

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: We assist people with developmental disabilities or aquired brain disorders to live as valued and participating members of their communities.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

As deliniated in He-M 505.04 Designation of Area Boundaries, One Sky is the designated Area Agency for Region VIII, the 24 cities and towns of northern Rockingham County

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Individuals with developmental disabilities and/or aquired brain disorders and their families

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2014 *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trusts in your community? No

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	606
2	531
3	611
4	122
5	121
6	501
7	372
8	374
9	601

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	
B	
C	
D	
E	
F	
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary:*
 As an Area Agency operating under contract with the Bureau of Developmental Services we have been permitted to submit our Area Plan in lieu of completing the remainder of this form. The Area Plan is required by RSA 171-A; 18, V which specifies that it must:

(1) Clearly identify the extent to which the area agency has involved its consumers, the Regional Family Support Council, the general public residing in the area and generic service agencies in the planning and provision of services for individuals.

(2) Demonstrate that services proposed by the area agency are intended to establish and maintain a comprehensive service delivery system that is:

(a) Based on the nature and extent of the service needs of individuals and their caregiving families, and

(b) Consistent with RSA 171-A and the agency's and Bureau's mission statements and priorities.



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September 23, 2014

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SEP 24 2014

CHARITABLE TRUSTS UNIT

Director of Charitable Trusts
Office of the Attorney General
NH Department of Justice
33 Capitol Street
Concord, NH 03301

Dear Sir,

Enclosed is the Community Benefits Reporting Form for One Sky Community Services, for the fiscal year beginning July 1, 2014.

As per our agreement with Terry Knowles, we are submitting our Area Plan in lieu of completing certain sections of the form, as these do not properly apply to the functions of an Area Agency operating under contract and funded by the Bureau of Developmental Services.

The Area Plan is required by RSA 171-A; 18, V which requires us to “maintain a comprehensive service delivery system that is...based on the nature and extent of the service needs of individuals and their caregiving families...”

Our Area Plan provides an excellent – and more accurate - description of our relationship with the community, our participative planning process, and the outcomes we deliver to those people living in our designated region.

If you have any questions, please feel free to contact me.

Very truly yours,

Bob James
Executive Director