



New Hampshire Community Mental Health Agreement Monthly Progress Report

October 2016

New Hampshire Department of Health and Human Services

October 3, 2016

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence*

Acronyms Used in this Report

ACT:	Assertive Community Treatment
BDAS:	Bureau of Drug and Alcohol Services
BMHS:	Bureau of Mental Health Services
CMHA:	Community Mental Health Agreement
CMHC:	Community Mental Health Center
DHHS:	Department of Health and Human Services
QSR:	Quality Services Review
SE:	Supported Employment

Introduction

This second Monthly Progress Report is issued in response to the June 29, 2016 Expert Reviewer Report, Number Four, action step 4. It reflects the actions taken and progress made in support of the Community Mental Health Agreement for the months of August and September 2016. Future reports will be issued on or about the first of each subsequent month and reflect the actions taken and progress made in the prior month. The following additions and improvements to the Monthly Progress Report have been made:

- A schedule of State Fiscal Year 2017 Fidelity and Quality Services Reviews added
- Relevant documents are attached as appendices
- Greater detail and action items added

Schedule of State Fiscal Year 2017 Fidelity and Quality Services Review¹

July 2016	Center for Life Management DHHS-conducted QSR Mental Health Center of Greater Manchester DHHS-conducted SE Fidelity Assessment Riverbend Community Mental Health DHHS-conducted SE Fidelity Assessment	Mental Health Center of Greater Manchester DHHS-conducted QSR West Central Behavioral Health DHHS-conducted ACT Fidelity Assessment	January 2017
August 2016	West Central Behavioral Health DHHS-conducted QSR	Seacoast Mental Health Center DHHS-conducted QSR	February 2017
September 2016	Genesis Behavioral Health DHHS-conducted QSR Northern Human Services DHHS-conducted SE Fidelity Assessment	Greater Nashua Mental Health Center DHHS-conducted QSR	March 2017
October ² 2016	Center for Life Management Self-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment Community Partners of Strafford County Self-conducted ACT Fidelity Assessment Genesis Behavioral Health DHHS-conducted ACT Fidelity Assessment Greater Nashua Mental Health Center DHHS-conducted SE Fidelity Assessment Self-conducted ACT Fidelity Assessment Mental Health Center of Greater Manchester Self-conducted ACT Fidelity Assessment Monadnock Family Services Self-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment Riverbend Community Mental Health DHHS-conducted QSR Self-conducted ACT Fidelity Assessment Seacoast Mental Health Center Self-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment West Central Behavioral Health Self-conducted SE Fidelity Assessment	Community Partners of Strafford County DHHS-conducted QSR	April 2017
November 2016	Community Partners of Strafford County DHHS-conducted SE Fidelity Assessment Monadnock Family Services DHHS-conducted QSR Northern Human Services DHHS-conducted ACT Fidelity Assessment	Northern Human Services DHHS-conducted QSR	May 2017
December 2016	Genesis Behavioral Health DHHS-conducted SE Fidelity Assessment		June 2017

¹ Schedule incorporated into Monthly Progress Report in response to the Center for Public Representation's 8/24/2016 request for additional information to ensure various tasks and deliverables are occurring at an appropriate pace. Schedule may be subject to change.

² The three-month field test of the current QSR process ends in October. As discussed in the 9/6/2016 All Parties meeting, DHHS-recommended revisions to the process and instruments will be submitted to external stakeholders, including the Plaintiffs, Expert Reviewer and Technical Assistance Consultant by 10/31/16 for comment. DHHS will issue the finalized process and instruments by 12/31/16.

Actions Taken to Enable DHHS to Factually Demonstrate Significant and Substantial Progress³

1. Assertive Community Treatment

- DHHS shared ACT preliminary data reports each month with CMHCs to inform progress made towards goal achievement. (August 2016 and ongoing)
- DHHS meets each month with CMHC Executive Directors, Community Services Directors and ACT Coordinators, and with the subgroup ACT/SE Implementation Workgroup – 3 distinct engagements – to discuss ACT data and ongoing progress. This is resulting in improved collaboration, better identification of system wide barriers and resolutions. (July 2016 and ongoing)
- DHHS received compliance plans from two CMHCs in response to its request. Both plans have been reviewed and approved. The applicable CMHCs will provide monthly progress reports and DHHS will continue to engage monthly with the CMHCs to address progress. (September 2016 and ongoing)
- DHHS recommendations and strategies for program improvement were discussed in Technical Assistance calls with CMHCs that are under compliance plans. These discussions are resulting in increased staffing levels, improved referral processes, and additional CMHC staff development. (August 2016 and ongoing)
- Increased effort to access and use Emergency Department and Designated Receiving Facility admission data is informing multiple approaches to improve collaboration between CMHCs and hospitals:
 - DHHS generated and distributed data regarding a 900 person cohort of individuals that accessed Emergency Departments in the past several months. (September 2016) CMHCs will research the data to identify which individuals were receiving ACT services, seek to enroll those who weren't, and identify opportunities for improvement for individuals currently receiving ACT services.
 - As one of several DHHS Innovation Accelerator Program (IAP) goals, a collaboration to improve focus on timely monitoring of Emergency Department use and waitlists is under development; better coordination of services and more rapid transition back to community-based services, including ACT is an anticipated outcome. (August 2016 initiated).
 - Based on positive feedback from CMHCs, DHHS will move to monthly reporting of preliminary data to support better CMHC engagement with hospitals (August 2016 data and ongoing). DHHS will incorporate CMHC research result reporting, conducted in response to the data, into a monthly reporting tool. The tool is scheduled to be released in October.

³ This information is incorporated into the Monthly Progress Report in response to the Center for Public Representation's 8/24/2016 request for additional information to align recommended actions with achievement of requirements set out I

2. Supported Employment

- SE preliminary data reports shared monthly with CMHCs to inform progress made towards goal achievement. (August 2016 and ongoing)
 - DHHS meets monthly with CMHC Executive Directors, and with the subgroup ACT/SE Implementation Workgroup to discuss SE data and ongoing progress. Additionally, an SE Coordinator/Learning Collaborative group meets monthly to pursue practice improvement (July 2016 and ongoing). This is resulting in improved collaboration, better identification of system wide barriers and resolutions.
 - DHHS received compliance plans from two CMHCs in response to its request. Both plans have been reviewed and approved. The applicable CMHCs will provide monthly progress reports and DHHS will continue to engage monthly with the CMHCs to address progress. (September 2016 and ongoing)
 - Recommendations and strategies for program improvement discussed in Technical Assistance calls with CMHCs under compliance plans are resulting in increased staffing levels, improved referral processes, and additional CMHC staff development. (August 2016 and ongoing)
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3. Glencliff Home Transitions into Integrated Community Setting

- Since September 2015, the Glencliff Home has discharged seven (7) individuals as follows: (1) NHH; (1) Residential Care; (1) Supported Apartment; (1) Congregate Supported Housing; (1) Enhance Family Care Home; (1) Out of state Nursing Home within vicinity/easy access to remaining family members; (1) Private Apartment.
- Four residents are anticipated to be discharged in mid-November as a result of the following actions:
 - DHHS executive leadership worked with a selected community partner to create a 4-person apartment setting in Nashua, and DHHS worked with its electronic provider payment system to enable a unique benefit model to access CMHA funds allocated to support these four Glencliff Home Transitions. (April to July 2016)
 - The provider visited Glencliff Home and met with four individuals that Glencliff Home staff identified for community transition. All four have chosen to transition to the provider's community setting. (July and August 2016) Transition is to occur upon completion of renovations that are underway to meet the individuals' physical needs.
 - Glencliff Home staff coordinated required processes to support transition of these four individuals with multiple community partners, including: bringing the individuals to community/residence site visits, scheduling eligibility assessments, and intake sessions. (August-September 2016)
 - Discharge planning meetings with community partners occurred in late September 2016 and addressed all individual needs, including: primary care, pharma, medical equipment, peer support, CMHC, coordination of care, dietary, utilities, home furnishings, recreational activity, moving day, legal matters, and departure from Glencliff Home events (if desired by the individual).
- Upcoming discharges include:
 - Resident seeking individual apartment in a resident-specified community. The resident has specified a neighborhood within the community and walking radius for the apartment location. Intakes with applicable CMHC, primary care, and other supports, including the Housing Bridge program have been addressed; apartment availability is challenge in the specified neighborhood and several sources are being accessed to early identify apartments as they become available. The resident is committed to re-locating to the selected neighborhood and will not agree to other locations despite easier availability. Some landlords have denied the resident's apartment applications due to the resident's financial or rental history.
 - Resident moving to a resident-selected support housing apartment in mid-October. Community support services, Housing Bridge program, furnishings and equipment specific to the resident's physical need are being addressed through discharge planning meeting that occurred late September.
 - Resident approved under the DD waiver for Enhanced Family Care. Two Enhanced Family Care providers were identified. The resident indicated a preferred provider. (September 2016). The resident's Guardian will visit the both homes and make a decision. The applicable Area Agency is engaged and various steps to transition are underway, including identifying a new primary care physician, scheduling intake and a

discharge planning meeting with all community supports engaged.

- In State Fiscal Year 2016, eight (8) CMHCs traveled to the Glencliff Home to conduct in-reach activities, including meeting with residents that expressed interest in returning to the community and consulting with the Glencliff Home's Admissions/Discharge Coordinator and Social Services Supervisor regarding applicable resident discharge planning. In State Fiscal Year 2017, in addition to working with specific CMHCs regarding applicable residents, DHHS is researching and exploring a more formalized approach to conducting in-reach activities.
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Community Mental Health Services: Assertive Community Treatment (ACT) expanding capacity/penetration; staffing array

Due Date	Task	Description	Deliverable	Status
6/30/16 and Ongoing	Letters sent to two (2) CMHCs with low compliance; include staffing and/or capacity with a request for improvement plans.	Quality improvement requested by DHHS with detailed quality improvement plans with a focus on increasing the capacity of ACT.	Letter to applicable CMHCs sent	Completed
	Applicable CMHCs will develop and submit improvement plans to DHHS.		Two compliance plans were received and approved by DHHS.	100%
	DHHS and CMHC review the applicable CMHC's prior month's progress toward completion of action steps included in the DHHS-approved compliance plan. The most recent DHHS-provided data is reviewed (the previous month's) and discussed. Potential solutions to barriers faced are identified, areas of success and areas of concern are discussed, and action steps for the coming weeks are developed.		Monthly compliance calls and follow-up	Ongoing
<ul style="list-style-type: none"> • Northern Human Services – as result of July 2016 meeting to discuss compliance, agreement was reached to continue operating under July 2015 improvement plan, and to seek additional funding to address geographical barriers/support three-ACT team approach. Contract amendment in process to secure this additional funding; target October 2016 Governor and Council approval. • West Central Behavioral Health – DHHS received the provider's compliance plan. DHHS reviewed the plan and issued its approval in September; monthly progress reports are required. • Genesis Behavioral Health – DHHS received the provider's compliance plan. DHHS reviewed the plan and issued its approval in September; monthly progress reports are required. • Greater Nashua Mental Health Center – under a 2015 compliance plan, DHHS holds monthly technical assistance calls with this provider. Progress on staffing levels is being made but remains a significant challenge. • Appendix 2 contains a New Hampshire Community Behavioral Health Association presentation, "Workforce Trends, Impacts and Solutions," prepared and presented to the Governor's Commission on Health Care Workforce. Recruitment and retention remains a common challenge to all CMHCs and their ability to staff ACT teams to fidelity and needed capacity levels. 				

Due Date	Task	Description	Deliverable	Status
7/20/16 8/17/16	DHHS team and CMHC Executive Directors participated in two facilitated sessions to establish a plan to expand capacity and staffing array.	These sessions resulted in a plan with action steps for increased ACT capacity.	Establish a focused work plan with stakeholder; input expected to increase new ACT clients.	Completed
<ul style="list-style-type: none"> • <i>DHHS incorporated action steps into the 8/1/16 CMHA Project Plan for Assertive Community Treatment, Supported Employment and Glenclyff Home Transitions. Received feedback and made plan revisions as a result of input provided by Expert Reviewer, Steve Day. Further plan revisions have been made to include greater detail, post receipt of Plaintiff feedback. Appendix 1 contains the revised Project Plan.</i> • <i>Developed improved approach to conducting and tracking progress of improvement through Technical Assistance calls for CMHCs under compliance plans, including providing monthly preliminary data on ACT and SE. Appendix 3 contains this data.</i> • <i>Incorporated targeted questions into ACT-SE Coordinator meetings and ACT-SE workgroup meetings to elevate workforce, capacity and service intensity.</i> • <i>DHHS developed a schedule of events applicable to the CMHA for ACT and SE Fidelity Assessments and Quality Service Reviews based on the 8/1/16 Project Plan's requirements. DHHS is managing the flow of necessary templates, training material, and is increasing communication and coordination with the CMHCs about the remaining upcoming events in State Fiscal Year 2017. DHHS will publish final Assessment and QSR Reports once approved.</i> • <i>DHHS conducted ACT Self-Fidelity Assessment Training through a 9/14/16 webinar for CMHC Quality Improvement Directors and ACT Coordinators; a recording of the webinar is being provided to CMHCs in the beginning of October.</i> • <i>DHHS designed a reporting tool to capture new monthly ACT enrollment goals; the CMHCs are providing feedback on the tool and it will be finalized in the beginning of October. The tool will capture enrollment information retroactive to August 2016.</i> 				

Community Mental Health Services: Supported Employment (SE)

Due Date	Task	Description	Deliverable	Status
5/20/16 and ongoing	Three (3) letters sent to CMHCs with low penetration rates; include staffing and/or penetration rate with a request for improvement plans.	Request for compliance plan with quarterly reports.	Letter to applicable CMHCs sent	Completed
	Applicable CMHCs will develop and submit improvement plans to DHHS.		Two compliance plans were received and approved by DHHS.	100%
	DHHS and CMHC review the applicable CMHC's prior month's progress toward completion of action steps included in the DHHS-approved compliance plan. The most recent DHHS-provided data is reviewed (the previous month's) and discussed. Potential solutions to barriers faced are identified, areas of success and areas of concern are discussed, and action steps for the coming weeks are developed.		Monthly compliance calls and follow-up	Ongoing
<ul style="list-style-type: none"> • <i>Northern Human Services – DHHS remains in dialogue with CMHC and including technical assistance calls, and participation in monthly workgroups specific to the program and Learning Collaboratives. Improved penetration rates have been achieved in recent months as a result of this work.</i> • <i>Genesis Behavioral Health – DHHS received the provider's compliance plan. DHHS reviewed the plan and issued its approval in September; monthly progress reports are required.</i> • <i>Community Partners of Sullivan County – DHHS received the provider's compliance plan. DHHS reviewed the plan and issued its approval in September; monthly progress reports are required.</i> • <i>Appendix 2 contains a New Hampshire Community Behavioral Health Association presentation, "Workforce Trends, Impacts and Solutions," prepared and presented to the Governor's Commission on Health Care Workforce. Recruitment and retention remains a common challenge to all CMHCs and their ability to staff SE teams to fidelity and achieve, maintain or exceed penetration rate goals (as applicable).</i> 				

Due Date	Task	Description	Deliverable	Status
6/1/16 and ongoing	Continue to generate quarterly report with stakeholder input focusing on penetration of SE services distributed to the CMHCs and other stakeholders.	This report assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	Quarterly Report SE Penetration Rate to CMHCs.	Ongoing/ Quarterly
<ul style="list-style-type: none"> <i>Incorporated four quarters of data in ACT-SE Workgroup monthly meetings to identify trends, areas of concerns and discuss potential barrier resolutions. This work is then used to inform monthly statewide ACT-SE Coordinators meeting, and to feed issues/ideas into Learning Collaborative.</i> <i>Incorporated four quarters of data in ACT-SE technical assistance calls for CMHCs under compliance plans to help inform quarter to quarter progress against improvements initiated at the CMHC level.</i> 				
7/20/16 8/17/16	DHHS team and CMHC Executive Directors will participate in a facilitated session to establish a plan to expand penetration and staffing array.	These sessions resulted in a plan with action steps for increased SE penetration.	Establish a focused work plan with stakeholder input expected to result in a total of 18.6% SE clients by 6/30/17.	Completed
<ul style="list-style-type: none"> <i>Action steps were incorporated into the 8/1/16 CMHA Project Plan for Assertive Community Treatment, Supported Employment and Glencliff Home Transitions. Received feedback and made plan revisions as a result of input provided by Expert Reviewer, Steve Day. Further plan revisions will be made in September, post receipt of Plaintiff feedback.</i> <i>Developed improved approach to conducting and tracking progress of improvement through Technical Assistance calls for CMHCs under compliance plans.</i> <i>Incorporated targeted questions into ACT-SE Coordinator meetings and ACT-SE workgroup meetings to elevate workforce, capacity and service intensity.</i> <i>Appendix 2 contains a New Hampshire Community Behavioral Health Association presentation, "Workforce Trends, Impacts and Solutions," prepared and presented to the Governor's Commission on Health Care Workforce. Recruitment and retention remains a common challenge to all CMHCs and their ability to staff SE teams to fidelity and achieve, maintain or exceed penetration rate goals (as applicable).</i> 				
7/6/2016	On-site fidelity assessments conducted at CMHCs.	Assessment conducted 7/6-7/8/16 in Manchester.	Report with results of the on-site fidelity assessments.	Completed
<ul style="list-style-type: none"> <i>Mental Health Center of Greater Manchester – SE Fidelity report issued; report reflected exemplary fidelity. The Center voluntarily developed program improvement plan for the coming year and DHHS approved it. DHHS will release plan to eStudio in September.</i> 				
7/12/16	On-site fidelity assessments conducted at CMHCs.	Assessment conducted 7/12/16 at Riverbend.	Report with results of the on-site fidelity assessments.	Completed
<ul style="list-style-type: none"> <i>Riverbend – SE Fidelity report issued; report reflected good fidelity. BMHS will remain engaged with the Center to determine the progress on these recommendations.</i> 				

Community Mental Health Services: Glencliff Transitions

Due Date	Task	Description	Deliverable	Status
6/30/16	Establish process for identifying individuals interested in transitioning from Glencliff to the community.	Glencliff interviews residents each year to assess their desire to transition back to the community.	Section Q of MDS is a federal requirement. CMHC staff discusses transition planning with residents on site.	Completed
7/30/2016	Glencliff Transition Team develops individual transition plans.	Individuals from Glencliff have been identified to transition back to the community. Detailed plans are being developed and DHHS has engaged a community provider who will further develop transition plans.	Individual transition plans	Completed / Ongoing
	Community provider develops Community Living Plan budget for individual.		Individual budgets	In development, anticipated completion mid October
	Plan and budget reviewed by BMHS Director.		Reviewed and approved plan and budget	Pending receipt of above two components
<ul style="list-style-type: none"> <i>Procedures and Community Living Plan finalized. (August-September 2016) Community provider scheduled community visits for four Glencliff Home residents and Glencliff Home staff accompanied the residents to the site. (September 2016) DHHS initiated Medicaid Eligibility reviews and other transition steps with community providers. Discharge planning meetings conducted with providers participating. (September 2016). Residents are anticipated to transition in mid-November, post required renovations completion. One resident per week will transfer to enable community partner staff and residents to acclimate and address resident-specific needs.</i> 				
8/15/16	Transition three (3) individuals to the community.	Three individuals have transitioned to the community.	Community Placement	Complete
<ul style="list-style-type: none"> <i>Resident discharged 7/25/16 to own independent apartment in closer proximity to family members. All intakes were completed prior to discharge and all services in place. Follow up by Glencliff Home: this individual is doing well and very happy in the new apartment.</i> <i>Resident discharged 4/19/2016 to an out-of-state nursing home in vicinity of family members, enabling weekly visits.</i> <i>Resident discharged 3/14/2016 to Enhanced Family Care home.</i> 				

8/31/16	Identify community providers to coordinate and support transitional and ongoing community living including but not limited to housing, medical and behavioral service access, budgeting, community integration, socialization, public assistance, transportation, education, employment, recreation, independent living skills, legal/advocacy and faith based services as identified.	Community providers have been identified and will further develop the transition/ community living plans.	Transition/ community living plans for individuals to transition to community.	Complete / ongoing
7/30/16	Reimbursement procedure documented, tested and approved.	Completion of the template to be done as a person centered planning process.	Community Living Plan	Complete
8/31/16	Implement reimbursement processes for non-Medicaid community transition funds.	Develop policies and procedures to allow community providers to bill up to \$100K against general fund dollars.	Reimbursement procedure documented, tested and approved.	Complete
<ul style="list-style-type: none"> • <i>Procedures and Community Living Plan finalized. DHHS anticipates moving this forward for additional residents post successful transition of the first four referenced above.</i> • <i>DHHS meeting in October 2016 to identify additional potential community partners that may be appropriate for Adult Family Care model to activate in the Community Living Plan benefit model. This process should be completed by mid-November.</i> 				

**NH Department of Health & Human Services
Community Mental Health Agreement (CMHA)
Project Plan for Assertive Community Treatment, Supported Employment and Glenclyff Home Transitions
October 1, 2016**

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
ACT-Expanding capacity/penetration; Staffing array							
1	Quarterly	Continue to provide quarterly ACT reports with stakeholder input and distribute to CMHCs and other stakeholders.	M. Brunette	This report focuses on three (3) key quality indicators: staffing array consistent with the Settlement Agreement; capacity/penetration; ACT service intensity, averaging three (3) or more encounters/week. This report is key as it assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	ACT Quarterly Reports	100% and Ongoing	Use monthly in Implementation Workgroup and Technical Assistance calls; include 4 quarters for trend discussion.
2	6/30/2016 - letters sent	Letters sent to CMHCs with low compliance including staffing and/or capacity with a request for improvement plans. The CMHCs will be monitored and follow-up will occur.	M. Brunette	Quality improvement requested by DHHS with detailed quality improvement plans with a focus on increasing the capacity of ACT.	Monthly compliance calls and follow-up	100% - letters, monitoring and follow-up ongoing	Use in Technical Assistance calls with Centers to support continuing progress.
3	7/20/2016	DHHS team and CMHC Executive Directors participated in a facilitated session to establish a plan to expand capacity and staffing array.	M. Harlan	This session resulted in a plan with action steps for increased ACT capacity.	The goal was to establish a focused workplan expected to increase new ACT clients.	100%	Workplan is ongoing guide under which the CMHCs and DHHS is operating with focused effort to achieve CMHA goals.
4	9/30/2016	DHHS will continue to provide each CMHC a list of individuals in their region who had emergency department visits for psychiatric reasons, psychiatric hospitalizations, DRF admissions, and NHH admissions in the past quarter to facilitate CMHCs ability to assess people in their region for ACT.	M. Brunette	CMHCs will use these quarterly reports to enhance their screening of people for ACT. CMHCs will provide quarterly reports to DHHS indicating that they have screened each individual and the outcome of the screening.	First report due from CMHCs to DHHS by 7/29/2016. The screening process and reporting will utilize a comprehensive template developed by the ACT and SE community stakeholder group by 9/30/16.	Ongoing/Quarterly	DHHS Data Analytics group revising report parameters to better inform CMHC actions post receipt. ACT/SE Implementation Workgroup will use this data for monthly discussion with CMHC ACT coordinators.

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#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
5	10/1/2016	Address Peer Specialist Challenges-lack of standardized training.	M.Brunette	Behavioral Health Association and DHHS in an effort to expedite increasing peer specialists, will explore the SUD Recovery specialists certification.	Work with BDAS to look at their process.	0%	BMHS meeting with BDAS for initial research. BMHS will research certification/rules to identify necessary revisions.
6	10/1/2016	ACT team data will be reported separately by team.	M.Brunette	The data will be separated starting the month of July 2016 and will be reported in the October 2016 report.	ACT team data will be separated on a quarterly basis moving forward.	100%	Use monthly in Implementation Workgroup and Technical Assistance calls.
7	10/1/2016	Develop organization strategies to increase capacity.	M.Brunette	Each CMHC will conduct one education session between now and Oct. 1, 2016 to introduce ACT.	Increase community education.	0%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify educational needs. Centers holding additional inservice sessions.
8	10/1/2016	Review and make changes as necessary to ACT referral process.	M.Brunette	Each CMHC will review and evaluate their internal referral process and then share with the other CMHCs.	Learning Collaborative to share their processes.	0%	Internal CMHC review of referral process is underway. Some ideas already shared in learning collaborative.
9	11/1/2016	DHHS will require CMHCs to conduct self-fidelity to evaluate their adherence to the ACT treatment model. They will provide a report to DHHS by 11/1/16.	M.Brunette	This report will include their plan for improving their adherence to the model described in the Settlement Agreement.	CMHCs Self-Fidelity Report to DHHS.	25%	Materials developed. Scheduled 9/2016 webinar to train CMHCs in ACT self-fidelity assessments.
10	12/1/2016	Evaluate potential/structural/systemic issues resulting in high staff turnover/inability to recruit and retain staff.	M. Brunette	Work with TA to develop a report that will communicate the strategies to address ACT staffing issues in collaboration with DHHS.	ACT Staffing Report	25%	Identifying issues and improvements that work in ACT/SE Implementation Workgroup and Technical Assistance
11	12/1/2016	Increase the number of staff who are eligible for State Loan Repayment Program (SLRP).	M.Brunette	Explore the possibility of increasing the number of staff eligible for this program.	Increase number of staff eligible	15%	Research rural health program's SLRP.
12	12/1/2016	DHHS will Initiate ACT fidelity assessments.	M.Brunette	DHHS will conduct ACT fidelity using the ACT toolkit.	Fidelity report	Yearly; 50%	Tools and schedule developed. Pre-assessment notices sent to CMHCs. BMHS resources allocated.

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#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
13	2/28/2017	Increase ACT capacity	M. Brunette	Concerted efforts by the CMHCs to assess individuals in Community residences that could be served on ACT. Train direct service providers in coding appropriately for ACT services. Screen 100% eligible individuals for ACT.	By 2/28/16 increase ACT capacity by 25 %.	0%	
14	3/1/2017	DHHS will request CMHCs with low compliance to provide DHHS a list of five (5) consumers who are eligible for and who will begin to receive ACT services each month starting August 1, 2016 through February 2017. DHHS will request all other CMHCs to provide DHHS a list of 3 consumers who are eligible for and who will begin to receive ACT services each month starting August 1, 2016 through February 2017.	M. Brunette	Quarterly reports will be provided to each CMHC on their specific list of individuals who had Emergency department visits and psychiatrist hospitalizations to allow CMHCs to assess their center specific clients.	List of (5) consumers from low compliance CMHCs who are eligible for ACT services each month and a list of (3) consumers from other CMHCs who are eligible for ACT services.	0%	
15	6/30/2017	Increase ACT capacity	M. Brunette	concerted efforts by the CMHCs to assess individuals in Community residences that could be served on ACT. Train direct service providers in coding appropriately for ACT services. Screen 100% eligible individuals for ACT.	By 6/30 2017 increase ACT capacity by an additional 13.5%	0%	
16	6/30/2017	After February 2017 DHHS will request that all CMHCs will continue to provide DHHS a list of 2-4 consumers who were hospitalized for psychiatric reasons or are otherwise eligible for ACT and were enrolled each month.	M. Brunette	CMHCs will provided DHHS with a monthly report of newly enrolled clients.	Monthly report with list of consumers to increase ACT capacity.	0%	

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
Supported Employment (SE)							
17	5/20/16 and ongoing	Letters sent to CMHCs with low penetration rates including staffing and/or penetration with a request for improvement plans.	M.Brunette	Request for compliance plan with quarterly reports.	Receive and evaluate improvement plans from CMHCs due 6/29/16.	75%	Follow up with unresponsive Center. Responsive center plans reviewed and approved. Ongoing BMHS Technical Assistance provided to support program improvement.
18	6/1/16 and ongoing	Continue to generate quarterly report with stakeholder input focusing on penetration of SE services distributed to the CMHCs and other stakeholders.	M.Brunette	This report is key as it assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	Quarterly Report SE Penetration Rate to CMHCs.	Ongoing/Quarterly	Use monthly in Implementation Workgroup and Technical Assistance calls; include 4 quarters for trend discussion.
19	7/20/2016	DHHS team and CMHC Executive Directors will participate in a facilitated session to establish a plan to expand penetration and staffing array.	M.Harlan	This session will result in a plan with action steps for increased SE capacity.	The goal is to establish a focused workplan expected to result in a total of 18.6% SE clients by 6/30/17.	100%	Workplan is ongoing guide under which the CMHCs and DHHS is operating with focused effort to achieve CMHA goals.
20	7/6/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The first fidelity assessment took place 7/6-7/8/16 in Manchester.	Report with results of the on-site fidelity assessments.	100%	Tools developed. Assessment conducted. DHHS report issued. Voluntary program improvement plan developed by Center.
21	7/12/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The second fidelity assessment took place on 7/12/16 at Riverbend in Concord.	Report with results of the on-site fidelity assessments.	100%	Tools developed. Assessment conducted. DHHS report issued with recommendations.
22	9/27/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The third fidelity assessment will take place on 9/27/16-9/29/16 in Berlin.	Report with results of the on-site fidelity assessments.	33%	Tools developed.
23	10/24/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The fourth fidelity assessment will take place on 10/4-5/16 in Nashua.	Report with results of the on-site fidelity assessments.	33%	Tools developed.
24	10/1/2016	Monitor monthly ACT staffing for presence of SE.	M.Harlan	Monitor monthly ACT staffing for presence of SE on each team.	A monthly report will be run through the Phoenix system for ACT staffing.	100% and Ongoing	Use monthly in Implementation Workgroup and Technical Assistance

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
25	10/15/2016	All CMHCs will conduct self-fidelity assessments.	K.Boisvert	Self-fidelity assessments	Report to DHHS with self-fidelity assessment results.	25%	Tools developed. Training provided. Schedule developed. BMHS resources allocated.
26	11/1/2016	CMHCs will develop and maintain a list of SMI individuals who may benefit from but are not receiving SE services.	M.Harlan	Review individuals that are not on SE for reasons why they are not enrolled.	Quarterly reports of individuals not on SE.	0%	
27	11/1/2016	Resolve barriers to achieving SE penetration goals.	M.Harlan	Educate internal CMHC staff on the goals of SE.	Educational plan	25%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify educational needs. Centers holding additional inservice sessions.
28	12/1/2016	Explore resources to conduct technical assistance and training. CMHCs and DHHS will explore strategies and barriers DHHS can use to facilitate service delivery.	M.Harlan	CBHA and DHHS will explore the need for technical assistance and training. DHHS will conduct a subgroup of CMHC leaders to explore barriers and administrative burden that prevents service delivery.	Report the barriers and possible solutions. Technical assistance and training if needed.	0%	
29	12/1/2016	Increase the number of staff who are eligible for State Loan Repayment Program (SLRP).	M. Harlan	Explore the possibility of increasing the number of staff eligible for this program.	Increase number of staff eligible.	15%	Research rural health program's SLRP.
30	6/30/2017	Increase SE penetration rate to 18.6%	M. Harlan	Learning collaborative meets monthly and has developed a four question script to be used at time of intake as an instrument to introduce SE. If the individual is interested the referral goes to the SE coordinator who will contact the individual within 3 days of the intake to set up an appointment. If the individual is not interested the SE Coordinator will outreach to provide information on SE and will periodically follow up with him/her. This strategy includes working with individual CMHCs that fall below the 18.6% penetration rate.	Monthly meetings of the Learning Collaborative.	100%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify opportunities for improvement at center specific level and in Technical Assistance calls. Ideas discussed in Learning Collaborative.

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
Glenclyff Home Transitions							
31	Ongoing at residents every 90 days	Establish process for identifying individuals interested in transitioning from Glenclyff to the community.	Glenclyff Staff	Glenclyff interviews residents each year to assess if they want to transition back to the community.	Section Q of MDS is a federal requirement. CMHCs have staff go to Glenclyff to discuss transition planning with residents.	100% and Ongoing	Monitor referrals to Central Team. Research CMHC inreach activities. Introduce and deliver community living curriculum to increase resident positive engagement.
32	7/30/2016	Develop individual transition plans, including a budget.	M.Harlan	Individuals from Glenclyff have been identified to transition back to the community. Detailed plans are being developed and DHHS has engaged a community provider who will further develop transition plans.	Individual transition plans/individual budgets.	50%	Individual plans developed. Individual budgets developed (time for completion estimated 9/30/16)
33	8/31/2016	Identify community providers to coordinate and support transitional and ongoing community living including but not limited to housing, medical and behavioral service access, budgeting, community integration, socialization, public assistance, transportation, education, employment, recreation, independent living skills, legal/advocacy and faith based services as identified.	M.Harlan	Community providers have been identified and will further develop the transition/community living plans.	Transition/community living plans for individuals to transition to community.	75%	Tools developed, reviewed and approved. Providers identified and engaged. Community Living Plans developed (time for completion estimated 9/30/16)
34	8/31/2016	Implement reimbursement processes for non-Medicaid community transition funds.	M.Harlan	Develop policies and procedures to allow community providers to bill up to \$100K in general fund dollars.	Reimbursement procedure documented, tested and approved.	100%	
35	8/15/2016	Develop template for Community Living Plan for individuals transitioning from Glenclyff to the community.	M.Harlan	Completion of the template to be done as a person centered planning process.	Community Living Plan	100%	
36	7/25/2016	Transition three (3) individuals to the community.	M.Harlan	Three individuals have transitioned to the community.	Community placement	100%	
37	12/1/2016	Transition four (4) individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	75%	Residents visited community. Community provider completed assessment. Medicaid eligibility completed. Community Living Plans approved. Transition completed.

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
38	3/1/2017	Transitions four (4) additional individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	0%	
39	6/30/2017	Transition five (5) additional individuals to the community.	M.Harlan	Five individuals to transition into the community	Community placement	0%	



NH Community Behavioral Health Association Workforce Trends, Impacts and Solutions

Governor's Commission on Health Care Workforce
September 27, 2016, 1:30pm

Suellen Griffin, CEO
West Central Behavioral Health &
Patrick Miller, Founder and Principal
Pero Consulting Group, LLC



Topics of Discussion

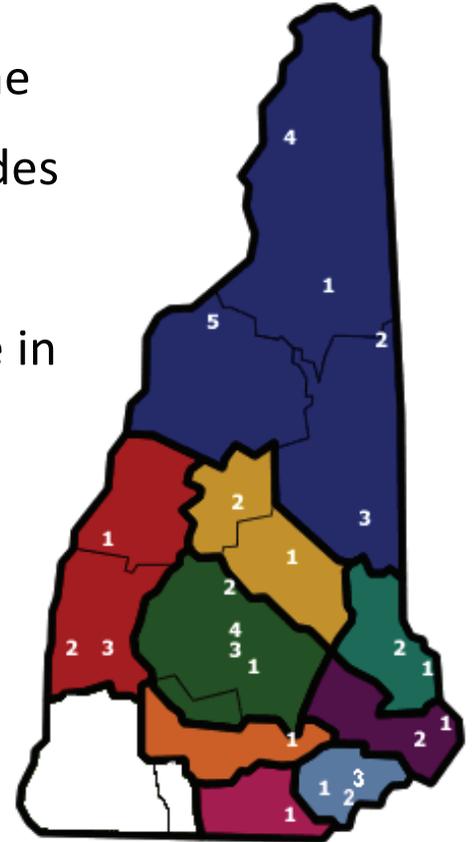
1. NHCBHA Overview (Suellen Griffin)
2. Community Mental Health Center Workforce Trends (Patrick Miller)
3. Impacts and Proposed Solutions (Suellen Griffin)
4. Questions (All)



1. NHCBHA Overview

The Association

- Nine Community Mental Health Centers
 - Northern Human Services
 - West Central Behavioral Health
 - Genesis Behavioral Health
 - Riverbend Mental Health Center
 - Greater Nashua Mental Health Center at Community Council
 - Center for Life Management
 - The Mental Health Center of Greater Manchester
 - Seacoast Mental Health Center
 - Community Partners
- Mission
 - CBHA advocates for the priorities of our members which includes the sustainability of a high quality and effective system of behavioral health care in each of our NH communities.
- Serves nearly 50,000 adults and children annually
 - Primarily those with severe and persistent illness
 - Majority are NH Medicaid eligible





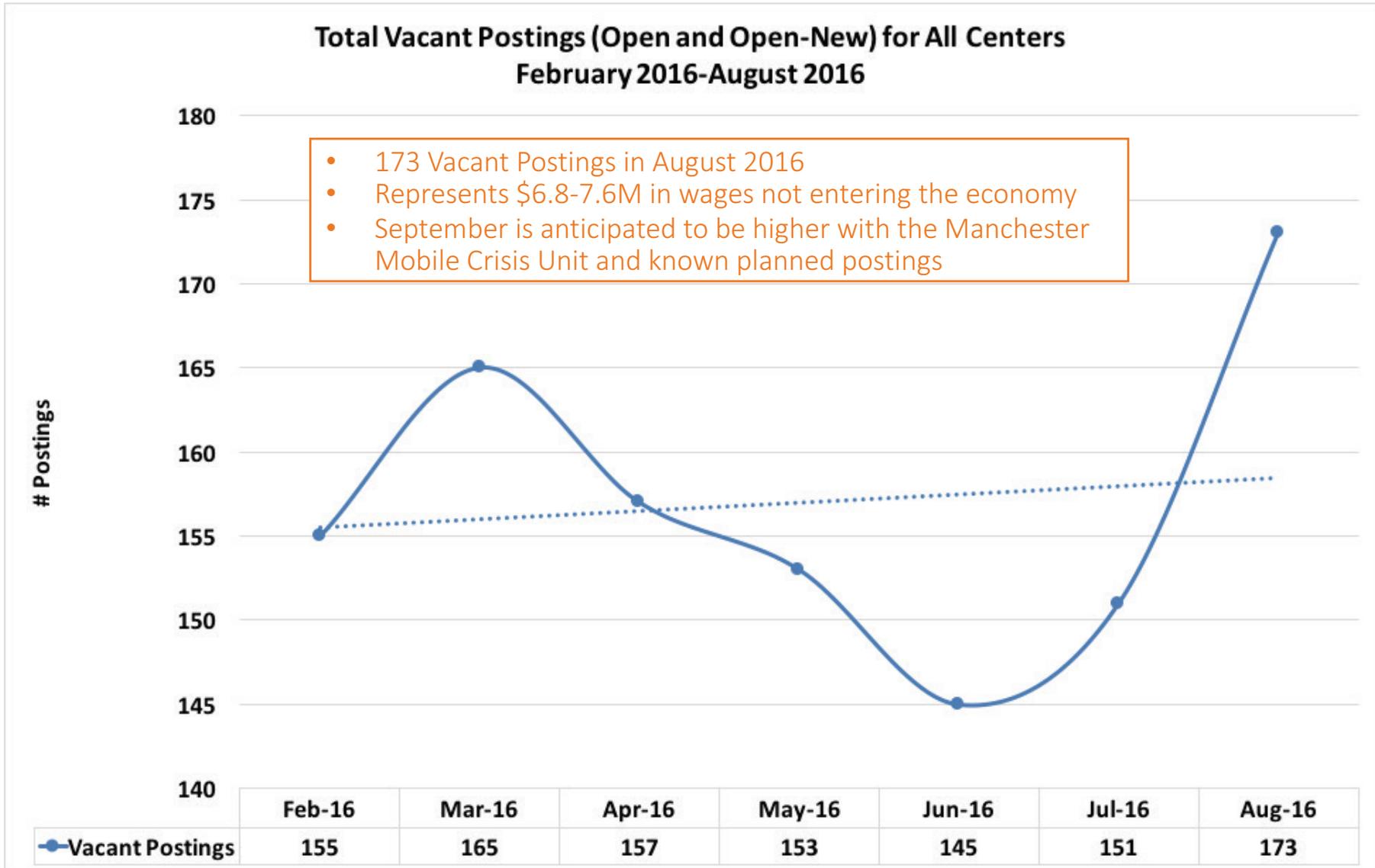
2. Community Mental Health Center Workforce Trends



Data Collection Summary

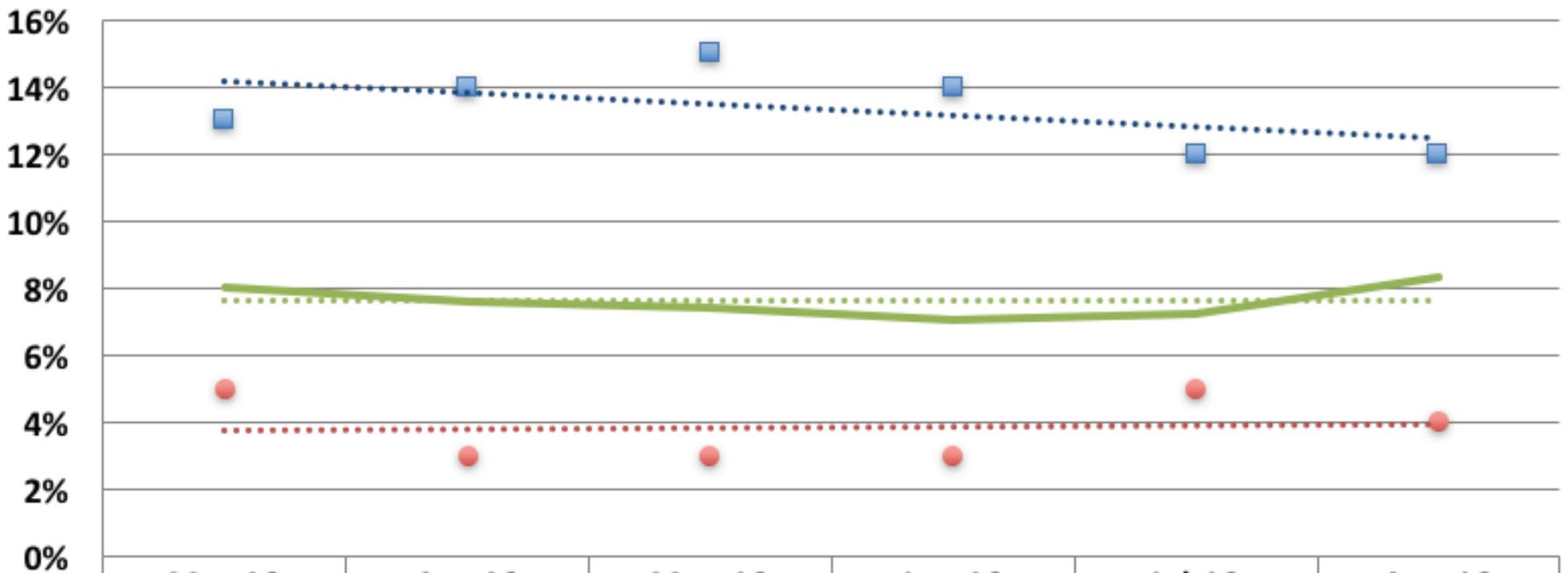
- Nine of the ten CMHCs participate in monthly data collection
- Began in Dec 2015 as a way to learn more about Assertive Community Treatment (ACT) and Supported Employment (SE) postings under the Community Mental Health Agreement (CMHA)
- Expanded to all postings
- Data set elements have evolved
- Monthly reports are generated
- This is the first longitudinal reporting summary

Total Vacant Postings by Month



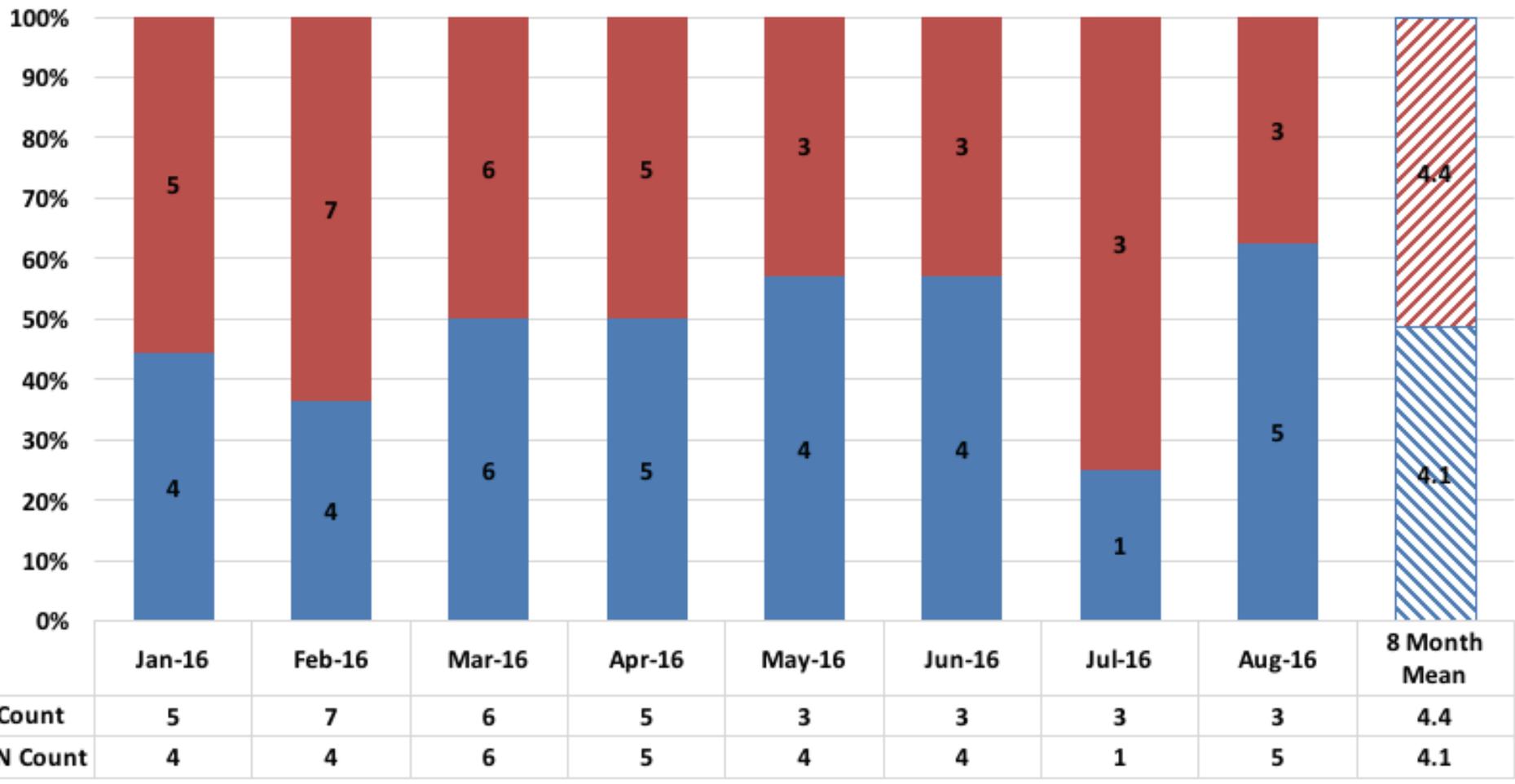
Vacancy Rate Variation

**Vacancy Rates of Open and New Postings to Budgeted Postings for All Centers
February 2016-August 2016**



APRN and MD Vacancies

and % Vacant APRN and MD Postings All Centers
January 2016-August 2016

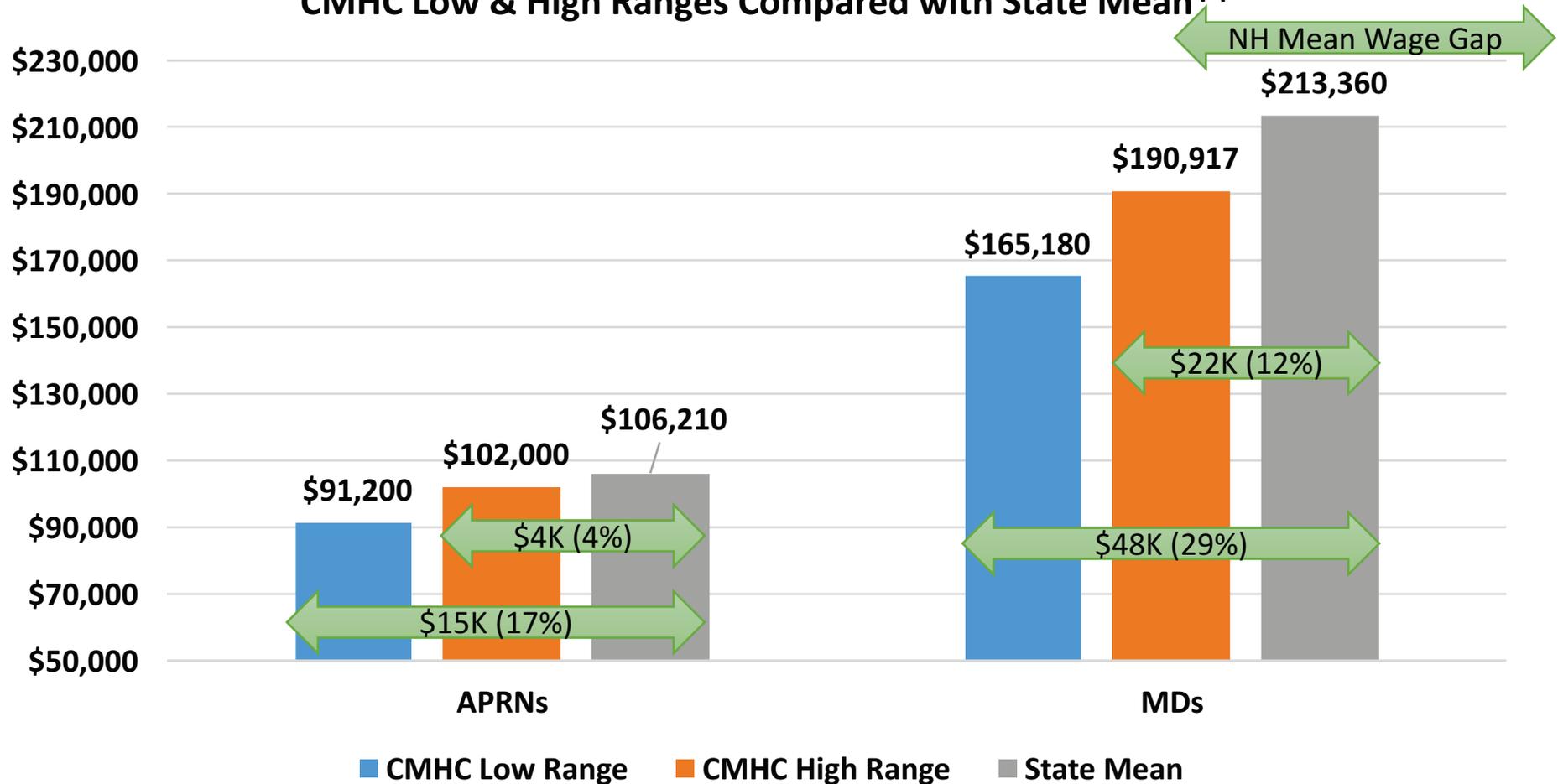




Wage Gap

CMHCs Lag Behind State Wage Means for APRNs & MDs

APRN and MD Mean Wages* 2016 YTD
 CMHC Low & High Ranges Compared with State Mean**



* Postings opened or filled in CY 2016.

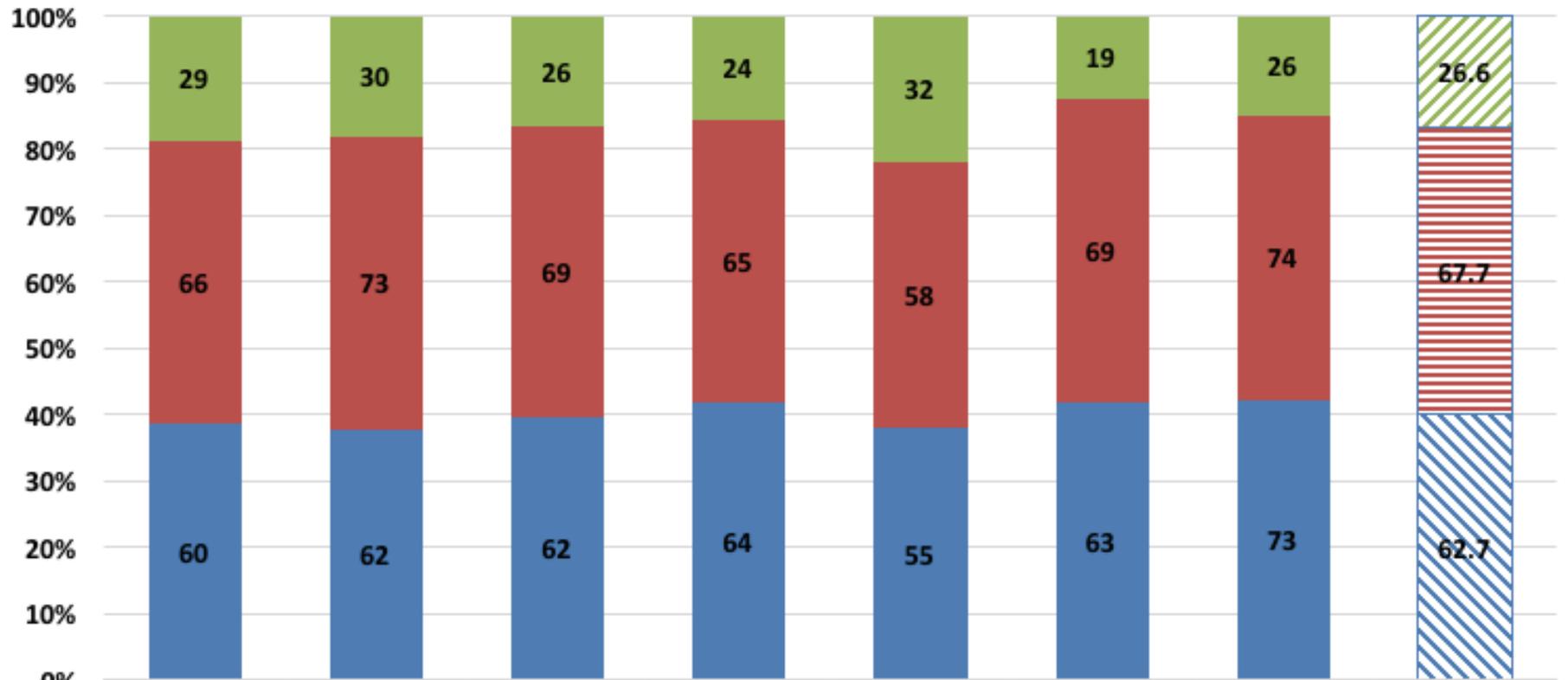
** State mean from US Bureau of Labor Statistics: http://www.bls.gov/oes/current/oes_nh.htm, May 2015



Bachelors, Masters and Other Vacancies by Month

In YTD 2016 ~83% of All Center Postings are Bachelors and Masters-level Postings

and % Vacant Bachelors, Masters, and Other Postings All Centers
February 2016-August 2016

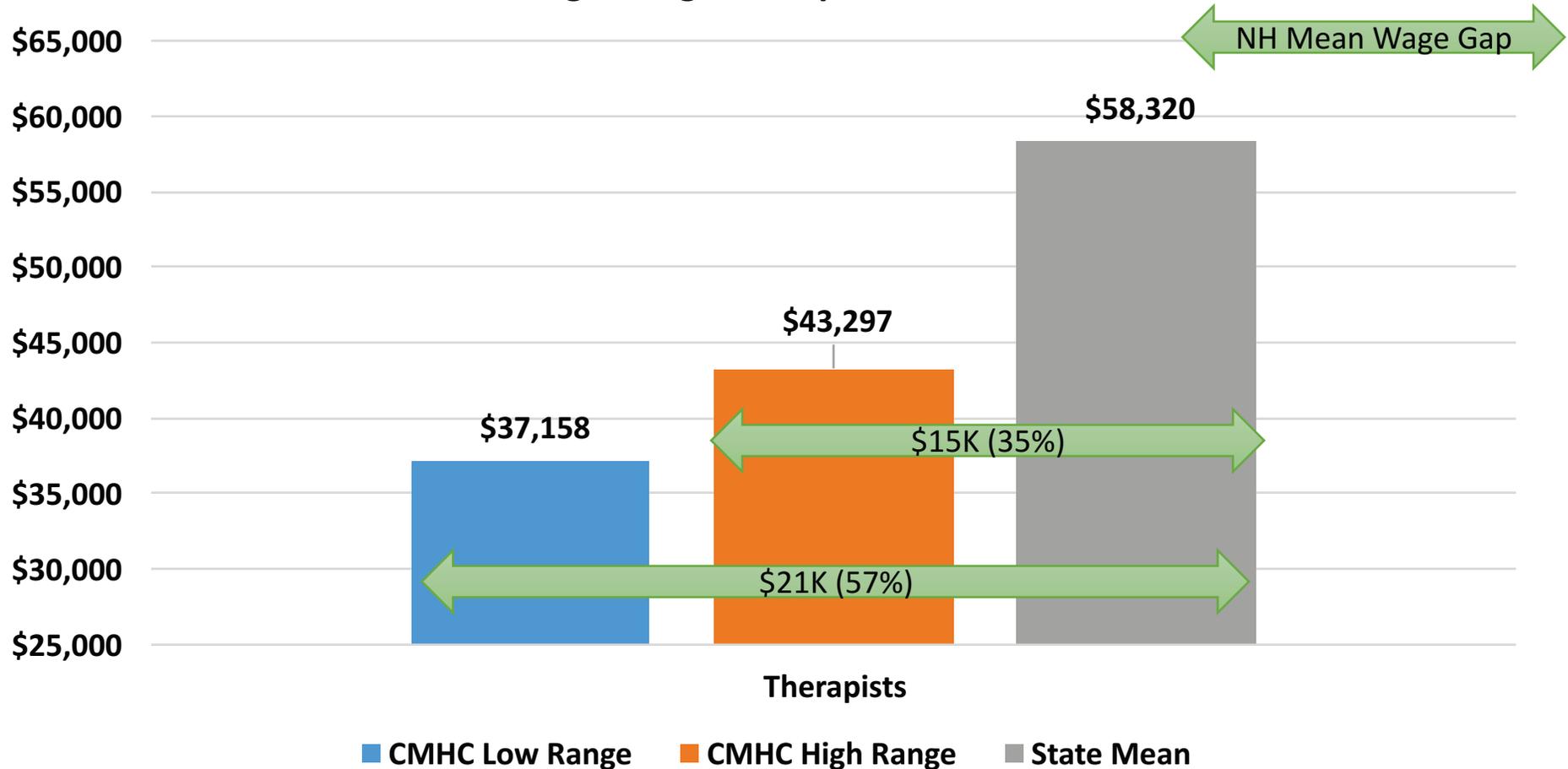




Wage Gap

CMHCs Lag Behind State
Wage Means Therapists

Masters Licensed or Licensable Therapist Mean Wages* 2016 YTD
CMHC Low & High Ranges Compared with State Mean**

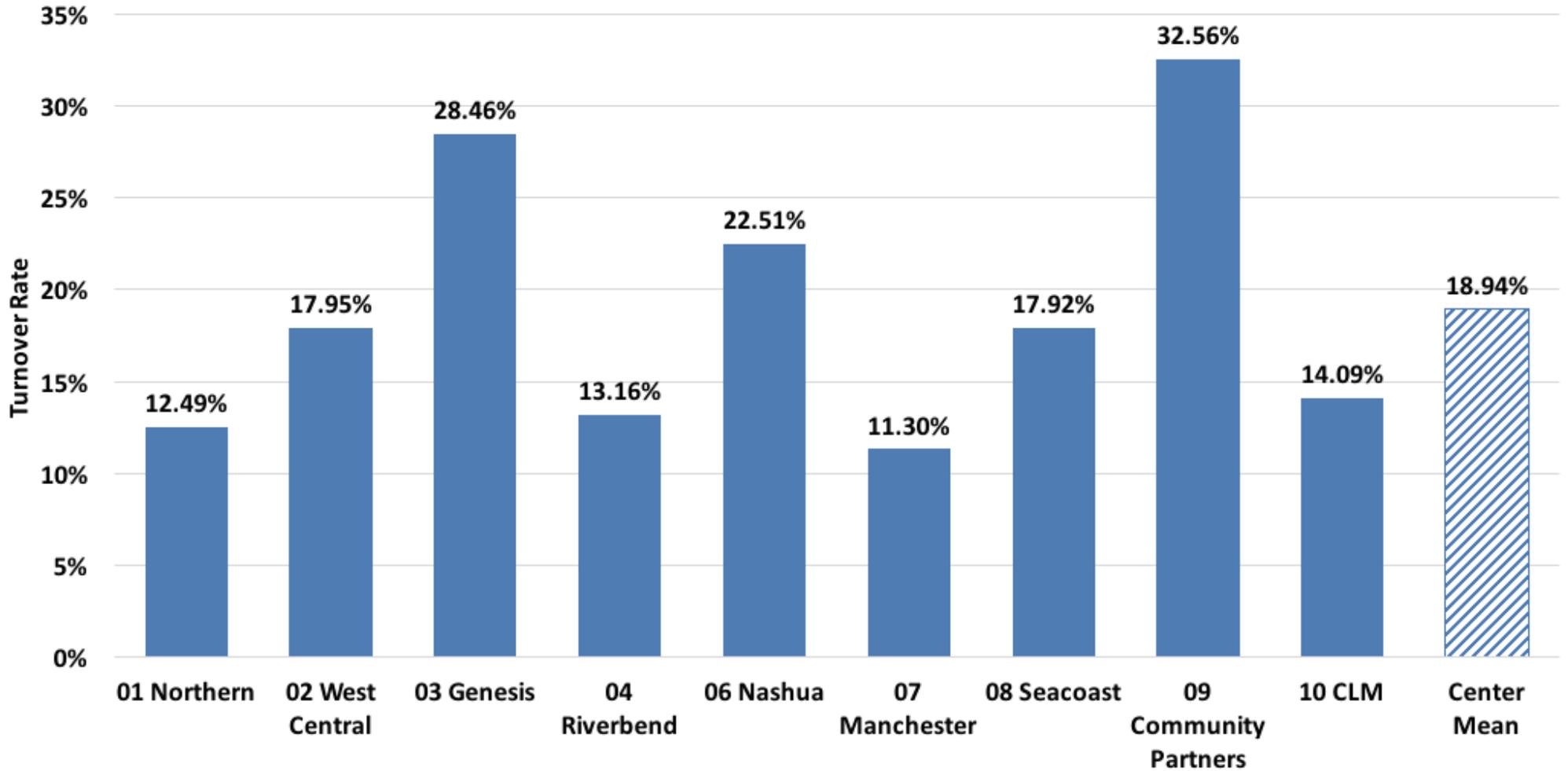


* Postings opened or filled in CY 2016.

** State mean from US Bureau of Labor Statistics: http://www.bls.gov/oes/current/oes_nh.htm, May 2015

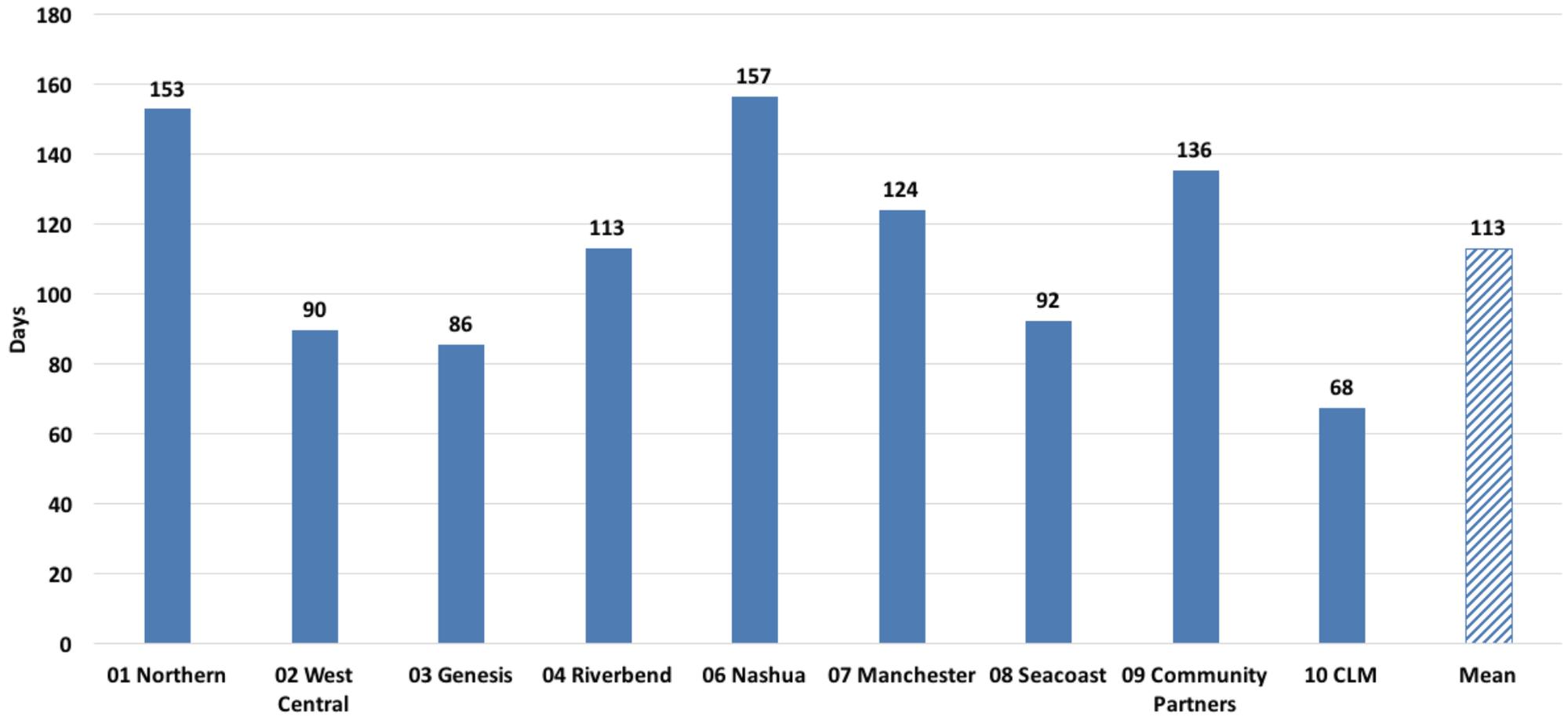
YTD Turnover Rate Variation

January-August 2016 Rolling Turnover Rate by Center



Length of Time to Fill Postings

Average Days to Fill Open Postings for Postings Filled Between January-August 2016 by Center





3. Impacts and Proposed Solutions

Patient and Center Impacts

Patients

- **Individualized care**
- **Risk of decreasing timely access due to staff vacancies**
- **Increased wait list for particular services**
- **Reduced continuity of care and EBPs due to turnover**
- **Risk to patient quality of care due to turnover**
- **Jeopardizes ability to meet CMHA requirements**

Centers

- **Lower staff morale**
- **Increased turnover**
- **Increased locums and overtime**
- **Increased overall cost of recruitment activities**
- **Increased training costs**
- **Decreased Center reputation**
- **Decreased FFS revenues**
- **Risk of losing capitation due to not meeting Maintenance of Effort**
- **Jeopardizes ability to meet CMHA requirements**

Proposed Solutions

Financial policies

- Increase Medicaid rates beyond 2006 levels
- Expansion of student loan forgiveness programs
- Provide incentives for graduate education
- Provide funding for Fair Labor Standards Act (FLSA) regulation

State policies

- Remove impediments to licensing of out-of-state providers such as allowing reciprocity
- Reduce administrative burden (e.g., mandated Center paperwork vs. private practice) for patient intake and other reporting functions
- Eliminate silos within NH DHHS (e.g., SUD clinician paperwork)

Federal policies

- Ask Centers for Medicare and Medicaid Services (CMS) to allow licensed professionals to sign treatment plans for services within credential scope; State would then update its rules
- Modify telehealth payment rules to reflect physician shortages in all geographies, not just rural
- Eliminate "incident to" Medicare billing requirements for physician on-site

Shared CMHC practices

- Assertive Community Treatment (ACT) and Supported Employment (SE) learning collaboratives
- Online training programming
- Work with the State to develop a plan for ensuring state competitiveness
- Ongoing data collection and benchmarking



Thank you! Questions?

- Contact Information:

- Roland Lamy, Executive Director, NH Community Behavioral Health Association
- 603-225-6633, rlamy@helmsco.org

- Suellen Griffin, Chief Executive Officer, West Central Behavioral Health
- 603-448-0126, sgriffin@wcbh.org

- Patrick Miller, Founder and Principal, Pero Consulting Group, LLC
- 603-536-4265, patrick@perogroup.com

Appendix 3

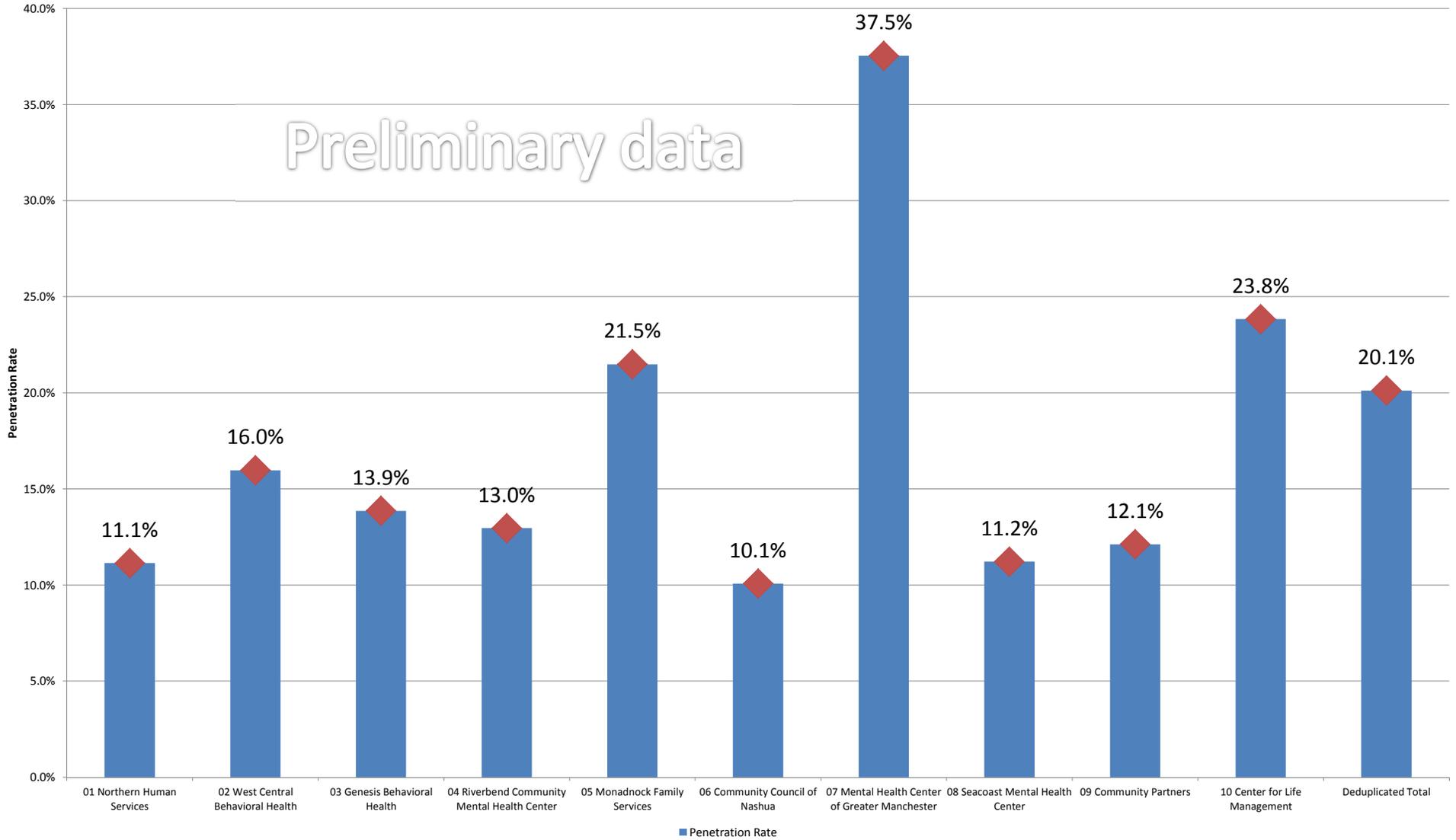
The following pages contain **Preliminary Data** for ACT and SE for the period ending August 31, 2016.

DHHS will publish finalized data reports on a quarterly basis.

Supported Employment Penetration Rates for The 12 Month Window Ending on: 08/31/2016

Data Source: Phoenix 2

Preliminary data



Produced On: 9/27/2016

Preliminary data

Chart User Guide

This chart displays Supported Employment Penetration for Each CMHC & The Weighted Average Penetration Rate across The Centers.

The height of each bar represents the total penetration rate for that center.

Preliminary data

Chart Data

Unique Counts of Consumers

CMHC Name	Supported Employment Consumers	Total Eligible Consumers	Penetration Rate
01 Northern Human Services	121	1086	11.1%
02 West Central Behavioral Health	99	620	16.0%
03 Genesis Behavioral Health	186	1342	13.9%
04 Riverbend Community Mental Health Center	206	1590	13.0%
05 Monadnock Family Services	203	945	21.5%
06 Community Council of Nashua	157	1558	10.1%
07 Mental Health Center of Greater Manchester	1210	3223	37.5%
08 Seacoast Mental Health Center	142	1266	11.2%
09 Community Partners	91	751	12.1%
10 Center for Life Management	195	818	23.8%
Deduplicated Total	2605	12948	20.1%

Supported Employment Penetration Rate Definitions

The supported Employment program uses Penetration Rate as the primary KPI (Key Performance Indicator) to track each center's progress.

While the metric is calculated at a CMHC level, the aggregate Penetration Rate for all CMHCs is the KPI for which BBH is accountable.

The Penetration Rate reflects 1 full calendar year of Supported Employment Services.

Penetration Rate consists of a numerator and denominator, the criteria for each is listed below:

Numerator:

The numerator consists of the count of unique consumers whom have received the Supported Employment service, or the Non Billable Supported Employment service during the report period (12 calendar months).

Consumers only need to have received the Supported Employment service 1 time during the report period to be included in the numerator. Consumers will only be counted once regardless of the frequency or quantity of Supported Employment services received.

Denominator:

The denominator consists of the unique count of eligible consumers whom have received any services during the same report period as the numerator (12 calendar months) and have the following characteristics:

Consumers must be 18 years old or older to be eligible.

Consumers must have one of the following BBH eligibilities: Low Utilizer, SMPI or SMI.

Eligible consumers will only be counted once in the denominator regardless of the number of services received during the calendar year.

**If consumers have received services in the past, but not during the report period, they will not be included in the denominator*

The denominator reflects 100% of the eligible population.

Unique Counts of Assertive Community Treatment Consumers

Preliminary data

Data Source: Phoenix 2

Date Range: 06/01/2016 through 08/31/2016

Age Range: Adults Only

Center Name	June-2016	July-2016	August-2016	Deduplicated Totals
01 Northern Human Services	75	75	80	86
02 West Central Behavioral Health	24	26	30	33
03 Genesis Behavioral Health	48	50	53	54
04 Riverbend Community Mental Health Center	68	63	74	82
05 Monadnock Family Services	68	68	72	72
06 Community Council of Nashua	69	72	70	79
07 Mental Health Center of Greater Manchester	263	259	251	273
08 Seacoast Mental Health Center	64	65	65	70
09 Community Partners	71	68	68	73
10 Center for Life Management	40	40	38	42
Deduplicated Total	789	785	798	860

Consumer counts are determined by taking the unique counts of consumers receiving services in the following Cost Centers:

- Act Team #1
- Act Team #2
- Act Team #3
- Act Team #4
- Act Team #5

Preliminary data

Adults are consumers ages 18 and up.

Consumers are only counted 1 time, regardless of how many services they receive.