

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

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.