



Assertive Community Treatment Fidelity Assessment

***Mental Health Center of Greater Manchester's
Continuous Treatment Team (CTT)***

On Site Review Dates: October 17th and 18th, 2017

Final Report Date: January 3rd, 2018

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

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ACRONYMS

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

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center (DHMC) conducted two days of on-site ACT Fidelity Reviews with the Mental Health Center of Greater Manchester's (MHCGM) ACT Teams: The Continuous Treatment Team and the Mobile Community Support Team, on October 17th and 18th, 2017. Both teams were reviewed during the same time period. This document provides fidelity review findings regarding MHCGM's Continuous Treatment Team (CTT).

MHCGM's CTT ACT team is based out of Manchester, NH, 1555 Elm Street location office. MHCGM's CTT ACT Team serves clients with co-occurring disorders. MHCGM's CTT ACT team started developing ACT services in 1990.

METHODOLOGY

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

The sources of information used for this review included:

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

While the on-site reviews were conducted on October 17th and 18th, the comprehensive data required to complete the ACT fidelity review for this report was received from MHCGM on December 19th.

REVIEW FINDINGS AND RECOMMENDATIONS

KEY

= In effect
 = Not in effect

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

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	5	<p>The CTT ACT team client to team member ratio is 10:1.</p> <p>Item formula: <u>Number of clients presently served</u> Number of FTE staff</p> <p><u>138</u> 14.2 = 9.7</p>	
H2	Team Approach	3	<p>40% of the clients reviewed had face-to-face contact with at least 2 CTT ACT staff members in 2 weeks.</p> <p>The CTT ACT team staff members have primary caseloads, and it appears that some CTT ACT clients are seen mostly by their assigned ACT team member. Another factor that might contribute to the limited Team Approach is some clients meet with ACT team members from the other ACT team.</p>	<p>The CTT Team Leader should carefully monitor clients having contact with different members of the team. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.</p>

#	Item	Rating	Rating Rationale	Recommendations
H3	Program Meeting	4	<p>The CTT ACT team meets Mondays, Tuesdays, Wednesdays, and Fridays.</p> <ul style="list-style-type: none"> • On Mondays, the Team Leader, FSS staff, and Clinical Case Managers / Substance Abuse Specialists attend, while there is no prescriber, Vocational Specialist, or Nurse present. • On Tuesdays, all ACT staff disciplines attend. • On Wednesdays, the Team Leader, FSS staff, and Clinical Case Managers / Substance Abuse Specialists attend, while there is no Vocational Specialist or Nurse present. The prescriber attends this meeting occasionally. • On Fridays, all ACT staff disciplines attend. <p>The CTT ACT team typically reviews clients by going through staffs' primary caseloads. If the ACT staff for a particular client is not present, this client might not be discussed until the next meeting that the primary staff attends. The CTT ACT team does not review every client each time during the team meetings.</p>	<p>The CTT ACT team might benefit from reviewing clients more quickly with concise and critical information in order to review all ACT clients at each meeting. Reviewing each client more quickly would create more focus and better continuity of care.</p>
H4	Practicing ACT Leader	4	<p>The CTT ACT team leader provides direct client services at least 41% of the time. The CTT ACT Team Leader has a primary "caseload," as well as assists in training new CTT ACT employees.</p> <p>The CTT ACT team also has a part-time Coordinator and part-time Assistant Coordinator. The Coordinator and Assistant Coordinator carry out many of the Team Leader duties, such as leading team meetings, managing staffing and hiring, carrying out administrative tasks, and providing coverage.</p>	<p>The CTT ACT Team Leader might want to consider tracking all of his direct service activities on a regular basis.</p> <p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. As such, the CTT team would benefit from clearly defining the role of Team Leader in a single distinct position and assuring all ACT identified Team Leader responsibilities are carried out by that designated person.</p>

#	Item	Rating	Rating Rationale	Recommendations
H5	Continuity of Staffing	5	<p>The turnover rate for the CTT ACT team in the past 2 years is 19%.</p> <p>Item formula: $\frac{\text{\# of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\text{\# of months}} = \text{Turnover rate}$</p> $\frac{9}{24} \times \frac{12}{24} = .19$	
H6	Staff Capacity	4	<p>On average, the ACT team operated at 88% of full staffing in the past 12 months.</p> <p>Item formula: $\frac{100 \times (\text{sum of \# of vacancies})}{\text{Total \# staff positions} \times 12} = \% \text{ of absent positions}$</p> $\frac{100}{24} \times \frac{34}{12} = 11.8$	<p>The CTT ACT Team Leader might want to work with their Human Resources and Marketing departments to produce creative advertising for the Peer Support Specialist ACT position, and other ACT specialty positions.</p> <p>The agency might also consider setting up a way to gather feedback from their current CTT ACT team staff to find out reasons they stay on the ACT team, as well as gather data about why staff have left the CTT ACT team via exit interviews to identify any potential areas for improvement.</p>
H7	Psychiatrist on Team	2	<p>The CTT ACT prescribers are assigned 0.52 FTE combined on the ACT team, serving 138 ACT clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$</p> $\frac{(.21 + .21 + .1) \times 100}{138} = 0.38 \text{ FTE per 100 clients}$	<p>Given the size of the CTT ACT team, it is important for the agency to significantly increase the psychiatry time to 1.4 FTE.</p>

#	Item	Rating	Rating Rationale	Recommendations
H8	Nurse on Team	2	<p>The CTT ACT Nurses are assigned 0.77 FTE combined on the ACT team, serving 138 ACT clients.</p> <p>Item Formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{(.41 + .36) \times 100}{138} = 0.56 \text{ FTE per 100 clients}$</p>	<p>Given the size of the CTT ACT team, it is important for the agency to increase the nursing allocation to 2.8 FTEs to meet the multiple nursing needs of ACT clients.</p>
H9	Substance Abuse Specialist on Team	5	<p>The CTT ACT Substance Abuse Specialists are assigned 5.0 FTE combined on the ACT team, serving 138 ACT clients. Ten of the ACT team staff are divided 0.5 FTE Clinical Case Manager and 0.5 FTE Substance Abuse Specialist.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{(.5 \times 10) \times 100}{138} = 3.6 \text{ FTE per 100 clients}$</p>	<p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. The CTT team would benefit from clearly identifying and defining the role of Substance Abuse Specialist in distinct positions and assuring all ACT identified Substance Abuse Specialist functions and roles are carried out by those specifically designated Substance Abuse Specialist team members.</p>

#	Item	Rating	Rating Rationale	Recommendations
H10	Vocational Specialist on Team	2	<p>The CTT ACT Vocational Specialists are assigned 0.68 FTE combined on the ACT team, serving 138 ACT clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{(.46 + .22) \times 100}{138} = 0.49 \text{ FTE per 100 clients}$</p>	Given the size of the CTT ACT team, it is important for the agency to increase the Vocational Specialist positions to 2.8 FTEs to meet the multiple employment needs of ACT clients.
H11	Program Size	5	Currently, there are 14.22 FTEs of staff positions on the CTT ACT team.	
O1	Explicit Admission Criteria	5	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals. <input checked="" type="checkbox"/> The ACT team actively recruits a defined population and all cases comply with explicit admission criteria. 	
O2	Intake Rate	5	The highest monthly intake rate during the last 6 months for the CTT ACT team was no more than 6 clients per month.	

#	Item	Rating	Rating Rationale	Recommendations
O3	Full Responsibility for Treatment Services	5	The CTT ACT team provides the following services: <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support <input checked="" type="checkbox"/> Psychiatric Services	
O4	Responsibility for Crisis Services	4	During the day, CTT ACT clients can call the CTT ACT cell phone, which is carried by a member of the CTT ACT team from 8:00am until 5:00pm. After 5:00pm, CTT ACT clients call MHCGM Emergency Services. Emergency Services directly contacts the CTT ACT team member on-call. The CTT ACT team member typically calls the ACT client back. The CTT ACT after-hours on-call schedule is staffed by all CTT ACT team members.	The CTT ACT team might consider utilizing a primary CTT cell phone for direct crisis coverage 24/7 as their first line of support.
O5	Responsibility for Hospital Admissions	5	According to the charts reviewed and ACT team member reports, the CTT ACT team was involved in all hospital admissions.	
O6	Responsibility for Hospital Discharge Planning	5	According to the charts reviewed and ACT team member reports, the CTT ACT team was involved in all hospital discharges.	
O7	Time-unlimited Services	4	According to ACT staff reports, approximately 9% of CTT ACT clients are expected to graduate annually.	The CTT ACT Team Leader might want to consider consistently tracking clients stepping down, as well as carefully tracking appropriateness of referrals into the CTT ACT team.

#	Item	Rating	Rating Rationale	Recommendations
S1	Community-based Services	5	According to the data reviewed, the CTT ACT team provided face-to-face community-based services 86% of the time	
S2	No Drop-out Policy	4	86% of the CTT ACT team caseload was retained over a 12-month period. Item formula: <u># clients discharged, dropped, moved w/out referral</u> Total number of clients = Drop-out rate <u>20</u> 138 = 0.14 or 14% Drop-out rate / 86% Retention	
S3	Assertive Engagement Mechanisms	5	<input checked="" type="checkbox"/> The CTT ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement.	
S4	Intensity of Services	2	According to the data reviewed, the CTT ACT team averages 45 minutes of face-to-face contacts per week. Some CTT ACT clients reviewed were being provided with some of their services from the other MHCGM ACT team. Additionally, some ACT clients seem to be getting a high amount of service hours per week, while other clients seem to be receiving very limited services.	The CTT ACT Team Leader might want to look at how some ACT clients receiving services from non-CTT ACT clinicians could impact Intensity of Services. It is important for the assigned ACT team to directly provide services in order to maintain continuity of care and so clients are familiar with the ACT staff they are working with. In addition, it may be useful for the CTT ACT Team Leader to provide specific feedback to CTT ACT team staff on the amount of service hours per week provided to specific CTT ACT clients.

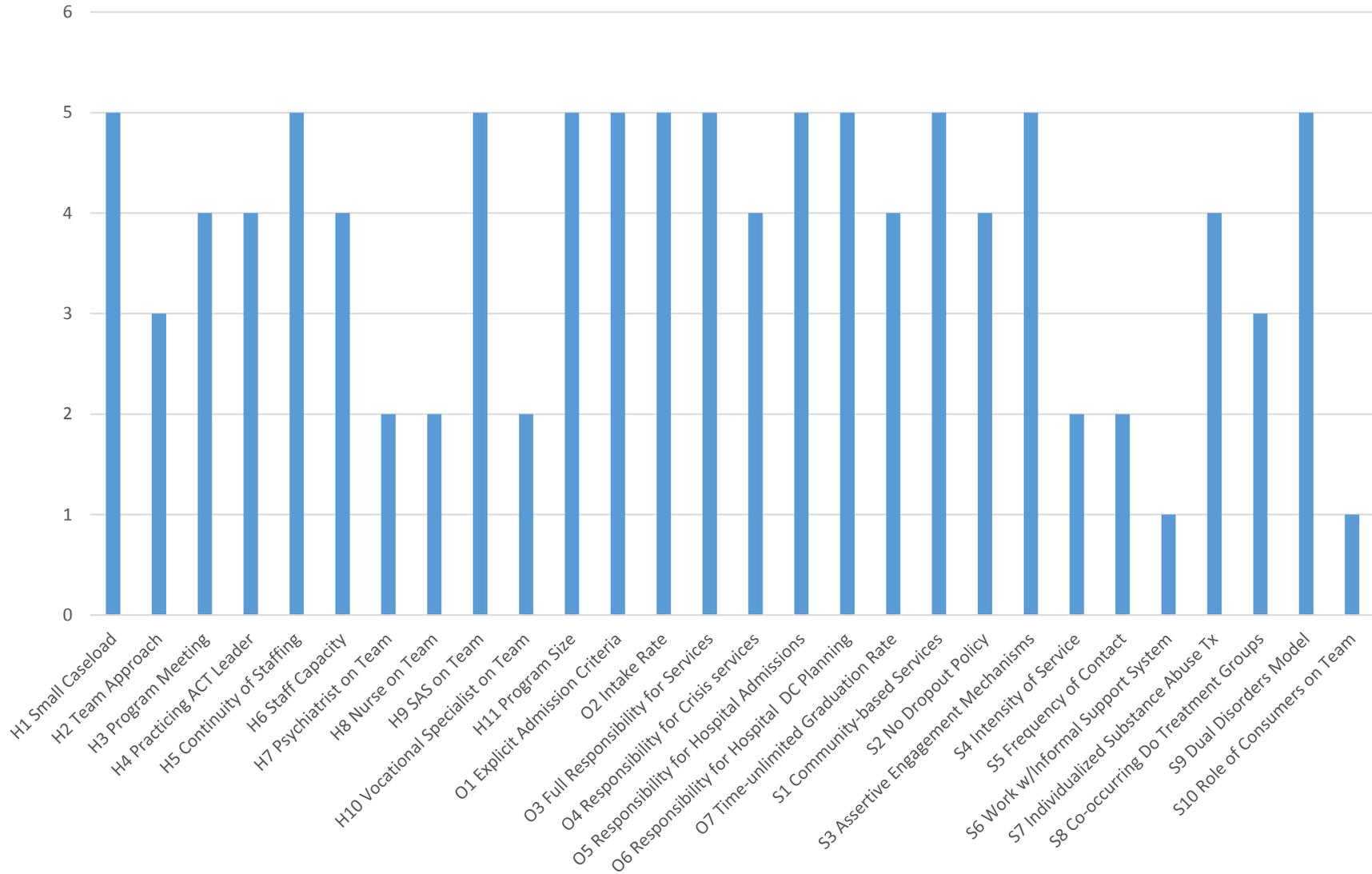
#	Item	Rating	Rating Rationale	Recommendations
S5	Frequency of Contact	2	According to the data reviewed, the CTT ACT team averages 1.6 face-to-face contacts per week. Some CTT ACT clients reviewed were being provided with some of their services from the other MHCGM ACT team. Additionally, some ACT clients seem to be getting a high frequency of contacts per week, while other clients seem to be having limited frequency.	The CTT ACT Team Leader might want to look at how some ACT clients receiving services from non-CTT ACT clinicians could impact Frequency of Contact. It is important for the assigned ACT team to directly provide services in order to maintain continuity of care and so clients are familiar with the ACT staff they are working with.
S6	Work with Support System	1	<p>According to the data reviewed, the CTT ACT team averages less than .5 contacts per month with the client's informal support system in the community.</p> <p>Item formula:</p> $\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}$ $\frac{1.69 \times 16}{138} = 0.2$	<p>Sometimes ACT team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>
S7	Individualized Substance Abuse Treatment	4	<p>According to the data reviewed, CTT ACT clients with a co-occurring disorders average 12.9 minutes per week or more in formal substance abuse counseling.</p> <p>Item formula:</p> $\frac{\text{Sum of session mins / \# of SAS clients reviewed}}{4.3 \text{ weeks}} = \text{average mins / week}$ $\frac{258 / 5}{4} = 12.9$	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. The CTT team would benefit from clearly identifying and defining the role of Substance Abuse Specialist in distinct positions and assuring all ACT identified Substance Abuse Specialist functions, including providing individualized substance abuse counseling sessions, are carried out by those specifically designated Substance Abuse Specialist team members.

#	Item	Rating	Rating Rationale	Recommendations
S8	Co-occurring Disorder Treatment Groups	3	According to the data reviewed, 20% of the ACT clients who have a co-occurring disorder attended co-occurring disorder treatment groups on at least a monthly basis. The CTT Team Leader runs a COD group on a weekly basis.	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. The CTT team would benefit from clearly identifying and defining the role of Substance Abuse Specialist in dedicated SAS positions and assuring all identified Substance Abuse Specialist functions, including identifying, recruiting and providing co-occurring disorders group treatments, are carried out by those specifically designated Substance Abuse Specialist team members.
S9	Co-occurring Disorders (Dual Disorders) Model	5	<p>The CTT ACT team is fully based in Dual Disorders treatment principles. Much of the COD treatment is provided by CTT ACT staff members.</p> <p>All CTT ACT staff have attended an 8-hour Integrated Dual Disorders training.</p>	
S10	Role of Peer Specialist on Team	1	The CTT ACT team does not have a Peer Support Specialist at this time.	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. As such, the CTT team would benefit from a full time Peer Support Specialist working as a full and regular member of the ACT team to assure a consistent focus on recovery oriented services for ACT clients.

CTT ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	3
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	5
H6 Staff Capacity	4
H7 Psychiatrist on Team	2
H8 Nurse on Team	2
H9 SAS on Team	5
H10 Vocational Specialist on Team	2
H11 Program Size	5
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	4
O5 Responsibility for Hospital Admissions	5
O6 Responsibility for Hospital DC Planning	5
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	5
S2 No Dropout Policy	4
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	2
S5 Frequency of Contact	2
S6 Work w/Informal Support System	1
S7 Individualized Substance Abuse Treatment	4
S8 Co-occurring Do Treatment Groups	3
S9 Dual Disorders Model	5
S10 Role of Consumers on Team	1
Total	106

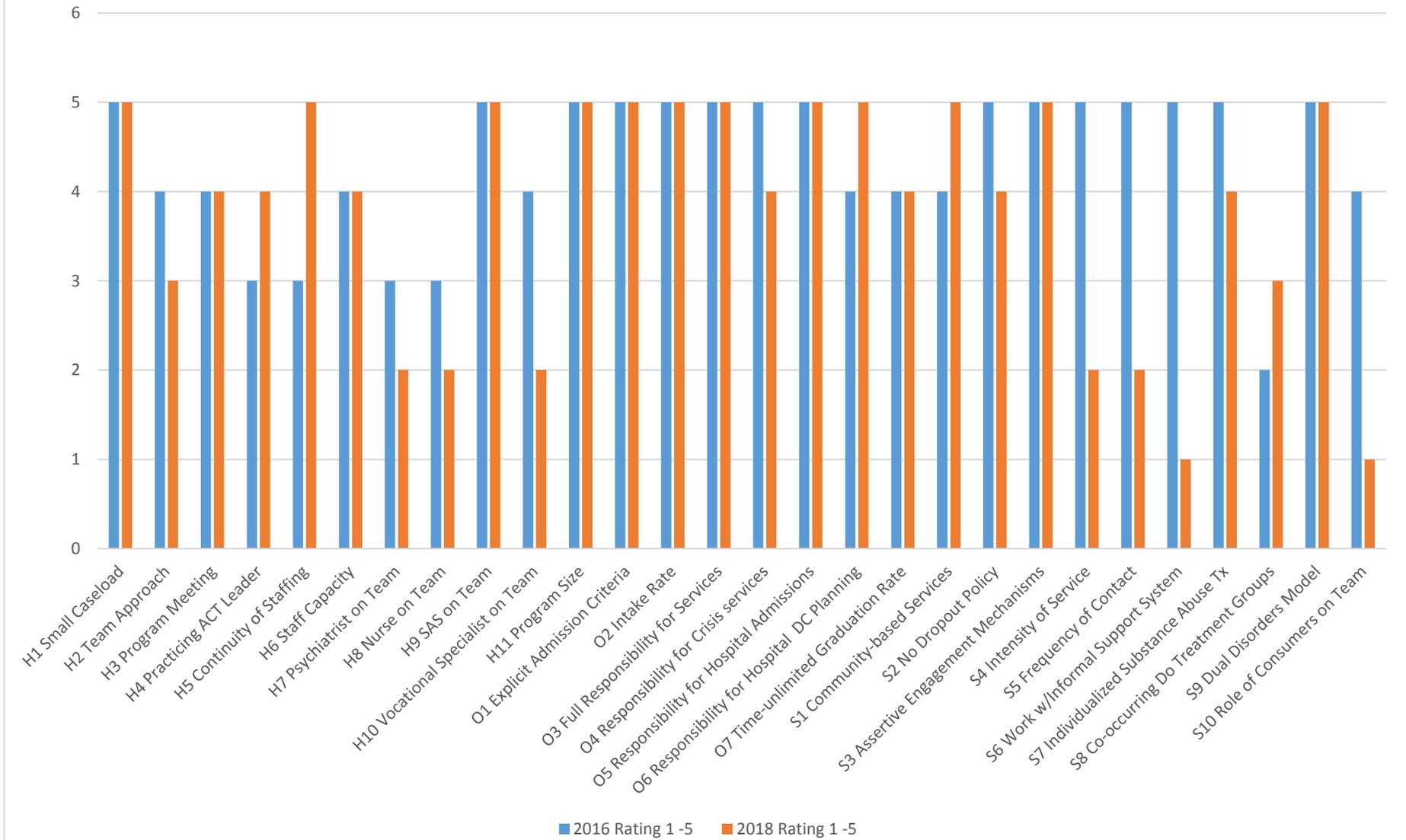
113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

2018 CTT ACT Items



CTT ACT Score Comparisons by Year	2016	2018
Items	Rating 1 - 5	Rating 1 - 5
H1 Small Caseload	5	5
H2 Team Approach	4	3
H3 Program Meeting	4	4
H4 Practicing ACT Leader	3	4
H5 Continuity of Staffing	3	5
H6 Staff Capacity	4	4
H7 Psychiatrist on Team	3	2
H8 Nurse on Team	3	2
H9 SAS on Team	5	5
H10 Vocational Specialist on Team	4	2
H11 Program Size	5	5
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis services	5	4
O5 Responsibility for Hospital Admissions	5	5
O6 Responsibility for Hospital DC Planning	4	5
O7 Time-unlimited Graduation Rate	4	4
S1 Community-based Services	4	5
S2 No Dropout Policy	5	4
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	5	2
S5 Frequency of Contact	5	2
S6 Work w/Informal Support System	5	1
S7 Individualized Substance Abuse Treatment	5	4
S8 Co-occurring Do Treatment Groups	2	3
S9 Dual Disorders Model	5	5
S10 Role of Consumers on Team	4	1
Total	121	106

CTT ACT Items Years 2016 & 2018





Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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

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January 5th, 2018

William Rider, CEO
The Mental Health Center of Greater Manchester
401 Cypress Street
Manchester, NH 03103

Dear Mr. Rider,

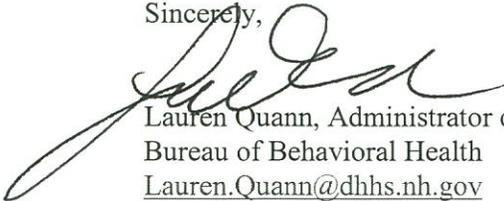
Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for The Mental Health Center of Greater Manchester's Continuous Treatment Team. This review took place from October 17th, 2017 through October 18th, 2017. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

The Mental Health Center of Greater Manchester is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item in your Quality Improvement Plan and we will later work together to choose 2-3 to focus on for the year. Please address these in a QIP to my attention, via e-mail, by the close of business on February 5th, 2018.

- Human Resources Structure and Composition
 - H2: Team Approach
 - H7: Psychiatrist on Team
 - H8: Nurse on Team
 - H10: Vocational Specialist on Team
- Organizational Boundaries
 - None to address
- Nature of Services
 - S4: Intensity of Services
 - S5: Frequency of Contact
 - S6: Work with Support System
 - S8: Co-occurring Disorder Treatment Groups
 - S10: Role of Peer Specialist on Team

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

Sincerely,



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

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

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



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
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February 23, 2018

William Rider, CEO
The Mental Health Center of Greater Manchester
401 Cypress Street
Manchester, NH 03103

We have recently reviewed your letter and Assertive Community Treatment fidelity QIP. I would first like to address that according to our legal review, that the Quality Improvement Plans are not entitled to confidentiality under RSA 135-C:63-a.

The fidelity model used for your ACT Review was the 2008 SAMHSA ACT Fidelity Scale (which is based on the Dartmouth Assertive Community Treatment scale) and protocol which are found in the "Evaluating Your Program" component of the ACT Evidence Based Practices Kit. This ACT scale is required per the NH DOJ Mental Health Agreement.

"While quality assurance measures have been developed and are included in all EBP KITS, the length of time that these measures have been used and the level of psychometric testing varies. The ACT Fidelity Scale has one of the longest histories. Developed and described by Teague, Bond, and Drake (1998), the ACT Fidelity Scale has undergone extensive psychometric testing. It has demonstrated discriminant and predictive validity and has been widely adopted by many state and local agencies throughout the United States and internationally. The scale has been found to differentiate between established ACT teams, as monitored and trained by ACT trainers, and other types of intensive case management and brokered case management (Teague et al., 1998). Regarding predictive validity, several studies using precursors to the ACT Fidelity Scale have found strong correlations between ACT fidelity and consumer outcomes" (Latimer, 1999; McGrew et al., 1994; McHugo et al., 1999)."

Substance Abuse and Mental Health Services Administration. *Assertive Community Treatment: Evaluating Your Program*. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

Information and definitions regarding many items you are seeking, such as timeframes of the data used, can be found both in the preparation letter issued to your agency prior to your fidelity review as well as in the ACT Fidelity Scale Protocol described in the previously referenced "Evaluating the Program." I have attached this letter to this communication for reference. Monthly reports submitted to Bureau of Mental Health Services (BMHS) are not used during this review as the reviewers request specific time

frames of data that is point in time specific to the current staffing structure. We have also subsequently learned that the data sets are not aligned.

Perhaps some context regarding the fundamental definition of ACT is critical for context, as described in the Assertive Community Treatment Evidence Based Practices Kit:

“ACT is a way of delivering comprehensive and effective services to consumers who have needs that have not been well met by traditional approaches to delivering services. At the heart of ACT is a transdisciplinary team of 10 to 12 practitioners who provide services to about 100 people. ACT teams directly deliver services to consumers instead of brokering services from other agencies or providers. For the most part, to ensure that services are highly integrated, team members are cross-trained in one another’s areas of expertise.

Core ACT services

- crisis assessment and intervention;
- comprehensive assessment;
- illness management and recovery skills;
- individual supportive therapy;
- substance-abuse treatment;
- employment-support services;
- side-by-side assistance with activities of daily living;
- intervention with support networks (family, friends, landlords, neighbors, etc);
- support services, such as medical care, housing, benefits, transportation;
- case management; and
- medication prescription, administration, and monitoring.”

Substance Abuse and Mental Health Services Administration.
Assertive Community Treatment: Building Your Program. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

When submitting a QIP for fidelity reviews (SE or ACT) we do ask that each Community Mental Health Center (CMHC) address each item they scored a 3 or less on. We will then work together to prioritize items, identifying the top 3 as a minimum to focus on in the coming year prior to your next review. Some items in your QIP references the cover letter making it difficult to provide feedback. In order to address these items, each QIP should have activity steps your center can take in order to work towards a higher fidelity score. Each QIP also needs a QIP target improvement date, keeping in mind you have until your next fidelity review to complete your items, which will be a year from the original scheduled review date.

I respect your discussion around staff shortages and your unique ways to fulfill the needs to clientele but our priority is instilling Evidence Based Practices within New Hampshire. As previously mentioned, we shall work together to prioritize 3 items to work on over the next year. It is important to identify key areas in need of improvement, and also keep in mind the shortages we all face for staffing recruitment. If you could please submit a fully completed QIP 15 days from the date receiving this letter, due date being March 10th, 2018. I am available for assistance to develop your QIP and activity steps. Please let me know if you have any questions or would like to set up a conference call for assistance. I thank you and your center for the ongoing work to serve the needs of the individuals in your community.

Sincerely,

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

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

Enclosures: MHCGM ACT Preparation letter
CC: Karl Boisvert, Diana Lacey, Julianne Carbin

ACT Fidelity Quality Improvement Plan Template
The Mental Health Center of Greater Manchester

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area In Need of Improvement: H2 – Team approach

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by 10/18/18 (date)

Improvement Strategies (select all that apply):

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

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Continue recruitment for vacancies	Improved coverage for caseloads	3/1/18	10/18/18	Pete Costa
Using Avatar data, monitor client contacts monthly	Increase number of contacts with ACT Team members	3/1/18	10/18/18	Pete Costa

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: H7 – Psychiatrist on team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by October 2018 (date)

Improvement Strategies (select all that apply):

- Policy change Practice change Process change Workforce Development
 Infrastructure improvement Other Recruitment

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Participate in IDN Workforce Team	Hire NP or Psychiatrist	3/1/18	10/18/18	Lisa Descheneau
Continue to provide psychiatric & APRN resident program to increase number of residents	Hire NP or Psychiatrist	3/1/18	10/18/18	Dr. Turnbull & Dr. McNamara
Expand use of Telemedicine	Increase hours of availability	3/1/18	10/18/18	Patricia Carty
Continue use of medical staff recruitment firm	Hire NP or Psychiatrist	3/1/18	10/18/18	Lisa Descheneau
Provide a MHCGM booth at the American Psychiatric Association in May	Hire an MD/DO	May 2018	10/18/18	Patricia Carty & Dr. McNamara

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: H8 – Nurse on team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by 6/1/18 (date)

Improvement Strategies (select all that apply):

- Policy change
 Practice change
 Process change
 Workforce Development
 Infrastructure improvement
 Other Re-allocation of nursing staff as core staff

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Re-allocate current nursing resources to serve as core team members	Increase percentage of nursing resources from .45 FTE to 1.5 FTE	3/1/18	6/1/18	Pete Costa

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: H10 – Vocational Specialist on team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by 6/1/18 (date)

Improvement Strategies (select all that apply):

- Policy change
 Practice change
 Process change
 Workforce Development
 Infrastructure improvement
 Other Re-allocation of vocational staff

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Re-allocate existing IPS to CTT team	Increase percentage of assignment of Vocational Specialists to 1.17	3/1/18	6/1/18	Pete Costa

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: S4 – Intensity of Services

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by 10/18/18 (date)

Improvement Strategies (select all that apply):

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

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Using Avatar data, monitor client contacts monthly	Improve weekly minutes of service to ACT clients	3/1/18	10/18/18	Pete Costa
Advocate for higher, more accurate score of "5"	Accurate score of 5	3/1/18	4/1/18	Patricia Carty

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: S5– Frequency of Contact

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by N/A (date)

Improvement Strategies (select all that apply):

- Policy change
 Practice change
 Process change
 Workforce Development
 Infrastructure improvement
 Other N/A

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Using Avatar data, monitor client contacts monthly	Improve number of face-to-face client contacts	3/1/18	10/18/18	Pete Costa

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: S6 – Work with Support System

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by 6/1/18 (date)

Improvement Strategies (select all that apply):

- Policy change
 Practice change
 Process change
 Workforce Development
 Infrastructure improvement
 Other Improved documentation of contacts

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Review findings with ACT team and the importance of contact with support system in its broadest sense	Improve documentation of support system contacts	5/1/18	6/1/18	Jim Cabanel
Create a new code to reflect contact with support system	Improve ability to measure these contacts	3/1/18	4/1/18	Pete Costa
Advocate for higher, more accurate score	Accurate score of "3"	2/5/18	6/1/18	Patricia Carty

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: S8 – Co-Occurring Treatment Groups

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by 10/18/18 (date)

Improvement Strategies (select all that apply):

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

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Plan for a daily, drop-in, open ended, co-occurring disorders treatment group based on Hazeltine’s “Keep It Simple”	Implement the new group	3/1/18	7/1/18	Pete Costa

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

Location: Region 7 – CTT (ACT Team)(5260)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: S10 – Role of Peer Specialist on Team

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by __10/18/18__ (date)

Improvement Strategies (select all that apply):

- Policy change
 Practice change
 Process change
 Workforce Development
 Infrastructure improvement
 Other Recruitment

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

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Recruit for Peer Support Specialist	Full Time Peer Support Specialist	3/1/18	10/18/18	Pete Costa

Include additional forms if needed.



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

Jeffrey A. Meyers
Commissioner

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Director

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March 19, 2018

William Rider
The Mental Health Center of Greater Manchester
401 Cypress Street
Manchester, NH 03103

Dear Mr. Rider,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on March 8th, 2018 that was in response to the ACT Fidelity Review conducted by the Dartmouth Hitchcock consultants on October 17th, 2017 through October 18th, 2017. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

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

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

Sincerely,

Handwritten signature of Julianne Carbin in black ink.

Julianne Carbin, Director
Bureau of Mental Health Services
Julianne.Carbin@dhhs.nh.gov
603-271-8378

Handwritten signature of Lauren Quann in black ink.

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

Enclosures:
CC: Karl Boisvert, Diana Lacey