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**COMMUNITY BENEFITS PLAN- REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

**FOR FISCAL YEAR BEGINNING 7/1/2016**

*To be filed with:*

**Office of the Attorney General  
Charitable Trusts Unit  
33 Capital Street, Concord, NH 03301-6397  
603-271-3591  
[www.nh.gov/nhdoj/charitable](http://www.nh.gov/nhdoj/charitable)**

<b>Lakes Region Community Services Council</b>	<b>0200329795</b>
<b>Organization Name</b>	<b>Federal Tax Identification #</b>
<b>719 North Main Street</b>	<b>1573</b>
<b>Laconia, NH 03246</b>	<b>State Registration #</b>
<b>Street Address</b>	

Has the organization filed its Community Benefits Initial Filing Information form?

Yes  No

If No, please complete and attach the Initial Filing Information form.

If Yes, has any of the initial filing information changed since the date of submission?

Yes  No

**Section 1- Community Benefits Contact Person:**

Rebecca Bryant, Interim Executive Director  
P.O. Box 509  
Laconia, NH 03247  
(603) 524-8811 x. 1505; [Rebecca.Bryant@lracs.org](mailto:Rebecca.Bryant@lracs.org).

**Section 2- Mission Statement:**

1. The mission statement of Lakes Region Community Services (LRCS) is "Dedicated to serving the community by promoting independence, dignity and opportunity." This was board approved on August 18, 1996.
2. The mission statement was reaffirmed at the August 17, 2016 Board Meeting.

**Section 3- Miscellaneous:**

Is this plan available on your web site? Yes \_\_\_\_\_ No  X

If yes, may we include a link to the plan on the CTU web site?

Yes \_\_\_\_\_ No \_\_\_\_\_ Web Address \_\_\_\_\_

X  Please check here if you are an area agency that reports to the Department of Health and Human Services

\_\_\_\_\_ Please check here if this report is filed for two or more healthcare charitable trusts.

**Section 4- Definition of Community and Population Served (RSA 7:32-d, II)**

The services provided by LRCS are defined both by geographic location and as a special population. This definition comes from the State of New Hampshire, Department of Health and Human Services (DHHS), Bureau of Developmental Services (BDS). LRCS is one of the ten designated Area Agencies responsible to provide services to individuals who have developmental disabilities and acquired brain disorders and their families. LRCS' geographic area for developmental services includes Belknap and southern Grafton counties. LRCS also operates a Family Resource Center for the same geographic area as above. LRCS' Elder Services Program, Home Assist covers Belknap, Grafton, and southern Carroll counties.

**Section 5- Community Needs Assessment Information (RSA 7:32-f)**

1. In accordance with He-M 505, LRCS is required to be designated by the State of New Hampshire, Department of Health and Human Services. Every five years, area agencies are required to go through an extensive review process conducted by the BDS. LRCS went through the Redesignation Process during this last fiscal year, LRCS has been redesignated as an Area Agency for the period of September 2015 through September 2020. A copy of the designation letter is attached.
2. The Assessment Information as part of the Redesignation Assessment is attached.
3. Not applicable.
4. Not applicable.

**Section 6- Community Benefits Plan/Report (RSA 7:32-e, II-VI, RSA 7:32-1)**

LRCS' Five Year Plan was approved by the Board of Directors of LRCS on October 19, 2016. This plan was submitted to the Bureau of Developmental Services (BDS) on October 21, 2016.

**Section 7- Public Notice:**

The Community Benefits Plan and Continuous Growth Plan are made available to the public upon request.

**Section 8- Additional Information:**

1. LRCS participates in the National Core Indicators (NCI) Project. This is a collaborative project between the Human Services Research Institute (HSRI), State Developmental Services Systems, and the National Association of State Developmental Disability Directors (NASDDS). Currently LRCS participates in this annual assessment through Community Support Network, Inc. (CSNI) and Bureau of Developmental Services (BDS) with a number of surveys to assess individual, family and guardian satisfaction. New Hampshire is one of 30 states that participates in the NCI Project. For more information, please go to [www.nationalcoreindicators.org](http://www.nationalcoreindicators.org). This is on the website of CSNI, [www.csni.org](http://www.csni.org).
2. In addition to the NCI surveys, LRCS conducts a number of assessments and data collection throughout the year, such as the Employment Data (every 6 months) and Medication Survey (every 6 months). LRCS also participates in an annual Early Supports and Services review, an In-Home Support Review, and Case Management file review, all conducted by BDS. The Employment Report is on LRCS' website, [www.lrcs.org](http://www.lrcs.org). LRCS also conducted an employee, home provider, and consumer survey to assist with the development of the five-year plan.
3. As a result of the ongoing assessments conducted by LRCS, it improves how we provide certain services and may also cause LRCS to add some services. LRCS continues to assess our services, practices, and processes. The attached plan is based on this ongoing assessment.
4. LRCS does participate as a collaborative with other non profit organizations in the Lakes Region, the Lakes Region Health Data Collaborative, to conduct a community needs assessment. This assessment is conducted through the Lakes Region Partnership for Public Health and was most recently completed in the Spring of 2013. LRCS provides a link on its website, [www.lrcs.org](http://www.lrcs.org) to this report, located on the Lakes Region Partnership for Health website, [www.lrp-ph.org](http://www.lrp-ph.org).

**NH Department of Health and Human Services Bureau of Developmental Services  
Redesignation Report  
Lakes Region Community Services [LRCS]  
Redesignation Review Conducted between September 2015- March 2016  
Report Date: May 2016**

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**Redesignation Activities and Sources of Information**

- The NH Department of Health and Human Services, Bureau of Developmental Services Regional Governance Audit for LRCS – September 2015
- The NH Department of Health and Human Services, Bureau of Developmental Services Regional Governance Audit 2015 Statewide Tally
- LRCS November 16, 2015 Governance Desk Audit Corrective Action Plan
- LRCS March 11, 2015 Service Review Audit Corrective Action Plan
- The NH Department of Health and Human Services, Bureau of Developmental Services Redesignation Activities, Findings and Observations, May 2016, including summaries for the following:
  - Area Agency Financial Condition
  - Compliance with Rights Health and Safety Requirements, Complaint Investigations
  - Compliance with Program Certification Requirements
  - Compliance with Family Centered Early Supports and Services Program Requirements
  - Compliance with Medication Administration Requirements
  - Developmental Disabilities and Acquired Brain Disorders Waiver Record Review/Service Review Audit findings
  - Compliance with Employment Supports Requirements
  - Comments from the Individual and Self-Advocates Redesignation Forum
  - Comments from the Family and Guardian Redesignation Forum
  - Comments from the Family and Guardian Redesignation Survey
  - Results of the Family Support Council Redesignation Questionnaire

Attachments, including:

- The NH Department of Health and Human Services, Developmental Services System Annual Report of Financial Condition for FY 2014 with Five Year Trend Analysis, August 2015
- The NH Department of Health and Human Services, Office of Program Support Area Agency [Statewide] Certification Statistics CY 2014 and 2015 and LRCS Program Certification Statistics for Two Years [1/1/14-12/31/2015]
- The NH Department of Health and Human Services, Bureau of Developmental Services Employment Data Trend Reports June 2013, June 2014, June 2015
- The NH Department of Health and Human Services, Bureau of Developmental Services Family and Guardian Redesignation Survey, October 2015
- The NH Department of Health and Human Services, Bureau of Developmental Services Provider Agency Redesignation Survey, October 2015

Governance Desk Audit - Summer 2015

Region #:

	Indicator	Rule citation	Included v	What's missing (or N/A)	Comments	Contact Person
1	<p>Current Board Composition <i>(Please put a check next to each item meeting the expectation)</i></p> <p>a. Uneven number of persons ___</p> <p>b. No fewer than 9, no more than 25 ___</p> <p>c. Consumers to comprise at least 1/3 membership ___</p> <p>d. Representative of agency's different consumer groups and entire geographic area ___</p>	171A:18; He-M 505.03(m)				
2	<p>Executive Director Qualifications <i>(Please put a check next to each item meeting the expectation)</i></p> <p>a. Minimum 5 years administrative experience in human services, and</p> <p>b. At least two years' experience in developmental service programs</p>	171A:18; He-M 505.03(q)				
3	Current AA/BOD bylaws	He-M 503.03 (h)				
4	Current Board polices and procedures	HeM-503.03(e)				
5	Current Area Plan and any amendments	171A:18; He-M 505.03(t)(u)				
6	Last 12 mos of BOD minutes					
7	<p>Human Rights Committee <i>(Please put a check next to each item included)</i></p> <p>a. Committee Members noting who they represent ___</p> <p>b. Agendas for part 12 months ___</p> <p>c. Meeting Minutes for Past 12 months ___</p>	RSA 171 A:17				
8	How does the BOD involve itself in assuring that consumers, the regional Family Support Council, the general public residing in the area and generic service agencies are involved in the planning and provision of and satisfaction with services for individuals with developmental disabilities and acquired brain disorders? Please describe your process for capturing feedback and input from individuals, families and other stakeholders.	171A:18, HeM 505.03(u); He-M 505.08(f)				
9	How does the area agency communicate to its provider agencies information concerning changes in policy, funding, or statewide issues such as quality initiatives, audit results, etc.	He-M 505.03(ac); He-M 505.08(e)(6)				
10	What are the area agency's ongoing quality assurance activities, especially concerning measuring outcomes relative to the Area Plan?	He-M 505.08(e)(5)				
11	What steps has to agency taken to be prepared to ensure that people with Limited English Proficiency (LEP) have meaningful access to its programs?	(Contract, Exhibit A, Amendment 1: 3.1) (Contract Exhibit C, Amendment 1: 17.)				