Bill as Introduced

HB 263 – AS INTRODUCED

2003 SESSION

03-0581
01/09

HOUSE BILL ***263***

AN ACT establishing an oversight committee to review the allocation of funds disbursed for the developmental disabilities waitlist.

SPONSORS: Rep. Batula, Hills 58; Rep. Wendelboe, Belk 29; Rep. Boyce, Belk 31; Rep. French, Merr 34; Sen. Martel, Dist 18; Sen. O'Hearn, Dist 12; Sen. Boyce, Dist 4

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill establishes an oversight committee to review the allocation of funds to those persons on the developmental disabilities waitlist.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 263 – AS INTRODUCED

03-0581
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Three

AN ACT establishing an oversight committee to review the allocation of funds disbursed for the developmental disabilities waitlist.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Section; Oversight Committee Established. Amend RSA 171-A by inserting after section 1-b the following new section:

171-A:1-c Oversight Committee; Establishment.

I. There shall be an oversight committee to review the allocation of funds to persons with severe developmental disabilities classified as priority A or B consisting of 6 members as follows:

(a) Three members of the house of representatives, one of whom shall be a member of the house health, human services and elderly affairs committee, appointed by the speaker of the house.

(b) Three members of the senate, appointed by the president of the senate.

II. Membership on the oversight committee shall be for the biennium and shall be coterminous with membership in the general court.

III. The oversight committee shall have a chairperson who shall be chosen by vote from among the committee membership. The chairperson's term of office shall be for the biennium. The committee shall have a clerk who shall be chosen by vote by members of the committee. The clerk's term of office shall be for the biennium. The legislative members of the committee shall receive legislative mileage when in performance of their duties.

IV. The committee's duties shall include, but not be limited to:

(a) Reviewing the allocation of funds to persons with severe developmental disabilities classified as priority A or B.

(b) Making recommendations to the commissioner.

(c) Submitting quarterly reports, together with any recommendations for legislation, to the speaker of the house of representatives, the senate president, and the governor.

2 Effective Date. This act shall take effect 60 days after its passage.

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 263 Date 1/22/03

Committee HHS

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
Sen. O'Hearn				X	
Sen Robert Boyce				X	
Teresa Rosenberger	49 N Main St Concord NH	226-1002	Brain Injury Asso	X	

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 263

BILL TITLE: establishing an oversight committee to review the allocation of funds disbursed for the developmental disabilities waitlist.

DATE: January 22, 2003

LOB ROOM: 205 **Time Public Hearing Called to Order:** 1:00 P.M.

Time Adjourned: 1:25 P.M.

(please circle if present)

Committee Members: Reps. Batula, Dalrymple, Chabot, Joseph Manning, P. Katsakiores, Pilliod, Wendelboe, MacKay, S. Eaton, Barry, C. Brown, Daniels, McMahon, Price, Weldy, French, Seldin, Harris, Sokol, Shultis and Miller

Bill Sponsors: Rep. Batula, Hills, 58; Rep. Wendelboe, Belk 29; Rep. Boyce, Belk 31; Rep. French, Merr 34; Sen. Martel, Dist 18; Sen. O'Hearn, Dist 12; Sen. Boyce, Dist 4

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Chairman Baltula, prime sponsor, spoke in favor if the bill. He provided back ground history leading to the establishment of the developmental disability waitlist. New Hampshire was the first state in the nation to close the residential facility for the developmental disabled (Laconia State School) which returned the residents to their community. At that time the state made a commitment to pay for the placement and the training of these individuals. Later as the economy went into recession, the state did not continue to completely financially support the program. A waitlist was established in 1998, that essentially said that we will provide services when money is available. Initially the wait was for 100 days, now the wait is approximately 200 days. Also, in 1998 the oversight committee that received the development waitlist was established. This bill reestablishes the oversight committee which had been sunsetted. The original goal was to eliminate the waitlist in five years. Now about halfway through progress has not been made. This is a serious problem that calls for continued oversight.

Rep Sokol – What are those in the waitlist waiting for? Answer – Housing and foster care. Also, those who are developmentally disabled with criminal tendencies go to the head of the list automatically.

Rep Manning – Is there a sunset provision the bill? Answer – It was considered but it was decided that the work on the waitlist is a long term issue. Question - Should there be a long term provision for the long term? Answer – I have no problem with that.

- What appropriation has been requested? Answer – This bill contains no appropriation. Seventeen million has been requested through the budget process.

Rep Welby – Does this include group homes? **Answer** – No that is a different subject.

Rep Miller – How do you define developmentally disabled? **Answer** – It is not defined in this bill. The DHHS has very specific qualifications.

Rep Brown – Is the 17 million-dollar request one time only? **Answer** – The request is for two years, then it will be requested again for another two years.

Rep Wendelboe – reviewed her concern about the cost of the forensic DD program.

NO PINK CARDS

Respectfully Submitted,

James R. MacKay
Committee Clerk

Testimony

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

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MEMORANDUM

DATE: **September 18, 2007**

TO: **Honorable John H. Lynch, Governor**
Honorable Terie Norelli, Speaker of the House
Honorable Sylvia B. Larsen, President of the Senate

FROM: **Rep. Suzanne Butcher, Chair**

SUBJECT: **Quarterly Report on RSA 171-A:1-c, HB 263, Chapter Law 10:1, Laws of 2003**

Pursuant to RSA 171-A:1-c, Laws of 2003, enclosed please find the Quarterly Report of the Developmental Disability Waitlist Fund Allocation Oversight Committee.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

SB:dm
Enclosures: Notes from June 25, 2007 meeting
2007 Third Quarter DD Wait List

cc. Ann FitzGerald, Committee Researcher
Honorable Karen O. Wadsworth, House Clerk
Tammy L. Wright, Senate Clerk
Michael York, State Librarian

Notes from informal meeting of the Developmental Disability Services Oversight Committee, 6/25/07

Attending:
Sen. Maggie Hassan, Rep. Suzanne Butcher, Rep. Evalyn Merrick
Matthew Ertas, Bureau of DD Services, DHHS
Richard Cohen, Disability Rights Center
Alex K., representing area agencies (AAs)

Because we did not have a quorum, this was an informal meeting.

(All comments are ME unless otherwise noted.)

ME provided the attached charts of waiting list numbers and trends. He described the process by which area agencies and families are being notified of funding available in the new budget. 85 people are waiting for residential services. Forensic includes people in DCYF, corrections, and NH Hospital. To the end of FY08, 340 people are projected to need services.

DHHS expects to provide new services for 254 people in FY08, staggered over 4 quarters and annualized in FY09. Interim supports will be provided through Family Support and respite. ME met with 4 reps from each AA to plan. AAs have to respond to family needs but also meet targets, may need to reduce budgets to service more people.

Direct Service Provider wage starts about $9. Usually starts low, increases after 6 mos.

60% of those with residential services are in "enhanced family care" (adult foster care). This can be a family member as a last resort, only if tried other providers first. Federal govt has had a rule against paying parents of minors.

2,000 get day services, 1,600 residential, including 250 who live with parents and get residential supports there – the most cost effective model. 375-400 are in independent living. RC: Families don't realize they can be certified as enhanced family care providers under Sec. 521.

SB asked about the impact on funding and the waiting list if more people ask for residential when more funding becomes available. ME said the bureau projected 55% day services, 45% residential.

Early intervention (EI) enrollment is up 60% in 10 years. SB93 will help, but new OSEP rules require the state to obtain permission from parents before billing insurance. 58-59% of EI families have insurance, 18-19% of EI funding comes from insurance. EI budget was $4.5 million this year, will be over $7 million end of next biennium. DHHS wants to increase salaries to compete with schools for OT, PT. EI program has had deficits the past three years.

Demand for in-home supports is increasing. It was originally for families in danger of not being able to keep the child at home, but many families, especially with children with autism, are under stress. The program had 200 slots and DHHS has been adding 10 per year. With other budget priorities, DHHS didn't focus on that group this year.

College of Direct Support footnote – Dept can go to fiscal committee for additional $ for those who complete.

RC asked about the role of the Oversight Committee on qualitative improvements, eligibility delays, allocation of services, timing of service plans. ME noted the 503 reg, which has timelines, will have to be amended to incorporate the changes in SB138.

SB-138 Committee, to develop a plan to address long-term workforce and related human resource issues for New Hampshire 's area agency system.

Those who will be serving on this Committee are:

0. Diane Carignan from People First of NH;
0. Beth Dixon, Kirsten Murphy and Cathy Spinney from the area agency Boards of Directors;
0. Susan Gunther, Bobbi Gross and Michael Umali from the Family Support Councils;
0. Ellen Edgerly from the NH Brain Injury Association;
0. Gordon Allen from the Developmental Disability Council;
0. Mike Skibbie from the Disabilities Rights Center ;
0. David Hagner from the Institute On Disability;
0. Dennis Powers from the Community Support Network;
0. Deborah Hopkins from the Private Provider Network;
0. Nancy Rollins and Matthew Ertas from the Department.

Meeting Schedule:
8/21/07 1:30 pm, BDS, South Function Room of the Main Building , 105 Pleasant St. Concord

Bureau of Developmental Services

Wait List Status

Fiscal Year 2007

Third Quarter

DD Wait List

Number of people on the DD WL as of 12/31/06 (Actually Waiting)	95
Number of people added to the DD WL as of 3/31/07	123
Number of people taken off the DD WL as of 3/31/07	(35)
Number of people on the DD WL as of 3/31/07	183
Net change in DD WL	88
Percentage of change	93%
Average Number of Days Spent on the WL	147

ABD Wait List

Number of people on Priority #1 ABD WL as of 12/31/06	8
Number of people added to the ABD WL as of 3/31/07	11
Number of people taken off Priority #1 ABD WL as of 3/31/07	(1)
Number of people on Priority #1 ABD WL as of 3/31/07	18
Net change in ABD WL	10
Percentage of change	125%
Average Number of Days Spent on the WL	119

6/25/2007

Bureau of Developmental Services
DD Wait List
FY 2007 Third Quarter

Type Of Services Requested

Day	61	33.3%
Day & Independent Living	10	5.5%
Day & Residential	45	24.6%
Independent Living	27	14.8%
Residential	40	21.9%
	183	100.0%

Community Safety

Forensic	7	3.8%
At Risk	22	12.0%
Number of People on WL Who Pose A Risk To Community Safety	29	15.8%

DCYF, jail, NH Hosp.

Autism Spectrum Disorder (ASD)

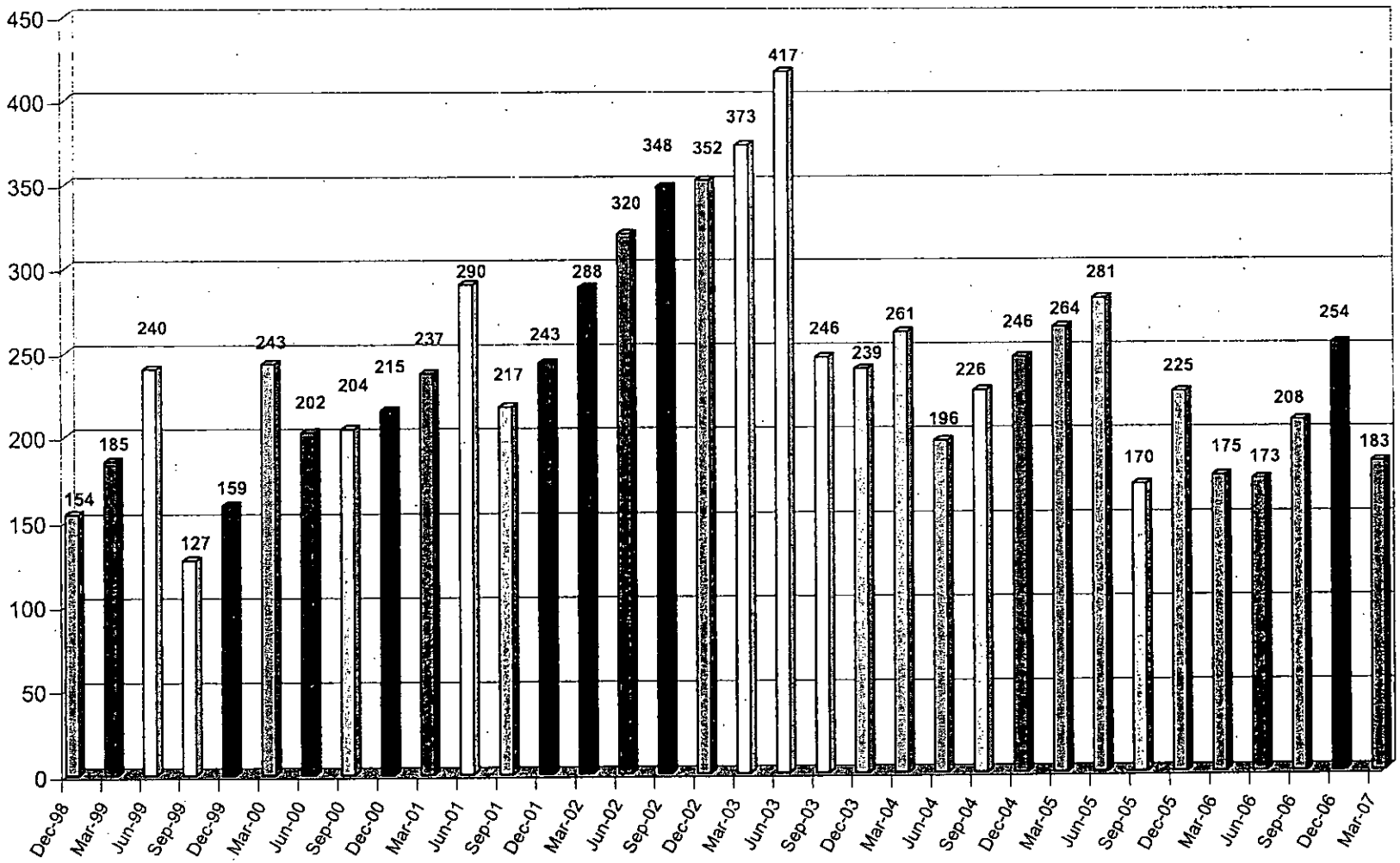
Number of People on WL Who Have Autism	21	11.5%

Number of People Turning 21 (Leaving School System)

Number of People Turning 21	52	28.4%

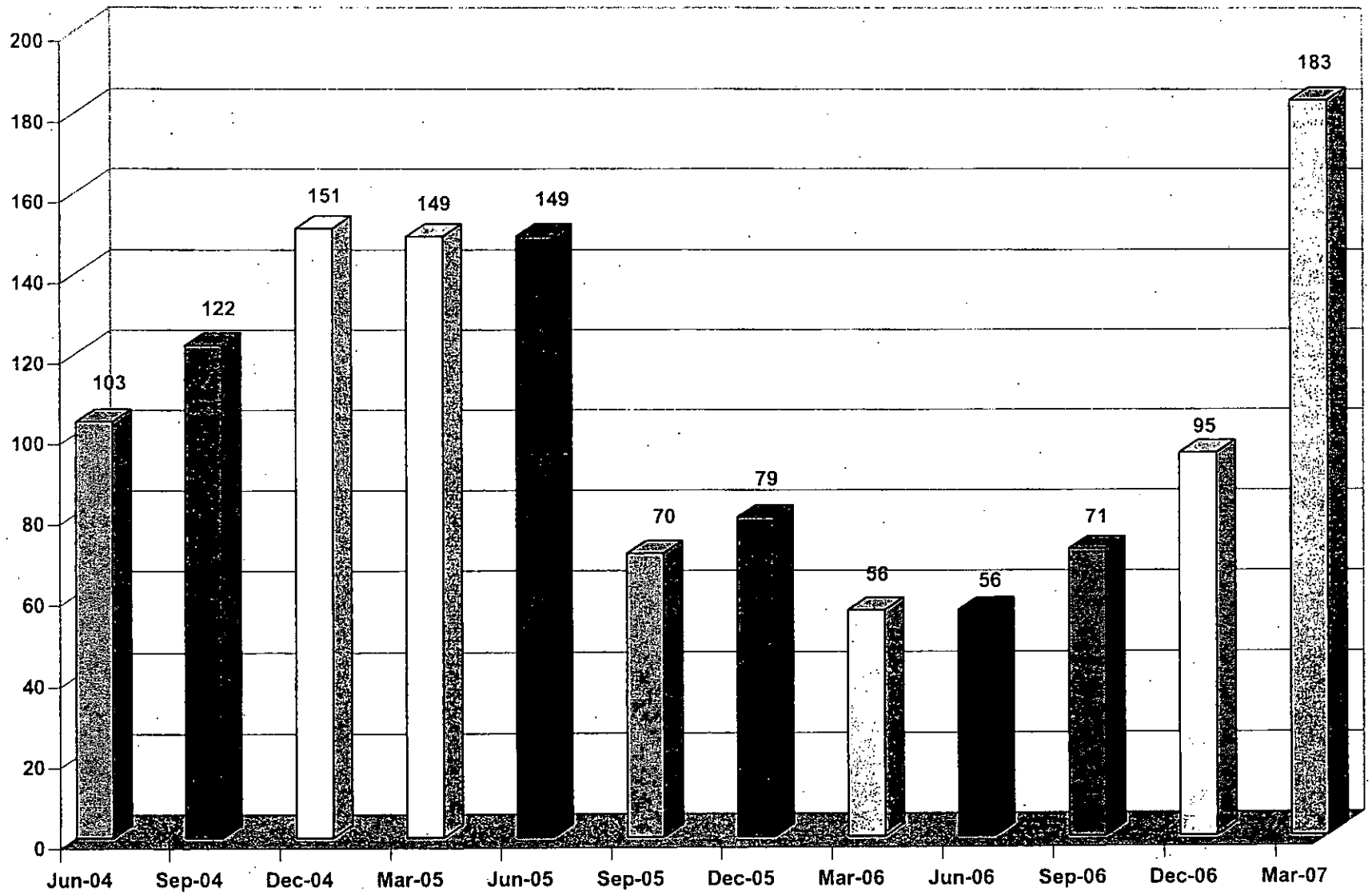
elderly parents?

Bureau Of Developmental Services
DD Wait List
Number of People



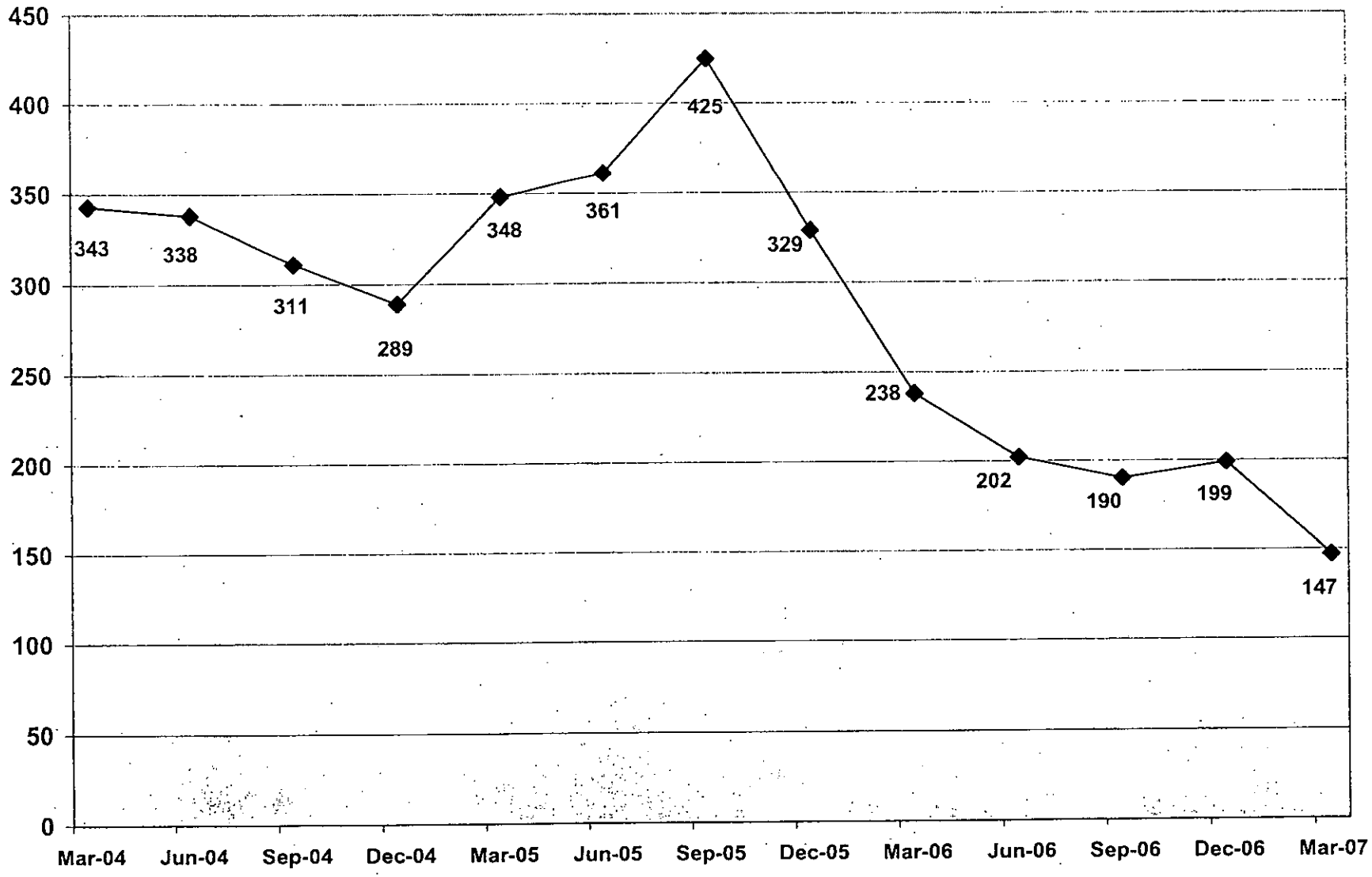
new definition

Bureau Of Developmental Services
DD Wait List
Number Of People *according to new definition*



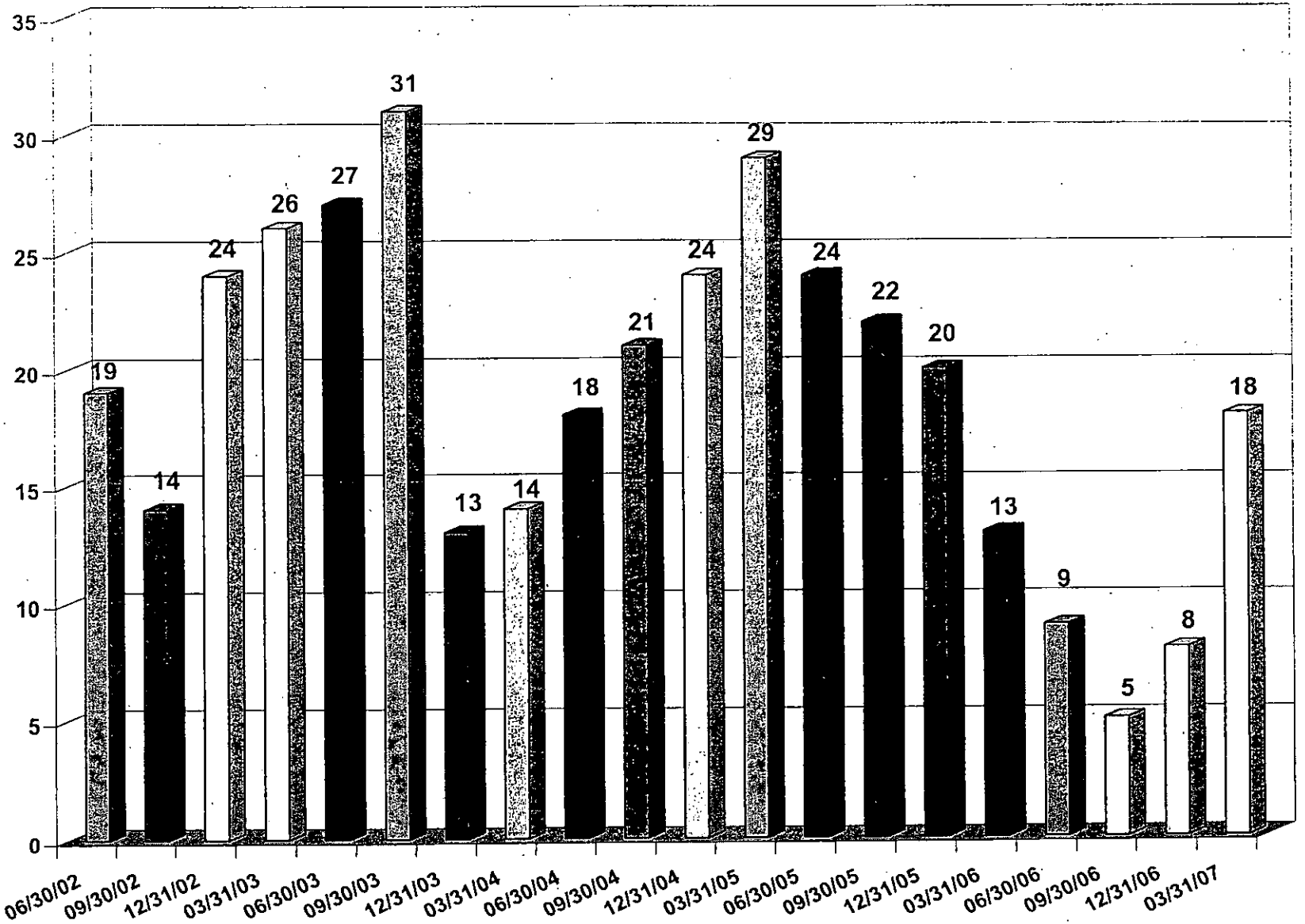
6/25/2007

Bureau of Developmental Services
DD Wait List
Average Days Waiting



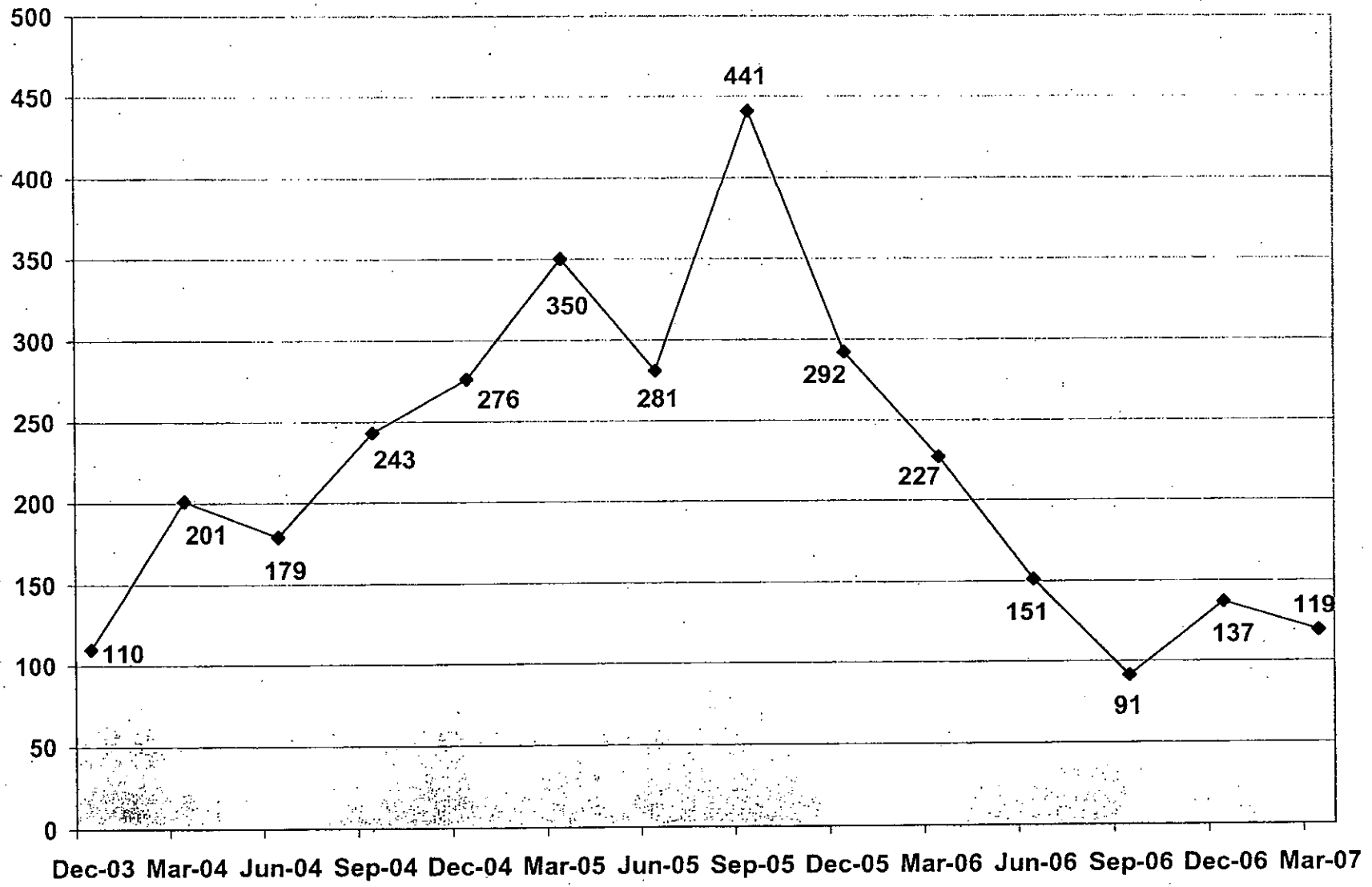
6/25/2007

Bureau Of Developmental Services
ABD Priority #1 Wait List
Number of People



6/25/2007

Bureau of Developmental Services
Priority #1 ABD Wait List
Average Days Waiting



6/25/2007

Bureau Of Developmental Services
Wat List Funding for FY '08 and '09

DD Wait List

	FY '08		FY '09	
	Funds	Projected To Be Served	Funds	Projected To Be Served
Agency Request	$7,752,824	222	$20,878,470	444
Approved Budget	$8,159,415	254	$15,965,279	348

includes 254

ABD Wait List

	FY '08		FY '09	
	Funds	Projected To Be Served	Funds	Projected To Be Served
Agency Request	$908,630	20	$2,739,853	39
Approved Budget	$661,130	15	$2,164,164	31

DD Wait List 3-Year Plan

$51.5K Per Person Scenario

		FISCAL YEAR 2008		FISCAL YEAR 2009	
		Enrollment	Total Cost	Enrollment	Total Cost
Developmental Disability	Backlog	80	$2,575,000	160	$6,828,900
	New Enrollees	84	$2,037,072	168	$6,490,333
	Total	164	$4,612,072	328	$13,319,233
Offenders	Backlog	12	$862,500	24	$2,287,350
	New Enrollees	6	$368,236	12	$1,079,401
	Total	18	$1,230,736	36	$3,366,751
TOTALS	**Backlog**	**92**	$3,437,500	**184**	$9,116,250
	New Enrollees	**90**	$2,405,308	**180**	$7,569,734
	Total	**182**	**$5,842,808**	**364**	**$16,685,984**
	Per Person Cost		**$32,103**		**$45,841**

staggered - partial year

Bureau Of Developmental Services			
Rate Increase for FY 2008			
A 2% rate increase will be effective on 7/1/ '07 and will generate about $3.2M.			
Direct Care Staff Average Wage			
Current	**$10.81**		
With FY '08 2% increase	**$11.02**		
With FY '09 2% increase	**$11.24**		
Family Provider Average Yearly Compensation			
Current	**$26,723**		
With FY '08 2% increase	**$27,258**		
With FY '09 2% increase	**$27,803**		

State of New Hampshire

GENERAL COURT

CONCORD

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MEMORANDUM

DATE: **January 10, 2008**

TO: **Honorable John H. Lynch, Governor**
Honorable Terie Norelli, Speaker of the House
Honorable Sylvia B. Larsen, President of the Senate

FROM: **Representative Suzanne Butcher, Chair**

SUBJECT: **Quarterly Report on RSA 171-A:1-c, HB 263, Chapter 10:1, Laws of 2003**

Pursuant to RSA 171-A:1-c, enclosed please find the Quarterly Report of the Developmental Disability Oversight Committee, including the Initial Findings of the Workforce Development Committee pursuant to the directive in RSA 171-A:1-d to "develop a plan to address long-term workforce and related human resources issues" in order to improve capacity of service delivery systems.

The Oversight Committee will meet again on Friday, February 8, 2008, at 11:00 a.m. in Room 103, State House.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

Enclosures:

1. Summary of the SB138 Workforce Development Committee Report: Initial Findings
2. Notes from the Developmental Disability Oversight Committee meeting 12/13/07
3. SB138 Workforce Development Committee Report: Initial Findings, 12/1/07
4. Notes from the Developmental Disability Oversight Committee meeting 10/31/07
5. 10/30/07 Report from the DHHS Bureau of Developmental Services on Wait List Status, FY2008 First Quarter
6. RSA 171-A:1-c
7. RSA 171-A:1-d

cc. Ann FitzGerald, Committee Researcher
Hon. Karen O. Wadsworth, House Clerk
Tammy L. Wright, Senate Clerk
Michael York, State Librarian

Senate Bill 138 Workforce Development Committee

Presented to:

NH Legislative Oversight Committee for Developmental Services

Presented on: December 13, 2007

SB 138
Workforce Development Committee

BACKGROUND:

- SB 138 amended 171-A to make certain improvements relative to the capacity of Developmental Services System to recruit and retain a sufficient number of qualified personnel at all levels.
- 2% salary increases for Direct Support Professionals (DSPs) on July 1, 2007 and January 1, 2009, and for Enhanced Family Care Providers on July 1, 2008 were requested in SB 138 and provided under HB 1.
- SB 138 required that a committee be established to address long-term workforce and related human resources issues.

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SB 138
Workforce Development Committee

COMMITTEE'S CHARGE:

- Provide a method to achieve and maintain salary parity between DSPs and the Mental Health Worker I position at New Hampshire Hospital by July 1, 2011;
- Outline a plan for annual or periodic salary increases and recommendations for differentials based on experience or other factors for all staff positions;
- Provide for increased Enhanced Family Care rates;
- Address free college tuition programs to attract and retain a qualified workforce; and
- Address whether and how health insurance should be made available to workers employed at the area or provider agency level as well as to Enhanced Family Care providers.

SB 138
Workforce Development Committee

RESEARCH:

- National research revealed that similar workforce issues exist in every State. The issues with which NH struggles with are nearly universal. However, effective solutions are not readily available.
- In addition to researching national data, the Committee surveyed those directly impacted by NH's workforce issues including:

Stakeholder Group	Number of Responses
1. **Direct Support Professionals**	**301**
2. **Enhanced Family Care Providers**	**98**
3. **Area Agencies and Vendor Agencies**	**26**
4. **Families of those receiving services**	**145**
5. **People First of NH**	**33**

- Response rates were strong, indicating support and interest in this topic area.
- Additionally, a focus group was conducted at the DSP Conference in Bartlett, NH, October 26 –29, 2007.

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SB 138
Workforce Development Committee

INSTITUTIONAL WAGE BIAS:

- The Committee learned that despite similar skill sets [Active Listening, Coordination, Critical Thinking, Monitoring, Reading Comprehension, Service Orientation, Speaking, and Social Perceptitiveness], wages continue to reflect an institutional bias nationally. For example:
  - The average wage for nursing aides, orderlies, and attendants working in institutional settings in November 2004 was $11.74, while Personal and Home Care Aides made just $8.99.
  - A $2.75 / 31% per hour difference for essentially the same work.
  - Additionally, DSPs often receive less supervision and specific direction.

Eldercare in New Hampshire, Labor Market Trends and their Implications, March 2006, Appendix C: Occupations with Comparable Wages. Page 14.
Eldercare in New Hampshire. Pages 22-23.

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SB 138
Workforce Development Committee

DSP VACANCY RATES:

- Nationally, vacancy rates for DSPs are estimated at 10-11%.
- Demand for DSPs is expected to grow 37% by 2020 due to:
  - Population increases,
  - Increased life expectancy for those with developmental disabilities,
  - Aging of family caregivers, and
  - Expansion of home and community-based services.
- Demand will increase at a time "when the labor supply of adults age 18-39 years, who traditionally have filled these jobs, is expected to increase by only 7%."
- Recruitment efforts alone will not satisfy the demand, therefore, retention will become increasingly important.

The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress, US Department of Health and Human Services. January 2006, p4

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SB 138
Workforce Development Committee

DSP TURNOVER RATES:

- National statistics indicate that annual turnover in DSP positions ranges between 50% and 75%.
- Turnover costs are estimated to range between $3,200 and $8,000 per DSP which includes costs relative to:
  - Recruitment,
  - Orientation,
  - Training, and
  - Overtime costs resulting from vacancies.

U.S. Department of Health and Human Services. The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress January 2006.
Direct Support Professional Make a Difference. Shouldn't They Also Make a Living? American Network of Community Options and Resources.
Quality Support 2005 An Agenda to Strengthen Developmental Disabilities Direct Support Professional Workforce in Illinois.
New Jersey Direct Support Professional Workforce Development Coalition, Career Path Forum, Summary Report and Next Steps, May 25, 2006.
U.S. Department of Health and Human Services. The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress January 2006. p19

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SB 138
Workforce Development Committee

NH DSP TURNOVER COSTS:

- The number of DSPs in NH is estimated at 1,685. If a rate of 50% is utilized, with a cost per turnover of $3,200., NH may have hidden costs exceeding $2.6M for DSP turnover alone.
  - 1,685 (DSPs) x 50% (rate) x $3,200 (cost/turnover) = $2,696,000.
- DSP Survey data indicate that:
  - 47% have been employed in their position for less than 3 years, and
  - 19% for less than 1 year.
  - At a turnover rate of 19%, costs could exceed $1M.
- Decreased turnover could result in savings and improved quality of service and satisfaction for individuals and families due to increased stability of service providers.

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SB 138
Workforce Development Committee

REDUCING DSP TURNOVER:

- A reduction in turnover may be achieved by raising the hourly wage.
- Nationally, between 1998 and 2002, public institutions had an average wage of $11.67; the community-based services average wage was $8.68.
- In 2002, turnover at public institutions was 28%; community services was 50%
- Data indicate a correlation between wages and turnover rates.

NH DSP SURVEY RESULTS:

- 99.7% indicated positive relationships with those they support.
- 89.6% indicated they would recommend a career as a DSP to others.
- DSP average wage of $10.62 per hour.
- 74% indicated low wages as a primary reason to leave their positions.

U.S. Department of Health and Human Services, The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress January 2006. p19

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SB 138
Workforce Development Committee

COMMITTEE RECOMMENDATION 1: DSP WAGES

The New Hampshire Legislature should appropriate funds sufficient to support a salary schedule that provides and maintains parity with the New Hampshire Hospital Mental Health Worker I wage schedule such that annual wage increases are given to DSPs; such increases should recognize and incorporate differentials for the completion of advanced training and education which result in increased competence.

- The 8-step salary range for a Mental Health Worker 1 (Labor Grade 9) at NHH effective January 2, 2009 is from $12.16 to $15.84 per hour.
- The average of the MHW I range is $13.93.
- Ninety-eight percent (98%) of DSP survey respondents currently earn below $13.93.

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SB 138
Workforce Development Committee

ESTIMATED COST TO ACHIEVE WAGE PARITY:

- $13.93 (MHW I) – $10.62 (DSP average) = $3.31 increase required for parity;
- 1,685 (FTEs) x 98% = 1,648 DSPs requiring wage increases;
- $3.31 x 2,080 (paid hours) = $6,885 average annual increase per DSP;
- $6,885 x 1.18 (allowance tax* and benefit** increases) = $8,124 total annual cost for increase per DSP;
- $8,124 (cost) x 1,648 (FTEs) = $13,387,084 total estimated annual cost;
- $13,388,352 x 50% (GFs rate) = $6,694,176 GFs needed to achieve wage parity.

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SB 138
Workforce Development Committee

ESTIMATED COST TO MAINTAIN WAGE PARITY:

- Costs to maintain parity are difficult to predict as MHW I will change with the State Employees' contract.
- If an estimate of 2% is used for an increase for the MHW I position effective 2012, the starting wage would be $14.21, (an increase of $0.28/hour; $0.33/hour with taxes and benefits).
- 98% of DSPs currently earn less than $14.21 per hour.
- **Cost Estimate to Maintain Parity with MHW I in 2012:**
  - $14.21 - $13.93 = $0.28 per hour increase;
  - $0.28 x 1.18 (tax* and benefit** increase) = $0.33 total hourly increase;
  - 1,685 (FTEs) x 98% = 1,654 DSPs requiring wage increases;
  - $0.33 (total hourly cost of increase) x 2,080 (hours) = $686.40;
  - $686.40 x 1,654 = $1,135,306. estimated cost to maintain parity in 2012;
  - $1,135,306 x 50% (GF) = $567,653 GFs needed to maintain parity.

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SB 138
Workforce Development Committee

COMMITTEE RECOMMENDATION 2: ALL STAFF INCREASES

The New Hampshire Legislature should appropriate funding for annual rate increases indexed with the Consumer Price Index, All Items, as published by the US Department of Labor, Bureau of Labor Statistics. Such a rate increase shall be directed toward annual salary and stipend increases for all staff and providers at the area agencies and subcontract vendor agencies. Area and vendor agencies shall recognize and incorporate salary increase differentials for the completion of advanced training and education which result in increased competence.

- **Cost Estimate to Provide Wage Increases for all Staff and Providers:**
  - FY 2009 BDS GFs Community-Based Services budget (direct services only) x 2007 YTD CPI
  - $95,319,773 + $5,369,635 = $100,689,408 x CPI 3.7% = $3,725,508 estimated GF cost for all staff and providers rate increase.

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SB 138
Workforce Development Committee

RECRUITMENT ISSUES FOR CERTAIN POSITIONS:

- **In addition to across-the-board increases, the Committee recognizes that there are specific occupational areas requiring specialized skills critical to ensuring that citizens with developmental disabilities receive quality services. Successful recruitment for these positions may require additional salary increases.**
- **The following positions have been identified as areas of need:**
  - **Service Coordinator,**
  - **Job Developer,**
  - **Therapists for Early Intervention and Assistive Technology,**
  - **Clinicians specializing in Dual Diagnosis, and**
  - **Forensics.**
- **Further analysis is recommended to determine adjustments needed to recruit and retain staff for these and other professional positions in the DS system.**

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SB 138
Workforce Development Committee

Enhanced Family Care Settings and Providers:

- Approximately 1,000 individuals (65% of those receiving Personal Care/Residential Services) live in EFC settings in NH.
- Our system contracts with 800 +/- EFC providers.
- We will need 95 +/- more for Wait List funded personal care services.
- Cost effective vs. staffed/employee settings (no OT or employee benefits).
- Provides individualized community integration & natural supports.

EFC Recruitment Challenges:

- EFCs are independent contractors largely due to Labor & Tax laws.
  - Stipend payments to EFC providers are not subject to income tax.
- As contractors, EFCs are ineligible for employee benefits (health, etc.)
- EFCs are ineligible for Social Security benefits (retirement/disability).
- Lack of access to health insurance is the primary recruitment barrier for EFCs as most cannot afford to go without health insurance benefits.

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SB 138
Workforce Development Committee

Health Insurance for Enhanced Family Care Providers:

- The EFC Provider Survey results indicate that:
  - 58% have no health insurance (via spouse, domestic partner, or private pay).
  - 70% rate health benefits as central to improving their longevity as providers.
- The Committee consulted health insurance professionals for information & guidance relative to the cost of health insurance in NH. Policies are priced based on 2 factors: age and sex.
  - Most EFC providers are female, with an average age of 46 years +/-.
  - Estimates for Harvard Pilgrim Health Insurance plans effective 1/01/08:

Single Person Health Insurance Plan Costs			
Age	Plan A	Plan B	Plan C
25	$ 427	$ 388	$ 338
30	$ 517	$ 469	$ 408
35	$ 561	$ 510	$ 444
40	$ 729	$ 663	$ 678
45	$ 873	$ 793	$ 691
50	$ 873	$ 793	$ 691
55	$ 873	$ 793	$ 691

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COMMITTEE RECOMMENDATION 3: Health Insurance for EFC providers.

The New Hampshire Legislature should appropriate funding to reimburse one hundred percent (100%) of the cost of coverage for a single person health care plan (not to exceed the cost of the average of the three largest NH plans for a 45 year-old female) for Enhanced Family Care Providers. Such plans shall be purchased individually by the EFC provider and reimbursement will be offered based on documentation of valid health insurance coverage.

- Cost Estimate to Provide Health Insurance to EFC Providers:
  - 519 providers estimated to need health insurance by 2011.
  - Average monthly cost of health insurance at 45 years of age: $785.
  - $785. x 519 (EFCs) x 12 (months) = $4,888,980 total funds per year.
  - $4,888,980 x 50% (GF) = $2,444,490 total estimated GFs needed per year.

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Workforce Development Committee

Availability of College Tuition

- 36% of DSP Survey respondents indicated the lack of advancement opportunities as the second most likely reason to leave their jobs.
- 18% EFC providers surveyed desire increased access to formal education.
- Both groups would access continuing education if professional development programs led to increased compensation.
- The Committee researched available educational and professional development opportunities.
  - Beginning in 1990, BDS has supported scholarships for courses leading to a Certificate in Human Services or Community Social Services for those affiliated with an area or vendor agency through a Memoranda of Agreement with the NH Technical College.
  - BDS currently provides $74,000 in annual scholarships.
  - 90 students were supported in FY07; historically, all funds are utilized.

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COMMITTEE RECOMMENDATION 4: Increase Scholarship Funding

The New Hampshire Legislature should appropriate funding to increase scholarship funds to $600,000 annually toward reimbursement for approved human services courses or degree programs to be used at any accredited educational setting including e-learning.

- Cost Estimate to Provide Expanded Professional Development Opportunities:
  - 1,685 (FTEs) x 36% (DSPs seeking advancement opportunities) = 607
  - 895 (EFCs) x 18% (EFC desiring access to formal education) = 161
  - 607 (DSPs) + 161 (EFCs) = 768
  - $74,700 (MOA) / 90 (students) = $830 average annual student scholarship
  - $830 (per student) x 768 (DSPs & EFCs) = $637,250 total estimated cost

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In-Service Training:

- 79% of DSPs indicated orientation and training was "good" or "excellent".
- 60% felt similarly about other training opportunities.
- 10% indicated that training is inadequate.
- 10% indicated they may leave their jobs due to challenges with those they serve.
- There is a need for additional skills development to retain current DSPs.
- Family Survey results indicate that DSPs training should include:
  - Medical Information: 46%;
  - Behavioral Intervention: 77%;
  - Community Inclusion: 67%; and
  - Ethics Issues: 33%.

COMMITTEE RECOMMENDATION 5: In-Service Training Curriculum

A committee should be charged with reviewing and selecting a comprehensive curriculum for in-service training of DSPs as well as a mechanism for awarding certification to individuals completing training and demonstrating competency as well as making recommendations for DSPs salary increases following such certification.

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Workforce Development Committee

Mileage Reimbursement Rates

- A focus group discussion conducted at the 2007 DSP Conference revealed that reimbursement rates for mileage while transporting individuals receiving services varied significantly.
- Anecdotal reports ranged from $0.20 to $0.485 per mile.
- Access to community-based services is a central tenet of the NH Developmental Services System, therefore, transportation costs should be fully reimbursed to those who are asked to implement those efforts.

COMMITTEE RECOMMENDATION 6: Consistent Mileage Reimbursement

The New Hampshire Legislature should appropriate funding for mileage reimbursement at the federal Privately Owned Vehicle Reimbursement Rate. (Amount to be determined through additional data collection from agencies relative to miles reimbursed and current rates.)

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Workforce Development Committee

COMMITTEE RECOMMENDATION 7: Enhanced DSP Career Profile

The Committee believes that in order to attract new individuals to the profession, the State of NH should consider hiring a public relations firm to produce a public service announcement, ideally featuring the Governor in an effort to attract people to a career as a DSP. The announcement should highlight the rewarding aspects of the profession, such as the ability to make a difference in the lives of others. The Governor's endorsement would present this as a valuable and honorable profession and help in re-shaping the public's perception of this work.

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Developmental Disability Oversight Committee
December 13, 2007

Attending:
Reps. Suzanne Butcher and Charles McMahon
DHHS: Nancy Rollins, Matthew Ertas, Karen Kimball, Jan Skoby
Governor's office: Katja Fox
Representatives of Area Agencies, direct care workforce, and other members of the public (list attached)

Workforce Development Committee Initial Findings

Matthew Ertas and Karen Kimball of the DHHS Bureau of Developmental Services (BDS) presented the Initial Findings of the Workforce Development Committee (WDC) established in accordance with the directive in RSA 171-A:1-d, Improvements in Capacity of Service Delivery Systems, to "develop a plan to address long-term workforce and related human resources issues." Attached are:

1. A power-point summary of the SB138 Workforce Development Committee Report: Initial Findings
2. SB138 Workforce Development Committee Report: Initial Findings, 12/1/07
4. RSA 171-A:1d

Ms. Kimball: The RSA directed the committee to provide a method to achieve and maintain parity with the Mental Health Position I at NH Hospital, which is a labor grade 9.

Rep. McMahon asked about the varying figures for average wages of Direct Service Professionals (DSPs) nationally and in NH in this report and in the budget process. His understanding during the budget process was that $11.31 was needed per hour to serve those on the waiting list. Mr. Ertas clarified that $10.81 was used in the budget calculations, a figure from the area agencies. The 2% increase on July 1 would bring it to $11.02. The average wage reported by DSPs in the WDC survey was $10.62 – perhaps those who responded to the survey were not as senior as the average. Mr. Ertas and Ms. Kimball said the positions in the national data in slide 5 are not directly comparable with NH DSPs. The point of the figures in slide 5 was not to compare NH and national wages but to show that nationally, those who work in institutions are paid 31% more than those who do essentially the same work in home care settings. Additionally, DSPs often receive less supervision and specific direction.

In response to Rep. McMahon's question, Ms. Kimball noted that these figures are only wages and are not "fully burdened," i.e., do not include health care or other benefits.

Rep. McMahon noted that NH is a national leader in home based care. We don't control the subcontractors, so we differ from states that hire directly. Mr. Ertas noted that area agencies and subcontractors have an interest in a solid workforce. A major part of contract funding goes to salary and wages. He said there is not a problem with area agencies not passing on the 2% increase to DSPs.

Rep. Butcher noted that the national turnover rate is 50%-75%, but the rate reported in the survey is only 19%, perhaps reflecting that those who responded to the survey are more committed to the profession than the average. Ms. Kimball said the survey response was 17-18% of all DSPs. Mr. Ertas said the low19% figure was used to calculate a very conservative, minimum estimate of turnover costs.

Mr. Ertas and Ms. Kimball explained that the WDC recommended reimbursement for insurance for enhanced family care (EFC) providers rather than direct payment of insurance for EFCs because EFCs are independent contractors. This status makes the EFC's stipends tax exempt, but makes them ineligible for insurance coverage as employees.

Mr. Ertas said that as employees, most DSPs who work full time have access to health insurance. He acknowledged that there may not be equity in the plans available for DSPs. Ms. Kimball noted that only 12% of the DSPs who responded to the survey rated their health insurance benefit as poor.

Rep. McMahon congratulated the WDC on a good job looking at these issues. He noted that to improve retention, we need to invest in training, insurance and wages.

Rep. Butcher asked if the WDC had in mind setting a certain wage schedule across the state. Mr. Ertas clarified that, given regional differences and the need for individualized budgets for the people we serve, we need a differentiated workforce. The idea is to provide the resources to bring the average up to reach parity. DHHS would make the intent clear in a letter to area agencies and provide oversight, not a mandate. It is a balancing act that has a good record. Wage increases would be worked into the rates paid for Medicaid. Payments for EFC's would be made only after the cost is incurred.

Michael Skibbie of the Disability Rights Center said that while area agencies say the funds are passed on to those they are intended for, DSPs would have a different view and would want a greater guarantee.

Mr. Ertas said BDS is always concerned about whether funds are spent as intended and would require a plan from each area agency before they would get the increment. Jan Dichard, Executive Director of the area agency for Region 10, said area agencies would also require a plan from each vendor agency. Area agencies want to support DSPs and want to offer a competitive package; the problem, she said, has been funding.

In response to Rep. McMahon's question about transparency of vendor's margins, Alan Greene, Executive Director of Region 5, said area agencies welcome transparency and it

is already in place. Area agencies and vendors submit annual audits and quarterly financials, and share them among agencies. "If we make 1% a year we're very happy.... We were ecstatic to get the 2% wage increase in July, but it did not cover increased costs to the agencies such as increased FICA and workers comp." Mr. Greene said area agencies could explore the differential between those who have insurance and those who don't, especially part time – greater retention for those who have benefits. It would be good to have an opportunity for flexibility.

Richard Cohen of the Disability Rights Center: The WDC's charge was to look at health insurance for all direct care workers, not just EFCs. Is it affordable? Where two providers offer proposals for an individual's program, area agencies inevitably choose the less expensive, Mr. Cohen said. Wages and career ladders are important for all staff. It is the state's obligation – it needs to be more guaranteed.

Cathy Spinney of the Region 10 Board of Directors emphasized that the WDC's recommendations are conservative. The WDC tried to define what it would take to provide what we as a society are morally obligated to provide. "I put my daughter's life in their hands....We have to compete for this small pool of people with the aging population....It costs a lot of money, but what is the alternative? If I don't know my daughter is safely cared for, I can't go to work and provide work for the people who work for me....What the WDC recommends is the minimum."

Brian Collins, Executive Director of Region 9, complimented the committee for its work and asked about the process from here. There was a small increase this year, but I am worried about the next ten years. We need to concentrate on the workforce issue now.

Rep. McMahon asked what changes would need to be made in the system if the funding were in place. Mr. Ertas said all except scholarships would be done by enhancing the Medicaid rates. Rep. McMahon said there is no alternative -- our system is much better than states that continue to rely on institutions.

Gordon Allen of the DD Council said the entire long-term care system is in distress, but the DD system is different because it is almost entirely funded by the state. Other long-term care systems also get income from insurance and private payments that affect wages, while wages for DD workers directly relate to state funding.

<u>Quality Assurance and Enhancement; Next Meeting</u>

Rep. Butcher noted that RSA 171-A:1-c also requires the committee to review whether eligible persons receive services "according to their needs" and to "monitor systems improvements and safeguards at the department and area agency levels designed to ensure service quality and options." She asked Mr. Ertas to report at the next meeting not only on the waiting list but also on the current systems for quality assurance and plans for development of a quality assurance and enhancement plan as required by RSA 171-A:1-d. The committee will meet in late January.

SB138

Workforce Development Committee Report

December 1, 2007

Initial Findings

Prepared for

New Hampshire's Legislative Oversight Committee
for Developmental Disability Services

Senate Bill 138 requires in part that a committee be established to improve the capacity of the NH Developmental Services System including the development of a plan to address long-term workforce and related human resource issues. The overarching goal is to ensure that the service delivery system has and maintains the capability to recruit and retain a sufficient number of qualified personnel at all levels.

In accordance with SB 138, the Committee included the following individuals.

Gordon Allen, NH Developmental Disabilities Council
Diane Carignan, People First of NH
Beth Dixon, Board of Directors, Area Agency 4
Ellen Edgerly, NH Brain Injury Association
Matthew Ertas, NH DHHS BDS
Bobbi Gross, Family Support Council, Area Agency 2
Susan Gunther, Family Support Council, Area Agency 3
David Hagner, NH Institute on Disability
Deborah Hopkins, Private Provider Network
Kirsten Murphy, Board of Directors, Area Agency 2
Dennis Powers, Community Support Network, Inc.
Cathy Spinney, Board of Directors, Area Agency 10
Nancy Rollins, NH DHHS DCBCS
Mike Skibbie, NH Disabilities Rights Center
Michael Umali, Family Support Council, Area Agency 6

The Committee received additional support and consultation from the following individuals:

Robin Carlson, Enhanced Family Care Provider
Martha Dixon, Health Insurance Specialist
Peggy Sue Greenwood, NH DHHS BDS
Karen Kimball, NH DHHS BDS
Kenneth Lindberg, NH DHHS BDS
Barbara Wilson, Direct Support Professional

This Committee convened on ten occasions from August through November 2007. Members conducted research on workforce issues nationally and found that the issues NH struggles with are nearly universal and solutions are not readily available. Research sources included but were not limited to the following:

- U.S. Department of Health and Human Services, The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress January 2006.
- Direct Support Professional Make a Difference. Shouldn't They Also Make a Living?; American Network of Community Options and Resources. www.ANCOR.org.
- Eldercare in New Hampshire, Labor Market Trends and their Implications, March 2006.

In recognition of the fact that service providers are the backbone of the NH community-based developmental services system, the law charges the Committee with providing a methodology for annual or periodic salary increases and recommendations for salary differentials or increments based on amount of experience or other factors for all staff positions at the area agency and provider levels. With respect to direct support staff specifically, the plan must provide for a method to increase Direct Support Professionals (DSP) salaries to achieve and maintain parity with the Mental Health Worker I (MHW I) salary schedule at New Hampshire Hospital (NHH) by July 1, 2011, and remain so thereafter.

The US Congress has defined DSPs "as individuals who receive monetary compensation to provide a wide range of supportive services to individuals with intellectual and developmental disabilities on a day-to-day basis, including habilitation, health needs, personal care and hygiene, employment, transportation, recreation, and housekeeping and other home management-related supports and services so that these individuals can live and work in their communities and lead self-directed, community and social lives".[i] In NH, DSPs work in a range of settings, including family homes, small community residential settings, vocational and day services programs and others. Despite having very similar skill sets (Active Listening, Coordination, Critical Thinking, Monitoring, Reading Comprehension, Service Orientation, Speaking, and Social Perceptitiveness[ii]) wages continue to reflect an institutional bias in this field nationally. For example, nursing aides, orderlies, and attendants average wage in November 2004 was $11.74 while Personal and Home Care Aides made just $8.99.[iii] This is a $2.75 per hour difference or 31% for essentially the same work; furthermore, DSPs often have to carryout their work with less supervision and specific direction.

Current vacancy rates for DSPs nationally are estimated at 10-11%. Demand for DSPs is expected to grow by 37% by the year 2020 due in large part to population increases, increases in life expectancy among persons with intellectual disabilities or developmental disabilities, aging of family caregivers, and a general expansion of home and community-based services. This at a time when the labor supply of adults age 18-39 years, who traditionally have filled these jobs is expected to increase by only 7%.[iv] Recruitment efforts alone will not satisfy the growing demand, and therefore retention of current DSPs becomes increasingly important.

Statistics indicate that annual turnover in DSP positions is between 50%[v] and 75%[vi]. Estimates related the cost of turnover range between $3,200[vii] and $8,000[viii] per DSP including recruiting, orienting, training and overtime costs due to vacancies. Given that the number of DSPs in NH's system is estimated to be approximately 1,685, if a turnover rate of 50% is utilized with a cost per turnover of $3,200. it can be estimated that NH may be experiencing a hidden turnover cost of in excess of $2.6M annually for DSPs alone (calculated as: 1,685 x 50% x $3,200 = $2,696,000). NH DSP Survey data indicate that 47% of DSPs have been employed in their current position for less than three years, with 19% being less than one year. At a turnover rate as low as 19%, costs could exceed $1M. While some amount of turnover is to be expected in any position, if the rate of turnover in NH were to be decreased, some savings could be expected along with improved quality of service and satisfaction for individuals and families due to increased stability of service providers. It is likely that a reduction in turnover may be achieved by raising the hourly wage for DSPs.

Between 1998 and 2002, public institutions had an average wage of $11.67 whereas in community-based services the average wage was $8.68. The average turnover for public institutions in 2002 was 28% while community services was nearly twice as high at 50%[ix] indicating a strong correlation between hourly wages with turnover rates.

In addition to researching available national data, the Committee found it important to survey those directly impacted in NH. As a result, surveys were conducted of five key stakeholder groups including:

Stakeholder Group	Number of Responses
Direct Support Professionals	301
Enhanced Family Care Providers	98
Area Agencies and Vendor Agencies	26
Families of those receiving services	145
People First of NH	33

All surveys were made available in an on-line web-based format as well on paper. The response rate from all stakeholder groups was strong, indicating the support and interest in this topic area. In addition to conducting multiple surveys, a focus group was conducted with DSPs at the October 26 –29, 2007 DSP Conference in Bartlett, NH.

Although 99.7% of DSPs responding to the Committee's survey indicated positive relationships with those they support and work with, and 89.6% indicated they would recommend a career as a DSP to others, when asked what three reasons might cause them to leave their current jobs, 74% indicated low wages. Specifically, wages were rated: "Poor" by 42%, "Fair" by 32%, "Good" by 23% and "Excellent" by 3%.

One of the unique aspects of NH's developmental services system is that area and vendor agencies are private, independent businesses that have developed to meet the needs of local citizens with disabilities and their families. Most of these agencies are private, not-for-profit corporations, governed by local boards of directors who are responsible for establishing salary levels based on local market conditions. Many agencies have contracted with professional salary consultants to establish their wage scales based on comparisons with other local and regional non-profit organizations; the contractual relationship between DHHS and the area agencies has allowed for, and encouraged, this flexibility in order to promote local control. While the NH State system that employs MHWs is public and unionized, the Committee believes that wages should be commensurate and would thereby require private agencies to pay comparable salaries. As such, the Committee recommends the following relative to wages of DSPs:

COMMITTEE RECOMMENDATION 1:

The New Hampshire Legislature should appropriate funds sufficient to support a salary schedule that provides and maintains parity with the New Hampshire Hospital Mental Health Worker I wage schedule such that annual wage increases are given to DSPs; such

increases should recognize and incorporate differentials for the completion of advanced training and education which result in increased competence.

The salary range for a Mental Health Worker 1 at NHH effective January 2, 2009 is in eight steps as follows:

Labor Grade		Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
	LONGEVITY	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 9	Year 11
09	ANNUAL	23,712.00	24,628.50	25,584.00	26,539.50	27,514.50	28,645.50	29,718.00	30,888.00
	HOURLY	12.160	12.630	13.120	13.610	14.110	14.690	15.240	15.840

The average of the eight-step range for a MHWI is $13.93. Survey results indicate that the current estimated average for DSPs is $10.62 per hour. Ninety-eight percent (98%) of DSP survey respondents currently earn below $13.93. If the system employs approximately 1,685 full time equivalent (FTE) DSPs, and if the DSP Survey sample is reasonably representative, then it can be extrapolated that 1,648 DSPs would require a rate increase of on average of $3.31 per hour. The cost estimates below are calculated utilizing these assumptions.

Cost Estimate to Achieve Parity with the Average Wage for MHW I as of January 2, 2009:

- $13.93 (MHW I) – $10.62 (DSP average) = $3.31 average hourly wage increase required for parity;
- 1,685 (FTEs) x 98% = 1,648 DSPs requiring wage increases;
- $3.31 x 2,080 (annual paid hours per FTE) = $6,885 average annual salary increase per DSP;
- $6,885 x 1.18 (allowance for requisite tax[1] and benefit[2] increases) = $8,124. total annual cost for increase per DSP;
- $8,124 (cost) x 1,648 (FTEs) = $13,387,084 total expected cost to achieve parity;
- $13,388,352 x 50% (General Funds rate) = $6,694,176. total expected GF cost to achieve parity.

The cost to maintain parity is difficult to predict as the wage of a MHW I will change with the contract for State of NH employees. If an estimate of 2% is used for an anticipated increase for the MHW I position effective 2012, under the scenario outlined above, the starting wage would become $14.21, or an increase of $0.28 per hour in wages and $0.33 including taxes and benefits. Approximately 98% of DSPs are currently earning less than $14.21 per hour.

Cost Estimate to Maintain Parity with MHW I in 2012:

- $14.21 - $13.93 = $0.28 per hour increase
- $0.28 x 1.18 (allowance for requisite tax* and benefit** increases) = $0.33 total hourly increase
- 1,685 (FTEs) x 98% = 1,654 DSPs requiring wage increases
- $0.33 (total hourly cost of increase) x 2,080 hours = $686.40

[1] FICA: 7.65%; SUTA 1%; Worker's Comp. 5%

[2] Life and Disability Insurances 1%; 403B contributions 3%.

- $686.40 x 1,654 = $1,135,306. estimated total cost to maintain parity in 2012.
- $1,135,306 x 50% (GF rate) = $567,653 total estimated GF costs.

An alternative which would likely be sufficient to maintain parity with MHW I position once achieved, would be the recommendation that follows relative to all staff and providers.

COMMITTEE RECOMMENDATION 2:

The New Hampshire Legislature should appropriate funding for annual rate increases indexed with the Consumer Price Index, All Items, as published by the US Department of Labor, Bureau of Labor Statistics. Such a rate increase shall be directed toward annual salary and stipend increases for all staff and providers at the area agencies and subcontract vendor agencies. Area and vendor agencies shall recognize and incorporate salary increase differentials for the completion of advanced training and education which result in increased competence.

Cost Estimate to Provide Wage Increases for all Staff and Providers:

- FY 2009 BDS GFs Community-Based Services budget (direct services) x 2007 YTD CPI =
- $95,319,773 + $5,369,635 = $100,689,408 x CPI 3.7% = $3,725,508 estimated cost of all staff and providers rate increase in GFs.

In addition to across-the-board increases, the Committee recognizes that there are specific occupational areas requiring specialized skills critical to ensuring that citizens with developmental disabilities receive quality services; successful recruitment for these positions may require additional salary increases. The positions of Service Coordinator, Job Developer, Therapists for Early Intervention and Assistive Technology, Clinicians specializing in Dual Diagnosis and Forensics have been identified as such occupational areas. Further analysis is recommended to determine the levels of adjustment needed to recruit and retain staff across these and other professional positions within the developmental services system.

Health Insurance for Enhanced Family Care (EFC) Providers:

Approximately 1,000 individuals, or 65% of those currently receiving Personal Care/Residential Services, live in EFC settings in NH (the EFC service model is closely equivalent to Foster Care for children). The individuals who provide these services do so as independent contractors. They are not considered employees of an area or vendor agency. EFC providers are typically paid via a monthly stipend amount. The use of the independent contractor status is owed to both labor laws and an IRS tax benefit which does not subject EFC stipend amounts to income tax. Additionally, EFC providers do not pay Social Security Tax and are therefore not gaining eligibility for Social Security Benefits (such as retirement and or disability) as a result of their work as EFC providers. As is the case with subcontractors in most industries, EFC providers are ineligible for health insurance or other similar benefits which are offered by the area and vendor agencies to DSPs and others who are defined as employees of said agencies.

The EFC model is beneficial to the NH developmental services system for a number of reasons. First, this model is consistent with the overarching philosophy of individualized community integration and natural supports. When a person receiving services is introduced to the community as member of a local household, they are viewed as people first with any disability as a characteristic of who they are rather than being wholly defined by their disability. In addition to being philosophically sound, these placements are also highly cost effective. Because services are being provided by an independent contractor who is paid a stipend, the overall costs are much lower than staffed residences providing similar services 24 hours a day, seven days a week with employees paid an hourly wage. Additionally, the system avoids the substantial additional cost associated with overtime, benefit packages, mileage reimbursement, and etc.

As with DSPs, current demand for EFC providers is high. This demand is exacerbated by the fact that our system now competes with several other service systems for such providers; the foster and elder care systems are two such examples. Over the years, to fill the demand for EFC providers, the developmental services system has recruited a significant number of DSPs and other employees for the many service agencies because these individuals possess significant insight into the needs of those receiving developmental services. Many EFC situations have evolved into natural, sincere, caring and enduring relationships. The single largest challenge in continuing the use and expansion of the EFC model in NH is that most of those interested in becoming an EFC provider simply cannot afford to sacrifice access to certain employee benefits, the most critical of which is health insurance. The EFC model is crucial to the services provided in NH, without additional supports for this classification of providers, NH will be unable to sustain the current level of cost effectiveness in service provision.

Currently, there are approximately 800 EFC providers within the NH developmental services system. This number is expected to increase to approximately 895 as a result of Wait List funding. Results from the EFC Provider Survey indicated that 58% of current EFC providers do not have access to health insurance (either through a spouse, domestic partner or private pay arrangement). Seventy percent (70%) of EFC providers responding rated access to health and other benefits as the primary way to improve their role as an EFC provider. This lack of access to quality health insurance is a major recruitment barrier for EFC providers. Continuing in this fashion can be expected to result in both increased challenges in recruiting new EFC providers as well as the potential loss of a significant number of those already providing services. The EFC Survey data indicate that approximately 464 current EFC providers and 519 by the end of FY 2010 (accounting for those who will receive Wait List funds) will have no health insurance. Were health insurance to be made available, a significant number of competent DSPs and others would likely begin to view the EFC role as a viable option for themselves. Additionally, an increase in EFC providers may result in fewer placements having to be made in more costly staffed settings for the system.

The Committee consulted health insurance professionals to provide guidance and information relative to the current cost of health insurance in NH in an effort to develop an estimated cost for a recommendation relative to EFC providers. The Committee learned that single person health insurance policies in NH are priced based on two factors: age and sex. The majority of EFC providers in NH are female. The 2006 US Census Bureau data indicate that the

median age for NH residents is 39.3 years; information the Committee has received indicates that the average age of an EFC provider is somewhat older at approximately 46 years. The following table outlines monthly cost estimates for Harvard Pilgrim Health Insurance plans in NH with rates effective January 1, 2008.

	Sample Health Insurance Single Plan Costs		
Age	Plan A	Plan B	Plan C
25	$427	$388	$338
30	$517	$469	$408
35	$561	$510	$444
40	$729	$663	$678
45	$873	$793	$691
50	$873	$793	$691
55	$873	$793	$691

The Committee suggests the following relative to health insurance for EFC providers.

COMMITTEE RECOMMENDATION 3:

The New Hampshire Legislature should appropriate funding to reimburse one hundred percent (100%) of the cost of coverage for a single person health care plan (not to exceed the cost of the average of the three largest NH plans for a 45 year-old female) for Enhanced Family Care Providers. Such plans shall be purchased individually by the EFC provider and reimbursement will be offered based on documentation of valid health insurance coverage.

Cost Estimate to Provide Health Insurance to EFC Providers:

- 519 EFC providers estimated to be without health insurance coverage by 2011.
- Approximate age of EFC providers of 45 years.
- Average monthly cost of health insurance plans at 45 years of age: $785.
- $785. x 519 (EFCs) x 12 (months) = $4,888,980. total funds
- $4,888,980 x 50% (GF rate) = $2,444,490. total GFs

Availability of College Tuition

Thirty-six percent (36%) of DSP Survey respondents indicated that the lack of opportunities for advancement was second most likely reason for DSPs to leave their job and 18% EFC providers surveyed expressed a desire for increased access to formal education. It is likely that both of these groups would access continuing education in higher numbers if completion of professional development programs were used as a mechanism to increase compensation.

To both attract and retain area and vendor agency staff who are qualified and competent to perform their jobs appropriately, the Committee researched available educational and professional development opportunities. Beginning in the early 1990s, the Bureau of

Developmental Services has supported scholarships for courses leading to a Certificate in Human Services or Community Social Service for those affiliated with an area or vendor agency through a Memoranda of Agreement (MOA) with the NH Technical College. Scholarships pay the full tuition for each course in the certificate program. Courses are offered at locations throughout the state. The MOA makes available $74,000 in annual scholarship funding. In FY 2007, 90 students were supported to take courses; historically, all funds have been fully utilized by eligible students.

Cost Estimate to Provide Expanded Opportunities for Professional Development:

- 1,685 (FTEs) x 36% (number of DSPs indicating a desire for advancement opportunities) = 607
- 895 (EFC providers) x 18% (indicating a desire for access to formal education) = 161
- 607 (DSPs) + 161 (EFCs) = 768
- $74,700 (MOA) / 90 (students) = $830 per student
- $830 (per student) x 768 (DSPs and EFCs) = $637,250 total estimated cost

COMMITTEE RECOMMENDATION 4:

The New Hampshire Legislature shall appropriate funding to increase scholarship funds to $600,000 annually toward reimbursement for approved human services courses or degree programs to be used at any accredited educational setting including e-learning.

The Committee also investigated current expectations relative to in-service training. While 79% of DSPs responding to the survey indicated their orientation and training was "good" or "excellent", only 60% felt similarly about other training opportunities. Additionally, the same percentage of DSPs that indicated they would potentially leave their position due to challenges with those they serve (10%) also indicated that training is inadequate. This would seem a natural opportunity to provide additional job training/skills development to retain those DSPs who have already displayed an interest in this field as a profession. Additionally, Family Survey results show that families of individuals with developmental disabilities feel strongly that basic training for DSPs should include the following areas: Medical Information - 46%; Behavioral Intervention - 77%; Community Inclusion - 67%; Ethics Issues - 33%.

COMMITTEE RECOMMENDATION 5:

A committee should be charged with reviewing and selecting a comprehensive curriculum for in-service training of DSPs as well as a mechanism for awarding certification to individuals completing training and demonstrating competency as well as making recommendations for DSPs salary increases following such certification.

Mileage Reimbursement

A focus group discussion conducted at the 2007 DSP Conference revealed that reimbursement rates for mileage while transporting individuals receiving services varied significantly. Anecdotal reports ranged from $0.20 per mile up to and including the current Federal Mileage Reimbursement Rate of $0.485. Because community integration and access to community-based services is a central tenet of the NH Developmental Services System, transportation costs should be fully reimbursed to those implementing those efforts.

COMMITTEE RECOMMENDATION 6:

The New Hampshire Legislature should appropriate funding for mileage reimbursement at the Privately Owned Vehicle Reimbursement Rate. (Amount to be determined through additional data collection from agencies relative to miles reimbursed and current rates.)

Enhanced Profile for a Career as a DSP

COMMITTEE RECOMMENDATION 7:

Finally, the Committee believes that in order to attract new individuals to the profession, the State of NH should consider hiring a public relations firm to produce a public service announcement, ideally featuring the Governor in an effort to attract people to a career as a DSP. The announcement should highlight the rewarding aspects of the profession, such as the ability to make a difference in the lives of others. The Governor's endorsement would present this as a valuable and honorable profession and help in re-shaping the public's perception of this work.

References

[i] The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress, US Department of Health and Human Services, January 2006. p4

[ii] Eldercare in New Hampshire, Labor Market Trends and their Implications, March 2006, Appendix C: Occupations with Comparable Wages. Page 14.

[iii]Eldercare in New Hampshire, Labor Market Trends and their Implications, March 2006, Appendix C: Occupations with Comparable Wages. Pages 22-23.

[iv] The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress, US Department of Health and Human Services, January 2006. p4

[v] U.S. Department of Health and Human Services, The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress January 2006.

[vi] Direct Support Professional Make a Difference. Shouldn't They Also Ma a Living? American Network of Community Options and Resources. www.ANCOR.org.

[vii] Quality Support 2005 An Agenda to Strengthen Developmental Disabilities Direct Support Professional Workforce in Illinois.

[viii] New Jersey Direct Support Professional Workforce Development Coalition, Career Path Forum, Summary Report and Next Steps, May 25, 2006. U.S. Department of Health and Human Services, The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress January 2006. p19

[ix] U.S. Department of Health and Human Services, The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress January 2006. p19

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*FICA: 7.65%; SUTA 1%; Worker's Comp. 5%
**Life and Disability Insurances 1%; 403B contributions 3%.

Developmental Disability Services Oversight Committee
10/31/07

Attending:
Members: Sen. Kathy Sgambati, Rep. Suzanne Butcher, Rep. Evalyn Merrick
Visiting: Rep. Jim Pilliod
Matthew Ertas, Bureau of DD Services, DHHS
Alex Koutroubas, representing CSNI (area agencies)

(All comments are ME unless otherwise noted.)

ME provided the attached charts and tables on the DD and ABD Wait List.
270 were waiting as of 6/30/07, and 138 as of 9/30/07. 57 were added during the first quarter of FY08. 189 were removed from the list, with 166 served and the rest leaving for other reasons. The average days waiting has changed little in the last 3 quarters, now 158 days.

Unusually large numbers were added in the 3d and 4th quarter of FY07. Services requested were similar to the past, especially day services for those leaving school. Of those still on the wait list, 12 have autism and 15 have elderly parents.

The DHHS budget plan was to serve 254 people in FY08, but the area agencies submitted plans that will serve 287 within the funding available. Per person costs are lower than originally budgeted, allowing services for greater numbers. (SB: This includes 149 who are just leaving school, who generally have lower costs.) 39% of those who are to be served during the year began services in the first quarter.

Some "money follows the person" federal funds were missed because some people were not ready to leave Crotched Mt due to medical issues. In response to Rep. Merrick's question, ME will provide information on what per person costs cover. The range for ABD is $40,000 to $130,000. ME noted that 50% of traumatic brain injuries involve substance abuse, usually alcohol, creating complex care issues. Huntington's is a degenerative disease that is also clinically challenging, as persons need total care.

In the 3d quarter, DHHS will allocate the $15.9 million budgeted for FY09, annualizing those who began services in FY08 and serving others (wait list + new).

At Rep. Pilliod's request, ME put the wait list in the context of overall services: 9,000-10,000 total recipients including children (including $1,000 in Partner in Health), total budget about $200 million (state + federal). He outlined why services to those already in the system cannot be further reduced: per person costs low compared to other states, new needs such as fire safety investments, gen mgt already reduced from 12% to 8.4%, most of those in residential (65%) are with family providers (cost effective), staff wages low (ave. $11/hr) while costs (insurance, etc.) increase – SB138 requires improvement for staffing, not cuts. Sen. Sgambati noted that everyone already in services has a plan, and rate increases for years have been miniscule. So, Rep. Pilliod commented, we are already

slipping away from adequacy for those already served. ME noted that families carry most of the burden – 8 of 10 live with their families. We try to be frugal, but there's a limit. Compared to others, we do well.

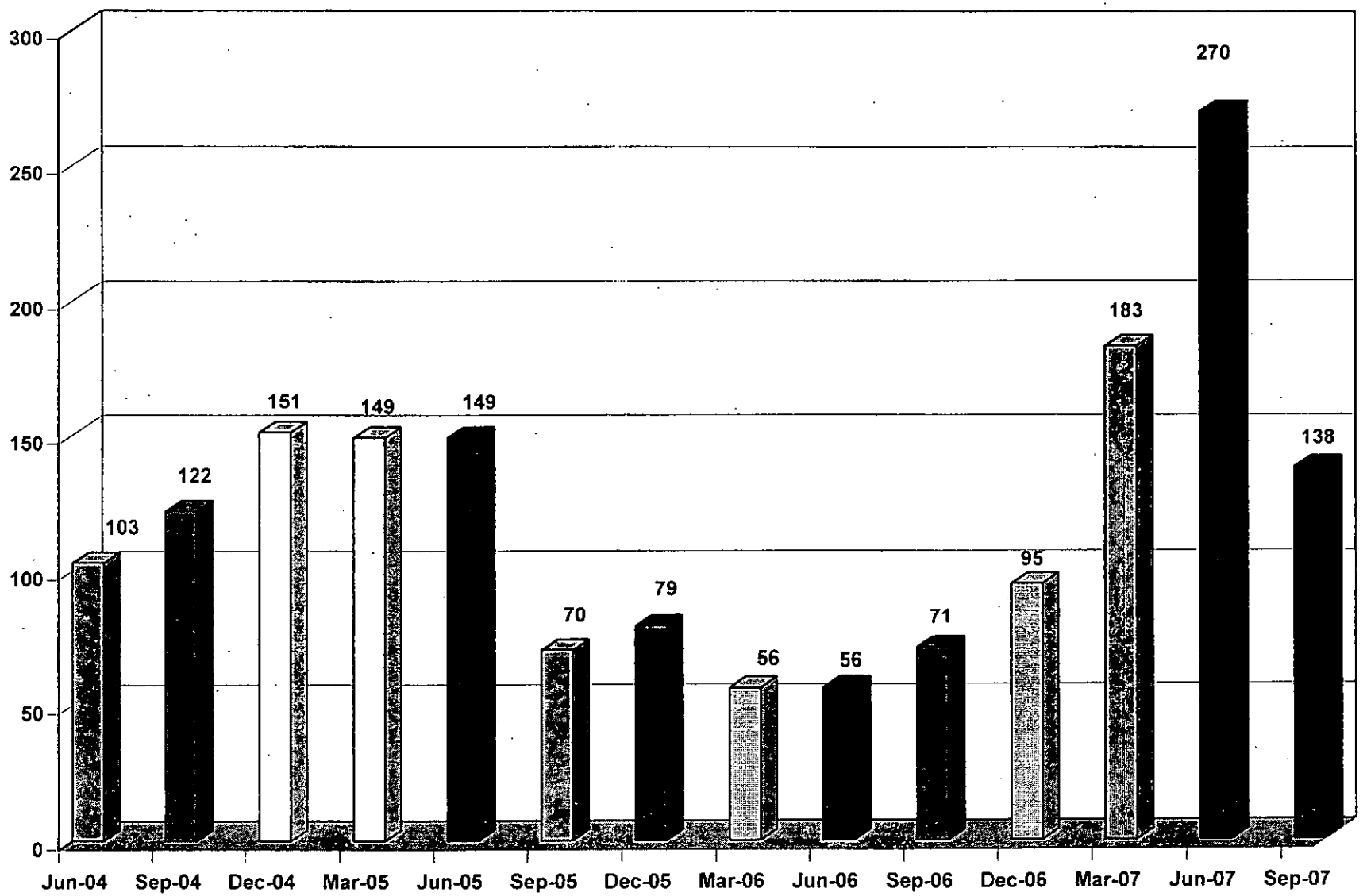
Sen. Sgambati extended congratulations to area agencies for meeting the unexpected increase in persons on the wait list. In response to her question, ME said those who may be a high risk to the community are served immediately.

For the next report: Rep. Butcher asked for information on eligible students who are leaving school without services. Rep. Pilliod asked for cost of total program. Sen. Sgambati asked for caseloads and information about the new cases – are more people asking for help now that there is hope that they will get it?

The Committee will next meet December 13 to consider the report of the SB138 workforce task force. ME will forward the report to Committee members before the meeting.

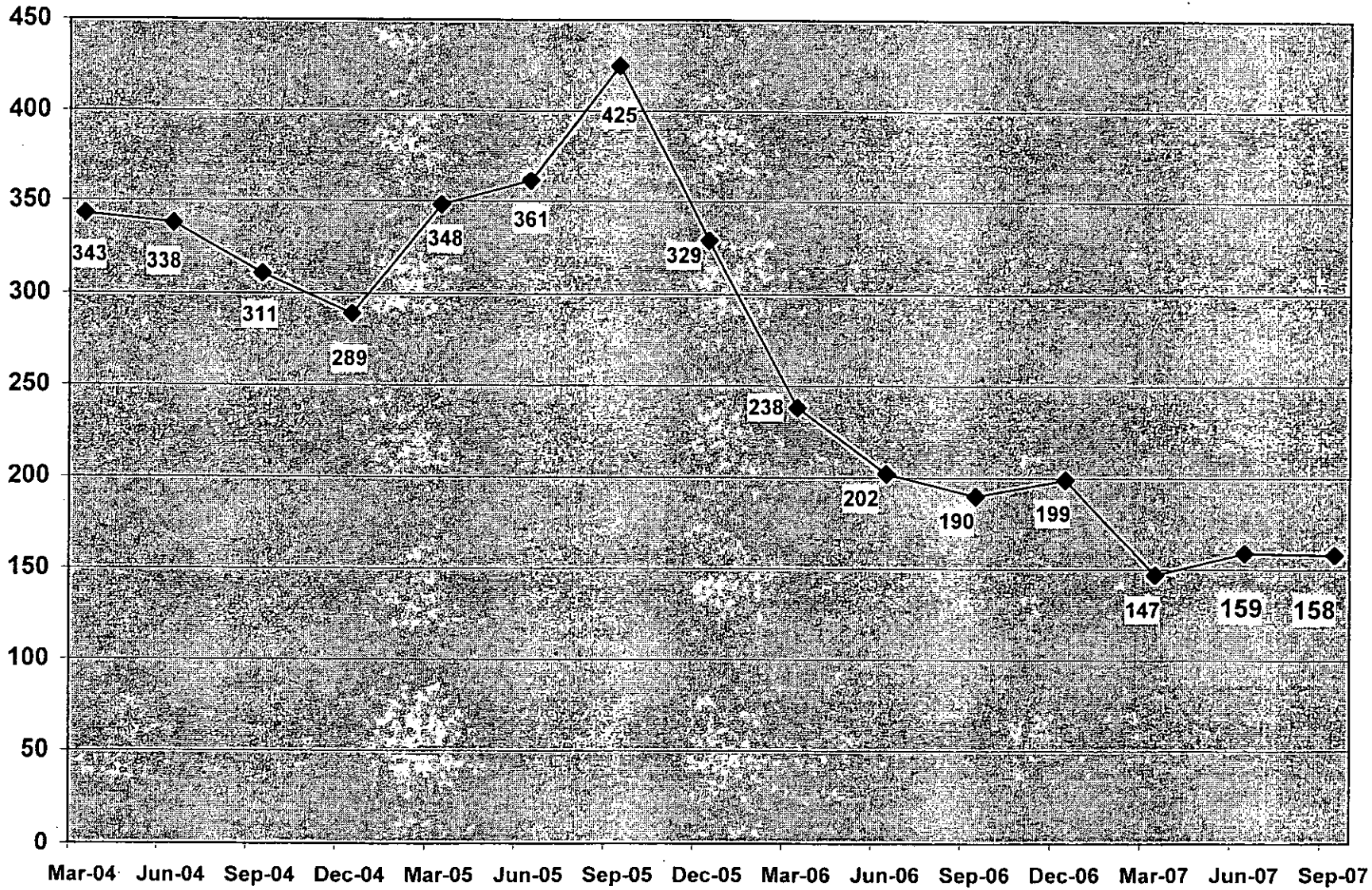
Bureau of Developmental Services	
Wait List Status	
Fiscal Year 2008	
First Quarter	
DD Wait List	
Number of people on the DD WL as of 6/30/07 (Actually Waiting)	270
Number of people added to the DD WL as of 9/30/07	57
Number of people taken off the DD WL as of 9/30/07	(189)
Number of people on the DD WL as of 9/30/07	138
Net change in DD WL	-132
Percentage of change	-49%
Average Number of Days Spent on the WL	158
ABD Wait List	
Number of people on Priority #1 ABD WL as of 6/30/07	7
Number of people added to the ABD WL as of 3/31/07	9
Number of people taken off Priority #1 ABD WL as of 3/31/07	(2)
Number of people on Priority #1 ABD WL as of 3/31/07	14
Net change in ABD WL	7
Percentage of change	100%
Average Number of Days Spent on the WL	79

Bureau Of Developmental Services
DD Wait List
Number Of People



10/31/2007

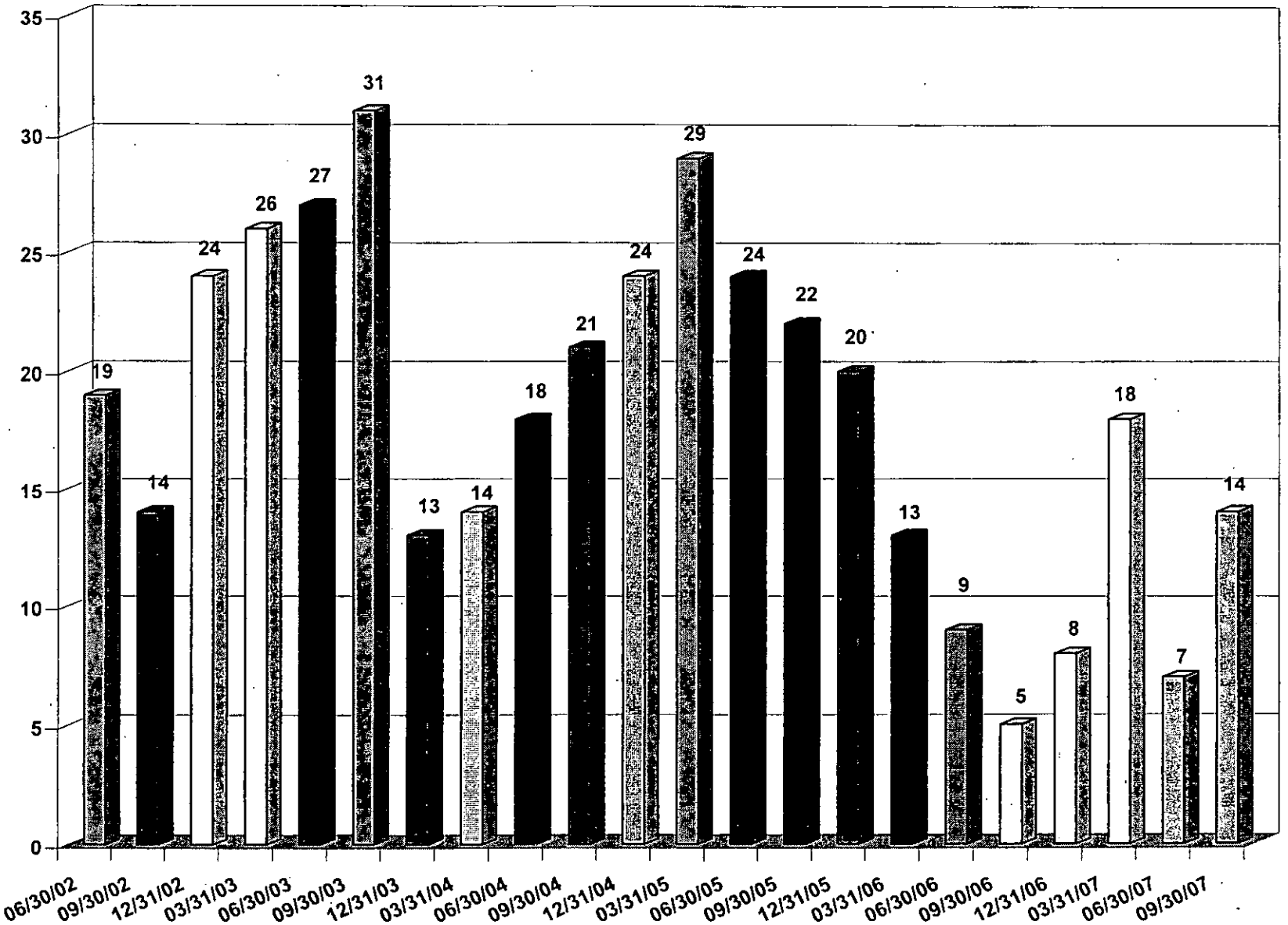
Bureau of Developmental Services
DD Wait List
Average Days Waiting



10/30/2007

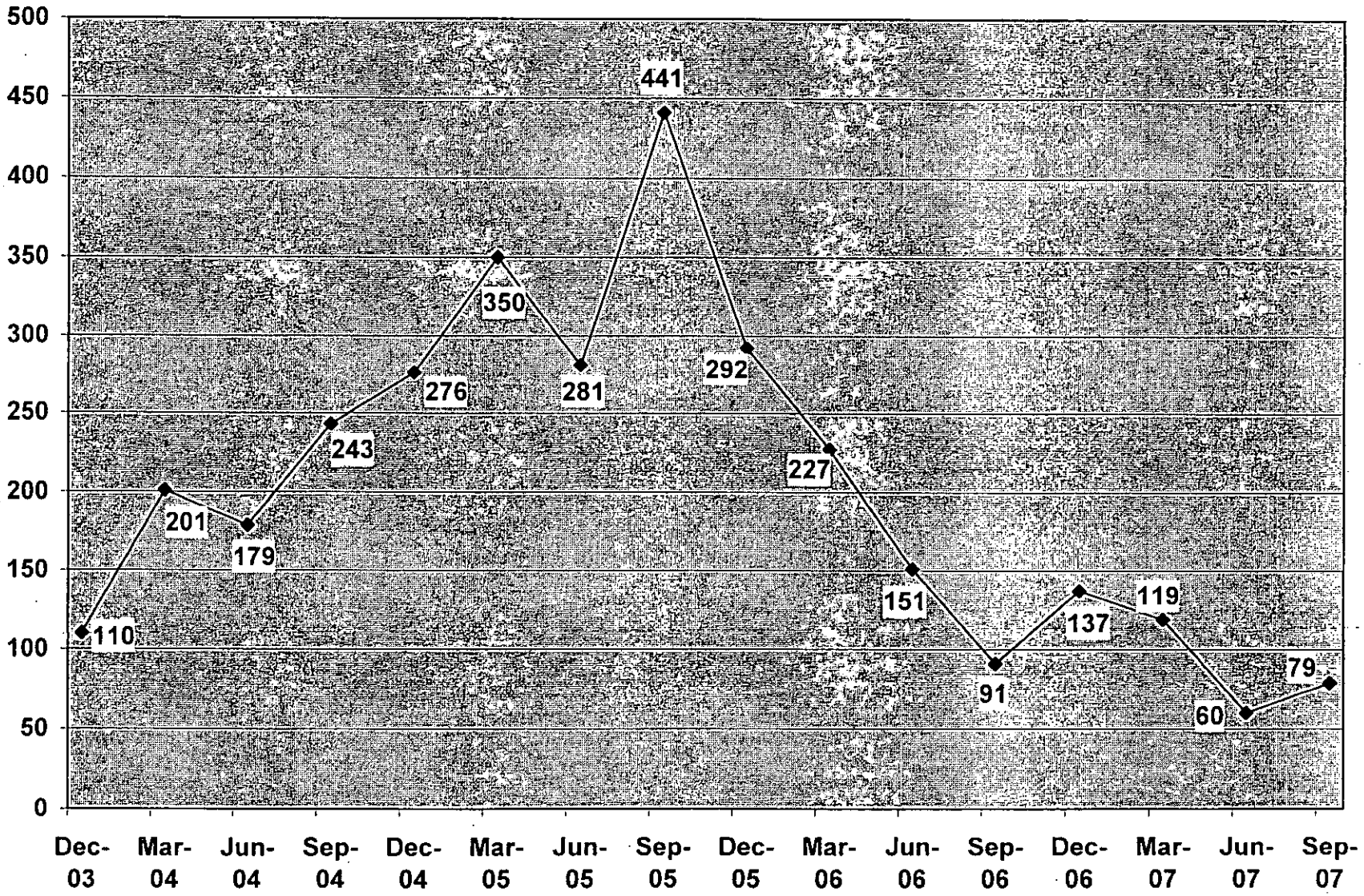
Bureau of Developmental Services		
DD Wait List		
FY 2008 First Quarter		
Type Of Services Requested		
Day	48	34.8%
Day & Independent Living	10	7.2%
Day & Residential	23	16.7%
Independent Living	31	22.5%
Residential	26	18.8%
	138	100.0%
Community Safety		
Forensic	2	1.4%
At Risk	7	5.1%
Number of People on WL Who Pose A Risk To Community Safety	9	6.5%
Autism Spectrum Disorder (ASD)		
Number of People on WL Who Have Autism	12	8.7%
Number of People with Elderly Caregiver		
Number of People on WL Who Have Elderly Parents	15	10.9%

Bureau Of Developmental Services
ABD Priority #1 Wait List
Number of People



10/30/2007

Bureau of Developmental Services
ABD Wait List
Average Days Waiting



10/30/2007

Bureau of Developmental Services
FY 2008 Funding to the Individuals on the DD Wait List

	Number Of People To Be Served						
	Area Agency Plans					FY '08 Budget Plan	Variance from the FY '08 Budget Plan
	Quarter 1	Q 2	Q 3	Q 4	Total		
Proposed	*134*	*83*	*42*	*28*	*287*	*254*	33
	47%	*29%*	*15%*	*10%*	*100%*		
Actual	113	TBD	TBD	TBD	113		
	39%	TBD	TBD	TBD	39%		

Individual Characteristics

	# of People	% of Total
Recent Graduate	149	52%
Has Elderly Parents	51	18%
Has Autism	40	14%
Has a Dual Diagnosis	31	11%
Risk to Community	28	10%
Recent NH Resident	11	4%
None of the above	70	24%
From the WL Backlog	166	58%
New People	121	42%

Note: An individual may be included in more than one category.

Service Categories Being Used

	# of People	% of Total
Residential	50	17%
Residential with Day	57	20%
Day	106	37%
Independent Living	29	10%
Independent Living with Day	6	2%
Consumer-Directed	39	14%
Totals	287	100%

Cost of Allocations for the DD Wait List

FY '08	Budget Plan	$8,159,415
	Area Agency Plans	$8,130,121

			Per Person Cost
Annualized Cost of FY '08 Allocations	Budget Plan	$13,081,000	$51,500
	Area Agency Plans	$11,409,492	$39,754

10/31/2007

Bureau of Developmental Services
FY 2008 Funding to the Individuals on the ABD Wait List

	Number Of People To Be Served						
	Area Agency Plans					FY '08 Budget Plan	Variance from the FY '08 Budget Plan
	Quarter 1	Q 2	Q 3	Q 4	Total		
Proposed	*5*	*3*	*3*	*4*	*15*	*15*	0
	33%	*20%*	*20%*	*27%*	*100%*		
Actual	5	TBD	TBD	TBD	5		
	33%	TBD	TBD	TBD	33%		

Cost of Allocations for the ABD Wait List

FY '08	Budget Plan	$661,130
	Area Agency Plans	$662,575

			Per Person Cost
Annualized Cost of FY '08 Allocations	Budget Plan	$1,350,000	$90,000
	Area Agency Plans	$1,209,438	$80,629

171-A:1-c Oversight Committee; Establishment. –

I. There shall be an oversight committee to review the allocation of funds to persons with developmental disabilities or acquired brain disorders and to assure that eligible persons receive services in a timely manner and in accordance with their needs. Such committee shall consist of 6 members as follows:

(a) Three members of the house of representatives, one of whom shall be a member of the house health, human services and elderly affairs committee, appointed by the speaker of the house.

(b) Three members of the senate, appointed by the president of the senate.

II. Membership on the oversight committee shall be for the biennium and shall be coterminous with membership in the general court.

III. The oversight committee shall have a chairperson who shall be chosen by vote from among the committee membership. The chairperson's term of office shall be for the biennium. The committee shall have a clerk who shall be chosen by vote by members of the committee. The clerk's term of office shall be for the biennium. The legislative members of the committee shall receive legislative mileage when in performance of their duties.

IV. The committee's duties shall include, but not be limited to:

(a) Reviewing the allocation of funds to persons with developmental disabilities and acquired brain disorders and to monitor whether such eligible persons are having funding allocated and receiving those services in accordance with the timelines set forth in RSA 171-A:1-a, II.

(b) Monitoring whether such eligible persons are experiencing undue delays in the other parts of the service development and implementation process from the time of application to the eligibility determination and from allocation of funds to service implementation.

(c) Monitoring systems improvements and safeguards at the department and area agency levels designed to ensure service quality and options.

(d) Making recommendations to the commissioner.

(e) Submitting quarterly reports, together with any recommendations for legislation, to the speaker of the house of representatives, the senate president, and the governor. Each report shall address the items described under subparagraphs IV(a) and (b), and semi-annually the report shall address the items in subparagraph IV(c).

V. The department shall make quarterly reports to the oversight committee on the status of subparagraphs IV(a) and (b) in a form prescribed by the committee. Semi-annually the report shall address the items in subparagraph IV(c).

Source. 2003, 10:1, eff. June 21, 2003. 2007, 363:7, eff. July 1, 2007.

RSA 171-A:1-d Improvements in Capacity of Service Delivery System. – \

I. To ensure that the service delivery system has the capability of recruiting and retaining a sufficient number of qualified **personnel** at all levels and to address related issues, the following shall occur:

(a) The average salary of direct support staff employed by area agencies or providers with which area agencies contract shall increase by at least 2 percent beginning on July 1, 2007 and at least 2 percent on January 1, 2009.

(b) The reimbursement rate for enhanced family care providers shall increase by at least 2 percent beginning on July 1, 2008.

II. (a) Within 30 days of the effective date of this section, the department shall convene a committee which shall develop a plan to address long-term workforce and related human resources issues. The members of the committee shall be:

(1) Two representatives from the department, appointed by the commissioner.

(2) A representative of the New Hampshire Developmental Disabilities Council, appointed by the council.

(3) A representative of the Institute on Disability, university of New Hampshire, appointed by the institute.

(4) A representative of the Disabilities Rights Center, appointed by the center.

(5) A representative of the Community Support Network, appointed by the network.

(6) A representative of the New Hampshire Brain Injury Association, appointed by the association.

(7) A representative of a private provider network, appointed by the commissioner.

(8) A representative of People First of New Hampshire, appointed by such organization.

(9) Three representatives of local family support councils, appointed by the state Family Support Council.

(10) Three representatives of area agency boards of directors, appointed by the Community Support Network.

(b) The plan shall at a minimum:

(1) Provide for annual or periodic salary increases and recommendations for salary differentials or increments based on amount of experience or other factors for all staff positions at the area agency and provider level, in addition to the salary increases for direct support staff positions required by subparagraph I(a). With respect to direct support staff, the plan shall provide for a method to increase their salaries so that they are at least at parity with the mental health worker I position at New Hampshire hospital by July 1, 2011, and remain so thereafter.

(2) Provide for increased enhanced family care rates and rate structure, in addition to the rate increase specified in subparagraph I(b).

(3) Address whether and how free college tuition programs should be made available or increased to help attract and retain a qualified workforce.

(4) Address whether and how affordable health insurance should be made available to workers employed at the area agency or provider level as well as to enhanced family care providers.

(c) The department shall submit the plan to the oversight committee established in RSA 171-A:1-c, by December 1, 2007. Any members of the committee may submit additional or dissenting comments and recommendations to the committee by December 15, 2007.

III. (a) By November 1, 2008, the committee appointed in paragraph II shall develop a **quality assurance and enhancement plan** by building on, modifying, and improving upon the New Hampshire quality outcomes partnership process providing for:

(1) Rigorous, and where possible, measurable standards of performance expected of area agencies and providers in accordance with the purposes and requirements of RSA 171-A.

(2) Multiple procedures and processes in accordance with professionally recognized program evaluation and quality assurance standards to render determinations as to whether such standards of performance are being met.

(3) Examination of the effects of an area agency as sole provider on service delivery.

(4) Identification of the type and number of employed or contracted staff at the department and area agency level necessary to initiate and then carry out activities in subparagraph II(b), and if new staff are needed, whether they can be added through redeployment, reorganization, use of federal funding, information technology enhancements, or other initiatives without impairing other department responsibilities, and if not, the amount of new funding that will be needed.

(5) Where such quality assurance and enhancement system capacity shall be located and report to in order to ensure maximum independence and effectiveness.

(b) The department shall submit the plan to the oversight committee, established in RSA 171-A:1-c, by November 1, 2008. Any members of the committee may submit additional or dissenting comments and recommendations to the committee by November 15, 2008. The committee may choose to consult with an independent, nationally recognized organization in program evaluation and quality assurance to evaluate and report on the effectiveness of the quality assurance and enhancement system.

IV. The plans required by paragraphs II and III shall include a breakdown of all **costs** of implementation of and operation for each component and any recommendations for legislation or rules changes. The oversight committee established in RSA 171-A:1-c, shall review the plans, provide feedback to the department, and submit any proposals for legislation it deems necessary. Nothing in this section shall be construed to preclude the department from engaging in rulemaking or taking other initiatives within its authority to implement the components of the plan.

Source. 2007, 363:3, eff. July 1, 2007.

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

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MEMORANDUM

DATE: **September 2, 2008**

TO: **Honorable John H. Lynch, Governor**
Honorable Terie Norelli, Speaker of the House
Honorable Sylvia B. Larsen, President of the Senate

FROM: **Representative Suzanne Butcher, Chair**
Developmental Disability Services Oversight Committee

SUBJECT: **Quarterly Reports on RSA 171-A:1-c, HB 263, Chapter 10:1, Laws of 2003**

Pursuant to RSA 171-A:1-c, enclosed please find the minutes of the Developmental Disability Services Oversight Committee meeting on August 5, 2008, as well as the waiting list data provided to the Committee by the NH Department of Health and Human Services for the fourth quarter of FY2008.

In FY2008, the area agencies were able to serve more citizens than foreseen in the budget, at a lower average per person cost than budgeted. For FY09 and the next biennium, however, a number of citizens will require expensive services that will increase the average per person cost, for example several who are in New Hampshire Hospital and others who require forensic services. Also, numbers and costs are likely to increase over the coming years as more students with autism enter the adult system and as clients age.

As of 6/30/08, 113 people remain on the waiting list, having been waiting an average of 154 days. (SB138 requires services within 90 days by June 30, 2010.)

Attachments:

Minutes of 8/5/08 DD Services Oversight Committee meeting
Update on Actual Number of People Served from the Waitlists
DD Wait List Status 4th quarter Fiscal Year 2008

cc: Honorable Cindy Rosenwald, Chair, House Committee on Health, Human Services & Elderly Affairs
Honorable Marjorie Smith, Chair, House Committee on Finance
Honorable Sharon Nordgren, Chair, House Committee on Finance, Division III
Honorable Iris Estabrook, Chair, Senate Committee on Health and Human Services
Honorable Lou D'Allesandro, Chair, Senate Committee on Finance

Developmental Disability Waitlist Oversight Committee Meeting on August 5, 2008

Members in Attendance: Rep. Suzanne Butcher, Rep. Charles McMahon, Rep. Trinka Russell and Sen. Maggie Hassan

Handouts (attached): Bureau of Developmental Services
1. Update on Actual Number of People Served from the Waitlists
2. DD Wait List Status 4th quarter Fiscal Year 2008

Matthew Ertas reviewed handout 1
DD Wait List:
Area agencies (AA's) plans for FY08: 287 Actually served as of 6/30: 279 Remaining 8 will be served in 1st quarter of FY09

Rep McMahon: Congratulations that you have exceeded budget expectation

MErtas: Average days waiting (services needed to services begun): 129 (was 115)
Delay in services because of recruiting, startup for 279 people

Rep. Butcher: SB138 requires maximum wait of 90 days, average should decline as backlog clears

MErtas: ABD budget was for 15; AA's proposed 17; served 16; 17th will be served.
14% of DD have autism – relatively stable, although national data indicate a surge is coming (California data: 80% of individuals with autism are under 21)
166 were from backlog, 121 new service needs
37% receive residential services
70% age 21-30; 52% were recent graduates:
80% of those 21-25 got funding, 19% (40 individuals) still on waitlist

FY09 DD budget proposed to serve 94, AA's propose 192
ABD budget proposed 14, AA's propose 14

Annualizing the cost of those begun in FY08 plus new services in FY09,
budget projected 348 people, $18 million; AA's plan 479 at same cost

Rep Russell and Rep McMahon: budget plan cost per person was $51,000; AA plans are $37,499. Are we shortchanging the clients? Are we cutting services to individuals to spread the funds?

M Ertas: We encourage the AA's to look for cost effective services. More are on the waitlist than expected. Some are getting what they asked for, some not. A family may agree to 30 hours instead of 45. We dialogue with them. Families are remarkably generous, very willing to give if they can. Families will take on some jobs such as driving the individual to work, or we identify other community resources. We are not shortchanging families in large ways or creating unsafe situations. However, they may need to come back later for more services.

Rep McMahon: Are we losing the investment we made in special ed services by not giving people what they need when they leave school? Are the services in the individualized service plans being provided?

M Ertas: Families can raise a flag, not sign the service plan.

Review of handout 2: 113 on DD waitlist as of 6/30, ten on ABD. Spikes of additional eligibles in 3d and 4th quarters of FY07. If AA's hadn't served an additional 131 people, the waiting list at end of FY08 would have been 244.

Average days waiting 154 – not 90, but better than in past. This is average -- some may have waited 30 days, some 260.

Rep Batula: Do you foresee getting rid of the WL in the 3 yrs the law stipulates? Are you cherrypicking to get the numbers up in the early years? We're going to have an enormous bill in the 3d year.

M Ertas: We are continually working on a cost effective strategy, trying to use the dollars available to benefit the greatest number possible. Some at New Hampshire Hospital would cost over $200,000/year to serve in community, five would cost $1 million. We are open to other ideas, have not come up with a strategy to serve both the many and the high-cost people waiting.

We thought the 3-year plan was reasonable, but more people came onto the waitlist. The numbers are scary. Our cost-effective strategies have masked the increase.

Rep Butcher: Is the spike in the 3rd and 4th quarters of 07 an indication of an ongoing trend? At our last meeting, Sen. Bragdon called it pent-up demand.

M Ertas: True, but there are also longer-term trends, such as the continuing aging of the consumer base. We have 495 people over 40 living with their parents or on their own, who are likely to need residential support as they age. We are serving 605 people over 50, including 193 over 65 – a beautiful problem in that most people with DD used to die before they reached that age.

Returning to handout 2: Ten are on the ABD waitlist, ave. days waiting 82 (high was 441 in '05 before suit). Most are in rehabilitation centers waiting for community services.

Rep Butcher: You served a lot of people at a lower cost this yr. Perhaps many in the backlog needed services that are not as intense, but those in the 2nd and 3d year will have higher average costs?

M Ertas: We are building the budget for FY10-11 projecting $50,000-$51,000 average cost, not $37,000. We have to serve those people from New Hampshire Hospital.

Rep. Butcher: As you look at the future are there projections of new graduates and the future individuals needing services?

MErtas: We will be getting those projections soon.

Sen M Hassan: Are non-forensic services impacted by forensic? Does HHS get assistance for corrections services?

M Ertas: We consider community safety first. We have no choice but to serve, no matter the cost. In serving one person with forensic issues, four non-forensic can't be served. Rather than using new waitlist funds, we try to cover these with funds that become available when someone we are serving dies or moves away, about 25 vacancies per year.

Sen. Hassan: Are the high costs because you need a secure residence? Does the Dept of Safety contribute?

M Ertas: Often need 2:1 staffing, clinical expertise, medical care. We get referrals from the Dept of Safety, but no funding.

Rep. Butcher: How does it work with those who have mental illness?

M Ertas: Mental health centers are transferring people with dual diagnoses to the DD system because CMHCs do not have the capacity to care for them, especially for residential services. Referrals typically have very high budgets. We are doing an analysis of dual diagnosis, the MH and DD budgets, working with the Bureau of Behavioral Health and Nancy Rollins.

M Ertas: The SB138 quality improvement committee will have its plan by 11/1. This is challenging, as quality is an elusive concept.

Our proposed budget will include requests reflecting the recommendations of the SB138 task force on workforce, as well as early intervention and In-Home Supports for children with autism and other intense needs.

We have applied for a $300,000 federal grant to support the Autism Council established by HB1634. If we don't get the grant, it will be difficult to staff the Council and implement the recommendations of the Autism Commission.

Respectfully submitted,
Rep. Trinka Russell, Clerk

Bureau of Developmental Services

Update on Actual Number of People Served from the Wait Lists

FY '08 DD Wait List Allocation:						
		Number Of People To Be Served				
		Q 1	Q 2	Q 3	Q 4	**Total**
Budget Process	Proposed	*64*	*64*	*64*	*62*	***254***
Area Agency Plans	*Proposed*	*134*	*83*	*42*	*28*	***287***
	Actual[1]	**113**	**74**	**31**	**61**	**279**
		39%	26%	11%	21%	97%

Average number of days between the date the individual was ready to start services and the date the services actually started.	**129**

FY '08 ABD Wait List Allocation:						
		Number Of People To Be Served				
		Q 1	Q 2	Q 3	Q 4	**Total**
Budget Process	Proposed	*4*	*4*	*4*	*3*	***15***
Area Agency Plans	*Proposed*	*5*	*3*	*4*	*5*	***17***
	Actual	**5**	**2**	**1**	**8**	**16**
		29%	12%	6%	47%	94%

Bureau of Developmental Services

Update on Actual Number of People Served from the Wait Lists

Budget Projection For FY '09 DD WL: 348 - 254 = 94 new placements

FY '09 DD Wait List Allocation:						
		Number Of People To Be Served				
		Q 1	Q 2	Q 3	Q 4	**Total**
Budget Process	Proposed	*24*	*24*	*24*	*22*	***94***
Area Agency Plans	*Proposed*	*92*	*47*	*28*	*25*	***192***
	Actual	**TBD**	**TBD**	**TBD**	**TBD**	**TBD**
		-	-	-	-	-

Budget Projection For FY '09 ABD WL: 31 - 17 = 14 new placements

FY '09 ABD Wait List Allocation:						
		Number Of People To Be Served				
		Q 1	Q 2	Q 3	Q 4	**Total**
Budget Process	Proposed	*4*	*4*	*4*	*2*	***14***
Area Agency Plans	*Proposed*	*4*	*4*	*3*	*3*	***14***
	Actual	**TBD**	**TBD**	**TBD**	**TBD**	**TBD**
		-	-	-	-	-

Bureau of Developmental Services
FY 2008 DD Wait List Placements

Individual Characteristics

	# of People	% of Total
Recent Graduate	149	52%
Has Elderly Parents	51	18%
Has Autism	40	14%
Has a Dual Diagnosis	31	11%
Risk to Community	28	10%
Recent NH Resident	11	4%
None of the above	70	24%
From the WL Backlog	166	58%
New People	121	42%

Note: An individual may be included in more than one category.

Service Categories Being Used

	# of People	% of Total
Residential	50	17%
Residential with Day	57	20%
Day	106	37%
Independent Living	29	10%
Independent Living with Day	6	2%
Consumer-Directed	39	14%
Totals	287	100%

Age Breakdown

21	25	167	58%
26	30	35	12%
31	35	16	6%
36	40	16	6%
41	45	17	6%
46	50	5	2%
51	55	15	5%
56	60	6	2%
61	65	7	2%
66	70	3	1%
		287	100%

Recent Graduates

Number of 21-25 year olds served from the '08 WL	167	81%
Number of 21-25 year olds on the 6/30/'08 WL	40	19%
Total number of 21-25 year olds	207	100%

8/4/2008

Bureau of Developmental Services

Cost of the FY '09 DD Wait List Services

		Per Person Cost	Number of People	Cost
Annualized Cost of FY '08 WL Allocation	Budget Plan	$51,500	348	$17,922,000
	Area Agency Plans	$37,499	479	$17,962,174

Cost of the FY '09 ABD Wait List Services

		Per Person Cost	Number of People	Cost
Annualized Cost of FY '08 WL Allocation	Budget Plan	$90,000	31	$2,790,000
	Area Agency Plans	$80,626	31	$2,499,400

* Note: The remaining $290K will be used to bring additional people off the ABD Wait List

Bureau of Developmental Services
Wait List Status

Fiscal Year 2008
Fourth Quarter

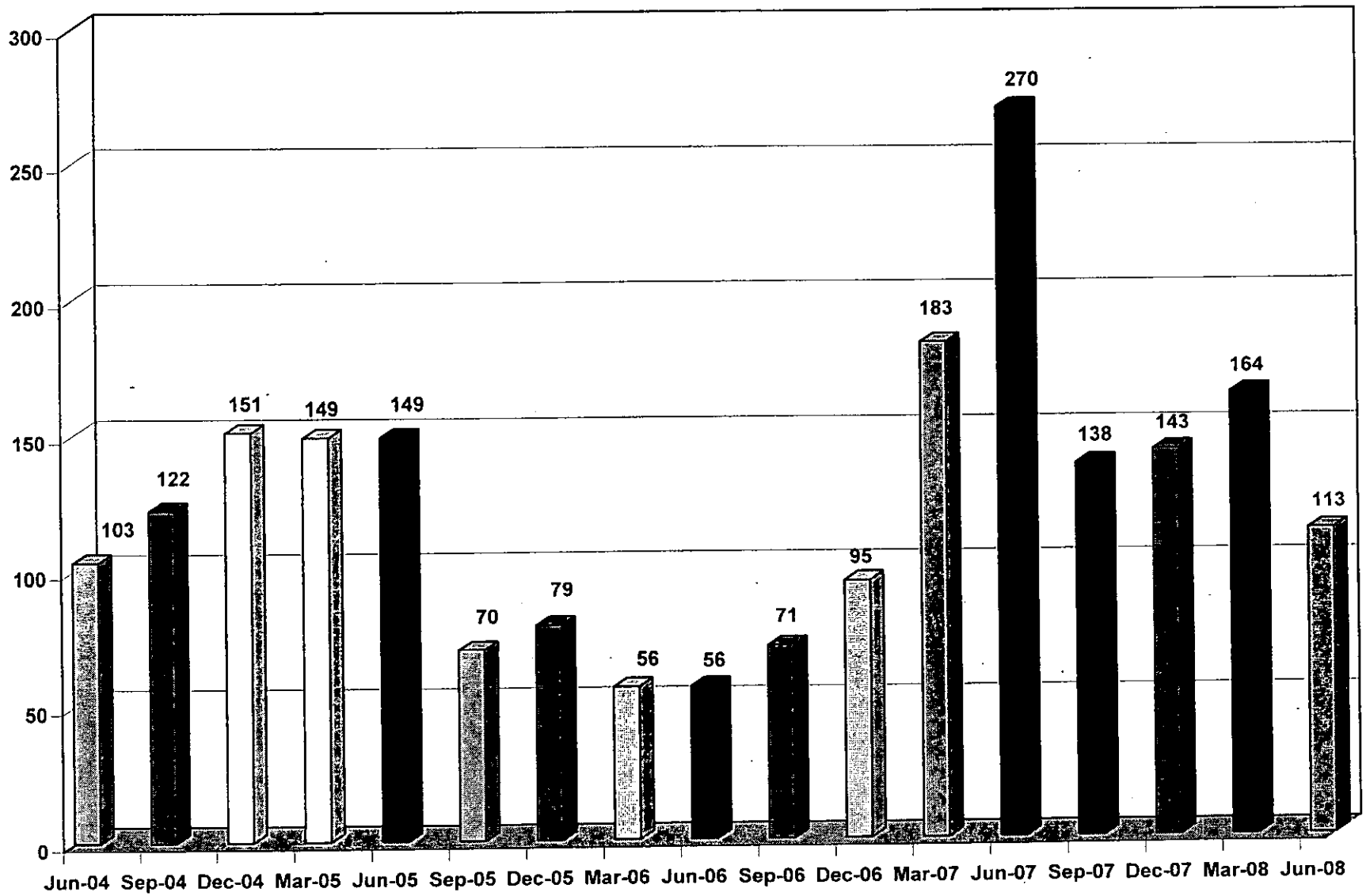
DD Wait List

Number of people on the DD WL as of 3/31/08 (Actually Waiting)	164
Number of people added to the DD WL as of 6/30/08	53
Number of people taken off the DD WL as of 6/30/08	(104)
Number of people on the DD WL as of 6/30/08	113
Net change in DD WL Percentage of change	-51 -31%
Average Number of Days Spent on the WL	154

ABD Wait List

Number of people on Priority #1 ABD WL as of 3/31/08	13
Number of people added to the ABD WL as of 6/30/08	10
Number of people taken off the ABD WL as of 6/30/08	(13)
Number of people on Priority #1 ABD WL as of 6/30/08	10
Net change in ABD WL Percentage of change	-3 -23%
Average Number of Days Spent on the WL	82

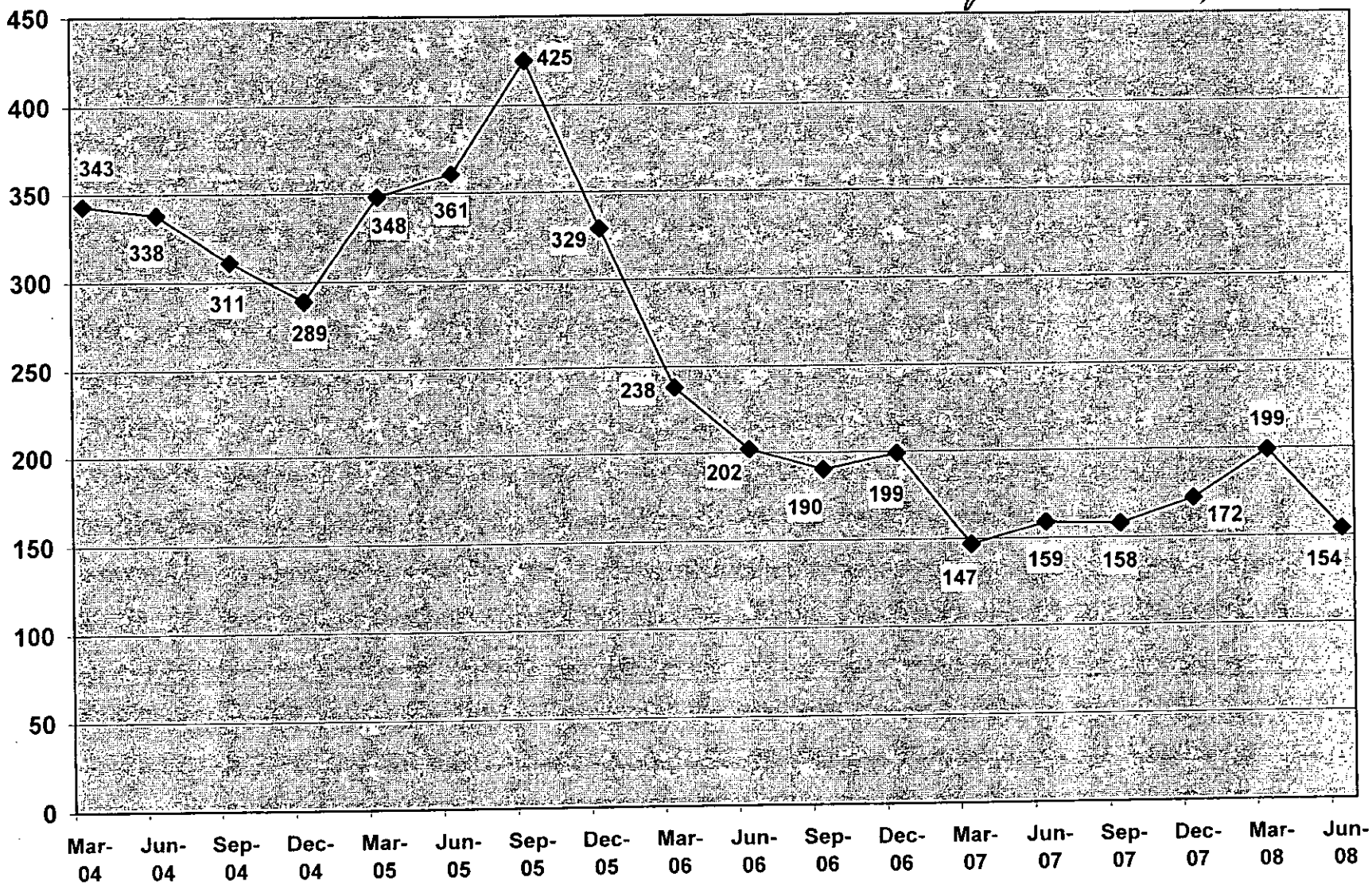
Bureau Of Developmental Services
DD Wait List
Number Of People



8/4/2008

Bureau of Developmental Services
DD Wait List
Average Days Waiting

for those now on WL, from when needed services



8/4/2008

Bureau of Developmental Services
DD Wait List
FY 2008 Fourth Quarter

Type Of Services Requested		
Day	43	38.1%
Day & Independent Living	5	4.4%
Day & Residential	19	16.8%
Independent Living	24	21.2%
Residential	22	19.5%
	113	100.0%

Individual Factors		
Advanced Age	3	2.7%
In or at risk of institutional placement	19	16.8%
Declining Health	25	22.1%
Living with Family without Day Services	40	35.4%
Low Safety Awareness	54	47.8%

Autism Spectrum Disorder (ASD)		
Number of People on WL Who Have Autism	15	13.3%

Community Safety		
Forensic	2	1.8%
At Risk	11	9.7%
Number of People on WL Who Pose A Risk To Community Safety	13	11.5%

Caregiver Factors		
Elderly	8	7.1%
Need to Care for Other Members	8	7.1%
With Declining Health	8	7.1%
Sole Caregiver	22	19.5%
With High Work Demands	37	32.7%

Note: Individual and Caregiver factors may be duplicative

Receiving Services While on the Wait List		
Was receiving services already when came on the Wait List	53	46.9%
Was NOT receiving services when came on the Wait List	60	53.1%

8/4/2008

Bureau of Developmental Services
Aging Consumer Base
[Future Wait List Enrollees]

Number of people living with their families or independently

Age 40 or older	**495**
Age 45 or older	**375**
Age 50 or older	**273**

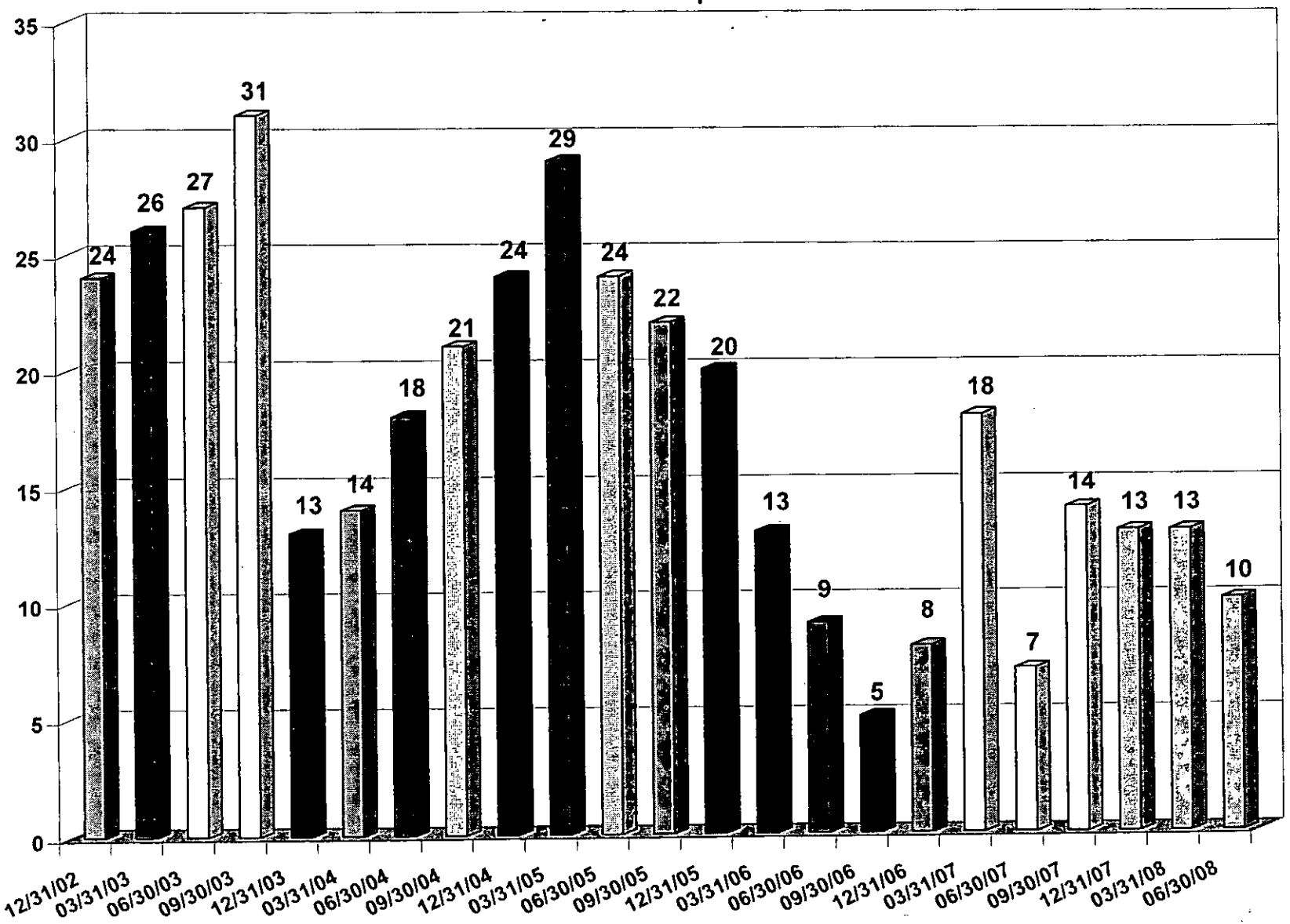
The above group is likely to request residential services

Number of people receiving residential services

Age 50 or older	**605**
Age 55 or older	**421**
Age 60 or older	**295**
Age 65 or older	**193**

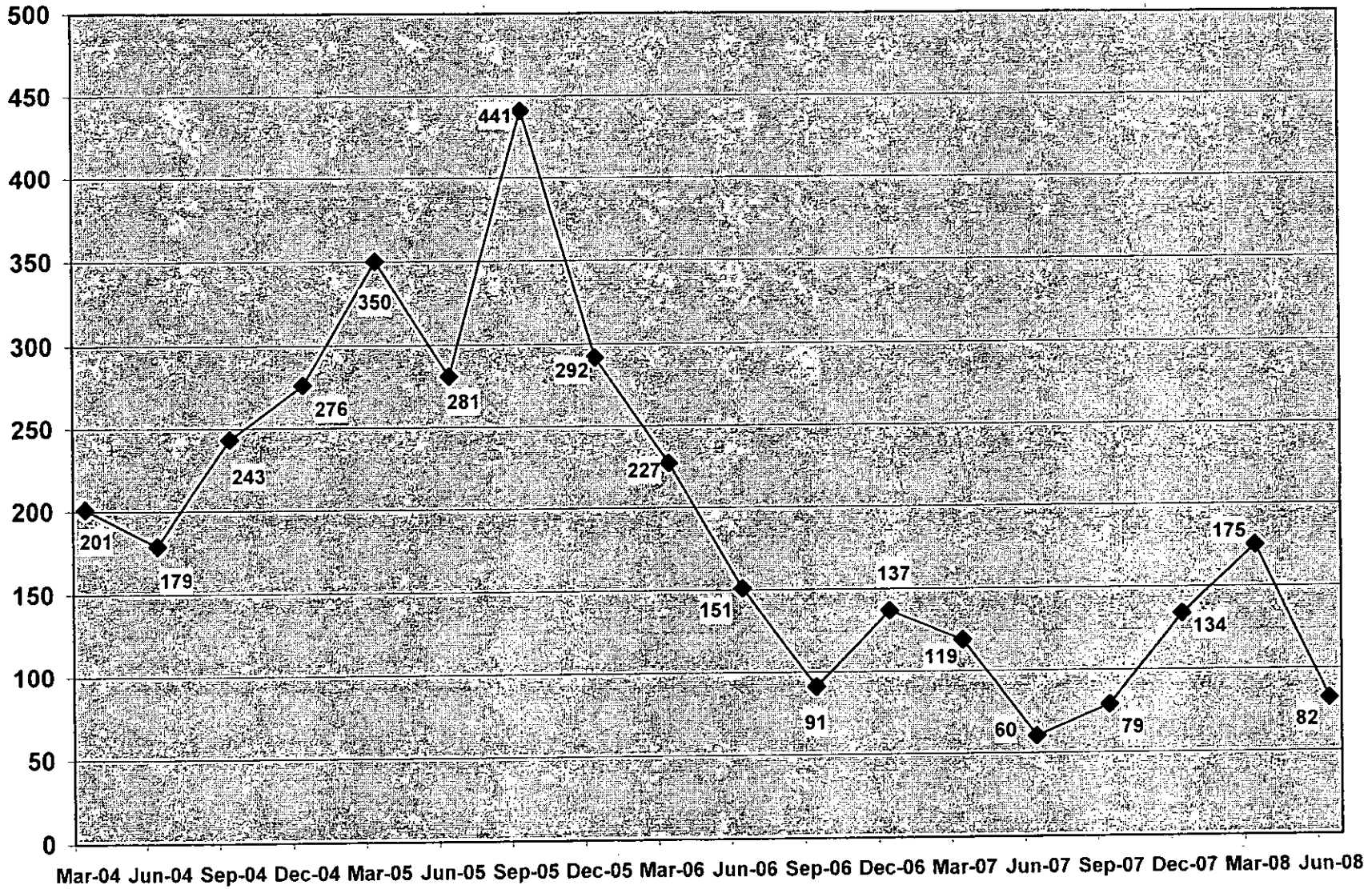
The above aging group is likely to request additional funds to address greater needs

Bureau Of Developmental Services
ABD Priority #1 Wait List
Number of People



8/4/2008

Bureau of Developmental Services
Priority #1 ABD Wait List
Average Days Waiting



8/4/2008

State of New Hampshire

GENERAL COURT

CONCORD

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MEMORANDUM

DATE: **December 11, 2008**

TO: **Honorable John H. Lynch, Governor**
Honorable Terie Norelli, Speaker of the House
Honorable Sylvia B. Larsen, President of the Senate

FROM: **Representative Suzanne Butcher, Chair**
Developmental Disability Services Oversight Committee

SUBJECT: **Quarterly Reports on RSA 171-A:1-c, HB 263, Chapter 10:1, Laws of 2003**

Pursuant to RSA 171-A:1-c, enclosed please find the minutes of the Developmental Disabilities Services Oversight Committee meeting on November 13, 2008, waiting list data provided to the Committee by the NH Department of Health and Human Services for the first quarter of FY09 and projections for FY10-11, and the Quality Improvement Committee Report submitted to the committee pursuant to RSA171-A:1-d.

Adult Waiting List Over 250 by 6/30/09, with 650 Needing Services in FY10-11

Although area agencies expect to provide 510 new services in FY08-09 (far more than projected in the budget) and although RSA 171-A:1-a requires virtual elimination of the waiting list by 6/30/09, the Department projects a waiting list of 257 by the end of this fiscal year. (This includes both services for new individuals and new services for individuals already in the system, e.g., someone whose parents are aging who therefore now needs residential services.)

With improved projections of future needs, the Department estimates 648 people will need additional services in FY10-11, requiring $23 million from the General Fund. Three quarters of these are students turning 21.

These increases reflect the demographic bulge of children of the echo of the baby boom, as well as increased numbers of students with autism, aging clients with longer life expectancies, and aging caregivers. In addition, several individuals with forensic issues would require intensive, expensive supports.

Quality Improvement

The Committee on Quality Improvement recommended:

-- a Quality Council to improve feedback and the quality assurance process;
-- wage increases and insurance to improve recruitment and retention;
-- core and targeted training for staff and providers;
-- use of National Core Indicators;
-- investigation of reports of abuse/neglect by the Department rather than area agencies;
-- better dissemination of information to families; and
-- outside review of the advisability of an area agency being the sole provider in a region.

Attachments:

Minutes of Oversight Committee meeting November 13, 2008
Bureau of Developmental Services 11/13/08:
Wait List Status FY09 First Quarter
Update on Actual Number of People Served from the Wait Lists
Projected Costs of DD Wait List Services FY10-11
Quality Improvement Committee Report, November 10, 2008

cc: Honorable Cindy Rosenwald, Chair, House Committee on Health, Human Services & Elderly Affairs
Honorable Marjorie Smith, Chair, House Committee on Finance
Honorable Sharon Nordgren, Chair, House Committee on Finance, Division III
Honorable Kathleen Sgambati, Chair, Senate Committee on Health and Human Services
Honorable Lou D'Allesandro, Chair, Senate Committee on Finance

Developmental Disabilities Services Oversight Committee – November 13, 2008

Members in attendance: Reps. Suzanne Butcher, Trinka Russell, Charles McMahon, Sen. Sgambati

DHHS: Nancy Rollins, Associate Commissioner for Community-Based Care Services; Matthew Ertas; Director of the Bureau of Developmental Services, Karen Kimball, BDS

Others: Chris Dornan (NH Challenge); Cathy Spinney, Bobbi Gross (Family Council, QI Committee); Amy Messer, Michael Skibbie (DRC); Alex Koutrabas, Dennis Powers (CSNI); Ryan Phinney (aide to Sen. Sgambati)

Adult Waiting List FY08-09

Matthew Ertas (ME) of DHHS reviewed the waiting list numbers for the first quarter of FY09 and plans for FY09, 10, and 11. All comments are ME unless otherwise noted.

$4.6m was budgeted for new DD services for FY09, plus $11.3m for new services in FY08 and annualizing those services in FY09.

The budget projected serving 94 in FY09. The area agencies proposed plans to serve 192 and have served 75 in the first quarter.

Serving 192 in FY09 (and a total of 479 in FY08-09) will have a positive impact on the waiting list, but we still have a backlog of 158 and **project a backlog of 257 at the end of FY09**. Average days waiting is 166. (RSA 171-A:1-a requires wait is not to exceed 90 days after 6/30/09.)

ABD budget was to serve 14 in FY09. Area agencies proposed plans to serve 14 in FY09 and have served 4 in the first quarter.

The budget projected serving 378 total in FY08-09. The area agencies expect to serve 510, the highest total ever. Of the 192 new services planned for FY09, about half are for new individuals and about half are additional services needed by persons already in the system. 110 are recent graduates. 65 will receive only day services, 29 residential services (e.g., those coming from DCYF or residential schools). 42 will have consumer-directed services. Only 1 is a recent NH resident. 15% have autism. (The overall system serves about 10,000 people, including about 3,000 adults.)

The waiting list is expected to creep up again to 250-260 by the end of FY09.

158 are now on the waiting list, including 89 who have "low safety awareness," meaning family members are not able to leave the person alone.

Several individuals with forensic issues are at New Hampshire Hospital or in the Secure Psychiatric Unit. Their budgets for community services would be very high and they are difficult to place.

Sen.Sgambati asked about the relative cost of community treatment vs. NHH. Nancy Rollins said CSNI and the Moore Center in Nashua are exploring options, but it is difficult because a group has to be compatible which is often difficult. ME noted that group homes in the '80's often ended up with problems because people with behavioral issues would exacerbate others' behaviors.

Adult Waiting List Projections for FY10-11

The BDS budget for FY10-11 projects a need for **$23 million from the General Fund to serve 648 people** (up from 510 in FY08-09).

With the new Project Needs List and better input from the Department of Education, the department has a much better handle that it has ever had on future needs. ¾ of the 648 are students turning 21 (ME will provide a graph from DOE.) Much of this is demographic – children of the echo of the baby boom. (Michael Skibbie said he thought this would ease after 2010, but in a later conversation Sen. Bragdon said he believes the bulge continues to the current eighth graders.)

Other factors in the continuing increase are: increased numbers of individuals with autism, aging (baby boom) parents who cannot continue care at the level they have for many years, increased needs of aging clients with longer life expectancies.

A discussion ensued about needs. ME noted that about 8 of 10 are students, and in many cases would require a parent to quit a job if day services are not provided. Rep. Russell noted one mother who said she would consider turning her kids over to the state completely when they turn 21 if that is what it takes to get services. Nancy Rollins noted that family-centered care is the backbone of the system and it would cost at least twice as much if these individuals were in an institution. Rep. McMahon noted that parents have saved the state tens of millions of dollars. He is concerned that the opportunity to catch up the backlog is passed and that funding will not be there to serve all who need it. Cathy Spinney said families have saved the state hundreds of millions of dollars in free housing and other services.

Quality Improvement Committee Report

ME reported on the findings of the Quality Improvement Committee pursuant to RSA 171-A:1-d. The Committee recommended:

-- establishment of a Quality Council to improve feedback and improve services and outcomes
-- wage increases and insurance to improve recruitment and retention, as recommended by the Workforce Development Committee in November 2007;

-- core training for staff and providers, and specialty training, e.g. in autism, brain injury, dual diagnosis, employment
-- reassignment of investigations of reports of abuse and neglect to the department (with realigned funding), so the area agencies will no longer be investigating themselves
-- participation in the system of National Core Indicators
--dissemination of information directly to families by the bureau to ensure families receive information on service choices
-- an outside review (as Colorado did) of area agencies as sole providers

The Quality Council will need legislation. Other recommendations may need rules or funding, but many can be done within current rules and funding.

DHHS change budget:

Pursuant to the recommendations of the Workforce and Quality Improvement reports, as well as the Autism Commission, the DHHS change budget for FY10-11includes:

-- Enhancement of wages to help recruitment and retention.
-- Reimbursement of health insurance for Enhanced Family Care providers (adult foster care). 58% do not have health insurance. EFC saves a lot of money (compared to a staffed residence, or institutional care) and provides good quality when appropriate to an individual's needs.
-- Core training is critical ($490,000)
-- National Core Indicators: BDS decided to use BDS staff to do the, so it will not be necessary to pay an outside contractor and so BDS staff will get into the field to better understand the actual experience of individuals and families receiving services. There will be an outside review of inter-interviewer reliability.
-- In Home Supports for children with severe behavioral and other disabilities: 40 new slots each year = 80 in FY10-11. [waiting list is now 100+] $500,000+/$1.3m in FY10/11.
-- Early Supports and Services: $160,000/$320,000 FY10/11. The rate of increase has leveled off -- was 14-15%/yr, now 4%.
-- Autism early intervention: $180K/$360K

Bureau of Developmental Services
Wait List Status

Fiscal Year 2009
First Quarter

DD Wait List

Number of people on the DD WL as of 6/30/08	113
Number of people added to the DD WL as of 9/30/08	80
Number of people taken off the DD WL as of 9/30/08	(35)
Number of people on the DD WL as of 9/30/08	158
Net change in DD WL	45
Percentage of change	40%
Average Number of Days Spent on the WL	127

ABD Wait List

Number of people on ABD WL as of 6/30/08	10
Number of people added to the ABD WL as of 9/30/08	8
Number of people taken off the ABD WL as of 9/30/08	(3)
Number of people on ABD WL as of 9/30/08	15
Net change in ABD WL	5
Percentage of change	50%
Average Number of Days Spent on the WL	86

Bureau of Developmental Services
DD Wait List
FY 2008 Fourth Quarter

Type Of Services Requested		
Day	57	36.1%
Day & Independent Living	6	3.8%
Day & Residential	30	19.0%
Independent Living	33	20.9%
Residential	32	20.3%
	158	100.0%

Individual Factors		
Advanced Age	10	6.3%
In or at risk of institutional placement	26	16.5%
Declining Health	32	20.3%
Living with Family without Day Services	55	34.8%
Low Safety Awareness	89	56.3%

Autism Spectrum Disorder (ASD)		
Number of People on WL Who Have Autism	19	12.0%

Community Safety		
Forensic	2	1.3%
At Risk	15	9.5%
Number of People on WL Who Pose A Risk To Community Safety	17	10.8%

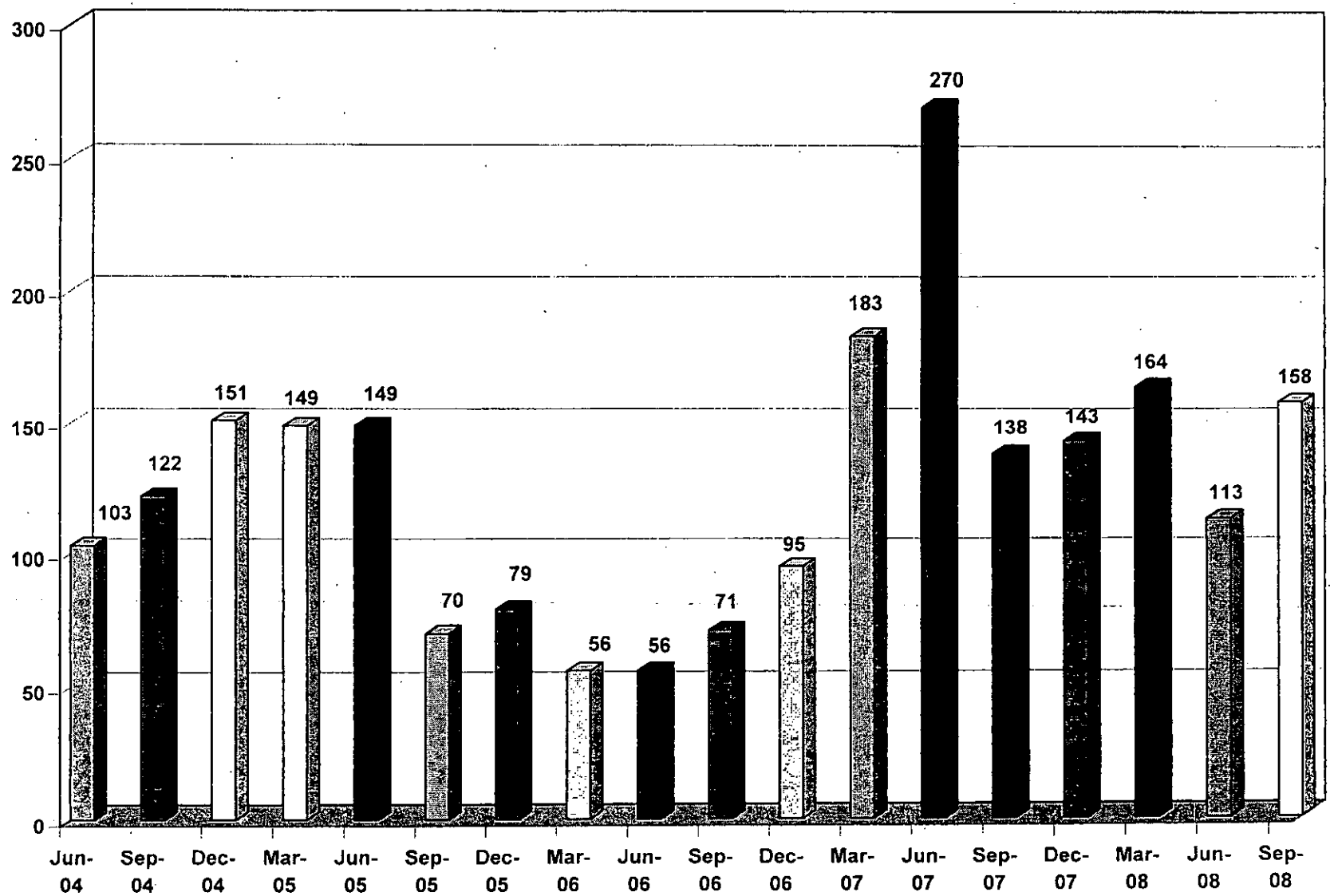
Caregiver Factors		
Elderly	23	14.6%
Need to Care for Other Members	14	8.9%
With Declining Health	26	16.5%
Sole Caregiver	29	18.4%
With High Work Demands	45	28.5%

Note: Individual and Caregiver factors may be duplicative

Receiving Services While on the Wait List		
Was receiving services already when came on the Wait List	100	63.3%
Was NOT receiving services when came on the Wait List	58	36.7%

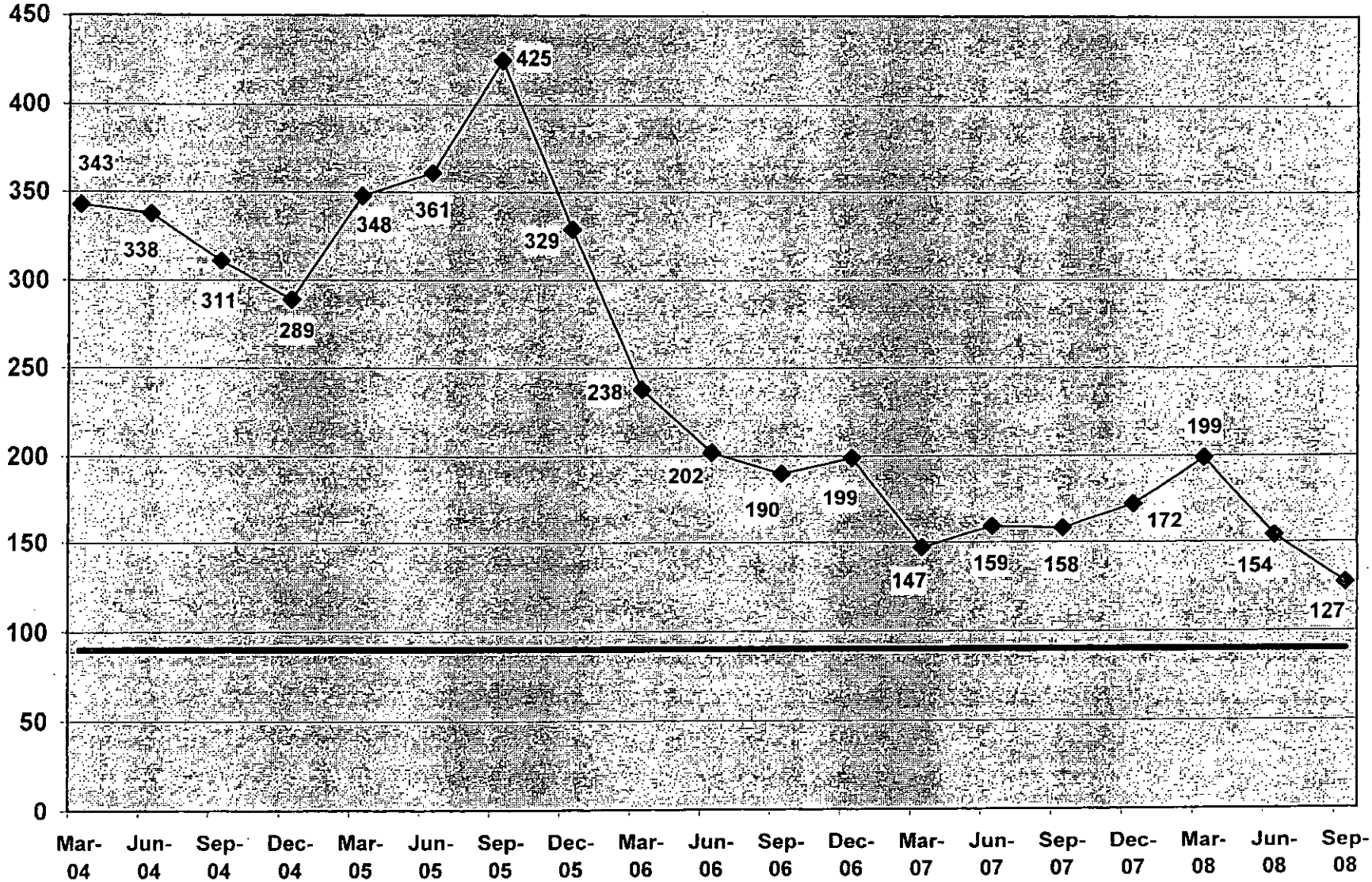
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Bureau Of Developmental Services
DD Wait List
Number Of People



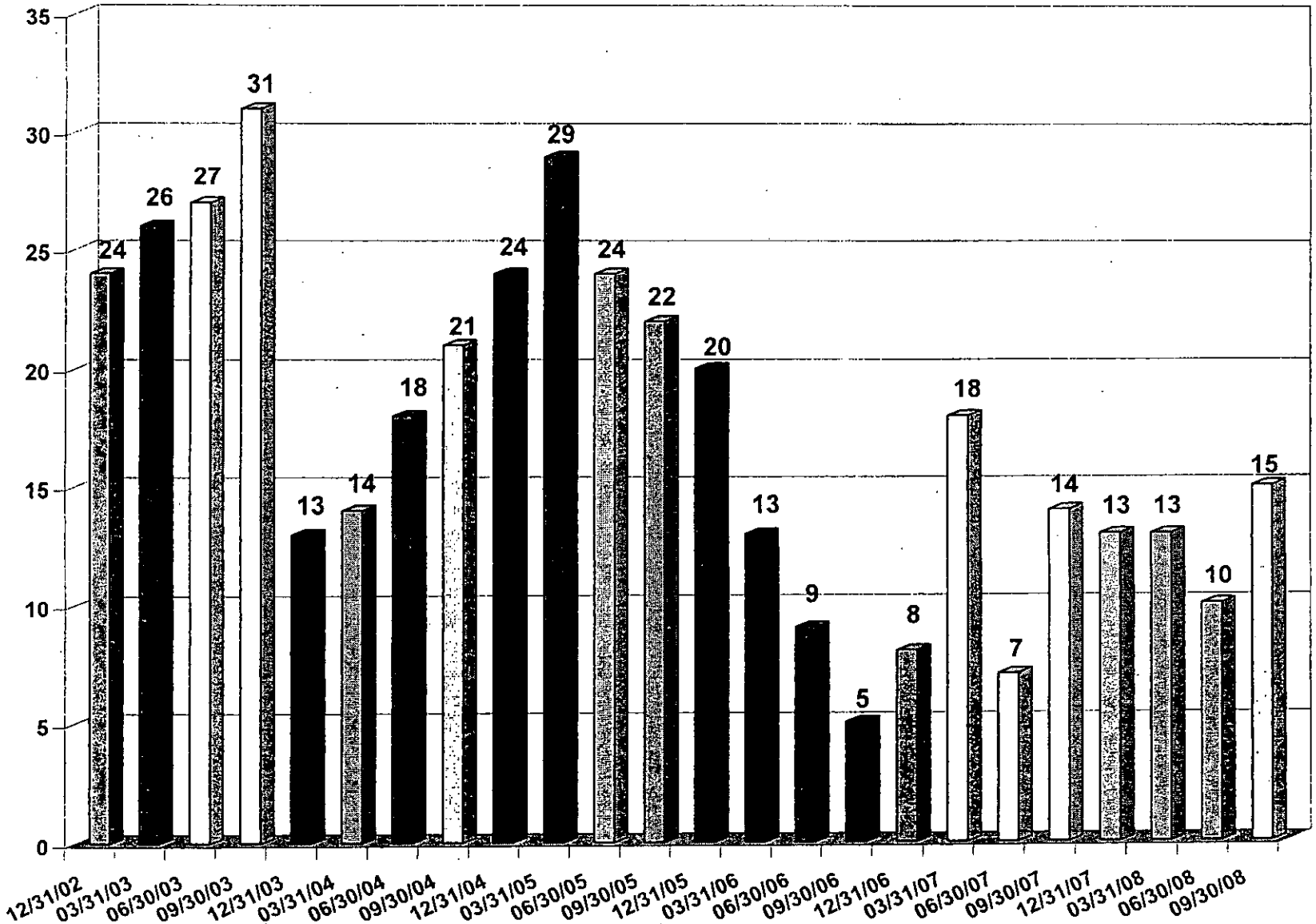
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Bureau of Developmental Services
DD Wait List
Average Days Waiting



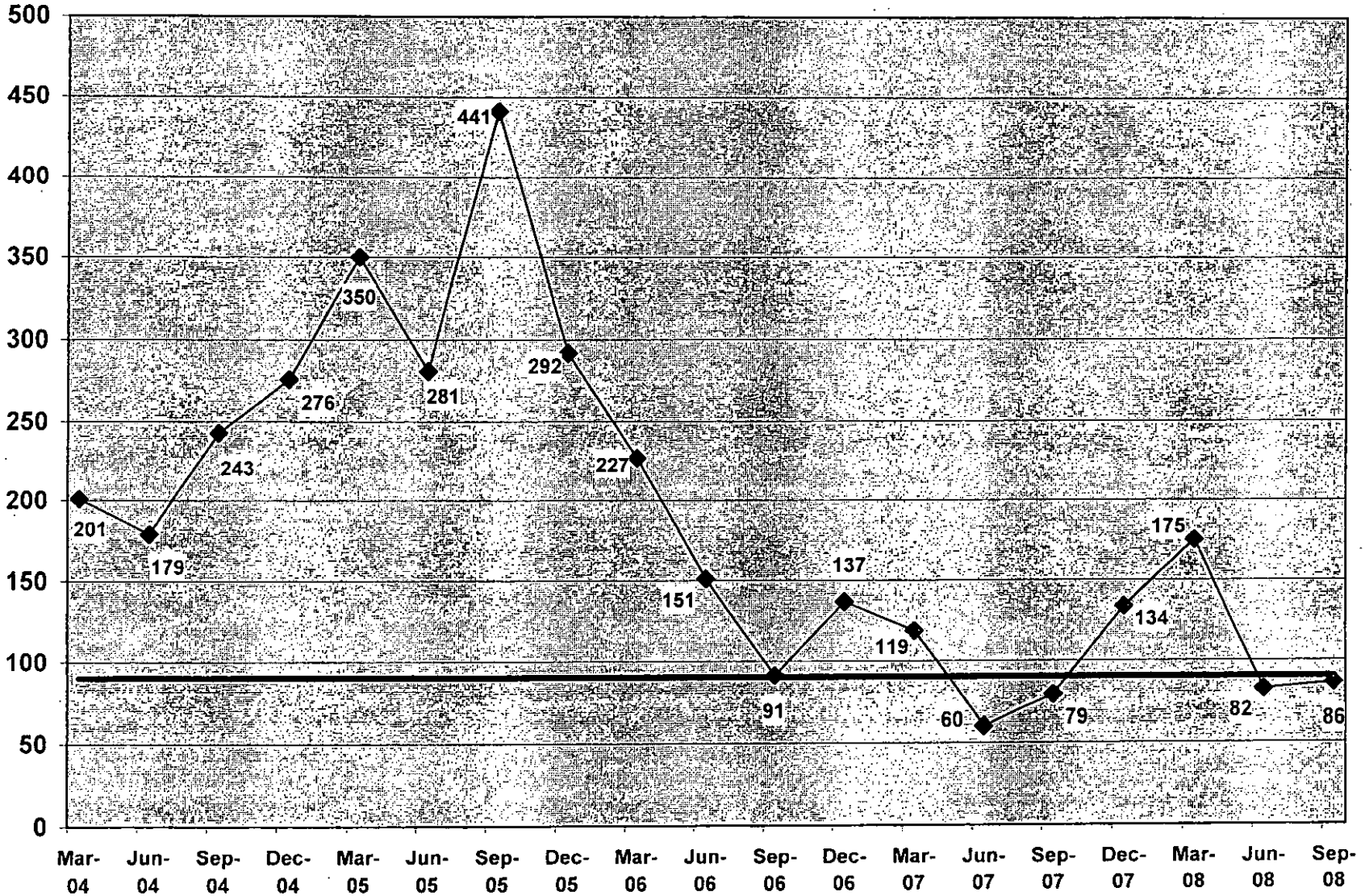
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Bureau Of Developmental Services
ABD Wait List
Number of People



11/13/2008

Bureau of Developmental Services
ABD Wait List
Average Days Waiting



11/13/2008

Bureau of Developmental Services

Update on Actual Number of People Served from the Wait Lists

FY '09 DD Wait List Allocation:						
		Number Of People To Be Served				
		Q 1	Q 2	Q 3	Q 4	**Total**
Budget Process	Proposed	*24*	*24*	*24*	*22*	*94*
Area Agency Plans	*Proposed*	*94*	*48*	*29*	*21*	*192*
	Actual	**75**	**TBD**	**TBD**	**TBD**	**75**
		80%	-	-	-	**39%**

Average number of days between the date the individual was ready to start services and the date the services actually started.	**166**

FY '09 ABD Wait List Allocation:						
		Number Of People To Be Served				
		Q 1	Q 2	Q 3	Q 4	**Total**
Budget Process	Proposed	*4*	*4*	*4*	*2*	*14*
Area Agency Plans	*Proposed*	*4*	*4*	*3*	*3*	*14*
	Actual	**4**	**TBD**	**TBD**	**TBD**	**4**
		100%	-	-	-	**29%**

Average number of days between the date the individual was ready to start services and the date the services actually started.	**155**

Bureau of Developmental Services
FY 2009 DD Wait List Placements

Individual Characteristics

	# of People	% of Total
Recent Graduate	110	57%
Has Autism	29	15%
Has Elderly Parents	13	7%
Behavioral Challenges	62	32%
Has a Dual Diagnosis	34	18%
Risk to Community	12	6%
Declining Health	26	14%
Advanced Age	7	4%
Recent NH Resident	1	1%
From the WL Backlog	95	49%
New People	97	51%

Note: An individual may be included in more than one category.

Service Categories Being Used

	# of People	% of Total
Residential	24	13%
Residential with Day	29	15%
Day	65	34%
Independent Living	28	15%
Independent Living with Day	4	2%
Consumer-Directed	42	22%
Totals	192	100%

Age Breakdown

21	25	123	64%
26	30	27	14%
31	35	11	6%
36	40	6	3%
41	45	3	2%
46	50	6	3%
51	55	3	2%
56	60	5	3%
61	65	2	1%
66	and over	6	3%
		192	100%

11/13/2008

BUREAU OF DEVELOPMENTAL SERVICES
DD Wait List
Regional Projections for the 2010 and 2011 Biennium

	Regional Totals				
REGION	Projected WL as of 6/30/09	FY '10 PSNL	FY '11 PSNL	Projected Total for the Biennium	% of the Total WL for the Biennium
I	15	19	17	51	7.9%
II	25	6	5	36	5.6%
III	16	9	7	32	4.9%
IV	45	25	35	105	16.2%
V	29	18	10	57	8.8%
VI	15	24	30	69	10.6%
VII	43	34	43	120	18.5%
VIII	23	13	22	58	9.0%
IX	28	19	17	64	9.9%
X	18	14	24	56	8.6%
STATEWIDE TOTAL	257	181	210	648	100.0%

Bureau Of Developmental Services
Projected DD Wait List Analysis for the 2010 and 2011 Biennium
[648 People Projected to Need Services]*

Individual Factors

	Number of People	% of the Total
Recent Graduate	502	77%
Autism	117	18%
Advanced Age	10	2%
Declining Health	66	10%
Low Safety Awareness	396	61%
In or at Risk of Institutional Placement	115	18%
Recent Resident	8	1%
Forensic	19	3%
At Risk	47	7%

Care-Giver Factors

	Number of People	% of the Total
Elderly Parents	56	9%
Need to Care for other members	73	11%
With Declining Heath	60	9%
Sole Caregiver	106	16%
With High Work Demands	195	30%

* Backlog = 257 FY 2010 = 181 FY 2011 = 210

11/13/2008

Bureau of Developmental Services
Projected Cost of the DD Wait List Services

Fiscal Year 2010

		Number of People	Per Person Cost	Total Cost
Cost for Staggered Placements	Backlog	257	$34,090	$8,761,130
	New	181	$34,090	$6,170,290
	Total	438	$34,090	$14,931,420

Fiscal Year 2011

		Number of People	Per Person Cost	Total Cost
Cost of Annualized Placements	From FY '10	438	$54,684	$23,951,592
Cost for Staggered Placements	New	210	$35,487	$7,452,270
	Total	648	$48,463	$31,403,862

Biennium

Total DD WL Request for the Biennium	$46,335,282
Total DD WL General Fund Request for the Biennium	$23,167,641

Bureau of Developmental Services
Projected Cost of the ABD Wait List Services

Fiscal Year 2010

		Number of People	Per Person Cost	Total Cost
Cost for Staggered Placements	Backlog	23	$59,727	$1,373,721
	New	15	$59,727	$895,905
	Total	38	$59,727	$2,269,626

Fiscal Year 2011

		Number of People	Per Person Cost	Total Cost
Cost of Annualized Placements	From FY '10	38	$95,564	$3,631,432
Cost for Staggered Placements	New	15	$62,176	$932,640
	Total	53	$86,115	$4,564,072

Biennium

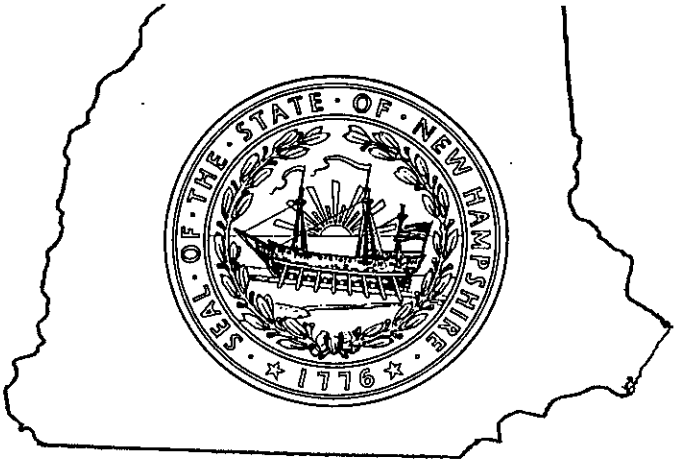
Total ~~DD~~ ADB WL Request for the Biennium	$6,833,698
Total ~~DD~~ ADB WL General Fund Request for the Biennium	$3,416,849

SB 138
Quality Improvement Committee Report

November 10, 2008



Initial Findings



Prepared for
New Hampshire's Legislative Oversight Committee
For Developmental Disability Services

EXECUTIVE SUMMARY

BACKGROUND

Senate Bill 138, which was passed during the 2007 legislative session, established a committee to review and make recommendations regarding the quality assurance and improvement elements and activities within New Hampshire's community-based developmental services system. The Committee's broad-based membership met on 20 occasions and produced this report to assist the Bureau of Developmental Services (BDS), area agencies and their subcontract agencies to address a variety of issues related to quality. [Note: SB 138 had also directed the Committee to create a Workforce Development Plan, which was submitted to the Legislature on 12/1/2007.]

KEY FINDINGS

- While the current system has a number of excellent features for assuring quality, the overall statewide quality infrastructure, leadership and performance need to be improved.
- Considerable information is collected concerning quality, but the corrective feedback mechanisms to ensure that standards are met need to be more systematic and thorough.
- Low wages, inadequate benefits, and lack of more standardized and values-based training programs for staff/providers contribute to the problem of recruiting and retaining a qualified workforce, and the inconsistent quality and increased financial costs in provision of services.
- Improved training is needed at the supervisory, professional, and clinical levels. The system needs to enhance its expertise to support individuals who have significant behavioral, communication, medical, or unique needs -such as the ones related to autism, brain injury, dual diagnosis, aging, supported employment or assistive technology.
- A substantial decrease in staff at the State and area agency level dedicated to quality improvement has occurred over time and limited the system's capacity regarding quality.
- The current abuse and neglect investigations system which essentially requires the area agencies to investigate themselves has created the appearance of a conflict and undermined the credibility of the area agency reports and responses.
- Service coordination/case management functions could be improved in regard to transparency and choice by addressing the (a) inconsistent provision of information to individuals and families regarding the availability of other service providers or self-directed service options, (b) limited advocacy or lack of action by service coordinators when service agreement goals (such as obtaining employment) are not being met, and (c) limited choice of independent (non area agency) service coordinators.

RECOMMENDATIONS

1. Participate in the National Core Indicators project beginning on July 1, 2009, which measures key indicators of performance of state developmental service systems in nine domains: Work or Daytime Activities; Home; Friends and Family; Satisfaction with Services; Self-determination; Community Inclusion; Choices; Rights; and Access.
2. Establish a Quality Council in statute with broad based membership to complete the work of the SB 138 Committee and, on an ongoing basis, to (a) review quality indicators,

performance reports and corrective actions, and (b) make recommendations for further improvements in quality assurance and in meeting individuals' needs and goals.

3. Create a full time Quality Assurance position at the Bureau of Developmental Services to coordinate the Quality Council's activities and statewide quality functions.
4. Enable each area agency or subcontract agency to choose from one of three current internet-based training programs: College of Direct Support, Provider's eAcademy, or essential Learning (or other nationally recognized programs that may be developed in the future.)
5. Provide the needed training at all levels in the specialty areas identified above (e.g., Autism) and employ strategies and new positions to fill the clinical/specialty gaps within the system.
6. Revise State regulations to include needed staff training or qualification as a component of an individual's service agreement/plan.
7. Enhance the quantity and quality of information provided to individuals and their families to enable them to make better informed choices by (a) revising the State regulation to strengthen the responsibilities of the area agencies and service coordinators in providing information to individuals and their families, (b) improving the training and supervision provided to service coordinators, (c) reviewing and revising the funding and implementation factors related to independent (non area agency) service coordination, and (d) having BDS periodically distribute consumer and family friendly information about service and provider options.
8. Study the complex issue of area agencies being the sole provider by having BDS hire an outside consultant to thoroughly examine all aspects of this matter, and issue a report, with specific recommendations to be carried out by BDS and area agencies.

BACKGROUND

Senate Bill 138 (see Appendix A for excerpts), which went into effect on July 1, 2007, required in part that a committee be established to improve the capacity of the New Hampshire (NH) community developmental services system to address both workforce and quality related issues. The Committee, which was established in the summer of 2007 and involved a broad range of stakeholders (see Appendix B for membership), was tasked with the responsibility of creating two plans: one for workforce and another one for quality improvement. The Committee has already submitted its Workforce Plan to the Legislature on December 1, 2007 and is now offering this plan to address Quality Improvement needs of the system.

During the initial phase of its deliberations the Committee reviewed the current quality assurance and enhancement related activities (see Appendix C for a complete list) of the service system. Based on that analysis, the Committee reached a number of conclusions and developed several recommendations. The next sections of this report contain information related to the Committee's discussions and recommendations in response to the Committee's charge related to the quality assurance provisions of SB 138.[1]

COMMITTEE DISCUSSIONS AND RECOMMENDATIONS

LEADERSHIP

Since the inception of New Hampshire's community developmental services system, the area agencies, provider agencies, and the Bureau of Developmental Services (BDS) have all shared the leadership responsibilities regarding quality and have collaborated on a great number of activities and initiatives (Appendix C) to bring about improvements in services provided. Although these endeavors have enhanced the system's capacity and led to increased focus on achieving improved

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[1] The SB 138 charge to the Committee provides:

III. (a) ...[T]he committee appointed...shall develop a quality assurance and enhancement plan...providing for:

(1) Rigorous, and where possible, measurable standards of performance expected of area agencies and providers in accordance with the purposes and requirements of RSA 171-A.
(2) Multiple procedures and processes in accordance with professionally recognized program evaluation and quality assurance standards to render determinations as to whether such standards of performance are being met.
(3) Examination of the effects of an area agency as sole provider on service delivery.
(4) Identification of the type and number of employed or contracted staff at the department and area agency level necessary to initiate and then carry out activities.... and if new staff are needed, whether they can be added through redeployment, reorganization, use of federal funding, information technology enhancements, or other initiatives without impairing other department responsibilities, and if not, the amount of new funding that will be needed.
(5) Where such quality assurance and enhancement system capacity shall be located and report to in order to ensure maximum independence and effectiveness.

outcomes, they have been pursued in a rather fragmented manner, resulting in uneven statewide performance. In addition, while there have been significant efforts to collect good information on system quality, there has been a lack of clear and consistent review and feedback mechanisms to assure that identified concerns are addressed and that quality is enhanced. There has also been, as discussed in more detail below, a significant decrease in BDS and area agency staff positions dedicated to critical quality improvement activities.

The Committee recommends that a Quality Council be set up in order to provide a continuous, consistent, and strong leadership group for reviewing and improving the quality of the developmental disability (DD) and acquired brain disorder (ABD) services being provided within New Hampshire's developmental services system. Moreover, the Committee proposes that the creation of such a council be incorporated into the State Law RSA 171-A in order to make it into a foundational and permanent element of the overall developmental services system. [Note: The Disabilities Right Center and the New Hampshire Developmental Disabilities Council have committed to lead the effort to introduce a bill regarding the establishment of the Quality Council.]

It is suggested that the Quality Council's membership be diverse, representing all key stakeholder groups and organizations, such as: People First of New Hampshire, Regional Family Support Councils, Area Agency Boards, Direct Support Professionals, Home Providers, regional Quality Coordinators, Community Support Network Inc. (CSNI) Board, Private Provider Network (PPN), NH Developmental Disability Council, Disability Rights Center, ABLE-NH, Institute On Disability, Autism Society of New Hampshire, Brain Injury Association of New Hampshire, a quality improvement systems expert from the private or public sector, and Bureau of Developmental Services. The Committee further recommends that individuals served by the system and family members constitute the majority (no less than 51%) of the Quality Council's membership, since they –as recipients of supports- are uniquely positioned to provide critical feedback and constructive input regarding the quality of services and performance of the developmental services system.

During its deliberations the Committee did not have sufficient time and resources to complete some of the quality related tasks assigned by SB 138. Therefore, it suggests that the Quality Council assume the responsibility for further discussing and making recommendations to the system regarding the following quality improvement issues, including but not limited to:

1. Standards of quality and performance expected of area agencies and provider agencies.

2. Type of data to be collected, analyzed and disseminated to ascertain:
    a. Whether the above referenced quality standards are met; and
    b. How the system or parts of the system are doing generally.

3. Quality assurance and oversight mechanisms to be used to gather data and information, including:
    a. Methods and frequency of data collection; and
    b. Better use of technology.

4. Content, frequency and dissemination points of the BDS Quality Improvement reports for:
    a. Feedback and corrective purposes;
    b. Informing policy makers and the public as to how the system and components of the system are working and where funding or other changes may be needed; and

c. Notifying consumers and families so that they can make informed choices about service and provider selection.

5. Expectations and procedures for following up on the identified area where improvements are needed including:
   a. Root cause analyses; and
   b. Who will report back to the Quality Council, DHHS, and BDS regarding:
      i. The actions taken and how often;
      ii. Implications of deficiency citations on licensing, certification, or contracts; and
      iii. Implications of best practice citations on performance rewards or contracts; and

6. Staffing or organizational changes to make sure that the system works as intended.

In addition, the Committee recommends that, through a deliberative process, the Quality Council identify and pursue a variety of other quality related responsibilities, including but not limited to:

1. Making recommendations to CSNI, PPN, BDS, DHHS, the Legislature and Governor, as appropriate, concerning systemic structures, policies, rules and practices, which require changes and improvements, based on a review of the progress being made in and effectiveness of the quality assurance and enhancement system.

2. Reviewing the current efforts of and making recommendations to the developmental services system in the following areas:
   a. Ways of supporting values-based and person-centered service planning and provision, as well as problem solving, innovation, and learning;
   b. Publicizing and celebrating –in collaboration with other stakeholders- what is working well (best/model practices); and
   c. Reviewing, interpreting, and disseminating data and information on a regular basis to bring about greater transparency and to inform various stakeholders, such as individuals, families, area agency Board of Directors, provider organizations, BDS and Legislature.

3. Providing a vehicle for feedback for BDS/DHHS on other service quality issues, including but not limited to staff training and human resource innovations or improvements and abuse and neglect investigations and corrective actions.

4. Issuing periodic quality reports with recommendations and submitting them to the Legislative Oversight Committee and BDS for follow-up and distribution to all stakeholders

Ultimately the role of the Quality Council will be to observe, listen, learn and recommend actions to enable people and organizations to be more effective in their efforts to help individuals with disabilities and their families.

STAFFING AND TRAINING

Recruitment and Retention

The Committee's deliberations reflected a strong consensus among its members regarding the strong correlation between the quality of services and the quality of the workforce that provides those services. Unfortunately, New Hampshire's community developmental services system has had a long history of difficulties in recruiting and retaining staff and providers. [Staff turnover rate is between 50% and 74% in Direct Service Professional (DSP) positions. See the December 1, 2007, SB 138 Workforce Development Committee Report.] The Committee believes that the area agencies and subcontract agencies need help from the State of NH to address recruitment difficulties and high turnover rates in order to improve the developmental services system's capacity to consistently deliver high quality services. In its previously issued Workforce Development plan, the Committee had made the following recommendations and reiterates them here for Legislative consideration:

1. "The New Hampshire Legislature should appropriate funds sufficient to support a salary schedule that provides and maintains parity with the New Hampshire Hospital Mental Health Worker I wage schedule such that annual wage increases are given to DSPs; such increases should recognize and incorporate differentials for the completion of advanced training and education which result in increased competence." It is estimated that further state appropriations would increase the average DSP wages from $10.62 to $13.93 and would require about $6.7M of General Funds.

2. "The New Hampshire Legislature should appropriate funding to reimburse one hundred percent (100%) of the cost of coverage for a single person health care plan (not to exceed the cost of the average of the three largest NH plans for a 45 year-old female) for Enhanced Family Care Providers. Such plans shall be purchased individually by the EFC provider and reimbursement will be offered based on documentation of valid health insurance coverage." This initiative would require approximately $2.4M in General Funds.

Staff/Provider Training and Development

Historically, the area agencies, their subcontractors and BDS have all recognized the importance of training and staff development in providing high quality services. However, this consensus has not translated into a uniform strategy and practice regarding providing training to DSPs and providers on core skill areas involved in supporting people with disabilities and their families. As a result, agencies have used a variety of training programs, provided lower than the desired number of hours of in-service training, and achieved varying degrees of success. The Committee believes that agencies need to replace this somewhat unsystematic approach with a collective commitment to use nationally recognized, skills-based training curricula that result in issuing of a post-test certificate of training for successful completion.

The Committee had extensive discussions regarding this topic and considered the adoption of a single training program across the entire developmental services system; however, the Committee ultimately concluded that the agencies needed to retain some discretion in selecting their training curriculum. Thus the Committee recommends that agencies be allowed to choose from one of three current Internet-based training programs: College of Direct Support, Provider's eAcademy, or essential Learning or other nationally recognized training programs that may be developed in the future.

It is estimated that the adoption of this recommendation will require about $490K in General Funds. It is also anticipated that the utilization of the above training programs will lead to lower staff turnover, better services for individuals, and ultimately reduced costs in the future.

The Committee also noted that over the years, expertise in specific clinical and professional areas has diminished, as clinical services were reduced in favor of more individualized community supports and funds were redeployed to offset lack of rate increases. This has left a gap in the service delivery system in regards to specialty services, such as behavioral supports, communication, assistive technology, employment, and services to individuals with significant medical, multiple disabilities or aging concerns. The Committee recommends that, in addition to enhancing its training activities regarding core service-provision skills, the service system needs to provide more in-depth training to its staff and providers at all levels regarding these specialty areas, as well as Autism, brain injury, and dual diagnoses (such as developmental disability and mental illness).

Finally, the Committee spent considerable time discussing whether there is sufficient staffing at the supervisory and clinical level at the state, area agency, and/or provider level to address the more complex clinical and specialty needs and to provide support to direct support staff and individuals served by the system and their families. While there was a consensus that the expertise at that level has diminished, there was not enough time to frame solutions.

Therefore, to address all of these interrelated issues it is further recommended that the BDS establish a committee to:

1. Review and revise, as needed, the core-training curriculum for direct support professionals; and, as needed, recommend changes to applicable regulations.

2. Determine and recommend additional positions in the system and/or other strategies to fill the clinical and specialty gaps, including a training strategy that covers all levels of staffing.

3. Consider developing a "career lattice", such as the one adopted for early childhood education, to provide consistency and a career track for direct support professionals.

4. Consider regulatory changes to He-M 506.05(a) to require that staff training and education identified in personnel development plans be provided.

It was also recommended that He-M 503.11 be amended to include staff training as a component to the service agreement. [Possible language has been proposed and shared with BDS.]

Staffing Needs for Quality and Training Activities

During its deliberations, the Committee recalled and acknowledged that in the past the developmental services system had much greater staffing resources dedicated to the areas of quality improvement and staff/provider training. On the State side, there was a Quality Assurance Team with five fulltime staff, who visited program sites and issued reports once every 18 months. In addition, BDS employed three trainers, who coordinated activities and provided direct training to DSPs. During budget reductions of 1990s, the QA Team was eliminated entirely and the three training positions were trimmed down to one full time coordinator position.

At the regional level, the lack of yearly cost of living increases from FY 1994 to FY 2005 for the area agencies and their subcontractors negatively impacted the amount of resources being dedicated to quality and training activities. Many of the agencies had to eliminate staff positions and consolidate responsibilities in order to redirect funds to cover cost of living increases in areas

such as health care benefits, liability insurance, workmen's compensation, office space, and transportation. Currently, in many agencies the staff that are assigned to quality and training areas "wear multiple hats," which limits the regional capacity to adequately train the local workforce and to effectively address quality issues.

The Committee believes that, at minimum, an additional fulltime Quality Improvement position needs to be created at the state level to facilitate the activities of the proposed Quality Council, coordinate New Hampshire's participation in the National Core Indicators project and to insure follow-up to the recommendations of the future QI reports to be issued by the Quality Council. It is estimated that the adoption of this recommendation will require about $90K in General Funds.

INVESTIGATIONS OF ABUSE AND NEGLECT

One of the most troublesome and painful aspects of the history of the disability field in general is that every year a number of individuals are neglected or abused. New Hampshire's laws require that citizens of the State report all cases of abuse and neglect and BDS rules require that all suspicions of abuse and neglect be reported and investigated and, if founded, be addressed.

Currently, the BDS rule (He-M 202) assigns the responsibility of investigating abuse and neglect complaints to the area agencies. In fact, the area agencies are expected to investigate all complaints, whether they involve abuse, neglect or any violations of the BDS rules. This arrangement has put the agencies in the awkward position of investigating themselves, which has, at the least, created an appearance of conflict of interest and undermined the credibility of the area agency reports and responses regarding complaints.

The Committee recommends that the State revise its rule and transfer the responsibility of investigating complaints from the area agencies to BDS. [Currently BDS' role is limited to overseeing the regional complaint investigation activities.] The Committee believes that such a change will not only assign the responsibility for such a critical activity more appropriately but will also inject greater independence, confidence and integrity to the complaint process. Moreover, the proposed modification will enable the agencies to better concentrate on responding to the findings of the investigations and making changes, both at the individual and systemic level, to remedy and prevent harmful outcomes for individuals with disabilities.

The Committee suggests that, in carrying out the above recommendations, BDS redirect all applicable funds from the ten area agency contracts to its Bureau budget to hire independent investigators to fulfill the responsibilities associated with complaints. Because this recommendation will result in a major change in the way that this critical function is managed, it is imperative that, prior to implementation, BDS:

1. Develop a supervisory structure to ensure quality, thoroughness, and timeliness in investigations and corrective actions; and

2. Make regulatory changes to insure that the rights of all parties, including appellate rights are protected.

In creating and implementing this structure, BDS may solicit input from the Quality Council, other stakeholders, and, where needed, experts in the centralized investigations and adult

protective services field. The suggested target date for BDS taking over all area agency investigations of abuse, neglect, and exploitation is July 1, 2010.

[Note: Currently, in addition and parallel to the area agency investigations, the Adult Protective Services unit -under the Bureau of Elderly and Adult Services- also investigates any reports of neglect and abuse. The above recommendation regarding transferring of responsibilities from the area agencies to BDS will present the Department with the opportunity to eliminate this duplication and to save resources.]

OUTCOME INDICATORS AND OTHER MEASURES OF QUALITY

In 1994 BDS created a survey tool, called the Adult Consumer Outcome Survey (ACOS), to gauge on a yearly basis the satisfaction level of the individuals who receive services under the DD and ABD Waiver Programs. [Ten percent of the individuals receiving services are randomly selected for interviews.] The results of this survey are used to inform individuals' support teams, as well as identifying regional and statewide trends regarding many aspects of the services being provided. Five years later, BDS and CSNI embarked on a further initiative called the NH Quality Outcomes Project (NHQOP), which collected information from a variety of sources, including the ACOS, to assess the overall quality of services within New Hampshire's developmental services system. The results from this project were used to create the NHQOP Report, a joint publication of CSNI and BDS regarding the quality of services in New Hampshire's developmental services system.

Although the Committee recognized that the above efforts had been instrumental in bringing about attention to and generating information about the quality of services in New Hampshire's developmental services system, it concluded that a different approach, involving the use of a nationally recognized survey tool, would present a valuable opportunity. Thus the Committee has recommended that, beginning with Fiscal Year 2010, New Hampshire's developmental services system participate in the National Core Indicators (NCI) project, the purpose of which has been stated as "to identify and measure core indicators of performance of state developmental disabilities service systems." [Coincidentally, the Human Services Research Institute, which had assisted in the development of the NHQOP, has also been involved in the development and implementation of the NCI project.] The NCI project focuses on nine domains: Work or Daytime Activities; Home; Friends and Family; Satisfaction with Services/Supports; Self-determination; Community Inclusion; Choices; Rights; and Access.

Considering its system's extensive experience with ACOS and NHQOP, the Bureau and the area agencies have already enrolled in the NCI project and plan to start using the survey beginning on July 1, 2009.

In reviewing the past utilization of the ACOS and its positive impact on individual service arrangements, the Committee has proposed the following additional recommendations:

- ✓ A number of identified questions from the ACOS be added to the NCI survey as New Hampshire specific items; [A list of questions has been given to BDS.]
- ✓ The results of the direct interview with the person receiving services continued to be shared with his or her support team to insure that individuals benefit from the findings of the survey.
- ✓ BDS staff continue to do the interviews with individuals receiving services

[Note: The Committee suggests that BDS engage HSRI to evaluate the issue of surveyor inter-reliability in conducting the interviews.]

Participation in NCI will enable the State's developmental services system to not only continue to collect information from two key informant groups -individuals and families- but will also bring about the added benefit of comparing NH's data with information from other States. The Committee envisions that, the Quality Council will make significant use of the results of the NCI survey.

SERVICE COORDINATION, TRANSPARENCY AND CHOICE

In New Hampshire's developmental services system when individuals are determined to be eligible for services they (and their families) are typically assigned a service coordinator who is expected to play a very significant role in helping the individuals and families receive the supports that they need. The State rule He-M 503 identifies a number of important, specific responsibilities for service coordinators and the area agencies, including the following:

- ✓ Advocating on behalf of the individual for services;
- ✓ Describing to the individual or guardian service provision options, such as self-directed services;
- ✓ Maximizing the ability and decision-making authority of the individual;
- ✓ Coordinating the service planning process;
- ✓ Maximizing the extent to which an individual participates in and directs his or her service;
- ✓ Monitoring and documenting services provided;
- ✓ Insuring continuity and quality of services provided;
- ✓ Determining and implementing necessary action when goals are not being addressed, support services are not being provided, or when health or safety issues have arisen; and
- ✓ Convening service-planning meetings at least annually and whenever the individual or guardian is not satisfied with the services received or there is a need for new services or a provider.

Over the years, the survey responses from individuals and their families have demonstrated that service coordinators do, on the whole, play a meaningful role in helping individuals receive the services that they need. However, there have also been indications that the level of success achieved by the service coordinators can be improved when it comes to matters of transparency regarding service provision and provider options, as revealed by the following examples:

- ✓ Lack of information regarding the availability of other service provider agencies or of the self-directed service option;
- ✓ Limited advocacy or lack of action when service agreement goals (such as obtaining employment) are not being met; and
- ✓ Limited choice of service coordinators both within and outside the area agencies.

The Committee discussed the above issues and possible ways of enhancing the service coordination system's capacity to provide more vigorous advocacy so that individuals and their families can receive appropriate information and exercise choice and control over their services. As a result, the Committee recommends that:

1. The training and supervision for both new and veteran service coordinators be improved to insure consistency and thoroughness in service coordination assistance to individuals and their families.

2. The State rule He-M 503 be examined and revised to strengthen the current language concerning the responsibilities of the area agencies and service coordinators in providing information to individuals and their families.

3. "Consumer and family friendly" materials from BDS containing information about service and provider options be distributed to all individuals and families upon entry to the system and annually thereafter.

4. The implementation factors and funding related to independent service coordination be reviewed to determine how it can be made more viable as a service option.

AREA AGENCIES AS SOLE PROVIDERS

One of the specific topic areas that SB 138 had identified for study was the issue of area agencies being sole providers. [Although all area agencies have subcontracted some of their services, in a few -mostly northern- regions of the State such arrangements constitute a relatively small portion of the overall area agency services.] The Committee was asked to review this matter due to concerns that area agency sole providership may limit consumer choice, competition and quality.

The Committee discussed this issue during several of its meetings and concluded that, considering its complexity, this matter needed to be studied more carefully and deeply, which the Committee was not in a position to do because of time limitations. Therefore, the Committee recommends that BDS follow up on this matter and hire an outside consultant to thoroughly examine all aspects of this issue and create a report, with specific recommendations to be carried out by BDS. It is anticipated that about $30K in GF will be needed to produce such a report.

CONCLUDING COMMENTS

During its deliberations the Committee noted that a multitude of specific and systemic factors - ranging from the level of compensation furnished to staff to the strength of the organizational leadership provided - can affect quality. Clearly any large service system seeking to improve quality could be overwhelmed by the sheer magnitude of such an undertaking and the questions of where to begin and what to emphasize. [This difficulty is particularly relevant currently when the State of New Hampshire is facing unprecedented budgetary challenges.] This plan offers a number of ideas and suggestions that the Committee feels would strengthen the system's infrastructure and improve its capacity to provide high quality services. However, this proposal also faces the common danger of being shelved, as day-to-day responsibilities and major funding problems provide familiar and difficult "distractions." Unless the focus on this plan is maintained, its recommendations may never be implemented to augment the developmental services system's capacity to create better outcomes for individuals and their families.

Therefore, the Committee recommends that the establishment of the Quality Council be given the highest priority to insure that a long-term focus and collective commitment on quality is created

and maintained. The Council needs to provide the systemic and collaborative attention to the proposed plan and the necessary leadership to improve quality on a continuous basis.

Furthermore, the Committee suggests that CSNI, PPN and BDS collectively make a concerted effort to follow up on the above recommendations regarding training on core skill areas involved in the provision of services, as well as offering much needed trainings in specialty areas (such as Autism Spectrum, brain injury, maintenance of health.) There are preliminary indications that nationally recognized training programs (e.g., College of Direct Support) can create a better trained workforce, reduce staff turnover and improve capacity to generate better outcomes for individuals and reduce costs in recruiting and training new staff. The developmental services system needs to marshal all of its available resources to strengthen its workforce through appropriate trainings so that it can improve the quality of its services. And, the State also needs to make an investment in this area not only to enhance the quality of services but also to save money over the long-term.

Appendix A

The SB 138 charged the Committee with the following related to improving the developmental services quality assurance and enhancement system within New Hampshire:

"III. (a) By November 1, 2008, the committee appointed in paragraph II shall develop a quality assurance and enhancement plan by building on, modifying, and improving upon the New Hampshire quality outcomes partnership process providing for:

(1) Rigorous, and where possible, measurable standards of performance expected of area agencies and providers in accordance with the purposes and requirements of RSA 171-A.

(2) Multiple procedures and processes in accordance with professionally recognized program evaluation and quality assurance standards to render determinations as to whether such standards of performance are being met.

(3) Examination of the effects of an area agency as sole provider on service delivery.

(4) Identification of the type and number of employed or contracted staff at the department and area agency level necessary to initiate and then carry out activities in subparagraph II(b), and if new staff are needed, whether they can be added through redeployment, reorganization, use of federal funding, information technology enhancements, or other initiatives without impairing other department responsibilities, and if not, the amount of new funding that will be needed.

(5) Where such quality assurance and enhancement system capacity shall be located and report to in order to ensure maximum independence and effectiveness.

(b) The department shall submit the plan to the oversight committee, established in RSA 171-A:1-c, by November 1, 2008. Any members of the committee may submit additional or dissenting comments and recommendations to the committee by November 15, 2008. The committee may choose to consult with an independent, nationally recognized organization in program evaluation and quality assurance to evaluate and report on the effectiveness of the quality assurance and enhancement system.

IV. The plans required by paragraphs II and III shall include a breakdown of all costs of implementation of and operation for each component and any recommendations for legislation or rules changes. The oversight committee established in RSA 171-A:1-c, shall review the plans, provide feedback to the department, and submit any proposals for legislation it deems necessary. Nothing in this section shall be construed to preclude the department from engaging in rulemaking or taking other initiatives within its authority to implement the components of the plan."

Appendix B

The following individuals served on the Quality Improvement Committee to meet the membership expectations that had been identified in the legislation:

Gordon Allen, NH Developmental Disabilities Council (DDC)
Diane Carignan, People First of New Hampshire
Richard Cohen, Disabilities Rights Center (DRC)
Beth Dixon, Board of Directors, Area Agency 4
Ellen Edgerly, NH Brain Injury Association (BIA)
Matthew Ertas, NH Department of Health and Human Services (DHHS) Bureau of Developmental Services (BDS)
Susan Fox, UNH Institute on Disability (IOD)
Bobbi Gross, Family Support Council, Area Agency 2
Susan Gunther, Family Support Council, Area Agency 3
Deborah Hopkins, Private Provider Network (PPN)
Kirsten Murphy, Board of Directors, Area Agency 2
Dennis Powers, Community Support Network, Inc. (CSNI)
Nancy Rollins, NH DHHS Division of Community-Based Care Services (DCBCS)
Cathy Spinney, Board of Directors, Area Agency 10
Michael Umali, Family Support Council, Area Agency 6

This Committee convened on 20 occasions from January through October 2008.

The following individuals attended the Committee meetings to offer information, support and suggestions:

Kathy Bates, Policy Advocate
Robin Carlson, Enhanced Family Care Provider
Janet Hunt, Advisor to People First
Karen Kimball, NH DHHS BDS
Diane Langley, NH DHHS DCBCS
Ken Nielsen, NH DHHS Client and Legal Services
Jan Skoby, NH DHHS BDS Training Coordinator

In addition, the Committee received information from the following:
Peter Bacon, NH DHHS Bureau of Health Facilities Administration (BHFA)
Val Bradley, Human Services Research Institute (HSRI)
Pat Fair, Fairhaven Associates, LLC
David Jenkins, Moore Center Services
John Martin, NH DHHS BHFA
Scott Trudo, Moore Center Services

Appendix C

CURRENT QUALITY ASSURANCE AND ENHANCEMENT RELATED ACTIVITIES

A number of processes, tools, and strategies are employed in New Hampshire's community developmental services system to assess the quality of and satisfaction with developmental and brain injury services and to review the health, safety, and welfare of individuals served. The following list identifies some of the specific examples related to these efforts:

Adult Consumer Outcomes Surveys: Since the early 1990s, BDS has annually conducted the Adult Consumer Outcomes Survey (ACOS) with individuals who are served through the developmental services system. Ten percent (10%) of adults receiving services, their guardians, families or other significant people in their lives are interviewed to determine level of satisfaction. Following interviews, individual reports are sent to each person's team, with follow-up and corrective action expected when problems are identified. Regional reports are compiled to identify regional trends and shared with each area agency's management staff, Board of Directors, and Family Support Council. Lastly, comprehensive statewide reports are created to highlight statewide issues and shared with a variety of stakeholders, including the federal government.

Family Surveys: During the past twenty years, many area agencies conducted annual satisfaction surveys of families within their regions. The results of these surveys were often incorporated into the agency's strategic planning process. The problem was that there was no uniformity among regions in the survey instruments used.

Beginning in 2000, with the advent of the Quality Outcomes Project, all area agencies agreed to use the same family survey and the results were published in the annual Quality Outcomes Report. This provided consistency across the state and resulted in an increased response rate from families. The most recent family survey conducted in 2007 resulted in 1,250 respondents.

Family Centered Early Supports and Services (FCESS): On an annual basis families who have children –age birth to three- that have been enrolled in the FCESS program for at least 6 months are surveyed to measure their satisfaction with the program in the following areas: rights, identification of needs, children's development and learning, support systems, and community access. In addition, each child's strengths and development are assessed upon entrance to the program and again at exit to measure the effectiveness of the FCESS program.

BDS ESS Liaisons make annual on site monitoring visits to all the ESS programs, which include conducting record reviews for ten percent (10%) of children enrolled in each program. These reviews involve collecting compliance data on three federal indicators (timely services, 45-day timeline for entrance into services, and transition); identifying program challenges and accomplishments; and audits of Medicaid billing. A report is submitted to the federal government on an annual basis that documents the programs' improvements on the federal indicators and any corrective action plans that were put in place to address issues where improvements were needed.

The FCESS program also has a governor-appointed Interagency Coordinating Council that is comprised of key stakeholders from the early childhood profession and parents. This council acts as an advisory body to the BDS Part C FCESS office.

Area Agency Redesignation: In accordance with NH RSA 171 A:2 and state rule He-M 505, on a rotating 5-year schedule, each area agency is subject to a comprehensive evaluation process called Redesignation. A team of BDS staff reviews each area agency's performance with respect to the agency mission; individual rights, health and safety; consumer choice, control and satisfaction; individual, family/guardian involvement in regional activities; system of quality improvement; governance and administration; budget development and fiscal health; and compliance with federal and state requirements.

Information is gathered from multiple sources -including individuals, families, area agency staff, Board of Directors, Family Support Council, and sub-contractor agency staff- and included in a summary report, which identifies positive practices and makes recommendations regarding continuous quality improvement. Area agencies routinely incorporate Redesignation outcomes into their planning efforts to improve their regional system and services to individuals.

Certification: The Bureau of Health Facilities Administration determines initial and ongoing compliance with federal Medicaid regulations as well as NH State standards for Personal Care Services and Day Habilitation Services. This is accomplished through documentation reviews. Focus areas include health and safety; personal rights; medication administration; staff qualifications and training; implementation of the Individual Service Agreement; and documentation requirements.

Certification Reports are issued to area agencies and provider agencies for all site reviews. Copies of reports are also forwarded to the responsible BDS and area agency staff for review and follow up. When deficiencies are identified, the provider agency is required to submit a written Plan of Correction.

Medication Committee and Reporting of Medication Errors: To provide oversight to NH's system of using trained staff for administration of medication, BDS has established a multi-disciplinary Medication Committee, comprised of representatives from the Board of Nursing; area agencies; subcontractor agencies; nurse-trainers; BDS Nurse Coordinator; and a physician with expertise in developmental disabilities.

Each month, the Medication Committee reviews the practices and outcomes of two area agencies and their subcontractor agencies with regard to administration of medications. Each area agency is expected to submit a detailed report including the number of doses administered, number of medication errors, strategies to correct and avoid med errors. In return, the Medication Committee issues a report to each area agency, which includes a performance analysis, identifies trends, and highlights best practices. When improvement is needed, the Medication Committee requires that the area agency provide a Corrective Plan to remedy identified issues.

Sentinel Event Protocol: DHHS has establish a procedure to require providers to submit reports regarding unexpected occurrences, such as an unanticipated death or permanent loss of function; homicide, suicide, sexual assault or rape of an individual; medication error that results in death, paralysis, coma, or other permanent loss of function; arson; neglect or abuse. The goals of this reporting procedure are to understand the causes that underlie the event; make changes to the specific provider's processes and system to reduce the probability of such an event in the future; increase the general knowledge about sentinel events, their causes and strategies for prevention; and to have a positive impact in improving care.

Mortality Reviews: Since 1999, BDS has implemented a process to review the circumstances and factors leading to the death of any individual receiving residential or day services. Objectives include identification of indicators and or medical conditions that make individuals vulnerable to illness, accidents and death; evaluation of how mortality relates to program and policy implementation; and identification and promotion of best practices to ensure that individuals with developmental disabilities receive optimal health-related supports. BDS provides follow up training and targeted resources specific to prevention of episodes of morbidity and mortality.

Employment Surveys: This survey is completed by area agencies twice each year for six-month periods (covering January through June, and July through December.) All individuals within the developmental services system who have had paid employment during the six-month period are included. Examples of the kind of data/information include: type and environment of work, hourly wage, hours worked per week, and benefits received, as well as demographics on the individual employed. Reports are generated and shared with area agencies on a statewide and regional basis. The results of this survey provide an opportunity to evaluate the level of individual and systemic successes that are being obtained through the employment services.

Service Coordination Oversight: The State rule He-M 503 requires that service coordinators monitor services identified in service agreements and assess individual, family or guardian satisfaction on a periodic basis (at least annually for some services, such as family support, and quarterly for others, such as day and/or residential services.) In particular, for those receiving day and residential services the service coordinator is expected to visit the individual (and contact the guardian, if any,) at least quarterly, or more frequently if so specified in the individual's service agreement, to determine and document: whether services match the interests and needs of the individual, individual and guardian satisfaction with services, and progress on the goals that are identified in the service agreement.

Area Agency Complaint Process: Area agencies have designated investigators –some being independent ones- who receive training provided by the DHHS Office of Client and Legal Services and who have the responsibility of determining the facts and findings of a case so that issues can be resolved to the satisfaction of the individual and guardian. In looking into specific complaints, the investigators are expected to identify issues that underlie the basis for the complaint so that efforts can be made to prevent future occurrence(s). [With the consent of the consumer and guardian, area agencies may use an informal problem-solving process, except in cases of abuse, neglect, exploitation issues, which must be investigated formally.]

The complaint investigators and quality assurance staff meet quarterly with the Client and Legal Services staff to discuss and address issues related to complaint investigations and personal rights, as well as reviewing related data and reports.

Introductory Training Instructional Guide and Resource Manual: In recognition of the fact that a trained workforce is an essential safeguard for people with disabilities, CSNI, PPN and BDS developed the Introductory Training Instructional Guide and Resource Manual to provide all direct support staff/caregivers with a basic knowledge of the concepts and skills critical to the provision of personalized services. The training modules include: an overview of developmental disabilities, quality life in the community; personal rights; everyday health and safety; helping people learn useful skills; understanding and supporting effective behavior; supports through empowerment. Currently, the area and subcontract agencies have the option of using this manual or any other similar resources to train their staff/providers.

Staff Training Requirements For Day and Residential Services: Prior to delivering day or residential services to an individual, a prospective staff/provider is required to receive orientation in the following specific areas: the individual's current medical conditions, medical history, routine and emergency protocols; any special nutrition, dietary, hydration, elimination, and ambulation needs; any specific communication needs; any behavioral supports; the individual's service agreement goals and methods or strategies to achieve the goals; fire safety and evacuation procedures. Moreover, staff/providers with no prior experience providing services directly to individuals with disabilities are not permitted to provide services without direct oversight and support during the initial period of their employment.

Orientation for Service Coordinators: CSNI and BDS have jointly created a two-day training for service coordinators, which is conducted annually. [The training offers two different tracks: one for new service coordinators and another one for experienced staff.] The training modules include: the history and mission, overview of the community developmental services system, introduction to the role of the service coordinator, foundations of service coordination, introduction to social role valorization, meeting facilitation and communication, vulnerabilities and safeguards, health and well being, BDS rules and community care waivers, the legislative process in NH, introduction to federal and state benefits.

Appendix D

The following articles, publications and references were made available to the Committee members to familiarize them about some of the QI related issues and information

- ✓ National Center on Outcomes Resources (NCOR), Speaking Out-Self-Advocates Speak Out About Quality in Services
- ✓ NCOR, Speaking Out- Parents Speak Out About Quality in Services
- ✓ Wisconsin Wingspread Conference Proceedings, Person-Centered Quality Assurance
- ✓ Commonwealth of Massachusetts Executive Office of Health & Human Services Department of Mental Retardation Annual Quality Assurance Report FY 2005
- ✓ The Muskie School of Public Service, University of Southern Maine –"Addressing Potential Conflicts of Interest Arising from the Multiple Roles of Colorado's Community Centered Boards". A report to Colorado Department of Human Services Division of Developmental Disabilities.
- ✓ CSNI Quality Improvement Quarterly Summary Draft
- ✓ People First of NH Board & Membership Meeting Minutes: Developmental Service System Discussion with Sue Fox, 3-21-98
- ✓ People First of NH Board & Membership meeting Minutes from 4-21-01.
- ✓ Identified Best Practices in Therapeutic Foster Care (Child Welfare Fact of the Week 7-21-08)
- ✓ Strengthening Communities Initiative Pilot Project, Executive Summary Draft for the DHHS Office of Physical and Cognitive Disabilities, Maine.
- ✓ NH Early Childhood Professional Development System Guide to Early Childhood Careers (June 2006)
- ✓ Maine Developmental Services Oversight and Advisory Board legislation.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 263

BILL TITLE: **establishing an oversight committee to review the allocation of funds disbursed for the developmental disabilities waitlist.**

DATE: January 22, 2003

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP), OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Batula

Seconded by Rep. Dalrymple

Vote: 16-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 16-0

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. James R. MacKay, Clerk

OFFICE OF THE HOUSE CLERK 2003 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 263 Title: re developmental disab. waitlist + oversight comm.

PH Date: 1/22/03 Exec Session Date: 1/22/03

Motion: OTP Amendment #: None

MEMBER	YEAS	NAYS
Batula, Peter L. Chairman	✓	
Dalrymple, Janeen A. V Chairman	✓	
Chabot, Robert F	✓	
Manning, Joseph P	✓	
Katsakiores, Phyllis M	✓	
Pilliod, James P	absent	
Wendelboe, Fran	✓	
MacKay, James R	✓	
Eaton, Stephanie	absent	
Barry, J Gail	✓	
Brown, Carolyn A	✓	
Daniels, Eric M	✓	
McMahon, Charles E	✓	
Price, Pamela G	absent	
Weldy, Norman E	✓	
French, Barbara C	absent	
Seldin, Gloria	absent	
Harris, Sandra C	✓	
Sokol, Hilda W	✓	
Shultis, Elizabeth C	✓	
Miller, Joseph M	✓	
TOTAL VOTE:	16	0

Printed: 1/6/2003

Committee Report

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 263**

TITLE: establishing an oversight committee to review the allocation of funds disbursed for the developmental disabilities waitlist.

DATE: January 22, 2003 CONSENT CALENDAR YES ☒ NO ☐

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

This bill simply extends the life of the oversight committee for the allocation of funds disbursed for the developmental disabilities waitlist. The recent waitlist bill met with a sunset clause and the work of this very important committee is yet to be completed. The developmental disabilities waitlist in this state continues to grow and the wait time for services now exceeds the 200 day mark, in spite of recent legistration which calls for an end to the waitlist (beyond 90 days) in the year 2006. The oversight committee needs to complete its work on this urgent situation.

Vote 16-0.

Rep. Peter L. Batula
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 263, establishing an oversight committee to review the allocation of funds disbursed for the developmental disabilities waitlist. **OUGHT TO PASS**

Rep. Peter L. Batula for Health, Human Services and Elderly Affairs: This bill simply extends the life of the oversight committee for the allocation of funds disbursed for the developmental disabilities waitlist. The recent waitlist bill met with a sunset clause and the work of this very important committee is yet to be completed. The developmental disabilities waitlist in this state continues to grow and the wait time for services now exceeds the 200 day mark, in spite of recent legistration which calls for an end to the waitlist (beyond 90 days) in the year 2006. The oversight committee needs to complete its work on this urgent situation. **Vote 16-0.**

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 263**

TITLE: establishing an oversight committee to review the allocation of funds disbursed for the developmental disabilities waitlist.

DATE: CONSENT CALENDAR YES ☒ NO ☐

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote 16-0

Rep.
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Blurb - HB 263 - oversight Committee

This bill simply extends the life of the oversight committee for the allocation of funds disbursed for the developmental disabilities waitlist. The recent waitlist bill met with a sunset clause and the work of this very important committee is yet to be completed. The developmental disabilities waitlist in this state ~~continues~~ to grow and the waittime for services now exceeds the 200 day mark, inspite of recent legislation which calls for an end to the waitlist (beyond 90 days) in the year 2006. The ~~com~~ oversight committee needs to complete its work on this urgent situation.

Peter Batula