



Assertive Community Treatment Fidelity Assessment

***Mental Health Center of Greater Manchester's
Mobile Community Support Team (MCST)***

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 conducted two days of on-site ACT Fidelity Reviews with the Mental Health Center of Greater Manchester's (MHCGM) ACT Teams, Continuous Treatment Team and 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 Mobile Community Support Team (MCST).

The MHCGM's MCST ACT team is based out of Manchester, NH, 1555 Elm Street location office. MHCGM's MCST ACT team started developing ACT services in 1991.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the MHCGM 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 by MHCGM on December 19th.

REVIEW FINDINGS AND RECOMMENDATIONS

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

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

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	4	<p>The MCST ACT team client to team member ratio is 11:1.</p> <p>Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}}$ $\frac{140}{12.46} = 11.2$</p>	<p>The MCST ACT Team Leader and the agency should consider increasing the Program Size by increasing the FTEs for the Psychiatrist, Nurse, Vocation Specialist, Substance Abuse Specialist, and Peer Support Specialist positions (Please see items H7 through H10, and S10). Maintaining a low consumer-to-staff ratio of at least 10:1 ensures adequate intensity and individualization of services. The MCST ACT Team Leader might also want to assure ACT staff are specifically assigned particular FTEs to the ACT team in order to assure ACT staff are not pulled into duties on non-ACT teams.</p>
H2	Team Approach	5	<p><input checked="" type="checkbox"/> The MCST ACT provider group functions as a team, and team members know and work with all clients.</p> <p>100% of the clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.</p>	

#	Item	Rating	Rating Rationale	Recommendations
H3	Program Meeting	4	<p>The MCST 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 MCST ACT team typically reviews clients by going through staffs' primary caseloads. If the ACT staff for a particular client is not present at the meeting, this client might not be discussed until the next team meeting that the primary staff attends. The MCST ACT team does not review every client each time during the team meetings.</p>	<p>The MCST 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>

#	Item	Rating	Rating Rationale	Recommendations
H4	Practicing ACT Leader	4	<p>The MCST ACT Team Leader provides direct client services at least 41% of the time. The MCST ACT Team Leader has a primary “caseload,” as well as assists in training new MCST ACT employees.</p> <p>The MCST 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 MCST 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 MCST 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>
H5	Continuity of Staffing	4	<p>The turnover rate for the MCST ACT team in the past 2 years is 24%.</p> <p>Item formula: $\frac{\# \text{ of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\# \text{ of months}} = \text{Turnover rate}$ $\frac{12}{25} \times \frac{12}{24} = .24$</p>	<p>The agency might consider setting up a way to gather feedback from their current MCST ACT team staff to find out reasons they stay on the ACT team. The agency might also want to consider gathering data about why staff have left the MCST ACT team via exit interviews to identify any potential areas for improvement.</p> <p>Staff continuity can also be improved by having a strong team connection. The MCST ACT team might consider making time for team building. Ideas include monthly celebrations and annual retreat.</p>

#	Item	Rating	Rating Rationale	Recommendations
H6	Staff Capacity	4	<p>On average, the ACT team operated at 90% of full staffing in the past 12 months.</p> <p>Item formula: $\frac{100 \times (\text{sum of \# of vacancies})}{\text{Total \# staff positions} \times 12} = \% \text{ of absent positions}$ $\frac{100}{25} \times \frac{30}{12} = 10\% \text{ vacancy rate}$</p>	<p>The MCST ACT Team Leader might want to work with their Human Resources and Marketing departments to produce creative advertising for the 2 Clinical Case Manager and Peer Support Specialist ACT positions.</p> <p>Please also see Recommendation for Item H5 to assist with this.</p>
H7	Psychiatrist on Team	2	<p>The MCST ACT prescribers are assigned 0.52 FTE combined on the ACT team, serving 140 ACT clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{(.21 + .21 + .1) \times 100}{140} = 0.37 \text{ FTE per 100 clients}$</p>	<p>Given the size of the MCST ACT team, it is important for the agency to significantly increase the psychiatry time to 1.4 FTEs.</p>
H8	Nurse on Team	2	<p>The MCST ACT Nurses are assigned 0.45 FTE combined on the ACT team, serving 140 ACT clients.</p> <p>Item Formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{(.14 + .31) \times 100}{140} = 0.32 \text{ FTE per 100 clients}$</p>	<p>Given the size of the MCST 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>

#	Item	Rating	Rating Rationale	Recommendations
H9	Substance Abuse Specialist on Team	2	<p>The MCST ACT Substance Abuse Specialists are assigned 0.5 FTE combined on the ACT team, serving 140 ACT clients. The half-time MCST Coordinator is divided 0.25 FTE Coordinator and 0.25 FTE Substance Abuse Specialist, and the half-time MCST Assistant Coordinator is divided 0.25 FTE Assistant Coordinator and 0.25 FTE Substance Abuse Specialist.</p> <p>It is worth noting that while the MCST ACT team reports all clients with co-occurring disorders are transferred the other MHCGM ACT team, there were clients on the MCST ACT team identified with co-occurring disorders in their clinical records.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{(.25 + .25) \times 100}{140} = 0.36 \text{ FTE per 100 clients}$</p>	<p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to co-occurring disorder treatments provided by the MCST ACT team.</p> <p>The MCST team would benefit from clearly identifying and defining the role of Substance Abuse Specialist in distinct positions and assuring all MCST ACT identified SAS functions and roles are carried out by those specifically designated SAS team members.</p> <p>Given the size of the MCST ACT team, the agency should explore ways to increase the Substance Abuse Specialist time to 2.8 FTEs.</p>
H10	Vocational Specialist on Team	2	<p>The MCST ACT Vocational Specialists are assigned 0.7 FTE combined on the ACT team, serving 140 ACT clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{(.27 + .43) \times 100}{140} = 0.5 \text{ FTE per 100 clients}$</p>	<p>Given the size of the MCST 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.</p>

#	Item	Rating	Rating Rationale	Recommendations
H11	Program Size	5	Currently, there are 12.46 FTEs of staff positions on the MCST ACT team.	
O1	Explicit Admission Criteria	5	<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 MCST ACT team was no more than 6 clients per month.	
O3	Full Responsibility for Treatment Services	4	The MCST ACT team provides the following services: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support <input checked="" type="checkbox"/> Psychiatric Services <input type="checkbox"/> Substance abuse treatment 	See Recommendations in Item H9, S7, S8, and S9.

#	Item	Rating	Rating Rationale	Recommendations
O4	Responsibility for Crisis Services	3	During the day, MCST ACT clients can call the ACT cell phone, which is carried by an ACT staff from 8:00am until 5:00pm. After 5:00pm, MCST ACT clients call MHCGM Emergency Services. Emergency Services contacts the ACT team member on-call. An ACT team member from one of MHCGM's ACT teams typically calls the ACT client back. The MCST ACT after-hours on-call schedule is staffed by MCST ACT team members, as well as ACT team members from the other MHCGM ACT team. The MCST ACT team relies on the other MHCGM ACT team to provide after-hours crisis coverage.	<p>It is critical that The MCST ACT team develop their own independent way to provide full crisis coverage without involving the agency's other ACT team.</p> <p>The MCST ACT team might consider utilizing a primary MCST cell phone for direct crisis coverage 24/7 as their first line of support.</p>
O5	Responsibility for Hospital Admissions	4	According to the charts reviewed and ACT team member reports, the MCST ACT team was involved in 86% of hospital admissions. The other MHCGM ACT team was involved in 1 of the 7 MCST client hospital admissions.	The MCST ACT team should be directly involved in all MCST hospital admissions in order to maintain continuity of care. When the assigned MCST ACT team is involved directly, the client connects with a familiar MCST team member, and this might divert a crisis.
O6	Responsibility for Hospital Discharge Planning	5	According to the charts reviewed and ACT team member reports, the MCST ACT team was involved in all hospital discharges.	
O7	Time-unlimited Services	4	According to ACT staff reports, approximately 8% of MCST ACT clients are expected to graduate annually.	The MCST ACT Team Leader might want to consider consistently tracking clients stepping down, as well as carefully tracking appropriateness of referrals into the MCST ACT team.

#	Item	Rating	Rating Rationale	Recommendations
S1	Community-based Services	5	According to the data reviewed, the MCST ACT team provided face-to-face community-based services 92% of the time.	
S2	No Drop-out Policy	4	<p>92% of the MCST ACT team caseload was retained over a 12-month period.</p> <p>Item formula: $\frac{\# \text{ clients discharged, dropped, moved w/out referral}}{\text{Total number of clients}} = \text{Drop-out rate}$ $\frac{11}{140} = 0.08 \text{ or } 8\% \text{ Drop-out rate / } 92\% \text{ Retention}$</p>	
S3	Assertive Engagement Mechanisms	5	<input checked="" type="checkbox"/> The MCST ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement.	
S4	Intensity of Services	5	According to the data reviewed, the MCST ACT team averages 122 minutes of face-to-face contacts per week.	
S5	Frequency of Contact	5	According to the data reviewed, the MCST ACT team averages 5.3 face-to-face contacts per week.	

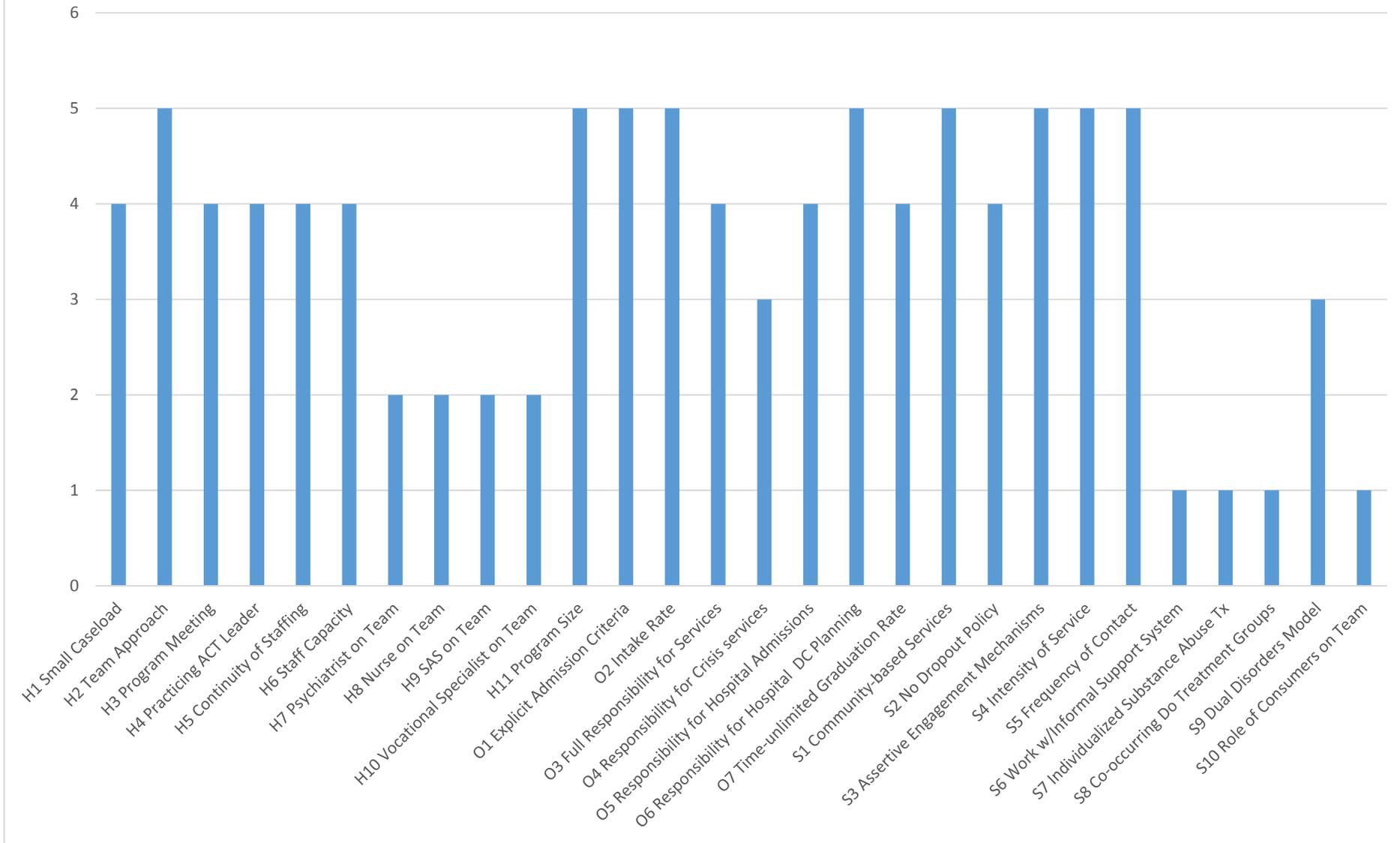
#	Item	Rating	Rating Rationale	Recommendations
S6	Work with Support System	1	<p>According to the data reviewed, the ACT team averages less than .5 contacts per month with the client's informal support system in the community.</p> <p>Item formula:</p> $\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}$ $\frac{1.4 \times 9}{140} = 0.09$	<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	1	<p>According to the data reviewed, MCST ACT clients with a co-occurring disorders did not receive formal substance abuse counseling. The part-time MCST ACT Coordinator and Assistant Coordinator are also the part time Substance Abuse Specialists on the MCST ACT team and indicated they rarely are needed to provide these services.</p>	<p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. As such, the MCST 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.</p>

#	Item	Rating	Rating Rationale	Recommendations
S8	Co-occurring Disorder Treatment Groups	1	According to the data reviewed, the MCST ACT clients who have a co-occurring disorder were not attending co-occurring disorder treatment groups.	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. As such, the MCST 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 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	3	<p>The MCST ACT Team appears to use a mixed and varied approach to working with clients who have a co-occurring disorder. The identified SASs / Coordinators and Team Leader seemed to have a great deal of knowledge regarding the Dual Disorder Model, and the ACT staff as a whole had some knowledge about Dual Disorder Model philosophies and stage-wise interventions. All MCST staff have attended an 8-hour IDDT training.</p> <p>There appeared to be no consistent strategies for working with clients with COD in different stages of change. There is no identification of COD treatments in treatments for clients with co-occurring disorders. Some clients who are identified with a COD are referred outside the team for COD services.</p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. As such, the MCST team would benefit from clearly identifying and defining the role of Substance Abuse Specialist in distinct positions and assuring that ACT team members provide services to ACT clients with substance use disorders that are consistent with the values and strategies of co-occurring disorders treatment.
S10	Role of Peer Specialist on Team	1	The MCST 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 MCST 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.

MCST ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	4
H2 Team Approach	5
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	4
H6 Staff Capacity	4
H7 Psychiatrist on Team	2
H8 Nurse on Team	2
H9 SAS on Team	2
H10 Vocational Specialist on Team	2
H11 Program Size	5
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	4
O4 Responsibility for Crisis Services	3
O5 Responsibility for Hospital Admissions	4
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	5
S5 Frequency of Contact	5
S6 Work w/Informal Support System	1
S7 Individualized Substance Abuse Treatment	1
S8 Co-occurring Do Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	1
Total	99

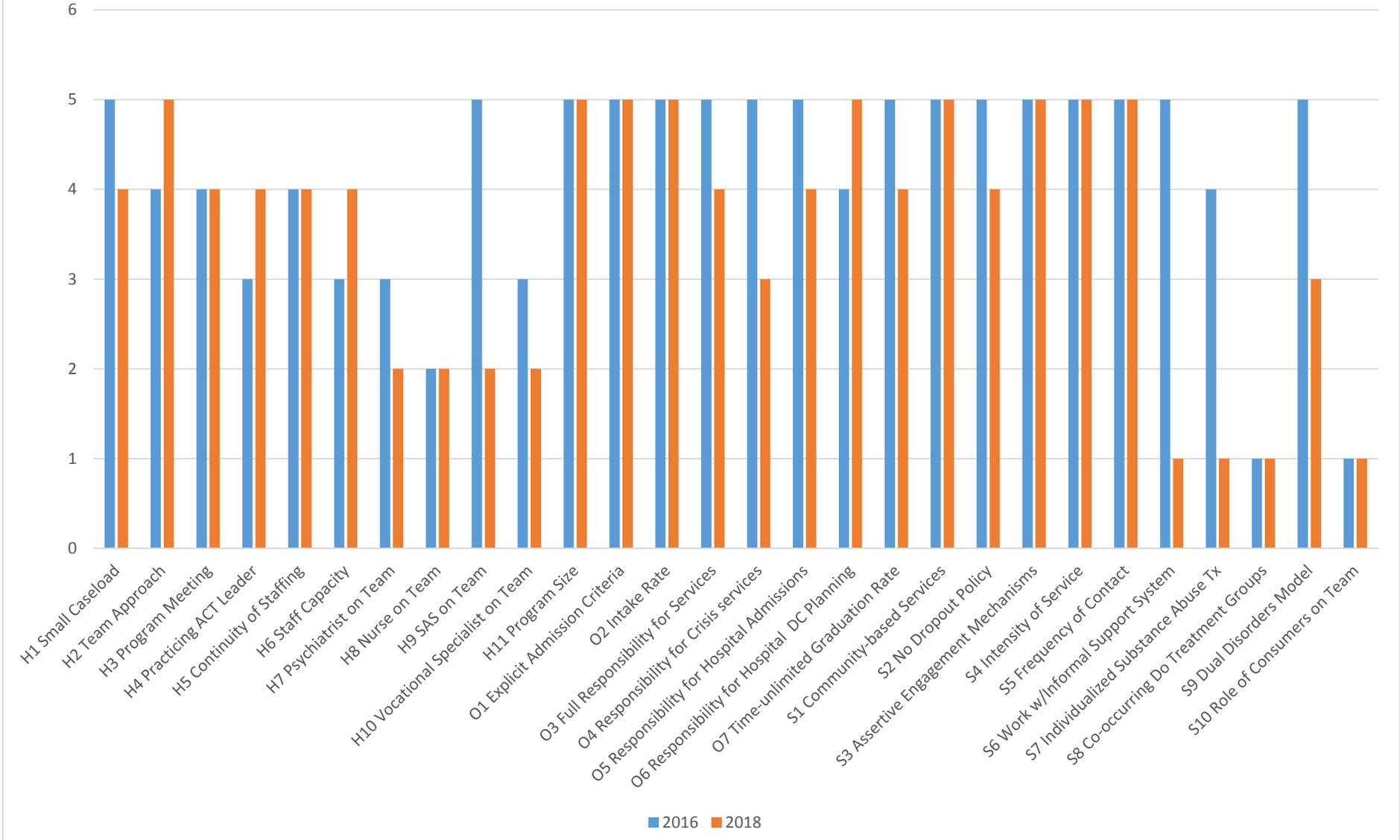
113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

2018 MCST ACT Team Items



MCST ACT Score Comparisons by Year	2016	2018
Items	Rating 1 - 5	Rating 1 - 5
H1 Small Caseload	5	4
H2 Team Approach	4	5
H3 Program Meeting	4	4
H4 Practicing ACT Leader	3	4
H5 Continuity of Staffing	4	4
H6 Staff Capacity	3	4
H7 Psychiatrist on Team	3	2
H8 Nurse on Team	2	2
H9 SAS on Team	5	2
H10 Vocational Specialist on Team	3	2
H11 Program Size	5	5
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	4
O4 Responsibility for Crisis services	5	3
O5 Responsibility for Hospital Admissions	5	4
O6 Responsibility for Hospital DC Planning	4	5
O7 Time-unlimited Graduation Rate	5	4
S1 Community-based Services	5	5
S2 No Dropout Policy	5	4
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	5	5
S5 Frequency of Contact	5	5
S6 Work w/Informal Support System	5	1
S7 Individualized Substance Abuse Tx	4	1
S8 Co-occurring Do Treatment Groups	1	1
S9 Dual Disorders Model	5	3
S10 Role of Consumers on Team	1	1
Total	116	99

MCST 2016 & 2018 Item Comparison





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,

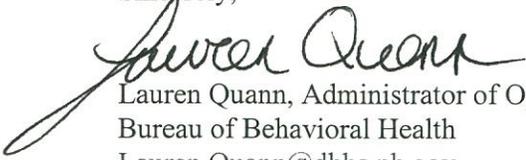
Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for The Mental Health Center of Greater Manchester's Mobile Community Support Team. This review took place from October 17th, 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
 - H7: Psychiatrist on Team
 - H8: Nurse on Team
 - H9: Substance Abuse Specialist on Team
 - H10: Vocational Specialist on Team
- Organizational Boundaries
 - O4: Responsibility for Crisis Services
- Nature of Services
 - S6: Work with Support System
 - S7: Individualized Substance Abuse Treatment
 - S8: Co-occurring Disorder Treatment Groups
 - S9: Co-occurring Disorders (Dual Disorder) Model
 - 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,

A handwritten signature in black ink, appearing to read "Lauren Quann". The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

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
BUREAU OF MENTAL HEALTH SERVICES

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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 that reads "Lauren Quann". The signature is fluid and cursive, with the first name "Lauren" written in a larger, more prominent script than the last name "Quann".

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 – MCST (ACT Team) (5220)

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	10/8/18	Lisa Descheneau
Provide a MHCGM booth at the American Psychiatric Association in May	Hire an MD	May 2018	10/18/18	Patricia Carty & Dr. McNamara

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

Location: Region 7 – MCST (ACT Team) (5220)

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 – MCST (ACT Team) (5220)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: H9 – Substance Abuse 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 Review training of current 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
Provide substance use training to all MCST staff who have not yet received: MI, Stages of Change, ACT, IDDT	More availability of substance misuse services to MCST	March 2018	10/18/18	Pete Costa
All admissions going forward will be reviewed and if there is an active co-occurring disorder they be assigned to CTT, not MCST	Clients with active co-occurring disorders receive access to substance misuse services	3/01/18	10/18/18	Pete Costa

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

Location: Region 7 – MCST (ACT Team) (5220)

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 MCST 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 – MCST (ACT Team) (5220)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: O4 – Responsibility for Crisis Services

ACT Fidelity Baseline: 1 2 3 4 5

Improvement Target: 1 2 3 4 5 by 7/1/18 (date)

Improvement Strategies (select all that apply):

- Policy change
 Practice change
 Process change
 Workforce Development
 Infrastructure improvement
 Other _advocacy/consultation_

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
Staff for direct coverage of crisis services by MCST staff	MCST clients have direct crisis contact with MCST staff	4/1/18	7/1/18	Pete Costa

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

Location: Region 7 – MCST (ACT Team) (5220)

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 & Jane Guilmette
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 – MCST (ACT Team) (5220)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: S7 – Individualized Substance Abuse Treatment

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
Provide substance use training to all MCST staff who have not yet received: MI, Stages of Change, ACT, IDDT	More availability of substance misuse services to MCST	March 2018	10/18/18	Pete Costa
All MCST clients will be routinely assessed for substance use disorders for possible referral to CTT	Identifying clients with SUD for appropriate IDDT treatment	3/1/18	10/18/18	Pete Costa
Advocate for higher, more accurate score	Score of 5 or higher	3/1/18	4/1/18	Patricia Carty

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

Location: Region 7 – MCST (ACT Team) (5220)

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
Advocate for higher, more accurate score	Score of 5 or N/A	3/1/18	4/1/18	Patricia Carty
All MCST clients will be routinely assessed for substance use disorders for possible referral to CTT	Identifying clients with SUD for appropriate IDDT treatment	3/1/18	10/18/18	Pete Costa

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

Location: Region 7 – MCST (ACT Team) (5220)

Date: 3/8/2018

ACT Fidelity Area in Need of Improvement: S9 – Co-Occurring Disorders (Dual Disorder Model)

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 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
Provide substance use training to all MCST staff who have not yet received: MI, Stages of Change, ACT, IDDT	More availability of substance misuse services to MCST	March 2018	10/18/18	Pete Costa

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

Location: Region 7 – MCST (ACT Team) (5220)

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 Specialist	Full Time Peer Support Specialist on Team	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

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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,

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

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

Enclosures:
CC: Karl Boisvert, Diana Lacey