Community Support Network Strategic Plan 2018-2020

Since 1997, Community Support Network has worked in support of New Hampshire's Area Agencies to ensure that their missions can be fulfilled. As both an association and a hub of centralized efficiency, CSNI carries out its mission through a variety of advocacy, program, and business activities. CSNI is more than just an organization, it is the gathering point where agencies come together to collectively solve challenges and exploit opportunities to further the system of supports and services for individuals with developmental disabilities and acquired brain disorders in the state. As such, CSNI operates with a spirit of collaboration, empowerment and community inclusion.

Mission Statement. It is the mission of CSNI to promote, support and advance the Area Agencies in their efforts to maintain and evolve a comprehensive system of long term supports and services for individuals with developmental disabilities and acquired brain disorders.

The following strategic plan is developed with the above noted principles in mind: collaboration, empowerment and community inclusion. As we look to evolve services, we must also protect what has become a nationally recognized system of home and community-based services.

The formation of this plan is the result of many people's efforts and input. No strategic plan is complete without the voice of its constituents being thoroughly heard and included. CSNI's strategic plan incorporates the input of its members through their executive directors. CSNI team members have also played an important role in defining the key activities that are the focus in this plan.

Key priorities defined

The items listed below have been identified as having the most significance to the strategic direction of CSNI over the next three years.

- ***Workforce; recruitment, retention, training, compensation.*** The Area Agencies and provider agencies have been in the midst of a workforce shortage for several years, with vacancy rates hovering at around ten percent and 12-month rolling turnover running at about twenty-four percent on average across the state. Local turnover rates have ranged from five percent to as high as forty-two percent in the seacoast region and upper valley. This challenge is compounded by the fact that New Hampshire is among the highest ranked states in terms of demand for long term supports and services, and has experienced stagnant in-migration rates.

  In addition, board members concurred that the future of the service delivery system depends upon strong leadership and the development of personnel who will advance the missions of the area agencies for years to come. All of these factors point to the need for a strategic approach that

incorporates rate increases to allow for improved wages, leadership development programs, a focused effort to engage potential workers, and collaboration with government and business leaders to improve recruitment of working-age families into New Hampshire.

- ***Government relations.*** CSNI has developed a strong advocacy structure which includes a contracted government relations representative, partnerships with other advocacy organizations, regional legislative liaisons whose efforts are coordinated by CSNI, and a strong network of family advocates. As a result, our methods have been replicated by other interest groups in the state. While our methods and structure are still producing positive results, there are some elements which need to be strengthened. These include a more intentional engagement with the executive branch, and a stronger communications and media strategy which help reinforce our brand and position our legislative priorities.

- ***Corrective Action Plan***. In December 2016, New Hampshire's Medicaid 1915(c) waivers for Developmental Services, Acquired Brain Disorder services and In Home Supports were conditionally renewed, subject to compliance with a Corrective Action Plan (CAP). The two areas of compliance which are the subjects of the CAP are:

  1. NH must comply with the requirement that case management and direct services cannot be provided by the same agency to any individual.

  2. NH must comply with CMS rules which allow any willing and qualified provider of Medicaid services to bill directly to Medicaid for payment, rather than be required to submit all billing through an Area Agency as part of an Organized Health Care Delivery System (OHCDS).

  The Area Agencies individually represent a wide spectrum of service and case management combinations, resulting in a challenge for developing a cohesive strategy to address the CAP while preserving what is best about our system. That said, the approach we take needs to incorporate collaboration with the Bureau of Developmental Services, provider agencies, and family advocates. CSNI has developed a position statement on the CAP which will be shared with involved stakeholders as a means to articulate the area agencies' viewpoint on what must be preserved in a future state of compliance with CMS regulations.

- ***Information systems development***. The past two years, CSNI has primarily been focused on updating NH LEADS so it can function properly in today's web-based environment. As this project comes to a close, we can now turn our attention to a greater need, which is to develop our information systems to a point where they can provide the data and reports needed to make swift

and strategic decisions. With BDS working to develop the state's information system we hope to emerge with an integrated solution that will allow us to bring demographic, service, financial, quality and compliance data together in ways not seen previously.

- ***ITS program oversight and provider recruitment***. New Hampshire continues to experience challenges relative to recruitment of providers for those with significant behavioral and forensic challenges. There are limited staffed residential options for individuals in the state, and at present there are over twenty individuals being served in out of state programs. Regulatory, funding and clinical capacity issues all contribute to this scenario. Because of the high risk and high needs associated with providing services to this sub-population, a coordinated and integrated approach is indicated. In 2017, CSNI hired a new staff member to provide centralized coordination of oversight activities, development of a standards manual for providers, and leadership efforts to work with BDS, providers and area agencies toward a more streamlined approach to ITS services. This position is also working to recruit new providers in order to expand the options available to individuals with complex needs. In the next 1-3 years this effort will yield a greater capacity in the state for serving individuals with high risk and forensic needs.

- ***Programmatic evolution***. In 2017, CSNI engaged the consulting firm Health Management Associates to provide a national-level analysis of the various emerging payment methodologies and managed care implementation. This analysis yielded several important insights, some of which are listed below:

    - States that employ Managed LTSS as a cost saving measure without focus on programmatic evolution suffer greater losses and dissatisfaction among constituents, with no demonstrable positive outcomes
    - Several states are in the planning phase for a variety of strategic alliances with MCOs to administer LTSS in ways that promote better value to consumers and payors. No models have yet been proven as an emerging best practice
    - Because of its early adoption of a de-institutionalized, community-based approach, New Hampshire has already implemented and penetrated the available cost-saving measures in LTSS for the Developmental Disability population
    - New Hampshire should look to better understand its data systems to be able to more clearly articulate growth trends, spending patterns, and areas of alliance between program development and cost savings.

- A logical area to consider for program development is in working to improve health outcomes and to curb inappropriate health care utilization (both underutilization and overutilization)

CSNI has begun to engage with MCOs in the state to develop a pilot project in which the area agencies will leverage their local relationships with individuals they serve to reduce care gaps around diabetes care. This effort, while small in design, will be a strong indicator of the potential for success in developing a more robust strategic alliance with payers to improve the health and quality of life for individuals served.

In addition to the project above, there is much work to be done to improve education, training and employment opportunities for individuals with intellectual disabilities and acquired brain disorders. While New Hampshire has some of the highest employment rates of persons with I/DD in the nation, the overall unemployment rate among these individuals in NH hovers around 70%. In order to impact these outcomes, strategic partnerships with school districts, vocational rehabilitation providers, funders and employers must be strengthened.

- ***Centralized Efficiency***. CSNI currently operates a number of programs that serve to create efficiencies and cost saving measures for the Area Agencies. Some of these programs include SIS interviews, facilitation of the National Core Indicator surveys, group purchasing of dental and ancillary benefits, administration of a statewide Medicaid claims billing system, and group purchasing of online learning system licensing. CSNI will continue its tradition of looking for ways to leverage the strength of the association in group purchasing and centralized operations that allow area agencies to focus more on their core services.