

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Office of Quality Assurance and Improvement*



***QUALITY SERVICE REVIEW***

**Report for**

***Genesis Behavioral Health***

Issued February 24, 2017

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## *Acknowledgements*

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

OQAI also thanks the CMHC QSR review team which included five staff from OQAI, four staff from the Bureau of Mental Health Services, one staff from Bureau of Elderly and Adult Services and one staff from New Hampshire Hospital.

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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
DHHS	Department of Health and Human Services
GBH	Genesis Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OQAI	Office of Quality Assurance and Improvement
QSR	Quality Service Review
SE	Supportive 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 Community Mental Health Agreement (CMHA) priority areas: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE) and transitions from inpatient psychiatric facilities. The CMHA requires that the State 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 client interviews, staff interviews, clinical record reviews and DHHS databases to measure and score the CMHC's achievement of 13 indicators and 46 performance measures that represent best practices regarding the CMHA priority areas.

DHHS conducted the third field test of the CMHC QSR process with Genesis Behavioral Health (GBH) in Laconia and Plymouth, NH. The GBH QSR client sample included 22 randomly selected clients, eligible for services under 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/or transition planning. Assessment data was collected for each client for the period of September 1, 2015 through September 11, 2016. The data was inputted into an algorithm for each measure and indicator. The indicators and performance measures were scored as either "Met" or "Not Met". A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of clients scoring "Met".

GBH scored "Met" for five of the 13 indicators. The following indicators scored "Not Met" and were identified as areas in need of improvement:

Indicator 2: Individuals have information about the services available to meet their needs/goals

Indicator 3: Individuals are currently (most recent quarter) receiving the services they need

Indicator 6: Individuals on an ACT team receive quality ACT services

Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment

Indicator 8: Individuals have housing, receive housing services and supports as planned and have safe housing

Indicator 9: Individuals have stable housing

Indicator 11: Individuals in crisis are assisted in returning to pre-crisis level of functioning

Indicator 12: Natural supports are explored and identified to help the individual with treatment and recovery

**Table 1: GBH QSR Summary Results**

Indicator	Number of Clients Scored	# of Clients with Indicator Met	# of Clients with Indicator Not Met	% of Clients with Indicator Met	Quality Improvement Plan Required	# of Scores of "Met" for all Measures	# of Scores of "Not Met" for all Measures
1. Services recommended at intake are delivered as intended	1*	1	0	100%	No	2	0
2. Individuals have information about the services available to meet their needs/goals	19	13	6	68%	Yes	30	8
3. Individuals are currently receiving the services they need	17	7	10	41%	Yes	24	10
4. Treatment planning is person-centered	19	15	4	79%	No	98	16
5. ACT services are provided to individuals when/if needed	Indicator 5 was not included in final reporting as the measure did not fully assess the indicator as intended. For purposes of reposting, this indicator is counted as Met.						
6. Individuals on an ACT team receive quality ACT services	9	3	6	33%	Yes	53	14

Indicator	Number of Clients Scored	# of Clients with Indicator Met	# of Clients with Indicator Not Met	% of Clients with Indicator Met	Quality Improvement Plan Required	# of Scores of "Met" for all Measures	# of Scores of "Not Met" for all Measures
7. Individuals are provided with services that assist them in finding and maintaining competitive employment	19	11	8	58%	Yes	33	8
8. Individuals have safe housing	19	12	7	63%	Yes	43	7
9. Individuals have stable housing	19	11	8	58%	Yes	45	12
10. Individuals were involved in choosing their homes	19	15	4	79%	No	15	4
11. Individuals have effective crisis plans and know how to access crisis services	19	12	7	63%	Yes	42	8
12. Natural supports are explored and identified to help the individual with treatment and recovery	19	8	11	42%	Yes	24	14
13. Transition from inpatient psychiatric unit	7	5	2	71%	No	35	8

\* Client data was excluded from scoring due to the relevant service or support being received outside the period of review.

## *I. Purpose*

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 enable a class of adults with severe mental illness (SMI) to receive needed services in the community, foster their independence and enable them to participate more fully in community life.

Section VII.C. of the CMHA requires the establishment of a quality assurance system to regularly collect, aggregate and analyze data related to transition efforts, as well as the problems or barriers to serving and/or keeping individuals in the most integrated setting. Such problems or barriers may include, but not be limited to insufficient or inadequate housing, community resources, mental health care, crisis services and supported employment (SE).

As part of the quality assurance system, the State is required to use a Quality Service Review (QSR) to evaluate the quality of services and supports included in the CMHA. Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps and weaknesses, as well as areas of highest demand; to provide information for comprehensive planning, administration and resource-targeting; and to consider whether additional community-based services and supports are necessary to ensure individuals opportunities to receive services in the most integrated settings.

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 assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following CMHA priority areas: crisis services, assertive community treatment (ACT), housing supports and services, SE and transitions from inpatient psychiatric facilities. The CMHA requires that the State conduct a QSR at least annually.

This report describes the QSR process, methodology, findings, conclusions and focused recommendations for Genesis Behavioral Health (GBH).

## *II. Methodology*

To evaluate the quality of services and supports outlined in the CMHA, the OQAI conducted a structured assessment of the services and supports provided to a random sample of CMHC clients. Assessment of the CMHC is focused on indicators and performance measures defined by OQAI that represent best practices regarding the CMHA priority areas of crisis services, ACT, housing supports and services, SE and transitions from inpatient psychiatric facilities. The QSR assessment focuses on the services and supports provided to a random sample of CMHC clients. The quality of the services and supports are assessed based on the data collected for each client during the most recent 12-month period. The data is used to score the indicators and performance measures as either “Met” or “Not Met.” The indicators and performance measures are scored based on the answers to a standardized staff interview instrument (SII) and client interview instrument (CII) used by the QSR review team during an on-site review, data collected from a clinical record review (CRR) and data queried from DHHS databases.

The CMHC QSR scoring framework includes 13 indicators that define achievement of the priority areas set forth by the CMHA. Each indicator is defined by a number of specific performance measures (see Appendix 1: CMHC QSR Abbreviated Master Instrument). For each client, data is collected from specific questions within the QSR instruments relevant to the performance measures. Each performance measure is scored as “Met” or “Not Met” based on a specific algorithm. Each indicator is then scored as “Met” or “Not Met” based on an algorithm, unique to each indicator, of the scores of the performance measures within that indicator. For example, Indicator 4 is scored as “Met” or “Not Met” based on an algorithm of the “Met” or “Not Met” scores for measures 4a-4f.

The scoring excludes data from clients who received a relevant service or support outside the period of review, as well as if the relevant service or support did not pertain to the client. For example, clients who had no need for employment services or supports during the review period will not have a score for Measure 7b: Individuals received help in finding and maintaining a job. In addition, the number of clients scored for any given performance measure within an indicator may vary due to clients not answering questions that are required for the scoring algorithm. In

these instances, the total number of “Met” and “Not Met” scores for a performance measure may not equal the total number of clients interviewed.

A final score for each indicator is determined by totaling the individual client scores and calculating the percent of clients scoring “Met” and clients scoring “Not Met”. An indicator receives a final score of “Met” when at least 70% of clients scored “Met” for that indicator. A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of applicable clients scoring “Met.” If less than 70% of applicable clients scored “Met” for that indicator, the overall score for the indicator is “Not Met”.

### **Client Sample Size and Composition**

The CMHC QSR client sample is randomly selected and consists of at least 20 clients eligible for services based on the category of 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. That sample is grouped into one of four categories: 1) *ACT/IPA*: clients receiving ACT services and have had at least one inpatient psychiatric admission (IPA) which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: clients receiving ACT services but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: clients who are not receiving ACT services but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: clients who are not receiving ACT services and have not experienced an IPA within the past 12 months. For each client, a staff member is selected to be interviewed who is familiar with the client, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC.

### **Data Sources**

The CMHC QSR uses both quantitative and qualitative data to evaluate the quality of services and supports provided to clients. Data sources include in-depth interviews from both clients and staff collected specifically for the purposes of this evaluation, reviews of clients’ clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. Appendix 2 includes a list of the CMHC QSR instruments.

## **QSR Process**

The CMHC QSR process includes a number of tasks performed by OQAI, Bureau of Mental Health Services (BMHS) 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 onsite portion of the QSR. During the onsite review period, daily meetings are held to seek assistance from the CMHC staff, if needed, and to ensure consistent practice and inter-rater reliability among the QSR reviewers. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." The CMHC is given the opportunity to locate documentation within its clinical record system while the DHHS reviewers are on-site. The QSR reviewers determine whether the evidence located by the CMHC is adequate and would result in a response other than "no evidence". A final meeting is held with CMHC administration and staff to solicit feedback. During the post-onsite period, quality checks on the data are completed and OQAI commences scoring.

## **Report of Findings/Quality Improvement Plans**

A report of the draft findings of the CMHC QSR 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. The CMHC has 30 calendar days from receipt of the final report to submit the quality improvement plan to DHHS for review by the BMHS Director. The BMHS Director informs the CMHC if the plan is approved or needs revision. At a minimum, the written response will contain action steps describing how the CMHC plans to improve the identified focus areas, the responsible person(s) and an implementation timeline. Once approved, any changes made to the plan must be approved by the BMHS Director. Oversight of the implementation of the quality improvement plan and any needed technical assistance is provided by BMHS staff.

### III. Genesis Behavioral Health QSR Findings

#### Overview

GBH served as the third field test of the QSR process. It was conducted between two Genesis Behavioral Health offices, located in Laconia and Plymouth, NH. Additional overview information about GBH is found in Appendix 3: Agency Overview. Three hundred and forty-eight (348) GBH clients met the QSR sample criteria. A random sample of 22 eligible clients was drawn from this pool to be interviewed. Table 2 shows the distribution of clients by the four sample categories.

**Table 2: Number of clients by category**

CATEGORY	FULL SAMPLE		CLIENTS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	8	2	3	16
ACT/NO IPA	38	11	6	31.5
NO ACT/IPA	23	7	4	21
NO ACT/NO IPA	279	80	6	31.5
<b>Total</b>	<b>348</b>	<b>100</b>	<b>19</b>	<b>100</b>

The GBH QSR assessment included a review of 21 clinical records, 19 client interviews and 20 staff interviews. Of the 22 clients in the sample, three client interviews could not be conducted. Table 3 shows the distribution of interview and review activities.

**Table 3: Review Activities**

	Number In person	By phone	No show or cancelled	<b>Total</b>
Clients Interviewed	18	1	3	19
Staff Interviewed	20	0	0	20
Clinical Records Reviewed	21	0	0	21

During the week of September 12, 2016, five teams consisting of staff from OQAI and BMHS, a reviewer from New Hampshire Hospital, and a reviewer from the Bureau of Elderly and Adult Services completed the onsite data collection process. Assessment data was collected for the

review period of September 1, 2015 through September 11, 2016. Following the onsite review, the assessment data was transferred to a master document and scored. Analysis of the scores was then completed.

**GBH Scores**

**Indicator 1: Services recommended at intake are delivered as intended**

Timeliness of treatment is an essential factor when engaging a person in treatment and for improving client outcomes.

Indicator 1 compares the services recommended at the time of intake/initial assessment to the services actually provided to the individual. GBH received a score of “Met” for Indicator 1 because 100% of applicable clients received recommended services as intended.

	Met	Not Met
<b>Indicator 1</b>	<b>X</b>	
<b>Measure 1a:</b> Timely initiation of services from date of intake	1	0
<b>Measure 1b:</b> Timely initiation of services on treatment plan	1	0

**Indicator 2: Individuals have information about the services available to meet their needs/goals**

Providing information about the services available to individuals within the CMHC, as well as through other community agencies, that are centered on the individual’s needs and goals in a timely manner indicates whether or not the CMHC has a person-centered orientation to client choice in service options and supports the client in connecting to his or her community.

Indicator 2 assesses whether CMHC clients are informed about the array of services and supports offered by the CMHC, as well by other community agencies, within the past 12 months.

GBH received a score of “Not Met” for Indicator 2 because 68% of the applicable clients were told about the services available to them at the CMHC and in the community.

	Met	Not Met
<b>Indicator 2</b>		<b>X</b>
<b>Measure 2a:</b> Individual was provided with an overall review of services available at the CMHC	13	6

<b>Measure 2b:</b> Individual was provided with an overall review of services available in the community	17	2
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**Indicator 3: Individuals are currently (most recent quarter) receiving the services they need**

Indicator 3 focuses on a review of the most current individualized service plan (ISP)/treatment plan to determine whether clients are receiving the identified services and supports given their current needs and goals. The score reflects verification that the services on the most recent service plan were provided to the clients according to the date on the service plan and that clients felt they were receiving the services they needed.

GBH received a score of “Not Met” for Indicator 3 because 41% of applicable clients had documentation verifying that the services identified on the clients’ treatment plans were being provided and clients reported they were receiving the services they needed.

	Met	Not Met
<b>Indicator 3</b>		X
<b>Measure 3a:</b> The services the individual is receiving are consistent with the individual’s assessed needs as recorded on the current ISP/treatment plan	15	2
<b>Measure 3b:</b> The individual feels he/she is receiving all of the services he/she needs	9	8

**Indicator 4: Treatment planning is person-centered**

Clients should be full participants in the development and implementation of their treatment plans.

Indicator 4 evaluates whether the treatment planning process is strengths-based, individualized and engages clients.

GBH received a score of “Met” because 79% of clients experienced person-centered treatment planning, as defined by measures 4a-4f.

	Met	Not Met
<b>Indicator 4</b>	X	
<b>Measure 4a:</b> The individual was given a choice in the method by which his/her individual service plan was developed	15	4
<b>Measure 4b:</b> The individual attended their ISP/treatment plan meetings	12	7

<b>Measure 4c:</b> The client signed his/her most recent ISP/treatment plan	19	0
<b>Measure 4d:</b> Evidence in the ISP/treatment plan of the individual's strengths	18	1
<b>Measure 4e:</b> Individual was involved in identifying his/her goals in the ISP/treatment plan	17	2
<b>Measure 4f:</b> The ISP/treatment plan is understood by the individual	17	2

**Indicator 5: Assertive Community Treatment (ACT) Services are provided to individuals when/if needed**

Indicator 5: Individuals are provided with Assertive Community Treatment (ACT) Services  
Indicator 5 was not included in the final data reporting for GBH as the measure did not fully assess the indicator as intended.

**Indicator 6: Individuals on an ACT team receive quality ACT services**

ACT is an evidence-based service delivery model designed to provide multi-disciplinary treatment and supports in the community to adults who need more flexible and adaptive services than traditional outpatient office-based services.

Indicator 6 measures whether individuals on an ACT team are receiving quality ACT services, defined by timely services being provided in the community, using a team approach and that address the clients' treatment needs and support their recovery. Of the 19 clients interviewed, 9 were currently receiving services from an ACT team. GBH received a score of "Not Met" for Indicator 6 because 33% of applicable clients did not receive quality ACT services, as defined by measures 6a-6h.

	Met	Not Met
<b>Indicator 6</b>		<b>X</b>
<b>Measure 6a:</b> The individual's ACT services are provided using a team approach	3	6
<b>Measure 6b:</b> Initiation of ACT services is not delayed (for clients starting ACT services during the past 12 month)	3	1
<b>Measure 6c:</b> ACT services address the individual's treatment needs and support recovery	6	3
<b>Measure 6d:</b> ACT team collaborates with other community providers (including law enforcement, health providers, etc.) on behalf of the individual	8	1

<b>Measure 6e:</b> Individuals receiving ACT services have multi-staff contacts	9	0
<b>Measure 6f:</b> A number of different services are provided by the ACT team	9	0
<b>Measure 6g:</b> ACT services take place outside of the CMHC	9	0
<b>Measure 6h:</b> ACT services are provided with appropriate frequency	6	3

**Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment**

Employment support services are designed to help people with mental illness find and keep meaningful jobs in the community. Services include providing individualized assistance in job development, case management, benefits counseling and exploring transportation needs. All clients who want to work are eligible for employment support services. Obtaining and maintaining access to job opportunities supports community integration and independence. A component of employment services is Supported Employment, an evidence-based practice.

Indicator 7 measures whether individuals are provided with services that assist them in finding and maintaining employment and whether they are satisfied with the services they receive.

GBH received a score of “Not Met” for Indicator 7 because 58% of applicable clients were assessed for employment needs, received help in finding or maintaining employment upon expressing interest and reported services being helpful to meeting their employment goals.

	Met	Not Met
<b>Indicator 7</b>		X
<b>Measure 7a:</b> Individuals are assessed for employment needs	18	1
<b>Measure 7b:</b> Individuals received help in finding and maintaining a job	10	3
<b>Measure 7c:</b> Employment related services have been beneficial to the individual’s employment goals	5	4

Indicators 8, 9 and 10 assess housing type, stability and choice. 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>1</sup>. Access to housing that is safe and affordable, along with choice and the supports necessary to maintain housing, are important dimensions of increased independence, community integration, health and quality of life.

**Indicator 8: Individuals have housing, receive housing services and supports as planned and have safe housing**

Indicator 8 evaluates whether clients have housing (are not homeless), whether they are receiving housing services as planned and whether they feel safe in their homes and neighborhoods.

GBH received a score of “Not Met” for Indicator 8 because 63% of applicable clients have housing, receive housing services as planned and feel safe in their homes and neighborhoods.

	Met	Not Met
<b>Indicator 8</b>		<b>X</b>
<b>Measure 8a:</b> The individual has housing	19	0
<b>Measure 8b:</b> The individual receives supported housing services as planned	12	0
<b>Measure 8c:</b> The individual feels safe where he/she lives	12	7

**Indicator 9: Individuals have stable housing**

Indicator 9 measures stable housing as indicated by housing that is affordable, frequency of moves and risk of losing housing.

GBH received a score of “Not Met” for Indicator 9 because 58% of clients have lived in two or fewer different residences in the past 12 months and/or have not been at risk of losing their housing in the past 12 months due to financial or other reasons.

	Met	Not Met
<b>Indicator 9</b>		<b>X</b>
<b>Measure 9a:</b> The individual’s housing is affordable	15	4
<b>Measure 9b:</b> The individual has lived in two or fewer residences in the past year	19	0
<b>Measure 9c:</b> The individual is not at risk of losing housing	11	8

### **Outcome 10: Individuals were involved in choosing their homes**

Indicator 10 measures whether clients were involved in choosing where they live.

GBH received a score of “Met” for Indicator 10 because 79% of applicable clients were involved in choosing where they live.

	<b>Met</b>	<b>Not Met</b>
<b>Indicator 10</b>	<b>X</b>	
<b>Measure 10a:</b> The individual is involved in choosing his/her home	15	4

### **Indicator 11: Individuals have effective crisis plans and know how to access crisis services**

Crises have a profound impact on persons living with severe mental illness<sup>2</sup>. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, the criminal justice system and increase community tenure.

Indicator 11 evaluates whether individuals have crisis plans and if crisis services were accessed in the past 12 months, whether those services were effective, as defined by being helpful in returning clients to pre-crisis level of functioning and/or clients being satisfied with the services they received and/or clients were able to return to or continue to participate in the services and supports identified in their treatment plans.

GBH received a score of “Not Met” for Indicator 11 because 63% of applicable clients have current, individualized crisis plans and/or know how to access crisis services and/or found crisis services to be effective. Of the 16 clients who received a CMHC crisis service in the past 12 months, 12 were able to recall and answer interview questions related to the accessed crisis service.

	<b>Met</b>	<b>Not Met</b>
<b>Indicator 11</b>		<b>X</b>
<b>Measure 11a:</b> Individuals have appropriate crisis plans	14	5
<b>Measure 11b:</b> Individuals know how to access crisis services	17	2
<b>Measure 11c:</b> The individual received effective crisis services	11	1

**Indicator 12: Natural supports are explored and identified to help the individual with treatment and recovery**

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies social networks and community relationships as key contributions 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.<sup>3</sup> Natural supports may include family, friends, neighbors, as well as informal resources such as staff at recreation centers, hair stylists and clergy.

Indicator 12 assesses the identification of a client’s natural support system to help with treatment and recovery.

GBH received a score of “Not Met” for Indicator 12 because 42% of clients explored natural supports with CMHC staff and/or identified natural supports to help with their treatment and recovery.

	Met	Not Met
<b>Indicator 12</b>		<b>X</b>
<b>Measure 12a:</b> Natural supports are explored	13	6
<b>Measure 12b:</b> Natural supports are identified	11	8

**Indicator 13: Individuals experienced successful transitions to the community from NH Hospital (NHH) or in Inpatient Psychiatric Facility within the past year**

Per the CMHA, the QSR process collects and evaluates information related to unsuccessful transitions as well as problems/barriers to serving and/or keeping individuals in the most integrated setting (CMHA, VII.c.1). These barriers or gaps in the mental health delivery system are inter-related with other QSR indicators regarding housing, community treatments, crisis services and employment services.

Indicator 13 measures whether individuals experienced successful transitions to the community from NHH or an inpatient psychiatric facility within the past 12 months, as defined by measures 13a-13g.

Of the 19 clients interviewed, seven had an inpatient psychiatric admission during the past 12 months. GBH received a score of “Met” for Indicator 13 because 71% of applicable clients experienced continuity with the CMHC during transition and were involved in their transition planning, as well as maintained communication between GBH and the inpatient psychiatric unit and/or: a) transitioned to appropriate housing; b) maintained contact with natural supports; c) maintained or re-instated needed health and financial benefits.

	Met	Not Met
<b>Indicator 13</b>	<b>X</b>	
<b>Measure 13a:</b> Continuity with CMHC	7	0
<b>Measure 13b:</b> Individuals are involved in their transition planning from an inpatient psychiatric facility to the Community	6	1
<b>Measure 13c:</b> Communication between CMHC and inpatient psychiatric facility	2	5
<b>Measure 13d:</b> The individual transitioned to appropriate housing	7	0
<b>Measure 13e:</b> Individuals have maintained connections with natural supports	6	1
<b>Measure 13f:</b> Individuals have maintained employment upon discharge	1	0
<b>Measure 13g:</b> Individuals’ health benefits and financial benefits were maintained and/or reinstated for their transition home	6	1

#### *IV. Additional Results*

During the client and staff interviews, explanations and additional information were provided regarding interviewee responses to the questions. The following reflections are offered based on those comments:

1. **Staff turnover and large caseloads:** GBH staff and clients noted that the agency struggles with staff turnover of therapists and case managers and large caseloads. Issues noted include clients being put on a waiting list for therapy services, gaps in continuity of care and having to rely on information from the client when the prior case manager is no

longer employed, clients having to wait even longer for a therapist of a preferred gender, waiting a long time for a return call, and clients feeling rushed by staff and feeling like staff don't have enough time for them because they have a lot of other clients to see.

2. **ACT:** Clients noted that the ACT team assists them with maintaining their stability and have come to rely on the ACT team to avoid hospitalizations. Staff noted that rural area long distances add a lot of time. ACT team weekend work is mostly Functional Support Services and medication prompts, which are mostly non-billable since staff have a lot of clients and medication schedules to adhere to, and visits are too brief. The Peer Support Specialist position is vacant.
3. **Housing:** Several clients interviewed noted that they were feeling unsafe in their home environment. Clients indicated that neighborhoods have had incidents with drugs, robberies, and assaults. Several clients stated that they have been at risk for losing their housing due to either financial reasons, not keeping the home clean which poses a fire hazard, smoking in the home, and/or not getting along with neighbors.
4. **Crisis Services:** A number of interviewed staff were unfamiliar with their clients' crisis plans. One staff member indicated that he/she had only been working with the client for six months and had not had to reference the crisis plan for that client but also has a case load of 50 clients. Staff indicated that several clients had a medical crisis within the last year and were evaluated at the emergency department (ED) for those conditions. Several clients indicated a feeling of being rushed when staff respond and the clients do not feel like the staff have enough time for them.
5. **Natural Supports:** Several of the clients stated their supports attend the ISP meetings regularly. When the interviewed clients were asked about Peer Support Agencies, several clients indicated that they felt they didn't belong there. One of the interviewed clients attends groups and has meals at the local Peer Support Agency.
6. **Transition from hospital:** Staff interviewed noted that they had some clients in which they were not involved in their hospitalizations and did not meet with the hospital to develop treatment plans before discharge. Staff indicated that the agency has a coordinator that handles all hospital transitions and assists with coordination of care. One client's guardian mentioned that alternative housing was a big issue and received no guidance from the hospital regarding housing options.

Additional analysis of the data provided these observations:

- Indicator 6: Of the nine clients on ACT, five responded that ACT services helped them address their problems and support their recovery and two stated that they helped somewhat (CII Q20). All clients and staff noted that they meet at the clients' homes (CII Q17, SII Q26).
- Indicator 7: Of the 19 clients interviewed, 11 clients had employment goals documented in their treatment plans (CRR Q40); 14 clients stated they were aware of Supported Employment (CII Q28) and 11 of those clients were receiving SE services. Four clients reported currently working (CII Q35).
- Indicator 8: Seventeen clients live in private residences, one client lives in a group home, and 1 client lives in an assisted living facility (CII Q47).
- Indicator 11: Of the 17 clients who answered, 10 reported the CMHC crisis hotline as a resource to help them handle a crisis (CII Q72), and eight reported the Emergency Department as a crisis resource.
- Indicator 13: Of the seven clients who had a transition from NHH/other inpatient psychiatric facility, six stated that staff listened to them and their wishes during their transition/discharge planning (CII Q102); and four stated that they communicated or talked with staff at GBH while they were at NHH/other inpatient psychiatric facility (CII Q104).

## V. Conclusions

GBH scored "Met" for five of the 13 indicators. Indicators 2, 3, 6, 7, 8, 9, 11 and 12 were scored as "Not Met". Based on the QSR assessment data, the following focus areas are recommended for incremental improvement over the next year:

1. *Increase the number of clients who are provided with an overall review of services available at the CMHC* (Indicator 2, Measure 2a). Assessment data indicated that of the 19 clients interviewed six stated that they were not provided with information about the services available to them at the CMHC, and one was unsure (CII Q3).
2. *Increase the number of clients who feel they are able to, or have been able to, get all the services they need* (Indicator 3, Measure 3b). Assessment data indicated that of the 19

clients interviewed, eight stated that they have not been able to get all the services they need (CII Q5).

3. *Improve documentation within the client record identifying the staff that comprises the client's ACT team* (Indicator 6, Measure 6a). Clinical records of the nine clients on ACT indicated that six did not have an ACT team composed of the required staffing (CRR Q30), and the ACT team did not have a Peer Support Specialist.
4. *Increase the number of clients who receive employment services when determined to have employment goals* (Indicator 7, Measure 7b). Assessment data indicated that of the 13 clients who were assessed for employment needs and expressed an interest in finding a job, four clients stated that they did not receive employment services within the past year (CII Q30).
5. *Increase the number of clients who feel that the employment services they received helped them reach their employment goals* (Indicator 7, Measure 7c). Assessment data indicated that of the nine clients who stated they received employment related services, four clients responded that the employment services and supports they received helped them reach their employment goals, two stated the services did not help them and three stated the services somewhat helped them (CII Q32). Of the nine clients receiving employment services, 5 rated their employment related services at a five or lower based on a ten-point scale (CII Q34).
6. *Increase the number of clients who feel safe where they live* (Indicator 8, Measure 8c). Assessment data indicated that of the 19 clients interviewed, five stated that they did not feel safe in their homes (CII Q50), and three did not feel safe in their neighborhoods (CII Q52).
7. *Increase the number of clients who are not at risk of losing housing* (Indicator 9, Measure 9a, 9c). Assessment data indicated that of the 19 clients interviewed, six clients and six staff stated that the identified client had been at risk for losing housing in the past 12 months for either financial or other reason (CII Q61, Q63, SII Q54, SII Q58).

8. *Increase the number of clients that have appropriate crisis plans* (Indicator 11, Measure 11a). Assessment data indicated that of the 19 clients interviewed, seven clients stated they either did not have a crisis plan or were not sure if they had a crisis plan (CII Q74).
9. *Increase the number of clients that have a support system identified* (Indicator 12, Measure 12b). Assessment data indicated that of the 19 clients interviewed, eight stated that GBH did not help them to identify a support system (CII Q80).

## *VI. Next Steps*

GBH had an opportunity to review the QSR initial report. That 15-day review period ended February 23, 2017.

Within 30 days of receipt of this final report, GBH may submit a written quality improvement plan in response to the identified focus areas in section “V. Conclusions”, to the BMHS Director.

## *VII. QSR Quality Improvement*

DHHS is using the observations made during the QSR and the feedback received by GBH and OQAI staff to strengthen the QSR design and improve the QSR process. This includes assessment and validation of the QSR measures and subsequent improvements to the QSR instruments to objectively support and inform the implementation of CMHA priority service areas. In addition, staff from OQAI and BMHS are using Lean process improvement methods and tools to improve the efficiency of the QSR process itself.

## *References*

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1. 28 C.F.R., Part 35, Section 130 and Appendix A
2. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009
3. Temple University Collaborative on Community Inclusion, “Natural Supports”, [http://tucollaborative.org/pdfs/Toolkits\\_Monographs\\_Guidebooks/relationships\\_family\\_friends\\_intimacy/Natural\\_Supports.pdf](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf)

*Appendices*

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**Appendix 1: CMHC QSR Abbreviated Master Instrument**

*Outcome 1. Intakes and services are delivered as intended.*

Indicator	Measure	Data Source	Indicator/Measure	Met	Not Met	NA	Met	Not Met	NA
<b>1</b>			<b>During the most recent episode of care, delivery of services was in agreement with those identified on the intake application.</b>						
	<b>1a</b>		<b>Timely initiation of services from date of intake CRR Q1, CRR Q3,</b>						
	<b>1b</b>		<b>Timely initiation of services on ISP (Individual Service Plan) /treatment plan CRR Q4, CRR Q5</b>						

*Outcome 2. Individuals have information about the services available to meet their needs/goals.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>2</b>			<b>Individuals have information about the services available to meet their needs/goals.</b>						
	<b>2a</b>		<b>Individual was provided with an overall review of services available at the CMHC CRR Q8, CII Q1</b>						
	<b>2b</b>		<b>Individual was provided with an overall review of services available in the community. CII Q3, SII Q3</b>						

*Outcome 3. Individuals are currently (most recent quarter) receiving the services they need.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>3</b>			<b>The individual is currently receiving all of the services he/she needs (most recent quarter).</b>						
	3a		The services the individual is receiving are consistent with the individual's assessed needs as recorded on the current ISP/treatment plan. CRR Q11						
	3b		The individual feels he/she is receiving all of the services he/she needs CII Q5						
	3c		The individual is receiving needed accommodations (cultural, vision, hearing, language) CRR Q14, CRR Q16						

*Outcome 4. Treatment planning is person-centered.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>4</b>			<b>The individual was involved in the development of his/her individual service plan (ISP)/treatment plan.</b>						
	4a		The individual was given a choice in the method by which his/her individual service plan (ISP)/treatment plan was developed, either by a formal client-centered conference or a less formal setting.						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
			<b>CRR Q18</b>						
	4b		<b>The individual attended their ISP/treatment plan meetings SII Q10</b>						
	4c		<b>The client signed his/her most recent ISP/treatment plan CRR Q20</b>						
	4d		<b>Evidence in the ISP/treatment plan of the individual's strengths CRR Q21</b>						
	4e		<b>Individual was involved in identifying his/her goals in the ISP/treatment plan CII Q12</b>						
	4f		<b>The ISP/treatment plan is understood by the individual. CRR Q22, CII Q14</b>						

*Outcome 5. Individuals are provided with ACT services when eligible.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>5</b>			<b>ACT services are provided to individuals when/if needed</b>						
	5a		<b>Assessment for ACT services was completed CRR Q24</b>						
	5b		<b>Appropriate action was taken after assessment CRR Q25, SII Q12, CRR Q27, CRR Q28, SII Q14, SII Q15</b>						

*Outcome 6: Individuals on an ACT team receive quality ACT services.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>6</b>			<b>ACT is appropriately provided to the individual</b>						
	<b>6a</b>		<b>The individual’s ACT services are provided using a team approach CRR Q30, SII Q16</b>						
	<b>6b</b>		<b>Initiation of ACT services is not delayed CRR Q31, CP-D Q5, CRR Q32, CII Q27, SII Q17</b>						
	<b>6c</b>		<b>ACT services address the individual’s treatment needs and support recovery CII Q20, CII Q22, CII Q24,</b>						
	<b>6d</b>		<b>ACT team collaborates with other community providers (including law enforcement, health providers, etc.) on behalf of the individual CRR Q33, SII Q23</b>						
	<b>6e</b>		<b>Individuals receiving ACT services have multi-staff contacts CRR Q35</b>						
	<b>6f</b>		<b>A number of different services are provided by the ACT team CP-D Q6</b>						
	<b>6g</b>		<b>ACT services take place outside of the CMHC CRR Q36, CII Q17, SII Q26</b>						
	<b>6h</b>		<b>ACT services are provided with appropriate frequency CP-C Q35</b>						

*Outcome 7. Individuals are provided with services that assist them in finding and maintaining competitive employment.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>7</b>			<b>Individuals are provided with services that assist in finding and maintaining employment and are satisfied with the services they received.</b>						
	7a		Individuals are assessed for employment needs CRR Q38, CRR Q39, CRR Q40, CRR Q41, SII Q28						
	7b		Individuals received help in finding and maintaining a job CII Q30, SII Q33, CRR Q42						
	7c		Employment related services have been beneficial to the individual's employment goals CII Q32, SII Q36, CII Q34						

*Outcome 8. Individuals have housing, receive housing services and supports as planned; housing is safe.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>8</b>			<b>Individuals have safe housing</b>						
	8a		The individual has housing CP-C Q20, CRR Q52, CII Q47, SII Q49						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	8b		The individual receives supported housing services as planned. CRR Q53, CRR Q54, CII Q48, SII Q50						
	8c		The individual feels safe where he/she lives CII Q50, CII Q52						

*Outcome 9. Individuals have stable housing.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>9</b>			<b>The individual has stable housing</b>						
	9a		The individual's housing is affordable CII Q58, CII Q59, CII Q61, SII Q52, SII Q53, SII Q54						
	9b		The individual has lived in two or fewer residences in the past year SII Q56						
	9c		The individual is not at risk of losing housing. CII Q63, SII Q58						

*Outcome 10. Individuals were involved in choosing their homes and roommates (if applicable).*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>10</b>			<b>The individual was involved in choosing his/her home and his/her roommate, if applicable.</b>						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	10a		The individual is involved in choosing his/her home CII Q65, SII Q60						
	10b		The individual is involved in choosing his/her roommate CII Q67, CII Q68, CII Q70, SII Q62, SII Q63, SII Q65						

*Outcome 11. Individuals in crisis are assisted in returning to pre-crisis level of functioning.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>11</b>			<b>Individuals have effective plans and know how to access crisis services</b>						
	11a		Individuals have appropriate crisis plans CII Q74, SII Q67, SII Q68, CRR Q67, CRR Q68						
	11b		Individuals know how to access crisis services CII Q72, CII Q73						
	11c		The individual received effective crisis services CP-C Q18, CRR Q69, CII Q75, SII Q71, CII Q76, CRR Q71, SII Q73						

*Outcome 12 Natural supports are explored and identified to help the individual with treatment and recovery.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>12</b>			<b>The individual has natural supports to help with treatment and</b>						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
			<b>recovery</b>						
	12a		Natural supports are explored CRR Q73, CII Q80, SII Q74						
	12b		Natural supports are identified CII Q79, SII Q75, CRR Q74						

*Outcome 13. Individuals experienced successful transitions to the community from NHH or other inpatient psychiatric facility within the past year.*

Indicato	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>13</b>			<b>The individual experienced a successful transition to the community from NHH or other inpatient psychiatric facility within the past year.</b>						
	13a		Continuity with CMHC CRR Q88, CRR Q89, CP-D Q18f						
	13b		Individuals are involved in their transition planning from NHH/other inpatient psychiatric facility to the community CII Q100, CII Q102, SII Q86						
	13c		Communication between CMHC and NHH/other inpatient psychiatric facility CII Q104, SII Q89, CRR Q87, SII Q92						
	13d		The individual transitioned to appropriate housing CII Q107, SII Q97, CII Q110, SII Q100						
	13e		Individuals have maintained connections with natural supports CII Q121, CII Q124, CII Q127, SII Q113, SII Q116, SII Q119						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	13f		Individuals have maintained employment upon discharge CII Q134, SII Q125, CII Q135, SII Q126						
	13g		Individuals' health benefits and financial benefits were maintained and/or reinstated for their transition home CII Q145, SII Q136						

## **Appendix 2: List of CMHC QSR Instruments**

### 1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the onsite portion of the QSR for each client scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), ACT, SE, CMHC crisis services contacts, legal involvement, accommodation(s) needed, guardian status and information for reviewers to know that 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 onsite portion of the QSR for each client scheduled to be interviewed. It provides information on the frequency of services provided to each client including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital (NHH) 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 onsite review portion of the QSR. The profile provides information that helps the QSR reviewers become familiar with the CMHC and contributes to the final CMHC QSR report. The profile includes descriptive information about the services the CMHC offers to eligible adults including 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 during the onsite portion of the QSR for each client scheduled to be interviewed. It 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.

5. Client Interview Instrument (CII)

A CII is completed during the onsite portion of the QSR for each client interviewed. A client may be accompanied by his/her guardian or someone else that the client 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 clients to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each client interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the client, 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 client.

### **Appendix 3: Agency Overview**

Genesis Behavioral Health (GBH) was established in 1966 as a non-profit, community-based mental health care provider serving the needs of individuals and families in Belknap and Southern Grafton counties with administrative offices in Laconia and Plymouth. GBH celebrated its 50<sup>th</sup> Anniversary this past year.

GBH is approved from September 1, 2013 to August 31, 2018 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. GBH is designated as a CMHP for Region 3, which encompasses 24 cities and towns within two counties. Based on DHHS data for the past 12 months, GBH's unduplicated count of adult by eligibility categories was: 48 low utilizers, 148 SMI, and 284 SPMI. GBH's catchment area for the population of adults age 18 and older as of the US Census 2010-2014 5-year estimates was 70,282.

GBH provides a comprehensive array of mental health services and substance use services for older adult, adults, children, and families. These include prescriber services, nursing, targeted case management, functional support services, individual and group therapy, and the Referral, Education, Assistance and Prevention program (REAP). Evidence-based services include InSHAPE, Supported Employment, Assertive Community Treatment (ACT), Illness Management and Recovery (IMR), and Dialectical Behavior Therapy (DBT).

There are 2 inpatient psychiatric facilities serving the GBH catchment area: LRGHealthcare Senior Psychiatric Unit (10-bed geropsych) and Franklin Regional Hospital (10-bed Designated Receiving Facility).