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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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December 18th, 2017

Craig Amoth, CEO
Greater Nashua Mental Health Center at Community Council
100 West Parl Street
Nashua, NH 03060

Dear Mr. Amoth,

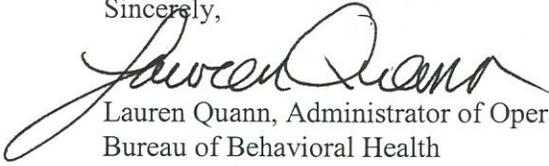
Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Greater Nashua Mental Health Center at Community Council (GNMHC) ACT Team Two. This review took place from November 29th 2017 through November 30th, 2017. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

GNMHC is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item but please choose 2-3 to focus on for the purpose of your Quality Improvement Plan. Please address these in a QIP to my attention, via e-mail, by the close of business on January 17th, 2018.

- Human Resources: Structure and Composition
 - H4: Practicing ACT Leader
 - H6: Staff Capacity
 - H7: Psychiatrist on Team
 - H8: Nurse on Team
 - H10: Vocational Specialist on Team
 - H11: Program Size
- Organizational Boundaries
 - O4: Responsibility for Crisis Services
 - O5: Responsibility for Hospital Admissions
 - O7: time Unlimited Services
- Nature of Services
 - S7: Individualized Substance Abuse Treatment
 - S8: Co-occurring Disorder Treatment Groups
 - S9: Co-occurring Disorders Model
 - S10: Role of Peer Specialist on Team

Thank you to all of the GNMHC staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Sincerely,

A handwritten signature in black ink that reads "Lauren Quann". The signature is fluid and cursive, with a large loop at the end of the last name.

Lauren Quann, Administrator of Operations
Bureau of Behavioral Health
Lauren.Quann@dhhs.nh.gov
603-271-8376

Enclosures: Initial Fidelity Review
CC: Karl Boisvert, Diana Lacey, Susan Drown

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*



Assertive Community Treatment Fidelity Assessment

Greater Nashua Mental Health Center
ACT Team Two

On Site Review Dates: November 29th & 30th, 2017

Final Report Date: December 14th, 2017

David Lynde, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

ACRONYMS

ACT - Assertive Community Treatment
BMHS - NH Bureau of Mental Health Services
CMHC - Community Mental Health Center
CSP - Community Support Program
DHHS - Department of Health and Human Services
DHMC - Dartmouth Hitchcock Medical Center
EBP - Evidence-Based Practice
ES - Employment Specialist
MH - Mental Health
MH Tx Team - Mental Health Treatment Team
NH - New Hampshire
NHH - New Hampshire Hospital
PSA - Peer Support Agency
QA - Quality Assurance
QIP - Quality Improvement Program
SAS - Substance Abuse Specialist
SE - Supported Employment
SMI - Severe Mental Illness
SPMI - Severe and Persistent Mental Illness
TL - Team Leader
Tx - Treatment
VR - Vocational Rehabilitation

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted two ACT fidelity reviews with Greater Nashua Mental Health Center's ACT Teams (ACT Team One and ACT Team Two) on November 29th and November 30th, 2017. Both of Greater Nashua Mental Health Center's (GNMHC) ACT teams are based out of the Nashua, NH office. Both teams were reviewed during the same time period. It is worth noting that both ACT Team One and ACT Team Two provide many of their services together in a quasi-integrated way. This document provides fidelity review findings regarding ACT Team Two.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the GNMHC staff in developing and providing these activities as part of the ACT fidelity review.

The sources of information used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Psychiatrist, ACT Nurse, ACT Vocational Specialist, ACT Substance Abuse Specialist, and other members of the ACT Team
- Meeting with ACT clients

REVIEW FINDINGS AND RECOMMENDATIONS

KEY
<input checked="" type="checkbox"/> = In effect <input type="checkbox"/> = Not in effect

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	5	The ACT Team Two client to team member ratio is 9:1. Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}}$ $\frac{44}{4.85} = 9.0$	
H2	Team Approach	5	<input checked="" type="checkbox"/> The ACT Team Two provider group functions as a team, and team members know and work with all clients 100% of the clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	
H3	Program Meeting	4	The two ACT teams meet together Mondays, Tuesdays, Thursdays, Fridays, Saturdays, and Sundays from 9:00am to 10:00am. The ACT team members' schedules vary, and ACT teams' staff attend daily teams on the days they each work. The ACT teams' prescriber does not attend these meetings.	ACT Team One and ACT Team Two should consider separating their team meetings in order to enhance communication and actively monitor team approach. Having distinct ACT Team Two meetings will allow the team to efficiently discuss each ACT Team Two client at each team meeting, assuring clients are receiving optimal services.

#	Item	Rating	Rating Rationale	Recommendations
			<p>The two ACT teams also share “Weekly ACT Team Supervision” each Wednesday. The ACT teams’ prescriber attends these Wednesday meetings. This meeting appears to discuss cases more in depth, and focuses on cases the prescriber might need to be updated on.</p> <p>The two ACT teams do not review each client each time during any of the meeting times. The ACT teams typically review clients that need timely responsiveness and then review at least 1 ACT team member’s individual caseload from one of the ACT teams.</p>	
H4	Practicing ACT Leader	4	<p>The ACT Team Two supervisor provides direct client services 25% to 50% of the time. The ACT Team Two leader has a small primary “caseload,” as well as assists ACT team members on both teams when needed for coverage and crises.</p>	<p>The ACT Team Two leader should consider tracking all of her direct service activities on a regular basis.</p> <p>The agency might also want to consider working with the ACT Team Two leader to identify specific duties and requirements that impede the team leader from providing necessary time in direct service to ACT clients. Many ACT team leaders start this process by doing a 2 week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT team leader from reaching this level of direct services.</p>

#	Item	Rating	Rating Rationale	Recommendations
H5	Continuity of Staffing	5	<p>The turnover rate for ACT Team Two in the past 2 years is 15%.</p> <p>Item formula: $\frac{\text{\# of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\text{\# of months}} = \text{Turnover rate}$ $\frac{3}{10} \times \frac{12}{24} = .15 \text{ or } 15\% \text{ Turnover rate}$</p>	
H6	Staff Capacity	3	<p>On average, ACT Team Two operated at 78% of full staffing in the past 12 months.</p> <p>Item formula: $\frac{100 \times (\text{sum of vacancies each month})}{\text{Total \# of staff positions} \times 12} = \text{Turnover \%}$ $\frac{100 \times 27}{10 \times 12} = 22.5\% \text{ or } 77.5\% \text{ capacity}$</p>	ACT Team Two might want to work with their Human Resources and Marketing departments to produce creative advertising for the open ACT positions.
H7	Psychiatrist on Team	2	<p>The ACT Team Two psychiatrist is assigned 0.1 FTE on ACT Team Two, serving 44 ACT clients. The ACT Team Two prescriber also works with other clients from other teams, as well as serves as the agency's CMO.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{0.1 \times 100}{44} = .23 \text{ FTE per 100 clients}$</p>	Given the size of ACT Team Two, the agency should explore ways to increase the psychiatry time to 0.5 FTE.

#	Item	Rating	Rating Rationale	Recommendations
H8	Nurse on Team	3	<p>The ACT Team Two nurse is assigned .5 FTE on ACT Team Two, serving 44 ACT clients. The ACT Team Two nurse works solely with ACT team clients, spending about half of her time with this ACT team and the other half with the other ACT team.</p> <p>Item Formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{0.5 \times 100}{44} = 1.1 \text{ FTE per 100 clients}$</p>	Given the size of ACT Team Two, the agency should explore ways to increase the nurse time to 1.0 FTE.
H9	Substance Abuse Specialist on Team	5	<p>The ACT Team Two Substance Abuse Specialist is assigned 1.0 FTE on the ACT team, serving 44 ACT clients.</p> <p>Item Formula: $\frac{1.0 \times 100}{44} = 2.3 \text{ FTE per 100 clients}$</p>	While there was a person identified in a full time SAS role, multiple ACT Team Two members did not identify this staff as the SAS. Multiple services from this person were provided to clients not identified as having a Co-occurring Disorders, while clients identified with CODs were frequently not receiving specialized COD treatment. ACT Team Two should make every effort to use this SAS as a recognized resource exclusively for people with CODs.
H10	Vocational Specialist on Team	2	<p>The ACT Team Two Vocational Specialist is assigned .25 FTE on ACT Team Two, serving 44 ACT clients. The ACT Team Two Vocational Specialist also works a quarter of her time on the other ACT team and works half of her time with other teams in the agency.</p>	Given the size of ACT Team Two, the agency should explore ways to increase the Vocational Specialist time to 1.0 FTE.

#	Item	Rating	Rating Rationale	Recommendations
			Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{0.25 \times 100}{44} = 0.57 \text{ FTE per 100 clients}$	
H11	Program Size	2	Currently, there are 4.85 FTE of staff positions on ACT Team Two.	<p>The ACT Team Two leader and the agency should increase the Program Size by increasing the FTEs for the Psychiatrist, Nurse, Vocation Specialist, and Peer Support Specialist positions (Please see items H7 H8, H10, and S10). Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services.</p> <p>It is worth mentioning that ACT Team Two started delivering services approximately 1 year ago and reports they are still developing this team.</p>
O1	Explicit Admission Criteria	5	<input checked="" type="checkbox"/> ACT Team Two has and uses measureable and operationally defined criteria to screen out inappropriate referrals <input checked="" type="checkbox"/> ACT Team Two actively recruits a defined population and all cases comply with explicit admission criteria	
O2	Intake Rate	5	The highest monthly intake rate in the last 6 months for ACT Team Two is 6 clients per month.	

#	Item	Rating	Rating Rationale	Recommendations
O3	Full Responsibility for Treatment Services	5	ACT Team Two provides the following services: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support <input checked="" type="checkbox"/> Psychiatric Services 	
O4	Responsibility for Crisis Services	3	The two ACT teams work together to provide coverage for both ACT teams' clients. The two ACT teams share an after-hours coverage schedule. After hours, ACT team clients from either team receive support directly from ACT Team One or ACT Team Two.	<p>The Greater Nashua ACT team leaders should consider discussing options to implement separate crisis coverage plans for each ACT team. An immediate response directly from the ACT team a client is working with can minimize clients' distress and divert crises.</p> <p>ACT Team One and ACT Team Two both rely on the other team to help provide crisis coverage for clients from both teams. It is critical that ACT Team Two develops their own independent way to provide full crisis coverage without involving the other ACT team.</p>
O5	Responsibility for Hospital Admissions	3	According to the charts reviewed and ACT team member reports, ACT Team Two is involved in approximately 43% of hospital admissions.	<p>ACT Team Two should closely monitor all clients on a daily basis so the ACT team might either divert a crisis or be involved in hospital admissions. The team might be able to do this more effectively by reviewing each client during each team meeting (Please see item H3).</p> <p>When the ACT team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.</p>

#	Item	Rating	Rating Rationale	Recommendations
O6	Responsibility for Hospital Discharge Planning	5	According to the charts reviewed and ACT team member reports, ACT Team Two is involved in all hospital discharges.	
O7	Time-unlimited Services	3	According to ACT staff reports and data reviewed, approximately 19% of ACT Team Two clients are expected to graduate annually.	ACT Team Two has been focused on assuring they are working with an appropriate caseload by reviewing and stepping down all clients that do not fit ACT criteria. In the near future, it is important that they develop a structured and thoughtful step down process for ACT clients who will be graduating from ACT services to a lower level of care.
S1	Community-based Services	5	According to the data reviewed, ACT Team Two provided face-to-face community-based services at least 80% of the time.	
S2	No Drop-out Policy	5	<p>100% of the ACT Team Two caseload was retained over a 12-month period.</p> <p>Item formula: $\frac{\# \text{ discharged, dropped, moved w/out referral}}{\text{Total number of clients}} = \text{Drop-out rate}$ $\frac{1}{44} = 2\% \text{ Drop-out rate}$</p>	
S3	Assertive Engagement Mechanisms	5	<input checked="" type="checkbox"/> ACT Team Two demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement.	

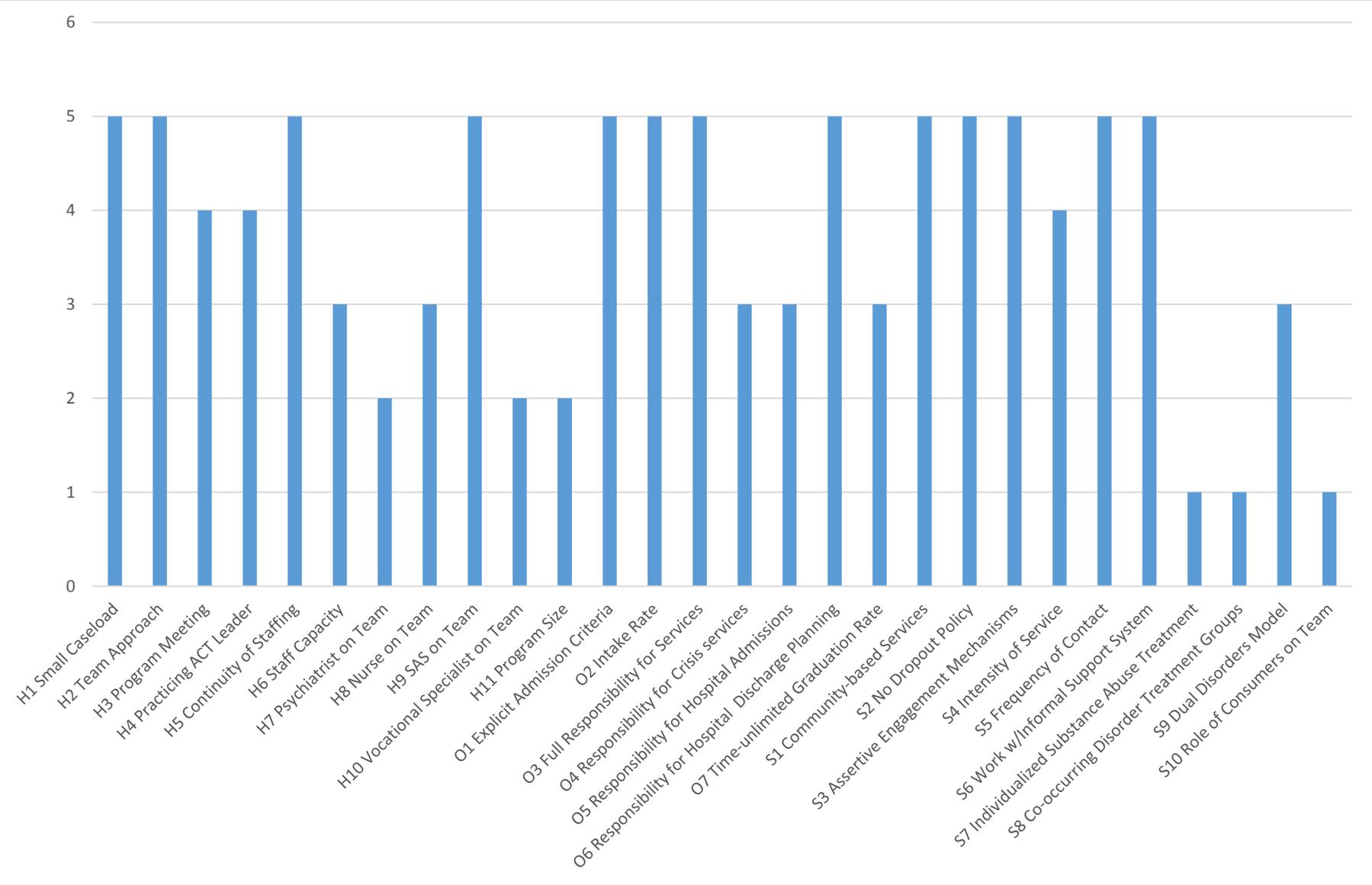
#	Item	Rating	Rating Rationale	Recommendations
S4	Intensity of Services	4	According to the data reviewed, ACT Team Two averages 99 minutes of face-to-face contacts per week.	It may be useful for the ACT Team Two leader to provide specific feedback to ACT Two Team staff on the amount of service hours per week provided to specific ACT clients.
S5	Frequency of Contact	5	According to the data reviewed, ACT Team Two team averages 5 face-to-face contacts per week.	
S6	Work with Support System	5	According to the data reviewed, ACT Team Two has at least 4 contacts per month with the client's informal support system in the community for 44 clients.	
S7	Individualized Substance Abuse Treatment	1	According to the data reviewed, ACT Team Two clients with a co-occurring disorders did not receive formal substance abuse counseling.	The ACT Team Two leader might want to provide clarity to the whole team about who is providing substance abuse services, as well as provide information about the scope and responsibility of that role. The designated SAS should be exclusively providing individual and group substance abuse services, as well as education and consultation to the team regarding the co-occurring disorder treatment model.
S8	Co-occurring Disorder Treatment Groups	1	ACT Team Two clients who have a co-occurring disorder do not attend co-occurring disorder treatment groups facilitated by an ACT Team Two member.	Research continues to demonstrate that structured co-occurring disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. The designated ACT Team Two SAS should provide co-occurring disorder stage-wise groups for ACT clients on a weekly basis.

#	Item	Rating	Rating Rationale	Recommendations
S9	Co-occurring Disorders (Dual Disorders) Model	3	ACT Team Two appears to use a mixed and varied approach to working with clients who have a co-occurring disorder. Though the ACT Team Two leader and the Substance Abuse Specialist seemed to have a great deal of knowledge regarding the Dual Disorder Model, ACT Team Two staff as a whole only seem to have partial knowledge about Dual Disorder Model philosophies and stage-wise interventions. There appeared to be some consistent strategies from some staff on the team for working with clients with co-occurring disorders in different stages of change.	The ACT Team Two SAS and the team leader should take a leadership role in assuring the ACT team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.
S10	Role of Peer Specialist on Team	1	ACT Team Two does not have a Peer Support Specialist at this time.	Having a full time ACT Peer Specialist on ACT Team Two would be a critical step to meeting the complete duties of an ACT Peer Specialist. Research demonstrates that including peers as team members improves practice culture, making it more attuned to clients' perspectives.

ACT Team Two Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	5
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	5
H6 Staff Capacity	3
H7 Psychiatrist on Team	2
H8 Nurse on Team	3
H9 SAS on Team	5
H10 Vocational Specialist on Team	2
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	3
O6 Responsibility for Hospital Discharge Planning	5
O7 Time-unlimited Graduation Rate	3
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	4
S5 Frequency of Contact	5
S6 Work w/Informal Support System	5
S7 Individualized Substance Abuse Treatment	1
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	1
Total	104

113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

2017 ACT Team Two Items



NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Quality Improvement Plan Template
Greater Nashua Mental Health Center
Act Team II

Location: Nashua, NH

Date: Jan. 1, 2018

ACT Fidelity Area in Need of Improvement: Staff Capacity

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

It should be noted that the ACT Team at Greater Nashua Mental Health Center did not split into two teams until summer of 2016. Since then, retention within the team has been high.

While actively recruiting, ACT Team II has been unsuccessful in hiring an additional case manager, but has interviewed three potential candidates in the past three months—making an offer to one individual, who declined, and an attempt to make an offer to a second individual, who did not respond to HR’s outreach efforts. The first individual declined due to a need for a higher starting salary in order to support herself without a second job (which we were unable to offer, as well as, being unable to offer a non-rotating schedule so she could maintain a second job).

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Seek Opportunities to Secure Additional Funding/Revenue to Offer Increased Salaries	Ability to Offer More Competitive Starting Salaries	1/1/2018	12/31/2018	Dr. Hulslander, HR Department, Finance
Create a Predictable Schedule that Meets Fidelity and is Practical for Staff	Increased Attractiveness to Potential Clinicians	1/1/2018	12/31/2018	ACT Team Leader, Dr. Hulslander, CSS Director

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Gain Local Visibility as an Employer for Education, Experience, and Exposure to Mental Health Field	Network with Area Universities/Colleges/Alumni Associations (Specifically, Social Work, Psychology, and Human Service Programs) so that GNMHC becomes an Employer of Choice	1/1/2018	12/31/2018	Amanda Morrill, HR Department, ACT Team Leader
Develop an Intern to Assist with Daily Functions of Team, while Creating Career Path in Community Mental Health	Develop an Internship Program for Master's Level Students	1/1/2018	12/31/2018	HR Department, Training, ACT Team Leader

ACT Fidelity Area in Need of Improvement: Psychiatrist on Team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other Active Recruitment Strategies

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Continue ongoing efforts to recruit psychiatrists and other medical professionals to support the psychiatric needs of the team.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Our HR department is actively working to recruit medical professionals and psychiatrists for the agency and for the ACT	Increase Psychiatric Services Within the ACT Teams	On-going	12/31/2018	Amanda Morrill, HR Department

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Bureau of Mental Health Services

Team. Additionally, HR is working with a professional recruitment service which seeks out and recruits talent.				
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ACT Fidelity Area in Need of Improvement: Nurse on Team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

The agency is working towards increasing nursing services for both ACT Teams by adding a part time nurse which would be shared across both teams. This would increase nursing support on ACT Team II from .5 to .75.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Actively Recruit for a Nursing Position	Increase nursing services across the ACT Team	2/1/2018	5/31/2018	Amanda Morrill, HR Department, ACT Team Leader

ACT Fidelity Area in Need of Improvement: Vocational Specialist on Team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

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Presently, our vocational specialist is half time across the ACT Teams which means she is available for .25 times for ACT Team II. Efforts will be made to shift her entire caseload to more fully serve ACT Clients increasing her time to .5. Additionally, ACT Team clinical staff are scheduled to complete supported employment training throughout the year beginning in February which will increase the available staff who can provide this service. Ideally, by the end of 2018, between 2.5-3.5 staff members will be able to regularly offer supported employment services.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Increase FTE of SE Staff Assigned to ACT Teams from .25. to .5	Increased SE Services to ACT Clients	1/1/2018	12/31/2018	SE Supervisor, ACT Team Leader
Train ACT Clinicians in SE	Increased SE Services to ACT Clients	2/14/2018	2/15/2018	ACT Team Clinicians

ACT Fidelity Area in Need of Improvement: Program Size

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Currently, ACT Team II is at 4.85 FTE. (It should be noted that ACT Team II only began in the summer of 2016, and is continuing to develop its program.) To meet program size needs, the ACT Teams are actively recruiting for support staff to increase both clinical support and program quality. At present, an ACT Team II clinician role is vacant, as well as, a part time nurse. Peer support is also a team role which is being developed; it, too, will increase the volume of services ACT can provide by .5. As noted earlier in this QIP, SE is projected to increase from .25 to .5. An additional PTE nurse would raise that support to .75. Another FTE clinician would add another 1.00 in support. With all of these potential increases, ACT Team II would be staffed at 7.35 FTE.

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Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Recruit an ACT Team FTE Clinician, PTE Nurse, FTE Peer Support, PTE SE, and PTE Psychiatrist	Increase Program Size and Staff with Specialties	On-going	3/1/2018	Amanda Morrill, HR Department, ACT Team Leader

ACT Fidelity Area in Need of Improvement: Responsibility for Crisis Services

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

At this time, the ACT crisis line is staffed 24 hours a day/7 days a week/365 days a year. This is accomplished by utilizing staff from both ACT Teams in a rotating schedule and by including both ACT Teams in team meetings so as to be knowledgeable and able to assist clients in crisis. This arrangement reflects the fact that both ACT Teams are not fully staffed at this time and that ACT Team II is still being developed.

As both ACT programs expand in terms of staffing, it may become possible to staff the crisis line 24 hours a day/7 days a week/365 days by each team individually.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
As Staffing Levels Increase, ACT Team Leaders will Review and Assess the Crisis Line to Determine if Changes Need to be Made	Increase Available Staffing for ACT Crisis Line	9/1/18	3/30/19	Amanda Morrill, HR Department, ACT Team Leader

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ACT Fidelity Area in Need of Improvement: Responsibility for Hospital Admissions

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

ACT Team II clinicians currently have caseloads that are (up to) 50% higher than the recommended standard of 8-10 clients per clinician, and 4-5 per team leader. This increase in caseload size demands that attention be drawn away from the individual client; however, to decrease caseloads at present would be to withdraw services from those who need it. Hiring an additional full time clinician would enable ACT Team II to disperse some of the overload and increase focus on more acute clients—and our focus to either divert a crisis or be an active participant in hospital admissions. Regular review of caseloads provides an opportunity for additional feedback about client symptoms, progress, etc.—again, creating an opportunity to divert a crisis or make the decision to be an active participant in hospital admissions, if clinically appropriate. Expanding the discussion to include a more collaborative partnership with the local Emergency Departments will assist in reducing hospital admissions.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
As FTE Increases, Reduce Current Caseload of Clinicians from 15 to 10 to within Fidelity Standards	Increased Individual Focus on Clients	1/1/2018	12/31/2018	ACT Team Leader
Maintain Consistent Monitoring of Clients with Focus on Crisis Diversion in Team Meeting	Reduce Hospital Admissions	1/1/2018	12/31/2018	ACT Team Leader, ACT Team Clinicians
Increase Collaboration with Local Emergency Departments	Reduce Hospital Admissions	On-going	12/31/2018	ACT Team Leader

ACT Fidelity Area in Need of Improvement: Time Unlimited Services

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

The ACT Teams will work towards developing a more structured system for graduation and transfer of care to other teams as suggested by the auditors. In the past year, the ACT Teams have worked to develop a more structured admission criterion for identifying clients who would benefit from ACT services. We've also identified clients who were in the program for a significant period of time, who no longer met this criterion and no longer needed this level of care. Consequently, a larger than usual number of clients was graduated to appropriate levels of service.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Develop a Structured Protocol for Graduating and Transferring Clients	Increase the Provision of Time Unlimited Services	1/1/2018	12/31/2018	ACT Team Leader, Dr. Hulslander, CSS Director

ACT Fidelity Area in Need of Improvement: Individualized Substance Abuse Treatment

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

ACT Team II currently has one Clinical Case Manager who is able to provide substance misuse treatment, along with the ACT Team II Team Leader. Both the clinician and team leader attended and completed the Dartmouth COD training series in 2017. The ACT Team Leader has sought out additional training opportunities for the ACT teams in SUD/COD by contacting and networking with individuals who specialize/teach in the Substance Use Disorders program at

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the UNH School of Social Work. The ACT Team Leader will work to develop a caseload for the SAS specific to providing SUD treatment. It is worth noting that all clinicians on ACT Team II are trained to some extent in the treatment of Substance Use Disorders.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Continue Training of SAS Clinician	Increase Substance Misuse Services	June, 2017	On-going	ACT Team Leader, Training
Provide Additional Education for Interested Team Members in SUD/COD	Increase Substance Misuse Services	1/1/2018	On-going	ACT Team Leader, Training
Develop Specific SAS Caseload for SAS Clinician	Tailor Services for Clients with Diagnosed COD	1/1/2018	12/31/2018	ACT Team Leader

ACT Fidelity Area in Need of Improvement: Co-occurring Disorder Treatment Groups

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

The ACT Teams are in process of developing a COD group for the treatment of substance misuse. Recruitment will start in late January/early February while the projected start date of this group is early March. This group is scheduled to be led by an SAS team member from each ACT Team.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
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Development, Recruitment, and Deployment of COD Group	Increase Co-occurring Treatment	March, 2018	12/31/2018	ACT Team Leader, SAS Staff
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ACT Fidelity Area in Need of Improvement: Co-occurring Disorders (Dual Disorders) Model

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

Policy change Practice change Process change Workforce Development Infrastructure improvement Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

With the addition of the SAS team member, use of dual diagnosis strategies has already increased across the team. SAS along with the Team Leader will serve to provide guidance through clinical supervision and treatment team discussions to educate the team on the dual diagnosis philosophy. Team Leader will seek out additional dual diagnosis training for team to support the needs of the client and provide effective COD interventions.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Provide On-going Guidance in Dual Diagnosis Strategies	Increase Co-Occurring Treatment	1/1/2018	12/31/2018	ACT Team Leader, SAS Clinician
Seek Out Additional Training Opportunities for Staff	Increase Co-Occurring Treatment	1/1/2018	12/31/2018	ACT Team Leader, Training

ACT Fidelity Area in Need of Improvement: Role of Peer Specialist on Team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by Dec. 31, 2018

Improvement Strategies (select all that apply):

NH Department of Health and Human Services
Bureau of Mental Health Services

Policy change
 Practice change
 Process change
 Workforce Development
 Infrastructure improvement
 Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

GNMHC staff is working closely with the local Peer support center, HEARTs, to develop the peer support position for the ACT Teams. Ideally, this position will be fully developed by the end of February/early March and recruitment efforts will follow. Projected employment of this position is May 2018.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Developing a Contract with Local Peer Support Center for ACT Team II	Provide Peer Support Services to Clients of ACT Team II	On-going	5/31/2018	Amanda Morrill, HR Department, Chief of Operations, ACT Team Leader



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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February 6th, 2018

Craig Amoth, CEO
Greater Nashua Mental Health Center at Community Council
100 West Pearl Street
Nashua, NH 03060

Dear Mr. Amoth,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on January 19th, 2018 for ACT Team Two that was in response to the ACT Fidelity Review conducted by the Dartmouth Hitchcock consultants on 11/29/2017 through 11/30/2017. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

Please contact myself if you have any questions regarding this correspondence, process questions, or ongoing support needs at 603-271-8376, or by e-mail: Lauren.Quann@dhhs.nh.gov.

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lauren Quann".

Lauren Quann, Administrator of Operations
Bureau of Mental Health Services
Lauren.Quann@dhhs.nh.gov
603-271-8376

Enclosures:
CC: Karl Boisvert, Diana Lacey