New Hampshire Community Mental Health Agreement Monthly Progress Report

January 2017

New Hampshire Department of Health and Human Services

January 16, 2017

Acronyms Used in this Report

ACT:	Assertive Community Treatment
BMHS:	Bureau of Mental Health Services
CMHA:	Community Mental Health Agreement
CMHC:	Community Mental Health Center
DHHS:	Department of Health and Human Services
IDN:	Integrated Delivery Networks
QSR:	Quality Services Review
SE:	Supported Employment
SFY:	State Fiscal Year

Introduction

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

Progress Highlights

Assertive Community Treatment

- In the month of November, 2016, ACT capacity grew by 43.
- By December 31, 2016, nine (9) out of ten (10) ACT Fidelity Assessments had been completed. Final reports and program improvement plans will be published in January 2017.

Supported Employment

- As of March 31, 2016, DHHS met and CMHA-required SE Statewide Penetration Rate targets, including the March 1, 2017 final target of 18.6%.
- As of November 30, 2016, DHHS' SE Statewide Penetration Rate was 22%.
- In the month of November 30, 2016, two additional CMHCs joined three other CMHCs in exceeding the 18.6% penetration rate target on a regional basis.
- 50% of CMHCs now exceed the 18.6% penetration rate on a regional basis.
- By December 31, 2016, ten (10) out of ten (10) SE Fidelity Assessments had been completed. Final reports and program improvement plans will be published in January 2017.

Glencliff Home Transitions into Integrated Community Setting

- By December 31, 2016, DHHS had completed six (6) out of (10) CMHA required transitions of Glencliff Home residents into an integrated community setting.
- As of report publication, DHHS completed an additional two (2) required transitions, totaling eight (8) out of (10) CMHA-required transitions.
- By January 31, 2017, DHHS will complete an additional two such transitions, totaling ten (10) out of (10) CMHA-required transitions of Glencliff Home residents into an integrated community setting.

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

- New Hampshire Building Capacity for Transformation (NHBCT) Medicaid Section 1115a
  - In December 2016, an Independent Assessor completed its scoring of all projects submitted by the seven (7) Integrated Delivery Networks (IDN)participating in the NHBCT.
  - In December 2016, an Independent Panel conducted an impartial review of the projects and the Independent Assessor's scoring. The project plans were presented to the public on December 12th and 13th. All project plans were recommended for approval to DHHS.
  - In January 2017, DHHS anticipates concluding its consideration of the recommendations. If approved by DHHS, additional funds will be released for plan implementation.

1. Assertive Community Treatment

- **ACT Capacity**
  - Statewide Capacity Update (for the period ending November 30, 2016)[1]
    - November 2016 – 1,167
    - October 2016 – 1,124
    - One Month Comparison – 43 more potential consumers than in October 2016
  - December Efforts to Increase ACT Capacity (Improve CMHC Ability to Recruit and Retain ACT Staff)
    - BMHS continued discussions with CMHCs regarding recruitment and retention barriers. Administrative processes are being examined to identify opportunities to reduce or avoid undue duplication or overlap.
    - BMHS identified ACT training needs and developed a training plan.
- **ACT Enrollment**
  - ACT Statewide De-duplicated Enrollment Update (for the period ending November 30, 2016)[2]
    - November 2016 -- 812
    - October 2016 -- 816
    - One Month Comparison – 4 fewer consumers enrolled in ACT than in October 2016
  - Community Mental Health Centers (CMHCs) Under ACT Compliance Plans (for the period ending November 30, 2016)[3]
    - November 2016 – 249
    - October 2016 – 245
    - One Month Comparison – 4 more consumers enrolled in ACT than in October 2016
    - CMHCs Under ACT Compliance Plans by CMHC:
      - Northern Human Services
        - November 2016 – 89
        - October 2016 – 88
        - One Month Comparison – 1 more consumer enrolled in ACT than in October 2016
      - West Central Behavioral Health
        - November 2016 – 27
        - October 2016 – 28
        - One Month Comparison – 1 less consumer enrolled in ACT than in October 2016
      - Genesis Behavioral Health
        - November 2016 – 62
        - October 2016 – 59
        - One Month Comparison – 3 more consumers enrolled in ACT than in October 2016
      - Greater Nashua Mental Health Center
        - November 2016 – 71
        - October 2016 – 70
        - One Month Comparison – 1 more consumer enrolled in ACT than in October 2016

[1] Based on preliminary data contained in Appendix 2
[2] Based on preliminary data contained in Appendix 2
[3] Based on preliminary data contained in Appendix 2

- December Actions to Increase 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:
    - CMHCs are in daily contact with emergency departments regarding individuals in emergency departments due to psychiatric reasons
    - BMHS actively engaged with CMHCs on a daily basis to seek rapid resolution of barriers to discharge.[4]
    - DHHS weekly call with both Managed Care Organizations (MCOs) to evaluate and address system-related barriers to discharge.
  - Continuing actions to increase ACT enrollment during December include:
    - Enhanced monthly Emergency Department data reporting continues to be implemented
      - New streamlined reporting tools released; first data using new reporting tool distributed 12-27-2016 to CMHCs.
      - CMHCs continue to use Emergency Department data to identify consumers for potential ACT enrollment.
    - CMHCs and DHHS reviewing ACT fidelity assessment results. CMHCs are developing program improvement plans based on assessment results.
    - BMHS identified ACT training needs and developed a training plan.

- **ACT Fidelity**
  - December Actions to Ensure Fidelity
    - DHHS completed initial or final reviews of seven (7) ACT Self-Fidelity Assessment reports.
    - DHHS completed an ACT Fidelity Assessment of Northern Human Services[5].
  - Project Plan Milestones
    - By 12/1/2016 DHHS will initiate ACT Fidelity Assessments:
      - As of December 31, 2016, seven (7) CMHCs completed ACT Self-Fidelity Assessments, and DHHS conducted two (2) ACT Fidelity Assessment. In January 2017, DHHS will conduct the third and final ACT Fidelity Assessments for State Fiscal Year (SFY) 2017.
      - As of December 31, 2016, DHHS completed its initial review of the seven (7) ACT Self-Fidelity Assessments conducted in October 2016. DHHS anticipates publishing final reports for these assessments in January 2017.
    - Upcoming Milestones to Ensure Fidelity:
      - In January 2017, DHHS will release seven (7) finalized ACT Self-Fidelity Assessment Reports, inclusive of program improvement plans, from applicable CMHCs and DHHS' final response to each.
      - DHHS anticipates completing and finalizing the ACT Fidelity Assessment reports for Genesis Behavioral Health and Northern Human Services in January 2017.
      - DHHS will conduct the ACT Fidelity Assessment for West Central Behavioral Health in January 2017.

[4] Effort is part of DHHS Innovation Accelerator Program (IAP), Goal #1,
[5] This assessment began November 28th and concluded December 1st.

2. Supported Employment (SE)

- **SE Statewide Penetration Rate**
  - Supported Employment Statewide Penetration Rate[6] (for the period ending November 30, 2016)
    - November 2016 Penetration Rate – 22%
    - October 2016 Penetration Rate – 20.4%
    - One Month Comparison: 1.6% higher than in October 2016
  - CMHCs Under Compliance Plan – November SE Penetration Rates[7]
    - November 2016 – 13.9%
    - October 2016 – 12.6%
    - One Month Comparison – 1.3% higher than in October 2016
    - CMHCs Under Compliance Plan by CMHC
      - Northern Human Services
        - November 2016 – 22.4%
        - October 2016 – 14.0%
        - One Month Comparison –8.4% higher than in October 2016
      - Genesis Behavioral Health
        - November 2016 – 13.6%
        - October 2016 – 14.1%
        - One Month Comparison – .5% lower than in October 2016
      - Greater Nashua Mental Health Center
        - November 2016 – 12%
        - October 2016 – 11.9%
        - One Month Comparison – .1% higher than in October 2016
      - Community Partners
        - November 2016 – 7.5%
        - October 2016 – 10.4%
        - One Month Comparison –2.9% lower than in October 2016[8]
  - Project Plan Milestones
    - By 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.
      - DHHS completed identification of training needs and developed a training and technical assistance plan for 2017; the plan commences with training in January.
      - DHHS exceeded the 3/1/2017 targeted statewide SE penetration rate of 18.6% in March 2016. In November, two (2) additional CMHCs exceeded the SE penetration rate target, bringing the total number to five (5) CMHCs exceeding the target.

[6] Based on preliminary data contained in Appendix 2

[7] Based on preliminary data contained in Appendix 2; average of all four CMHCs under SE compliance plans

[8] Significant staffing shortage (loss of all SE staff) factor into decrease

- **SE Fidelity**
  - <u>December Actions Taken to Ensure Fidelity</u>
    - DHHS completed final reviews of three (3) CMHC conducted SE Self-Fidelity Assessments.
    - DHHS completed an SE Fidelity Assessment initial report of Community Partners of Strafford County; the CMHC review process and program improvement plan development commenced.
    - On December 19, 2016, DHHS issued its final SE Fidelity Assessment Report for Greater Nashua Mental Health Center.
  - <u>Upcoming Project Plan Milestones to Ensure Fidelity</u>
    - In January 2017, DHHS will release five (5) finalized SE Self-Fidelity Assessment Reports, inclusive of program improvement plans, from applicable CMHCs and DHHS' final response to each.
    - In January 2017, DHHS will release two (2) finalized SE Fidelity Assessment Reports and program improvement plans for the applicable CMHCs.
    - Continuing actions to maintain SE statewide penetration rate and support all CMHCs to reach or exceed 18.6% penetration rate during December include:
      - CMHCs and DHHS reviewing SE fidelity assessment results. CMHCs are developing program improvement plans based on assessment results.
      - BMHS identified SE training needs and developed a 2017 training plan.

3. Glencliff Home Transitions into Integrated Community Setting

- **Discharges**
  - December Discharge Update
    - Discharges:
      - One resident was discharged in the month of December. The individual transitioned to a nursing home due to the individual's desire for proximity to family members. However, the CMHA does not include discharges to a nursing home; as such, this discharge will not be reflected in achievement of project or CMHA milestones.
  - Active Discharge Planning Status:
    - Six residents were in active discharge planning status to finalize transition:
      - Community Residence – 3[9] (commencing January 2017)
        - Residents to transition January 12th , January 13th and January 17th
      - Independent Apartment – 2
        - Resident with Choices for Independence (CFI); transition anticipated in January 2017.
        - Resident with Choices for Independence (CFI); transition anticipated in February 2017.
      - Enhanced Family Care Home – 1
        - Resident with funded Acquired Brain Disorder (ABD) waiver; DHHS anticipates completing CMHC intake process in January 2017.
  - Other December Actions Taken to Address Discharge Barriers
    - Ongoing identification and reporting of residents interested in transitioning: 24 residents
    - Continued effort to identify services and placement opportunities for residents interested in transitioning.
  - Project Plan Milestones:
    - By 12/1/2016 transition four (4) individuals to the community:
      - January 12, 2017 – one (1) individual transitioned to a community residence
      - January 13, 2017 – one (1) individual transitioned to a community residence
      - January 17, 2017 – one (1) individual is scheduled to transition to a community residence
      - By January 31, 2017 – one (1) individual will transition to an independent apartment
  - Community Mental Health Agreement Milestones:
    - By 6/30/2015, the capacity to serve four (4) individuals with mental illness and complex health care needs in an integrated community setting
      - The first resident transitioned on 10/6/2014 by returning to home with Choices for Independence and Money Follows the Person funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.

[9] The number of individuals moving to this community residence was previously reported to be 4. Due to certification issues, the provider altered its plan and will serve 3 individuals.

- A second resident transitioned on 11/30/2015 to a private apartment, with Choices for Independence and Transitional Assistance funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.
- A third resident transitioned on 3/14/2016 to an Enhanced Family Care Home, with Developmental Disability Waiver funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.
- A fourth resident transitioned on 7/25/2016 to a private apartment, with Choices for Independence, Money Follows the Person, Housing Bridge Subsidy, and Section 8 Housing Voucher funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.

- By 6/30/2016, the capacity to serve six (6) additional individuals with mental illness and complex health care needs (cumulative total of 10) in an integrated community setting.
  - A fifth resident transitioned on 10/11/2016 to a private apartment, with Choices for Independence, Transitional Assistance, Housing Bridge Subsidy, and Section 8 Housing Voucher funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.
  - A sixth resident transitioned on 10/31/2016 to an Enhanced Family Care Home, with Developmental Disabilities Waiver funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.
  - A seventh resident transitioned on 1/12/2017 to a Community Residence, with Choices for Independence and a Community Living Plan funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.
  - An eighth resident transitioned on 1/13/2017 to a Community Residence, with Choices for Independence and a Community Living Plan funding and supports. Coordinated delivery of needed health care services, supports and treatments provided.
  - A ninth and tenth resident are anticipated to transition into a CMHA-compliant community setting by January 31, 2017.
- By 6/30/2017, the capacity to serve six additional individuals with mental illness and complex health care needs (cumulative total of 16) in an integrated community setting.
  - An eleventh resident is anticipated to transition into a CMHA compliant community setting in February 2017.

Schedule of State Fiscal Year 2017 Fidelity and Quality Services Review[10]

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
Aug. 2016	**West Central Behavioral Health** DHHS-conducted QSR
Sep. 2016	**Genesis Behavioral Health** DHHS-conducted QSR **Northern Human Services** DHHS-conducted SE Fidelity Assessment
October 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**[11] Self-conducted ACT Fidelity Assessment **Seacoast Mental Health Center** Self-conducted[12] ACT Fidelity Assessment Self-conducted[13] SE Fidelity Assessment **West Central Behavioral Health** Self-conducted SE Fidelity Assessment
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
Dec. 2016	

January 2017	**Mental Health Center of Greater Manchester** DHHS-conducted QSR **West Central Behavioral Health** DHHS-conducted ACT Fidelity Assessment
Feb. 2017	**Seacoast Mental Health Center** DHHS-conducted QSR
March 2017	**Greater Nashua Mental Health Center** DHHS-conducted QSR
April 2017	**Community Partners of Strafford County** DHHS-conducted QSR
May 2017	**Northern Human Services** DHHS-conducted QSR
June 2017	

[10] 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.

[11] The QSRs originally scheduled for October and November 2016 were postponed in October to accommodate the revision of QSR tools and processes consistent with CMHA provision (VII.D.2). DHHS will reschedule the two impacted QSRs to occur in 2017.

[12] At its own discretion, Seacoast Mental Health Center utilized the services of an outside contractor to conduct its Self-Assessment.

[13] At its own discretion, Seacoast Mental Health Center utilized the services of an outside contractor to conduct its Self-Assessment.

NH Department of Health & Human Services
Community Mental Health Agreement (CMHA)
Project Plan for Assertive Community Treatment, Supported Employment and Glencliff Home Transitions
December 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.

#	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	CMCHs 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.	100%	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.	100%	Internal CMHC review of referral process complete. Fidelity assessment process and ED admissions yielded changes.

#	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.	95%	DHHS received 7out of 7 CMHC reports; final reports and improvement plans anticipated for January 2017 release.
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	90%	Collected information from several health care workforce development projects underway that include CMHC staffing (inclusive of ACT staffing).
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	75%	Presentation to CMHC Executive Directors made to increase understanding of how to access funds; DHHS seeking additional funding for program in 2018-2019 budget.
12	**12/1/2016**	DHHS will Initiate ACT fidelity assessments.	M.Brunette	DHHS will conduct ACT fidelity using the ACT toolkit.	Fidelity report	Yearly; 85%	Conducted second of three ACT Fidelity Assessments (Nov 28-Dec 1). Third and final is scheduled for January 2017.
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 %.	35%	New monthly capacity (staffing) reports began in November. As of 10/31/16, actual increased capacity is 16.6% toward goal of increase target.

#	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.	50%	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. DHHS requested similar action by WellSense in November; under development now.
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%	

#	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 improvemeent 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.	100%	Final report issued 11/14/16.

#	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.	75%	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%	DHHS completed its initial review of the assessments received.
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	100%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify educational needs. Five CMHCs reported holding additional inservice sessions. Learning Collaborative work has yielded all SE leads meeting with new clients within days of intake; internal staff educated about SE; SE education needs identified, motivational programs for clients explored, etc. Voc Rehab actively engaged for inter-agency collaboration. DHHS developed ongoing educational plan.

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
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 (TA) and training if needed.	90%	DHHS began developing plan to resource provision of additional technical assistance to CMHCs. Fidelity Assessment results currently under analysis to identify specific areas of focus for upcoming training and TA needs. Preliminary results suggest need for IMR train the trainer, job development for Supported Employment specialists; schedule to begin in January. DHHS developed plan for ongoing training and technical assistance for 2017.
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.	75%	Presentation to CMHC Executive Directors made to increase understanding of how to access funds; DHHS seeking additional funding for program in 2018-2019 budget.

#	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. 5 out of 10 CMHCs exceed 18.6% penetration rate as of 11/30/16.
				Glencliff Home Transitions			
31	**Ongoing at residents every 90 days**	Establish process for identifying individuals interested in transitioning from Glencliff to the community.	Glencliff Staff	Glencliff 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 Glencliff 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 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/individual budgets.	100%	Individual plans developed and budgets approved.

#	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 Glencliff 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%	1-10/6/14; 1-11/30/15; 1-3/14/16
37	**12/1/2016**	Transition four (4) individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	100%	1-7/25/16; 1-10/11/16; 1-10/31/16; 1-1/12/17
38	**3/1/2017**	Transitions four (4) additional individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	25%	1-1/13/17
39	**6/30/2017**	Transition five (5) additional individuals to the community.	M.Harlan	Five individuals to transition into the community	Community placement	0%	

Appendix 2

The following pages contain **Preliminary Data** for ACT and SE for the period ending November 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: 09/01/2016 through 11/30/2016
Age Range: Adults Only

Center Name	September-2016	October-2016	November-2016	Deduplicated Totals
01 Northern Human Services	83	88	89	92
02 West Central Behavioral Health	28	28	27	30
03 Genesis Behavioral Health	57	59	62	65
04 Riverbend Community Mental Health Center	75	77	74	82
05 Monadnock Family Services	70	64	65	71
06 Community Council of Nashua	70	70	71	79
07 Mental Health Center of Greater Manchester	252	250	248	268
08 Seacoast Mental Health Center	65	65	61	71
09 Community Partners	69	70	72	72
10 Center for Life Management	44	45	43	48
Deduplicated Total	**811**	**816**	**812**	**876**

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.

Report Produced on 12/20/2016

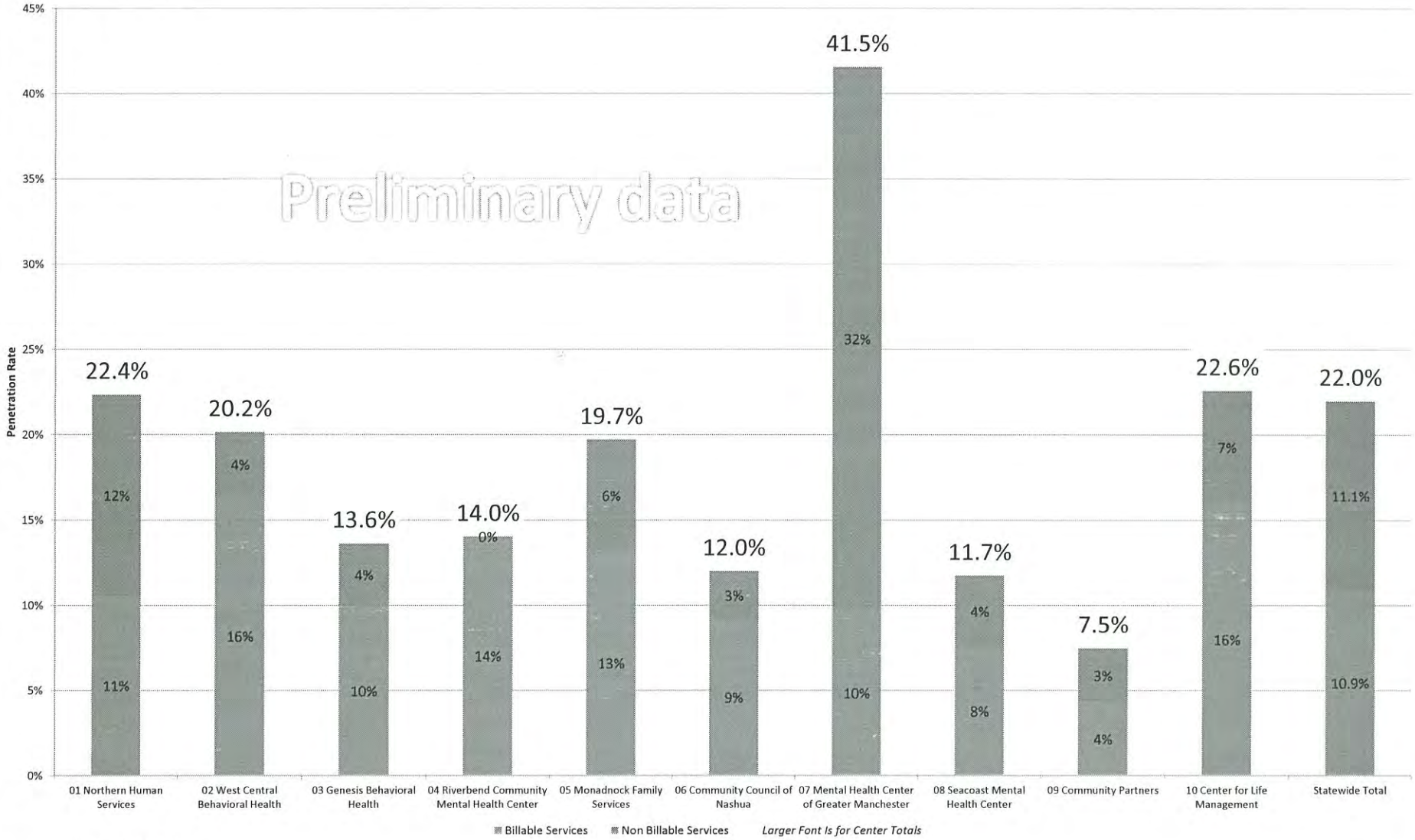
DRAFT	November 2016 Full Time Equivalents						
Center Name	Nurse	Masters Level Clinician/or Equivalent	Functional Support Worker	Peer Specialist	Total (Excluding Psychiatry)		Psychiatrist/Nurse Practitioner
01 Northern Human Services	0.69	2.57	7.68	0.45	11.39		0.80
02 West Central Behavioral Health	0.40	2.25	1.19	0.60	4.44		0.14
03 Genesis Behavioral Health	1.00	3.00	6.00	1.00	11.00		0.50
04 Riverbend Community Mental Health Center	0.50	3.00	5.00	0.50	9.00		0.40
05 Monadnock Family Services	0.50	2.75	3.50	0.50	7.25		0.65
06 Community Council of Nashua_1	0.50	3.00	2.75	0.00	6.25		0.25
06 Community Council of Nashua_2	0.50	3.00	1.75	0.00	5.25		0.25
07 Mental Health Center of Greater Manchester-CTT	1.07	11.00	2.26	1.00	15.33		0.62
07 Mental Health Center of Greater Manchester-MCST	0.77	11.00	9.37	1.00	22.14		0.53
08 Seacoast Mental Health Center	0.43	2.10	6.00	1.00	9.53		0.60
09 Community Partners	0.40	1.00	5.95	0.50	7.85		0.50
10 Center for Life Management	1.00	2.00	4.30	0.00	7.30		0.20
Total	7.76	46.67	55.75	6.55	116.73		5.44

DRAFT	November 2016 ACT Staff Competencies		
Center Name	Substance Use	Housing Assistance	Supported Employment
01 Northern Human Services	2.12	8.92	1.08
02 West Central Behavioral Health	1.20	4.60	0.19
03 Genesis Behavioral Health	7.50	9.00	2.00
04 Riverbend Community Mental Health Center	1.40	7.50	0.50
05 Monadnock Family Services	2.90	2.00	2.00
06 Community Council of Nashua_1	3.00	5.00	2.50
06 Community Council of Nashua_2	3.00	4.00	1.50
07 Mental Health Center of Greater Manchester-CTT	11.00	11.96	0.24
07 Mental Health Center of Greater Manchester-MCST	1.00	17.06	1.95
08 Seacoast Mental Health Center	0.00	6.00	1.00
09 Community Partners	1.00	5.58	1.00
10 Center for Life Management	3.00	6.00	0.30
Total	37.12	87.62	14.26

-The Staff Competency values reflect the sum of FTE's trained to provide each service type.
-These numbers are not a reflection of the services delivered, rather the quantity of staff available to provide each service.
-If staff is trained to provide multiple service types, their entire FTE value will be credited to each service type.

Supported Employment Penetration Rates Split by Billable Vs. Non Billable Services for The 12 Month Window Ending on: 11/30/2016

Data Source: Phoenix 2



Produced On: 12/16/2016

Chart User Guide

This chart displays Supported Employment Penetration Rate Split by Billable and Non Billable services.

The total height of each bar represents the total penetration rate for that center. The smaller sections of each bar reflect the portion of the overall penetration rate that can be attributed to billable Vs. non billable services.

If consumers have received both billable and non billable Supported Employment services, they will only be included in the Billable Services (blue bar) portion of the chart.

If consumers have received only non billable Supported Employment Services, they will only be included in the non billable services (red bar) portion of the chart.

Consumers are only counted 1 time in this report regardless of the frequency of services or if they receive both billable and non billable services.

Chart Data

Preliminary data

	Unique Counts of Consumers			Penetration Rate by Billable Type		
CMHC Name	Billable Services	Non Billable Services	Total Eligible Consumers	Billable Penetration Rate	Non Billable Penetration Rate	Total Penetration Rate
01 Northern Human Services	118	136	1173	10%	12%	22%
02 West Central Behavioral Health	99	23	605	16%	4%	20%
03 Genesis Behavioral Health	132	49	1328	10%	4%	14%
04 Riverbend Community Mental Health Center	228	0	1624	14%	0%	14%
05 Monadnock Family Services	126	62	954	13%	6%	20%
06 Community Council of Nashua	143	44	1559	9%	3%	12%
07 Mental Health Center of Greater Manchester	304	1001	3141	10%	32%	42%
08 Seacoast Mental Health Center	99	55	1312	8%	4%	12%
09 Community Partners	31	23	723	4%	3%	7%
10 Center for Life Management	136	56	850	16%	7%	23%
Statewide Total	1404	1432	13016	11%	11%	22%

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.