

NEW HAMPSHIRE DIVISION OF DEVELOPMENTAL SERVICES

STRATEGIC PLANNING SUMMARY

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MISSION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Our mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

DHHS ROLES AND RESPONSIBILITIES

To achieve the mission of DHHS, four roles and responsibilities were identified:

- To meet the health needs of New Hampshire citizens.
- To meet the basic human needs of New Hampshire citizens.
- To provide treatment and support services to those who have unique needs, including disabilities, mental illness, special health care needs, or substance abuse problems.
- To protect and care for New Hampshire's most vulnerable citizens.

GUIDING PRINCIPLES

The mission, role and responsibilities will have the following Guiding Principles:

- Community-Based Services
- Family-Centered Services
- Prevention Oriented
- Crisis Response
- Outcome-Based
- Fiscal Responsibility
- Work Force Quality

- Management Quality
- Open Communication
- Information Rich

DIVISION OF DEVELOPMENTAL SERVICES STRATEGIC PLANNING PROCESS

To develop the Division of Developmental Services' Strategic Plan in keeping with the DHHS mission, DDS embarked on a comprehensive planning process in the fall of 1997 through the winter of 1998. DDS, as part of the wider health care and human services system, is faced with a multitude of issues that will impact how it does business in the future.

- Changes in health care and human services will continue.
- Change will occur as a result of the Claremont court decision and an increased focus on special education costs.
- These changes will impact how developmental services are organized and paid for.
- DDS chooses to be proactive rather than reactive.
- DDS wants to build on the work that has been done to date, including:
 - ◆ DD 1115 Waiver Committee
 - ◆ Other Waiver Committees
 - ◆ DDS Planning Activities
 - ◆ Other System Planning Activities
 - ◆ Broader DHHS Planning Activities

A number of planning sessions were held with all DDS staff and with key, external stakeholders. Planning sessions were facilitated by an independent consultant.

The planning process began with two planning meetings involving all staff of DDS. The purpose of the first planning day was to develop a purpose statement for DDS which was broad and future-oriented and to define specific staff roles necessary to achieve this purpose. The second half-day was spent prioritizing the work to be done and developing specific work plans for these priorities. Following the formal planning meetings, staff continued to develop specific work plans for several key areas.

In January 1998, a full planning day was held with key stakeholders. Key stakeholders include families, providers, advocates, and other DHHS personnel. The purpose was to continue the conversation about what the future system will look like and to begin to identify key results which will need to be attained to move the system forward.

In March 1998, a half-day planning session was sponsored by People First of New Hampshire to obtain feedback from individuals who utilize the service system. The purpose was to begin to identify ways in which self-advocates wish to be included in meaningful decision-making at all levels of the system.

In July 1999, DDS staff spent a half day, facilitated by an independent consultant reviewing progress on the strategic plan and recommending changes. These changes are reflected in this updated document.

I. Vision

Every New Hampshire resident will have access to necessary and appropriate health and social supports and services.

II. MISSION

The developmental services system will join with local communities to support individuals of all ages with developmental disabilities or acquired brain disorders and their families to experience as much freedom, choice, control and responsibility over the services and supports they receive as desired.

III. PURPOSE OF THE DIVISION OF DEVELOPMENTAL SERVICES

The purpose of DDS is to work with the state's developmental services' system to ensure that public resources are used effectively to support individuals and families in their community through:

- Leadership and vision;

- Allocation of resources, contracting and monitoring;
- Communication;
- Technical assistance; and
- Monitoring of quality assurance and consumer safeguards.

Based on the vision, mission and purpose statement outlined above, participants developed the following goals and recommendations.

IV. GOALS

GOAL A: Lead developmental services towards a system that maintains its core values and offers consumer-directed, high quality supports and services within a context of available resources.

Recommendation 1: Enhance the role citizens play in the lives of persons with developmental disabilities and acquired brain disorders.

Recommendation 2: Support the development of public/private partnerships that increase community involvement in order to meet the needs of all residents.

Recommendation 3: Provide individuals with protections and information to enable their exercise of meaningful choice.

Recommendation 4: Support individuals to make choices regarding their services and supports and responsibly control resources.

Recommendation 5: Develop rules and policies that reflect the vision and mission of the system.

Progress to Date on Goal A:

- Completion of the Self Determination Project
- Principles of self determination well imbedded in the system
- Rewrite of He-M 503
- Service Coordination redefined and training initiated
- Waiting list redefined
- Cost effective use of waiting list funds

Suggested Activities to Reach Goal A:

- Facilitate the sharing of best practices across regions.
- Identify concrete methods for developing natural supports and promote their use.
- Develop connections with spiritual communities.
- Support community development efforts.
- Continue to refine the definition and role of service coordinators and provide training to service coordinators, individuals and families.
- Continue to rewrite rules to reflect current vision, policy and practice.

GOAL B: Promote quality supports and services through the monitoring and reporting of well-defined outcome indicators.

Recommendation 1: Improve information systems to enable the routine collection of outcome data and its regular and public reporting.

Recommendation 2: Identify best practices in quality and cost-effectiveness and encourage their use throughout the state.

Recommendation 3: Establish performance-based contracts with area agencies and local service providers based on well-defined outcome indicators.

Progress to Date on Goal B:

- Quality Outcomes Partnership has developed outcome indicators that have been piloted by two area agencies.
- DDS is in its fourth year of collecting and using outcome measures.
- DDS is improving the technology for collecting outcome measures.

Suggested Activities to Reach Goal B:

- Continue work on Quality Outcome Partnership
- Implement statewide Outcome Partnership data collection
- Develop and implement a case tracking system
- Publish outcome data in multiple venues
- Begin transition to performance based contracts

GOAL C: Define an equitable means of resource allocation.

Recommendation 1: Increase flexibility and choice for consumers by reducing categorical services, supports and funding streams by establishing and implementing a single service definition for developmental services.

Recommendation 2: Increase funding to family and in-home supports by shifting funds from more costly service models.

Recommendation 3: Explore the development of capitated contracts with shared risk management between the state and area agencies.

Recommendation 4: Responsibly and fairly manage public dollars to ensure equitable distribution of funds among regions of the state.

Recommendation 5: Enable more people on the waiting list to receive supports and services by realizing cost-efficiencies through improvements to the service delivery system.

Progress to Date on Goal C:

- Revision of He-M 503 provides more flexibility and choice for consumers.
- Consolidated Services Definition has been approved and is being implemented.
- Emphasis has been placed on shifting additional funds to in home and family supports.
- Joint DDS/CSNI committee has looked at the cost of services above \$100,000.

Suggested Activities to Reach Goal C:

- Continue to shift funds to in home and family supports.
- Provide incentives, such as rate increases, to lower cost, preventative services.
- Continue to explore methods of capitating contracts.
- Continue to provide technical assistance and training around new service models, especially for people with medical and behavioral needs.

- Establish utilization review of service costs over \$100,000.

GOAL D: Increase the involvement of self-advocates in meaningful, decision-making roles at all levels of the system.

Recommendation 1: Continually work with self-advocates to identify ways in which they wish to be involved in decision-making at all levels so that it is meaningful to them.

Recommendation 2: Support self-advocates to develop leadership skills through ongoing training and education programs.

Recommendation 3: Recruit and support advisors/mentors for local self advocacy groups.

Progress to Date on Goal D:

- Four new local self advocacy groups became chapters of People First in 1999 bringing the total number of People First local chapters to ten.
- There are a total of 15 self advocacy organization throughout the state and new groups being formed in Berlin and Colebrook.
- People First of NH is participating in a leadership development grant, Project Lead, which was awarded to the Institute on Disability. Members of People First serve on an advisory council that provides direction and oversight to the project.
- DDS has increased funding to People First to support a full time Executive Director.
- Self advocates have been active in testifying on legislative bills that impact on their lives.
- The number of self advocates who serve on area agency Boards of Directors is increasing.

Suggested Activities to Reach Goal D:

- Serve as a role model to local agencies on how to include people with disabilities in decision making by including self advocates in all committees and workgroups where stakeholder input is solicited.
- Take an active role in supporting advisors/mentors and work to allocate increased funding for advisors/mentors.

- Support legislation to strengthen the role of self advocates in the system
- Use the lessons learned in the family support movement to help the self advocacy movement grow.