



New Hampshire Community Mental Health Agreement Monthly Progress Report

November 2016

New Hampshire Department of Health and Human Services

November 3, 2016

Acronyms Used in this Report

ACT:	Assertive Community Treatment
BDAS:	Bureau of Drug and Alcohol Services
BMHS:	Bureau of Mental Health Services
CFI:	Choices for Independence
CMHA:	Community Mental Health Agreement
CMHC:	Community Mental Health Center
DHHS:	Department of Health and Human Services
DPHS:	Division of Public Health Services
EMR:	Electronic Medical Record
IDN:	Integrated Delivery Networks
IPS:	Intentional Peer Support
MCO:	Managed Care Organization
MCSS:	Mobile Crisis Services and Supports
QSR:	Quality Services Review
SE:	Supported Employment
SFY:	State Fiscal Year
WRAP:	Wellness Recovery Action Plan

Introduction

This third 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 in October, and month-over-month progress made in support of the Community Mental Health Agreement as of October 31, 2016. This report is specific to achievement of milestones contained in the agreed upon CMHA Project Plan for Assertive Community Treatment, Supported Employment and Glencliff Home Transitions, as updated and attached hereto (Appendix 1). Where appropriate, the Report includes CMHA lifetime-to-date achievements.

Executive Summary

Assertive Community Treatment Progress Achieved in October 2016

- ACT Statewide De-duplicated Enrollment Update (for the period ending September 30, 2016)¹
 - September 2016 – 808
 - August 2016 – 802
 - One Month Comparison – .7% increase over August 2016
- CMHCs Under ACT Compliance Plans (for the period ending September 30, 2016)²:
 - September 2016 – 237
 - August 2016 – 234
 - One Month Comparison – 1.3% increase over August 2016
- Project Plan Milestones:
 - By 12/1/2016 DHHS will initiate ACT Fidelity Assessments
 - As of October 31, 2016, six (6) CMHCs completed ACT Self-Fidelity Assessments, DHHS conducted one (1) ACT Fidelity Assessment. DHHS will conduct two (2) additional ACT Fidelity Assessments within 90 days, the tenth CMHC will complete its ACT Self-Fidelity Assessment in November 2016.

Supported Employment

- Supported Employment Statewide Penetration Rate³ (for the period ending September 30, 2016)
 - September 2016 Penetration Rate – 20.8%
 - August 2016 Penetration Rate – 20.1%
 - One Month Comparison: 3.4% increase over August 2016
- CMHCs Under Compliance Plan September SE Penetration Rates⁴:
 - September 2016 – 12.6%
 - August 2016 – 11.8%
 - One Month Comparison – 6.8% increase over August 2016
- Project Plan Milestones:
 - By 11/1/2016 Resolve barriers to achieving SE penetration goals
 - DHHS exceeded the 3/1/2017 targeted statewide SE Penetration rate in March 2016. In October, DHHS continued providing technical assistance and monitoring of CMHCs not yet meeting the targeted SE penetration goal on a regional level.

¹ Based on preliminary data

² Based on preliminary data

³ Based on preliminary data

⁴ Based on preliminary data; average of all four CMHCs under SE compliance plans

Glenclyff Home Transitions into Integrated Community Setting

- Discharge Update
 - October Discharges: 2
 - Independent Apartment 1
 - Enhanced Family Care 1
- Project Plan Milestones:
 - By 12/1/2016 transition four (4) individuals to the community
 - October discharges consistent with this milestone – 2
 - DHHS will meet the 12/1/2016 Project Plan Milestone in November when the first two (2) of (4) residents transition into a community residence. Two (2) additional residents will transition into the same residence in December.
 - The community residence provider hired a contractor to complete the renovations required to meet the individual medical needs of these four residents. The work is on schedule for accepting the residents' transition beginning in mid-November.
 - These Glenclyff Home residents will transition one per week for four weeks.
- Community Mental Health Agreement Milestones:
 - By 6/30/2016, the capacity to serve six additional individuals (cumulative total of 10) in an integrated community setting.
 - By 6/30/2017, the capacity to serve six additional individuals (cumulative total of 16) in an integrated community setting.
 - As of 10/31/16, DHHS has transitioned seven (7) residents into compliant community residences.
 - By 12/31/16, DHHS will have transitioned eleven (11) residents into compliant residences.
 - By 12/31/16, DHHS will have exceeded the cumulative total required under the 6/30/2016 milestone, and will be on track to meet the 6/30/2017 milestone.

Additional DHHS Efforts to Support CMHA Goals and Strengthen NH's Mental Health System

- New Hampshire Building Capacity for Transformation Medicaid Section 1115a
 - (Distributed \$19.5m to Integrated Delivery Networks (IDNs) to support project plan development to integrate primary and behavioral health care statewide
 - Project plans submitted on October 31, 2016 and are under review. Upon approval, additional funds will be released for plan implementation.
- DHHS's proposed SFY 2018-19 budget includes \$6.675m/year in additional funding to enhance support for existing twelve (12) ACT teams and to add three additional ACT teams.
- DHHS seeking \$350,000/year in additional funding for State Loan Repayment Program, which supports staff employed by certain providers, including CMHCs.
- Community Mental Health Centers and Medicaid managed care plans entered into contracts retroactive to July 1, 2016.

Schedule of State Fiscal Year 2017 Fidelity and Quality Services Review⁵

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
Aug. 2016	West Central Behavioral Health DHHS-conducted QSR	Seacoast Mental Health Center DHHS-conducted QSR	Feb. 2017
Sep. 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 ⁶ 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 Self-conducted SE 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 - POSTPONED ⁷ 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 - POSTPONED Northern Human Services DHHS-conducted ACT Fidelity Assessment	Northern Human Services DHHS-conducted QSR	May 2017
Dec. 2016			June 2017

⁵ 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.

⁶ The three-month field test of the current QSR process ended in October. DHHS will revise instruments and processes and submit these revisions to the Expert Reviewer to obtain Technical Assistance by October 31, 2016. DHHS will release further-refined instruments and processes to Plaintiffs and stakeholders in November 2016 to receive feedback. DHHS will release finalized process and instruments in December 2016.

⁷The QSRs originally scheduled for October and November 2016 have been postponed to accommodate the revision of QSR tools and processes consistent with CMHA provision (VII.D.2), as discussed in the 9/6/2016 All Parties meeting, and to conduct re-training of QSR teams accordingly. DHHS will reschedule the two impacted QSRs to occur in 2017.

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

1. Assertive Community Treatment

- October Actions to Increase ACT Enrollment:
 - DHHS implemented enhanced Emergency Department data reporting
 - CMHCs began monthly research of Emergency Department data
 - CMHCs using data to identify consumers for potential ACT enrollment
 - DHHS actions to reduce inpatient behavioral health waitlist for individuals in hospital emergency rooms 10% by July 2017 or 25% by July 2018
 - Initiated redesign of protocols to ensure CMHC daily contact with emergency departments; will address reporting and rapid resolution of barriers to discharge⁸
 - New Hampshire Healthy Families commenced monthly auditing of emergency department admissions; referred eight (8) consumers to CMHCs for potential ACT enrollment. MCO commenced weekly re-evaluation of data to report to DHHS and CMHCs any unresolved consumers to ensure resolution.
 - New Hampshire Healthy Families commenced daily contact with emergency departments and applicable CMHCs for any consumer waiting and to expedite delivery of additional services or supports needed to return consumer to community or discharge to appropriate setting/treatment option.
 - Continuing Actions to increase ACT Enrollment during October include:
 - CMHCs provided ACT training to internal staff
 - CMHCs provided overview of ACT to external stakeholders, such as law enforcement, housing and vocational rehabilitation providers
 - CMHCs improved internal ACT referral processes, such as revising written plans to better align with fidelity, and adjusting EMR to trigger consideration of ACT referral at quarterly evaluations.
- CMHCs Under ACT Compliance Plans (for the period ending September 30, 2016)⁹:
 - Northern Human Services
 - September 2016 – 83
 - August 2016 – 80
 - One Month Comparison – 3.8% increase over August 2016
 - West Central Behavioral Health
 - September 2016 – 28
 - August 2016 – 30
 - One Month Comparison – 7% decrease under August 2016¹⁰
 - Genesis Behavioral Health
 - September 2016 – 57
 - August 2016 – 53
 - One Month Comparison – 7.5% increase over August 2016

⁸ Effort is part of DHHS Innovation Accelerator Program (IAP), Goal #1,

⁹ Based on preliminary data

¹⁰ Staffing turnover and consumers moving out of region or graduating from program factor into decrease

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- Greater Nashua Mental Health Center
 - September 2016 – 69
 - August 2016 – 71
 - One Month Comparison – 3% decrease under August 2016¹¹
 - October Efforts to Increase ACT Capacity (Improve CMHC Ability to Recruit and Retain ACT Staff):
 - DHHS and CMHC Executive Directors participated in the four hour kick-off meeting for the New Hampshire Building Capacity for Transformation Medicaid Section 1115a Demonstration Waiver project, “Behavioral Health Workforce Capacity Development.”¹²
 - As required in Item 11 of the approved Project Plan (Appendix 1) DHHS completed research on State Loan Repayment Program (SLRP).
 - To improve CMHC ability to recruit and retain Peer Support Specialists, DHHS hosted five-day nationwide WRAP training. The training brings the number of in-state Peer Support trainers to four (2 IPS trainers, 2 WRAP trainers); three (3) additional individuals are actively concluding IPS trainer requirements.
 - DHHS collaborated with the Peer Support Agency, Stepping Stone, to develop a coordinated approach to ensuring Peer Support Specialist IPS training needs statewide are identified and sufficient opportunities are made available. Stepping Stone agreed to serve as the repository for CMHC Peer Support Specialist IPS training needs and to coordinate with DHHS to meet those needs on an ongoing basis.
 - October Actions to Ensure Fidelity
 - Six CMHCs conducted ACT Self-Fidelity Assessments
 - DHHS conducted ACT Fidelity Assessment of Genesis Behavioral Health
 - DHHS granted one CMHC a one month extension to conduct the Center’s ACT Self-Fidelity Assessment¹³
 - Upcoming Milestones to Ensure Fidelity
 - In November, DHHS will review six ACT Self-Fidelity Assessments and work with applicable CMHCs to finalize reports, and develop compliance plans where appropriate. Final reports will be released in December 2016.
 - In November, the final ACT Self-Fidelity Assessment for SFY2016 will be completed. DHHS will review the ACT Self-Fidelity Assessment and work with the CMHC to finalize the report, and develop a compliance plan if appropriate in December 2016. The final report will be released in January 2017.
 - DHHS will complete the ACT Fidelity Assessment report, review and compliance plan if appropriate, for Genesis Behavioral Health, for release by December 31, 2017.
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¹¹ Staffing turnover and consumers moving out of region factor into decrease

¹² See appendices for the approved project plan.

¹³ Extension granted due to multiple auditing/review events occurring in the CMHC during the month of October.

2. Supported Employment

- October Actions Taken to Ensure Fidelity
 - Four CMHCs conducted SE Self-Fidelity Assessments
 - DHHS conducted an SE Fidelity Assessment of Greater Nashua Mental Health Center
 - DHHS granted one CMHC a two-week extension for DHHS to conduct the Center's SE Assessment¹⁴
- Upcoming Milestones to Ensure Fidelity
 - In November, DHHS will review four SE Self-Fidelity Assessments and work with applicable CMHCs to finalize reports, and develop compliance plans where appropriate. Final reports will be released in December 2016.
 - In November, DHHS will conduct the postponed SE Fidelity Assessment. DHHS will complete the SE Fidelity Assessment report, review and compliance plan, if appropriate, in December 2016. The final report will be released in January 2017.
 - DHHS will complete the SE Fidelity Assessment report, review and compliance plan if appropriate, for Greater Nashua Mental Health Center, for release by December 31, 2017.
 - Continuing Actions to Maintain SE Statewide Penetration Rate and Support all CMHCs to Reach or Exceed 16.8% Penetration Rate During October Include:
 - DHHS discussed monthly SE Penetration Rate data with CMHCs to encourage further collaboration to achieve effective SE programs
 - CMHCs provided SE training to internal staff and worked with regional employers to improve competitive employment opportunities
- CMHCs Under Compliance Plan September SE Penetration Rates¹⁵
 - Northern Human Services
 - September 2016 – 14.2%
 - August 2016 – 11.1%
 - One Month Comparison – 27.9% increase over August 2016
 - Genesis Behavioral Health
 - September 2016 – 14.1%
 - August 2016 – 13.9%
 - One Month Comparison – 1.4% increase over August 2016
 - Greater Nashua Mental Health Center
 - September 2016 – 11.1%
 - August 2016 – 10.1%
 - One Month Comparison – 9.9% increase over August 2016
 - Community Partners
 - September 2016 – 11.1%
 - August 2016 – 12.1%
 - One Month Comparison – 8.3% decrease under August 2016¹⁶

¹⁴ Extension granted due to staffing issues and unexpected leave of supervisory staff.

¹⁵ Based on preliminary data

¹⁶ Significant staffing shortage (loss of all SE staff) factor into decrease

3. Glenclyff Home Transitions into Integrated Community Setting

- Discharge Barrier Resolution Update
 - Active Pending Discharges – 5
 - Community Residence – 4 (commencing November 2016)
 - Budgets for the four residents were submitted to DHHS in October. DHHS completed its review; DHHS required the provider to resubmit four individual budgets, consistent with the Community Living Plan (Appendix 2).
 - Renovations initiated; provider confirmed residence will be ready for occupancy mid-November 2016
 - Adult Family Home – 1
 - Resident’s family agreed to resident’s placement in home in October. Glenclyff Home staff initiated CFI provider contact and discharge planning is underway.
 - Other October Actions Taken to Address Discharge Barriers
 - DHHS approved resident for the ABD waiver; resident added to ABD waitlist.
 - DHHS and Granite State Independent Living Housing Specialist commenced monthly meetings to examine transition/discharge needs for resolution development.
 - DHHS initiated search for additional community residence site development with current provider for other regions in which residents are seeking appropriate housing.
 - Project Plan Milestones
 - By 12/1/2016 transition four (4) individuals to the community
 - October discharges consistent with this milestone – 2
 - DHHS will meet the 12/1/2016 Project Plan Milestone in November when the first two (2) of four (4) residents transition into a community residence. Two (2) additional residents will transition into the same residence in December.
 - The community residence provider hired a contractor to complete the renovations required to meet the individual medical needs of these four residents. The work is on schedule for accepting the residents’ transition beginning in mid-November.
 - These Glenclyff Home residents will transition one per week for four weeks.
 - Community Mental Health Agreement Milestones:
 - By 6/30/2016, the capacity to serve six additional individuals (cumulative total of 10) in an integrated community setting.
 - By 6/30/2017, the capacity to serve six additional individuals (cumulative total of 16) in an integrated community setting.
 - As of 10/31/16, DHHS has transitioned seven (7) residents into compliant community residences.
 - By 12/31/16, DHHS will have transitioned eleven (11) residents into compliant residences.
 - By 12/31/16, DHHS will have exceeded the cumulative total required under the 6/30/2016 milestone, and will be on track to meet the 6/30/2017 milestone.
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**NH Department of Health & Human Services
Community Mental Health Agreement (CMHA)
Project Plan for Assertive Community Treatment, Supported Employment and Glencliff Home Transitions
October 31, 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.

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
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	Monthly data distribution began in October. CMHCs monthly reporting to DHHS on research conducted. ACT/SE Implementation Workgroup will use this data for monthly discussion with CMHC ACT coordinators.
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.	100%	Research completed. Additional training capacity added. DHHS collaborated with Peer Support Agency to assist with coordination of meeting Peer Support Specialist training needs; ongoing identification of training needs and coordinating delivery of training commenced in October.
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.	50%	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.	50%	Internal CMHC review of referral process is underway. Some ideas already shared in learning collaborative.

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#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
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.	85%	DHHS received 6 out of 7 CMHC reports; the 7th was granted extension due to multiple auditing activities underway at CMHC in October.
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	80%	NHCBA released report in September 2016. NH Building Capacity for Transformation, 1115a Medicaid's project on Behavioral Health Workforce Capacity Development, Phase I project completed in October.
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	50%	Research completed. Will develop presentation to CMHC executive directors and early access plan to apply for SFY2018 funds.
12	12/1/2016	DHHS will Initiate ACT fidelity assessments.	M.Brunette	DHHS will conduct ACT fidelity using the ACT toolkit.	Fidelity report	Yearly;75%	Conducted first of three ACT Fidelity Assessments in the month of October. Second scheduled for November. Third for
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 %.	25%	CMHCs commenced improved process, screening, coding. New capacity (staffing) reports for period July-Sept. 2016 to be released in November.

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
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.	25%	DHHS issued reporting tools and reviewed with CMHCs in October. CMHC response reports are being submitted as of October 31, 2016. DHHS actively reviewing reports for consultation with CMHCs. NH Healthy Families (MCO) is also supporting effort by daily monitoring of Emergency Department admissions, referrals to CMHCs, and weekly follow up to address ACT enrollment. 8 such referrals were made in October.
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.	100%	Use in Technical Assistance calls with Centers to support continuing progress. Two out of four reported decreases in September; overall improvement is 6.8% over August for these 4 CMHCs.
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.	50%	DHHS report in draft/review process. Will be sent to CMHC in November.

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
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.	50%	Assessment conducted. DHHS report in draft/review process. Will be sent to CMHC in December.
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 calls.
25	10/15/2016	All CMHCs will conduct self-fidelity assessments.	K.Boisvert	Self-fidelity assessments	Report to DHHS with self-fidelity assessment results.	100%	4 of 4 CMHCs conducted SE Self-Fidelity Assessments in October. Reports submitted for November 1st deadline.
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	50%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify educational needs. Five CMHCs reported 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.	25%	Initial inventory of training needs underway in October.
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.	50%	Research completed. Will develop presentation to CMHC executive directors and early access plan to apply for SFY2018 funds.

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
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. DHHS continues to consult with CMHCs not at 18.6% goal for region.
Glenciff Home Transitions							
31	Ongoing at residents every 90 days	Establish process for identifying individuals interested in transitioning from Glenciff to the community.	Glenciff Staff	Glenciff 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 Glenciff 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 Glenciff 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.	75%	Individual plans developed. Individual budgets developed (time for completion estimated 9/30/16). Budget received and reviewed in October; provider must resubmit revised budget consistent with Community Living Plan.

Appendix 1

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
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.	100%	Tools developed, reviewed and approved. Providers identified and engaged. Community Living Plans developed.
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%	4 residents visited community. Community provider completed assessment. Medicaid eligibility completed. Community Living Plans approved. 4 transitions to begin mid-November upon renovation completion.
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%	

Community Transitions Provider Billing Procedure

The following provider billing procedure is to be used by community providers for community transition General Fund reimbursement.

Billing Procedure

1. Glenclyff staff identifies residents that meet the target population as defined by Community Mental Health Agreement (CMHA) and have a desire to transition into the community.
2. Glenclyff staff identifies 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.
 - a. If identified provider is not enrolled with Xerox, the Medicaid Management Information System (MMIS) as a Medicaid Provider, the provider must complete the enrollment process.
3. The selected community provider works with Glenclyff Home to complete their comprehensive assessment, intake and the Department of Health and Human Services (DHHS) Glenclyff Transition of Care Community Living Plan¹.
4. The selected community provider must develop an individual budget to support the Community Living Plan.
5. The selected community provider must submit the Individual Service Plan (ISP), the completed Community Living Plan², Service Authorization (SA) Request³, and individual budget to the Director of the Bureau of Mental Health Services for approval; all three documents must be submitted together.
6. Once the request is approved by the Director of the Bureau of Mental Health Services, the Bureau will forward the Service Authorization to the Office of Medicaid Services, Medical Services Unit for data entry into the MMIS system.
7. The Medical Services Unit will fax the SA number to the community provider for billing purposes and to the Bureau of Mental Health Services for its file.
8. The community provider will electronically submit CMS 1500 Form to Xerox for payment.

¹ The Community Living Plan is a personalized set of services that supports CMHA target individuals who have expressed a desire to reside in the community rather than an institutional setting and ensures such individuals living in the community can do so safely without re-entry into an institution. See Appendix 1 for Guidance on completing the Plan.

² See Appendix 2 to access the Glenclyff Transition of Care Community Living Plan template.

³ See Appendix 3 to access the Request for Prior Authorization Community Transitional Services form.

APPENDIX 2

Service Authorizations

1. The annual budget will be authorized in equal quarterly increments. Continued authorization will be tied to concurrent review and progress achieved.
2. The community provider may request an upfront payment of the annual approved budget in order to begin work on the transition.

Claims Submission

1. Billing will be done in per diem increments up to the maximum allowed amount approved through the service authorization process.
2. Procedure modifier combination:

H2016 HWUI

Appendix 1

Guidance for Completing the Glenclyff Transition of Care Community Living Plan

Necessity of Person- Centered Plans

The person centered planning process is an ongoing process involving the individual, their family, and other supports. Its intent is to identify and address an individual's strengths, goals, preferences and needs in order to develop a plan for community living.

Sample Questions to Consider:

Strengths questions to ask:

- What am I good at?
- What do I like to do?
- What do other people think I'm good at?
- What skills do I have?

Needs questions to ask:

- What things are difficult for me?
- Are there things I need to get better at in order to live in the community?

Opportunity questions to ask:

- Who can help me with my goal for community living?
- How can they help me?
- What am I doing now that helps me get ready for community living?

Worries question to ask:

- What do I worry about when I think about leaving Glenclyff?

APPENDIX 2

Glenclyff Transition of Care Community Living Plan	
Goal Category	Sample Questions to Consider
Housing/Living Arrangements	Where will they be living? Will they be living at home, in a supervised supported living arrangement, in a group home or in their own apartment? Any safety concerns?
Finances/Money	What about money? What will be their source of income? Will they require assistance with banking? If so, who will help with managing money?
Friendship/Social Life/Social Support	What will their social life look like? Is there a support network in place?
Health Needs	What will their health needs be? Who will manage the health care needs? How will they live a healthy lifestyle i.e. smoking cessation? How will medications be managed? Will they need help making appointments and going to visits?
Goal Category	Sample Questions to Consider
Mental Health Needs	What will their mental health needs be? Where will care be obtained? Is peer support available? Is there a crisis/emergency plan in place? Will they need help making appointments and going to visits?
Behavioral Challenges	How much support is needed for the individual to live in the community? Are there non-aggressive inappropriate behaviors? Are there serious behavioral challenges? Does a plan for substance abuse prevention need to be in place? Other behavioral strategies that need to be included?
Transportation	What will their transportation needs look like? Can they navigate public transit or need assistance such as CTS?
Education/Training	Does the individual want education or training and if so what arrangements will be made for this?
Employment	Is there a desire to get a job? Will they go to a day program?
Recreation	What will they do for recreation? Can they go out in the community independently or will activities need to be supervised?
Community Involvement/Participation	What will they do during their spare time? Will they volunteer? What about spiritual and cultural activities?
Independent Living Skills including Activities of Daily Living(ADLs) eating, dressing, bathing grooming, toileting and mobility	Do they have the self-care skills necessary to manage or are supports required? How often will supports be needed?
Instrumental Activities of Daily Living (IADLs) including meal preparation, shopping, housework, use of the telephone	Do they have the skills necessary to carry out the tasks or are supports required? How often will supports be needed?
Communication	What are the person's literacy skills? Can they communicate their needs appropriately? Any cognitive deficits?
Community Resources	What other resources in the community will they need to access to support community living? Who will make the referrals and follow up on the connections?
Legal/Advocacy	What will their legal needs be? Who will assist with this?
Service Coordination	Who is the best person to be the service coordinator and engage the individual?

Glenclyff Transition of Care Community Living Plan

Identifying Information:

Name _____

Date of Birth _____

Diagnosis:

Primary _____

Secondary _____

Other _____

Primary Language Spoken _____

Person's Dreams & Vision:

(What is important to this person?) _____

Person Centered Planning Summary:

Strengths _____

Needs _____

Opportunities _____

Worries _____

Health Risk Assessment Summary (what was learned about this person's health status?)

Risk Assessment Summary (including any behaviors that might interfere with community living)

Glenclyff Transition of Care Community Living Plan

Goal Category	Plan
Housing/Living arrangements	
Finances/Money	
Friendship/Social Life/Social Support	
Health Needs	
Mental Health Needs	
Behavioral Challenges	
Transportation	
Education/Training	
Employment	
Recreation	
Community Involvement/Participation	
Independent Living Skills	
Instrumental Activities of Daily Living	
Communication	
Community Resources	
Legal/Advocacy	
Service Coordination	

Appendix 2

REQUEST FOR PRIOR AUTHORIZATION
COMMUNITY TRANSITIONAL SERVICES

PLEASE PRINT ALL INFORMATION

RECIPIENT NAME: _____ RECIPIENT MEDICAID ID #: _____
D.O.B.: _____

PROVIDER INFORMATION

DATE OF REQUEST: ____/____/____ CONTACT PERSON: _____

TELEPHONE: _____ FAX #: _____

PROVIDER NAME: _____ PROVIDER #: _____

SERVICE(S) REQUESTED: _____

DATE OF SERVICE/DATE RANGE: ____/____/____ TO ____/____/____

PLEASE PROVIDE THE FOLLOWING AS NECESSARY

CPT CODE: H2016 HW U1 Units Requested: _____

FOR INTERNAL USE ONLY

BMHS APPROVAL: _____
Signature

AUTHORIZATION COMPLETED BY: _____
Name

DATE COMPLETED: _____

SERVICE AUTHORIZATION NUMBER: _____

Return this form along with the initial community living plan and with all quarterly progress notes to

Michele Harlan
Bureau of Mental Health Services
105 Pleasant Street
Concord, NH 03301

Appendix 3

The following pages contain **Preliminary Data** for ACT and SE for the period ending September 30, 2016.

DHHS will publish finalized data reports on a quarterly basis.

Unique Counts of Assertive Community Treatment Consumers

Preliminary data

Data Source: Phoenix 2
 Date Range: 07/01/2016 through 09/30/2016
 Age Range: Adults Only

Center Name	July-2016	August-2016	September-2016	Deduplicated Totals
01 Northern Human Services	75	80	83	88
02 West Central Behavioral Health	26	30	28	33
03 Genesis Behavioral Health	50	53	57	58
04 Riverbend Community Mental Health Center	63	74	75	81
05 Monadnock Family Services	68	72	70	73
06 Community Council of Nashua	72	71	69	76
07 Mental Health Center of Greater Manchester	259	251	252	269
08 Seacoast Mental Health Center	65	68	63	70
09 Community Partners	68	68	69	74
10 Center for Life Management	40	38	44	47
Deduplicated Total	785	802	808	864

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

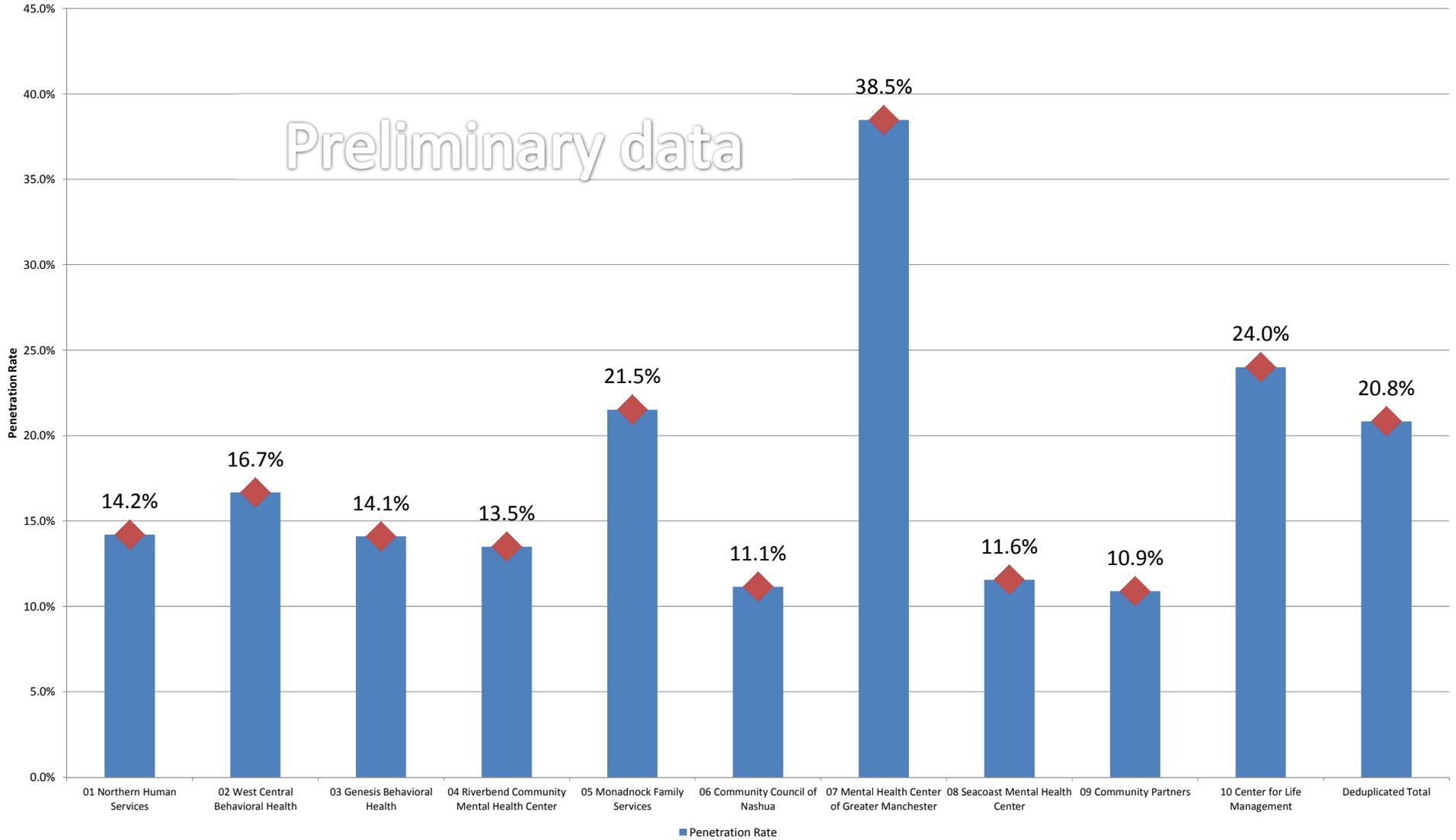
Preliminary data

Adults are consumers ages 18 and up.

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

Supported Employment Penetration Rates for The 12 Month Window Ending on: 09/30/2016

Data Source: Phoenix 2



Produced On: 10/26/2016

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	152	1071	14.2%
02 West Central Behavioral Health	103	618	16.7%
03 Genesis Behavioral Health	188	1334	14.1%
04 Riverbend Community Mental Health Center	216	1601	13.5%
05 Monadnock Family Services	202	939	21.5%
06 Community Council of Nashua	174	1561	11.1%
07 Mental Health Center of Greater Manchester	1238	3218	38.5%
08 Seacoast Mental Health Center	146	1263	11.6%
09 Community Partners	81	744	10.9%
10 Center for Life Management	197	821	24.0%
Deduplicated Total	2691	12917	20.8%

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.