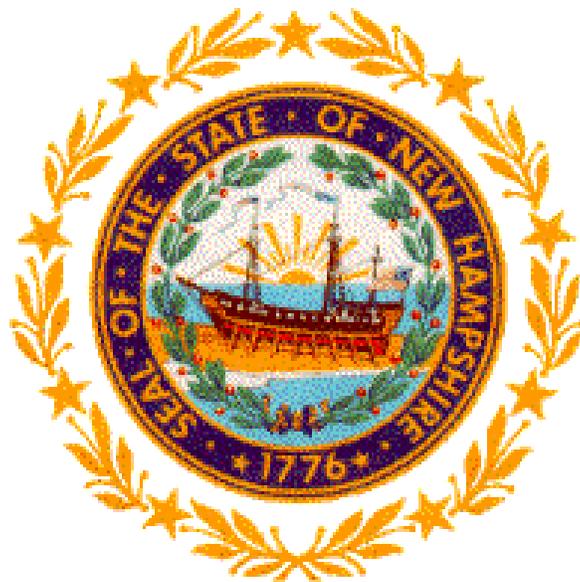


**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH**

**COMMUNITY MENTAL HEALTH PROGRAM
REAPPROVAL REPORT**



**THE LAKES REGION MENTAL HEALTH CENTER, INC.
DBA
GENESIS BEHAVIORAL HEALTH**

MAY 6, 2010

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH

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STATE OF NEW HAMPSHIRE
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ACRONYMS AND DEFINITIONS

Acronyms

Definitions

BBH	Bureau of Behavioral Health
BOD	Board of Directors
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CMHP	Community Mental Health Program
CSP	Community Support Program
DCBCS	Division of Community Based Care Services
DHHS	Department of Health and Human Services
EBP	Evidence Based Practice
ED	Executive Director
ES	Emergency Service
FSS	Functional Support Services
GBH	Genesis Behavioral Health
GOI	General Organizational Index
IOD	Institute on Disability
IMR	Illness Management and Recovery
ISP	Individual Service Plan
MOU	Memorandum of Understanding
NAMI-NH	National Alliance for the Mentally Ill
NHH	New Hampshire Hospital
PRC	Dartmouth Psychiatric Research Center
OCFA	Office of Consumer and Family Affairs
OCLS	Office of Client and Legal Services
OIII	Office of Improvement, Integrity and Information
PSA	Peer Support Agency
QI	Quality Improvement
REAP	Referral, Education, Assistance and Prevention
SFY	State Fiscal Year
SURS	Surveillance Utilization Review Subsystems
SE	Supported Employment
TCM	Targeted Case Management Services
UNH	University of New Hampshire

EXECUTIVE SUMMARY

In accordance with State of New Hampshire Administrative Rule He-403 Approval and Reapproval of Community Mental Health Programs, reviews of community mental health programs (CMHP) occur upon application and thereafter every five years. The purpose of He-403 is to define the criteria and procedures for approval and operation of community mental health programs. A reapproval review of Genesis Behavioral Health (GBH) in Laconia, NH occurred on March 2 – 6, 2009. The review team included staff from the Department of Health and Human Services (DHHS), the Bureau of Behavioral Health (BBH) and the Office of Improvement, Integrity and Information (OIII).

GBH submitted an application for reapproval as a CMHP that included:

- A letter requesting Reapproval;
- A description of all programs and services operated and their locations;
- The current strategic plan;
- A comprehensive listing of critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- The Mission Statement of the organization;
- A current Board of Director list with terms of office and the towns represented;
- The By-Laws;
- The Board of Director (BOD) meeting minutes for Calendar year 2008;
- The current organizational chart;
- Various job descriptions;
- The current Quality Improvement Plan;
- The current Disaster Response Plan.

Additional sources of information prior to the site visit included:

- The New Hampshire Public Mental Health Consumer Survey Project (December 2008);
- Evidence Based Practice (EBP) Fidelity Reviews for Illness Management and Recovery (IMR) and Supported Employment (SE);
- Five year trend BBH eligible consumers;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2008 with Five Year Financial Trend Analysis;
- A Public Notice published in local newspapers soliciting feedback regard the CMHP;
- A letter to constituents identified on the GBH mailing list soliciting feedback regard the CMHP;
- Staff surveys soliciting information from GBH staff regarding training, supervision, services and CMHP operations.

The site visit to GBH included:

- Review of additional documentation including: orientation materials for new BOD members; the Policy and Procedure Manual; Interagency Agreements and Memorandums of Understanding (MOU); and a sample of personnel files;
- Interviews with the BOD, the CMHP Management Team, the Chief Financial Officer (CFO), and Human Resources Director.

The findings from the review are detailed in the following focus areas; Governance; Services and Programs, Human Resources; Policy; Financial; Quality Improvement and Compliance; and Consumer and Family Satisfaction. The structure of the reports includes the Administrative Rule Requirement, team observations, team recommendations, and a text area for the CMHP response.

The following is a summary of the recommendations included in the report:

- A waiver must be requested to He-M 403.03 (b) (4) c. 3 to allow employees or the spouses of employees of GBH to serve on the BOD and/or to allow the Executive Director to be eligible as other than an ex officio member;
- The BOD must review and approve the GBH Policy Manual;
- A copy of the current annual evaluation for all staff, including the CEO, must be kept in the personnel files;
- It is recommended that the disaster response plan be reviewed and approved by the BOD;
- The continued development of EBPs, specifically IMR and SE services including: identify eligible consumers; increase in penetration rates; developing standardized assessments; developing outcome measures; family involvement; and incorporating peer and other natural supports;
- GBH develop individual service planning documentation that fosters the development of consumer centered goals and objectives;
- The IMR training should be standardized and documented in personnel files;
- The IMR supervision format be modified;
- An EBP Steering committee be developed to craft a strategic plan based on fidelity review feedback;
- Develop a working relationship with the local Vocational Rehabilitation;
- Explore ways to either add SE benefit specialist positions or to enhance existing staff capacity to provide these services;
- Develop policies regarding the provision of or the referral to child and adolescent sexual offender assessment and treatment;
- Explore ways to serve ethnic, cultural, sexual, and other minority populations in the region;
- Revise the children's services coordinator job description as it does not include service system planning for children and adolescents, and all inpatient admissions and discharges, including the Anna Philbrook Center;
- Personnel files be monitored for completeness at least annually at the time of the performance review. It is also recommended that a check off sheet be created for the inside cover of each personnel file to facilitate tracking of required elements;
- That a comprehensive and consolidated policy manual be developed, reviewed, signed and dated by the BOD. At a minimum the policy manual must address the policy requirements outlined in He-M 403.07 (1) through (6);
- BBH QI and Compliance Reports be shared with the BOD and utilized in planning activities;
- Continue to conduct and document internal quality improvement and compliance activities;
- Share the NH Public Mental Health Consumer Survey Project Report with the BOD and utilize this information in planning activities;
- GBH develop a corrective action plan designed to improve the days of expenses in cash;
- GBH monitor growth in accounts receivable for Medicaid billing older than 180 days.

PURPOSE, SCOPE AND METHODOLOGY

Staff from the NH DHHS, BBH and OIII, conducted an on-site review of GBH on March 2 – 6, 2009. Members of the review team included Karen Orsini, Michael Kelly, Joy Cadarette, Elizabeth Fenner-Lukaitis, Ann Driscoll and Alan Harris. The review was conducted as part of a comprehensive reapproval process that occurs every five years in accordance with Administrative Rule He-M 403.

A brief meeting was held to introduce the team members and discuss the scope and purpose of the review. In an effort to reduce the administrative demands on agencies, the annual QI and Compliance review was conducted during the reapproval visit. Please note that the results of the eligibility determination review are not fully included in this document and have been sent as a separate report. Two structured interviews were conducted as part of the site visit, one with the Management Team and another with the Board of Directors.

A brief exit meeting was conducted on March 6, 2009 and was open to all staff. Preliminary findings were reviewed and discussed at that time.

Prior to the visit, members of the team reviewed the following documents: (Available at BBH)

- Letter of application from GBH requesting reapproval as a community mental health center;
- Critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- Description of all programs and services operated and their locations;
- Current strategic plan;
- Mission Statement of the organization;
- Current BOD list with terms of office and the towns represented;
- Board of Director By-Laws;
- Board of Director meeting minutes for calendar year 2008;
- Current organizational chart;
- Job descriptions for Chief Executive Officer, Medical Director, Children's Coordinator, Older Adults Coordinator, and Case Manager;
- Current Quality Improvement Plan;
- Current Disaster Response Plan;
- The GBH contract with BBH;
- Results of SFY 2007 Adult and Child Eligibility Review;
- The findings of the previous reapproval report;
- Fiscal manual;
- Billing manual;
- Detailed aged accounts receivable listings for SFY 2007 and SFY 2008;
- Job Descriptions for all accounting and billing staff.

The onsite review at GBH included an examination of the following:

- BOD policies;
- Orientation materials for new Board of Director members;
- Board of Director approved Policy and Procedure Manual;
- MOUs or Interagency Agreements including those with but not limited to:
 - Peer Support Agencies;
 - Housing Authorities;

- Homeless Shelters;
- Substance Use Disorder Programs;
- Area Agencies;
- Vocational Rehabilitation;
- Division of Children, Youth and Families;
- Other Human Services Agencies;
- Adult and children's Criminal Justice organizations;
- NAMI-NH.
- Policies and procedures for:
 - Clients Rights;
 - Complaint Process/Investigations.
- Management Team Minutes for calendar year 2008;
- Personnel files for:
 - Chief Executive Officer;
 - Medical Director.

A Public Notice of the CMHP's application for Reapproval was published in NH's statewide and local newspapers distributed in the region in an effort to solicit comments from the communities served.

In addition, BBH sent letters soliciting feedback from agencies within the region with which GBH conducts business.

Employee surveys were sent to GBH staff during the review process soliciting anonymous feedback regarding various issues relevant to employee satisfaction. The results are summarized in this report.

Information was gathered from a variety of additional sources from different times within the previous approval period. Observations and recommendations are based on the information published at that time. Sources of information include:

- The New Hampshire Public Mental Health Consumer Survey Project (December 2008);
- EBP Reviews for IMR and SE;
- Five year trend BBH eligible consumers;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2008 with Five Year Financial Trend Analysis.

The findings from the review are detailed in the following focus areas; Governance; Services and Programs, Human Resources; Policy; Financial; Quality Improvement and Compliance; Consumer and Family Satisfaction. The structure of the report includes the Administrative Rule Requirement, team observations, team recommendations and a text area for the CMHP response.

AGENCY OVERVIEW

The Lakes Region Mental Health Center began providing services in 1966. Since that time there has been tremendous growth and in the year 2000, a change in name to Genesis Behavioral Health.

GBH is a nonprofit, community-based, mental health organization serving the needs of individuals and families in the Lakes Region of New Hampshire. The towns served by GBH include:

Alexandria	Bristol	Groton	Plymouth
Alton	Campton	Hebron	Rumney
Ashland	Center Harbor	Holderness	Sanbornton
Barnstead	Ellsworth	Laconia	Thornton
Belmont	Gilford	Meredith	Tilton
Bridgewater	Gilmanton	New Hampton	Wentworth

The newly revised mission statement for GBH is stated below:

“The mission of Genesis Behavioral Health is to provide direct services that enhance the emotional and mental health of our communities.”

GBH provides comprehensive mental health services in Belknap and Southern Grafton counties with central administrative offices located in Laconia and Plymouth. The array of recovery and resiliency oriented community based mental health services for children, adults and older adults include: intake assessment services; psychiatric diagnostic and medication services; psychiatric emergency services; case management services; individual, group, and family psychotherapy; evidenced based practices including SE and IMR; services for persons with co-occurring disorders; functional support services; employment services; residential services; respite care; outreach services; education and support to families, and consultation services.

GBH has a website (www.genesisbh.org) which includes information on treatment programs, consumer and family information, emergency services information, program locations and phone numbers, fundraising, web links and resources.

SECTION I. GOVERNANCE

Administrative Rule He-M 403.06 defines a CMHP as an incorporated nonprofit program operated for the purpose of planning, establishing, and administering an array of community-based mental health services.

This administrative rule requires that a CMHP shall have an established plan for governance. The plan for governance shall include a BOD who has responsibility for the entire management and control of the property and affairs of the corporation. The BOD shall have the powers usually vested in a BOD of a nonprofit corporation. The responsibilities and powers shall be stated in a set of By-laws maintained by the BOD.

A CMHP BOD shall establish policies for the governance and administration of the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP and adherence to all state and federal requirements.

Each BOD shall establish and document an orientation process for educating new board members. The orientation shall include information regarding the regional and state mental health system, the principles of recovery and family support, and the fiduciary responsibilities of board membership.

At the time of the review GBH was in substantial compliance with all the requirements referenced above.

REQUIREMENT: He-M 403.03 (b) (4) c. 3. Employees or the spouses of employees of a CMHP, except that the Executive Director shall be eligible as an ex officio member.

OBSERVATION I-A:

The BOD assurance checklist states a waiver will be requested from BBH. There is no evidence that such a waiver has been granted.

RECOMMENDATION I-A:

Update BBH regarding the status of compliance with this regulation and immediately request any necessary waiver(s).

CMHP RESPONSE I-A:

REQUIREMENT: He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

OBSERVATION I-B:

The Policy Manual of GBH addresses policy development and states that the Chief Executive Officer approves all policies. There is no indication of BOD review and approval.

RECOMMENDATION I-B:

The BOD must review and approve the GBH Policy Manual.

CMHP RESPONSE I-B:

REQUIREMENT: He-M 403.05 (h) (3) The Senior Executive Officer shall be evaluated annually by the CMHP Board of Directors/Advisory Board to ensure that services are provided in accordance with the performance expectations approved by the board, based on the Regional Plan, and the Department's rules and contract provisions.

OBSERVATION I-C:

A copy of the evaluation was not included in the CEO's personnel file.

RECOMMENDATION I-C:

A copy of the current annual evaluation for all staff, including the CEO, must be kept in the personnel files.

CMHP RESPONSE I-C:

REQUIREMENT: He-M 403.06 (a) (8) A CMHP shall provide the following, either directly or through a contractual relationship: Planning, coordination, and implementation of a regional mental health Disaster Response Plan.

OBSERVATION I-D:

There was no indication that the disaster response plan is reviewed and approved by the BOD.

RECOMMENDATION I-D:

403.03 (b) (1) states that the BOD is responsible for the entire management and control of the CMHP. It is recommended that the disaster response plan be reviewed and approved by the BOD.

CMHP RESPONSE I-D:

SECTION II: SERVICES AND PROGRAMS

Administrative Rule He-M 403.06 (a) through (f) requires that a CMHP provide a comprehensive array of community based mental health services. The priority populations include children, adults, and older adults meeting BBH eligibility criteria per Administrative Rule He-M 401.

BBH has prioritized EBPs, specifically IMR and SE. CMHPs are also required to offer Targeted Case Management to the BBH eligible population. These requirements are specified in Administrative Rule He-M 426.

Emergency mental health services and intake services are required to be available to the general population. Emergency mental health services are also required to be available 24 hours a day, seven days a week. These requirements are specified in Administrative Rule He-M 403.

The CMHP must provide outreach services to people who are homeless. The CMHP must also collaborate with state and local housing agencies to promote access to housing for persons with mental illness.

Assessment, service planning and monitoring activities are required for all services per Administrative Rules He-M 401 and He-M 408.

Each CMHP is required to have a Disaster Response Plan on file at BBH per Administrative Rule He-M 403.

At the time of the review GBH was in substantial compliance with all the requirements referenced above.

REQUIREMENTS:

He-M 403.05 (d) (3) Enhance the capacity of consumers to manage the symptoms of their mental illness and to foster the process of recovery to the greatest extent possible.

He-M 403.06 (a) (15) A CMHP shall provide the following, either directly or through a contractual relationship: Mental illness self-management and Rehabilitation Services (IROS) pursuant to He-M 426, including those services provided in community settings such as residences and places of employment.

ADDITIONAL INFORMATION SOURCE:

IMR Fidelity Review Reports - The General Organizational Index (GOI) Penetration Review Section. The GOI review is intended to measure the structural components that exist in an agency that will facilitate the delivery of EBPs such as IMR. The information below is based upon a site visit to GBH on February 24th and 25th, 2009.

The anchor points on the GOI scale are defined for each individual item, and can be roughly thought of as ranging from a one (1) corresponding to not implemented in this program at this time, to a five (5) indicating that the item is fully implemented. Each of the items from the GOI is listed below with an arrow indicating the score for each item, followed by a definition of the item and comments regarding the information that was used to determine the score. Only those

sections with a score of one (1) or two (2) at the time of the review are referenced below. Recommendations are based on the findings from that review period.

Eligibility/Client Identification	1	2	3	4	5
All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for the EBP using standardized tools or admission criteria consistent with the EBP. Also, the agency tracks the number of eligible clients in a systematic fashion.	≤20% of clients receive standardized screening and/or agency DOES NOT systematically track eligibility	21%-40% of clients receive standardized screening and agency systematically tracks eligibility	41%-60% of clients receive standardized screening and agency systematically tracks eligibility	61%-80% of clients receive standardized screening and agency systematically tracks eligibility	>80% of clients receive standardized screening and agency systematically tracks eligibility

OBSERVATION II-A:

There was no systematic method to track which eligible consumers had been offered IMR. In addition the times and methods of informing consumers were not consistent.

RECOMMENDATION II-A:

Both formal and standardized approaches to offering IMR should be developed and documented.

CMHP RESPONSE II-A:

IMR Penetration	1	2	3	4	5
The maximum number of eligible consumers are served by the EBP, as defined by the ratio: $\frac{\# \text{ consumers receiving EBP}}{\# \text{ consumers eligible for EBP}}$	Ratio ≤ .20	Ratio between .21 and .40	Ratio between .41 and .60	Ratio between .61 and .80	Ratio > .80

OBSERVATION II-B:

IMR penetration is defined as the percentage of consumers who have access to an EBP as measured against the total number of consumers who could benefit from the EBP. Numerically, this proportion is defined by:

$$\frac{\# \text{ of consumers receiving an EBP}}{(\# \text{ of consumers eligible for the EBP} * 0.8)}$$

GBH is to be commended for their efforts to increase access to IMR services. GBH has expanded their IMR programming to include a variety of groups (e.g., Anxiety, Substance-Abuse, Grief and Loss, Financial Management, and Anger Management). This expansion demonstrates a commitment to the use of IMR and its broad application. The QI staff provided the appropriate numbers for this rating. These numbers are reflective of the number of adult consumers (age 18-59) who either received or are receiving IMR/eligible for services between 12/07 and 12/08. This item has risen to a 2, and the percentage of consumers receiving the service has more than doubled from 12.4% to 32% since the previous review.

$$\frac{65 \text{ consumers receiving IMR}}{152 (190 * .80) \text{ consumers eligible for IMR}} = .32 \text{ ratio}$$

RECOMMENDATION II-B:

It is recommended that strategies to increase penetration continue to be utilized.

CMHP RESPONSE II-B:

Assessment	1	2	3	4	5
Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical/ psychiatric/ substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in two of the following: Standardization, Quality of assessments, Timeliness, Comprehensive-ness	Pervasive deficiencies in one of the following: Standardization, Quality of assessments, Timeliness, Comprehensive-ness	61%-80% of clients receive standardized, high quality assessments at least annually OR Information is deficient for one or two assessment domains	>80% of clients receive standardized, high quality assessments, the information is comprehensive across all assessment domains, and updated at least annually

OBSERVATION II-C:

Assessments in consumer charts were not standardized or updated following intake.

RECOMMENDATION II-C:

Develop a system to ensure that assessments are standardized, comprehensive, and up-to-date.

CMHP RESPONSE II-C:

Individualized Treatment Plan	1	2	3	4	5
For all EBP clients, there is an explicit, individualized treatment plan related to the EBP that is consistent with assessment and updated every 3 months.	≤20% of clients served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.	21%-40% of clients served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.	41%-60% of clients served by EBP have an explicit individualized treatment plan, related to the EBP updated every 3 mos. OR Individualized treatment plan is updated every 6 mos.	61%-80% of clients served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.	>80% of clients served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.

Individualized Treatment	1	2	3	4	5
All EBP clients receive individualized treatment meeting the goals of the EBP.	≤20% of clients served by EBP receive individualized services meeting the goals of the EBP	21%-40% of clients served by EBP receive individualized services meeting the goals of the EBP	41%-60% of clients served by EBP receive individualized services meeting the goals of the EBP	61% - 80% of clients served by EBP receive individualized services meeting the goals of the EBP	>80% of clients served by EBP receive individualized services meeting the goals of the EBP

OBSERVATION II-D:

Goals and objectives were not found to be person centered and often repeated from one record to another such as “managing symptoms and gaining coping skills”.

RECOMMENDATION II-D:

GBH develop documentation that fosters the development of consumer centered goals and objectives including the individual recovery goals developed in IMR Module 1.

He-M 408.09 Documentation of Service Delivery and Outcomes requires that documentation of service delivery include the ISP goal and objective being addressed. It is recommended that service delivery documentation be modified to include all required elements in He-M 408 including the specific ISP goal and objective being addressed at the time the service is being delivered.

CMHP RESPONSE II-D:

Training	1	2	3	4	5
All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) within 2 months of hiring. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).	≤20% of practitioners receive standardized training annually	21%-40% of practitioners receive standardized training annually	41%-60% of practitioners receive standardized training annually	61%-80% of practitioners receive standardized training annually	>80% of practitioners receive standardized training annually

OBSERVATION II-E:

New practitioners do not receive IMR training within 2 months of being hired. GBH does not require attendance at the skills trainings.

RECOMMENDATION II-E:

GBH is in the process of modifying their training procedures agency-wide. It is recommended that a structured IMR training occur within 2 months of hiring for new practitioners. The IMR training should be standardized and documented in personnel files. Additionally, it is important for experienced trainers to receive annual refresher trainings.

CMHP RESPONSE II-E:

Supervision	1	2	3	4	5
EBP practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in the particular EBP. The supervision should be client-centered and explicitly address the EBP model and its application to specific client situations.	≤20% of practitioners receive supervision	21% - 40% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision on an informal basis	41%-60% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision monthly	61%-80% of EBP practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision twice a month	>80% of EBP practitioners receive structured weekly supervision, focusing on specific clients, in sessions that explicitly address the EBP model and its application

OBSERVATION II-F:

All IMR practitioners at GBH including those from the Plymouth office are encouraged to attend one large consultation group (up to 22 practitioners).

RECOMMENDATIONS II-F:

In the recommended format approximately 6-8 practitioners form a supervision group. The recommended supervision format includes a check-in with practitioners in the beginning of

supervision, case presentation, clarifying questions from practitioners, and a problem-solving exercise.

CMHP RESPONSE II-F:

Process Monitoring	1	2	3	4	5
Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators.	No attempt at monitoring process is made	Informal process monitoring is used at least annually	Process monitoring is deficient on 2 of: (1) Comprehensive & standardized; (2) Completed every 6 mos.; (3) Used to guide program improvements OR Standardized monitoring done annually only	Process monitoring is deficient on 1 of: (1) Comprehensive & standardized; (2) Completed every 6 months; (3) Used to guide program improvements	Standardized comprehensive process monitoring occurs at least every 6 mos. and is used to guide program improvements

OBSERVATION II-G:

There was no evidence of a standardized approach to process monitoring for areas such as: supervision, training, or delivery of IMR services.

RECOMMENDATION II-G:

It is recommended that a QI or EBP Steering committee be developed to craft a strategic plan based on fidelity review feedback. The fidelity reports and strategic plan developed by the Steering Committee should be shared with staff to improve the IMR practice.

CMHP RESPONSE II-G:

Outcome Monitoring	1	2	3	4	5
Supervisors/program leaders monitor the outcomes for EBP clients every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome related to the EBP, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.	No outcome monitoring occurs	Outcome monitoring occurs at least once a year, but results are not shared with practitioners	Standardized outcome monitoring occurs at least once a year and results are shared with practitioners	Standardized outcome monitoring occurs at least twice a year and results are shared with practitioners	Standardized outcome monitoring occurs quarterly and results are shared with EBP practitioners

OBSERVATION II-H:

GBH is utilizing the IMR Clinician and consumer assessment sheets on a monthly basis. Unfortunately, the agency has not developed a process to collect, compile, and share this data.

RECOMMENDATION II-H:

The outcome measures that are being gathered individually should be compiled, analyzed and shared with practitioners.

CMHP RESPONSE II-H:

Quality Assurance	1	2	3	4	5
The agency has a QA Committee or implementation steering committee with an explicit plan to review the EBP, or components of the program, every 6 months.	No review or no committee	QA committee has been formed, but no reviews have been completed	Explicit QA review occurs less than annually OR QA review is superficial	Explicit QA review occurs annually	Explicit review every 6 months by a QA group or steering committee for the EBP

OBSERVATION II-I:

There is no active EBP Steering Committee.

RECOMMENDATION II-I:

Develop an EBP Steering Committee with representation from a diverse group of stakeholders including QI, the IMR Program Leader/Supervisor, or the IMR Trainer.

CMHP RESPONSE II-I:

IMR Fidelity Review Reports – IMR Fidelity Scale Section. Each of the items from the IMR Fidelity Scale is listed below with an arrow indicating the score for each item as well as a description of the rating and recommendations for improving the IMR practice at GBH. Only those sections with a score of one (1) or two (2) at the time of the review are referenced below. Recommendations are based on the findings from that review period.

Involvement of Significant Others	1	2	3	4	5
At least one IMR-related contact in the last month <u>OR</u> involvement with the consumer in pursuit of goals (e.g., assisting with homework assignments).	<20% of IMR clients have significant other(s) involved	20%-29% of IMR clients have significant other(s) involved	30%-39% of IMR clients have significant other(s) involved	40-49% of IMR clients have significant other(s) involved	≥50% of IMR clients have significant other(s) involved

OBSERVATION II-J:

This is one of the most challenging areas for IMR providers across the country. At GBH, practitioners and participants described limited contact with natural supports.

RECOMMENDATION II-J:

Outreach and connecting with support networks is an area that could likely be improved with training.

CMHP RESPONSE II-J:

IMR Goal Setting	1	2	3	4	5
<ul style="list-style-type: none"> • Realistic and measurable; • Individualized; • Pertinent to recovery process; • Linked to IMR plan. 	<20% of IMR clients have at least 1 personal goal in chart	20%-39% of IMR clients have at least 1 personal goal in chart	40%-69% of IMR clients have at least 1 personal goal in chart	70%-89% of IMR clients have at least 1 personal goal in chart	≥90% of IMR clients have at least 1 personal goal in their chart

IMR Goal Follow-up	1	2	3	4	5
Practitioners and consumers collaboratively follow up on goal(s) (See examples in the IMR Practitioner Workbook)	<20% of IMR clients have follow-up on goal(s) documented in chart	20%-39% of IMR clients have follow-up on goal(s) documented in chart	40%-69% of IMR clients have follow-up on goal(s) documented in chart	70%-89% of IMR clients have follow-up on goal(s) documented in chart	≥90% of IMR clients have follow-up on the goal(s) documented in their chart

OBSERVATION II-K:

Goals and objectives were frequently not individualized, recovery-oriented, or tracked.

RECOMMENDATION II-K:

GBH develop documentation that fosters the development of consumer centered goals and objectives including the individual recovery goals developed in IMR Module 1.

CMHP RESPONSE II-K:

Relapse Prevention Training	1	2	3	4	5
<ul style="list-style-type: none"> • Identify triggers; • Identify early signs; • Stress management; • Ongoing monitoring; • Rapid intervention as needed. 	Few or none of the practitioners are familiar with the principles of relapse prevention training	Some of the practitioners are familiar with the principles of relapse prevention training, with a low level of use	Some of the practitioners are familiar with the principles of relapse prevention training, with a moderate level of use	The majority of the practitioners are familiar with the principles of relapse prevention training and use it regularly	All practitioners are familiar with the principles of relapse prevention training and use it regularly, as documented by relapse prevention plans in clients' charts

OBSERVATION II-L:

Currently, the relapse prevention plans developed in IMR are given to clients to keep in their own records, without making photocopies to be kept in the clinical record.

RECOMMENDATION II-L:

It is recommended that GBH consider either incorporating the IMR plans into the clinical record or revising the existing crisis plans to reflect work being done in IMR.

CMHP RESPONSE II-L:

REQUIREMENTS:

He-M 403.06 (a) (5) a. Provide supports and opportunities for consumers to succeed at competitive employment, higher education, and community volunteer activities.

He-M 403.06 (a) (5) b. 1-3. Vocational Assessment and Service Planning; competitive employment and supported work placements; and employment counseling and supervision.

ADDITIONAL INFORMATION SOURCE:

SE Fidelity Review Reports - The General Organizational Index (GOI) Penetration Review Section. SE fidelity reviews are conducted in order to determine the level of implementation and adherence to the evidenced based practice model of the CMHPs SE program. A SE fidelity score was determined following the review.

The anchor points on the GOI scale are defined for each individual item, and can be roughly thought of as ranging from a one (1) no implementation, to a five (5) full implementation. Only those sections with a score of one (1) or two (2) are referenced below:

Penetration.	1	2	3	4	5
The maximum number of eligible clients are served by the EBP, as defined by the ratio: $\frac{\# \text{ Clients receiving EBP}}{\# \text{ Clients eligible for EBP}}$	Ratio \leq .20	Ratio between .21 and .40	Ratio between .41 and .60	Ratio between .61 and .80	Ratio $>$.80

OBSERVATION II-M:

Penetration is defined as the percentage of clients (age 18-59) who have access to SE as measured against the total number of clients who could benefit from SE. The number of clients with severe mental illness who would be eligible and willing to use SE services is shown by research to be 60% of consumers at any given time. Numerically, for the penetration rate for SE is defined by:

$$\frac{\# \text{ Of clients receiving SE (age 18-59)}}{(\# \text{ Of clients eligible for SE (age 18-59)} * .60)}$$

$$\frac{42 \text{ clients receiving SE services currently}}{319 = (531 \text{ eligible} * .60)} = .13 \text{ ratio}$$

Research shows that 60% of consumers voice a desire to work over the course of any given year. At the time of the fidelity review there were 531 eligible consumers aged 18-59, served by the CMHP. There were 42 consumers involved in SE services during that time resulting in a penetration rate of less than 20% and a fidelity rating of one (1) out of five (5).

RECOMMENDATION II-M:

GBH is encouraged to actively market the SE program to the eligible population in an effort to increase the penetration rate.

CMHP RESPONSE II-M:

STAFFING	RATING
<p>Organization: Collaboration between employment specialists and Vocational Rehabilitation counselors: The employment specialists and Vocational Rehabilitation counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.</p>	1

OBSERVATION II-N:

The employment specialists described barriers to making referrals to VR. The SE Team members and the local VR counselor do not appear to meet in-person or any more routinely than on a quarterly basis.

RECOMMENDATION II-N:

Development of a strong working relationship with a local VR counselor is an important component of an SE program. It is recommended that the VR Counselor and Employment Specialists meet face-to-face on a regular basis.

CMHP RESPONSE II-N:

STAFFING	RATING
<p>Organization: Agency focuses on competitive employment: Agency promotes competitive employment through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g. brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures the rate of competitive employment and shares this information with the agency leadership and staff.</p>	2

OBSERVATIONS II-O:

GBH has produced a video about consumers who are interested in employment. Unfortunately, it has had only a limited circulation due to concerns about confidentiality.

GBH has developed brochures regarding SE, however, these were not found to be available in public places such as the lobby or waiting areas.

The SE team has established a group related to employment where consumers can share stories.

GBH does not measure the employment rate for CSP consumers and therefore is not able to share this information with leadership.

RECOMMENDATIONS II-O:

Develop ways to address issues of confidentiality such as through releases of information specific to the video project. Distribute copies and/or present the video in a variety of education settings.

Distribute brochures regarding supported employment both within the CMHP and in other appropriate community based settings.

Explore ways to encourage consumers successful in employment endeavors to share their success stories. If necessary, explore ways to make the stories anonymous so that they can be shared with others.

Explore developing a competitive employment rate as an outcome indicator for the SE program.

CMHP RESPONSE II-O:

STAFFING	RATING
Services: Work Incentive Planning: All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives' planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits.	2

OBSERVATION II-P:

GBH has been able to provide benefits counseling services to their clients. The presence of multiple and complex work incentive programs at both the state and federal level requires that employed clients have access to comprehensive work incentive planning. These services must be provided by fully trained community work incentive counselors with an emphasis on client choice.

RECOMMENDATION II-P:

Explore ways to either add benefit specialist positions or to enhance existing staff capacity to provide these services.

CMHP RESPONSE II-P:

STAFFING	RATING
Services: Job development - Frequent employer contact: Each employment specialist makes at least six (6) face-to-face employer contacts per week on behalf of clients looking for work. An employer contact is counted even when an employment specialist meets with the same employer more than one time in a week, and when the client is present or not. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.	1

OBSERVATION II-Q:

Community based job development and direct contact with employers and consumers in employment settings is limited.

RECOMMENDATION II-Q:

Explore ways to increase services in natural employment environments and to the consumers' natural support systems.

CMHP RESPONSE II-Q:

STAFFING	RATING
Services: Job development - Quality of employer contact: Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer.	2

OBSERVATION II-R:

Maintaining a list of job openings in the area that is then shared with clients and practitioners is an area that has been identified for targeted improvements in the upcoming year.

RECOMMENDATION II-R:

Explore ways to improve activities in this area.

CMHP RESPONSE II-R:

REQUIREMENT: He-M 403.06 (d) (9) Services provided to children shall include Sexual Offender Assessments and Treatment.

OBSERVATION II-S:

GBH does not provide these services.

RECOMMENDATION II-S:

Develop a policies regarding for the provision of or the referral to child and adolescent sexual offender assessment and treatment.

CMHP RESPONSE II-S:

REQUIREMENT: He-M 403.06 (l) A CMHP shall provide services that are responsive to the particular needs of members of minority communities within the region.

OBSERVATION II-T:

Services to minority populations in the area are somewhat limited to specific events such as health fairs and local multicultural events.

RECOMMENDATION II-T:

It is recommended that GBH continue to explore ways to serve ethnic, cultural, sexual and other minority populations in the region.

CMHP RESPONSE II-T:

REQUIREMENT: He-M 403.06 (f) A CMHP shall make services available to persons who have both a mental illness pursuant to He-M 401 and a developmental disability pursuant to He-M 503.

OBSERVATION II-U:

Although the management team reported some communication with the local area agency, services to persons with both mental illness and developmental disability appear to be limited. There were no specific services identified in the application, brochures or on the web site. The BOD reported a lack of coordination with the area agency

RECOMMENDATION II-U:

It is recommended that GBH explore ways of strengthening its relationship with the area agency.

CMHP RESPONSE II-U:

REQUIREMENT: He-M 403.06 (a) (1) Intake assessment which shall address substance abuse history and at risk behaviors and determination of eligibility pursuant to He-M 401.

OBSERVATION II-V:

FY 2008 BBH QI and Compliance reports reflect that 74% of adult records and 50% of child records contained annual substance use screens. It must be noted that the compliance rating for annual substance use screens for adults has declined in each of the two years since FY 2006.

RECOMMENDATION II-V:

The CMHP must complete annual substance use screens for all adults and children over 12 years of age. The GBH corrective action plan dated August 20, 2009, indicates the internal quality improvement processes have been modified to achieve increased compliance with this requirement.

CMHP RESPONSE II-V:

SECTION III: HUMAN RESOURCES

The CMHP is responsible for determining the qualifications and competencies for staff based upon its mission, populations served and the treatment and services provided. An organization's personnel policies define what the agency can expect from its employees, and the employees can expect from the agency.

The BOD is responsible to review and approve the CMHP's written personnel policies. The policies should be reviewed on a regular basis to incorporate new legal requirements and organizational needs. Every employee should review a copy of the policies.

The BBH team reviewed a sample of GBH personnel records to assure compliance with Administrative Rule He-M 403.05 (g) through (i) and He-M 403.07 (a) through (e) including current licensure, resumes, training documentation, and background checks.

In addition, an anonymous survey was distributed to GBH staff at the time of the review. A total of 210 surveys were distributed and 72 were returned for a response rate of 34%. The focus of the survey were questions regarding training, recovery orientation of the agency, consumer focus, agency responsiveness to consumer, impact of funding restrictions and supervision. Included below is a summary of responses in both narrative and aggregate form.

At the time of the review GBH was in partial compliance with all the requirements referenced above.

REQUIREMENT: He-M 403.05 (h) (3) The Senior Executive Officer shall be evaluated annually by the CMHP Board of Directors/Advisory Board to ensure that services are provided in accordance with the performance expectations approved by the board, based on the Regional Plan, and the Department's rules and contract provisions.

OBSERVATION III-A:

Though there was an evaluation of the CEO on file at the time of the review for the period of June 2007, through June 2008, it was not signed by the BOD.

RECOMMENDATION III-A:

Annual performance evaluations of the CEO must be conducted, signed by the BOD and kept on file.

CMHP RESPONSE III-A:

REQUIREMENT: He-M 403.05 (j) Each program shall employ a Children's Services Coordinator who shall work with the Division in service system planning for children and adolescents, and all inpatient admissions and discharges, including the Anna Philbrook Center.

OBSERVATION III-B:

The Children's Services Coordinator job description does not include service system planning for children and adolescents and all inpatient admissions and discharges, including the Anna Philbrook Center.

RECOMMENDATIONS III-B:

Revise the Children’s Services Coordinator job description to include service system planning for children and adolescents, and all inpatient admissions and discharges, including the Anna Philbrook Center.

CMHP RESPONSE III-B:

REQUIREMENT: He-M 403.05 (k) Each program shall employ an Elder Service Coordinator who oversees program development, training, and interagency collaboration, and participates in regional and statewide planning activities with other elder serving agencies.

OBSERVATION III-C:

There is no Elder Service Director job description that includes oversight of program development, training, and interagency collaboration, and participates in regional and statewide planning activities with other elder serving agencies. These responsibilities are covered by the CSP Director.

RECOMMENDATIONS III-C:

Develop an Elder Service Coordinator’s Director job description that includes oversight of program development, training, and interagency collaboration, and participates in regional and statewide planning activities with other elder serving agencies.

CMHP RESPONSE III-C:

REQUIREMENT: The table below consolidates the findings regarding the requirements in He-M 403.07 (b) through (e) pertaining to documentation found in personnel files.

OBSERVATIONS III-D:

GENESIS HUMAN RESOURCES TABLE									
He-M	Requirement	Personnel Files							% Compliance
		1	2	3	4	5	6	7	
He-M 403.07 (b)	Annual performance evaluation	N	N	N	N/A	Y	Y	N	33%
He-M 403.07 (c)	Staff development plan	N	N	N	N/A	Y	Y	N	33%
He-M 403.07 (d)	Documentation of ongoing training	Y	Y	Y	N/A	N	Y	Y	83%
He-M 403.07 (e)	Documentation of Orientation training	N	N	N	N/A	Y	N	N	17%
He-M 403.07 (e) (1)	Does Orientation include the Local and State MH System	N	N	N	N/A	N	N	N	0%
He-M 403.07 (e) (2)	Does Orientation include an overview of mental illness and current MH practices	N	N	N	N/A	N	N	N	0%
He-M 403.07 (e) (3)	Does Orientation include Applicable He-M Administrative Rules	Y	Y	Y	N/A	Y	Y	Y	100%
He-M 403.07 (e) (4)	Does Orientation include the local service delivery system	N	N	N	N/A	N	N	N	0%
He-M 403.07 (e) (5)	Does Orientation include Client Rights training	N	N	N	N/A	N	N	N	0%

RECOMMENDATIONS III-D: It is recommended that personnel files be monitored for completeness at least annually at the time of the performance review. It is also recommended that a check off sheet be created for the inside cover of each personnel file to facilitate tracking of required elements.

PLEASE NOTE: He-M 403 has been revised since the site visit and now includes the following requirement:

He-M 403.07(b) A CMHP shall conduct criminal background checks and a review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff member. In addition, motor vehicle record checks shall be conducted for staff who will be transporting consumers pursuant to employment.

Future reviews will include verification of compliance with this administrative rule.

CMHP RESPONSE III-D:

**REGION III
STAFF SURVEY RESULTS
2009**

As part of the Reapproval process, BBH requested that a CMHP staff survey be distributed. The surveys are completed, returned in a sealed envelope and the results compiled for inclusion in this report. The results of the survey are outlined below for consideration by GBH.

1. Does your agency provide job-related training?

<u>Yes</u>	<u>No</u>	<u>No Answer</u>
40/48	5/48	3/48
83%	10%	4%

a. How would you rate your agency's staff training effects?

<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>No Answer</u>
4/48	21/48	21/48	26/48
8%	44%	44%	40%

b. How responsive is your agency to your training requests? (Give examples)

<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>No Answer</u>
3/48	17/48	24/48	4/48
6%	35%	50%	8 %

1. Anytime I want to go they will pay. They have also asked me if I wanted to attend.
2. I am not a direct service provider and do not feel this questionnaire pertains to me. I would like to suggest the use of an online tool, ex. Survey monkey for sutire surveys and more questions that are broadly stated and can be answered by all staff. After all, the quality of care to clients is all of our responsibility from the front door to billing to FSS.
3. Recently brainstorming new ideas for in-house trainings, none done yet.
4. Regular meetings addressing the need of the staff and implementing discussions, seminars for training.
5. Every effort is made to fulfill staff development requests.
6. Requests for external seminars/conferences are supported and approved quickly. Could do a better job on training new staff with job specific skills.
7. I have always been able to attend any training that I have requested to attend.
8. If I request to go to training, it is almost always approved!
9. We have been working on this issue establishing a training day.
10. Each year I request to attend 2-3 various trainings (some new and some as refreshers) and my requests have never been denied. I have also been encouraged to attend trainings whenever possible.
11. Over 23 years at the agency - have not been turned down for a training request.
12. Often takes quite some time to set up said trainings.
13. Recent focus on in-house training, convenient and responsive to requests, but harder to attend outside trainings.

14. Previously we had been allowed to attend many different trainings regardless of their cost, but all are now restricted to programs that don't exceed 100%.
15. Have asked for more training in Care Management, etc., it is getting better with the new training committee.
16. I'm new to this agency and have not made requests for trainings and seminars yet. However, GBH has been proactive in orientation, operations and evidence based practice training or supervision.
17. Able to attend most trainings I request. Also, provision of in-house training.
18. Lack of funds to allow staff to attend trainings.
19. I received the agency orientation 4 months after I'd been here but received no training on the specifics of my position as FSS/Care Manager.
20. Staff members will put in training requests that they are interested in pursuing and some requests get declined. Staff are informed that the requests are denied due to lack of funding, a training in the area of interest will be offered in-house but that is rarely accurate, and that training could be offered in-house when individuals get around to it.
21. My training requests have been approved – not denied. Recommended trainings are valued by me.
22. Sending me to DBT training in Manchester to sharpen clinical skills.
23. Developed training community – have provided several mandatory trainings in past year and recently provided a 3 hour CEU approved seminar on trauma treatment in children and adolescents.
24. Professional requests and suggestions are honored in a timely manner.

2. Does your agency provide training in recovery philosophy?

<u>Yes</u>	<u>No</u>	<u>No Answer</u>
27/48	7/48	14/48
56%	15%	29%

1. It doesn't appear the agency has one philosophy regarding recovery but several ways they feel recovery can be achieved.
2. Not sure.
3. Staff are trained in IMR to support consumer.
4. Moving in that direction.
5. ????
6. Not to my knowledge.
7. Meaning drugs?
8. N/A – clerical.
9. IMR and generally client centered with goals toward recovery and resiliency for both kids, families and adults.
10. N/A – child and family program.
11. Never heard that term used at GBH.
12. Not that I am aware of and nor have I ever attended such a training.
13. It has started to go in that direction with person centered treatment planning and targeted care management.
14. More geared toward adult population. What is that? If speaking of illness management and recovery, then yes.

3. In helping people with mental illness establish a recovery oriented treatment plan, do you find your agency supportive? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
32/48	8/48	0/48	8/48
67%	17%	0%	16%

1. Very flexible and creative ideas are suggested.
2. Referrals to community agencies for community based services. Ongoing communication and cooperation with these agencies. Outreach programs in schools, clinics.
3. Since I do not work in the clinical program, I can't answer the question.
4. Client's treatment plans are reviewed and reevaluated continuously. When something doesn't seem to be working it goes to team for a discussion and brainstorming of ideas to reengage the client.
5. Yes.
6. More focus on supportive employment/education.
7. Recovery programs – IMR.
8. Could recognize and be more proactive and supportive of DBT as a viable recovery treatment.
9. Treatment plans are recovery oriented. Community activities - large emphasis.
10. N/A – clerical.
11. IMR is a mainstay in both group and individual treatment.
12. Our treatment plan states “Individual Treatment Plan Toward Recovery and Resiliency.” Outreach services to support recovery goals (i.e. employment, connection to community supports, and activities to promote wellness.
13. Clientele that lack compliance continue to receive medications and community services, even though they are not engaging in any therapy services. Focus is always on bringing in revenue, rather than compliance for a client to establish recovery oriented treatment.
14. Denise L. is always open to suggestions, other staff to consult with. Only IMR is recognized at the agency due to reimbursements.

4. Do you find services are truly based on consumer needs and interests?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
35/48	9/48	0/48	4/48
73%	19%	0%	8%

1. I believe so, but cannot personally verify.
2. Yes. It is a consumer choice/driven philosophy.
3. I feel sometimes it can be based on organizational needs.
4. Resources, economics, productivity demands may sometimes interfere with offering what a consumer most needs.
5. More psychiatric resources are desperately needed.
6. The client is a part if ISP development. Goals and objectives if the treatment plan are client driven.

5. When you represent consumer requests/needs to your agency staff, are they responsive? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
29/48	12/48	1/48	6/48
60%	25%	2%	13%

1. We appear to be willing to make as many accommodations for our clients as possible.
2. Benefit's specialist often helpful to many of the clients. Quick to respond.
3. Groups are formed from consumer requests and needs. Procedures are reviewed and sometimes may even be changed with consumer input.
4. I often have questions or need information from the case manager. They are very good about getting back to me or helping me get the information needed.
5. Yes. I came back from a meeting with a consumer with some real concerns about the family dynamics I saw occurring in the home. I brought the concerns to my supervisor. We are now offering more supports to the family!
6. Staff work very hard to meet client needs. Staff will drop what they're doing when a client needs assistance. New groups have been created for consumers that are fun and education at the same time.
7. Expedient access to psychiatric services and/or eligible services is often lacking.
8. Care management very effective.
9. Particularly related to new group ideas for promoting peer support.
10. They listen – sometimes not responsive due to financial restraints.
11. Team meetings are based around client needs – requests. Discussions focus on how the agency or other community agency can best meet the client's goals.
12. Everything from scheduling needs to individualized services relevant to treatment.
13. Staff are overworked and underpaid, so when staff members have additional requests/needs for consumers not all are willing to respond. Lack of compliance with clientele, clientele not taking responsibilities for themselves, clientele blaming others, and inconsistency effect staff wanting to put forth more effort and time.
14. I have a young adult whose Medicaid Healthy Kids was ended due to age; client applied for adult Medicaid; family receives assistance; program director approved continued services while adult Medicaid is pending.

6. Do you find an individual's services restricted by lack of funds? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
14/48	24/48	5/48	5/48
29%	50%	10%	10%

1. We always seem to make it work with what's available.
2. Particularly in the ineligible program.
3. Fundraising is not the focus but rather the best interests of our patients and the effectiveness of our work. Funding however is not always available.
4. I don't believe so.
5. Smaller caseloads would allow clinicians to give more personal/focused care. Group size may be limited by funding which means too small a group may not run.

6. All medically needed services are provided regardless of whether or not we will get paid.
7. I have not experienced this so far.
8. Not enough staff to adequately cover needs. Staff overworked – too high of a caseload. Paperwork priority over services.
9. Supportive employment.
10. Due to changes in Medicaid and increased spend down amounts clients will refuse to engage in treatment they need because of inability to pay spend down dollars. Ex: I was seeing a client for individual therapy and case management – he refused to keep appointment due to not having money to pay. He was encouraged to come in and we would work around it. He still refused.
11. Insurance, lack of enough psychiatric time, poor response by county and towns to help provide for their citizens that utilize GBH services.
12. Impossible/difficult to offer some supports to private insurance consumers.
13. Most clients/families are not interested in recommended services if not covered by their insurance or if they are uninsured – they don't want to pay.
14. Spend downs can interfere with service delivery and medications. Reimbursement can impact a number of clinicians in (sic) consumer mental health.
15. Depends on the program. Eligible adults and children are generally ok but people seeking services who are not eligible often seem unable to pay for services they need.
16. Community based activities for kids not receiving Medicaid are not affordable.
17. Not so much funding but availability of services to FSS children in relation to location and time.
18. Clientele cannot receive appropriate care due to lack of insurance, qualified diagnosis for services, and only specific insurances can receive additional services that many could benefit from. Lack of funding for grants, scholarships, and funds effect our clientele daily of not being able to participate in programs that they could benefit from due to parental/family income.
19. Private insurance clients are more restricted.
20. Too many people without insurance and not enough county funds.

7. Are your agency's managers accessible to you?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
34/48	11/48	2/48	1/48
71%	23%	4%	2%

a. Are your supervisors accessible to you?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
35/48	12/48	1/48	0/48
73%	25%	2%	0%

b. Do you find managers/supervisors helpful when you have questions, problems, or ideas that you wish to discuss?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
30/48	13/48	1/48	4/48
63%	27%	2%	8%

1. Over the past few years I have noticed that new staff, particularly younger staff, have an expectation that supervisors should be available instantaneously. I believe it's the "cell phone" generation who has become used to their parents always be available at the push of a button.

2. Yes. My managers/supervisor have been great allowing me to express myself freely. Especially bringing forth "Ideas." Awesome!
3. Anyone I have ever asked a question to or sought out their assistance has been more than helpful and happy to do so.
4. New supervisor (Charlotte) has given me excellent guidance and answers to previously unknown issues/questions.

SECTION IV: POLICY

Policies and procedures ensure that fundamental organizational processes are performed in a consistent way that meets the organization's needs. Policies and procedures can be a control activity used to manage risk and serve as a baseline for compliance and continuous quality improvement. Adherence to policies and procedures can create an effective internal control system as well as help demonstrate compliance with external regulations and standards.

The GBH BOD is ultimately responsible for establishing the policies for the governance and administration of the CMHP. Policies are developed to ensure the efficient and effective operation of the CMHP. The BOD, through a variety of methods, is responsible for demonstrating adherence to the requirements of state and federal funding sources.

At the time of the review GBH was in partial compliance with all the requirements referenced above.

REQUIREMENTS

He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

He-M 403. 07 (a) (1) through (6) A CMHP shall establish and implement written staff development policies applicable to all administrative, management, and direct service staff which shall specifically address the following: job descriptions; staffing patterns; conditions of employment; staff grievance procedures; staff performance reviews and individual staff development plans.

He-M 403. 07 (e) (1) through (5) A CMHP shall provide an Orientation for all new staff providing services to persons with mental illness, which, at a minimum, shall include: The service delivery system at the state and local level, including family support and consumer self-help programs; Mental illness, including the effects of mental illness on persons having such illness and current practices in treatment and rehabilitation; All Department rules applicable to community mental health services provided by the staff member; Accessing generic services, so that such staff are familiarized with social, medical, and other services available in the local community; Protection of Consumer Rights pursuant to He-M 202 and He-M 309.

OBSERVATIONS IV-A:

Policies and procedures were found in a variety of locations including a policy manual, a fiscal manual, an employee handbook and an orientation manual. The format of these documents varied with some including both ED and BOD signatures while others may not have included both or either signatures.

Though He-M 403 includes minimal policy requirements, an agency policy manual should be far more comprehensive in order to address the governance, operations and administration of the CMHP. In addition to those requirements included in He-M 403 and cited above, there may be many other policies the agency might consider to assure efficient and effective operations.

RECOMMENDATIONS IV-A:

It is recommended that a comprehensive policy manual be developed, reviewed, signed and dated by the BOD.

At a minimum the policy manual must address the policy requirements outlined in He-M 403 cited above including:

- He-M 403. 07 (a) (1) job descriptions;
- He-M 403. 07 (a) (2) staffing patterns;
- He-M 403. 07 (a) (3) conditions of employment;
- He-M 403. 07 (a) (4) staff grievance procedures;
- He-M 403. 07 (a) (5) staff performance reviews;
- He-M 403. 07 (a) (6) individual staff development plans;
- He-M 403. 07 (e) (1) through (5) staff orientation

CMHP RESPONSE IV-A:

OBSERVATION IV-B:

There are specific written billing procedures that are available for the staff. There are a few financial policies that the agency should consider incorporating in order to strengthen the internal controls of the agency.

RECOMMENDATIONS IV-B:

It is recommended that all policies (including financial) be consolidated in one policy manual. The agency should consider developing the following written policies for:

- Seeking written proposals for services, property or major purchases;
- Differentiating between capital expenditures and repairs;
- Requiring written approval for non-recurring journal entries;
- The use and accountability of credit cards including the supervising of any Executive Director's expense by the Board;
- Outlining the budget process;
- Requiring two signatures on checks in excess of a certain amount (to be determined by the BOD).

CMHP RESPONSE IV-B:

OBSERVATION IV-C:

Both the vacation and sick leave policy are unclear about the exact amount of time that staff may earn and carry forward to the next year.

RECOMMENDATIONS IV-C:

Both of these policies should be amended to clarify the specific amount of leave time all employees may earn for and carry forward.

CMHP RESPONSE IV-C:

SECTION V: FINANCIAL

The purpose of financial oversight and monitoring is to ensure that public funds contracted to the CMHP are managed according to all applicable statutes, rules and regulations. Self-monitoring of a CMHP not only helps ensure the integrity of the single agency but the statewide mental health system. An insolvent CMHP cannot attain its Mission.

An essential role of a BOD is fiduciary oversight. In order for a CMHP BOD to be able to meet its fiduciary responsibilities to the State and the people it serves several things must occur. The BOD often has a Finance Committee that assists with the development of the yearly budget and reviews monthly financial statements, yearly audits and other information. In addition, the Finance Committee and the CFO shares information with the rest of the BOD. Discussion of these issues should be well documented in the monthly Board minutes.

It is essential for any CMHP to have a comprehensive Financial Manual with policies and procedures that guide the day-to-day operations of the CMHP. Ongoing monitoring for compliance with internal control policies and by-laws is essential. In addition, there should be ongoing internal monitoring of financial and billing systems in order for an agency to remain solvent. Documentation of these internal controls is also essential.

The purpose of financial oversight and monitoring by the State Mental Health Authority is to review the financial performance of the CMHP. Best practices that serve to enhance the system as a whole through continuous improvement are also identified.

Please note that the format of this section differs from the remainder of the report. This is due in part to He-M 403 not including most financial areas addressed during the reapproval review. Some of the areas below are addressed in BBH contract and others are general comments and best business practices.

At the time of the review GBH was in substantial compliance with all the requirements referenced above.

OBSERVATION V-A:

BBH compiles an annual report for the CMHPs that include a 5-year financial trend analysis. One section of the report addresses the liquidity of the CMHPs. Liquidity refers to the entity's ability to maintain sufficient liquid assets such as cash and accounts receivable to meet its short-term obligations.

One ratio used to measure liquidity is Days of Expenses in Cash (year end cash balance divided by average expenses per day). For the Days' Expenses in Cash ratio in FY08, GBH ranked last out of the ten CMHPs and eighth out of ten when averaging the last five years for this indicator.

See the following table.

**Comparative Analysis of CMHC Liquidity
Five Year Trends and Highlights
(2004-2008)**

REGION/ TREND	Days Expenses In					Avg.
	Fiscal					
	2004	2005	2006	2007	2008	
Agency A	43.2	56.8	76.3	82.7	36.1	59.0
Agency B	38.7	34.9	63.8	94.9	18.5	50.2
Agency C	23.6	46.0	49.0	56.4	70.6	49.1
Agency D	26.5	17.5	13.9	30.8	37.6	25.3
Agency E	19.5	16.5	13.3	26.8	17.5	18.7
Agency F	16.8	19.2	9.7	17.6	13.4	15.3
Agency G	12.2	14.0	10.1	15.1	12.8	12.8
Agency H	18.6	5.7	9.8	3.1	12.8	10.0
III. Genesis (Consolidated)	24.8	10.5	4.1	6.6	3.7	9.9
Agency I	14.3	9.6	3.2	5.4	9.3	8.4
Agency J	13.1	8.4	3.2	11.2	4.4	8.1
TOTAL	24.8	25.5	26.0	35.3	25.4	27.4

RECOMMENDATION V-A:

In the event that the budgeted revenues earned are not received in a timely manner, the days of expenses in cash are vital to pay the day-to-day operational expenses. Therefore it is recommended that GBH develop a corrective action plan designed to improve this outcome.

CMHP RESPONSE V-A:

OBSERVATION V-B:

During FY09, GBH's Accounts Receivable for Medicaid older than 180 days has increased. During FY08 this amount was \$1,500 and at the end of FY09 this amount increased \$28,150.

RECOMMENDATION V-B:

GBH is encouraged to monitor continued growth in Accounts Receivable for Medicaid older than 180 days.

CMHP RESPONSE V-B:

SECTION VI: QUALITY IMPROVEMENT AND COMPLIANCE

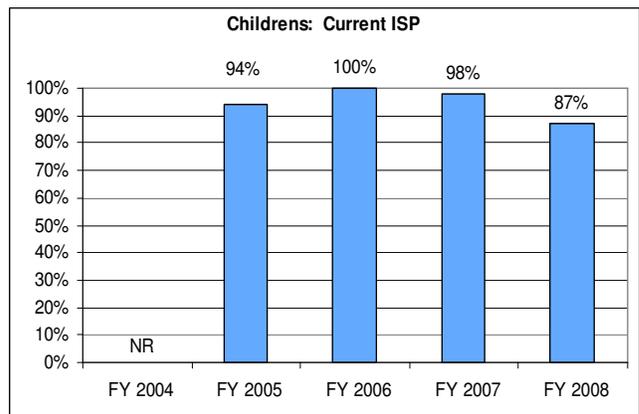
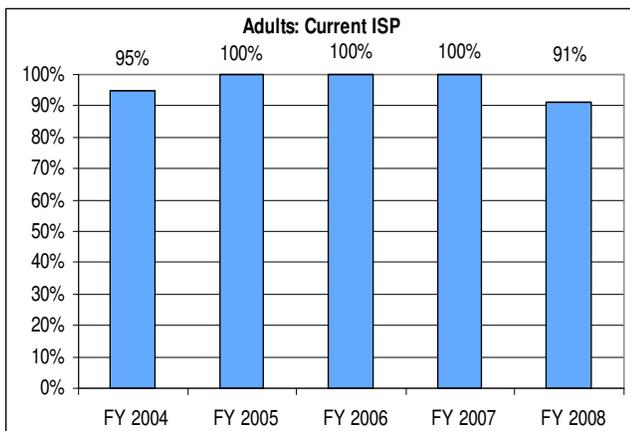
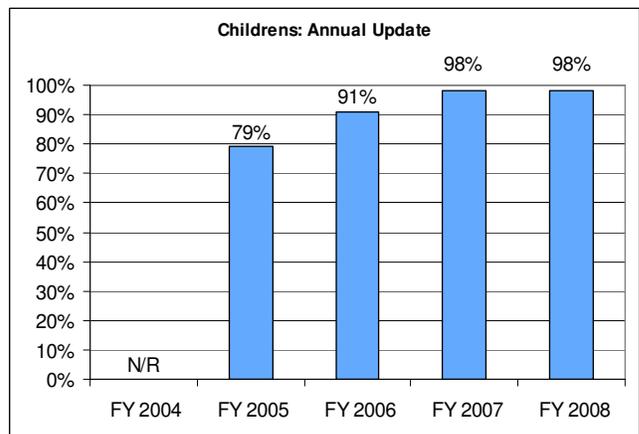
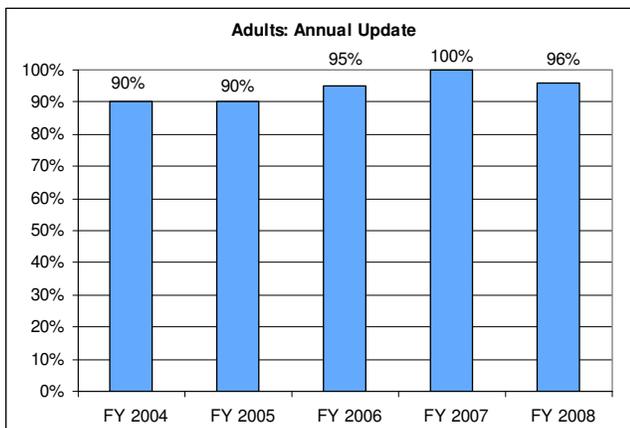
Quality improvement and compliance activities are expected to be conducted on both the state and local level. The BBH conducts annual quality improvement and compliance reviews and CMHP reapproval reviews on a five-year cycle. Other reviews occur as needed and requested.

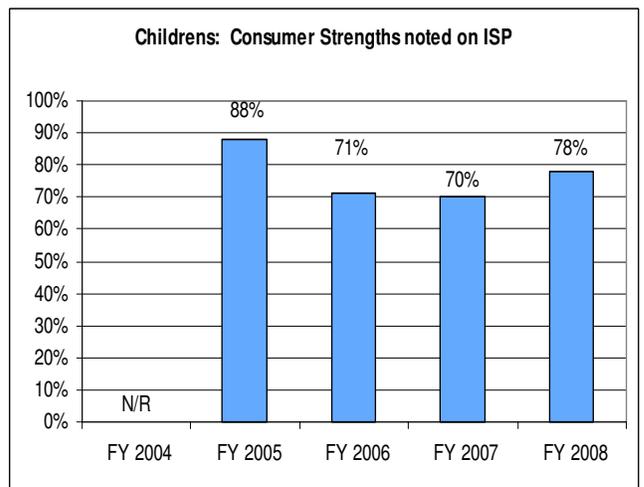
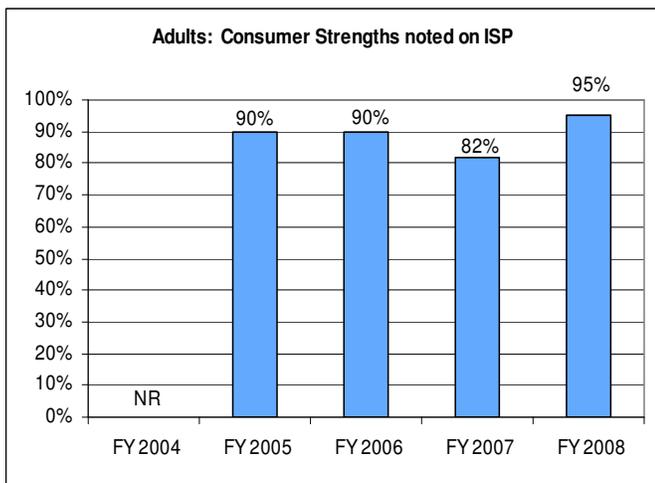
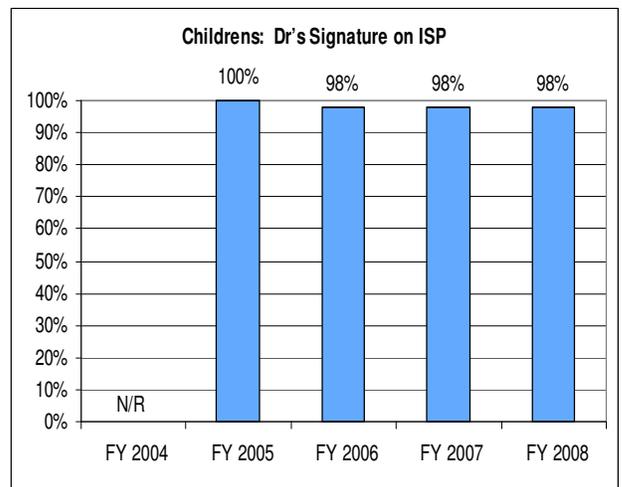
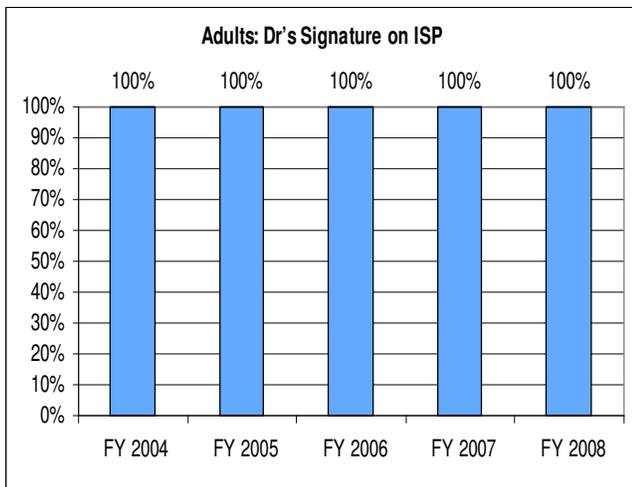
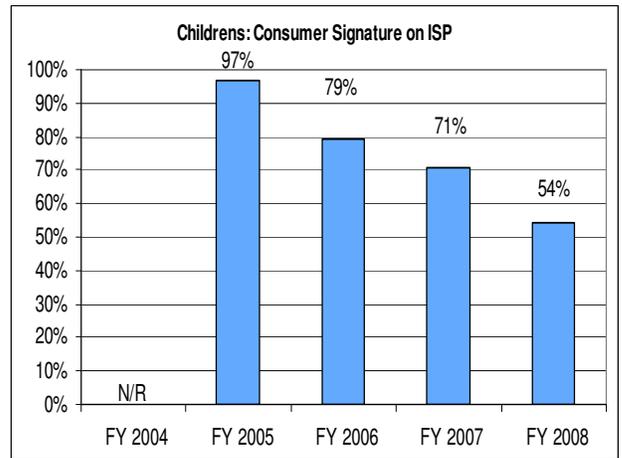
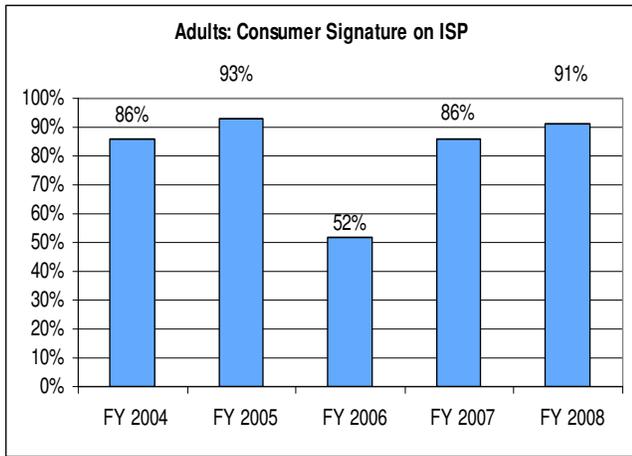
He-M 403.06 (i) and (j) outlines the minimum requirements for CMHP quality assurance activities. These include a written Quality Assurance Plan that includes outcome indicators and incorporates input from consumers and family members. The annual plan is submitted to BBH. Other activities include utilization review peer review; evaluation of clinical services and consumer satisfaction surveys. Please see the findings below regard internal CMHP quality improvement and compliance activities.

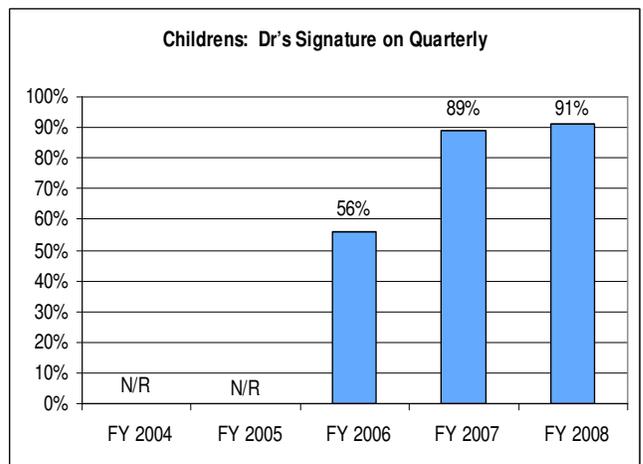
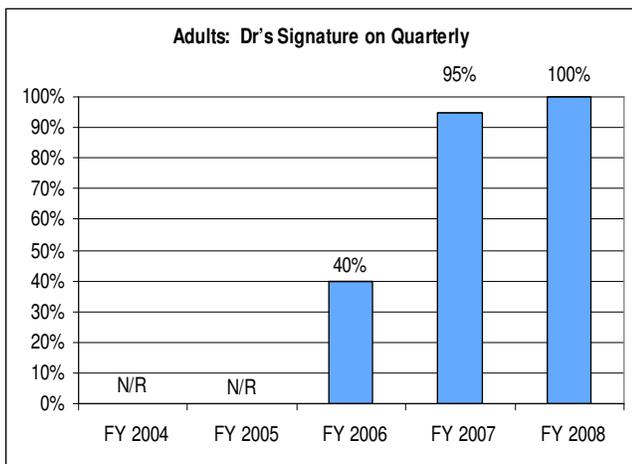
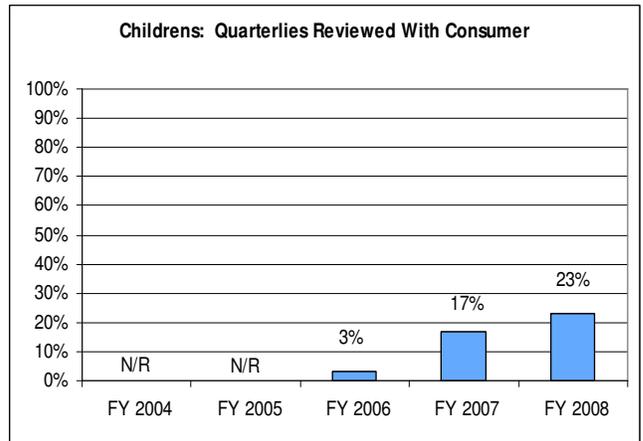
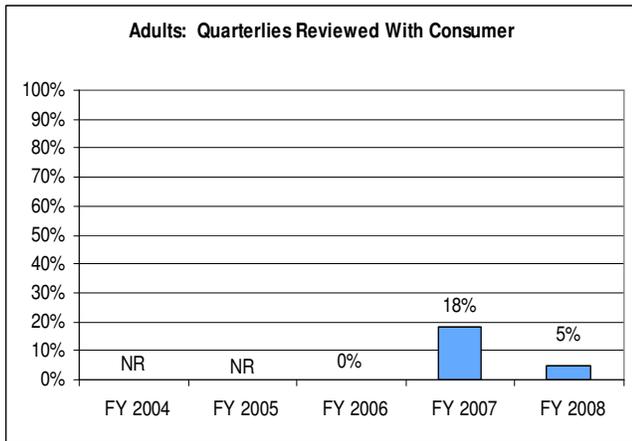
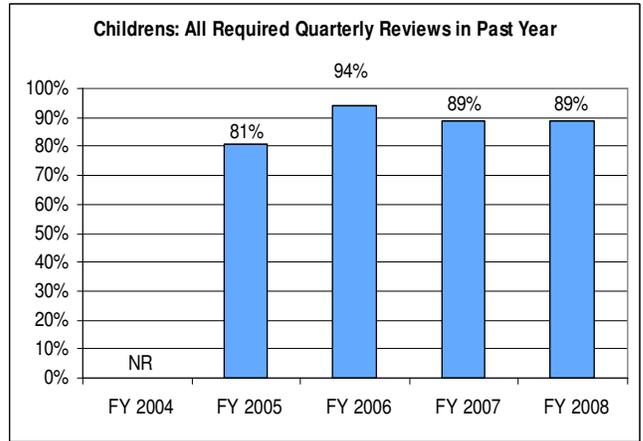
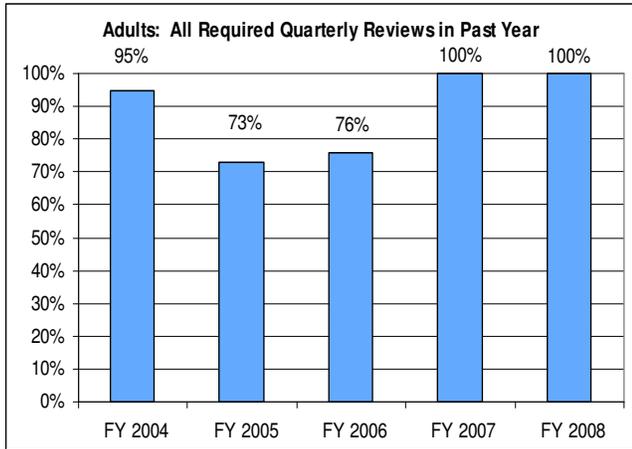
At the time of the review GBH was in substantial compliance with all the requirements referenced above.

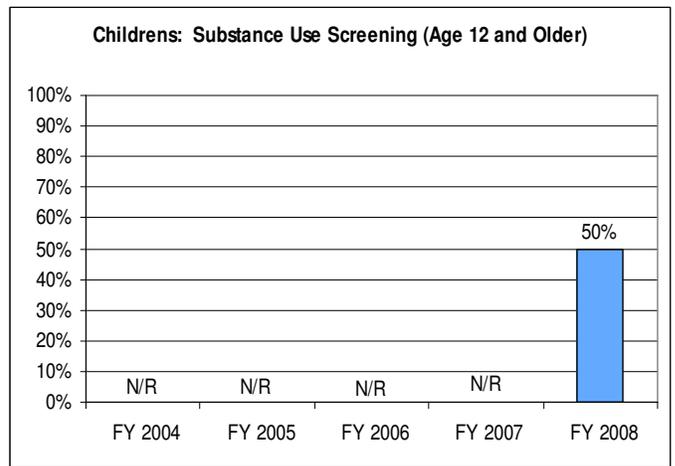
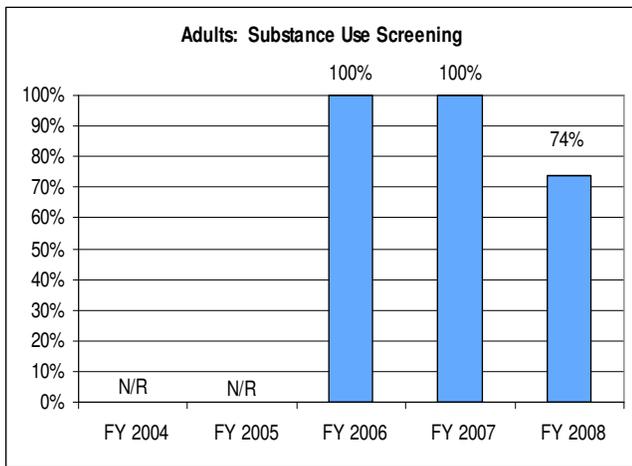
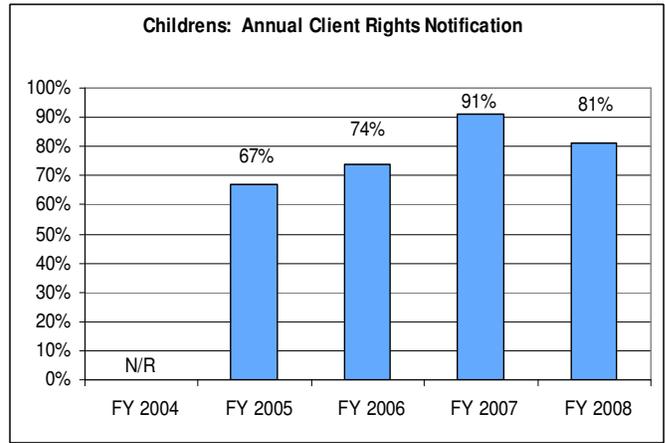
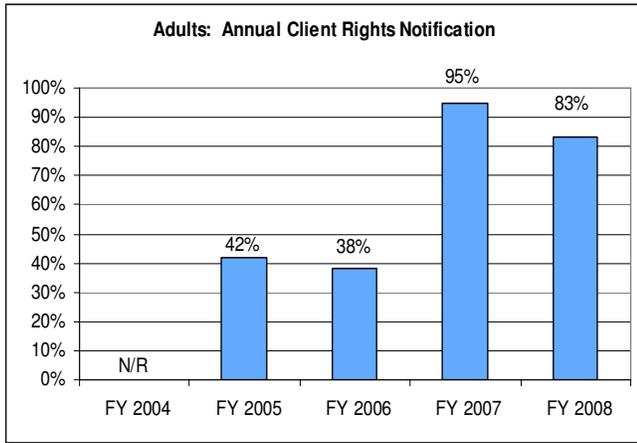
OBSERVATION VI-A:

Five-year trend data from the annual BBH quality improvement and compliance reviews has been included as an overview of the GBH level of compliance with clinical record standards. The charts below reflects some of the clinical record requirements and GBH compliance levels. "N/R" noted in the charts below indicate that this requirement was not reviewed in a given year. In recent years BBH has requested corrective action plans for any area with a compliance rating of 75% or less. These corrective action plans have already been received as part of that annual process.









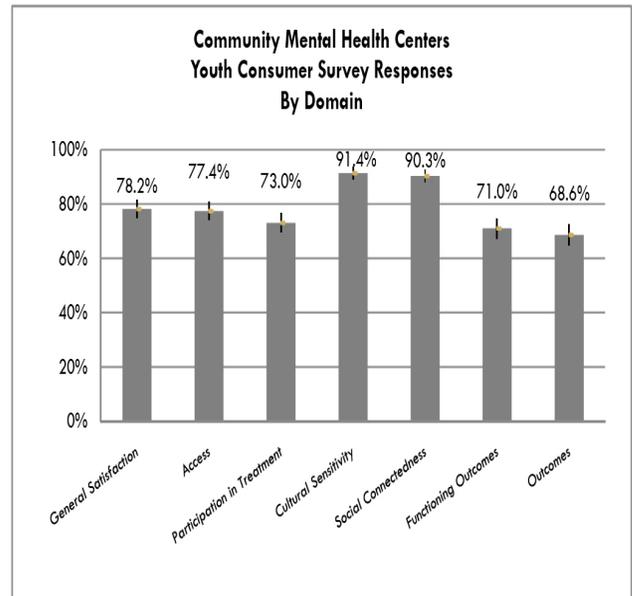
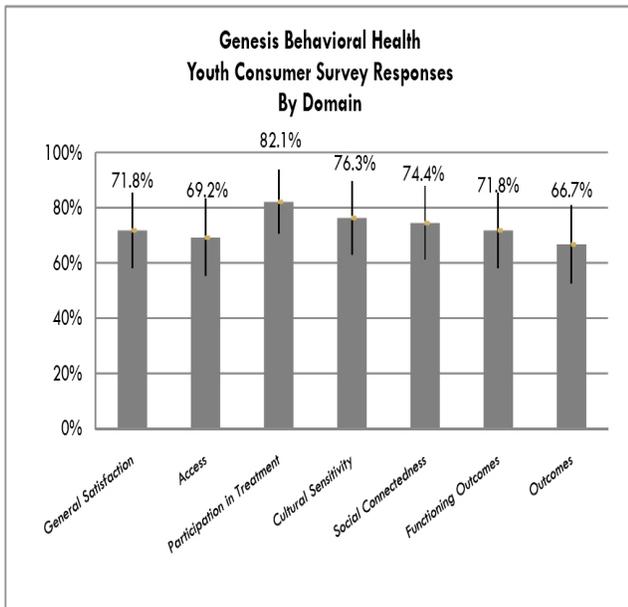
RECOMMENDATIONS VI-A: It is recommended that the BBH QI and Compliance Reports be shared with the BOD and utilized in planning activities. It is also recommended that GBH continue to conduct and document internal quality improvement and compliance activities.

CMHP RESPONSE VI-A:

SECTION VII: CONSUMER AND FAMILY SATISFACTION

In the fall of 2007 the NH DHHS, BBH contracted with the Institute on Disability at UNH to conduct the NH Public Mental Health Consumer Survey Project. The project is part of a federally mandated annual survey of the nation’s community mental health centers. The IOD and the UNH Survey Center conducted and analyzed findings for a consumer satisfaction survey of youth (ages 14 through 17), adults (ages 18 years and older), and family members of youth (ages 0 through 17) receiving services from NH’s ten community mental health centers.

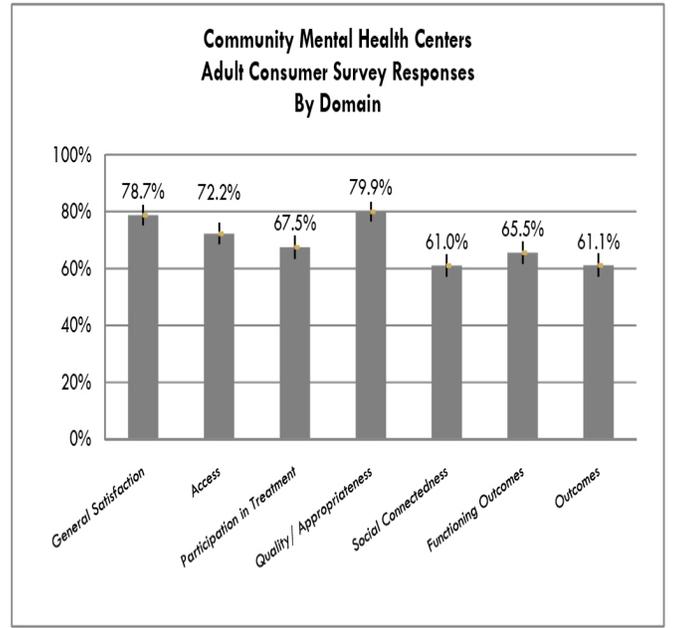
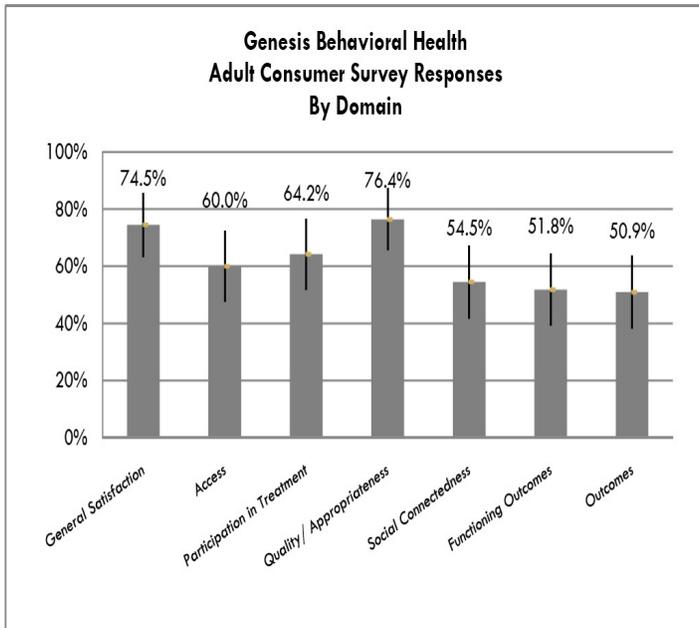
Below are summary excerpts from reports for both GBH and the ten CMHPs as a group. Data from the surveys was compiled into seven summary categories including: General Satisfaction, Access, Participation in Treatment, Cultural Sensitivity, Social Connections, Functioning Outcomes and Outcomes. The charts are divided by population into three sections including, youth, adults and family members of youth.



OBSERVATION VII-A: It is noted that GBH percentages ranked below the statewide average in the following Youth Survey domains: General Satisfaction, Access, Cultural Sensitivity, Social Connectedness and Outcomes.

RECOMMENDATIONS VII-A: It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

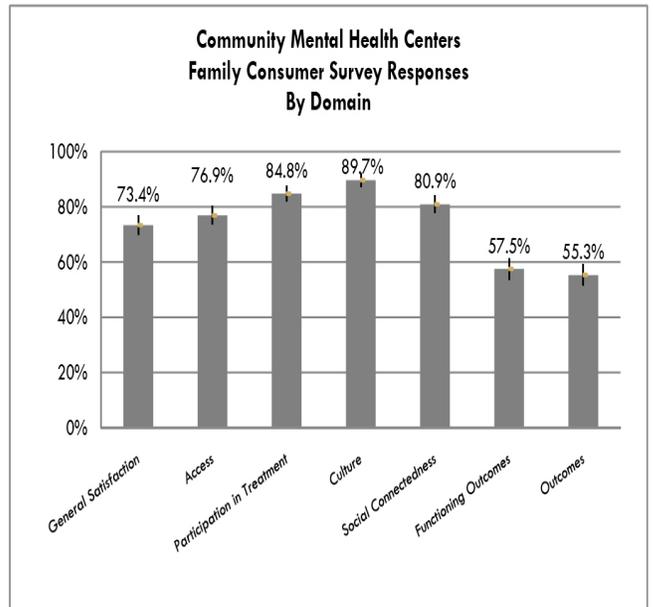
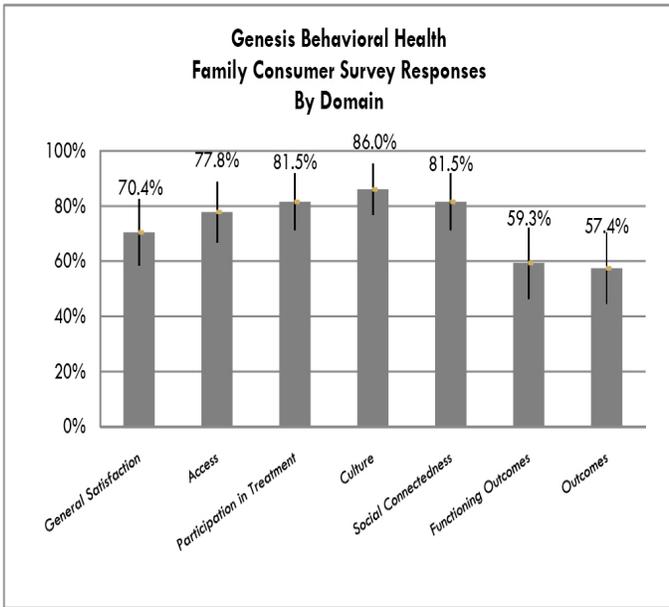
CMHP RESPONSE VII-A:



OBSERVATION VII-B: It is noted that GBH percentages ranked below the statewide average in the following Adult Consumer Survey domains: General Satisfaction, Access, Participation in Treatment, Quality/Appropriateness, Social Connectedness, Functioning Outcomes and Outcomes.

RECOMMENDATIONS VII-B: It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-B:



OBSERVATION VII-C: It is noted that GBH percentages ranked below the statewide average in the following Family Survey domains: General Satisfaction, Participation in Treatment and Culture.

RECOMMENDATIONS VII-C: It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-C:

END OF REPORT