New Hampshire Council on Developmental Disabilities

Executive Summary

Five Year State Plan
Goals, Objectives and Activities For:

October 2016-September 2021
Fiscal Year 2017-Fiscal Year 2021
Introduction

The New Hampshire Council on Developmental Disabilities was founded in January of 1971. The NHCDD is a federally funded agency that supports public policies and initiatives that remove barriers and promote opportunities in all areas of life. The Council is independent of the agencies that provide services to people with disabilities.

The Council develops and follows a State Plan every five years to establish specific goals, objectives and strategies to address the most important issues affecting people with developmental disabilities in New Hampshire. Data was collected in the form of surveys and talking sessions with individuals who experience developmental disabilities, family members and professionals to ascertain the areas of importance to focus on for New Hampshire. The Goals and Objectives presented in this summary were created from this source data.

The Council carries out its mission through education, advocacy and the funding of innovative projects that make a difference in people’s lives. All of our activities are based upon and in alignment with the Goals and Objectives of the Five Year Plan. To carry out the goals and objectives approved by the council NHCDD has standing committees and task forces to focus on the work that needs to be done. The Task Forces are created as needed based on the 5 year plan.

Council Composition

The Developmental Disabilities Assistance and Bill of Rights Act of 2000, PL 106-402 mandates the Council composition as follows:

No less than 60% of the council must consist of individuals with developmental disabilities; parents or guardians of children with developmental disabilities; immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves. Members representing this group may not be employed by any state agency that provides services to people with developmental disabilities.

Of the 60% represented 1/3 must be individuals with developmental disabilities, 1/3 must be parents or guardians of children with developmental disabilities or a relative or guardian of an adult with developmental disabilities and 1/3 may be a combination of the first 2 groups. At least one member of the Council must be an immediate relative or guardian who resides or has resided in an institution.

SEC. 125. STATE COUNCILS ON DEVELOPMENTAL DISABILITIES AND DESIGNATED STATE AGENCIES. [42 USC 15025]

a. IN GENERAL.—Each State that receives assistance under this subtitle shall establish and maintain a Council to undertake advocacy, capacity building, and systemic change activities (consistent with subsections (b) and (c) of section 101) that contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that contribute to the achievement of the purpose of this subtitle. The Council shall have the authority to fulfill the responsibilities described in subsection (c).
b. COUNCIL MEMBERSHIP.—

1. COUNCIL APPOINTMENTS.—
   A. IN GENERAL.—The members of the Council of a State shall be appointed by the Governor of the State from among the residents of that State.
   B. RECOMMENDATIONS.—The Governor shall select members of the Council, at the discretion of the Governor, after soliciting recommendations from organizations representing a broad range of individuals with developmental disabilities and individuals interested in individuals with developmental disabilities, including the non-State agency members of the Council. The Council may, at the initiative of the Council, or on the request of the Governor, coordinate Council and public input to the Governor regarding all recommendations.
   C. REPRESENTATION.—The membership of the Council shall be geographically representative of the State and reflect the diversity of the State with respect to race and ethnicity.

2. MEMBERSHIP ROTATION.—The Governor shall make appropriate provisions to rotate the membership of the Council. Such provisions shall allow members to continue to serve on the Council until such members’ successors are appointed. The Council shall notify the Governor regarding membership requirements of the Council, and shall notify the Governor when vacancies on the Council remain unfilled for a significant period of time.

3. REPRESENTATION OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.—Not less than 60 percent of the membership of each Council shall consist of individuals who are—
   A. i. individuals with developmental disabilities; ii. parents or guardians of children with developmental disabilities; or iii. immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves; and
   B. not employees of a State agency that receives funds or provides services under this subtitle, and who are not managing employees (as defined in section 1126(b) of the Social Security Act (42 U.S.C. 1320a–5(b)) of any other entity that receives funds or provides services under this subtitle.

4. REPRESENTATION OF AGENCIES AND ORGANIZATIONS.—
   A. IN GENERAL.—Each Council shall include—
      i. representatives of relevant State entities, including—
         II. Centers in the State; and
         III. the State protection and advocacy system; and
ii. representatives, at all times, of local and non-governmental agencies, and private nonprofit groups concerned with services for individuals with developmental disabilities in the State in which such agencies and groups are located.

B. AUTHORITY AND LIMITATIONS.—The representatives described in subparagraph (A) shall—
   i. have sufficient authority to engage in policy planning and implementation on behalf of the department, agency, or program such representatives represent; and
   ii. recuse themselves from any discussion of grants or contracts for which such representatives’ departments, agencies, or programs are grantees, contractors, or applicants and comply with the conflict of interest assurance requirement under section 124(c)(5)(D).

5. COMPOSITION OF MEMBERSHIP WITH DEVELOPMENTAL DISABILITIES.—Of the members of the Council described in paragraph (3)—
   A. 1/3 shall be individuals with developmental disabilities described in paragraph (3)(A)(i);
   B. 1/3 shall be parents or guardians of children with developmental disabilities described in paragraph (3)(A)(ii), or immediate relatives or guardians of adults with developmental disabilities described in paragraph (3)(A)(iii); and
   C. 1/3 shall be a combination of individuals described in paragraph (3)(A).

6. INSTITUTIONALIZED INDIVIDUALS.—
   A. IN GENERAL.—Of the members of the Council described in paragraph (5), at least 1 shall be an immediate relative or guardian of an individual with a developmental disability who resides or previously resided in an institution or shall be an individual with a developmental disability who resides or previously resided in an institution.
   B. LIMITATION.—Subparagraph (A) shall not apply with respect to a State if such an individual does not reside in that State.

The remaining 40% of the Council is comprised of representatives from that administer programs that provide services to people with Developmental Disabilities. Agencies currently represented are: NH Bureau of Developmental Services, NH Bureau of Special Education, New Hampshire Department of Education, Disabilities Rights Center, UNH Institute on Disability (IOD), Residential Resources.

Council members are appointed by the Governor to serve three year terms. The Council has adopted Bylaws providing for term limits of two full terms per member, to assure ongoing rotation of the members. The Council recruits and interviews potential new members and makes recommendations to the Governor for appointments. The Council publicizes available positions broadly and actively recruits members at meetings and events where people with developmental disabilities and families are gathered. The Council recruits throughout the state and strives for diversity of members.

Funding

Each state council receives funds from the Federal Administration on Developmental Disabilities, Administration on Children and Families, Department of Health and Human Services in the form of a
basic grant calculated on a population formula and a required matching requirement. New Hampshire is a "Minimum Allotment State" based on the current formula and has received a little over 470,000 for Fiscal Year 2016 which started in July 1, 2015 and runs until June 30, 2016.

Five Year State Plan

The Developmental Disability Council for each state or territory is charged with submitting a five year plan to the Administration on Developmental Disabilities outlining the intended use of the federal funding for its basic operational grant. Federal law mandates that the plan address some or all of the Areas of Emphasis established by Congress. They are as follows: Child Care, Community Supports, Early Intervention, Education, Employment, Health Related, Housing, Quality Assurance, Recreation and Transportation.

The NHCDD has been gathering data for the creation of the FY 2017-2021 5 year plan since July, 2015. NHCDD created a 5 Year plan Survey and Questions for Listening Sessions. The survey is available on the NHCDD website and links to it are also on the NHCDD Facebook page. NHCDD has also hosted 4 talking sessions with key groups for input for example the State Family Support Council.

Over two hundred responses were received between the survey and the listening sessions. A majority of the respondents were parents or guardians of an individual who experiences a developmental disability. Included with the survey are the responses from the attendees of the Listening Sessions.

Basic Findings:

In the areas of emphasis respondents ranked the following areas as areas of importance or barriers. They are Child Care, Community Supports, Quality Assurance, Education, Employment and Transportation. To achieve improvement in these areas respondents noted that increased opportunity for inclusion and choice, quality educations and service for children, increased employment opportunities, increased community acceptance, access to quality supports and services training and transportation options would improve their lives and remove barriers.

Each five year plan is reviewed and updated annually. An annual Program Performance Report is submitted indicating Council activities and process made toward each identified goal. The Goals, Objectives and Activities established by the Council are to be addressed during the five year period October 1, 2016 through September 30, 2021.

Goal 1: Children’s Issues: Children, youth and families who experience developmental disabilities will receive timely quality supports and services in inclusive and welcoming environments that enable them to reach their potential in their community.

Objective 1. State laws, policies and practices will be strengthened to better support children and their families with developmental disabilities in the areas of early supports and services, education including transition to adult, health and social relations, through:
(1) building relationships with policymakers and engaging in legislative and administrative advocacy,
(2) empowering, supporting and engaging in promising initiatives and training families, guardians, self-advocates and professionals in best practices to become stronger advocates supporting them to influence
policy.

Activities:
(1) With key partners, monitor and analyze state and federal budgets to quantify the impact of the state budget on children with developmental disabilities.
(2) Collaborate with the New Hampshire Children’s Action Network, the Parent Information Center, New Hampshire Council on Autism Spectrum Disorder and other key organizations to develop strategies on issues of common concern.
(3) Support individuals to monitor State Legislation.
(4) Provide support and direction for families of children with developmental disabilities to meet with and educate their legislators.

Objective 2. Provide support and education in best practices from 0-21 including early supports and services, education, transition planning and training as well as possible service gaps between 18 and 21.

(1) Training for at least 100 families regarding education, access and support for navigating the early supports and services system and preparation for transition to education system at age 3.
(2) The Council will support the implementation of best practices in at least 6 programs and the Council will collaborate with key stakeholders to educate at least 1000 self-advocates, family members, guardians, and professionals about best transition practices including:
   a) individual service planning
   b) employment
   c) secondary and post-secondary education
   d) health care
   e) community inclusion
   f) self-advocacy
   g) self-determination
   h) guardianship.

Activities:
(1) Collaborate with key organizations to hold at least one yearly information sessions in area of early supports and services, special education or transition to adulthood.
(2) Support new or revised policies to improve access to early supports and services and education and transition planning.
(3) Provide education information on our website and other social media on the options and best practices of early support and services, special education and transition planning.

Goal 2. Quality of Life: Individuals with developmental disabilities living in New Hampshire will have greater opportunities for inclusion through meaningful competitive employment, friendships and relationships, recreation and choice of social activities, increased choice with housing options, and increased transportation options.

Objective 1. Increased opportunities and awareness for vocational training, competitive employment, expanded work hours and increased career options by:
(1) improving vocational programs, policies and practices through support of promising local or statewide initiatives and  
(2) advocating for positive work activities

Activities:

(1) In collaboration with key partners, provide information to individuals and their families about options for working and maintaining benefits.  
(2) Promote knowledge about and access to positive work incentives such as MEAD, Social Security and Medicare incentives by educating 100 people regarding these programs.

Objective 2. The Council, in collaboration with disability, aging and other organizations, will support the development or improvement of a minimum of 12 community-based programs, policies or practices that promote inclusion of people with developmental disabilities in all aspects of community life including:
(1) inclusive emergency preparedness and management,  
(2) social integration, meaningful relationships and acceptance of differences  
(3) and transportation, housing and infrastructure.

Activities:

(1) Collaborate with key partners to develop inclusive emergency preparedness programs  
(2) Partner with groups to develop and hold disability and awareness educations sessions  
(3) Develop and support systems to educate individuals and families on housing options for adults  
(4) Promote the adoption of successful transportation models, especially in New Hampshire’s’ rural communities.

Objective 3. The NH Council on Developmental Disabilities will collaborate and support local and statewide initiatives that offer choice for the education and support of individuals and their families regarding relationship building and retention of those relationships. Including but not limited to friendships, relationships and family dynamics

Activities:

(1) Develop and support systems to educate individuals and families on social opportunities and relationships  
(2) Collaborate with key partners on creating opportunities for inclusive social events that promote acceptance and awareness.

Goal 3. Personal Choice: Promote and improve self-determination activities for people with developmental disabilities to lead meaningful lives through an increased level of personal choice and greater control over their lives including access to:
(a) medical, dental and behavioral support and services  
(b) in home and community service delivery

Objectives 1. The Council will ensure that people with disabilities are represented when key policy decisions/legislation are being made by:
(1) participating in policy development,
(2) helping individuals and families develop leadership and advocacy skills,
(3) expanding the number of individuals in the disability community serving on boards and committees that influence policy and
(4) coordinating information about disability issues for policy makers and the public, leading to the creation or enhancement of at least 5 programs or policies

Activities:
(1) Educate and support individuals and families about opportunities to learn about and participate in policy development
(2) Support the leadership opportunities to help build strong leaders
(3) Hold information sessions in collaboration with other key partners on legislative and policy issues at the state and federal level.

Objective 2. The Council will collaborate with key partners to promote and strengthen independent advocacy by individuals with developmental disabilities through:
(1) supporting the formation and strengthening of self-advocacy organizations and activities led by people with disabilities, including cross-disability advocacy initiatives.
(2) The Council will assure that at least 1000 self-advocates, families, guardians and caregivers can access information, training, and resources through a user-friendly web site, personal education and training opportunities and materials disseminated through multiple forms of media.

Activities:
(1) Continued support of self-advocacy groups including but not limited to: SALT, NEAT, People First of New Hampshire etc
(2) In collaboration with key partners to educate and support individuals in advocacy
(3) The Council’s website and other social media outlets will have up to date information on self-advocacy opportunities and education.

Goal 4. Access to Quality Services: Individuals with developmental disabilities, families and caregivers will have increased access to quality services in the home and community.

Objective 1. The Council, in collaboration with key partners, will support the establishment of outcome measures and evaluation methods that define and measure the adequacy, quality, access to medical and/or behavioral services in the state’s developmental services system. The Council will support system change efforts designed to improve quality, prevent abuse and make services more flexible and responsive to individual needs.

Activities:
(1) The Council will have active membership on the Quality Council
(2) Collaborate with stakeholders in data collection, review, and family engagement to ensure satisfaction of services.

Objective 2: The Council in collaboration with other groups will provide support through education and training to direct support providers who assist individuals who experience developmental disability. These positions include but are not limited to Paraprofessionals, Direct Support Professionals, Caregivers and families all of whom may be paid or unpaid. This support will be provided by:
(1) training of 500 paraprofessionals, direct support professionals, caregivers and families to support individuals with disabilities to have greater opportunities, community inclusion, choice and control over their lives and
(2) working to develop and maintain a workforce capable of meeting the current and projected direct care needs of individuals with disabilities.

Activities:
In collaboration with key partners The Council will:
(1) educate, organize and professionalize direct support providers to improve their knowledge and skills, including but not limited to Paraprofessionals, Direct Support Professionals and other Caregivers.
(2) will support conferences, workshops and other training on best practices for Paraprofessionals, Direct Support Professionals and Caregivers.
(3) will provide training and support to self-advocates and family members about how to participate in self-directed services.

Objective 3: The Council will collaborate and communicate with Medicaid Managed Care Organizations (MCO’s) to support and ensure that all covered services and support for individuals who experience developmental disabilities and have coverage through Medicaid Managed Care are accomplished in a respectful, timely, positive manner.

Activities:
(1) Collaborate with key partners on educating the MCO’s on best practices and timely delivery of services.
(2) The Council will be involved in the lead-up to the implementation of Medicaid Managed Care by participating in New Hampshire Department of Health and Human Services stakeholder groups.
(3) Develop with key partners a clear process to keep individuals and families informed about the process toward Medicaid Managed Care implementation and beyond, including updates on the decisions of the Medicaid Managed Care Commission.