

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Office of Quality Assurance and Improvement*



***QUALITY SERVICE REVIEW***

**Report for**  
***Community Partners***

Issued April 24, 2018

Quality Service Review Report  
for Community Partners

NH Department of Health and Human Services  
Office of Quality Assurance and Improvement  
Bureau of Quality Management

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**Disclaimer**

Enhancements were made to the QSR instruments and scoring protocol prior to conducting this QSR, hence, the results contained in this report are not comparable to those in the prior year's QSR reports and have some variations to the prior QSR report.

## ***Acknowledgements***

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The Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement acknowledges the significant effort the Community Partners staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review be a success. OQAI also thanks the DHHS CMHC QSR review team.

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## ***Acronyms***

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ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
CP	Community Partners
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
OQAI	Office of Quality Assurance and Improvement
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

## ***Executive Summary***

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The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 Quality Indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted the CMHC QSR at Community Partners in Rochester and Dover, NH, from January 8, 2018 through January 12, 2018. The Community Partners QSR sample included 20 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of January 1, 2017 through January 7, 2018. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

Community Partners received a score of 70% or greater for 15 of the 18 quality indicators. The following three quality indicators were identified as areas in need of improvement: Quality Indicator 8, Adequacy of employment assessment/screening; Quality Indicator 10, Adequacy of individualized employment service delivery; and Quality Indicator 17, Implementation of high fidelity ACT services. Community Partners is required to submit a Quality Improvement Plan to DHHS for each of the three quality indicators identified as needing improvement.

**Table 1: Community Partners QSR Summary Results**

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	20	85%	No	4
2. Appropriateness of treatment planning	20	87%	No	3
3. Adequacy of individual service delivery	20	78%	No	6
4. Adequacy of housing assessment	20	100%	No	1
5. Appropriateness of housing treatment planning	20	90%	No	1
6. Adequacy of individual housing service delivery	20	83%	No	3
7. Effectiveness of the housing supports provided	20	79%	No	5
8. Adequacy of employment assessment/screening	20	60%	Yes	2
9. Appropriateness of employment treatment planning	*15	80%	No	1
10. Adequacy of individualized employment service delivery	*17	59%	Yes	2
11. Adequacy of assessment of social and community integration needs	20	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	20	81%	No	13
13. Adequacy of crisis assessment	*2	75%	No	4
14. Appropriateness of crisis plans	20	88%	No	2
15. Comprehensive and effective crisis service delivery	*1	75%	No	5

16. Adequacy of ACT screening	20	85%	No	2
17. Implementation of High Fidelity ACT Services	*13	54%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	*4	82%	No	7

\* Individuals not applicable to the quality indicator were excluded from scoring.

## ***I. Background***

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

## ***II. Purpose***

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process in consultation with representatives of the plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; and 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

### ***III. QSR Process Overview***

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC. During the on-site period, daily meetings are held with QSR reviewers to ensure consistent practice and inter-rater reliability, and to seek assistance from the CMHC staff if needed. During the post-on-site period, follow-up tasks required of the CMHC are completed and OQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

### ***IV. QSR Methodology***

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). (See Appendix 1: List of CMHC QSR Instruments for a description of the instruments.) The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

### **Sample Size and Composition**

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Information gathered during the site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

For each individual, the CMHC identifies a staff member to be interviewed who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC, and the activities that he/she participates in outside of the CMHC.

### **Data Sources**

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

## Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a “YES.” The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, in order for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual’s needs and preferences (performance measure 1a), identify an individual’s strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as “YES” (positive) or “NO” (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as “YES.” The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: Community Partners QSR Abbreviated Master

Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual, therefore the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of High Fidelity ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable Quality Indicators , e.g., OCR Q1 “Is the frequency and intensity of services consistent with the individual’s demonstrated need?” is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC’s compliance with the CMHA substantive provisions (see CMHA Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of “YES” measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

- Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
- Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;
- Employment Services and Supports: Quality Indicators 8, 9, and 10;

Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;  
Crisis Services and Supports: Quality Indicators 13, 14, and 15;  
ACT Services: Quality Indicators 16, and 17; and  
Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

### **QSR Findings and Conclusions**

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data to explain instances such as differences between individuals receiving ACT and those not receiving ACT, particularly low scoring measures within a quality indicator, and outlier data. Conclusions include an assessment of the CMHC's achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

### **Quality Improvement Plan and Monitoring**

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any quality indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY 18, 75% for SFY19, and 80% for SFY20. The CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the OQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and OQAI each quarter. BMHS and OQAI will provide feedback and any needed technical assistance

to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

## V. Community Partners QSR Findings

### Community Partners Overview

The Community Partners QSR was conducted at the Community Partners offices in Rochester and Dover, NH. Additional information about Community Partners is found in Appendix 4: Agency Overview. One hundred twenty-six Community Partners individuals met the QSR sample criteria. Twenty-three eligible individuals were drawn from this pool at random to be interviewed, however only 20 individual interviews were completed. Table 2 shows the distribution of individuals by the four sample categories.

**Table 2: Number of Individuals by Category**

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	21	17%	3	15%
ACT/NO IPA	42	33%	10	50%
NO ACT/IPA	14	11%	1	5%
NO ACT/NO IPA	49	39%	6	30%
<i>Total</i>	<i>126</i>	<i>100%</i>	<i>20</i>	<i>100%</i>

The Community Partners QSR assessment included a review of 22 clinical records, 20 individual interviews and 21 staff interviews. Twenty-three clients were scheduled for interviews, however only 20 could be completed. Table 3 shows the distribution of interview and record review activities.

**Table 3: Review Activities**

	Number In Person	Number By Phone	Total
Individuals Interviewed	19	1	20
Staff Interviewed	21	0	21
Clinical Records Reviewed	22	NA	22

From January 8 through January 12, 2018, five teams consisting of staff from OQAI and DBH completed the office-based and on-site data collection processes. Assessment data was collected for the review period of January 1, 2017 through January 7, 2018. Following the on-site review, the assessment data was scored. Analysis of the scores was then completed.

## Community Partners Scores

### ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. Community Partners was evaluated for the adequacy of each individual’s assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC’s compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual’s strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual’s needs and goals.

#### Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual’s specific needs, strengths, and preferences, and is conducted face-to-face.

Twenty individuals were scored for Quality Indicator 1. Community Partners received a score of 85%. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	YES	NO
<b>Measure 1a:</b> Assessments identify individual’s needs and preferences	20	0
<b>Measure 1b:</b> Assessments identify individual’s strengths	20	0
<b>Measure 1c:</b> Assessment information was gathered through face to face appointment(s) with the individual	12	8
<b>Measure 1d (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are	16	4

needed		
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**Additional Results**

- Community Partners uses the ANSA assessment to assess clients’ needs, as well as internal review of the clinical record and meeting with the clients. Staff endorsed that the assessment was done, at least in part, through a face-to-face process with the individual, for 12 out of the 20 clients (SII Q2).
- Overall, sixteen clients were observed to not need any additional services that were not identified in their assessments or in their treatment plan. For the other four, it was determined that additional services were needed. Observations of those needed services included transportation, smoking cessation when that was a primary goal of the individual, help finding housing due to the current shared housing arrangement being detrimental to the individual’s overall mental health, and a group to help family members understand mental illness (OCR Q3).

**Quality Indicator 2: Appropriateness of Treatment Planning**

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual’s strengths, and include treatment interventions customized to meet the individual’s identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual’s needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Twenty individuals were scored for Quality Indicator 2. Community Partners received a score of 87%. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
<b>Measure 2a:</b> Treatment planning is appropriately customized to meet individual’s needs and goals	18	2
<b>Measure 2b:</b> Treatment planning is person-centered and strengths based	18	2
<b>Measure 2c (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	16	4

### **Additional Results**

- Individuals responded they talked with Community Partners staff regularly about their needs and goals, with the most common response being “weekly” (CII Q2).
- Of the 20 clinical records reviewed, 19 individuals signed their most recent ISP/treatment plan (CRR Q12); 20 ISP/treatment plans included the individuals’ strengths (CRR Q13); and 19 ISP/treatment plans were written in plain language (CRR Q14).
- Seventeen individuals responded staff actively work with them on their goals (CII Q5).
- Of the 20 individuals interviewed, 18 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Of the 20 individuals interviewed, 17 individuals indicated they were able to effectuate change to their treatment plans (CII Q8).
- Overall, 16 clients were observed to not need any additional services that were not identified in their assessments or in their treatment plan. For the other four, it was determined that additional services were needed. Observations of those needed services included transportation, smoking cessation when that was a primary goal of the individual, help finding housing due to the current shared housing arrangement being detrimental to the individual’s overall mental health, and a group to help family members understand mental illness (OCR Q3).

### **Quality Indicator 3: Adequacy of Individual Service Delivery**

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual’s strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Twenty individuals were scored for Quality Indicator 3. Community Partners received a score of 78%. Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 3a:</b> Services are delivered with the appropriate intensity, frequency, and duration	11	9

<b>Measure 3b:</b> Service delivery is flexible to meet individual’s changing needs and goals	18	2
<b>Measure 3c:</b> Services are delivered in accordance with the service provision(s) on the treatment plan	15	5
<b>Measure 3d (OCR Q1):</b> Frequency and intensity of services are consistent with individual’s demonstrated need	15	5
<b>Measure 3e (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	16	4
<b>Measure 3f (OCR Q5):</b> Services and supports ensure health, safety, and welfare	18	2

### **Additional Results**

- Of the 20 individuals interviewed, 14 individuals responded they were able to get all the services and supports they need to meet their current needs and achieve their goals; five individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; one individual responded “no,” he/she was not able to get all the services and supports they need to meet their current needs and achieve their goals (CII Q14). Of the six individuals who responded “somewhat” or “no,” three individuals responded he/she needs more services such as transportation, case management, and meeting with staff in the community (CII Q15).
- Staff acknowledged there were some services that five of the twenty individuals were not receiving at the frequency indicated in their treatment plan (SII Q6). Of those five, four individuals were declining services that were prescribed or recommended. In one situation, there was a group that the individual did not have transportation to, and staff explained that the managed care organization could not provide the transportation (SII Q7).
- Overall, it was determined that five individuals reviewed were not receiving services at a frequency and intensity consistent with their demonstrated needs. For OCR Q1, it was determined that in some instances services had been reduced in frequency due to staffing issues, as well as services becoming less accessible due to transportation barriers. Additionally, there were some cases in which the intensity and amount of substance use treatment and supported employment services received were less than the level of client need. (OCR Q1).

- Overall, 16 clients were observed to not need any additional services that were not identified in their assessments or in their treatment plan. For the other four, it was determined that additional services were needed. Observations of those needed services included transportation, smoking cessation when that was a primary goal of the individual, help finding housing due to the current shared housing arrangement being detrimental to the individual's overall mental health, and a group to help family members understand mental illness (OCR Q3).
- For the two individuals determined not to be receiving all the services needed to ensure their health, safety, and welfare (OCR Q5), it was noted that more substance use treatment, housing services, and services to assist with hygiene needs were needed.

## **HOUSING SERVICES AND SUPPORTS**

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."<sup>2</sup>

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual's ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

### **Quality Indicator 4: Adequacy of Housing Assessment**

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual's housing needs and the range and level of supports needed to

acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Twenty individuals were scored for Quality Indicator 4. Community Partners received a score of 100%. Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
<b>Measure 4a:</b> Individual housing needs are adequately identified	20	0

**Additional Results**

- Seventeen individuals reviewed had identified housing needs (CRR Q21).
- The most frequently cited needs were assistance with ADLs, budgeting, paperwork, and finding new or improved housing (CRR Q22).

**Quality Indicator 5: Appropriateness of Housing Treatment Planning**

Quality Indicator 5 corresponds to CMHA section VII.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual’s identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Twenty individuals were scored for Quality Indicator 5. Community Partners received a score of 90%. Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
<b>Measure 5a:</b> Treatment Plans are appropriately customized to meet individual’s housing needs and goals	18	2

**Additional Results**

- Overall, individuals’ goals were in alignment with the identified needs, focusing on daily living skills as well as maintaining housing. Most individuals have general housing goals of maintaining safe and appropriate housing and monitoring for housing needs, with a few having more focused goals on finding new and different housing options (CRR Q25).
- Seventeen of 20 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 17 individuals, 15 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR

Q24) and 15 had housing goals in alignment with their assessed housing needs (CRR Q28).

**Quality Indicator 6: Adequacy of Individual Housing Service Delivery**

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual’s changing needs and achieve his/her housing goals.

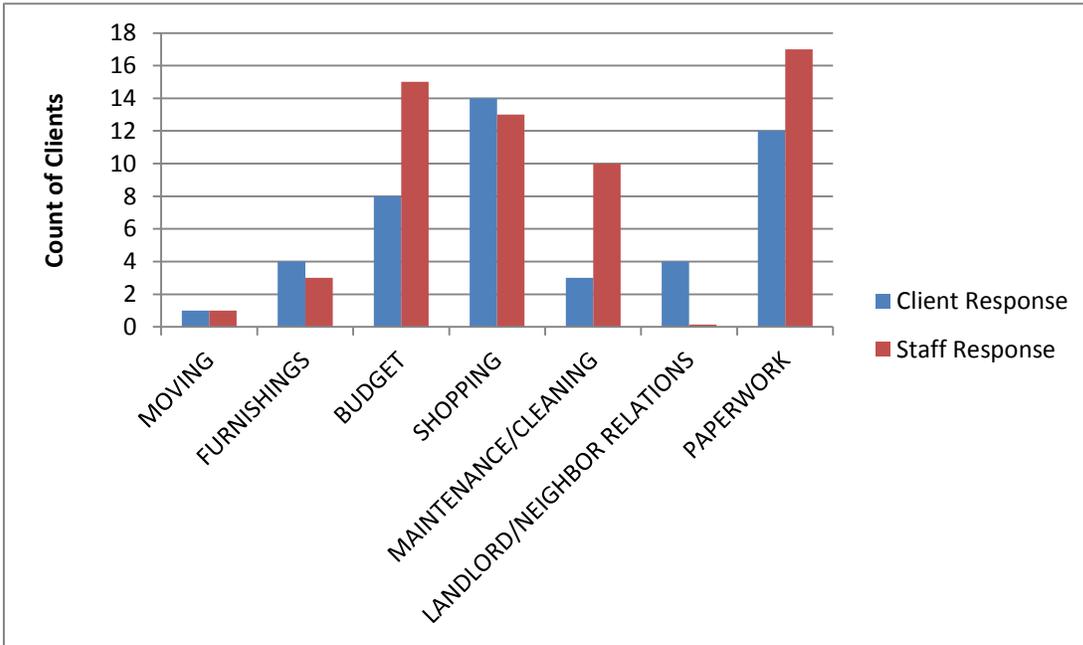
Twenty individuals were scored for Quality Indicator 6. Community Partners received a score of 83%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
<b>Measure 6a:</b> Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual’s changing needs and goals	20	0
<b>Measure 6b:</b> Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	11	9
<b>Measure 6c: (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	19	1

**Additional Results**

- In general, individuals expressed that they needed help finding a new place to live in order to achieve their housing goals, specifically transportation to see potential residences, help finding out the costs of housing, help talking to potential landlords, and help with paperwork (CII Q47).
- Overall, it was determined that one individual was not receiving services adequate to obtain and maintain stable housing (OCR Q9). The individual was not without housing, but the environment was not healthy or supportive of the individual’s mental health needs (OCR Q10).
- The most common housing services received by individuals were help with paperwork and help with budgeting and shopping (SII Q31, CII Q43). (See Figure 1.)

**Figure 1: Most Common Housing Services and Supports Received**



**Quality Indicator 7: Effectiveness of Housing Service Delivery**

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Twenty individuals were scored for Quality Indicator 7. Community Partners received a score of 79%. Quality Indicator 7 consists of Measures 7a-7e. Of the 20 individuals interviewed, eight individuals were considered not applicable for Measure 7d because they did not move nor have interest in moving during the period under review. Individuals were scored as follows:

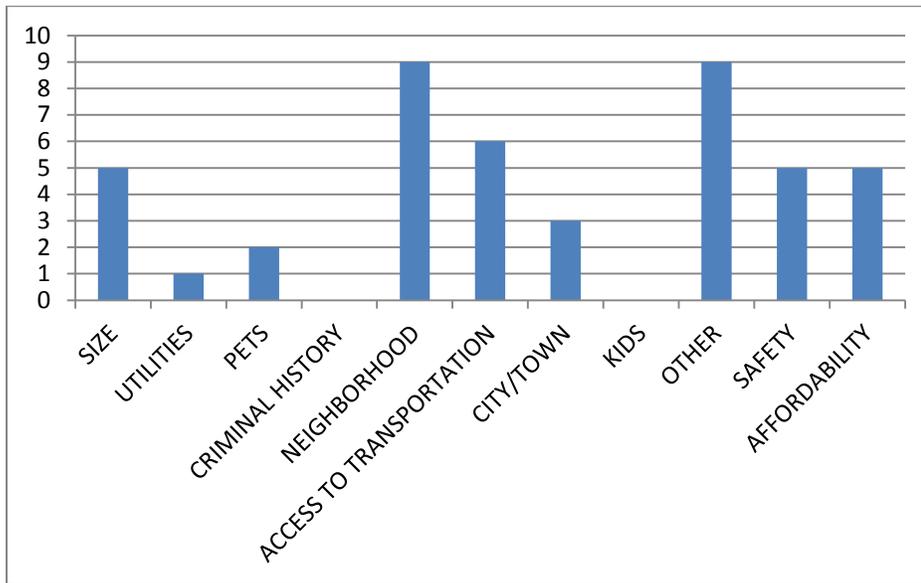
	YES	NO
<b>Measure 7a:</b> Housing supports and services enable individual to meet/progress towards identified housing goals	16	4
<b>Measure 7b:</b> Housing supports and services enable individual to maintain safe housing	16	4
<b>Measure 7c:</b> Housing supports and services enable individual to maintain stable housing	12	8
<b>Measure 7d:</b> Housing supports and services enable individual to be involved in selecting housing	9	3

<b>Measure 7e (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	19	1
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**Additional Results**

- Nineteen individuals are living in independent private residences and one individual is living in an assisted living facility (CII Q 28, SII Q21).
- Two individuals responded they were homeless at some point in the past 12 months (CII Q34).
- The most common responses made by individuals to the things most important to him/her when choosing a place to live were neighborhood and access to transportation. Some individuals made specific mention of wanting a place that does not have drug use in the building or neighborhood, a place without bedbugs, and a landlord who cares about his/her tenants (CII Q41).

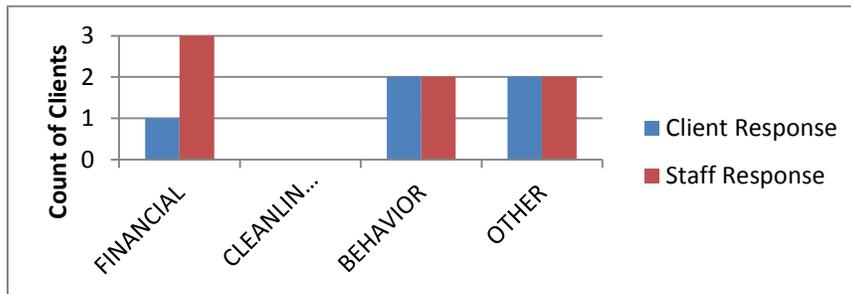
**Figure 2:** Most Common Factors in Choosing a Place to Live



- Four individuals responded they had a safety concern related to his/her home or neighborhood in the past 12 months (CII Q30). Staff responded being aware of a safety concern related to housing for five individuals (SII Q23). The most common reasons for the safety concerns were related to issues with heating, threatening behavior by other tenants, and drug use among tenants (CII Q31).
- A total of nine individuals were at risk of losing housing in the past 12 months based on individual and staff responses (CII Q32, SII Q25). In several cases staff mentioned that

the individuals were allowing other people to stay at their apartments when it was not allowed. Other common issues were potential evictions and being behind on paying rent (CII Q33, SII Q26) (see Figure 2).

**Figure 3: Reasons for Being at Risk of Losing Housing in the Past 12 Months**



- Seventeen individuals had lived in the same residence for the past year or more (CII Q35).
- Overall, it was determined that one individual was not receiving services adequate to obtain and maintain stable housing (OCR Q9). The individual was not without housing, but the environment was not healthy or supportive of the individual’s mental health needs (OCR Q10).

## EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

### Quality Indicator 8: Adequacy of Employment Assessment/Screening

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual’s interests, readiness, preferences, and needs regarding acquiring and/or

maintaining employment, and determine the range and level of services and supports needed to achieve the individual’s employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Twenty individuals were scored for Quality Indicator 8. Community Partners received a score of 60%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 20 individuals interviewed, 14 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals received supported employment services two or more times in a three-month period. Individuals were scored as follows:

	YES	NO
<b>Measure 8a:</b> Individual employment needs are adequately identified	14	6
<b>Measure 8b:</b> Individual received a comprehensive assessment of employment needs and preferences when applicable	2	4

**Additional Results**

- Five individuals responded they had not been asked by Community Partners staff if they were interested in receiving help with finding or keeping a job (CII Q54). Staff responded that one individual had not been screened for employment needs in the past 12 months (SII Q41).
- All 20 individuals had the ANSA employment domain assessed and scored (CRR Q31).
- All 20 individuals had the employment section of the most current case management assessment completed (CRR Q32).
- Of the 13 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), three did not have employment needs identified in either the ANSA or the case management assessment (CRR Q33).
- Five of six individuals had a comprehensive employment assessment (vocational profile) completed (CRR Q38). Two individuals had his/her employment strengths included in the comprehensive employment assessments (CRR Q39).

### **Quality Indicator 9: Appropriateness of Employment Treatment Planning**

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

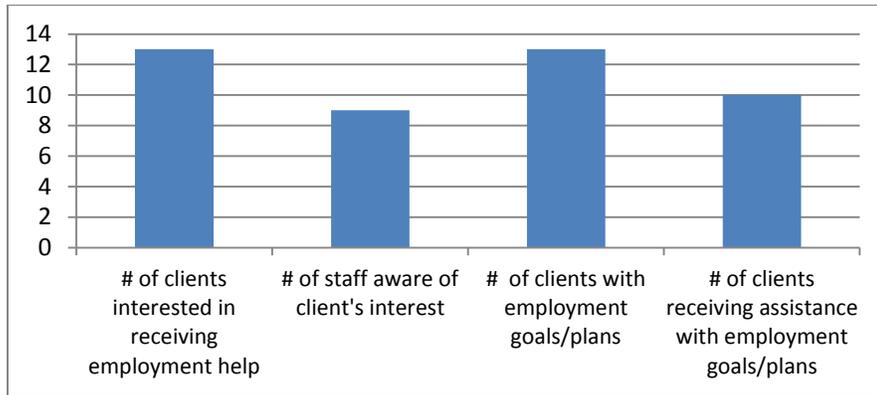
Fifteen individuals were scored for Quality Indicator 9. Community Partners received a score of 80%. Quality Indicator 9 consists of Measure 9a. Of the 20 individuals interviewed, five individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services per client (CII Q 55) and staff (SII Q44) endorsement of employment interest. Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 9a:</b> Treatment plans are appropriately customized to meet individual's changing employment needs and goals	12	3

### **Additional Results**

- Community Partners offers supported employment services at the Rochester and Dover offices. A Supported Employment Fidelity Review was completed at Community Partners in September 2017. The Community Partners review resulted in a score of 103 points out of a possible 125 points, or “Good Fidelity.” The lowest scoring areas (a score of 2 out of 5) were: Integration of Rehabilitation with Mental Health Treatment; Role of Employment Supervisor; and Job Development- Frequency of Employer Contact.
- Thirteen individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55); nine staff were aware of this interest (SII Q44). Of the same 13 individuals, 10 had goals or plans regarding finding or keeping a job (CRR Q35, CRR Q36), as evidenced by their treatment plans or case management plans and all had received assistance from CMHC staff with their employment related goals/plans (CRR Q40). The three individuals who did not have goals or plans regarding finding or keeping a job were the same three for which staff were unaware of their interest in receiving employment related assistance.

**Figure 4: Employment Related Interests, Goals and Services Received**



- Five individuals responded they are employed (CII Q49); of those individuals, four have a competitive job and one has a non-competitive job (CII Q50), three work full-time and two work part-time (CII Q51), and two individuals responded they are interested in working more hours (CII Q53).

**Quality Indicator 10: Adequacy of Individualized Employment Service Delivery**

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual’s changing needs and achieve his/her identified employment goals.

Seventeen individuals were scored for Quality Indicator 10. Community Partners received a score of 59%. Quality Indicator 10 consists of Measure 10a and Measure 10b. Of the 20 individuals interviewed, five individuals were considered not applicable for Measure 10a because they reported not being interested in employment or receiving employment support services per client (CII Q55) and staff (SII Q44) endorsement of employment interest. Of the 20 individuals interviewed, six individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q35, CRR Q36). Individuals were scored as follows:

	YES	NO
<b>Measure 10a:</b> Service delivery is provided with the intensity, frequency, and duration needed to meet individual’s changing employment needs	9	6
<b>Measure 10b:</b> Services and supports are meeting individual’s employment goals	9	5

**Additional Results**

- Three individuals responded they were not able to get all the employment related services they need (CII Q61).
- Five of the 14 individuals applicable for Measure 10b were employed (CII Q49, SII Q39).
- Six out of the nine individuals receiving supported employment were not receiving services at the frequency prescribed on the treatment plan (CRR Q11). Individuals' responses further supported this: four individuals felt they did not receive employment services at the frequency they needed (CII Q62).
- Two individuals reported they did not have enough supports and services to achieve their employment goals (CII Q63).
- Types of employment services provided include initial discussion with individuals regarding supported employment and what is offered, completion of career profiles, general support around the application and follow-up process, and discussions related to job placement and career paths (CRR Q41).
- Thirteen of the fourteen individuals scored for Measure 10b had employment services and supports in alignment with their employment goals (CRR Q42).
- Staff endorsed that 10 individuals had received employment related services in the past 12 months (SII Q52). For all those individuals, the employment related services being provided to those individuals as described by staff are in alignment with the stated goals or plans in the individuals' treatment plans or case management plans (SII Q53). An additional five individuals were identified in the clinical record review as receiving employment related services (CRR Q40), however, staff did not endorse those individual as receiving such services (SII Q52), causing subsequent related questions to be skipped in the staff interview. Because of this situation, a comparison of employment related services reported by staff with the employment goals and plans in the clinical record could not be made for these five.
- Of the 15 individuals found to be receiving employment services, staff endorsed that one individual had not made progress towards his/her employment goals/plans and eight had made progress (SII Q54). For the other six individuals receiving employment assistance, a correlation regarding receiving employment related services and making progress could not be made due to staff not endorsing those individuals as receiving related services.

## COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

### Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Twenty individuals were scored for Quality Indicator 11. Community Partners received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
<b>Measure 11a:</b> Assessment identifies individual's related social and community integration needs and preferences	20	0
<b>Measure 11b:</b> Assessment identifies individual's related social and community integration strengths	20	0

### Additional Results

- All related areas on both the ANSA and case management assessment were completed for all twenty clients (CRR Q43, CRR Q44, and CRR Q45).

**Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports**

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

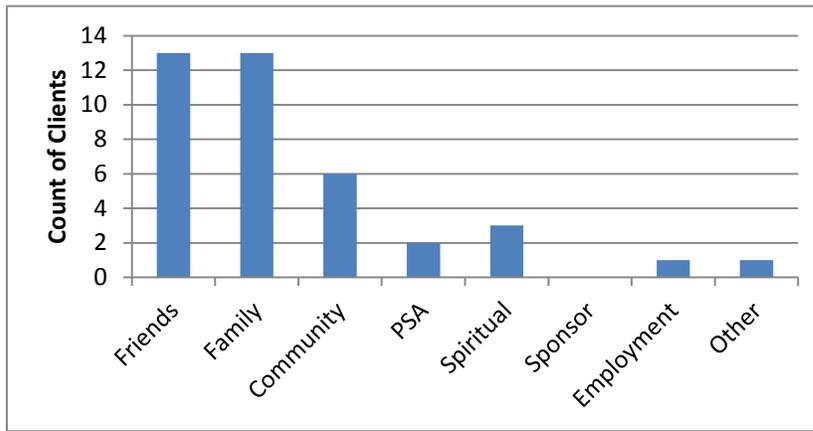
Twenty individuals were scored for Quality Indicator 12. Community Partners received a score of 81%. Quality Indicator 12 consists of Measures 12a-12m. Sixteen individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Individuals were scored as follows:

	YES	NO
<b>Measure 12a:</b> Individual is competitively employed	4	16
<b>Measure 12b:</b> Individual lives in an independent residence	19	1
<b>Measure 12c:</b> Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	5	0
<b>Measure 12d:</b> Individual is integrated in his/her community	13	7
<b>Measure 12e:</b> Individual has choice in housing	13	7
<b>Measure 12f:</b> Individual has choice in his/her treatment planning, goals and services	18	2
<b>Measure 12g:</b> Individual has the ability to manage his/her own schedule/time	17	3
<b>Measure 12h:</b> Individual spends time with peers and /or family	18	2
<b>Measure 12i:</b> Individual feels supported by those around him/her	18	2
<b>Measure 12j:</b> Efforts have been made to strengthen social supports if needed	17	3
<b>Measure 12k (OCR Q7):</b> Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	19	1
<b>Measure 12l (OCR Q11):</b> Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	19	1
<b>Measure 12m (OCR Q13):</b> Services are adequate to live in the most integrated setting	19	1

## Additional Results

- For Measure 12d, six individuals responded they do not feel they are part of their community (CII Q104). The review of documentation indicates that 13 individuals have people in their lives that act as a support system (CRR Q50), and 19 individuals were able to identify at least one natural support with whom they spend time; family and friends being the most frequently mentioned support (CII Q98).

**Figure 5: Identified Natural Supports**



- One individual stated he/she did not feel a part of the community and had not received information from the CMHC about community supports or opportunities (OCR Q7).
- One individual was determined to not be receiving services and supports needed to avoid unnecessary psychiatric hospitalizations, as evidenced by him/her being discharged back into a living environment that is unhealthy when based on the individual's specific mental health needs (OCR Q11).
- One individual was determined to not be receiving the services necessary to live in the most integrated setting (OCR Q13). While the home was technically integrated in the community, the individual was living with unhealthy family members and had not received requested services to seek housing that is more appropriately suited to his/her sobriety needs.
- Nineteen individuals interviewed were living in independent residences. One lived in assisted living, which was the appropriate level of care for that individual (CII Q28, SII Q21).

## CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness<sup>3</sup>. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

### Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies risks to the individual, protective factors, and coping skills/interventions.

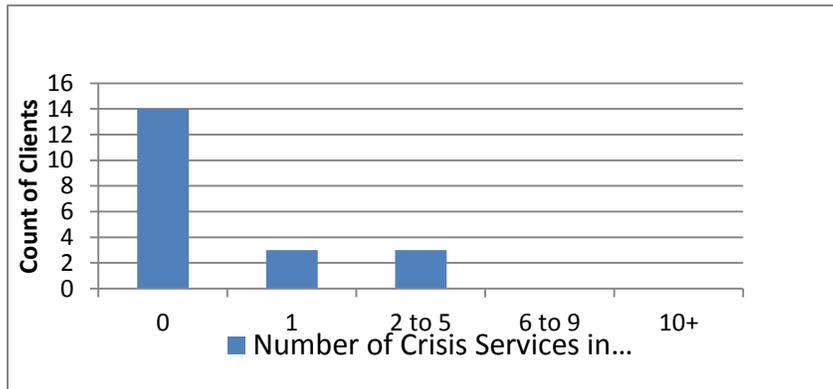
Two individuals were scored for Quality Indicator 13. Community Partners received a score of 75%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 20 individuals interviewed, 18 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record. Individuals were scored as follows:

	YES	NO
<b>Measure 13a:</b> Crisis assessment was timely	1	1
<b>Measure 13b:</b> Risk was assessed during crisis assessment	2	0
<b>Measure 13c:</b> Protective factors were assessed during crisis assessment	2	0
<b>Measure 13d:</b> Coping skills/interventions were identified during crisis assessment	1	1

**Additional Results**

- Zero clients had received more than five crisis services in the period under review (CRR Q58).

**Figure 6:** Number of Crisis Services Received in Period Under Review



**Quality Indicator 14: Appropriateness of Crisis Plans**

An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

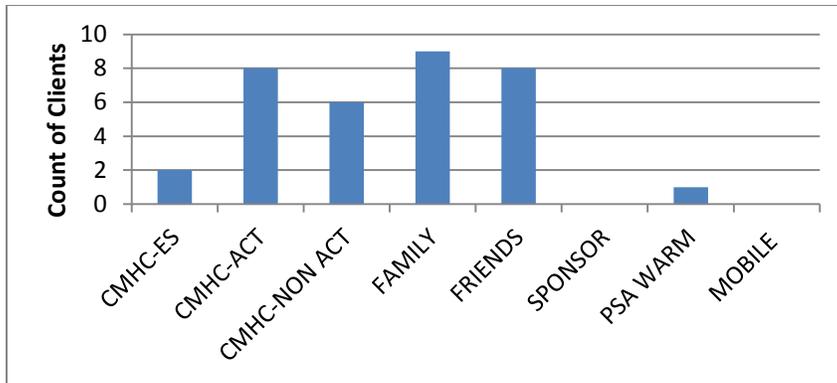
Twenty individuals were scored for Quality Indicator 14. Community Partners received a score of 88%. Quality Indicator 14 consists of Measure 14a and Measure 14b. Individuals were scored as follows:

	YES	NO
<b>Measure 14a:</b> Individual has a crisis plan that is person-centered	20	0
<b>Measure 14b:</b> Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	15	5

**Additional Results**

- The most common response made by individuals regarding who they would call if having a mental health crisis was “family” and then “friends” and ACT staff at the CMHC (CII Q67).

**Figure 7:** Who the Individual Would Call if Having a Mental Health Crisis



**Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery**

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

In order for an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

One individual was scored for Quality Indicator 15. Community Partners received a score of 75%. Quality Indicator 15 consists of Measures 15a-15e. Of the 20 individuals interviewed, 19 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff and the clinical record. Specifically, six clinical records had documentation of crisis services being provided. Six individuals endorsed receiving crisis services, however those six were not the same six crisis episodes identified in the clinical records. Seven staff endorsed individuals having received crisis services. When documentation and endorsements were analyzed, one individual could be scored. Scores were as follows:

	YES	NO
<b>Measure 15a:</b> Communication with treatment providers during crisis episode was adequate	1	0

<b>Measure 15b:</b> Communication with individual during crisis episode was adequate	1	0
<b>Measure 15c:</b> Crisis service delivery is sufficient to stabilize individual as quickly as practicable	1	0
<b>Measure 15d:</b> Crisis interventions occur at site of the crisis (if applicable)	0	0
<b>Measure 15e:</b> Individual was assisted to return to his/her pre-crisis level of functioning	0	1

### **Additional Results**

- The individual scored for Indicator 15 remained in the home/community setting following the crisis service.
- For the six individuals found to have received crisis services during the period under review, three remained in the home/community setting following the crisis service received (CRR Q59).
- One individual accessed crisis services provided by ACT staff (CRR Q59).
- Four out of six individuals responded they felt heard by staff “always” or “most of the time” during their crisis (CII Q73).
- Three of six individuals responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q77).
- Staff responded they received notification from a treatment provider five out of seven times, and a staff person received notification within 24 hours for four of those five times (SII Q60). Seven out of seven staff responded they received all of the information needed regarding the crisis (SII Q61).
- Seven out of seven staff responded the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q64).
- See Table 1 for a description of data regarding individuals receiving crisis services and hospitalizations and ACT.

**Table 1: Receipt of Crisis Services, ACT and Hospitalizations**

	Number of crisis services received: 1		Number of crisis services received: 2-5		Number of crisis services received: 6-9		Number of crisis services received: 10+		TOTAL
	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	
Number of individuals received crisis services during the period under review	3	0	2	1	0	0	0	0	6
Number of individuals started ACT within the past 12 months	0	N/A	0	N/A	0	N/A	0	N/A	0
Number of individuals started on ACT longer than the past 12 months	3	N/A	2	N/A	0	N/A	0	N/A	5
Number of inpatient psychiatric hospitalizations during the period under review	2	0	2	0	0	0	0	0	4

Source: QSR Clinical Record Review

### **ACT SERVICES AND SUPPORTS**

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Due to the small and disproportionate size of the non-ACT sample, direct comparisons to the ACT sample are not made within this section of the report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 5: ACT vs. Non-ACT Indicator Scores.

**Quality Indicator 16: Adequacy of ACT Screening**

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Twenty individuals were scored for Quality Indicator 16. Community Partners received a score of 85%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
<b>Measure 16a:</b> ACT screening was completed	14	6
<b>Measure 16b:</b> Individual receives ACT services when appropriate	20	0

**Additional Results**

- All staff indicated sufficient knowledge regarding ACT criteria and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q13).

**Quality Indicator 17: Implementation of High Fidelity ACT Services**

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual’s ACT team collaborates with community providers.

Measure 17a is based on high fidelity standards: ACT teams are to have a capacity to provide high fidelity for frequency of contacts at an average of four or more contacts per week, and intensity at an average of two hours or more of contact per week. Of note, unlike traditional

services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of the individuals. ACT services may be titrated when an individual needs more or fewer services.

Thirteen individuals were scored for Quality Indicator 17. CLM received a score of 54%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 20 individuals interviewed, seven individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 17a:</b> ACT services are provided at the level of service contacts per high fidelity	8	5
<b>Measure 17b:</b> ACT services were provided using a team approach	4	9
<b>Measure 17c:</b> ACT services were provided in the home/community	4	9
<b>Measure 17d:</b> ACT team collaborates with community providers	12	1

### **Additional Results**

A Community Partners ACT Fidelity Review was completed in December 2016. Community Partners received a “Good Fidelity” rating with a score of 115 out of a possible 140 points. The lowest scoring areas (scored a 1 or 2 on a 5-point scale) were: Practicing Act Leader; Continuity of Staffing; Nurse on Team; and Co-occurring Disorder Treatment Groups.

Data from this QSR regarding the ACT services provided to 13 individuals indicates the following:

- Six individuals had face-to-face contact with two or more different ACT Team staff during the past four complete weeks; seven individuals did not (CRR Q65).
- Six individuals had a minimum of two hours of face-to-face contact with their ACT Team during the past four complete weeks; seven individuals did not (CRR Q66).
- Seven individuals had four or more face-to-face contacts with ACT Team staff per week during the past four complete weeks; six individuals did not (CRR Q67).
- Eleven individuals responded they received all the ACT services they needed from their ACT Team, two individuals responded they somewhat received all the ACT services they

needed from their ACT Team, and zero individuals responded they did not receive all the services they needed from their ACT Team (CII Q22).

- Ten individuals responded they saw their ACT staff as often as they felt was needed; three individual responded they did not (CII Q26).
- Five individuals had 80% or more of their ACT services provided in the community; eight individuals did not (CRR Q68). Of note, staff endorsed that services were mostly in home and community (SII Q18). The overall average of services received in the home or community for the 13 individuals was 59% according to review of clinical records (CRR Q68).

### **TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS**

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are inter-related with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

#### **Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility**

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Four individuals were scored for Quality Indicator 18. Community Partners received a score of 82%. Quality Indicator 18 consists of Measures 18a-18g. Of the 20 individuals interviewed, four individuals and staff confirmed/remembered an inpatient psychiatric admission occurred during the past 12 months and therefore were applicable for scoring. Individuals were scored as follows:

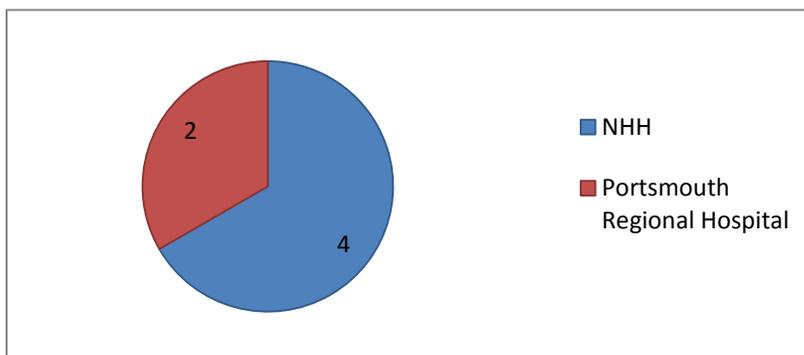
	YES	NO
<b>Measure 18a:</b> Individual was involved in the inpatient psychiatric facility discharge planning process	4	0
<b>Measure 18b:</b> In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	4	0

<b>Measure 18c:</b> Individual returned to appropriate housing following inpatient psychiatric discharge	3	1
<b>Measure 18d:</b> Service provision following inpatient psychiatric discharge has the outcome of increased community integration	4	0
<b>Measure 18e:</b> Coordination of care was adequate during inpatient psychiatric admission/discharge	2	2
<b>Measure 18f:</b> Absence of 90 day readmission to an inpatient psychiatric facility	3	1
<b>Measure 18g (OCR Q11):</b> Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	3	1

### **Additional Results**

- Six inpatient admissions occurred during the period under review. Of the four individuals who had a psychiatric admission during the past 12 months, two individuals had two distinct admissions and two individuals had one distinct admission (CRR Q71).
- Four admissions were at New Hampshire Hospital and two admissions were at Portsmouth Regional Hospital (CRR Q72) (see Figure 7).

**Figure 8:** Inpatient Psychiatric Admissions



- Two of the four individuals talked with a community provider about services prior to discharge (CII Q84).
- One individual had a readmission within 90 days of discharge during the period under review (CRR Q72).
- Two of the four individuals felt that returning home after their discharge did not significantly disrupt their normal routine (CII Q93 and CII Q95). For the two that felt returning home did create a significant disruption, their comments described returning to

an unhealthy and unsupportive living environment and everything being “jumbled,” and “not really having a real home environment.”

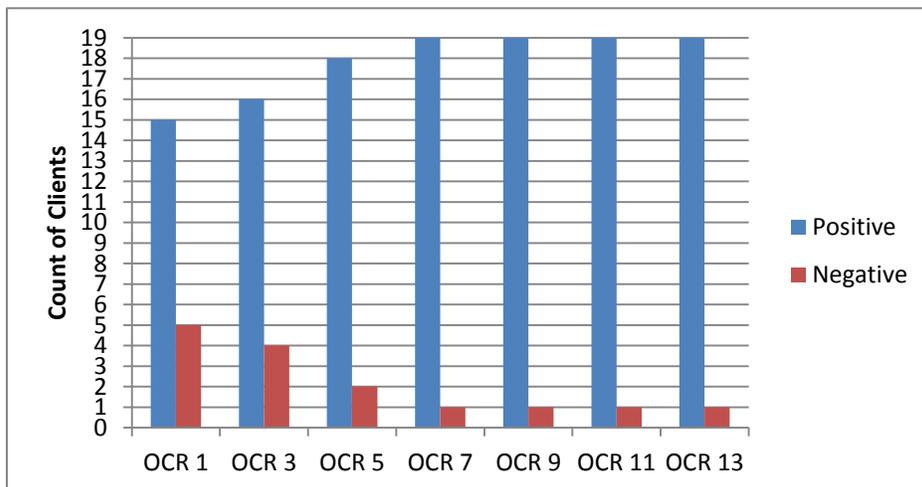
- One individual was determined not to be receiving the services needed to avoid unnecessary hospitalizations based upon him/her being discharged to an unhealthy living environment, making it more challenging to maintain sobriety and positive mental health (OCR Q11).

### Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 6: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide an explanation of a yes/no response including what did not appear adequate and what may be needed to improve the outcome.

Of the 20 individuals reviewed, five did not achieve one or more of the OCR outcomes (see Figure 9); all five individuals were receiving ACT services.

**Figure 9: Overall Client Review Results**



## **VI. Conclusions**

New Hampshire's CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the Community Partners' achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

### **CMHA Substantive Provisions**

#### **1. Crisis Services Outcomes**

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
  - i. **Conclusion:** Due a sample size of one for this provision, an actionable conclusion cannot be drawn.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
  - i. **Conclusion:** Community Partners met this provision as evidenced by a score of 85% for the Crisis domain and by OCR Q11, whereas 19 of 20 individuals reviewed received adequate services to avoid harm and decrease the incidence of unnecessary hospital contacts.

#### **2. ACT Outcomes**

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
  - i. Compliance with Provision V.C.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
  - ii. **Conclusion:** Community Partners did not meet this provision as evidenced by Quality Indicator 17 and OCR Q1. Data points relevant to this provision include:

1. For Quality Indicator 3: Adequacy of Individual Service Delivery, individuals receiving ACT services received an average score of 74%.
  2. A score of 54% for Quality Indicator 17: Implementation of High Fidelity ACT Services.
  3. Nine of 13 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
  4. Ten of 13 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
  5. Eleven of 13 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
- i. Compliance with Provision V.C.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** Community Partners met this provision as evidenced by the following:
    1. Those receiving ACT services had a total average score of 78% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.

2. For Quality Indicator 2, individuals receiving ACT services scored an average of 82%.

Ten of the 13 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).

3. Within Housing, the average score for Quality Indicator 5 was 100%, Quality Indicator 6 was 87%, and Quality Indicator 7 was 88% for individuals receiving ACT.

Twelve of 13 individuals receiving ACT services received adequate services to obtain and maintain stable housing (OCR Q9).

4. Within Employment, the average score for Quality Indicator 9 was 75% and Quality Indicator 10 was 45% for individuals receiving ACT.

5. For Quality Indicator 12, individuals receiving ACT services scored 79%.

6. Twelve of the 13 individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).

7. Twelve of the 13 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

8. Thirteen of the 13 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).

- c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.

- i. **Conclusion:** Community Partners met this provision as evidenced by an average score of 78% for the Crisis domain for individuals receiving ACT services.

### 3. Supported Housing Outcomes

- a. **Provision V.E.1** - Supported housing meets individuals' needs.
  - i. **Conclusion:** Community Partners met this provision as evidenced by a score of 90% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 83% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
- b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.
  - i. **Conclusion:** Community Partners met this provision as evidenced by a score of 84% for the Housing domain and by OCR Q9 whereas 19 of the 20 individuals reviewed received services adequate to obtain and maintain stable housing.

### 4. Supported Employment Outcomes

- a. **Provision V.F.1** - Provide supported employment services consistent with the Dartmouth evidence-based model.
  - i. **Conclusion:** Community Partners met this provision as evidenced by the Supported Employment Fidelity Review in September 2017.
    - 1. The Community Partners SE Fidelity Review resulted in a score of 103 points out of a possible 125 points, or “Good Fidelity.”
- b. **Provision V.F.1** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
  - i. **Conclusion:** Community Partners did not meet this provision as evidenced by a score of 59% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

### 5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.

- i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region IX.
  1. NAMI NH provides a variety of support groups including:
    - a Family Support Group for those with an adult loved one living with mental illness that meets twice a month in Lee with a total membership of approximately 40 members, and a group that meets once a month in Rochester with a total membership of approximately 60 members;
    - a Facebook Support Group for parents/caregivers of youth with serious emotional disturbance with 286 members across all of NH, and a support group for family members with an adult loved on living with mental illness with a total of 388 members across all of NH (members are not broken by region); and
    - a Connection Peer Support Group for consumers in Dover that meets weekly and has approximately 16 members.
  2. NAMI NH offered two modules of its Side-by-Side education program for caregivers of older adults with behavioral health issues in Dover with a total of 12 attendees at two sessions.
  3. NAMI NH provided one-to-one support to a total of 19 Region IX families last year: three families with an adult loved one living with mental illness and 16 families with children with serious emotional disturbance
  4. NAMI NH responded to 33 Information and Resource contacts in FY 2017.
  5. NAMI NH staff provided a total of 122 hours of individual support to survivors of suicide loss statewide in FY17.

## 6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-

advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.

i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services Tri-City Consumer's Action Co-Operative (TCCAC) provided in Region IX.

1. TCCAC is the peer support agency serving the Community Partners catchment area with office located in Rochester.
2. Peer supports and services include: individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, warmline services, wellness and recovery action plan training, monthly newsletters, a wide variety of relevant topical groups, educational events, presentations from staff of community resources, fundraising events, and assistance with educational and vocational pursuits.
3. In FY17, TCCAC offered educational events through NAMI Walk, NH Peer Support Conference, Disabilities Rights, Service link, Work Ready NH, SOS Recovery Community Organization, and the Rochester Community Recovery Center.
4. For FY17, various PSA staff were trained in intentional peer support, WRAP, and member rights.
5. For the fourth quarter in FY17, TCCAC had 382 members with an average daily visits rate of 20 members.

## **7. Community Integration Outcome**

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.

- i. Compliance with Provision IV.B. and VII.A is based on Measure 7a, Measure 3b, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
- ii. **Conclusion:** Community Partners met this provision as evidenced by:
  1. For Measure 7a, 16 of 20 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals; 19 individuals are living in independent private residences (SII Q21, CII Q28).
  2. For Measure 3b, 18 of 20 individuals received services that were flexible to meet their changing needs and goals.
  3. A score of 81% for Quality Indicator 12.
  4. Nineteen of the 20 individuals reviewed received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
  5. Nineteen of the 20 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
  6. Nineteen of the 20 individuals reviewed received adequate services to live in the most integrated setting (OCR Q13).

## **8. Health, Safety and Welfare Outcome**

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
  - i. **Conclusion:** Community Partners met this provision as evidenced by an average score of 79% for the seven domains and OCR Q5 with 18 of 20 individuals receiving all of the services and supports they need to ensure health, safety, and welfare.

**9. Obtain and Maintain Stable Housing Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
  - i. **Conclusion:** Community Partners met this provision as evidenced by a score of 84% for the Housing domain.

**10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
  - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q72), the Crisis domain, and OCR Q11.
  - ii. **Conclusion:** Community Partners met this provision as evidenced by the following:
    - 1. Of the four individuals who experienced an inpatient psychiatric admission, one individual was re-hospitalized within 90 days (CRR Q72).
    - 2. A score of 85% for the Crisis Domain.
    - 3. Nineteen of the 20 individuals received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

***VII. Areas in Need of Improvement***

The following three quality indicators scored below 70% and are identified for incremental improvements over the next year. For additional data and information to guide quality improvement planning, see section V: Community Partners Findings.

- 1. *Increase the number of individuals receiving adequate employment assessment/screening (Quality Indicator 8).*
- 2. *Increase the number of individuals with adequate employment service delivery (Quality Indicator 10).*

3. *Increase the number of individuals receiving high fidelity ACT service delivery (Quality Indicator 17).*

### ***VIII. Next Steps***

Within 30 calendar days of receipt of this final report, Community Partners is to complete and submit the DHHS QIP (Quality Improvement Plan) template for review by the BMHS Administrator of Operations and the OQAI Quality Management Program Planning and Review Specialist.

### ***IX. Addendum***

Community Partners had an opportunity to review the QSR initial report and submit information for DHHS' consideration prior to this final report being issued. They asked for DHHS to take into consideration the current supported employment and ACT QIP in conjunction with Quality Indicators 8, 10, and 17 that have been identified as requiring a QSR QIP. DHHS will review with Community Partners the QSR QIP process and how it can interface with ACT and/or supported employment fidelity review QIPs.

DHHS did identify and make the following corrections to the initial report:

- In VI. Conclusions, under the ACT Outcomes section, the average score for Quality Indicators 2, 5, 6, 7, 9, 10, and 12 was corrected from 83% to 78%.
- In VI. Conclusions, under the Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutional Outcome, the count of all individuals in OCR Q11 was updated to reflect 19 of 20 individuals received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization.

## *References*

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2. 28 C.F.R., Part 35, Section 130 and Appendix A
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## *Appendices*

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### **Appendix 1: List of CMHC QSR Instruments**

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know what will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. A individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions that examine the overall adequacy of the individual's services and supports related to specific areas of focus in the Community Mental Health Agreement (CMHA). The answers provided by the QSR Review Team are based on the totality of the information retrieved from the individual's clinical record reviews, client interviews, and staff interviews. The OCR also provides an opportunity for the QSR Reviewers to provide suggestions and feedback on additional services or resources that could help the individual meet the outcomes set forth in the CMHA.

7. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the individual.

## Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a													1b			1c				1d			
			Adequacy of Assessment	Assessments identify individual's needs and preferences			Assessments identify individual's strengths										Assessment information was gathered through face to face appointment(s)				Assessments and TX plans have adequately identified service needs						
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3	
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO	
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO	
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO	
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES	
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO	
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO	
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N		4Y/2N	4	2		4Y/2N	5	1	1 YES=	Negativ	
			NonACT= 75%																							5 No=	
			ACT= 83%																								

## Appendix 3: Community Partners QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- 7 Effectiveness of the housing services provided (CMHA VII.A)
  - 7a Housing Supports and services enable individual to meet/progress towards identified housing goals
  - 7b Housing supports and services enable individual to maintain safe housing
  - 7c Housing supports and services enable individual to maintain stable housing
  - 7d Housing supports and services enable individual to be involved in selecting their housing
  - 7e OCR Q9 Services are adequate to obtain and maintain stable housing

#### EMPLOYMENT SERVICES AND SUPPORTS

- 8 Adequacy of employment assessment/screening (CMHA VII.D.1)
  - 8a Individual needs are adequately identified
  - 8b Individuals received a comprehensive assessment of employment needs and preferences when applicable.
- 9 Appropriateness of employment treatment planning (CMHA V.F.1)
  - 9a Treatment plans are appropriately customized to meet the individual's changing needs and goals
- 10 Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)
  - 10a Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs
  - 10b Employment Services and supports are meeting individual's goals

#### COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- 11 Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)
  - 11a Assessment identifies individuals' related needs and preferences
  - 11b Assessment identifies individuals' related strengths
- 12 Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4)
  - 12a Individual is competitively employed
  - 12b Individual lives in an independent residence
  - 12c Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility
  - 12d Individual is integrated in his/her community
  - 12e Individual has choice in housing
  - 12f Individual has choice in their treatment planning, goals and services
  - 12g Individual has the ability to manage his/her own schedule/time
  - 12h Individual spends time with peers and/or family

- 12i Individual feels supported by those around him/her
- 12j Efforts have been made to strengthen social supports if needed
- 12k OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
- 12k OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
- 12k OCR Q13 Services are adequate to live in the most integrated setting

#### CRISIS SERVICES AND SUPPORTS

- 13 Adequacy of crisis assessment (CMHA V.C.1)
  - 13a Assessment was timely
  - 13b Risk was assessed
  - 13c Protective factors were assessed
  - 13d Coping skills/interventions were identified
- 14 Appropriateness of crisis plans
  - 14a Individual has a crisis plan that is person centered
  - 14b Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
- 15 Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
  - 15a Communication with treatment providers was adequate
  - 15b Communication with individual was adequate
  - 15c Crisis service delivery is sufficient to stabilize individual as quickly as practicable
  - 15d Crisis interventions occur at site of the crisis (if applicable)
  - 15e Individual is assisted to return to his/her pre-crisis level of functioning

#### ACT SERVICES AND SUPPORTS

- 16 Adequacy of ACT screening (CMHA VII.D.1)
  - 16a ACT screening was completed
  - 16b Individual receives ACT services when appropriate
- 17 Implementation of High Fidelity ACT Services (CMHA V.D.2.b; V.D.2.c)
  - 17a ACT Services are provided at the level of service contacts per high fidelity
  - 17b ACT services are provided using a team approach
  - 17c ACT services are provided in the home/community
  - 17d ACT team collaborates with community providers

#### IPA TRANSITION/DISCHARGE

- 18 Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)
- 18a Individual was involved in the discharge planning process
- 18b There was In-reach by the community mental health center
- 18c Individual returned to appropriate housing
- 18d Service provision has the outcome of increased community integration
- 18e Coordination of care
- 18f Absence of 90 day readmission to an inpatient psychiatric facility
- 18g OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization

#### **Appendix 4: Agency Overview**

Community Partners, founded in 1955, is a private, non-profit community mental health center serving the needs of children, adolescents, adults, and their families in Strafford County, which encompasses 13 cities and towns. Community Partners is designated and approved by the NH Department of Health and Human Services as a Community Mental Health Program (CMHP) for Region IX from September 1, 2016 through August 31, 2021, per the New Hampshire Administrative Rule He-M 403.

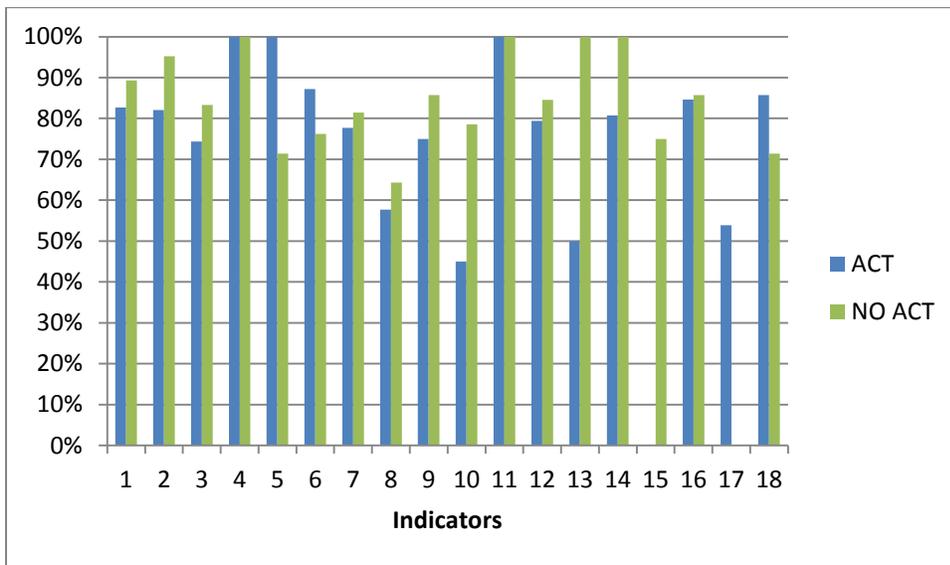
Community Partners has offices in Dover and Rochester, and is Strafford County's area agency for developmental services, serving children and adults (including older adults) with developmental disabilities, acquired brain disorder, emotional stress or mental illness. Services to adults with a severe or severe and persistent mental illness include: trauma-focused cognitive behavioral therapy, integrated dual diagnosis (mental health and substance use) treatment, both internal and external case management, DBT, and the InShape whole health program.

Community Partners also utilizes a number of nationally recognized evidenced-based practices, including Illness Management and Recovery, Seeking Safety, Mental Health First Aid and Supported Employment. As the ServiceLink agency, Community Partners is able to coordinate access to care and use the skills and knowledge of ServiceLink to provide high quality case management to individuals with severe mental illness.

Two community hospitals in the Community Partners catchment area are the Wentworth Douglass Hospital in Dover and the Frisbee Memorial Hospital in Rochester. The Frisbee Memorial Hospital has a 20 bed gero-psych unit. Community Partners contracts with both Wentworth Douglass Hospital and Frisbee Memorial Hospital to provide mental health emergency services in their emergency departments. Additionally, Community Partners has a contract with Wentworth Douglass Hospital to provide psychiatric emergency assessments on the medical floors.

## Appendix 5: ACT vs Non-ACT Indicator Scores

Indicator #	Total N	Indicator	ACT	ACT N	NO ACT	NO ACT N	% Difference
1	20	Adequacy of Assessment	83%	13	89%	7	-7%
2	20	Appropriateness of treatment planning	82%	13	95%	7	-13%
3	20	Adequacy of individual service delivery	74%	13	83%	7	-9%
4	20	Adequacy of Housing Assessment	100%	13	100%	7	0%
5	20	Appropriate of Housing Treatment Plan	100%	13	71%	7	29%
6	20	Adequacy of individual housing service delivery	87%	13	76%	7	11%
7	20	Effectiveness of Housing supports provided	78%	13	81%	7	-4%
8	20	Adequacy of employment assessment/screening	58%	13	64%	7	-7%
9	15	Appropriateness of employment treatment planning	75%	8	86%	7	-11%
10	17	Adequacy of individual employment service delivery	45%	10	79%	7	-34%
11	20	Adequacy of Assessment of social and community integration needs	100%	13	100%	7	0%
12	20	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	79%	13	85%	7	-5%
13	2	Adequacy of Crisis Assessment	50%	1	100%	1	-50%
14	20	Appropriateness of crisis plans	81%	13	100%	7	-19%
15	1	Comprehensive and effective crisis service delivery	N/A	0	75%	1	N/A
16	20	Adequacy of ACT Screening	85%	13	86%	7	-1%
17	13	Implementation of High Fidelity ACT Services	54%	13	N/A	0	N/A
18	4	Successful transition/discharge from the inpatient psychiatric facility	86%	3	71%	1	14%



## Appendix 6: Overall Client Review (OCR)

### OVERALL CLIENT REVIEW (OCR)

The following 10 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

All reviewers involved in the completion of this client's CRR, CII, and SII were consulted regarding the OCR questions.

OCR Q1 Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No.

If YES, Skip to OCR Q3

OCR Q2 What is not consistent with the individual's demonstrated need?

OCR Q3 Are there additional services (including changes in intensity, frequency, or duration) the individual needs that have not been identified in assessments or on the treatment plan? Yes or No.

If NO, Skip to OCR Q5

OCR Q4 What additional services are needed?

OCR Q5 Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No.

If YES, Skip to OCR Q7

OCR Q6 What additional services are needed?

OCR Q7 Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No.

If YES, Skip to OCR Q9

OCR Q8 What additional services are needed?

OCR Q9 Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No.

If YES, Skip to OCR Q11

OCR Q10 What additional services are needed?

OCR Q11 Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization?

If YES, Skip to OCR Q13

OCR Q12 What additional services are needed?

OCR Q13 Is the individual receiving adequate services to live in the most integrated setting?

If YES, STOP

OCR Q14 What additional services are needed?

OCR is Complete:

OCR