

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Quality Assurance and Improvement



QUALITY SERVICE REVIEW

Report for

Lakes Region Mental Health Center

Issued January 25, 2018

Quality Service Review Report
for Lakes Region Mental Health Center

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

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January 25, 2018

Disclaimer

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

Acknowledgements

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

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Acronyms

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

Executive Summary

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

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

DHHS conducted the CMHC QSR at Lakes Region Mental Health Center (LRMHC) in Laconia, NH, from October 16 through October 20, 2017. The LRMHC QSR sample included 19 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of October 1, 2016 through October 19, 2017. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

LRMHC received a score of 70% or greater for 10 of the 18 quality indicators. The following eight quality indicators were identified as areas in need of improvement:

Quality Indicator 7: Effective Housing Supports Provided

Quality Indicator 8: Adequate Employment Assessment/Screening

Quality Indicator 9: Appropriate Employment Treatment Planning

Quality Indicator 10: Adequate Individual Employment Service Delivery

Quality Indicator 13: Adequate Crisis Assessment

Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 16: Adequate ACT Screening

Quality Indicator 17: Implementation of High Fidelity ACT Services

LRMHC is required to submit a Quality Improvement Plan to DHHS for each of the Quality Indicators identified in Table 1 as needing improvement.

Table 1: LRMHC QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total # of Measures
1. Adequate assessment	19	93%	No	4
2. Appropriate treatment planning	19	91%	No	3
3. Adequate individual service delivery	19	74%	No	6
4. Adequate housing assessment	19	100%	No	1
5. Appropriate housing treatment planning	19	95%	No	1
6 Adequate individual housing service delivery	19	86%	No	3
7 Effective housing supports provided	19	66%	Yes	5
8. Adequate employment assessment/screening	19	47%	Yes	2
9. Appropriate employment treatment planning	13*	62%	Yes	1
10. Adequate individualized employment service delivery	13*	65%	Yes	2
11. Adequate assessment of social and community integration needs	19	100%	No	2
12. Adequate integration within the community, choice, independence, and social supports	18*	82%	No	13

13. Adequate crisis assessment	9*	64%	Yes	4
14. Appropriate crisis plans	19	82%	No	2
15. Comprehensive and effective crisis service delivery	8*	59%	Yes	5
16. Adequate ACT screening	19	69%	Yes	2
17. Implementation of High Fidelity ACT Services	14*	63%	NA**	4
18. Successful transition/discharge from inpatient psychiatric facility	8*	75%	No	7

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

** An ACT Fidelity Quality Improvement Plan with on-going technical assistance is already in place through BMHS.

I. Background

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

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the individualized transition process set forth above, and that the individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare. The goal of this system will be to ensure that all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater

integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA requires the state to conduct a QSR at least annually. Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps and weaknesses, as well as areas of highest demand; to provide information for comprehensive planning, administration and resource-targeting; and to consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the CMHCs.

II. Purpose

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

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; and 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities

to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

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

III. QSR Process Overview

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

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using three standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), and the Staff Interview Instrument (SII). See Appendix 1: List of CMHC QSR Instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

Sample Size and Composition

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

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

Data Sources

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

Scoring

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

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

CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, and 1c. If an individual received a score of “YES” for two of the three performance measures, the score for Quality Indicator 1 at the individual level would be 66.7%. If the total of all 20 individual level scores for Quality Indicator 1 is 1356, the CMHC level score for Quality Indicator 1 would be 68% (see Appendix 2: Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review and the answers provided by the individual and the staff member during the interview process (see Appendix 3: CMHC QSR Abbreviated Master Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring. In addition, for each individual, the QSR Review Team answers an additional seven questions intended to capture an overall determination of whether or not the services received by the individual adequately allow him/her to meet the CMHA outcomes. These Overall Client Review (OCR) questions are considered performance measures for the scoring of seven applicable quality indicators (see Appendix 3: CMHC QSR Abbreviated Master Instrument).

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

QSR Findings and Conclusions

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

Quality Improvement Plan and Monitoring

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any quality indicator identified as an area in need of improvement, i.e., receives a score of 70% or lower. The CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the OQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and OQAI each quarter. BMHS and OQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 85% or greater.

V. Lakes Region Mental Health Center QSR Findings

Lakes Region Mental Health Center Overview

The Lakes Region Mental Health Center (LRMHC) QSR was conducted at the LRMHC office in Laconia, NH. Additional information about LRMHC is found in Appendix 5: Agency Overview. One hundred ninety-three LRMHC individuals met the QSR sample criteria. Twenty-two eligible individuals were drawn from this pool at random to be interviewed, however only 19 could be completed. Table 2 shows the distribution of individuals by the four sample categories.

Table 2: Number of individuals by category

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	33	17%	5	26%
ACT/NO IPA	36	19%	9	47%
NO ACT/IPA	20	10%	3	16%
NO ACT/NO IPA	104	54%	2	11%
Total	193	100%	19	100%

The LRMHC QSR assessment included a review of 22 clinical records, 19 client interviews, and 20 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

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

From October 16 through October 20, 2017, five teams consisting of staff from OQAI and DBH completed the onsite data collection process. Assessment data was collected for the review period of October 1, 2016 through October 15, 2017. Following the onsite review, the assessment data was scored. Analysis of the scores was then completed.

Lakes Region Mental Health Center QSR Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

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

Quality Indicator 1: Adequate Assessment

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

Nineteen individuals were scored for Quality Indicator 1. LRMHC received a score of 93% for Quality Indicator 1.

Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify the individual's needs and preferences	19	0
Measure 1b: Assessments identify individual's strengths	19	0
Measure 1c: Assessment information was gathered through face-to-face appointment(s) with the individual	15	4
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs	18	1

Additional Results

- One individual needed help with health insurance, which had not been identified in assessments or within treatment planning (OCR Q3).

Quality Indicator 2: Appropriate Treatment Planning

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

Nineteen individuals were scored for Quality Indicator 2. LRMHC received a score of 91%.

Quality Indicator 2 consists of Measure 2a, Measure 2b and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet the individual's needs and goals	16	3
Measure 2b: Treatment planning is person-centered and strengths based	18	1
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs	18	1

Additional Results

- Individuals responded they talk with LRMHC staff regularly about their needs and goals, with the most common response being "weekly" (CII Q2).
- Of the 19 clinical records reviewed, 16 individuals signed their most recent ISP/treatment plan (CRR Q12); 19 ISP/treatment plans included the individuals' strengths (CRR Q13); and 18 ISP/treatment plans were written in plain language (CRR Q14).
- All 19 individuals responded staff actively work with them on their goals (CII Q5).
- Of the 19 individuals interviewed, 18 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).

- Of the 19 individuals interviewed, 16 individuals indicated they were able to effectuate change to their treatment plans (CII Q8).
- One individual needed help with health insurance, which had not been identified in assessments or within treatment planning (OCR Q3).

Quality Indicator 3: Adequate individual Service Delivery

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

Nineteen individuals were scored for Quality Indicator 3. LRMHC received a score of 74%.

Quality Indicator 3 consists of Measure 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered to the individual with the appropriate intensity, frequency, and duration	8	11
Measure 3b: Service delivery is flexible to meet the individual’s changing needs and goals	12	7
Measure 3c: Services are delivered in accordance with the service provision(s) indicated in the individual’s treatment plan	16	3
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with the individual's demonstrated need	15	4
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs	18	1
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	15	4

Additional Results

- Of the 19 individuals interviewed, 10 individuals responded they were able to get all the services and supports they need to meet their current needs and achieve their goals; three individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; six individuals responded

“no,” they were not able to get all the services and supports they need to meet their current needs and achieve their goals (CII Q14). Of the nine individuals who responded “somewhat” or “no,” one individual responded that he/she needs more services (CII Q15).

- Staff acknowledged there were some services that seven of the 19 individuals were not receiving at the frequency indicated in their treatment plan. Of those seven, five individuals declined services (SII Q7).
- For OCR Q1, two individuals are not receiving Functional Support Services as needed; one individual is not receiving therapy consistently, and one individual indicated needing more psychiatry and a case manager.
- One individual needed help with health insurance, which has not been identified in assessments or within treatment planning (OCR Q3).
- For the four individuals who were determined to not be receiving all of their needed services to ensure health, safety, and welfare (OCR Q 5):
 - One individual was angry about being on Conditional Discharge and was refusing numerous services.
 - One client did not have a working phone, although CMHC staff had worked with NH Care Path to address the technical issues.
 - One client could benefit from developmental services from Lakes Region Community Services, however the application was denied. CMHC staff are appealing the denial.
 - One client was in need of more sessions with the CMHC psychiatrist.

HOUSING SERVICES AND SUPPORTS

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

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

Quality Indicator 4: Adequate Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual’s housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Nineteen individuals were scored for Quality Indicator 4. LRMHC received a score of 100%.

Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: The individual’s housing needs are adequately identified	19	0

Additional Results

None.

Quality Indicator 5: Appropriate Housing Treatment Planning

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

Nineteen individuals were scored for Quality Indicator 5. LRMHC received a score of 95%.

Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet the individual's housing needs and goals	18	1

Additional Results

None.

Quality Indicator 6: Adequate Individual Housing Service Delivery

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

Nineteen individuals were scored for Quality Indicator 6. LRMHC received a score of 86% for Quality Indicator 6.

Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
Measure 6a: Housing support services are provided to the individual with appropriate intensity, frequency, and duration to meet his/her changing needs and goals	19	0
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	13	6
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	17	2

Additional Results

- The most common housing services received by individuals were assistance with shopping, paperwork, and budgeting (CII Q43).
- Comments from individuals regarding what else is needed to reach their housing goals included a need for financial information, help with making calls, help with transportation, more income, and furniture and lighting (CII Q47).
- One individual was homeless and needed developmental services to further support him/her in maintaining housing (OCR Q9).

- One individual had recently become homeless and was having to carry all of his/her possessions with him throughout the day, further affecting his/her daily functioning (OCR Q9).

Quality Indicator 7: Effective Housing Service Delivery

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

Nineteen individuals were scored for Quality Indicator 7. LRMHC received a score of 66% for Quality Indicator 7. Of the 19 individuals interviewed, six individuals did not move from their residence within the period of review, therefore were not applicable for Measure 7d.

Quality Indicator 7 consists of Measure 7a-7e. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable the individual to meet/progress toward his/her identified housing goals	12	7
Measure 7b: Housing supports and services enable the individual to maintain safe housing	14	5
Measure 7c: Housing supports and services enable the individual to maintain stable housing	7	12
Measure 7d: Housing supports and services enable the individual to be involved in selecting his/her housing	9	4
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	17	2

Additional Results

- Sixteen individuals are living in independent private residences and one individual is living in congregate housing (private residence-dependent living arrangement) (SII Q21).
- Five individuals responded they were homeless at any point in the past 12 months and two individuals were currently homeless (CII Q34).
- Five individuals responded they were at risk for losing housing at any point in the past 12 months (CII Q32). Staff identified eight individuals as at risk of losing housing in the past

12 months (SII Q34). The most common reasons mentioned were issues with the cleanliness of the residence and the individual's behavior (CII Q33, SII Q26).

- Eight individuals responded they had a safety concern related to his/her home or neighborhood in the past 12 months (CII Q30). Staff responded being aware of a safety concern related to housing for nine individuals (SII Q23). The most common reasons for the safety concerns were drug or criminal/mischievous activity in the neighborhood and bedbugs.
- The most common responses made by individuals to the things most important to him/her when choosing a place to live were aspects of the neighborhood, cleanliness/no bed bugs, the location of the town/city, and permission to have pets (CII Q41).

EMPLOYMENT SERVICES AND SUPPORTS

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

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

Quality Indicator 8: Adequate Employment Assessment/Screening

An employment assessment/screening provides information to the treatment planning team that helps them identify the individual's interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual's employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Quality Indicator 8 corresponds to CMHA section VII.D.1. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and

achieve his/her identified housing goals, enable him/her to be involved in selecting his/her housing, and enable him/her to maintain safe and stable housing.

Nineteen individuals were scored for Quality Indicator 8. LRMHC received a score of 47% for Quality Indicator 8. Of the 19 individuals interviewed, six individuals were identified as receiving supported employment services and were therefore applicable to Measure 8b.

Quality Indicator 8 consists of Measure 8a and Measure 8b. Individuals were scored as follows:

	YES	NO
Measure 8a: The individual’s employment needs are adequately identified	10	9
Measure 8b: The individual received a comprehensive assessment of employment needs and preferences, when applicable	3	3

Additional Results

- Six individuals responded they had not been asked by LRMHC staff if they were interested in receiving help finding or keeping a job (CII Q54). Four staff responded that the individual had not been screened for employment needs in the past 12 months (SII Q41).
- Of the 13 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), seven did not have employment needs identified in either the ANSA or the case management assessment (CRR Q32).

Quality Indicator 9: Appropriate Employment Treatment Planning

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

Thirteen individuals were scored for Quality Indicator 9. LRMHC received a score of 62% for Quality Indicator 9.

Quality Indicator 9 consists of Measure 9a. Of the 19 individuals interviewed, six individuals were considered not applicable for Measure 9a because they reported they were not interested in

employment or receiving employment support services per client and staff endorsement of employment interest. Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet the individual’s changing employment needs and goals	8	5

Additional Results

- LRMHC offers supported employment services at both their Laconia and Plymouth offices. LRMHC conducted a Supported Employment Fidelity Review in October 2016. The CMHC self-review resulted in a score of 112 points out of a possible 125 points, or “Good Fidelity.” Two areas scored low (a score of 2 and 2.5 out of 5): Job Development-Frequent Employer Contact and Community-Based Services.
- Thirteen individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55).
- Four individuals responded they are employed (CII Q49); of those individuals, two have a competitive job and two have a non-competitive job (CII Q50), two work full-time and two work part-time (CII Q51), and three individuals responded they are interested in working more hours (CII Q53).

Quality Indicator 10: Adequate Individualized Employment Service Delivery

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

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

Thirteen individuals were scored for Quality Indicator 10. LRMHC received a score of 65% for Quality Indicator 10. Of the nineteen individuals interviewed, six individuals were not receiving Supported Employment services and therefore not applicable for Measure 10a and Measure 10b.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing employment needs	8	5
Measure 10b: The employment services and supports provided are meeting the individual's goals	9	4

Additional Results

- Five individuals responded they were not able to get all the employment related services they need (CII Q61).
- Four individuals responded they were not getting employment supports and services as often as they felt they needed (CII Q62).
- Types of employment services provided include assistance with resume writing and applications, going to the worksite with the individual, referral to vocational rehabilitation, job search, and reviewing effects of employment on benefits (CRR Q40).

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

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

Quality Indicator 11: Adequate Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether or not the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Nineteen individuals were scored for Quality Indicator 11. LRMHC received a score of 100% for Quality Indicator 11.

Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies the individual’s needs and preferences related to social and community integration	19	0
Measure 11b: Assessment identifies the individual’s strengths related to social and community integration	19	0

Additional Results

None.

Quality Indicator 12: Adequate Integration within the Community, Choice, Independence, and Social Supports

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

Eighteen individuals were scored for Quality Indicator 12. One individual was considered not applicable for scoring because he/she did not answer all questions. LRMHC received a score of 82% for Quality Indicator 12.

Quality Indicator 12 consists of Measure 12a-12m. Eleven individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Two individuals did not have identified needs related to strengthening social supports and therefore were not applicable for Measure 12j. Individuals were scored as follows:

	YES	NO
Measure 12a: The individual is competitively employed	4	14
Measure 12b: The individual lives in an independent residence	16	2
Measure 12c: The individual (re)starts communication with his/her natural support(s) upon discharge from an inpatient psychiatric facility	7	0
Measure 12d: The individual is integrated in his/her community	10	8
Measure 12e: The individual has choice in housing	13	5
Measure 12f: The individual has choice in his/her treatment planning, goals and services	17	1
Measure 12g: The individual has the ability to manage his/her own schedule/time	16	2
Measure 12h: The individual spends time with peers and /or family	17	1
Measure 12i: The individual feels supported by those around him/her	17	1
Measure 12j: Efforts have been made to strengthen social supports if needed	15	1
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	17	1
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	15	3
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	17	1

Additional Results

- For Measure 12d, eight individuals responded they do not feel they are part of their community (CII Q104). The review of documentation indicates that seven individuals did not have people in their lives that act as a support system (CRR Q50).
- One individual's community integration was limited due to lack of adequate transportation options (OCR Q7).

- For OCR Q11, one individual was identified as needing more consistent therapy, one individual needed more frequent psychiatry services, and one individual needed additional developmental disability services.
- One individual could benefit from housing options with developmental services (OCR Q13).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness³. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequate Crisis Assessment

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

Nine individuals were scored for Quality Indicator 13. LRMHC received a score of 64% for Quality Indicator 13. Of the 19 individuals interviewed, ten individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client and the clinical record.

Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d.

Individuals were scored as follows:

	YES	NO
Measure 13a: The individual’s crisis assessment was timely	7	2
Measure 13b: The individual’s risk was assessed	9	0
Measure 13c: The individual’s protective factors were identified	3	6
Measure 13d: The individual’s coping skills/interventions were identified	4	5

Additional Results

None.

Quality Indicator 14: Appropriate Crisis Plan

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

Nineteen individuals were scored for Quality Indicator 14. LRMHC received a score of 82% for Quality Indicator 14.

Quality Indicator 14 consists of Measure 14a and Measure 14b. Individuals were scored as follows:

	YES	NO
Measure 14a: The individual has a crisis plan that is person-centered	19	0
Measure 14b: The individual has the knowledge and understanding needed to navigate and cope during a crisis situation	12	7

Additional Results

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

Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

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

Eight individuals were scored for Quality Indicator 15. Of the 19 individuals interviewed, 11 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, staff and the clinical record. LRMHC received a score of 59% for Quality Indicator 15.

Quality Indicator 15 consists of Measure 15a-15e. As LRMHC does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication between the CMHC and treatment providers was adequate	8	0
Measure 15b: Communication between the CMHC and the individual was adequate	4	4
Measure 15c: Crisis service delivery was sufficient to stabilize the individual as quickly as practicable	5	3
Measure 15d: Crisis interventions occurred at the site of the crisis (if applicable)	NA	NA
Measure 15e: The individual was assisted with returning to his/her pre-crisis level of functioning	2	6

Additional Results

- Two individuals accessed crisis services provided by ACT staff (CRR Q59).
- Of the eight individuals endorsing a crisis service received, seven individuals remained in the home/community setting following the crisis service (CRR Q59).
- Five individuals responded they felt heard by staff occasionally or never during their crisis (CII Q73).

Data regarding individuals receiving crisis services and hospitalizations and ACT is as follows:

	Number of crisis services received: 1		Number of crisis services received: 2-5		Number of crisis services received: 6-9		Number of crisis services received: 10+		TOTAL
	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	
Number of individuals received crisis services in past 12 months	1	NA	1	1	NA	2	2	1	8
Number of DRF hospitalizations in past two years	2	NA	1	1	NA	5	5	8	22
Number of individuals started ACT within the past year	1	NA	NA	NA	NA	NA	2	NA	3
Number of individuals started ACT longer than the past year	NA	NA	2	NA	NA	NA	NA	NA	2
Number of hospitalizations in current year	1	NA	NA	1	3	NA	5	3	13

ACT SERVICES AND SUPPORTS

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

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

Quality Indicator 16: Adequate ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services. **Note:** ACT screening was newly required of all CMHCs in July 2017.

Implementation of ACT screening at LRMHC was in progress during this QSR. Full implementation is expected of all CMHCs by January 2018.

Nineteen individuals were scored for Quality Indicator 16. LRMHC received a score of 69% for Quality Indicator 16.

Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	7	12
Measure 16b: Individual receives ACT Services when appropriate	19	0

Additional Results

None.

Quality Indicator 17: Implementation of High Fidelity ACT Services

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

Measure 17a is based on high fidelity standards: ACT teams are to have a capacity to provide high fidelity for frequency of contacts at an average of four or more contacts per week, and intensity at an average of two hours or more of contact per week. Of note, unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of the individuals. ACT services may be titrated when an individual needs more or less services.

Fourteen individuals received ACT services within the past 12 months and were scored for Quality Indicator 17. Five individuals did not receive ACT within the past 12 months and therefore were not applicable for scoring. LRMHC received a score of 63% for Quality Indicator 17.

Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are provided at the level of service contacts per high fidelity	5	9
Measure 17b: ACT services were provided to the individual using a team approach	6	8
Measure 17c: ACT services were provided to the individual in the home/community	10	4
Measure 17d: The individual’s ACT team collaborates with community providers	14	0

Additional Results

DHHS conducted an ACT Fidelity Review of LRMHC in October 2016. In the final report issued January 11, 2017, LRMHC received a “Fair Fidelity” rating with a score of 107 out of a possible 140 points (<https://www.dhhs.nh.gov/dcbcs/bbh/documents/fidelity-assessment-genesis-act-pip-2017.pdf>). The categories of Substance Abuse Specialist on Team and Co-Occurring Disorder Treatment Groups received the lowest scores (a score of 1 on a 5-point scale). LRMHC was found not to be providing counseling for substance use disorders or providing a co-occurring disorder treatment group. At the time of the QSR, LRMHC still did not have a substance abuse specialist on the ACT team. LRMHC was also found to use a more traditional, confrontational approach to dual disorder treatment rather than a stage-wise strategy for addressing substance use in ACT members. An ACT Fidelity Quality Improvement Plan is already in place with BMHS.

Data from this QSR regarding the ACT services provided to 14 individuals indicates the following:

- Six individuals had face-to-face contact with two or more different ACT Team staff during the past four complete weeks; eight individuals did not (CRR Q65).

- Four individuals had a minimum of two hours of face-to-face contact with his/her ACT Team during the past four complete weeks; ten individuals did not (CRR Q66).
- Five individuals had four or more face-to-face contacts with ACT Team staff per week during the past four complete weeks; nine individuals did not (CRR Q67).
- Ten individuals responded they received all the ACT services they needed from his/her ACT Team, two individuals responded they somewhat received all the ACT services they needed from their ACT Team, and two individuals responded they did not (CII Q22).
- Thirteen individuals responded they saw their ACT staff as often as they felt was needed; one individual responded he/she did not (CII Q26).
- Eleven individuals had 80% or more of their ACT services provided in the community; three individuals did not (CRR Q68). Of note, one individual refused to have services at home or in the community and insisted on meeting with ACT staff in the office (SII Q18).

TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

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

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

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

Eight individuals and staff confirmed/remembered an inpatient psychiatric admission occurring during the past 12 months and were therefore applicable for scoring. Eleven individuals either did not have or could not recall having an inpatient psychiatric admission during the past 12 months. LRMHC received a score of 75% for Quality Indicator 18.

Indicator 18 consists of Measure 18a-18g. Of the eight individuals applicable to this Indicator, one individual was considered not applicable for Measure 18b, as his/her episode of care did not begin until after discharge from the hospital. Individuals were scored as follows:

	YES	NO
Measure 18a: The individual was involved in his/her discharge planning process	7	1
Measure 18b: In-reach was conducted by the community mental health center staff	4	3
Measure 18c: The individual returned to appropriate housing	7	1
Measure 18d: The individual experienced increased community integration as a result of service provision	5	3
Measure 18e: The individual experienced coordination of care between the psychiatric facility and the CMHC	7	1
Measure 18f: Absence of readmission to an inpatient psychiatric facility within 90 days	6	2
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	5	3

Additional Results

There were 15 inpatient admissions during the period under review. Of the eight individuals who had a psychiatric admission during the past 12 months, one individual had four distinct admissions, two individuals had three distinct admissions, and five individuals had one admission (CRR Q71). Seven admissions were at New Hampshire Hospital, six admissions were at Franklin Regional Hospital, one admission was the Cypress Center, and one admission was at Parkland Medical Center. Two individuals had a readmission within 90 days (CRRQ72).

- For OCR Q11, one individual was identified as needing more consistent therapy, one individual needed more frequent psychiatry services, and one individual needed additional developmental disability services.

Overall Client Review

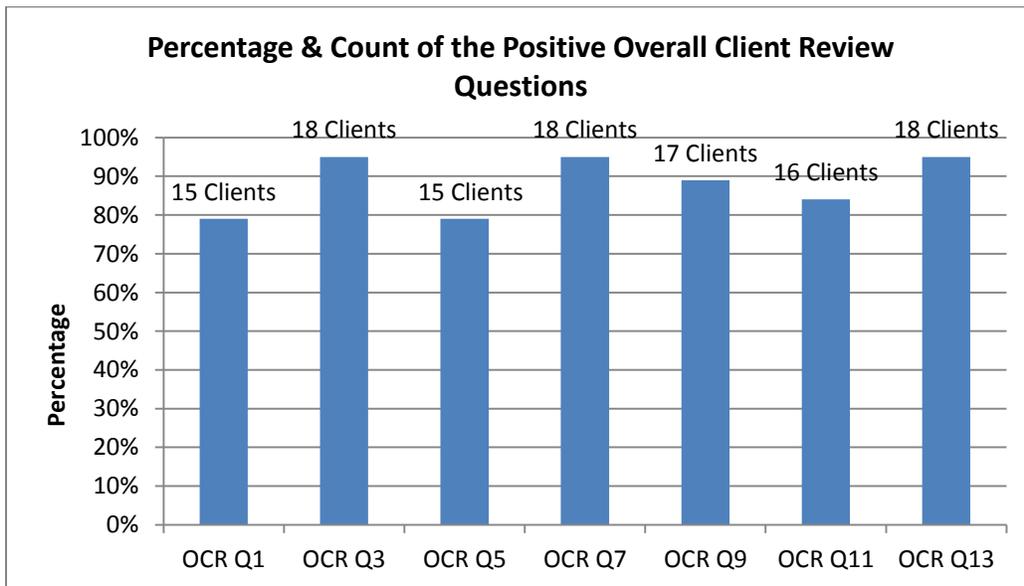
The CMHC QSR includes seven Overall Client Review (OCR) performance measures intended to determine whether the overall services received by the individual at the CMHC provided him/her with an adequate opportunity to meet the specific outcomes set forth in the CMHA. The OCR measures are determined for each individual from seven questions answered by each QSR

Review Team. The QSR Review Team bases their answers on the totality of the information retrieved from the clinical record reviews, the client interviews, and the staff interviews. The OCR questions also provide an opportunity for the QSR Reviewers to provide suggestions and feedback on additional services or resources that could help the individual meet those outcomes.

Each OCR measure is embedded within one or more quality indicators related to its focus area, e.g., OCR Q1 “Is the frequency and intensity of services consistent with the individual’s demonstrated need?” is a measure within Quality Indicator 3: Adequate Individual Service Delivery (see Appendix 3 Abbreviated Master). Each OCR measure is incorporated into the scoring protocol for the relevant Quality Indicator(s). See Appendix 4 for the listing of OCR questions.

Of the 19 individuals reviewed, eight did not achieve one or more of the OCR outcomes and three individuals did not achieve three or more of the OCR outcomes. Of the eight individuals not achieving an OCR outcome, five individuals were receiving ACT services. Of the three individuals who did not achieve three or more OCR outcomes, one individual was receiving ACT services. The overall percentages and counts of the positive OCR questions are shown in Table 4.

Table 4: Overall Client Results



VI. Conclusions

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

CMHA Substantive Provisions

1. Provision V.C.1(c), Crisis Outcomes

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
 - i. **Conclusion:** LRMHC did not meet this provision as evidenced by Measure 15e, with two out of eight individuals assisted with returning to his/her pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
 - i. **Conclusion:** LRMHC did not meet this provision as evidenced by an overall average Crisis domain score of 68% for Quality Indicator 13: Adequate Crisis Assessment, Quality Indicator 14: Appropriate Crisis Plans, and Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery. The number of individuals meeting OCR Q11 did score well at 84%.
 1. Sixty-four percent of individuals received adequate crisis assessments that were timely, assessed risk, identified protective factors, and identified appropriate interventions (see Quality Indicator 13).
 2. Eighty-two percent of crisis plans were person-centered, and individuals knew how to appropriately engage effective coping skills and access crisis services if/when needed (see Quality Indicator 14).

3. Fifty-nine percent of crisis services were comprehensive and effective as evidenced by communication between treatment providers and with individuals, services were sufficient to stabilize individuals as quickly as practicable, and individuals were assisted in returning to their pre-crisis level of functioning (see Quality Indicator 15).
4. Sixteen of the 19 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).

2. ACT Outcomes

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
 - i. **Conclusion:** LRMHC met this provision as evidenced by Quality Indicator 3, Quality Indicator 17, OCR Q1, OCR Q3, and OCR Q5.
 1. For Quality Indicator 3: Adequate Individual Service Delivery, individuals receiving ACT services received an average score of 81%.
 2. For Quality Indicator 17: Implementation of High Fidelity ACT Services, LRMHC scored 63%. This indicator is based on the high fidelity standards of a score of 5 out of 5. High fidelity ACT requires a frequency of contacts at an average of four or more face-to-face contacts with ACT staff per week (CRR Q67), face-to-face contact with two or more different staff every week (CRR Q65), and an average of two hours or more of face-to-face contact per week (CRR Q66). Although LRMHC did not meet high fidelity ACT standards, 81% of individuals received ACT services at the appropriate intensity, frequency, and duration to meet individual needs as evidenced by Indicator 3.

Twelve out of 14 individuals receiving ACT services reported receiving all or most of needed ACT services (CII Q22). Thirteen

of the 14 individuals receiving ACT services reported seeing ACT staff as often as he/she needed (CII Q26)

3. Thirteen of 14 individuals receiving ACT services receive services consistent with the individual's demonstrated need (OCR Q1).
4. Thirteen of 14 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
5. Twelve of 14 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).

b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.

i. **Conclusion:** LRMHC met this provision as evidenced by those receiving ACT services having an overall average score of 79% for the average individual scores for Quality Indicator 2: Appropriate Treatment Planning, Quality Indicator 5: Appropriate Housing Treatment Planning, Quality Indicator 6: Adequate Individual Housing Service Delivery, Quality Indicator 7: Effective Housing Services Provided, OCR Q9; Quality Indicator 9: Appropriate Employment Treatment Planning, Quality Indicator 10: Adequate Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports, and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.

1. For Quality Indicator 2, individuals receiving ACT services scored an average of 93%.

Thirteen of 14 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).

2. Within Housing, the average score for Quality Indicators 5, 6, and 7 for individuals receiving ACT is 81%.
Twelve of 14 individuals receiving ACT services receive adequate services to obtain and maintain stable housing (OCR Q9).
3. Within Employment, the average score for Quality Indicator 9 and Quality Indicator 10 for individuals receiving ACT is 63%.
4. For Quality Indicator 12, individuals receiving ACT services scored 81%.
5. All 14 individuals receiving ACT services receive adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
6. Thirteen of the 14 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
7. Thirteen of the 14 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).

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

- i. **Conclusion:** LRMHC did not meet this provision as evidenced by an average score of 61% for individuals receiving ACT services for Crisis domain Quality Indicators 13: Adequate Crisis Assessment, Quality Indicator 14: Appropriate Crisis Plans, and Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery.

3. Supported Housing Outcome

a. **Provision V.E.1** - Supported housing meets individuals' needs.

- i. **Conclusion:** LRMHC met this provision as evidenced by Quality Indicator 5: Appropriate Housing Treatment Planning and Quality Indicator 6: Adequate Individual Housing Service Delivery.

1. For Quality Indicator 5, LRMHC scored 95%.
2. For Quality Indicator 6, LRMHC scored 86%.

- b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.
 - i. **Conclusion:** LRMHC met this this provision as evidenced by the overall Housing domain and OCR Q9.
 - 1. The Housing domain had an average overall score of 79% for Quality Indicator 4: Adequate Housing Assessment, Quality Indicator 5: Appropriate Housing Treatment Planning, Quality Indicator 6: Adequate Individual Housing Service Delivery, and Quality Indicator 7: Effective Housing Services Provided.
 - 2. Seventeen of the 19 individuals reviewed received services adequate to obtain and maintain stable housing (OCR Q9).
4. **Supported Employment Outcome**
- a. **Provision V.F.1** - Provide supported employment services consistent with the Dartmouth evidence-based model.
 - i. **Conclusion:** LRMHC met this provision as evidenced by the Supported Employment Fidelity Review in October 2016.
 - 1. The LRMHC self-review resulted in a score of 112 points out of a possible 125 points, or “Good Fidelity.” The areas of Job Development-Frequent Employer Contact and Community-Based Services scored low (a score of 2 or 2.5 out of 5).
 - 2. LRMHC has a quality improvement plan in place with BMHS and will continue to work toward higher fidelity with the BMHS contracted SE Fidelity technical assistance staff.
 - b. **Provision V.F.1** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
 - i. **Conclusion:** LRMHC did not meet this provision as evidenced by a score of 65% for Quality Indicator 10: Adequate Individual Employment Service Delivery.

5. Family Support Programs

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

i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region III.

1. NAMI NH provides a variety of support groups including:

- a monthly Family Support Group in Plymouth for those with an adult loved one living with mental illness, with a total membership averaging 40 people;
- the Parents Meeting the Challenge Support Group in Laconia is for parents/caregivers of children with serious emotional disturbance, with a total membership averaging eight;
- a Survivor of Suicide Loss Support Group in Laconia and Plymouth, each with 9-12 members; and
- a Facebook Support Group for parents/caregivers of youth with serious emotional disturbance with 286 members across *all of NH*, and a support group for family members with an adult loved one living with mental illness with a total of 388 members across *all of NH*.

2. NAMI NH provided one-to-one support to a total of 17 Region III families in FY 2017: five families of adults with mental illness, 11 families with children with serious emotional disturbance, and one family of an older adult with behavioral health issues.

3. NAMI NH responded to 32 Information and Resource contacts in FY 2017.

4. NAMI NH provided its Side-by-Side education program in Alton Bay to 27 people.

6. Peer Support Programs

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.
 - i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services Cornerbridge provided in Region III.
 - 1. Cornerbridge is the peer support agency serving the LRMHC catchment area with offices located in Laconia. The building also includes a two-bedroom apartment that is rented to persons who identify as a member of the peer support agency. Outreach services are provided to the Plymouth area.
 - 2. Peer supports and services include individual and group peer support, peer advocacy, rights advocacy, outreach, warmline support, Wellness and Recovery Action Plan training, educational events, and vocational supports.
 - 3. In 2016, Cornerbridge offered two educational events at the UNH Cooperative Extension: food shopping at Hannafords Supermarket and food safety.
 - 4. For FY 2017, various Cornerbridge staff were trained in Intentional Peer Support, Wellness Recovery Action Planning, and warmline support.
 - 5. For the fourth quarter in FY 2017, Cornerbridge had 171 members in Laconia with an average daily visits rate of five members. Plymouth had 52 outreach members.
-
7. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.

- a. **Conclusion:** LRMHC met this provision as evidenced by Quality Indicator 12: Adequate Integration within the Community, Choice, Independence, and Social Supports; Measure 7a; Measure 3b; OCR Q7; OCR Q11; and OCR Q13.
 - i. For Measure 7a, 12 of 19 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals; 15 individuals are living in independent private residences (SII Q21).
 - ii. For Quality Indicator 12, LRMHC scored 82%.
 - iii. Eighteen of the 19 individuals reviewed received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
 - iv. Sixteen of the 19 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
 - v. Eighteen of the 19 individuals reviewed received adequate services to live in the most integrated setting (OCR Q13).

8. Health, Safety and Welfare Outcomes

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
 - i. **Conclusion:** LRMHC met this provision as evidenced by the overall average of the seven domains and OCR Q5.
 - 1. The average of the individual indicator scores was 73% for the seven domains: Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Transition/Discharge.
 - 2. Fifteen of 19 individuals received all of the services and supports they need to ensure health, safety, and welfare (OCR Q5).

9. Obtain and Maintain Stable Housing

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
 - i. **Conclusion:** LRMHC met this provision as evidenced by an average Housing domain score of 79% for Quality Indicator 4: Adequate Housing Assessment, Quality Indicator 5: Appropriate Housing Treatment Planning, Quality Indicator 6: Adequate Individual Housing Service Delivery, and Quality Indicator 7: Effective Housing Services Provided.

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

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
 - i. **Conclusion:** LRMHC met this provision as evidenced by the overall Crisis domain score, the rate of re-hospitalizations, and OCR Q11.
 - 1. For the overall Crisis domain Quality Indicator 13: Adequate Crisis Assessment, Quality Indicator 14: Appropriate Crisis Plans, and Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery, LRMHC received a score of 70%.
 - 2. Of the eight individuals who experienced an inpatient psychiatric admission, two individuals were re-hospitalized within 90 days (CRR Q72).
 - 3. Sixteen of the 19 individuals received services adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

VII. Areas in Need of Improvement

LRMHC scored below the 70% threshold for the following eight quality indicators:

Quality Indicator 7: Effective Housing Supports Provided

Quality Indicator 8: Adequate Employment Assessment/Screening

Quality Indicator 9: Appropriate Employment Treatment Planning

Quality Indicator 10: Adequate Individual Employment Service Delivery

Quality Indicator 13: Adequate Crisis Assessment

Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 16: Adequate ACT Screening

Quality Indicator 17: Implementation of High Fidelity ACT Services

Based on the QSR assessment data, the following focus areas were identified for incremental improvements over the next year:

- *Increase the number of individuals receiving effective housing service delivery (Quality Indicator 7). Results of the QSR indicate that seven of 19 individuals were not receiving housing supports and services that enable them to progress toward their identified housing goals (Measure 7a); and 12 individuals were not receiving housing services and supports to enable them to maintain stable housing (Measure 7c).*
- *Increase the number of individuals receiving adequate employment assessment/screening (Quality Indicator 8). Results of the QSR indicate that nine of the 19 individuals did not have their employment needs identified (Measure 8a). Of the six individuals receiving supported employment services, three did not receive an employment assessment (Measure 8b).*
- *Increase the number of individuals receiving appropriate employment treatment planning (Quality Indicator 9). Results of the QSR indicate that of the 13 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), five did not have treatment plans appropriately customized to meet their changing employment needs and goals (Measure 9a).*
- *Increase the number of individuals with adequate employment service delivery (Quality Indicator 10). Results of the QSR indicate that of the 13 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), five were not receiving employment services at the intensity, frequency, or duration to meet their changing employment needs, and four did not receive employment services (Measure 10a).*

- *Increase the number of individuals receiving adequate crisis assessment* (Quality Indicator 13). Results of the QSR indicate that of the nine individuals who experienced a crisis in the past 12 months, six individuals did not have their protective factors assessed (Measure 13c), and five did not have their coping skills identified (Measure 13d).
- *Increase the number of individuals receiving comprehensive and effective crisis service delivery* (Quality Indicator 15). Results of the QSR indicate that of the eight individuals who received crisis services in the past 12 months, four responded that communication with the CMHC staff during the crisis was not adequate (Measure 15b), and six were not assisted with returning to their pre-crisis level of functioning (Measure 15e).
- *Increase the number of individuals receiving adequate ACT screening* (Quality Indicator 16). Results of the QSR indicate that twelve individuals did not have a documented ACT screening in their clinical record.
- *Increase the number of individuals receiving adequate ACT service delivery* (Quality Indicator 17). LRMHC is not required to submit a quality improvement plan for this Quality Indicator 17, however, LRMHC is required to continue implementing its current ACT Fidelity QIP with BMHS and accept on-going technical assistance.

VIII. Next Steps

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

IX. Addendum

Lakes Region Mental Health Center had an opportunity to review the QSR initial report and submit information for DHHS' consideration prior to this final report being issued. They submitted no further information or corrections for DHHS review.

DHHS did make the following corrections to the initial report:

- The name of the CMHC, Genesis Behavioral Health, was updated to reflect the center's name change as of January 1, 2018 to Lakes Region Mental Health Center.

- The data comparing individuals receiving ACT services compared to those not receiving ACT services were suppressed due to the small and disproportionate size of the non-ACT sample. That data is now compiled as an Appendix (see Appendix 6).
- Within Quality Indicators 1, 2, and 3, the report mistakenly documented the data point question rather than the actual Measure for OCR Q3. Measures 1d, 2c, and 3e for OCR Q3 were revised to accurately reflect “Assessments and treatment plans have adequately identified service needs”.
- Within Quality Indicator 3, the table had Measure 3d written three times. This was corrected to accurately reflect the Measure and order for 3d, 3e, and 3f.
- Quality Indicator 13 was corrected to reflect that of the 19 individuals interviewed, ten (not seven) individuals were considered not applicable to Indicator 13.

References

1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20) retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>.
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises,” Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “ Natural Supports,” http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

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

2. Client Profile-DHHS

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

3. CMHC Profile

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

4. Clinical Record Review (CRR)

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

5. Client Interview Instrument (CII)

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

6. Staff Interview Instrument (SII)

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

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a										1b			1c					
			Adequacy of Assessment	Assessments identify individual's needs and preferences			CRR Q1	CRR Q4	CRR Q5	CRR Q7	CRR Q10	SII Q3	Assessments identify individual's strengths			Assessment information was gathered through face to face appointment(s)						
	ACT	IPA	78%	YES	NO	NA							YES	NO	NA	CRR Q6	CRR Q8	CII Q4	YES	NO	NA	SII Q2
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES
Cherry	ACT	IPA	67%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO
Dahlia	NO ACT	NO IPA	33%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES
Flowers	ACT	NO IPA	67%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO
N=6			78%	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N		4	2%		4Y/2N
			NonACT= 77%																			
			ACT= 78%																			

Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Assessments and treatment plans have adequately identified service needs
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Assessments and treatment plans have adequately identified service needs
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing
7	Effectiveness of the housing services provided (CMHA VII.A)

- 7a Housing Supports and services enable individual to meet/progress towards identified housing goals
- 7b Housing supports and services enable individual to maintain safe housing
- 7c Housing supports and services enable individual to maintain stable housing
- 7d Housing supports and services enable individual to be involved in selecting their housing
- 7e OCR Q9 Services are adequate to obtain and maintain stable housing

EMPLOYMENT SERVICES AND SUPPORTS

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

COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

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

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

CRISIS SERVICES AND SUPPORTS

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

ACT SERVICES AND SUPPORTS

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

IPA TRANSITION/DISCHARGE

- 18 Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)

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

Appendix 4: Overall Client Review Questions (OCR)

OVERALL CLIENT REVIEW (OCR)

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

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

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

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

If YES, Skip to OCR Q3

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

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

If NO, Skip to OCR Q5

OCR Q4 What additional services are needed?

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

If YES, Skip to OCR Q7

OCR Q6 What additional services are needed?

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

If YES, Skip to OCR Q9

OCR Q8 What additional services are needed?

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

If YES, Skip to OCR Q11

OCR Q10 What additional services are needed?

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

If YES, Skip to OCR Q13

OCR Q12 What additional services are needed?

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

If YES, STOP

OCR Q14 What additional services are needed?

OCR is Complete:

OCR

Appendix 5: Agency Overview

Lakes Region Mental Health Center (LRMHC) was established in 1966 as a non-profit, community-based mental health care provider serving the needs of children, adolescents, and adults and their families in Belknap and southern Grafton counties.

LRMHC is approved from September 1, 2013 to August 31, 2018 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. LRMHC is designated as a CMHP for Region 3, which encompasses 24 cities and towns within two counties.

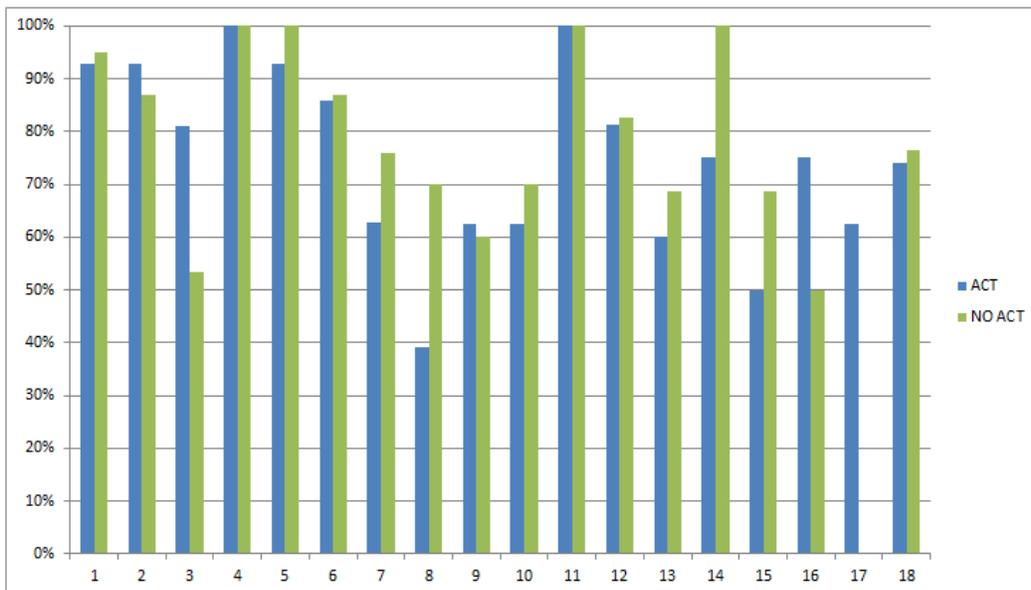
LRMHC has two offices that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI). The center has two permanent Supportive Housing Programs, Summer Street and McGrath Street, providing a total of 24 beds. Comprehensive services to adults include two stand out programs, the evidence-based program InSHAPE and One Health Integrated Primary Care Provider (PCP). InShape is a health development program designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness. One Health was initiated in 2015 and is an integrated model of care that provides behavioral health services and primary health care at the client's main access point. This is accomplished by co-locating services at the Laconia-Church Street and Plymouth offices in partnership with Health First Family Care Center and Mid-State Health Center.

Three hospitals are located within the LRMHC catchment area: Lakes Region General Hospital (Laconia), Franklin Regional Hospital (Franklin), and Speare Memorial Hospital (Plymouth). LRMHC staff provides Emergency Services at all three hospitals. This past year, a six bed Psychiatric Annex was developed at Lakes Region General Hospital. LRMHC Emergency Service's staff completes the initial assessment and re-evaluates the patients daily and as needed. LRMHC's psychiatric APRN consults with Lakes Regional General Hospital Emergency Department staff on Annex patients. Both Franklin and Speare patients are generally seen via telemedicine due to the higher volume of patients presenting at the Lakes Region Hospital, staffing, and distance. When a patient refuses telemedicine, LRMHC Emergency Service's staff travel to the hospital for evaluations. Franklin Regional Hospital is in the Riverbend Mental Health catchment area and LRMHC responds to their emergencies. LRMHC then communicates

with Riverbend Mental Health for any follow-up or ongoing needs for those who present in the Franklin Emergency Department. The LRMHC Emergency Service's Director and Chief Quality Officer, who also covers acute services, meet with Speare Memorial Hospital staff on a regular basis to assure collaboration and resolve any potential issues regarding psychiatric response to and from their Emergency Department.

Appendix 6: ACT vs. Non-ACT Indicator Scores

Indicator #	Total N:	Indicator	ACT	ACT N	NO ACT	NO ACT N	% Difference
1	19	Adequacy of Assessment	93%	14	95%	5	-2%
2	19	Appropriateness of treatment planning	93%	14	87%	5	6%
3	19	Adequacy of individual service delivery	81%	14	53%	5	28%
4	19	Adequacy of Housing Assessment	100%	14	100%	5	0%
5	19	Appropriate of Housing Treatment Plan	93%	14	100%	5	-7%
6	19	Adequacy of individual housing service delivery	86%	14	87%	5	-1%
7	19	Effectiveness of Housing supports provided	63%	14	76%	5	-13%
8	19	Adequacy of employment assessment/screening	39%	14	70%	5	-31%
9	13	Appropriateness of employment treatment planning	63%	8	60%	5	3%
10	13	Adequacy of individual employment service delivery	63%	8	70%	5	-8%
11	19	Adequacy of Assessment of social and community integration needs	100%	14	100%	5	0%
12	18	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	81%	13	83%	5	-1%
13	9	Adequacy of Crisis Assessment	60%	14	69%	5	-9%
14	19	Appropriateness of crisis plans	75%	14	100%	5	-25%
15	8	Comprehensive and effective crisis service delivery	50%	4	69%	4	-19%
16	19	Adequacy of ACT Screening	75%	14	50%	5	25%
17	14	Implementation of High Fidelity ACT Services	63%	14	N/A	0	N/A
18	8	Successful transition/discharge from the inpatient psychiatric facility	74%	5	76%	3	-2%



Quality Indicator