new staff 'shadow' these staff."

Self-advocates and individuals who attended the two redesignation consumer forums said that they became involved in their community by helping others and by participating in community fundraisers. Some indicated they could become more connected to others in the community and better maintain their relationships if they were able to use a computer.

Results of the Community Services Network, Inc. (CSNI) family surveys conducted every other year (2003, 2005 and 2007) were fairly consistent over the five-year period. The number of participants in the CSNI surveys varied from year to year and from question to question, from a low of 8 to a high of 110 respondents. On average, over 80% of participants reported that they felt individuals were supported to become more connected in their communities. An equal percentage thought that individuals were supported to build and maintain relationships.

Adult Consumer Outcome Surveys conducted from fiscal year 2004 through fiscal year 2008 had positive results for questions related to agency support for transportation, support to access community health care, and support to keep in touch with family and friends. Twenty two percent of the participants, however, reported that they had never invited anyone over to their home and 40% hadn't invited someone to visit or to share a meal. In addition, 40% did not have paid employment. Most of the individuals (71%) who were surveyed do not participate in Adult Education classes, and approximately half (58%) do not participate in clubs or organizations.

The number of individual jobs in the region, always an indicator of community involvement, has remained steady over the five year period. Based on the agency's employment data gathered biannually, the number rose from 74 in 2004 to 78 in 2008. The number of hours people worked per week ranged from 7 to 8 hours, while the statewide average was 11 hours during this period. The agency ranks second in the state with regard to the percentage of individuals working.

In their redesignation interview as well as in the redesignation surveys, area agency service coordinators confirmed that the agency could be more successful in assisting individuals to make community connections. Some attributed the difficulty in assisting people to connect with others to a lack of effective training, while others mentioned a lack of resources and high consumer to staff ratios. Several service coordinators expressed enthusiasm for some newer approaches, including a shift away from "traditional day programs", and a focus on developing recreational opportunities that are more individualized.

In the redesignation surveys, home providers and direct service staff indicated that they felt well supported to assist individuals to maintain relationships, with 100% of direct service staff and 72% of home providers giving positive responses to this survey question. Direct service staff were less positive about the assistance they received to enable individuals to participate in community events, clubs and organizations. In their survey comments, some home providers acknowledged that success with community inclusion was limited. In the ten service agreements reviewed during the redesignation process, there was documentation that nine of the ten

individuals were being supported to participate in their community in some way, by volunteering, working or accessing local facilities like the library or recreation center.

Consideration: The agency's outreach to the university and its partnership with families has been very successful for a small number of individuals. In addition, the focus on developing more inclusive recreational activities is promising. It is suggested that the agency expand these efforts to include a focus on training for staff and providers related to identifying, exploring and actualizing individuals' interests, promoting fuller community participation and expanding community based employment supports.

Early Supports and Services (ESS) direct service providers, both during their redesignation interview and in their surveys, said they were "tremendously" supported by the area agency in their work to assist families to access community resources. One hundred percent (100%) spoke very positively about the agency's efforts to provide valuable information and support to them. The results of surveys of families who receive early supports and services were equally positive, with over 90% reporting that ESS providers were "extremely helpful" in supporting them.

Achieving "full inclusion" is the most challenging aspect of supporting people with disabilities. Community Partners has achieved remarkable success in ESS and Family Support initiatives. Through a variety of outreach efforts, the Board of Directors and the Management Team have established a high profile within the local community. It is also evident that all agency staff, providers and affiliates have effectively been oriented regarding the agency's mission. There remains in depth work to be done to implement the mission fully in adult services. By allying with families, subcontract agencies and other partners in the community, the agency could develop better strategies and trainings to support its efforts in this regard.

RIGHTS, HEALTH, AND SAFETY

Expectations:

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

The rights, health and safety of individuals who receive area agency services are paramount. Community Partners has policies and procedures in place that address fire safety, health and rights protection. It also has a comprehensive disaster preparedness protocol and the area agency has been an active participant in community emergency planning and drills. There are two area agency committees that address health and safety issues: a Safety Committee, and a Human Rights and Safeguards Committee. The agency has also made extensive efforts regarding fire safety, including training for individuals who live independently or with their families and in collaboration with local fire departments.

Although there were relatively few respondents to the redesignation direct service staff and home provider surveys (15 direct service staff and 14 home providers) an average of 91% reported that individuals who receive services in the region were safe, had the health care they needed and that the agency was responsive to any reports of rights' violations. They also indicated that they knew what to do if they ever became aware of an individual rights violation, having been made well aware of the complaint procedure at the area agency. The direct service staff and home provider survey results were positive with regard to agency training and support about rights and rights protection. They felt they received sufficient information about individuals' health and emergency protocols, and were sufficiently trained prior to supporting individuals.

During separate interviews with the redesignation team, service coordinators and the management team spoke of the systems that were in place to protect individual rights, health and safety. These included the behavioral consultations available to staff from an on site behavior specialist, the availability of on site nursing staff, established protocols that guide staff, and the comprehensive health information in the records of any individual identified as medically frail. The management team also noted that an added advantage in providing behavior services was the close relationship with Mental Health professionals who are now part of the agency. In their survey responses, service coordinators (100%) confirmed that they felt the health care needs of individuals were being addressed appropriately. They reported working closely with agency nurses to address these needs. Seventy-five percent (75%) of service coordinators surveyed indicated that the safety needs of individuals were being addressed. In addition, the area agency's nurses were recognized for providing valuable clinical supports.

Ten subcontract agency managers interviewed during the redesignation review reported that the Provider Manual given to them by Community Partners outlined the area agency's clear expectations regarding individual rights, health and safety. Subcontract agencies that provide services to four or more individuals from the region also meet with agency staff on a monthly or bi-monthly basis. They discuss any individual concerns about health and safety at these meetings. Five of the ten subcontract agencies had requested assistance in the past with crisis situations, including rights violations, and all reported that the area agency had been very

responsive and the Director of Quality Assurance very helpful. All of these agencies reported that they provided their own staff trainings about rights and behavioral supports. Subcontract agencies do not access the area agency's trainings on rights, health, safety or behavioral supports. One subcontract agency that provides services to a larger number of individuals did use the services of the area agency's behavior consultant, which the area agency had offered them.

A number of surveys were reviewed to determine if individuals and families/guardians had been made aware of their rights and were satisfied with the health related supports provided to individuals. Overall, the responses were very positive. Although 33% of the participants in the Adult Outcomes Surveys indicated that they wanted more help to understand their rights, 96% reported that they knew whom to go to if they had a problem or did not feel safe. Since they would turn to family, providers and staff, the degree to which these people are aware of individuals' rights in the system and how to safeguard those rights is critical. As previously noted, direct service staff and home providers at the agency are well aware of individual rights and the complaint process. Based on their survey responses and the family forums, families in the region, including families who receive early supports and services, are also aware of individuals' rights and know what to do if they ever become aware of a rights violation. On average, 89% said they had been informed of individuals' rights in the system; 88% knew about the complaint process and would file a complaint if they became aware of a rights' violation; and 83% were satisfied with the health related supports for their family member.

During their redesignation interview, the Family Support Council said that the agency's Complaint Investigator attended some of their meetings to provide updated reports on complaint investigations. This year, he presented the BDS summary report on complaints to the Council. They found this information very beneficial to their discussions in this area. In their surveys, 95% of family support staff and ESS staff reported that they received sufficient information and training on rights and rights protection to enable them to assist families. Somewhat fewer family support staff, 83%, felt they received sufficient information to assist families with medical and behavioral emergencies.

A sampling of ten service agreements was reviewed to determine if individuals' goals were based on their preferences, if they were being supported to reach their goals, and if their schedules included meaningful activities. In all of the records reviewed, the goals were consistent with the interests and needs of the individual and there was evidence that they were engaged in some community activities such as working, volunteering and participating in community recreational events.

The agency's complaint investigator, who is also the Director of Quality Assurance, compiles an annual report on the complaints filed each year and their resolution. The reports from 2004 through 2008 were examined during the redesignation review. There has been an increase in the number of complaints filed in recent years, from six in 2004 to 22 in 2008. Based on information provided by families, staff, home providers and subcontract agencies, the agency is open and responsive to complaints. The increase in numbers may be the result of staff and families' increased awareness of individuals' rights in the system and that they feel comfortable knowing that their concerns will be addressed. The results of Adult Outcome and family surveys during the past five years appear to indicate that the increase is not due to individual and family dissatisfaction with the services related to health and safety. Less than 5% of individuals and families surveyed indicated that they had concerns about the health or safety of the individual who received services.

The area agency has an active Human Rights committee chaired by a member of the Board of Directors. Other members of the committee include two community members and five area agency staff: the agency certification specialist, the agency's behavior specialist, two service coordinators and the quality assurance director. The committee meets bi-monthly and is charged with reviewing behavior plans, making policy and procedure recommendations on rights and safety, and reviewing complaint investigation and accident/incident report summaries. The committee tracks and identifies trends on the complaints filed and it also examines approximately five individual investigations each year. The chair of the committee reports that support from the agency is good and responses are timely. The committee does not experience any difficulty when it questions the agency on decisions related to rights, health or safety.

Community Partners has the policies and procedures needed to guide staff in protecting individual and family rights and to promote health and well-being. Staff who work for the agency, providers who are under contract with the agency, and those who receive services from the agency are aware of individuals' rights in the service system and know how to address any rights violation. The area agency is described as very "responsive" to any concerns raised. This openness to hearing concerns from staff and families and addressing these concerns is the mark of an organization that is committed to safeguarding individuals' rights, health and safety.

CHOICE, CONTROL, AND SATISFACTION

Expectations:

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

In the State of New Hampshire, the provision of developmental services has evolved from placing people into “programs” to asking the individual and family what supports they need, how they want these supports provided, and whom they want to provide the supports. Individual and family control is the standard against which services are now measured.

In order to make decisions about services, customers need to be given information about how to navigate the system. To adequately assess this, during the redesignation process a number of survey results were reviewed, discussions were held with a wide range of stakeholders, and telephone interviews were conducted with subcontract agency managers and community agencies that work in collaboration with the area agency.

Based on the results of CSNI family surveys conducted biannually from 2003-2007, and the redesignation family survey conducted in 2008, families were satisfied with the information and the support they received from the area agency to plan and implement services. Although the questions were framed differently in the two surveys, approximately 88% said that they received information they needed and felt involved in making decisions about services. Alternately, 42% did not know they could be involved in their family member’s service budget and 37% responded that they were not encouraged to become involved in decisions about their family member’s service budget. In addition, 72% of service coordinators who responded to the redesignation survey reported that individuals and guardians were seldom or never involved in decisions about how individual funds were to be used.

The area agency management team seems to be aware of the need for improvement regarding sharing financial information and reported that a Frequently Asked Questions (FAQ) has been developed on consolidated (self-directed) services for service coordinators. The agency has also developed a policy for consolidated services and it is reaching out to other agencies to learn how they are managing these services. Management staff reported that they are just beginning to introduce this option to some adults in the agency’s day program. During their interview, service coordinators expressed concerns about their capacity to manage consolidated service arrangements because of the number of other demands on their time. They added, however, that they had worked with some individuals and families on this and found their family support unit very helpful given their experience with consolidated services for children. Subcontract agencies reported that they worked to ensure that individuals and families were in control of all service related decisions. One agency felt that the area agency had made good progress in empowering individual and family control over services.

Consideration: Based on the information provided, the agency clearly wants to expand consolidated services in the region. One effective approach to providing consolidated services has been to dedicate one or two service coordinators exclusively to this service arrangement and giving them the training and resources they need to work with families in this area. Expertise

across service coordinators could be expanded as more individuals and families choose this option.

The family support unit at the agency identified a number of ways their staff assisted families with receiving the information they need. The process begins right at the outset with the information provided by the intake coordinator about ESS. The family support staff work closely with the intake coordinator, with service coordinators, with multiple community agencies, and with local school systems to assist families in identifying the resources and supports they need. It is in this way that they are able to determine which families need respite services, environmental modifications, children's in-home support services, assistance with accessing financial resources, and help with making connections with other families. Family support staff also make good use of their quarterly newsletter to keep families informed about services, events and resources available both at the agency and in the community.

Assessing the level of involvement of individuals and families in the design and implementation of their services must include a review of the degree to which they participate in selecting their service goals and service providers, and how involved they are in hiring or selecting the staff that provide the supports. Based on the results of family support and ESS staff surveys, families who receive these services are always involved in selecting their service goals and in decisions about who will provide the services. Families at the redesignation forum reported that family support staff have been working very hard to increase the level and quality of supports provided to children who have autism. They are trying to fill the "gap" between what the schools provide and what families can do at home.

Based on the results of the Adult Outcome surveys, family surveys, and a sampling of service agreements, individuals and families in the region are very involved in selecting their goals, with an average of 84% responding affirmatively to these questions in the surveys. Surveys of direct service staff and home providers reflected similar positive results. The Adult Outcome surveys results also revealed, however, that the majority of individuals (81%) do not feel they are involved in selecting or hiring the staff that support them at work or during community activities. In their redesignation survey 38% of the service coordinators who responded indicated that individuals and guardians are not routinely involved in hiring, selecting, and evaluating support staff.

During their interviews, subcontract agencies reported similar results in this area, with 5 of the ten agencies reporting that individuals and guardians were involved hiring/selecting staff. Several said that the grouping arrangements of day services precluded this. Subcontract agencies also believe that individuals and families were not provided with a listing of subcontract agencies and that providing such information would enable individuals and families to make informed decisions/choices in selecting their provider agencies.

Recommendation:

- An essential component of choice and control over services is deciding who will provide those services. Based on the information reviewed, this is working well in the agency's ESS and family support services. Creating small service teams around individuals and seeking individual, guardian and family input in selecting the staff on those teams, is one way in which the area agency could achieve this goal. In addition, the area agency could provide individuals and families with information about the variety of service providers currently working as subcontractors in region 9.

The results of the Adult Outcome surveys and family surveys were also used to assess overall satisfaction with services. Individuals reported a high degree of satisfaction (average: 88%) with their residential services, in the supports they receive during the day and in their assistive technology for transportation and self-care. They also indicated that there were changes they wanted to make in several areas: increasing their work hours, having better communication technology, and being involved in some activities that they would prefer, e.g. developing computer skills. Families reported that they were “always” or “usually” satisfied with the supports that were available and that these supports were meeting their family’s needs (average: 83%). There has been an increase in satisfaction since 2003 in respite services, transition planning, home modifications and supports around estate futures planning, with current survey results yielding a combined satisfaction rate of 87%. The agency is commended for these improvements.

Although there were only eight family members who attended the redesignation family forums, these families provided many insights into the services they received and the area agency’s performance in general. Most families at the forum indicated that while there are sometimes concerns and challenges, the area agency shows a willingness to work with them to resolve issues and concerns. Although there are recommendations in this report to enhance individual and family choice and control over services, overall, the agency is working to achieve positive results for individuals and families.

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.

Area agencies are evaluated on the degree of involvement of individuals and families in the design and implementation of their own services. Since their participation on agency boards, committees and in regional planning is vital to the person-centered work of the agency, the agency is also evaluated on its outreach efforts to individuals and families and on how well it supports their participation in agency activities.

The area agency Board of Directors is currently comprised of 17 members, with three members being consumers of developmental services: two individuals who receive services and one family member. There are also two consumers of Behavioral Health services on the Board. Board members said that the agency supports family involvement by assisting them with transportation and respite, and by offering flexible meeting times. In addition, at least one or more family members is on each of the five Board committees, with 3 family members participating on the region's Wait List Committee. Most self-advocates interviewed during the redesignation process said that they were not on agency committees, with the exception of the Recreation/Events planning committee that many of them were involved in periodically. It is notable that the self-advocates hosted an "Ice Cream Social and Candidates Awareness Night" prior to the 2008 fall elections which was open to everyone and very well attended.

Consideration: In developmental services at the area agency, there is good family representation on many agency committees; however, individuals who receive services have very little involvement in committee work. It is suggested that the area agency conduct more formal outreach activities to recruit families and individuals for Board membership and agency committees. The area agency website would be a useful tool to extend invitations to individuals, as well as additional families to participate. Since it is sometimes overwhelming for people who have not been involved in agency committees to begin this process, another suggestion is to have a seasoned family member on a committee attend the first few meetings with a new family member or adult service recipient.

The agency uses an evaluation tool to receive input from individuals whenever there is an agency sponsored event. Individuals also call or email their service coordinators to provide input on what activities they would like the agency to sponsor. The agency's family support newsletter, the area agency newsletter and the home provider newsletter were cited as important avenues for informing families and staff about agency events and any changes in developmental services occurring at the agency or in the state. Agency and state conferences were also described as good networking occasions for staff and families to connect and exchange information. A "Candidates Night" hosted by the agency in 2008 allowed families to sit in small groups to discuss concerns with ten candidates who were running for office. The agency also sponsors a Legislative forum to update representatives about developmental services.

The Family Support Council in region 9 is comprised of eleven family members. They reported being very involved in the development of the family support plan and one of their members is also on the agency's strategic planning committee, which helps the Council and agency integrate the goals of the family support plan with the agency's biennial plan. The legislative liaison keeps families informed of any statewide changes in laws or services. The liaison emails over 150 families in the region. The Council made a major effort to recruit new members at the 2008 Family Support Conference where they met with families who attended from the region. The Family Support staff who were interviewed during the redesignation process reported that family input is primarily done through the Council, but families also have the occasion to influence planning by attending the annual Community Forum sponsored by the agency. It is open to individuals, families and any member of the community to provide input into the area agency's strategic plan.

In their responses to surveys, most families reported that they were kept informed of agency events, as well as any changes at the agency or in state laws. In the redesignation surveys sent to all families, on average 74% reported being well informed of legislative activities and any proposed changes in agency or statewide services. With regard to legislation, the CSNI family surveys had the most positive results with 88% of families reporting that the agency kept them well informed of upcoming legislative activities. There was one area, however, where families responded less favorably: 26% reported that they were not made aware of changes in service coordinators. Over 90% of those responding to the CSNI surveys also reported being satisfied with the information they received from the agency regarding training opportunities and policy changes.

In their interview with the redesignation team, Family Support Council members described their involvement in the work of the agency. The Executive Director of the area agency attends Council meetings at the Council's invitation to provide information or discuss any concerns that the Council may have. Council members are involved in several agency committees: Wait List Committee, Strategic Planning Committee, Safety Committee, Disaster Preparedness Committee and the Biennial Planning Committee. There is a Council member who attends agency Board meetings as a non-voting member, and the Council finds that their priorities and input are well represented with this arrangement. The Council has also established its own committee to find better ways of supporting children and families affected by autism.

Family Support staff reported during their interviews with the redesignation team that they felt the Family Support Council in the region was very strong and that the Council "sets the agency's agenda." Family Support staff assist the Council in recruiting new members. When an individual is found eligible for services, family support staff provide the family with a description of the Council and the names and phone numbers of Council members.

The area agency has reached out to families in the region on many levels. Families are represented on most committees and most families surveyed report getting the information they need about agency and state initiatives. The agency has a good working relationship with the Family Support Council and the Council feels well supported by the agency. The agency's efforts to involve families are commendable. Seeking out and supporting greater involvement of individuals who receive services will only add to the variety of perspectives needed to maintain the balance between individual, family and agency priorities.

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.

A system of quality improvement has three essential components: ongoing evaluation of services; a feedback loop with customers to assess their satisfaction with services; and action taken whenever there is indication that services are not of the highest quality.

Community Partners has many internal policies and practices in place to assess services. Its early supports and services (ESS) unit conducts annual planning retreats with a professional facilitator. During these sessions staff establish “next steps” to improve ESS, and this plan, reviewed quarterly, is incorporated into the area agency biennial plan. Quality improvement is also discussed at weekly ESS staff meetings. The agency has a Quality Improvement Committee that meets bi-monthly. It reviews summary reports on a variety of issues and presents findings to the Board of Directors regularly. The committee is comprised of four quality assurance staff, one family member, and, as testament to the importance of the committee at the agency, four members of the Board of Directors. Summary reports of accidents and injuries, behavioral incidents, and certification deficiencies are reviewed by the committee.

The agency has a quality assurance unit that focuses on reviewing and compiling information for program directors and managers. There is a Chief Compliance and Quality Improvement Officer who oversees QA activities at the agency for both developmental services and behavioral health. There are two Directors of Quality Assurance, one for developmental services and one for behavioral health. The Director of Quality Assurance for developmental services monitors and analyzes information on accidents/incidents reports; monitors fire safety; does subcontract agency contract negotiations where expectations are outlined; meets with home providers to discuss services and receive their suggestions for improvements; reviews and analyzes survey results; compiles reports on medication incidents/errors; and monitors all follow-up needed on any compliance issues. The QA Director is also the complaint investigator and in this capacity identifies areas in need of improvement. In addition, there is a Certification Specialist who is charged with conducting pre-certification reviews for all certified programs, compiling and distributing reports on deficiencies to program directors, as well as compiling outcomes data for the CSNI quality improvement committee. The Chief Compliance Officer and the Quality Assurance Directors attend weekly area agency operations meetings.

The area agency has expanded its efforts to examine service provision in all areas. One area that has shown significant improvement is the agency’s interactions with its home providers. Home providers were involved in revising the Home Provider Manual, which was shared with all home providers at a celebratory meeting. There is now a home provider newsletter that includes information about new staff at the agency, fire safety tips, training options and other articles. There is also a regular meeting of home providers scheduled both in the morning and in the evening to accommodate home providers.

Information obtained from family forums and surveys was used to determine the extent to which the agency followed up on families' suggestions to improve services. In the redesignation family survey 72% responded "yes" to the question about agency follow-up on suggestions. In its meeting with the redesignation team, the Family Support Council at the agency reported that the Director of Quality Assurance provide reports to the Council and come to meetings to discuss these reports. They are very satisfied with the information they receive and with the agency's responsiveness to any questions they may have. In their survey responses, the great majority of ESS staff, family support staff, direct service staff and home providers answered positively on questions related to their knowledge about quality improvement work at the agency and whether or not this led to an improvement in services. On average, over 90% responded that quality improvement activities at the agency led to better services. (Further review of service coordinators' survey input regarding quality is found in section VI of this report).

Subcontract agency managers interviewed during the redesignation review reported that the area agency's quality improvement efforts were mainly focused on service coordinators reviewing progress notes and the subcontract agencies faxing to the area agency accident/incident reports as they occurred. The three subcontract agencies that provide services to four or more individuals reported that they meet either monthly or bi-monthly with the Director of Case Management and during their meetings they often discussed ways to improve service delivery. None reported having received information about the results of the area agency's many quality improvement activities.

Consideration: Many staff at the area agency are aware of quality improvement efforts that are occurring. They feel that these have resulted in better services. There is a need to formally include service coordinators and subcontract agencies in discussions about ways to improve services. There is also a need to publicize quality assurance reports, letting staff, providers, individuals and families know what is occurring in this area and how efforts have resulted in changes.

The ten service agreements examined during the redesignation review provided evidence that individual follow-up on concerns was provided when needed. In eight of the ten records, there was documentation of progress on individual goals. In two records there was indication that changes in staffing and approach were occurring due to the lack of progress being made.

During the past several years, the area agency has clearly increased its efforts to examine services and assess satisfaction. It is also expending considerable resources in staffing to expand quality improvement activities. These efforts are resulting in improved services in several areas. The consideration included in this section could serve to let everyone know that they are equal partners in the agency's work to improve quality.

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.

In order to deliver effective and reliable services, a human service organization must support its staff and providers, set clear expectations, have open and honest communications with all its constituents, and be responsive.

The organizational chart for Community Partners was updated in July 2008 and it includes the responsibilities of the Board, management team and Family Support Council. The area agency by-laws were updated in March 2008, and all policies and management team job descriptions reflect current practices and responsibilities.

Discussions with the Board of Directors during the redesignation process and a review of the Board minutes provided information about Board training and activities. There is a detailed Board of Directors' orientation packet and all new Board members receive a comprehensive overview of the area agency from the Chief Compliance and Quality Improvement Officer, as well as a tour of agency properties. There is documentation in the Board minutes that the Board is kept apprised of agency activities. Various agency staff attend Board meetings throughout the year to provide updates in areas such as wait lists, family support, self-advocacy, fire safety, complaint investigations, and reports on progress made in achieving biennial plan goals. Board members also attend an annual retreat where they discuss the agency's vision, committee initiatives and strategic planning goals and updates. The Board described the "transparency" of the management team in its proactive sharing of information and issues. BDS has found that this type of openness on the part of the agency management team is indicative of strong administrative capacity.

The area agency's management team outlined the initiatives it has taken to support staff orientation and ongoing training. In January 2008, the agency developed the position of Training Specialist to ensure that there is a solid orientation for all new employees and ongoing staff development trainings. In June of 2007 the agency implemented an internet-based training program entitled Essential Learning (E Learning). There is also a management component of E Learning that service coordinators have completed, and they attend an annual retreat to discuss services and develop programmatic and department goals. In FY 2008, the agency sponsored across the board training in social role valorization (SRV) that included practical applications as well as SRV theory and philosophy. Through the "Dale Fund" the area agency is able to offer scholarships for staff to attend conferences or take courses. With the exception of service coordinators, who did not feel that area agency trainings met their needs, and subcontract agencies, which do not access area agency trainings, all other agency staff and home providers gave a positive rating to training they received (98%). The agency is applauded for all of these efforts to strengthen its workforce.

The family support coordinator is a member of the area agency management team and is able to keep family support staff apprised of the work being done in all departments of the agency. During their interview with the redesignation team, family support staff spoke of their positive working relationship with ESS and service coordinators. This was confirmed by ESS staff and service coordinators.

In order to assess the effectiveness of the agency' supervision and support of staff and providers, the results of surveys, meetings and telephone interviews were reviewed. When asked if their supervisors were accessible and helpful, 100% of ESS direct service providers and family support staff responded "always" or "usually"; 93% of direct support staff responded likewise; 71% of home providers and 63% of service coordinators responded "always" or "usually". Seventy-five percent (75%) of service coordinators reported that they were satisfied with the supervision they received. When they were asked if the area agency creates an atmosphere where staff are encouraged to offer ideas, opinions and suggestions, 100% of ESS staff and family support staff and 87% of direct service staff responded positively, while only 25% of service coordinators responded positively. When asked if their unit had a strong and effective voice within the agency, 100% of family support staff said "yes" while only 37% of service coordinators responded affirmatively. During their redesignation interview, area agency nursing staff reported that the agency's support of nursing has increased in recent years. In rating overall area agency support of their work, home providers, direct service staff, ESS staff and family support staff responded "good" to "excellent."

Recommendation:

- The overall feedback from staff and providers is quite positive regarding the supports provided by the area agency. One exception is the survey responses from the service coordinators. Given the critical role that the service coordinators play in provision of services, it is recommended that the area agency engage its service coordinators in further discussions to identify and address the specific issues that are of concern.

Ten subcontract agency managers, interviewed during the redesignation review, reported various levels of interaction with the area agency. Five agencies reported they had a very good working relationship with the area agency. Two that provide services to one or two individuals keep in regular contact by phone and meet whenever necessary. The three agencies that provide services to four or more individuals from the region said that their managers met regularly (monthly or bi-monthly) with the Director of Case Management and they described her as "excellent to work with" and "extremely helpful". Five agencies that provide services to only one or two individuals from the region said they had essentially no contact except quarterly service coordinator visits with individuals. During their meetings they discuss individual needs, the needs of their organization and how to improve services. One subcontract agency manager suggested that a more active relationship would benefit both sides.

Consideration: The three subcontract agencies that provide services to four or more individuals from the region feel well supported by the agency and called their meetings with the Director of Case Management "critical." However, other subcontract agencies seem to have more limited relationships. Holding subcontract agency meetings as a group, involving subcontract agencies in quality improvement initiatives at the area agency, and keeping these agencies informed about trainings and changes at Community Partners may result in better partnerships and exchange of best practices.

With regard to the area agency's public outreach and education efforts, the Board of Directors, Family Support Council, management team and Self-advocates all described the number of ways they are involved in public relations and educating the community. Board members reported that publicity and community awareness of the area agency has increased. Families, individuals and staff at the agency attend or are members of a number of community agencies, including: the Stafford County Prevention Board, HUB, parent and child education, wrap around teams, CHAD at Wentworth Douglas hospital, and Head Start. The agency also hosts several forums each year, inviting the community at large. Twelve community agencies that collaborate with the area agency in the region all spoke positively about the area agency's outreach efforts.

The area agency has a good relationship with its advisory group, the Family Support Council, whose members describe their relationship with the area agency as very positive. Members feel well supported by staff. They participate in the hiring of any new family support staff and, although they have participated in the evaluation of the family support coordinator in the past, they feel they have "run out of words" to describe the excellent job she has done over the years. The Council also has a good relationship with the agency's Board of Directors. One member of the Council frequently attends Board meetings and reports back to the Council.

Community Partners has worked very hard to provide the support and training its staff and home providers need. The agency has an excellent relationship with its Family Support Council and it is viewed very positively by other agencies in the community. Its policies and procedures are up to date and its Board of Directors, clearly a very active and involved Board, is kept well informed by staff. Overall, the agency has demonstrated strong performance in governance and administration.

BUDGET DEVELOPMENT AND FISCAL HEALTH

Expectations:

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

Area agencies need to have policies and practices that ensure sound fiscal management and financial health. Managers who oversee services must be involved in budget development and have a good understanding of the financial operations of the agency, and staff that work with families need individual budget information to assist with planning.

Based on a review of the documentation at the agency, Community Partners has financial policies and procedures that guide its accounting practices and oversight activities. There is a Board fiscal committee that meets monthly, prior to the Board of Directors' meeting. This committee monitors the agency's financial reports and makes recommendations to the Finance Director and the Board of Directors. The Board receives and reviews full financial statements monthly, including balance sheet, YTD operating statements, and cash flow. During its redesignation interview, Board members described their fiduciary responsibilities as the primary role they play to ensure sufficient resources are available to address the service needs of individuals in the region.

The area agency management team reported that the Executive Director, Finance Director and all senior managers at the agency play an active role in developing and monitoring budgets, but training in this area has not been extended to service coordinators, with the exception of the service coordinators who have individuals or families involved in consolidated service arrangements. According to the management team, service coordinators do not currently have significant knowledge of, or involvement with individual budgets. The Finance Director and Director of Service Coordination indicated that the agency intends to increase the amount of financial and budgetary information shared with service coordinators. The Finance Director does meet with all department heads, giving them at least monthly updates, and budget management is a frequent topic at the area agency's management team meetings.

Results of the redesignation family surveys provided somewhat contradictory information regarding involvement with individuals' budgets. When asked if they were encouraged and supported to exercise choice and control over management of financial resources, 67% of families responded "yes". When asked if anyone at the area agency had explained that the family could be involved in deciding how monies are spent within individual service budget, only 31% responded "yes." During their interview, service coordinators said they needed additional training and support to be able to understand budgets. They reported that families often asked questions about individual finances and they did not feel they had sufficient understanding to explain.

Consideration: Service coordinators, who support individuals in consolidated service arrangements, need a high degree of understanding of budgets in order to assist individuals and

families with managing their resources effectively. All service coordinators, however, need to be aware of individual service budgets in order to share this information with individuals and families. The agency is encouraged to move ahead with its plans to provide training for service coordinators in this area.

Six of the ten subcontract agencies interviewed during the redesignation review said that they provided annual audits to the area agency. Three of these, which provide services to four or more individuals, also provide quarterly financial reports to the area agency. Four agencies said they provided only time sheets and documentation of service delivery. The three agencies who serve more than one or two individuals from the region also meet regularly with the Director of Service Coordination and they discuss any financial issues during these meetings. Subcontract agencies that do not discuss finances with the area agency on a regular basis did not note this as a problem since they were able to contact the agency about any concerns in this area for the one or two individuals they served. When the subcontract agency managers were asked how they monitored cost effectiveness many reported that if they remained within the budgets they feel they are cost effective since “budgets are tight.” One agency described itself as a “flat organization; minimizing the hierarchy reduces the cost.”

The area agency has a large Wait List committee that meets bi-monthly and includes several families, members of the Board of Directors and Family Support Council, agency staff, and the Bureau’s Liaison to the region. During these meetings, members struggle with prioritizing needs and strategizing on ways to support individuals and families while they wait for services. Updates about the wait list are routinely provided to the management team and the Board of Directors. The area agency also has a “waiting list manager” who seeks individualized strategies to maximize generic resources. Service coordinators have found that families are “more creative, stretching available resources” when they understand “funding realities.”

In order to supplement its own financial resources, the area agency conducts an annual appeal, solicits donations on its website and conducts several fund raising events in partnership with other local agencies. Family support staff spoke of their strong community connections with social service agencies, which help them supplement agency supports with generic supports.

It is recommended that all area agencies have sufficient cash on hand to cover all expenses for a 15-day period. Community Partners’ cash on hand on June 30, 2008 was 31 days; on June 30, 2007 cash on hand was 38 days. The area agency has recently developed a high cost budget review team to review existing programs and find ways to provide supports in a more cost effective way without adversely affecting the quality of the services provided.

Community Partners has systems in place to review expenditures and monitor the agency’s financial health. The Board of Directors recognizes its essential role in overseeing area agency finances and ensures that the agency remains in a sound fiscal position. The agency has adequate reserves to ensure continuity of services and operations. There are effective review systems in place including a strong wait list committee and fiscal oversight committee. The agency has provided many internal and external supports to individuals as they wait for needed services. Overall, Community Partners has managed resources well and is commended for the extensive work it has done over the past five years to place the area agency in good financial standing.

COMPLIANCE

Expectations:

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

During the redesignation review, compliance with all state and federal regulations is assessed. Rules for the Bureau of Developmental Services are found within title He-M of the New Hampshire Code of Administrative Rules:

- The area agency submits semi-annual reports to the Bureau's Medication Committee and provides follow-up whenever requested, in compliance with He-M 1201. One subcontract agency in the region has had problems with the number of medication errors and the area agency has provided additional oversight as requested by the committee.
- The sampling of ten records reviewed during redesignation confirmed compliance with He-M 503 for service agreements, eligibility criteria and wait list monitoring.
- The agency routinely gets high marks for the lowest percentage of deficiencies of any region in the state. The percentage (39%) of certification visits with no deficiencies has also been consistently higher than the statewide average (32%) for the past five years.
- Requests to obtain prior-authorization for services under the Medicaid Community Care Waiver meet the documentation requirements in He-M 517.
- The area agency is in compliance with all provisions under He-M 524, the In-Home Support waiver for children.
- Although service plan goals and progress notes were in place for day services in accordance with He-M 507, a statewide Bureau review in 2005 indicated a need for the area agency to focus on more individualized goals in its day services. This has since been resolved.
- Federal compliance indicators for early supports and services (ESS) in region 9 have shown improvement since FY 06. At 91% compliance in FY 08, however, the agency has not met the need for 100% compliance with the 45 day timeline for development of individual family service plans (IFSP).
- The agency's Family Support Council is in compliance with He-M 519. Its roster exceeds the requisite number of members and the membership represents the geographic areas of the region and most age groups.
- The area agency's Board of Directors includes two individuals who receive developmental services and one family member, with other consumers of behavioral health services also comprising the Board's membership.

Interviews with staff from the Bureau of Developmental Services were conducted to determine the area agency's compliance with timely submission of information. The agency submits accurate and timely budget and contract information, as well as quarterly financial reports. Quarterly wait list submissions are always timely and in the correct format. The area agency received best practice recognition for the creation and implementation of a family In-Home

Support notebook that organizes information and requirements for families in the program and includes simplified formats for families to use when documenting services. There are, however, frequent delays in the timely submission of family support, respite and ESS data. When the information is needed immediately for statewide reports, staff are responsive in gathering all past information. Mortality notification, Medicaid waiver requests and employment data are completed in a timely way, with the exception of occasional technical problems in the past with employment data. Staff work to resolve these issues as soon as possible. The area agency's strategic plan and subsequent updates are comprehensive and meet all guidelines.

The evidence is clear. The area agency has worked very hard to achieve full compliance with all state and federal regulations and, in the majority of areas, it has met or surpassed requirements. There is always work to be done, but there are no concerns about the goal of this agency: 100% compliance with all regulatory requirements.

SUMMARY

Community Partners has a well-articulated mission statement that includes a commitment to all of the people who receive services from the agency, as well as to their families. In recognition of the fact that the staff, providers and community at large are equal partners in support of individuals and their families, the mission also includes a commitment to them.

The area agency has a large and active Board of Directors that understands its fiduciary role as a primary responsibility, ensuring that the agency remains in sound fiscal health to support the needs of individuals and families. In addition, its members are active participants in five Board committees and they work as ambassadors to the community, increasing public awareness of the agency at local civic organizations and in their places of business. Individuals and families are involved in Board and area agency committees and the agency is encouraged to continue its outreach efforts in this area. Self-advocates have expressed an interest in becoming more involved.

Policies and procedures at the agency are current and provide guidance in all administrative and service areas, including rights, health, safety, governance and quality improvement. Agency staff and providers, and families who receive services from the agency are aware of individuals' rights in the service system and know about the agency's complaint process. Community Partners is described as very responsive to any concerns raised. There has been commendable work done to increase awareness of rights and health promotion at the agency, as well as to strengthen quality improvement initiatives. There have also been additional resources allocated to expanding and improving area agency trainings.

The number of individuals who receive consolidated, self-directed services in the region has slowly increased in the past several years, but there is a need to provide additional information about service options to individuals who receive adult services and their families. Everyone who receives services in the region should be aware that they have the right to select the staff that support them. Training and support for service coordinators must also be strengthened to enable them to plan consolidated services more effectively with individuals and families.

Survey results have indicated that overall families in the region are very satisfied with family support services, children's in-home supports and the early supports and services (ESS) they receive. Comments from families, direct service staff and home providers appear to confirm that the agency has made significant progress in addressing people's needs in all areas.

The agency has the lowest number of certification deficiencies of any region in the state and it has improved compliance with all state and federal regulations. Community Partners also enjoys good fiscal health. Overall, the area agency has done an excellent job in meeting its responsibilities to individuals and families in region 9. The considerations and recommendations included in this report are intended to support the agency in fully implementing its mission.