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Medical Managed Care Starts Well...so far But will the vendors get paid?

By Chris Dornin, Special to NH Challenge

Clients, parents and employees of Gateways Community Services packed a recent showdown meeting at Harbor Homes in Nashua on the state's plans to impose cost efficiencies on a state Medicaid system viewed by some as a money hemorrhage. Medicaid officials told the Governor's Commission on Managed Care that more than 100,000 Medicaid subscribers switched smoothly on Dec. 1 into care management for their acute medical visits to hospitals, clinics, doctors. Or at least they signed up, got their new cards and found a place in multiple, intercommunicating payment databases. It's too early to tell if providers will cover all their

medical treatment or get paid themselves quickly, or at all.

From now on, Meridian Health Plan, New Hampshire

Healthy Families and Well Sense Health Plan, the winning bidders last year for a piece of the New Hampshire action, will

receive an annual capitation fee per subscriber. The three

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Submission by Governor Maggie Hassan

This statement provided by Governor Hassan is based on the speech she delivered at the New Hampshire Council on Developmental Disabilities' annual holiday gathering in Concord on December 12, 2013.

The American mission, the vision of our founding fathers, has always been to move forward, to build a brighter future by fully including all of the people in our society, unleashing each individual's talent and energy.

Throughout our history, every time we have sought to bring more people in from the margins—into the heart and soul of our democracy—we have grown stronger.

But that strength has always relied on every citizen participating fully in the progress of our democracy, working together to support efforts that will improve the lives of others, even if that requires change and hard work.

In New Hampshire, we have an opportunity to improve the

lives of thousands of our people through Medicaid expansion and moving to a care management program. In order to offer the access and quality that our families deserve, we need to ensure that these programs are available to those who need them and sustainable for the future while strengthening community supports for people with special needs.

Our state has a strong tradition of coming together to empower all individuals to become fulfilled members of their communities. Thanks to so many dedicated families, advocates and individuals who came before us, my own family has been able to thrive, and my son Ben, who experiences severe disabilities, has been fully included in our community.

Today, Ben is a smart, funny, and wonderful 25-year-old Exeter High School graduate. We were fortunate that, in New Hampshire, we were able to find a network of support that helped us learn how to help Ben.

Twenty-two years ago, a

school bus pulled into my driveway on Ben's first day of public pre-school. The driver lowered a wheelchair lift and Ben went off. Sitting on my front stoop, as the bus pulled away, all I could think of was that if Ben had been born a generation or two earlier, he would have been in an institution.

Instead, he was going to school in his hometown where he was going to have the opportunity to learn. And most importantly, he was going to have the chance to make friends.

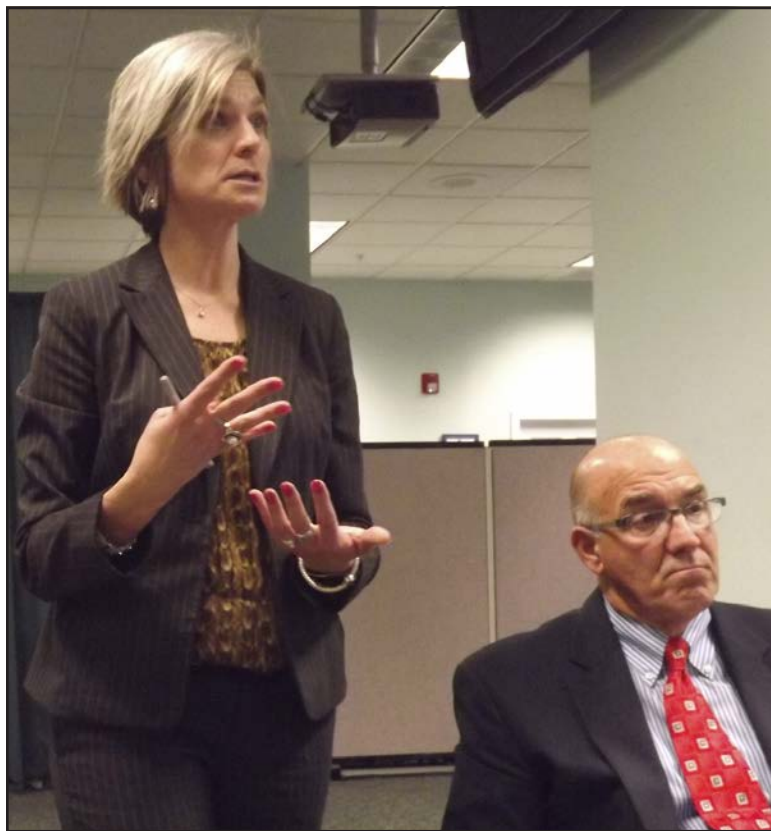
Ben went to school, I went to work. My husband Tom and I decided to add to the family, and Ben's little sister, Meg, arrived.

We felt like any other family because we were able to live like any other family.

Ben's story, our story, is New Hampshire's story and the story of so many families of individuals who experience disabilities.

But the progress that we have been able to make does not

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Lisabritt Solsky, the Medicaid deputy director, and Health and Human Services commissioner Nick Toumpas tell state policy advisors how a new Medicaid Managed Care program began on time without major glitches. DD advocates still worry about what happens when the Medicaid change takes control of the area agency system. (Photo by Chris Dornin)

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Magenta
Yellow
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KanCare Urged to Delay Including DD Long Term Supports

Obama Administration Ignores Plea

By John M. Krumm, Editor, *The New Hampshire Challenge*
Source Information: Mike Shields, KHI News Service

Officials at the National Council on Disability have sent a follow-up letter to federal and state officials urging them to hold off on including long-term supports for the developmentally disabled in KanCare.

The letter lists several steps the advisory group said Kansas should take before securing federal approval for its controversial initiative.

The letter was delivered today to top officials at the Centers for Medicare and Medicaid Services and top officials at the lead Kansas Medicaid agencies. In essence, the letter calls for Kansas officials to go back to the drawing board and develop a plan that includes more input from those who would be affected by the proposed changes.

KanCare is a look alike program designed by ultra-conservatives in Kansas such as NH's Medicaid Managed Care program. The letter also recommends that the state establish a plan, and operate it as a regional pilot program over the next 12 months before being allowed to launch the present plan which has no specifics statewide.

The present plan advocated by Governor Hassan and the Commissioner of Health and Human Services of NH similarly has no specifics, and the DD community has been painted as alarmists who should trust the Governor and Commissioner.

The list of recommendations to Kansas also repeated a concern raised earlier by the council that Kansas should not be allowed to include long-term DD supports in KanCare while excluding residents under the care of the state, of the so-called intermediate care facilities operated by Kansas Neurological Institute in Topeka and Parsons State Hospital and Training Center.

It also called for Kansas to create a "robust and independent" KanCare ombudsman's office with more resources than the state currently allows for it. The ombudsman's office is housed at the Kansas Department for Aging and Disability Services. The council and other critics of the current structure say the ombudsman shouldn't be directly employed by an agency that delivers or administers Medicaid services.

Such a service to the DD population of NH could be put into place by the Disability Rights Center (DRC-NH).

The letter was signed by Jeff Rosen, the council's chairperson, on behalf of the full national board.

The council's thoughts on how Medicaid managed care if implemented might be a roadmap to success in other states such as NH. The council's position is that managed care can offer benefits to Medicaid enrollees, if implemented in the right way.

The letter was issued because the National council was aware of ongoing discussions between CMS and Kansas officials and the council was hopeful its recommendations would be a helpful resource in the discussions, serving as a possible blueprint or rule of thumb for the way to handle long-term services for the disabled in a Medicaid managed care framework.

The council sent a letter in December to CMS and state officials urging delay of the Kansas plan. That came just after the council held two days of hearings in Topeka at the Kansas Statehouse.

Officials in the administration of Gov. Sam Brownback responded critically to both letters.

"The latest letter contains comments very similar to NCD's earlier letter. Our response...is the same as it was in December: that the NCD session on the I/DD waiver in Topeka was not an honest, objective process and did not result in objective recommendations," said Angela de Rocha, spokesperson for the Kansas Department for Aging and Disability Services.

"We have been having some very constructive conversations with CMS and our stakeholders over the past two weeks, and in fact CMS has received a number of letters from other national advocacy groups in opposition to NCD's demands on the State of Kansas," de Rocha said.

The Brownback administration initially planned to roll long-term DD services into KanCare starting Jan. 1. But CMS withheld approval citing various concerns with the state's plan.

Administration officials say they working through those as part of ongoing discussions with the federal authorities and expect to have full sign-off from CMS in time to launch their planned expansion by Feb. 1.

Similar to trends in NH, with Governor Hassan and the Commissioner of Health and Human Services, Kansas citizens had their hopes for a voice of reason crushed. The Obama administration gave its "go ahead" to KanCare and the Kansas State Administration.

While Kansas has a very conservative base, the political trade-off for the Obama Administration in sending its approval to proceed was minimal. Such is not the case in NH, where an active, informed and activist base exists. The risks are profound for any politician who cooperates with cut back in services at the expense of our citizens with DD. ■



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From the Trenches: Medicaid Managed Care Implementation *Abismal*

By John M. Krumm (Jack), Editor, *The New Hampshire Challenge*
 Source Material: *The Laconia Citizen*

While the Commissioner of Health and Human Services was congratulating himself for implementing managed care without a hitch, another version of the story was being written by those actually in touch with the front line of service.

The Medicaid Care Management Commission met on Thursday February the 6th, and heard various concerns from family, patients, providers and people in the medical field who have encountered problems with the Medicaid Managed Care Program. The Medicaid Care Management Commission was established by Governor Hassan to oversee and recommend policies and timelines for a successful implementation of Managed Care to people with Developmental Services, who do not need “medically related” services.

The logic and concern of including non-medical day to day services which include NH citizens with developmental disabilities into the mainstream of life has come under question nationally. The Governor and the Commissioner are having a difficult time ignoring the mounting evidence and data which shows clearly the trainwreck they are headed toward.

“The system is so cumbersome and inadequate,” said Chris Thompson, who is a nurse at Genesis Behavioral Health. “We try so hard to help, but it has been frustrating.”

Thompson explained that since Dec. 1, she has felt the Managed Care Program to be “time-consuming” and “ineffective.” She said that she has spent countless hours on hold and has had problems with the Prior Authorization program, which was implemented to improve quality and manage drug classes for those who require additional monitoring.

The program is also intended to ensure that drugs are

being prescribed for the right patients and the right reasons. Thompson observed that she has been discouraged because providers like Genesis have been in the dark, patients need to try a series of generic medications before the name brand medication. “It has left us uninformed and uneducated,” she said.

Thompson said that the Prior Authorization process was cumbersome and many times this led to the wrong paperwork being sent. “This is getting to be ridiculous,” Thompson said. “It’s time-consuming and not good for our clients.”

And this is a report of the *medical* implementation that the Commissioner and Governor tout as a success. It has nothing to do with an area these companies have ever faced, community based services as crafted for the State of NH after the Garrity vs. Gallen lawsuit over thirty years ago.

These companies have no experience, zero, nada... in the inclusion of citizens with DD into the mainstream of society.

Yet, the Governor and the Commissioner of Health and Human services are intent to force the fit. Recently the Governor and Commissioner have started to use a new justification never before attached to this force fed program, they are claiming to take an opportunity to “improve service” to our citizens with DD.

And the Medical Insurance companies apparently, can’t improve anything except their profit margins in the Medical field. This leaves activists, citizens with DD and self-advocates justified in their critical view of the Governor’s and Commissioner’s plans and self-serving claims.

Thompson went on that many clients do not have the ability to fight with the Managed Care Program representatives about this, and this takes hours

of work for skilled workers in the field. She explained that she has spent nearly two hours on hold for an uninformative three minute conversation, and she has clients she needs to see during the day. She said that it is unfair to the clients because they are not getting what has been promised by the provider.

Granite State Independent Living CEO Clyde Terry also said that it has been a struggle working with Managed Care organizations, who he said do not understand the nature of supporting people in the community for long-term, and that they view it as a short-term fix.

There are three Managed Care Organizations participating in the MCM program: Meridian, Well Sense and N.H. Healthy Families. A homecare provider for One Sky Community Services told the commission that dealing with Well Sense has been a nightmare. She said that there was a discrepancy with one of her clients, who is non-verbal, about who was a legal guardian. The homecare provider explained that the legal guardian lives out of state, and Well Sense refused to talk to her.

Denise Colby and her family is part of Lakes Region Community Services, and she explained that she has a 5-year-old son who has autism. Colby chose to enroll him in Well Sense in November, and she said that it has been an issue from the beginning.

“It has been one headache, and one heartache, on top of another,” an emotional Colby said. “I just want to make that really clear.”

“I’d be placed on hold with somebody, be told I would receive a call back, and wouldn’t receive it,” Colby said. “On top of it, my son has an eating disorder, and we were trying to get him into Huggins Hospital in Wolfeboro with an eating difficulty specialist. They had waited up until a week ago — this past Tuesday — to get the approval.”

Because everything is taking so long, Colby’s son will need to be removed from his autism program because the only day the eating difficulty specialist can see him is at the same time he is enrolled at Lakes Region General Hospital.

“Because we waited so long, his time spot has been taken,” Colby said. “As far as the appeal process: it’s a joke. An absolutely horrifying joke.”

“I want everybody here, and everyone in the room, to realize what my family’s struggles are, and that I have a 5-year-old son who weighs 32 pounds and eats Goldfish crackers and could not get the help that he needed,” Colby said.

Members of the commission were clearly concerned with these stories, and Medicaid Director Katie Dunn said that it was the first time she had been hearing these accounts. She said that she was happy that the commission was able to hear the testimonies.

Commission Chair Mary Vallier-Kaplan and Vice Chair Don Shumway urge anyone who has questions, concerns or similar stories to contact them. Shumway gave his email address for people to contact him, which is Don.shumway@crotchedmountain.org.

People can also call a hotline at 1-800-852-3344 extension 4344 and choose the menu option for Medicaid Managed Care Program. ■

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DRC Legal Victory

Better Days Ahead for Residents Dealing with Serious Mental Illness

By Alison Cohen, Special to *The New Hampshire Challenge*

Once a national model for community-based care for individuals with mental illness, years of neglect and legislature-driven budget cuts left New Hampshire's mental health system in shambles. All that is slated to change, thanks to the settlement of a major lawsuit against the state.

Judge Stephen J. McAuliffe issued a final order on February 12, 2014 in the Amanda D v. Hassan case, requiring the State of New Hampshire to implement a full range of community-based services to enable people with serious mental illness to live, work and thrive in their home communities.

Advocates expect thousands of New Hampshire residents to benefit from the new and expanded services which include a 24/7 mobile crisis unit, Assertive Community Treatment (ACT) for long-term intervention, a minimum of 450 supportive housing units, and supported employment. All services are designed to prevent unnecessary hospitalization and inappropriate reliance on hospital emergency rooms, jails, nursing homes and homeless shelters for people whose unmet mental health needs leads to crisis.

"Today's settlement agreement is a real leap forward in the renewal of New Hampshire's commitment to community-based mental health services," said Amy Messer, Legal Director of the Disabilities Rights Center and counsel for the plaintiff class in a press release. "Thousands of individuals with serious mental illness will now get the services and supports they need to and want to live full, meaningful and productive lives in the community."

Ironically, New Hampshire's mental health system once ranked as the nation's best. By the late 1980s, it was touted by the National Institute of Mental Health for its leadership. As recently as the early 1990s,

NAMI-USA rated New Hampshire the leading state in the provision of community-based mental health services. NAMI issued the state a grade of "A."

It was a short-lived phenomenon. As the network of community-based services continued to erode, few alternatives remained. From 1989 to 2010, admissions to New Hampshire Hospital, the only state-operated psychiatric hospital, increased by 150%.

With few resources to draw upon for individuals who required a long-term supportive environment, the state turned to the under-utilized Glencliff Home for the Elderly, located in an isolated area of the White Mountains. Originally opened in 1909 as a sanatorium to treat people with tuberculosis, later it became a 120-bed nursing home for people with developmental disabilities and/or mental health issues. According to a white paper issued by the Disabilities Rights Center (DRC), admission to Glencliff becomes a one-way ticket for far too many people. In that document, DRC stated there were only 13 discharges from Glencliff between 2005 and 2010, and 11 of them were to NHH or other facilities. Only two people returned to their home community.

This statistic becomes more dismal when you discover that 28% of the residents of this "home for the elderly" were in their 40s or 50s in 2010.

In light of these findings, it comes as no surprise that NAMI's ranking of New Hampshire's mental health system plummeted to a "D" in 2006 and hasn't improved since then.

Even the state recognized how bad things had become, but lack of commitment from the Legislature rendered the state's 10-year plan, issued in 2008, a hollow promise at best.

In that report, the New Hampshire Department of Health & Human (NH DHHS) admitted the need for a com-

plete overhaul of the mental health system, stating, "Many individuals are admitted to New Hampshire Hospital because they have not been able to access sufficient [community] services in a timely manner . . . remain there, unable to be discharged, because of a lack of viable community based alternatives..."

Current DHHS Commissioner Nicholas Toumpas acknowledged the extent of the problem, stating, "NH's mental health care system is failing and the consequence of these failures is being realized across the community. The impacts of the broken system are seen in the stress it is putting on local law enforcement, hospital emergency rooms, the court system and county jails, and, most importantly, in the harm under-treated mental health conditions cause NH citizens and their families."

Despite the recognition evinced in the report, chronic underfunding resulted in no improvements to the system. When the United States Department of Justice investigated the New Hampshire's mental health system, it concluded, "Systemic failures in the State's system place qualified individuals with disabilities at risk of unnecessary institutionalization now and going forward."

The investigation also found, "In spite of a challenging fiscal environment, the State has continued to fund costly institutional care at New Hampshire Hospital and Glencliff, even though less expensive and more therapeutic alternatives could be developed in community settings."

How costly is this institutional care, you might ask. The cost for a stay at New Hampshire Hospital is more than \$1,000 per day or \$400,000 per year, a rate 10 times greater than the cost of treating someone in their home community. The cost at Glencliff is approximately \$124,000 per year.

Of far greater concern is the human cost of a deteriorating mental health system.

At the same time that there was an increased reliance on New Hampshire Hospital, budget shortfalls were also affecting care there as well. The state closed its separate facility for children and youth and merged them into an adult ward, effectively squeezing bed spaces for adults in crisis. That has left too many people, both adults and children, languishing in hospital emergency rooms.

A December 2012 article in the Union Leader entitled "Mentally Ill Filling up NH's Emergency Rooms" found 12 of the 27 emergency room beds at Elliot Hospital were occupied by psychiatric patients.

On January 8, 2013, the AP reported found 31 people in mental health crisis around the state were stranded in emergency rooms waiting for a bed at New Hampshire Hospital; some had been waiting for a week.

A February 4, 2013 story in the Concord Monitor found 44 people languishing in ERs around the state.

In reflecting on the situation, Dr. Jeffrey Fetter, president of the New Hampshire Psychiatric Society told the AP, "Someone in the midst of a psychiatric crisis needs to be surrounded by safety, not chaos." He went on to describe the typical emergency room stay as being anything but conducive to easing crisis, saying, "We've all been there—flashing lights, alarms, staff rushing urgently to stabilize a crash victim. These rooms were designed for patients suffering from heart attacks, not hallucinations."

It was in reaction to this that the Disabilities Rights Center; Devine Millimet; the United States Department of Justice; the Center for Public Representation; and the Judge David L. Bazelon Center for Mental Health stepped up to assist six named plaintiffs with serious mental

illness in securing the kind of mental health services they deserve and that are required under state and federal law.

The lawsuit was initially filed in February 2012 and ultimately certified it as a class action matter in September. That meant that the decision would apply to all individuals with serious mental illness who are unnecessarily institutionalized in New Hampshire Hospital or Glencliff Nursing home or who are at risk of institutionalization in hospitals, emergency rooms or prisons. Trial was slated for June 2014. But ultimately New Hampshire Attorney General Joseph A. Foster opted to enter into a comprehensive settlement agreement.

In announcing his decision, Foster said, "The first priority in this case for the New Hampshire Department of Justice has been to assure that the State of New Hampshire is able to develop its own plan for community mental health services that best meets the needs of its residents ...and protects taxpayers from far greater potential liabilities."

Foster emphasized that the settlement preserves the Legislature's fiscal authority is to determine appropriations for the services included in the Agreement. If, however, the Legislature fails to appropriate the necessary funds, plaintiffs have the right to reinstitute the court case.

Advocates describe the services included in the settlement agreement as proven, cost-effective measures designed to promote recovery and enabling persons with serious mental illness "to live successful and fulfilling lives in the community." Those services, to be phased in over the next four years include:

- Assertive Community Treatment (ACT). This consists of multi-disciplinary teams of profes-

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Opinion

They Both Know Better

Or: How Governor Hassan and Commissioner Toumpas Insult You

“The transition from Laconia to the community didn’t go entirely smoothly either,” Toumpas observed, after committed citizens finally amassed the power to bring him out in public about his plan crafted under the leadership of former Speaker of the House Obrien.

Nick’s words could not be further from the truth. The de-institutional effort led by Don Shumway started over 30 years ago went off with the active involvement of citizens with DD, their parents, advocates, and our communities. It enjoyed the care of Donald Shumway, who would routinely visit the homes that former residents of Laconia State School would send to in the community. Don cared. He designed a better day for NH citizens with DD. Don did not blindly follow the words of a libertarian Speaker of the House.

We have the photographs and the history in this little newspaper’s archives. Sell it elsewhere Nick.

And “our friend” the Gov-

ernor appears to have realized she has to come up with a sales plan to the community which propelled her into office. It appears the “*Danger*” alarms went off. The Governor can’t trust her political fate to those who responded to House Speaker Obrien’s assault on our community. This is a study in a politician’s ability to do right, or to close the eyes and hope for the best as the Obama Administration just did by selling out citizens with DD in Kansas. (See KanCare Article in this issue.)

It is starting badly for the Governor. New statements are appearing that this is an “opportunity to improve” and “we should not avoid change because of fear.” This is nonsense. Would the Governor fly on an airline that has jet engine maintenance accomplished by Midas Muffler? It is the height of irresponsibility and political expediency to attempt to avoid what this community knows to be an upcoming train wreck by giving community based non-medical services to a medical insurance company

in another state.

The Governor and Nick Toumpas are hoping you don’t remember your history. They would ask you that they be given the latitude to throw away a carefully crafted Area Agency system that families, citizens with DD, and 4 or 5 State Administrations made frugal, yet community based and highly responsive to our citizens with DD. They ask you to be good—not to miss-behave—and to trust them. They want you to be silent as they hand over precious resource dedicated to service our family member with DD to out of state insurance companies who will skim the revenue from the top of the accounts earmarked for service to our citizens with DD. And, they don’t know squat about community based service.

We stand accused of being “alarmists” swimming against the tide of history. You—the highly informed, highly motivated and politically gifted DD community are underestimated. They think and assume that this

newspaper and the Area Agency system are telling you what to think. It insults you.

There is time to fix this. There are positive moves to be made by Maggie. There are wounds the Governor can heal. She has been given the gift of time to fix this mess made by Nick Toumpas selling his charges down the river and blindly listening to House Speaker Obrien.

You were there when Roberta Gallant demanded her freedom. You were there when Freda Smith took the state to court, and demanded a federal settlement which turned into the Area Agency system under “Garity Vs. Gallen.” You were there when a couple house moms got together and established this little newspaper so those so easy to exploit, would have a voice which could hold exploiters accountable. We have survived tide after tide of ill-informed commissioners who think they can push you around. We even converted

the late Commissioner Terry Morton who found our concerns had validity. At the end of his life, the former Commissioner turned into an advocate of the Area Agency system, the DD community and this newspaper which routinely received his generous private donations. Terry had a large mind, and found the power of this community and the logic of community based services. He came to respect it.

The New Hampshire Challenge trusts no one, absolutely no one with the futures of our family members with DD. All public servants involved will prove the logic, the plan and good or bad to be put upon our family members with DD.

We will spend every last cent holding them accountable. That is The New Hampshire Challenge’s promise to you. You can “trust us” because our founder Janet, and Jamie Stephenson would haunt us if we left you down. ■

Hassan

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mean that our work is complete.

Right now, we have an opportunity and a responsibility to improve the health and well-being of all of New Hampshire’s people, including those with special needs, by participating in efforts to strengthen our Medicaid program and our community-based supports.

I know that some of the changes being discussed, especially Step 2 of Medicaid Managed Care, have created a great deal of concern for those with special needs and their families.

I understand those concerns and I want to assure everyone that Step 2 will not move for-

ward until it is fully ready. A go-live date will not be set by the calendar, but by readiness. And as has been true for the development and implementation of Step 1, the process for establishing criteria for readiness and timelines will be facilitated by the Governor’s Commission on Medicaid Managed Care.

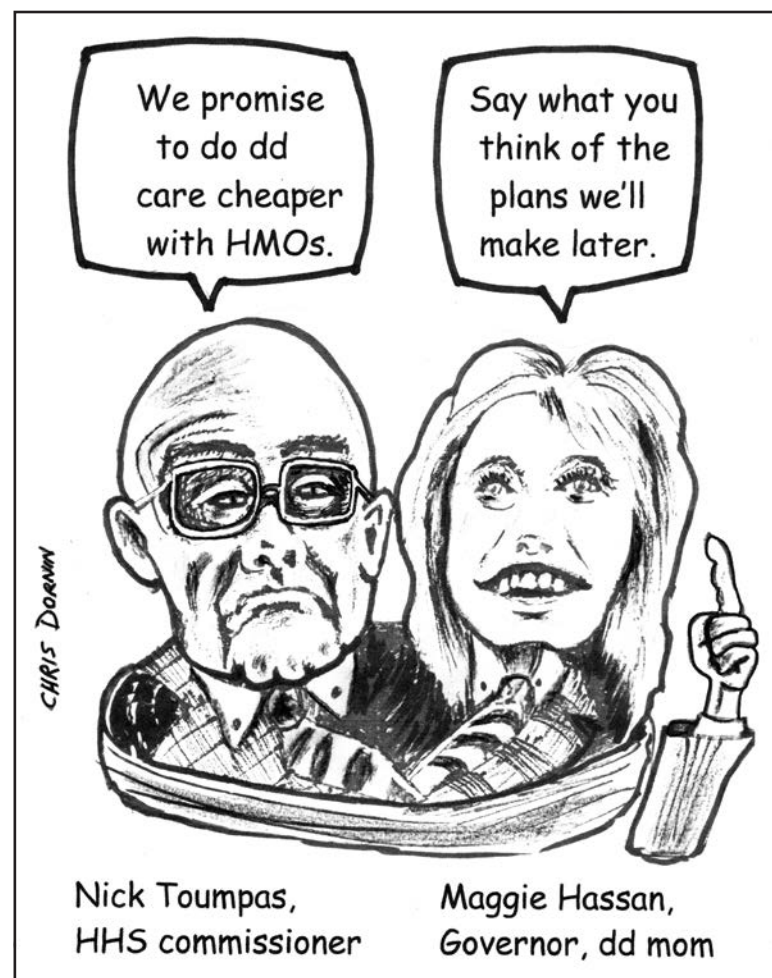
Your voices will be incredibly important to that effort and we need the full participation of all stakeholders. We need you to be part of the process, share your ideas for how we can make our current system even better, and help move health care forward for all of New Hampshire’s people.

Full inclusion requires systems and supports that respect individual strengths and needs and that ensure that individuals

and families have flexibility and choice. But inclusion also requires that we fully engage in the public process and work to address change in a way that can help create the best possible outcomes for the most possible people.

We have the opportunity right now to improve lives in communities across the state. We must come together, accept that we can still improve our networks of support, and work constructively to move forward to a system of health care that meets the complex needs of all Granite State families.

I am committed to that effort and I hope that you will continue to work with us to advance the American mission of inclusion, opportunity, and progress. ■



Political Malpractice — How the Politicians Made a Mess of Health Reform

By Wendy E.N. Thomas, Executive Director, The New Hampshire Challenge, Inc.

I recently attended the fifth annual NHBR Health Care Forum, presented by MVP Health Care. The event was attended by leaders from around the state including CEOs, CFOs, health care providers, clinicians, health insurance brokers, human resource professionals and benefit specialists who participated in an interactive discussion around the changing face of health care. Local experts provided insight on the legal and day-to-day issues scheduled to impact employers and employees in addition to what is being done to curb spending, contain costs and reform the health care industry beyond the ACA.

The keynote speaker for the event was Stanley Hupfeld who has been a CEO of American hospitals for almost forty years. He has won numerous awards for excellence in service to the health care field, including

the American Hospital Association's Aware of Honor. When Hupfeld started his talk, I sat back expecting to hear another presentation on how the ACA is nothing but the cat's pajamas. I was expecting someone who was in total agreement with the plan.

Instead I heard a man telling the emperor that he had no clothes. I found myself sitting forward and nodding my head in agreement with most of what he had to say which is also covered in his book.

Political Malpractice—how the Politicians made a mess of Health Reform starts off with a bang: “The Patient Protection and Affordable Care Act—or ‘Obamacare’ as its opponents derisively refer to it—is either the greatest piece of social legislation in the history of the United States or it is an abomination inflicted on the American public

that will ultimately destroy our health system.”

In his book, Hupfeld examines the health care system and exposes the fallacies and prejudices of both political parties. He explains that, if we are willing to make hard choices, we can indeed cover the uninsured, control costs, and not bankrupt the country. To do this though is going to take some drastic changes, like not ordering every single test on a patient so that Physicians can “cover their butts” and creating a national database that all hospitals and physicians could access to prevent test duplication.

As an example of Hupfeld's style of explaining his point, the following excerpt examines why market-based economics doesn't work in health care:

In its most simplified form, market economics works best when competition drives down

cost and raises quality. As an example, four gas stations on one corner guarantee price competition and make the operators improve service as they strive to take business away from the other three competitors. In fact, experience seems to indicate that four MRIs on a street corner drive the price up.

The reason for this? We are dealing with a relatively uninformed consumer who generally places total faith in their referring physician. The ultimate question we all have for our doctor is, “If this is your mother (substitute father, sister, child), what would you do?”

If the physician recommends a particular magnetic resonance imaging (MRI) machine, in which they may have an ownership interest, of course, that is exactly what

you will select.

The gap between a physician's knowledge base and that of even his most intelligent patient is very wide. The consumer is, for all intents and purposes, uninformed and dependent. So in our example, there is no price competition because we have an unknowledgeable and an uninformed consumer. Four MRIs on a street corner guarantee price increase.

Health care simply does not respond to the normal laws of the market place.

You don't have to be a physician or a politician to read *Political Malpractice* (however, if you are, you should.) You just need to be someone who is interested in the Health Care discussion and what changes could be made to make it stronger and more cost-effective for all. ■

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AD/HD: Practical Tools & Strategies

By Susan Fay West

“I roll into my days slowly. I’m late every single day. I plunge into work and “Whoosh!” it’s 4 p.m., the day is done, and my top priorities didn’t get touched!”

“I’ve just been diagnosed with AD/HD. I took my daughter for an assessment. I sat there listening and realized: This sounds something like me! But only pieces and parts of it. So I went in for testing. But it’s really not the same “flavor” of AD/HD as my daughter. How is that? And how do I handle my own AD/HD?”

Strategy #1

The starting place is to keep track of how AD/HD shows up in your days. What are your symptoms? Not ones you read

about in an AD/HD book or a blog, but in your life. If you went for an official diagnosis with a professional, it’s likely that a family member’s observations were requested. That’s a great starting point to open up more discussions. And if you are a parent, what a helpful role model you will be to your children.

Strategy #2

Get specific to accept, understand and embrace these differences which help to make you the unique person you are. Every couple of hours, stop, pause and record. Keep a notebook. Use “notes” on your phone or talk into a voice recorder. Dragon Dictate is a free app to record and it translates your voice into

notes. What were you doing? How long did things take? How long do you expect a task to take versus how long it actually takes? How was your sense of time passing? How was your focus, attention, motivation to do what you had to do? Did you do what you said you wanted to do—all, part or none? Get specific so you can use strategies tailored to your way of being and working.

Strategy #3

You might be saying “How will I remember to stop and pause and write?” One of the most useful tools is a timer/reminder tool. This can be the alarm or reminder on your phone, your kitchen egg timer or microwave clock timer,

or a tool I often suggest: www.timetimer.com. Set your tool to remind you every hour or two to write your observations.

Strategy #4

If days seem to fly by, use the same timer/reminder tool. Each day, build in two-three “time anchors.” These assist your brain to pay attention to how much of the day has passed and remains. Anchor examples: a reminder alarm to break mid-morning, at lunch and midafternoon; purposefully booking a phone call or meeting at noon to illustrate that half the day has passed; a daily reminder at 4 p.m. at home/work to remind you to begin winding down; your children arriving home

from school/activities at a fairly regular time.

The most important tool is observing yourself. AD/HD does not show up in the same ways for each person nor to the same degree or frequency. Plus, the environments at home and at work are also different, as are the people. Start observing yourself to find out what makes you uniquely you. ■

Susan West is an author and certified ADHD Organizing Coach® and a Certified Professional Organizer® in Chronic Disorganization. She helps those with attention issues regain control through organization. For more information visit: www.OrganizeForAFreshStart.com.

Legal Victory

Continued from page 4

dividuals find and maintain competitive employment at integrated job sites in the community with the goal of reducing the risk of institutionalization and enabling individuals to support themselves and their families.

- Mobile Crisis Teams. The crisis teams will be available 24/7 to respond to individuals in crisis their homes and communities. These teams will be able to provide access to new crisis apartments where individuals experiencing a mental health crisis can stay for up to seven days as an alternative to hospitalization.

Additionally, the State has committed to work to relocate Glencliff residents with serious mental illness to a community-based setting able to address their needs. The proposed 16 community residence beds may include enhanced family care, supportive roommate or other non-congregate settings to help those who cannot be cost-effectively served in supported housing settings. ■

sionals available around the clock to provide a wide array of services, including case management, medication management, psychiatric treatment, assistance with employment and housing problems, substance abuse services, crisis services and whatever other services are needed to enable individuals to live successfully in the community. These teams are mobile and can provide services in individuals’ homes or other community settings.

- Supported Housing. This will consist of up to 450 units of housing that are integrated, scattered-site, permanent housing to reduce the risk of homelessness and provide housing security. Residents of supported housing will have access to support services from ACT, case management and/or a housing specialist.
- Supported Employment. This program will help in-

Direct Support Voices

By Robin Carlson

Imagine having a disability due to an accident, illness or just naturally born that way and needing support with your life. Who would you want showing up at your door? Caring, competent, reliable people I would suppose. Well, direct support workers are called to serve and some of our highest role models in this profession—Ann Sullivan, Florence Nightengale, Mother Teresa—set the bar high for what we can achieve in service to others. These icons certainly cared about their fellow human beings, were highly educated and dedicated their entire lives to making the world a better place.

We often hear “it is hard to find good help these days” and it is true. When we pay direct support workers less than livable wages, offer them little to no health care benefits and don’t invest in their education to perform complex tasks such as teaching skills, how to solve ethical dilemmas or to be community ambassadors then what do we really expect? If we don’t care about the health and well being of the direct support workers are we in essence saying we don’t care about people with disabilities and their chance to live a meaningful life in our NH communities? Direct support workers are the human faces of the human service system and all policies, procedures

and practices should focus on strengthening and supporting the direct support workforce in order to provide quality services.

People with disabilities, elders and children who need paraprofessionals or good day care workers want the right people to show up in their lives. Whether it is Managed Care companies or our current Area Agency system that runs the show we need investment into the direct support workforce in real meaningful ways (pay, benefits and education). Medicaid Expansion would be helpful to the direct support worker to access affordable healthcare so they can take care of themselves in order to take care of others. Leadership in our government and in our provider agencies must see the value in the thousands of direct support workers who rely on their decisions for their very survival.

It is in all of our best interest to take care of the direct support worker because it just might be us who needs the help. Who would you want showing up at your door? ■

Robin Carlson is a direct support worker and advocate who was recently honored with the Governor’s Commission on Disability ADA award for helping people with disabilities access their communities through creating a strong workforce.

CareConnect: Is it the DD program of the future?

By Chris Dornin, Special to NH Challenge

Two Nashua agencies that serve people with both developmental disabilities and serious medical problems have unveiled a partnership to save the state some money and do a better job keeping this difficult caseload active, healthy and happy.

The CareConnect joint venture draws on the expertise

of the doctors, nurses and therapists at Dartmouth Hitchcock Clinic and the know-how of specialists in developmental disabilities at Gateways Community Services, a non-profit area agency whose 3,000 clients need long term care in the community for their traumatic head injuries or mental impairments.

The seed funding for the project serving 45 of the most challenging, dual-diagnosed clients in either agency came through a grant from the Department of Health and Human Services. The state hopes innovations like this can bring more bang for the tax dollar while respecting the client-centered, normalization philosophy of the community services system. The goal is a highly sophisticated individual service plan designed by people who know the client well enough to implement it. That will cost more up front, of course, but the investment may pay for itself through long term savings on avoidable care.

The medical clinic is part of the Hanover-based Dartmouth Hitchcock alliance of hospitals, clinics and researchers that have earned an international reputation for finding ways to reduce costs by practicing aggressive, coordinated, preventive care. The Governor's Commission on Medicaid Managed Care heard a recent update on the pilot project, being touted as a possible model for area agency services statewide, even under the new managed care system. That's when this sector of the community services industry comes under the authority of a managed care law designed to cut costs in the Medicaid program.

Sanders Burstein is the medical director for Dartmouth Hitchcock in Nashua and serves on the board of Gateways. His role in both programs made him a logical person to spearhead CareConnect. He said Gateways staff participating in the joint venture report to work each day at the Dartmouth Hitchcock offices and show the medical professionals how to deal with clients who have mental retardation, seizure disorders, behavior problems and communication issues. The two agencies develop a joint care plan for each

person that is arguably more powerful and rigorous than either provider could devise on its own.

The medical center knows about every drug, illness, treatment, diagnosis and doctor's visit the patient gets. That data is readily accessible in the electronic record.

"Many of these people have serious nutritional problems, and they're obese or underweight," Burstein told the commission. "They're at high risk for diabetes and cardiovascular conditions. They badly need the kind of interdisciplinary health-care home we're creating."

Sandra Pelletier, the executive director at Gateways, described a client neither agency could have helped effectively without the other. A normally docile man had begun abusing himself and attacking his caretakers. Mental health professionals thought he was having a psychiatric breakdown. The CareConnect team figured out instead that he was suffering from gall stones and it hurt all the time.

"Our goal is good preventive care," Pelletier said. "We want to avoid costly hospitalizations and emergency room visits. You need programs like this for people with these complex medical and behavioral problems."

The care partners lack the data yet to prove the project is saving money, Pelletier said. But similar efforts around the country have yielded cost reductions in the 5 percent range, while offering better care and a better experience for the patient.

"We're still so early out of the gate," the Gateways official said. "Our people are learning about medical care, and Dartmouth Hitchcock is learning from us about DD issues and needs. The project is educating staff at both agencies. We think there will be some economies, but it's not for everyone. Many

of our clients are fairly high functioning and their families already do a good job of taking care of them."

Deb Scheetz, the communications director for Gateways, will be tracking several indicators of success: reducing the use of emergency rooms; expanding preventive care; doing important, simple things like getting people to their medical appointments on time.

"We'll be closely comparing our data to the national data," she added.

Kathy Sgambati, a former state senator, HHS administrator and now an advisor to Gov. Maggie Hassan, asked Pelletier if CareConnect is appropriate for high risk clients who have had trouble with the law. It's a group the DD community watches closely, in part because they can cause media feeding frenzies.

"Some of the clients definitely have intense mental health issues," Pelletier said. "We'll be involving the mental health center in their treatment planning and coordination."

Steve Norton sits on the Governor's Managed Care Commission and heads the state chapter of National Association for the Mentally Ill.

"Care integration is so critical in behavioral health," he noted. "You get better outcomes and reduced cost."

Advocates from around the state are starting to take notice. Cathy Spinney, a parent and volunteer lobbyist for folks with DD, said the CareConnect project holds great promise for cost savings without harming clients. Her seriously disabled daughter, for example, often gets pneumonia and would be a good candidate for CareConnect if she lived near Nashua. The textbook treatment is a long and hugely expensive hospitalization to give her intravenous antibiotics.

"It would be so much cheaper to keep her at home



Sanders Burstein, the medical director at Dartmouth Hitchcock in Nashua, touts the CareConnect joint venture with Gateways Community Services to serve people with DD. Some officials hope the partnership could become a statewide model for cost effective long term care. (Photo by Chris Dornin)

and pay a nurse to change the IV bag twice a day, or better yet, teach me to do it,” Spinney told the managed care commissioners. “The worst place for her is the hospital. They don’t have diapers big enough. She sleeps badly. They give her seizure meds at the wrong time. They don’t bathe her often enough. And they wrongly assume she can feed herself. She can’t.”

Burstein said healthcare has long been deeply fragmented, all the more so for patients with developmental disabilities.

“Teamwork is a core value across both of our organizations,” he said of CareConnect. “We are using much improved communication to set reasonable goals and patient expectations.”

Burstein described a small victory with a client named Mike, a man in his early 20s with mild developmental delays, behavior problems, volatile emotions, employment issues, and periodic homelessness. He was prone to checking himself into the emergency room, which he could readily walk to.

“Last month he called his care coordinator with a headache,” Burstein said. “They got him to see a counselor instead.”

Nobody knows if three managed care organizations taking over the job of paying Medicaid vendors this winter will be able to sustain CareConnect if they even want to. Each profit-making company could well capture a third of the Gateways caseload.

It might be in their competitive interest to cut both Gateways and Dartmouth Hitchcock out of the delivery system in favor of even lower cost providers. And if three firms resembling HMOs divide the 45 clients in the project, what happens to the economies of scale? How could the state impose and spread the CareConnect theme statewide anyway before it has a strong track record to sell?

Nick Toumpas, the commissioner of Health and Human Services, has a tough job these days. He asks would-be critics to keep some historical perspective.

“The transition from Laconia to the community didn’t

go entirely smoothly either,” Toumpas observed. The reference to the State School deinstitutionalization drew nervous laughs from several managed care commissioners and DD leaders.

“We’re looking for better ways to coordinate care,” the commissioner promised. “The pilot project is exactly what we hope to do. But there will be bumps along the way. The nerve center for the managed care project is right next to my office.”

Donald Shumway heads the Crotched Mountain Rehabilitation Center and sits on the Managed Care Commission. In the 1980s he spearheaded the exodus from Laconia as director of Mental Health.

“Medicaid is one of the largest state programs,” Shumway said. “The commissioner has an enormous, complex task. Will families still have choice? Will we keep the quality of care high? We’ll be watching what happens.”

Richard Cohen heads the Disabilities Rights Center and sued the State School as an attorney for NH Legal Assistance. He has watched DD

community services erode for years from inadequate state funding.

“I feel the current system is broken,” Cohen said in an interview. “Under managed care it will only go from bad to worse. If the managed care companies are going to save money, where is it going to come from? The system is already so lean. It can only come from services.”

At a managed care meeting in Concord packed by DD parents, Gov. Maggie Hassan said all the state officials guiding the latest Medicaid revolution have done double, triple and quadruple duty to bring it off. As the mother of a man with cerebral palsy, she recognized the fears of dozens of families in her audience.

“This change makes me anxious too,” Hassan said. “We don’t have a plan yet for implementing step 2 (managed care for area agencies). That will require the full input of everyone here today. I know how challenging some of the lives in this room are. But we can’t sacrifice the potential of change because we are afraid.” ■



Don Shumway, the assistant chair of the governor’s managed care commission, laughs at a joke by Nick Toumpas, commissioner of Health and Human Services. Toumpas predicted glitches in launching a massive change to the Medicaid payment system for area agencies. He reminded everyone that closing Laconia State School hit some bumps in the road too. Shumway spearheaded the creation of the community services network. (Photo by Chris Dornin)



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businesses will in turn pay doctors, nurses, clinics and other short term care providers under Medicaid. The ambitious new program reportedly went live with a minimum of glitches. The enrollment website actually worked.

Ellen Curelop works for the Life Coping program in Nashua, which helped 900 Medicaid subscribers from that part of the state transfer into managed care during the fall.

“It was quick, it was easy, it was clean,” she told the managed care commissioners. “You ought to take what we did here down to Washington and tell the president how to do it right.”

Lisabritt Solsky, the deputy Medicaid director, said her people were closely tracking potential problems with prior authorizations, transportation services and drug prescriptions. Those were the expected trouble areas. She said it’s too soon to declare the program launch a smashing success.

There’s good reason for caution. Many providers were still getting their credentials, Solsky explained, or negotiating contracts with three big managed care companies. Some subscribers will surely find themselves stuck with the wrong doctors or clinics and need to change providers, managed care organizations, or both. But the state is working to sort out any mismatches.

“We told the managed care organizations that as often as possible they should pay the providers first and ask questions later,” Solsky said.

It may be helpful at this stage to think of managed care as three

huge Little League programs all vying for the same kids during spring tryouts. The kids are picking teams, the teams are picking kids. Some of the teams haven’t formed up yet, and other teams haven’t chosen which league or leagues to affiliate with. The leagues are competing with each other to offer the best perks, prizes, outfield grass and rules. Except these are not parent-run, nonprofit volunteer organizations. They are out to make a profit the same way Anthem left most of Merrimack County without a nearby hospital when contract negotiations failed with Concord Hospital and its empire of clinics and rehab centers. The three new players on the scene have the financial clout to break area agencies, group homes and clients if that power goes unchecked.

Health and Human Services Commissioner Nick Toumpas said paying community mental health centers quickly was a top priority. Many of them are hurting from the double whammy of the enduring recession and deep state budget cuts.

“Their clients are just as fragile,” the commissioner said.

The real test comes later this year when officials, parents, vendors and MCOs battle over plans to apply managed care to area agencies, community mental health centers, nursing homes, and other long term care programs. It seems safe to assume clients committed in December to the managed care company that will control their individual service plan process next year. But people made that choice in complete ignorance, like buying the chassis, tires and horn for a car that might have a V-8 engine, a hybrid or a rebuilt electric motor taken from

a junkyard. It might even burn propane or natural gas.

Area agencies like Gateways or Community Bridges that serve folks with head injuries and developmental impairments strongly support managed care in concept, if it is limited to acute medical needs. They respect the goals of healthy lifestyle change and preventive care that avoid costly emergency room visits and hospitalizations. Diabetes, heart disease, even cancer, are partially avoidable. There is money to be made in good preventive care. Nobody can dislike it in theory.

But the area agencies oppose forcing their own non-medical, long term care services into managed care about a year from now. Nobody is sure how that transition will happen or what the final product will look like. It worries many families with disabled kids.

Gateways and the other nine area agencies are not waiting to find out. They are co-plaintiffs in the proposed class action suit, *Wallace v. New Hampshire*, to keep managed care from applying to them. Two Gateways clients are listed among the 15 individual co-plaintiffs with development disabilities or head injuries: 50-year-old Richard Quinlan of Amherst and 28-year-old Erin Flynn of Milford.

The brief filed in Northern Hillsborough Superior Court this fall claims that folks with developmental disabilities would lose their hard-won right under state and federal law to freely choose their care providers. The suit also argues that Medicaid managed care would violate the federal court order in *Garrity v. New Hampshire*, the civil rights case that ultimately closed Laconia State School.

Until it shut down for good in 1991, Laconia was the state’s institution for people with mental retardation, cerebral palsy, autism or Down syndrome. In its heyday in the 1950s, the school housed and allegedly warehoused 1200 residents, many of whom wore straitjackets all day. They are served now by community programs like Gateways. They live with their families or in homes that look like everyone else’s. They spend the day like normal people do—shopping, dining out, volunteering, working or going to movies.

Richard Pietravalle has a 25-year-old son with a developmental disability and chairs the Gateways board of directors. In his opinion, the state’s managed care law, which passed in 2011, specifically excluded area agencies from the strictures of managed care because they offer “voluntary” rather than “mandatory” services, in Medicaid terminology.

“The legislature never intended to include us,” he said. “They even killed a last minute budget amendment that would have placed DD services under managed care. We don’t oppose managed care over all. Just not for us and what we do.”

Pietravalle said the New Hampshire developmental services system ranks number two in the country for the efficiency and quality of its services. “Why push to change it?” he asked. “Why disturb a system that’s working.”

Kaelan Richards, spokesperson for the national advocacy group, United Cerebral Palsy, confirmed the state’s high ranking. Their study entitled “The Case for Inclusion” compares states on the way they foster independence for folks with cognitive or developmental impairments, track quality and safety, keep families together, promote productivity, and reach those in need.

“Since 2006, when we began publishing this annual report,

New Hampshire has consistently been at or near the top of the rankings, Richards said. The report is on line at http://www.ucp.org/the-case-for-inclusion/2013/state_facts.html.

Joanna Grzywacz, the sis-

ter and caretaker for a woman with developmental disabilities, asked the commissioners how area agencies could possibly function under managed care companies. They will duplicate each other’s work. Area agencies manage and coordinate care. So will the MCOs.

Deb Scheetz, the director of communications for Gateways, said most of her clients have told her the transition to managed care went well during the start-up phase.

Cathy Spinney cares for a grown daughter with complex medical problems and developmental disabilities. Spinney spends a lot of time at the State House as board member for the Community Crossroads area agency serving the Salem region. She warned that area agencies giving long term support for essentially healthy people are incompatible with the medical philosophy and business model of managed care.

The Pelham woman predicted the state’s Bureau of Developmental Disabilities might close when the managed care companies fully take over, that some of the area agencies could easily go out of business, and that parents will see a new definition of choice in their lives.

“It will be A, B or C,” Spinney warned.

Gateways is altruistic and mission-driven, Spinney explained. It is governed by its parents and clients to help them have full lives of their own intention. According to Spinney, a profit-driven insurance company is the antithesis. It takes a cut off the top, doles out care by rigid formula, and makes money by saying no as often as possible.

Chris Foreman, a head injured client of Gateways, said he trusts and wants to keep the staff who help him organize his life while he looks for work as a handyman. He spent a month in a coma from a vehicle accident several years ago.

“I can’t drive until I get my license back, and I can’t get it back until they get my seizures under control,” Foreman said. “Sometimes I can tell one is coming, but not always. Gateways is a good company and they have great people. I don’t want to lose them.” ■

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Area Agencies for Developmental Services

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Region 2 — Lower Grafton and Sullivan County

Path Ways of the River Valley
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Region 3 — Lakes Region

Lakes Region Community Services
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**Director of Family Resource Center of
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Family-to-Family Coordinator:
Karen McDowell, 581-1544

Benefits Technician:
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Respite Coordinator:
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Legislative Liaison:
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Region 5 — Monadnock Region

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Region 6 — Nashua

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Region 7 — Manchester

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Director of Service Coordination:
Karen McLaughlin, ext. 135

Director of Family Support:
Lenore Sciuto, ext. 107

Respite Coordinator:
Jolyn Janelle, ext 158

Acting Director of One Sky Futures:
Martha Bonneau, ext. 125

Intake Coordinator, Over Age Three:
Eliza Hobson, ext. 115

Intake Coordinator, Under Age Three:
Shannon Smith, ext. 134

Region 9 — Strafford County

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Forum Court

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Kjs_10@netzero.com

Partners in Health Council Chair:
Loretta McGrail
lmcgrail@cornerstonevna.org

Family Centered Early Supports and Services:
Suzanne Iverson, 516-9300

Director of Family Support:
Deirdre Watson, 516-9300,
dwatson@communitypartnersnh.org

Parent to Parent:
Betsy Carroll, 516-9300
bcarroll@communitypartnersnh.org

Transition Coordinator:
Hugh Philbrick, 516-9300
hphilbrick@communitypartnersnh.org

In Home Supports:
Marcia Flinkstrom, 516-9300
mflinkstrom@communitypartnersnh.org

Respite Coordinator:
Mariekat Kat
mkat@communitypartnersnh.org

Region 10 — Atkinson/Salem

Community Crossroads
www.communitycrossroadsnh.org
(603) 893-1299, Fax (603) 893-5401
8 Commerce Drive, Suite 801
Atkinson, NH 03811

President/CEO:
Dennis Powers, 893-1299, ext. 315
dpowers@communitycrossroads.org

Area Agency Director:
Cynthia Mahar, 893-1299, ext. 341
cmahar@communitycrossroads.org

**Director of Community Services
(including FS and Adult services):**
Kelly Judson, 893-1299, ext. 331
kjudson@communitycrossroads.org

Legislative Liaison:
Jennifer Bertrand, (603) 930-1235,
legislialiaison@gmail.com

Respite Coordinator:
Anita Trudel, 893-1299, ext 334
atrudel@communitycrossroads.org

Family Centered Early Supports and Services:
Tammy Dudal 893-1299, ext 326
tdual@commumitycrossroads.org

Benefits Coordinator:
Deanna Johnson, 893-1299, ext. 323
djohnson@communitycrossroads.org

Family Support Council Chair:
Robin Knight, 893-1299



Readers: If you know of resources that are not listed here, please email me so I can add them to the list. To agencies: If your information has changed, please email the corrections to: Mehkrumm@gmail.com. Information is Power is more than our motto, it is our mission to provide this to our readers.

Ability Jobs

www.abilityjobs.com
Ability Jobs is the Leading Website dedicated to employment of people with disabilities. Ability Jobs is the largest resume bank with tens of thousands of job seekers with disabilities, from entry level candidates to PhD's. The goal of Ability Jobs and Job Access is to enable people with disabilities to enhance their professional lives by providing a dedicated system for finding employment. By posting job opportunities, or searching resumes, employers can find qualified persons with disabilities as well as demonstrate their affirmative action and open door policies.

ABLE-NH- Advocates Building Lasting Equality in New Hampshire

www.ablenh.org
ABLE NH is a grass roots organization dedicated to working toward equality and advocating for the civil rights of individuals and families with disabilities. Local Chapters throughout the State.

APSE

www.apse.org
Association of Persons in Supported Employment (APSE): Advancing Employment, Connecting People. APSE is the only national organization with an exclusive focus on integrated employment and career advancement opportunities. See also www.nhddc.org.

NAMI-NH—Alliance for the Mental Illness of NH

15 Green Street
Concord, NH 03301
603-225-5359
info@naminh.org
www.naminh.org
Statewide organization and affiliates offer information and support to people with serious mental illnesses and their parents,

children, spouses, siblings and friends.

The Arc National Office

1825 K Street NW, Suite 1200
Washington, DC 20006
Phone: 202-534-3700 / 800-433-5255
Fax: 202-534-3731
Email: info@thearc.org
Facebook: [facebook.com/thearcus](https://www.facebook.com/thearcus)
Twitter: twitter.com/thearcus
YouTube: [youtube.com/user/thearcoftheus](https://www.youtube.com/user/thearcoftheus)
The Arc's Public Policy Office
Phone: 202-783-2229
Fax: 202-783-8250
Medicaid Reference Desk: The Arc of The United States now has a new Medicaid Reference Desk which is intended to help individuals with Intellectual and Developmental Disabilities (I/DD) and their families as they navigate the complexities of Medicaid benefits, services and supports.

Currently, there is no state chapter of The Arc in New Hampshire.

Concord Regional Arc, Inc.
Concord: 03302-1173:
The Arc of Greater Manchester
arcmanchester.org
Membership \$20 a year. Provides a newsletter to members, offers 6 dances a year, participates in Special Olympics activities and provides information & advocacy. Open to anyone in the State.

Salem Arc- SARC located at the Voter Center
893-9889
8 Centerville Drive
Salem, NH 03079
Elaine Lavin, Executive Director
Provides programs for Developmentally Disabled persons, conducts a public education campaign, assists with volunteer services, and provides counseling and information and referral services. Provides Classes in cooking, computers, etc.

Autism Society of NH

P.O. Box 68
Concord, NH 03302
603-679-2424
info@cnhautism.com
www.geocities.com/SV2833
Statewide organization provides information, advocacy and support to individuals with Autism and Pervasive Developmental Disorders (PDD), and their families.

Autism Support @ Easter Seals Autism Clinic

555 Auburn St,
Manchester, NH 03103

603.621.3481
esac@eastersealsnh.org
Elizabeth Webster
603.621.3444
ewebster@eastersealsnh.org
Diagnostic clinic & support groups & resources for families with children on the Autism spectrum.

Brain Injury Association of New Hampshire

109 N. State Street, Suite 2
Concord, NH 03301
225-8400 or 1-800-773-8400
mail@bianh.org
www.bianh.org
Statewide organization provides resource information to survivors of brain injury and their families.

Bureau of Special Medical Services

271-4488
1-800-852-3345 x4488
Division of Public Health;
broad range of health programs for diagnosis and treatment of children (0-20) who have physical disabilities, chronic illnesses or developmental delays.

Bureau of Vocational Rehabilitation

271-3471 or 1-800-299-1647
Fax: 271-7095
www.ed.state.nh.us
Provides individualized guidance, counseling and placement services to eligible consumers; also provides family services around needs of individual.

Child Development Center

653-6060
Assessment, diagnosis, follow-up; information and education.

Council for Children and Adolescents with Chronic Health Conditions and their Families

105 Pleasant Street
Concord, NH 03301
Denise Brewitt
225-6400
1-800-852-3345 x4991
Fax: 271-5166
ccache@conversent.net
www.ccache.org

Crotched Mountain ATECH Services

57 Regional Drive, Suite 7
Concord, NH 03301
603.226.2900
www.cm-atech.org
As the largest and most comprehensive provider of assistive technology services in NH, Crotched Mountain ATECH Services offers creative options and professional expertise to address mobility, communication and accessibility needs.

Crotched Mountain REM (Refurbished Equipment Marketplace)

57 Regional Drive, Suite 7
Concord, NH 03301
603.226.2900
sales@atechservices.org
www.shopREM.com
Sale of quality refurbished equipment at affordable prices. Inventory on website and at our showroom in Concord.

Crotched Mountain Ready, Set, Connect!

57 Regional Drive, Suite 7
Concord, NH 03301
603.226.2900
www.crotchedmountain.org/rsc
Young children with autism can improve social, communication, daily living and motor skills through Crotched Mountain's Ready, Set, Connect! – an intensive site-based Applied Behavioral Analysis treatment program led by Board Certified Behavior Analysts.

Crotched Mountain Accessible Recreation and Sports

1 Verney Drive
Greenfield, NH 03047
603.547.3311
cmars@crotchedmountain.org
www.cm-cmars.org
CMARS brings people of all abilities together with family and friends to enjoy sporting activities. Certified recreational therapists and volunteers provide needed support, equipment modification and expert instruction.

Department of Education

Bureau of Special Education
101 Pleasant Street
Concord, NH 03301
603-271-3494
Fax: 271-1953
www.ed.state.nh.us
Information and advocacy. Responsible for ensuring that school districts provide a free and appropriate education to all educationally handicapped students.

NH Department of Education

Public Information Office
Lori Temple
(603) 271-6646
Email: Lori.Temple@doe.nh.gov
"If children cannot learn the way we teach, maybe we should teach the way they learn."

Department of Health & Human Services

dhhs.state.nh.us
This website is for the entire array of services that are provided by State government. One program is SMS, Special Medical Services,

the NH Title V Program for Children with Special Health Care Needs is just one of the programs offered by the Bureau of Developmental Services. SMS offers a broad array of diagnostic, treatment and coordination services for children birth to 21 with chronic illness, physical disabilities or developmental delays. Programs are Nutrition, Feeding and Swallowing, Care Coordination, Child Development evaluation and Neuromotor Disabilities clinics and access to Family Support and Resource programs. Call Nurse on Call to get more information.

Direct Connect

DD<https://directconnect.unh.edu>
A grant from the Department of Labor to provide training opportunities for Direct Support Professionals to anyone who would need someone to assist them, especially anyone with a disability and/or elderly.

DirectConnect will address the growing direct care workforce shortage in New Hampshire by providing recruitment, training and retention opportunities aimed at creating a sustainable workforce.

Disability is Natural

www.disabilityisnatural.com
Kathie Snow's email kathie@disabilityisnatural.ccsend.com
Kathie Snow is best known for her website and eNewsletter, Disability is Natural. She is a marvelous resource for parents and professionals as well as policy makers.

Disabilities Rights Center, Inc.

18 Low Ave.
Concord, NH 03302
603-228-0432
1-800-834-1721
Fax: 225-2077
drc@totalnetnh.net
Provides legal services and other advocacy assistance to persons with disabilities; information/referral and publishes the Rap Sheet @ www.drcnh.org/rapsheet.htm.

Early Education and Intervention Network of NH

10 Ferry St. #416
Concord, NH 03301
603-228-2040
eeinnh@earthlink.net
www.eeinnh.org
Information/referral; early intervention and pre-school programs for children with Developmental Disabilities or at risk for developmental delay.

www.family-friendly-fun.com/disabilities/coping-stress.htm

This website offers parents information on coping strategies and parent groups along with interactive sections where parents can ask questions and get the thoughts & support of other parents. It also has several Guides that can be down loaded.

Family Resource Connection

New Hampshire State Library
Nancy Cristiano Coordinator
Email: FRC@dcr.nh.gov
20 Park Street
Concord, NH 03301
NH 1-800-298-4321
V: (603) 271-7931
F: (603) 271-2205
Toll-Free (NH) 1-800-298-4321
www.nh.gov/nhsl/frc
frc@library.state.nh.us

Located in the NH State Library, Family Resource Connection (FRC) provides information and resources free of charge (upon request) to residents of NH including families, caregivers, educators and other professionals seeking information, referrals or resources on topics relating to children of all ages. FRC maintains a user-friendly website with access to 1) FRC's Online Lending Library Collection containing over 5,000 books, videos, dvds, etc. Patrons can easily request items using FRC's convenient Online Request Form. Requested materials are then delivered to the individual's Local Public Library via State Library Van Service. In addition, 2) FRC maintains a Statewide Directory of NH specific programs and services connecting families, caregivers and professionals; as well as a 3) Statewide Listing of workshops and events for families and professionals. the UNH Cooperative Extension 4H Youth Development & FRC participates in "operation: military kids" project. The project, Operation: Military Kids (OMK) is designed to support "suddenly military" youth and families of the National Guard and Reserves. The NH State Library and Family Resource Connection are open to the public on weekdays (Mon-Fri) from 8:00 am – 4:30 pm.

Enable Mart

www.enablemart.com
Assistive technology devices can help make the lives of all individuals easier. EnableMart is the worldwide leader in assistive technology distribution.

Governor's Commission on Disability

57 Regional Drive
Concord, NH 03301

271-2773 (Voice),
271-2774 (TTY)
1-800-852-3405 (Voice)
Fax: 271-2837
www.state.nh.us/disability
email: disability@nh.gov.
The New Hampshire Governor's Commission on Disability (GCD) is proud to be the New Hampshire State Affiliate for the DBTAC New England ADA Center. The Center is the leader in providing information, guidance and training on the Americans with Disabilities Act, tailored to meet the needs of business, government and individuals at local, regional and national levels. Contact us or call 1-800-949-4232 about your rights and responsibilities under the ADA.

The Commission's goal is to remove the barriers, architectural, attitudinal or programmatic, which bar persons with disabilities from participating in the mainstream of society.

GCD is committed to ensuring that our web site is accessible to everyone and provides information about the many services, laws, and regulations that affect citizens with disabilities, implementing and operating the federally funded Client Assistant Program designed to work out problems that may arise between persons with disabilities and the Division of Vocational Rehabilitation.

Granite State Independent Living (GSIL)

603-228-9680 (V/TTY)
1-800-826-3700 (V/TTY)
www.gsil.org
Information and referral, peer support and counseling, skills training, advocacy, interpreter and personal care attendant services, transportation, social and recreational programs and accessibility services.

The Homemakers Health Services

www.thehomemakers.org
603-335-1770
1-800-660-1770
A full service, charitable health care agency which provides compassionate, professional, comprehensive and visiting nursing service.

Institute on Disability/UCED

(Concord office)
Phone: 603-228-2084
Fax: 603-228-3270
(Durham office)
Phone: 603-862-4320
Fax: 603-862-0555
www.iod.unh.edu
Training, technical assistance and resources with the goal of improving the quality of life and level of participation of people with disabilities in schools, the community and the workplace.

Medical Genetics

Dartmouth-Hitchcock Medical Center
603-653-6044
Genetic testing and counseling, information and referral.

M.I.C.E. (Multi-sensory Intervention through Consultation and Education)

603-228-1028(V)
603-228-5755 (TTY)
Statewide program for educational and Developmental Services for children with visual or hearing impairments and their families.

The National Clearinghouse on the Direct Care Workforce

www.directcareclearinghouse.org/i_workerassoclist.jsp
The National Clearinghouse on the Direct Care Workforce collects, analyzes, and disseminates information concerning the health care paraprofessional workforce. In New Hampshire you can find more information at www.nhddc.org. See also www.nadsp.org.

NH Association for the Blind

603-224-4039
(800) 464-3075
services@sightcenter.com
www.nhbvi.com
Provides information and gives direct services to visually impaired people of all ages to enable them to maintain their independence.

New Hampshire Council on Developmental Disabilities

21 Fruit Street, Suite #22
Concord, NH 03301-2451
Phone: 603-271-3236
1-800-852-3345, x3236
nhddcncl@aol.com
www.nhddc.org
Monitors services; promotes policy; advocacy.

NH Family Voices, a Family to Family Health Information and Resource Project

271-4525
(800) 852-3345 x4525
nhfv@yahoo.com
www.nhfv.org

Assists families in finding their way through the maze of services by providing information and emotional support, identifying resources available within the community, and making available a lending library of books, videos and audio tapes; distributes free newsletter, *Pass It On*.

Northeast Passage

UNH/Recreation
862-0070
northeastpassage@unh.edu
www.nepassage.org
Provides (for a fee) equipment and expertise to individuals, schools and companies to ensure

access to educational outings and recreational activities.

Office of Public Guardian

603-224-8041
Provides legal guardianship services for people with Developmental Disabilities and mental illnesses.

Parent Information Center

603-224-7005 V/TTY
1-800-947-2005
picinfo@parentinformationcenter.org
www.parentinformationcenter.org
Information, support and training around educational issues and advocacy.

Parent to Parent of NH

1-800-698-5465
www.p2pnh.org
p2p@nhsupport.net
Specializes in networking parents of children with special needs; support and information.

People First of NH

Janet Hunt
4 Park Street, Suite 304B
Concord, NH 03301
603-568-2128
www.peoplefirstofnh.org
www.institutionsclosethem.org
www.linkedin.com/in/janetehunt
Self-advocacy group of people "working together to help each other take charge of our lives"; help team available for new or existing groups; 24-hour answering service.

Seacoast Child Development Clinic at UNH

603-862-0561 (Voice/TDD)
603-862-0034 (fax)
www.seacoastclinic.unh.edu
An interdisciplinary clinical consultation service, assisting families of children with Developmental Disabilities by using a team approach. Evaluation may include home and/or school visit, depending on needs of child and family. The program is affiliated with Dartmouth Center for Genetics and Child Development and the Institute on Disability, UNH.

seriweb.com

This site offers Internet accessible information resources of interest to those involved in the fields related to Special Education. This collection exists in order to make on-line Special Education resources more easily and readily available in one location. This site will continually modify, update, and add additional informative links.

Service Link

1-866-634-9412
ServiceLink Resource Centers are the places in your community to get answers about healthcare and other services for older adults,

persons with disabilities and family caregivers.

Special Olympics NH

603-624-1250
1-800-639-2608
Fax: 624-4911
www.sonh.org
Provides sports opportunities for athletes with Developmental Disabilities.

"Talking Books"

(NH Bureau of Services to Persons with Disabilities)
271-3429 or 1-800-491-4200
www.nh.gov/nhsl/talking_books
FREE service for people with visual, physical, and reading disabilities. Supplies (by mail) cassette books and records and equipment needed to use them. Fiction, non-fiction and popular magazines available.

TECH-LAB

117 Pleasant Street
Dolloff Bldg.
Concord, NH 03301
603-226-2900
mpeabody@nhaat.mv.com
Hands-on technology exploration; loans of assistive technology; training; technical support.

Tri-County CAP, Inc./ Guardianship Services

www.gsgs.org
Whitefield Office:
34 Jefferson Road
Whitefield, NH 03598-1221
Phone: (603) 837-9561
Fax: (603) 837-2613
Concord Office:
18 Low Avenue
Concord, NH 03301-4902
Phone: (603) 224-0805
Fax: (603) 229-1758
A private, non-profit agency providing guardianship, protective and fiduciary services to persons with disabilities in New Hampshire. Provides legal conservatorship services, court appointed Special Needs Trustee, Representative Payee, Federal Fiduciary, and we provide consulting services to family guardians, etc. Our scope of clients also include individuals with TBI, PTSD, and elderly dementia.

UNH Institute on Disability

10 West Edge Drive
Suite 101
Durham, NH 03824
phone: 603.862.4320
relay: 711
fax: 603.862.0555
iod.unh.edu

VSA arts of New Hampshire

228-4330
info@vsartsnh.org
www.vsarts.org
Provides opportunities in the arts for people with disabilities and technical assistance for programmatic and cultural access.

Additional Resources

aapd.com

American Association of People with Disabilities is the country's largest cross-disability membership organization, organizes the disability community to be a powerful voice for change—politically, economically, and socially.

www.ablenh.org

Advocates Building Lasting Equality in New Hampshire is a new grassroots advocacy organization for families & professionals concerned with achieving inclusive natural supports for children and adults with disabilities in New Hampshire.

www.access-able.com

Access-Able Travel Resource providing access information and resources to the mature and travelers with disabilities.

www.ada.gov

American Disability Association provides access to Americans with Disabilities Act regulations for businesses and State and local governments, and technical assistance.

www.albinism.org

The National Organization for Albinism and Hypopigmentation is an organization where people with albinism, their families and those that work with them can get information, ask questions and share their experiences.

www.autismnow.org

The Autism NOW Center is the nation's source for resources and information on community-based solutions for individuals with autism, other Developmental Disabilities.

www.autism-society.org

asanet@autism-society.org
The Autism Society, the nation's leading grassroots autism organization, exists to improve the lives of all affected by autism. Founded in 1965 by Dr. Bernard Rimland, Dr. Ruth Sullivan and many other parents of children with autism, the Autism Society is the leading source of trusted and reliable information about autism.

www.benefitscheckup.org

A nonprofit initiative led by the National Council on Aging which features a database of roughly

1,000 federal and state programs for the elderly and people with disabilities.

www.csni.org

Community Support Network, Inc. is a not for profit organization that works in support of the 10 Area Agencies throughout the state of New Hampshire that provide services to individuals with Developmental Disabilities and acquired brain injury and their families disabilities.

congress.org

Information on daily happening in Washington D.C.

www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/index.htm

The Developmental Services Quality Council was established to NH Department of Health and Human Services

www.dot.gov/accessibility

The US Department of Transportation's site for information about air travel for people with disabilities

www.Benefits.Gov

The official benefits website of the U.S. government Informs

citizens of benefits they may be eligible for Provides information on how to apply for assistance.

www.disabilityscoop.com

The national Developmental Disability news site covering Autism, Cerebral Palsy, Down syndrome, Intellectual Disability and more.

www.dredf.org

Disability Rights Education and Defense Fund, founded in 1979 by people with disabilities and parents of children with disabilities, is a national law and policy center

www.emerginghorizons.com

Consumer oriented magazine about accessible travel. Available in print and on-line.

www.eseals.org

Easter Seals NH

www.cms.hhs.gov

Information from the US. Centers on Medicare and Medicaid (formerly the U.S. Health Care Financing Administration)

www.crotchetmountain.org

Crotched Mountain is a charitable

organization employing more than 900 people, whose mission is to serve individuals with disabilities and their families, embracing personal choice and development, and building communities of mutual support. More information & resources on the website.

www.dhhs.state.nh.us

NH Department of Health and Human Services web site. Information on benefits programs.

www.hhs.gov/newfreedom/

US Department of Health and Human Services' New Freedom Initiative

www.nh.gov/disability

The Governor's Commission's goal is to remove the barriers, architectural or attitudinal, which bar persons with disabilities from participating in the mainstream of society.

www.inclusionresearch.org

Inclusion Research Institute—a nonprofit organization whose activities include education, research and dissemination of information promoting inclusion

www.nhhelpline.org

New Hampshire Help Line

www.nhspinal.org

NH Chapter of the National Spinal Cord Injury Association

www.nichcy.org

National Information Center for Children and Youth with Disabilities

www.nod.org

National Organization on Disability

www.pic.org

Parent Information Center (PIC), is a statewide parent center for families of children with disabilities.

www.sath.org

Society for Accessible Travel & Hospitality

www.silcnh.org

Information and Resource Newsletter New Hampshire Statewide Independent Living Council (SILC) is updated monthly with a host of resources from A to V under resources that can be sent by email, just hit subscribe or send to: NH Statewide Independent Living Council c/o Governor's Commission on Disability

www.skimhs.org

Maine Handicapped Skiing—offers year-round recreation for people with physical disabilities free of charge

www.socialsecurity.gov

Information on Supplemental Security Income (SSI), disability and related benefits

www.yourtickettowork.com

Information on the Social Security Ticket to Work program

Publications of Interest

Ability Magazine

FREE

Provides information on New Technologies, the "Americans with Disability Act", Travel and Leisure, Employment Opportunities for People with Disabilities, Human Interest Stories, National and Local Resource Centers and more.

www.abilitymagazine.com

Dialogue Magazine

FREE

Blindskills, Inc. is a non profit corporation, based in Salem, Oregon, that publishes Dialogue, a magazine written specifically for persons who are blind or are experiencing sight loss.

www.blindskills.com

Disabled Peoples' International

FREE

Disability magazine supported by Disabled Peoples' International.

www.dpi.org

Disability Solutions

FREE

A resource for families and others interested in Down syndrome and related disabilities. Published six times a year. For information on subscriptions, call 503-244-7662.

www.disabilitysolutions.org

subscription@disabilitysolutions.org

Exceptional Parent Magazine

Magazine

Paid subscription, \$39.95 a year

(201) 489-4111 or 1-877-372-7368

Feature articles; extensive listing of national organizations for specific disabilities/conditions. www.EParent.com

Headway

A quarterly newsletter provided by the Brain Injury Association of New Hampshire, giving out up-to-date information on brain injury, services and programs, and survivor stories. You may find current issues and information on our website at BIANH.org.

New Developments

FREE

(301) 652-2263

While membership is free, we encourage a donation. Published quarterly by Developmental Delay Resources, resource network integrating conventional and holistic approaches for parents and professionals.

devdelay@mindspring.com

www.devdelay.org

Parents Make the Difference

Difference

FREE

For Parents of Children Age 3–26 A publication of the Parent Information Center © 2010 The Parent Information Center of NH Parent Involvement is the "hidden in plain sight solution."

www.nhparentsmakethedifference.org

Pass It On

FREE

New Hampshire Family Voices

800-852-3345 x4525

Family to Family Health Information & Education Center. Supporting families having children with special healthcare needs and disabilities. Resources and information for families with special health care needs; quarterly

nhfv@yahoo.com

www.nhfv.org

Ragged Edge

FREE

Fax: (502) 899-9562

Magazine written by and for people with disabilities with information on issues pertinent to the disability movement; bi-monthly

circulation@raggededgemagazine.com

www.raggededgemagazine.com

NH Rap Sheet

A collaborative newsletter of the NH Council on Developmental Disabilities, the Disabilities Rights Center of NH, and UNH the Institute on Disability

www.nhddc.org/publications.html

Stepping Stones NH

FREE

www.steppingstonesnh.com

A guidebook for people with disabilities, their families and the professionals who support them. A specialty publication of Parenting New Hampshire sponsored by the NH Council on Developmental Disabilities.

Partners in Health

NH Special Medicial Services, Partners in Health (PIH) is a community-based program to address the social service needs of children with chronic health conditions and their families. Partners in Health may be the difference!

Eligibility Criteria for Enrollment:

- Birth to 21
- Chronic illness lasting 12 months or more with a verification form from MD, DO, or ARNP
- Illness impacts activities of daily living
- Family resides in New Hampshire
- Family does not receive services from an a developmental services Area Agency

Administering Agency:

NH Department of Health and Human Services

Division of Community Based Care Services
Bureau of Developmental Services
Special Medical Services
129 Pleasant St – Thayer Building
Concord, NH 03301
Ph: 603/271-4488 Fax: 271-4902
www.dhhs.nh.gov/dcbcs/bds/sms
Administrator: Elizabeth Collins,
ecollins@dhhs.state.nh.us

SMS Services Include:

- Health Care Coordination—Support for managing health-care and related services
- Neuromotor Clinic Coordination—Clinical team support & services for neuromotor conditions
- Child Development Clinic—Specialty consultation in home and community settings
- Nutrition, Feeding, & Swallowing—Team based developmental diagnostic evaluations
- Psychology & Psychiatry Services—Consultations for children enrolled in SMS

Partners in Health:

Family Support - Recreation, advocacy, and support to address needs within homes, schools, and communities
Ph: 1-800-656-3333
Manager: Alicia M. L'Esperance,
aml'esperance@dhhs.state.nh.us

Region 1

Berlin, Carroll, Clarksville, Colebrook, Columbia, Dalton, Dixville, Dummer, Errol, Gorham, Groveton, Jefferson, Lancaster, Milan, Northumberland, Pittsburg, Randolph, Shelburne, Stark,

Stewartstown, Stratford, Wentworth, Whitefield

Child and Family Services

25 Main Street
Lancaster, NH 03584
Ph: 603/788-4172 and 1-800-640-6486 ext 4243
Coordinator: Joyce Bernier,
bernierj@cfsnh.org

Region 2/12

Acworth, Charlestown, Claremont, Cornish, Croydon, Goshen, Grantham, Langdon, Lempster, Newport, Plainfield, Springfield, Sunapee, Unity, Washington, Canaan, Dorchester, Enfield, Grafton, Hanover, Lebanon, Lyme, New London, Orange, Orford, Lebanon, Canaan, Dorchester, Enfield, Grafton, Hanover, Lebanon, Lyme, Orange, Orford, Wentworth

Child and Family Services

3 Atwood Avenue, PO Box 5223
W. Lebanon, NH 03784
Ph: 603/518-4358 Fax: 668-6260
Coordinator: Adam Dalpra,
dalpra@cfsnh.org

Region 3

Alexandria, Alton, Ashland, Barnstead, Belmont, Bridgewater, Bristol, Campton, Center Harbor, Ellsworth, Gilford, Gilmanton, Groton, Hebron, Holderness, Laconia, Meredith, New Hampton, Plymouth, Rumney, Sanbornnton, Thornton, Tilton, Wentworth

Central New Hampshire VNA & Hospice

780 North Main Street
Laconia, NH 03246
Ph: 603/524-8444 Fax: 527-8217
Coordinators: Kathy Gautsch,
kgautsch@centralvna.org
Mary Mirkin, mmirkin@centralvna.org

Region 4

Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Danbury, Deering, Dunbarton, Epsom, Franklin, Henniker, Hill, Hillsboro, Hopkinton, Loudon, Newbury, Northfield, Pembroke, Pittsfield, Salisbury, Sutton, Warner, Weare, Webster, Wilmot, Windsor

Community Bridges

70 Pembroke Road
Concord, NH 03304
Ph: 603/225-4153 Fax: 225-0376
Coordinator: Janice Boudreau,
jboudreau@communitybridgesnh.org

Region 5

Alstead, Antrim, Bennington, Chesterfield, Dublin, Fitzwilliam, Frankestown, Gilsum, Greenfield, Greenville, Hancock, Harrisville, Hinsdale, Jaffrey, Keene, Lyndeborough, Marlborough, Marlow, Nelson, New Ipswich, Peterborough, Richmond, Rindge, Roxbury, Sharon, Stoddard, Sullivan, Surry, Swanzey, Temple, Troy, Walpole, Westmoreland, Winchester

Monadnock Developmental Services

121 Railroad Avenue
Keene, NH 03431
Ph 603/352-1304 Fax 352-1637
Coordinator: Janet O'Brien,
janet@mds-nh.org

Region 6

Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua, Wilton

Gateways Community Services

144 Canal Street
Nashua, NH 03064
Ph: 603/459-2744 Fax: 889-5460
Coordinator: Kristen McTigue,
kmcTigue@gatewayscs.org

Ruth Morrissette, rmorrissette@gatewayscs.org

Region 7

Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry, Manchester, New Boston

VNA of Manchester and Southern New Hampshire

1070 Holt Ave, Suite 1400
Manchester, NH 03109
Ph: 603/622-3781 Fax: 641-4074
Coordinators: Sandra Katsikas,
skatsikas@Elliot-HS.org,
Carmen Polo,
cpolo@Elliot-HS.org

Region 8

Brentwood, Deerfield, East Kingston, Epping, Exeter, Fremont, Greenland, Hampton, Hampton Falls, Kensington, Kingston, New Castle, Newfields, Newington, Newmarket, North Hampton, Northwood, Nottingham, Portsmouth, Raymond, Rye, Seabrook, South Hampton, Stratham

Families First Health and Support

100 Campus Dr. Suite 12
Portsmouth, NH 03801
Ph: 422-8208 Fax: 422-8219
Coordinator: Anna Shultz,
ashultz@familiesfirstseacoast.org
www.familiesfirstseacoast.org

Region 9

Barrington, Dover, Durham, Farmington, Lee, Madbury, Middleton, Milton, New Durham, Rochester, Rollinsford, Somersworth, Strafford

Community Partners, Behavioral Health and Developmental Services of Strafford County, Inc.

Forum Court, 113 Crosby Rd. #1
Dover, NH 03820

Ph: 603/516-9636 Fax: 743-3244
Coordinator: Pamela Thyng,
pthyng@communitypartnersnh.org

Region 10

Atkinson, Chester, Danville, Derry, Hampstead, Newton, Pelham, Plaistow, Salem, Sandown, Windham

Gateways Community Center

144 Canal Street
Nashua, NH 03064
Ph: 603/459-2763 Fax: 889-5460
Coordinator: Maura Pennisi,
mpennisi@gatewayscs.org

Region 11

Albany, Bartlett, Brookfield, Chatham, Conway, Eaton, Effingham, Freedom, Hart's Location, Jackson, Madison, Moultonboro, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield, Wolfeboro

White Mountain Community Health Center

298 White Mountain Highway
PO Box 2800
Conway, NH 03818
Ph: 603/447-4240 Fax: 447-4846
Coordinator: Leslie Stanicki, Istanicki@whitemountainhealth.org

Region 13

Bath, Benton, Bethlehem, Easton, Franconia, Haverhill, Landaff, Lincoln, Lisbon, Littleton, Livermore, Lyman, Monroe, Piermont, Sugar Hill, Warren, Waterville, Woodstock

Child and Family Services

28 Lafayette Ave
Littleton, NH 03561
Ph: 603-518-4339/Fax: 444-4459
Coordinator: Stephanie Eastman,
eastmans@cfsnh.org

Last Updated, 09/26/2013

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NH Community Mental Health Centers

Region I
Northern NH Mental Health and Developmental Services

Main Office: 447-3347
Berlin: 752-7404
Conway: 447-1021
Colebrook: 237-4955
Littleton: 444-5358
Wolfeboro: 569-1882

Region II
West Central Community Mental Health Services

Main Office: 448-0126
Claremont: 542-2578, 542-5449

Region III
Genesis Behavioral Health

Main Office: 524-1100
Plymouth: 536-1128

Region IV
Riverbend Community Mental Health Center

Main Office: 228-1600
Franklin: 934-3400

Region V
Monadnock Family Services

Main Office: 357-4400
Jaffrey: 532-4291
Keene: 357-6870
Peterborough: 924-7236
Walpole: 756-4735
Winchester: 239-4376

Region VI
Greater Nashua Mental Health Center at Community Council

Main Office: 889-6147

Region VII
Mental Health Center of Greater Manchester

Main Office: 668-4111

Region VIII
Seacoast Mental Health Center

Main Office: 431-6703
Exeter: 772-2710

Region IX
Community Partners

Dover: 516-9300

Our resources are constantly updated. Please read them carefully.

Family Focus: The Bertrand Family

By Wendy E.N. Thomas, Executive Director, The New Hampshire Challenge, Inc.

Jennifer Bertrand admits that having a profoundly disabled daughter has not been easy, but she also is quick to share that she would not be the person she is today if she did not have her daughter.

Jennifer and her husband Sean who reside in Mount Vernon have 4 children, Sydney 16, Chloe 14, Avery 10 and Brady who is 7. Their first daughter was a charmer and very bright child who learned to read before she entered Kindergarten and who “soaked up knowledge.” “I was so astounded and would lose my breath when I saw how Sydney would learn. You couldn’t keep her back.”

As a mother and certified teacher, Jennifer noticed significant differences between her children when her second daughter, Chloe not only didn’t make major childhood developmental milestones but also started falling far behind. At age 1, she couldn’t sit up without assistance and she didn’t take her first steps until age 3. Chloe had to be watched at all times for falling because she didn’t have any protective reflexes.

Like any young mother, Jennifer took her daughter to Doctors and while she emphasizes that over the years she has worked with wonderful Physicians, initially, before her

daughter was diagnosed, she was told on several occasions, that she “worrying too much” and that “if she couldn’t take care of her daughter then to go ahead and bring her in.”

But over time, it became clear that something was not right with Chloe, she was tested for genetic and metabolic conditions but every test came back normal. Eventually Chloe was diagnosed with autistic tendencies along with global developmental delays which impact her gross and fine motor skills.

Overwhelmed, as any mother would be, Jennifer had to learn see her daughter as a child first and a child with a condition second. As it would turn out, Jennifer, who was born with one hand, had, to an extent, experienced a disability throughout her life. “My parents didn’t do for me what I could do for myself.” She has extended this philosophy to her daughter and as a result Chloe ties her own shoes, cleans dishes, picks up stuff, and gets herself dressed.

This doesn’t mean that things have been easy. Chloe remains non-verbal and continues to need assistance with direct support and help all through her waking hours and monitoring while asleep.

Around 2008–09 Jennifer admits that she was pretty overwhelmed with the constant challenge of her daughter’s care along

with worries about her future. “That’s when I got connected in the Leadership series. It changed everything. It’s all about possibility and the power we have as individuals to shape our own future. The series kind of saved my life in the simplest terms.”

Being involved in the Leadership series and connecting with other parents was the game changer. It gave Jennifer the courage to find her voice in order to advocate for her daughter “because Chloe’s future and safety was on the line.” Advocating for Chloe has pulled the entire family together; they’ve become more knowledgeable about disabilities and are more engaged as citizens who are accepting of all disabilities.

With the family’s support and assistance from various groups, Chloe has been able to live at home and attend school where she is currently in the 8th grade with a one-on-one aide at Amherst Middle School where she is involved in many school activities. “With the right support she can do awesome stuff. She recently did the Girls on the Run (5K road race) for the second year. I facilitated and was a participant with Chloe and she finished the race.” Chloe, with accommodations, has even been able to ice-skate where she enjoys the thrill of gliding on ice.

Jennifer’s advice to other parents is this: “Get involved in

advocacy. Having a child with a disability means a lot of things. It’s a daily struggle and a lot of people have no clue as to what it feels like—even some family members outside of our immediate family don’t know. There is a feeling of being isolated and alone. Reach out get connected with other parents. The most helpful information of where to go, what to do, came from other parents, local support groups, and internet conferences.”

Jennifer considers herself lucky to be living in New Hampshire where there are enough supports and services for her to keep Chloe living in her home with the rest of her family. “I’m not sure we would have been able to if we had lived in another state.”

As a direct result of her advocacy for her daughter, Jennifer got involved with ABLE NH where she was the secretary and she is currently a Developmental Disabilities Council member. Soon she will be transitioning to focus on chapter work.

Having a disabled child has definitely changed Jennifer and helped her set her priorities. “At the end of the day, it’s not about what kind of car we have or how big our house is, it’s about being there for your family and celebrating those incredible successes along the way. I’m working a little day-by-day to make the world a better place before I die.” ■



The Bertrand Family. (Photo by Alexa Johnson)



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