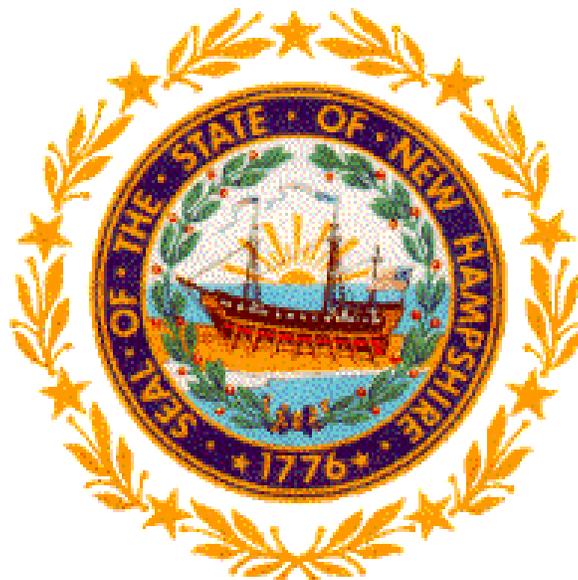


**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH**

**COMMUNITY MENTAL HEALTH PROGRAM
REAPPROVAL REPORT**



**COMMUNITY COUNCIL OF NASHUA, NH
DBA
GREATER NASHUA MENTAL HEALTH CENTER
AT COMMUNITY COUNCIL**

June 9, 2010

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

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
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ACRONYMS AND DEFINITIONS

Acronyms

Definitions

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

EXECUTIVE SUMMARY

In accordance with State of New Hampshire Administrative Rule He-403 Approval and Reapproval of Community Mental Health Programs, reviews of community mental health programs (CMHP) occur upon application and thereafter every five years. The purpose of He-403 is to define the criteria and procedures for approval and operation of community mental health programs. A reapproval review of Greater Nashua Mental Health Center (GNMHC) occurred on February 2 - 5, 2010, and also included a Board of Directors (BOD) Meeting on January 19, 2010. The review team included staffs from the Department of Health and Human Services (DHHS), the Bureau of Behavioral Health (BBH), and the Office of Improvement, Integrity and Information (OIII).

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

- A letter requesting Reapproval;
- A description of all programs and services operated and their locations;
- The current strategic plan;
- A comprehensive listing of critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- The Mission Statement of the organization;
- A current Board of Director list with terms of office and the towns represented;
- The By-Laws;
- The BOD meeting minutes for Calendar year 2009;
- The current organizational chart;
- Various job descriptions;
- The current Quality Improvement Plan;
- The current Disaster Response Plan.

Additional sources of information prior to the site visit included:

- The New Hampshire Public Mental Health Consumer Survey Project (December 2008);
- Evidence Based Practice (EBP) Fidelity Reviews for Illness Management and Recovery (IMR) and Supported Employment (SE);
- BBH QI and Compliance Reports Five Year Trends;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2009 with Five Year Financial Trend Analysis;
- A Public Notice published in local newspapers soliciting feedback regard the CMHP;
- A letter to GNMHC constituents soliciting feedback regarding the CMHP;
- Staff surveys soliciting information from GNMHC staff regarding training, supervision, services and CMHP operations.

The site visit to GNMHC included:

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

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

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

- The BOD shall document review and approval of GNMHC policies in accordance with He-M 403.05 (e) and GNMHC bylaws;
- The BOD must monitor compliance with He-M 403.03 (b) (2) and GNMHC bylaws regarding BOD membership requirements;
- The Disaster Response Plan be reviewed and approved by the BOD or their designee;
- A copy of the current annual evaluation for all staff including the CEO must be kept in the personnel files;
- Formal and standardized approaches to offering IMR should be developed and documented;
- Continue to explore strategies to increase evidence based practice (EBP) penetration rates;
- It is recommended standardized goals, such as “control my illness,” be replaced with more person-centered statements such as “I want to...”, in order to reflect individual recovery goals;
- Additional training for IMR supervisors is recommended;
- The implementation of goal-tracking sheets and goal follow-up should be supported in supervision;
- Clarify and improve the mechanisms for collecting outcome data and share with EBP practitioners;
- Continue exploration of innovative approaches for outreach and connecting with support networks, such as the IMR group for families is encouraged;
- SE program resources should reflect the demand for services in that region;
- Develop policies regarding the provision of or the referral to child and adolescent sexual offender assessment and treatment;
- Assure annual substance use screens for both adults and children;
- Revise the Children’s Services Coordinator job description to include service system planning for children and adolescents, and all inpatient admissions and discharges, including the Anna Philbrook Center;
- Personnel files be monitored for completeness at least annually at the time of the performance review;
- A check off sheet be created for the inside cover of each personnel file to facilitate tracking of required elements;
- Develop a policy regarding required background checks for staff to be reviewed and approved by the BOD;
- All policies, including financial, be consolidated in one policy manual;
- Minimize the balances in the aged accounts older than 90 days;
- Any receivables deemed uncollectible should be written off;
- All services provided must be documented in the clinical record prior to billing;
- A physician’s order is required prior to a service being provided and billed;
- All eligible consumers must have a current (annual) ISP;
- Share BBH QI and Compliance Reports with the BOD;
- Continue to conduct and document internal quality improvement and compliance activities;
- Share the NH Public Mental Health Consumer Survey Project with the BOD.

PURPOSE, SCOPE AND METHODOLOGY

Staff from the NH DHHS, BBH and OIII, conducted an on-site review of GNMHC on February 1-5, 2010, and attended a BOD Meeting on January 19, 2010. Members of the review team included Karen Orsini, Michael Kelly, Joy Cadarette, Michele Harlan, Ann Driscoll, and Alan Harris. The review was conducted as part of a comprehensive reapproval process that occurs every five years in accordance with Administrative Rule He-M 403.

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

A brief exit meeting was conducted on February 5, 2010, and was open to all staff. Preliminary findings were reviewed and discussed at that time.

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

- Letter of application from GNMHC requesting reapproval as a community mental health center;
- Critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- Description of all programs and services operated and their locations;
- Current strategic plan;
- Mission Statement of the organization;
- Current Board of Director list with terms of office and the towns represented;
- Board of Director By-Laws;
- Board of Director meeting minutes for calendar year 2009;
- Current organizational chart;
- Job descriptions for Chief Executive Officer, Medical Director, Children's Coordinator, Older Adults Coordinator, and Case Manager;
- Current Quality Improvement Plan;
- Current Disaster Response Plan;
- The GNMHC contract with BBH;
- Results of SFY 2009 Adult and Child QI and Compliance Review;
- The findings of the previous reapproval report;
- Fiscal manual;
- Billing manual;
- Detailed aged accounts receivable listings for SFY 2008 and SFY 2009;
- Job Descriptions for all accounting and billing staff.

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

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

- Housing Authorities;
- Homeless Shelters;
- Substance Use Disorder Programs;
- Area Agencies;
- Vocational Rehabilitation;
- Division of Children, Youth and Families;
- Other Human Services Agencies;
- Adult and children's Criminal Justice organizations;
- NAMI-NH.
- Policies and procedures for:
 - Clients Rights;
 - Complaint Process/Investigations.
- Management Team Minutes for calendar year 2009;
- Several personnel files including those for:
 - Chief Executive Officer;
 - Medical Director.

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

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

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

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

- The New Hampshire Public Mental Health Consumer Survey Project (December 2008);
- EBP Reviews for IMR and SE;
- BBH QI and Compliance Reports Five Year Trends;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2009 with Five Year Financial Trend Analysis.

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

AGENCY OVERVIEW

The Greater Nashua Mental Health Center was founded in 1920 as the “Community Welfare Council” and began providing a broad array of community based services. In 1924, officially incorporated as Community Council of Nashua, NH, Inc., the agency began addressing mental health and developmental disability issues with a “mental hygiene clinic” among other services.

In 1967, the agency focused on providing comprehensive mental health services to the greater Nashua community. In 1974, the agency received the funding and approval necessary to become a “community mental health center” and was able to begin bringing area residents home from the single state operated psychiatric inpatient facility, New Hampshire Hospital. In 2008, with input from staff, consumers, and service partners, the BOD selected the name Greater Nashua Mental Health Center at Community Council, a name it is felt that clearly described the agency's function and role while recognizing its long history.

The mission statement of GNMHC is:

“Greater Nashua Mental Health Center at Community Council works with the community to meet the mental health needs of its residents by providing evaluation, treatment, resource development, education, and research.”

GNMHC provides a comprehensive array of recovery and resiliency oriented community based mental health services for children, adults, and older adults. These services include: intake assessment services; psychiatric diagnostic and medication services; psychiatric emergency services; case management services; individual, group and family psychotherapy; evidenced based practices including SE and IMR; Batterer’s Intervention Program; substance abuse services program; Deaf Services Program; functional support services; employment services; residential services; respite care; outreach services; education and support to families and consultation services.

GNMHC has a website (<http://www.gnmhc.org/index.html>) that includes information on treatment programs, consumer and family information, emergency services information, program locations and phone numbers, fundraising, web links, and resources.

The towns served by GNMHC include:

| | | | |
|-----------|------------|-----------|-------------|
| Amherst | Hudson | Merrimack | Mont Vernon |
| Brookline | Litchfield | Milford | Nashua |
| Hollis | Mason | | |

SECTION I. GOVERNANCE

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

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

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

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

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

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

OBSERVATIONS I-A:

There was no indication that the BOD had reviewed and approved GNMHC policies.

In addition to administrative rule requirements, GNMHC bylaws state that the BOD is responsible for the efficient and effective administration of the CMHP. The bylaws state the BOD will establish policies for the governance and administration of all services and contracts with the CMHP. The bylaws further state that the BOD will review the operating policies and procedures at least annually and take action if necessary.

RECOMMENDATIONS I-A:

The BOD shall document, review, and approval all of GNMHC policies in accordance with He-M 403.05 (e) and GNMHC bylaws.

CMHP RESPONSE I-A:

REQUIREMENT: He-M 403.03 (b) (2) A CMHP Board of Directors shall ensure that no more than 20% of the board members shall have served for more than six (6) years.

OBSERVATION I-B:

At the time of the review, five out of seventeen (29%) BOD members had served more than six years. In addition to administrative rule requirements, GNMHC bylaws state that no more than 20% of the board members shall have served for more than six years. It is noted that several BOD member's terms were due to expire in February 2010.

RECOMMENDATION I-B:

The BOD must monitor compliance with He-M 403.03 (b) (2) and GNMHC bylaws regarding BOD membership requirements.

CMHP RESPONSE I-B:

REQUIREMENT: He-M 403.03 (b) (1) A CMHP Board of Directors shall have responsibility for the entire management and control of the property and affairs of the corporation and shall have the powers usually vested in the Board of Directors of a nonprofit corporation, except as regulated herein, and such responsibility and powers shall be stated in a set of bylaws maintained by the CMHP Board.

He-M 403.06 (a) and (a) (7) A CMHP shall provide the following, either directly or through a contractual relationship: Planning, coordination, and implementation of a regional mental health disaster response plan.

OBSERVATION I-C:

The Disaster Response Plan included no signatures indicating review and approval by the BOD.

RECOMMENDATION I-C:

The Disaster Response Plan be reviewed and approved by the BOD or their designee.

CMHP RESPONSE I-C:

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

OBSERVATION I-D:

The most recent evaluation signed by the BOD on file for the CEO was dated June 2008. Though there was an evaluation on file dated March 2009, it was not signed by the BOD.

RECOMMENDATION I-D:

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

personnel files.

CMHP RESPONSE I-D:

SECTION II: SERVICES AND PROGRAMS

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

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

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

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

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

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

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

REQUIREMENTS:

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

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

ADDITIONAL INFORMATION SOURCE:

IMR Fidelity Review Reports – The General Organizational Index (GOI) Penetration Review Section. The GOI review is intended to measure the structural components that exist in an agency that will facilitate the delivery of EBPs such as IMR. The anchor points on the GOI scale are defined for each individual item, and can be roughly thought of as ranging from a one (1) corresponding to not implemented in this program at this time, to a five (5) indicating that the item is fully implemented. Only those sections with a score of one (1) or two (2) at the time of the review are referenced below. Recommendations are based on the findings from that review period.

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

OBSERVATION II-A:

There was no systematic method to track which eligible consumers had been offered IMR. At the time of the review, it appears that within the adult CSP program some consumers were informed about IMR on intake, others may discuss IMR during the annual treatment planning process, and still others may hear about it from their case manager. It is noted that GNMHC had reformatted their ISP Quarterly Review form to include an item related to IMR in the ‘Status Change’ section of the document.

RECOMMENDATION II-A:

Formal and standardized approaches to offering IMR should be developed and documented.

CMHP RESPONSE II-A:

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

OBSERVATIONS II-B:

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

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

Efforts to increase the rate of penetration for IMR services at GNMHC were successful. This

item has risen to a 2, and the percentage of consumers receiving the service has almost doubled from 12.8% to 24%.

$$\frac{580 \text{ consumers received IMR}}{2257 \text{ (} 2821 * .80 \text{) consumers eligible for IMR}} = .24 \text{ ratio}$$

RECOMMENDATION II-B:

Continue to utilize successful strategies to increase penetration rates. Additional strategies may include offering more groups to larger numbers of consumers.

CMHP RESPONSE II-B:

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

OBSERVATIONS II-C:

Goals are not individualized or related to consumer’s definitions of recovery. All of the charts reviewed had IMR on the treatment plan, many as an intervention related to the goal of “managing symptoms and gaining coping skills.” This type of “system or agency goal” does not appear to be person-centered or individualized.

RECOMMENDATIONS II-C:

A new ISP format shared at the time of the review appeared to encourage specific IMR goals. It

is recommended standardized goals, such as “control my illness,” be replaced with more person-centered statements, such as “I want to...”, in order to capture individual recovery goals.

Additional training of IMR supervisors is recommended regarding goal tracking tools and the emphasis the recovery module in the early stages of IMR.

CMHP RESPONSE II-C:

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

OBSERVATION II-D:

Outcome information has been collected but not shared with the IMR Program Leader and staff.

RECOMMENDATION II-D:

Outcome information should be shared with practitioners.

CMHP RESPONSE II-D:

| Practice Is Integrated into Daily Work | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|--|---|
| If specific productivity standards are part of agency policies, the system incorporates the following activities for EBP practitioners: <ul style="list-style-type: none"> • Participate in EBP skills training; • Prepare for EBP sessions; • Document EBP sessions; • Attend EBP supervision weekly • Attend consumer-centered treatment team meetings or consult with other treatment providers. | All practitioners receive credit for or are expected to perform only 1 item OR There is no integration of the practice. | All practitioners receive credit for or are expected to perform only 2 items. | All practitioners receive credit for or are expected to perform only 3 items. | All practitioners receive credit for or are expected to perform 4 items. | Time is designated and protected for this position AND all 7 duties are conducted or overseen by this person. |

OBSERVATION II-E:

Billable hour standards at GNMHC do not incorporate planning and supervision activities for individuals who provide IMR services. Practitioners do not receive credit for skills training,

session preparation, or supervision. Clinicians identified not having adequate time to prepare for individual and groups sessions.

RECOMMENDATION II-E:

In order to assure that practitioners are able to provide high quality IMR services, the agency may want to revisit productivity expectations.

CMHP RESPONSE II-E:

IMR Fidelity Review Reports – IMR Fidelity Scale Section

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

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

OBSERVATION II-F:

This is one of the most challenging areas for IMR providers across the country. Practitioners and participants described limited contact with natural supports. At the time of the review, an IMR group for family members was being considered.

RECOMMENDATION II-F:

Outreach and connecting with support networks is an area that could likely be improved with training. Continued exploration of innovative ideas, such as the IMR group for families, is encouraged.

CMHP RESPONSE II-F:

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

| | | | | | |
|--|--------|--------|--------|--------|--------|
| | chart. | chart. | chart. | chart. | chart. |
|--|--------|--------|--------|--------|--------|

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

OBSERVATION II-G:

Documentation of consumer goals and goal tracking is inconsistent. Goals are not connected to the subject matter in the modules and tracking sheets are not being utilized.

RECOMMENDATION II-G:

The implementation of goal-tracking sheets and goal follow-up should be supported in supervision. The process of practitioners and participants collaborating to establish personally meaningful goals is a critical component to engaging people in IMR. See “Individualized Treatment” recommendations above.

CMHP RESPONSE II-G:

REQUIREMENTS:

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

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

ADDITIONAL INFORMATION SOURCE:

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

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

| Penetration | 1 | 2 | 3 | 4 | 5 |
|---|-------------|---------------------------|---------------------------|---------------------------|-------------|
| The maximum number of eligible consumers are served by the EBP, as defined by the ratio: <u># Consumers receiving EBP</u> <u># Consumers eligible for EBP</u> | Ratio ≤ .20 | Ratio between .21 and .40 | Ratio between .41 and .60 | Ratio between .61 and .80 | Ratio > .80 |

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

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

$$\frac{40 \text{ consumers receiving SE services currently}}{739 = (1231 \text{ eligible} \times .60)} = .05 \text{ ratio}$$

OBSERVATION II-H:

Research shows that 60% of consumers voice a desire to work over the course of any given year. At the time of the fidelity review, the ratio of # served to # eligible was less than .20. This results in a rating of one out of five.

RECOMMENDATION II-H:

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

CMHP RESPONSE II-H:

Please note that the structure of this section of the Reapproval Report varies to reflect the structure of the original SE fidelity report. Specifically, the requirements, ratings, and observations are presented as a single section followed by several recommendations.

| ORGANIZATION | RATING |
|--|---------------|
| Integration of Employment Services with mental health treatment thru frequent team member contact: Employment specialists actively participate in weekly mental health treatment team meetings (not administrative meetings) that discuss individual consumers and their employment goals with shared decision-making. Employment specialists’ offices are in close proximity with their mental health treatment team members. Documentation of mental health treatment and employment services are integrated in a single chart. Employment specialists help the team think about employment for people who have not yet been referred to employment services. | 2 |

OBSERVATION II-I:

At the time of the review, the agency had taken steps to ensure that employment services were integrated with the rest of the treatment team. However, it would appear that the employment specialist’s ability to attend these meetings is affected by a large caseload and other competing

demands.

| ORGANIZATION | RATING |
|--|--------|
| <p>Vocational Unit: At least 2 full time employment specialists comprise the employment unit. They have weekly consumer-based team supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other’s caseload when needed.</p> | 1 |

OBSERVATION II-J:

The SE team consists of only one full-time employment specialist and a part-time SE Coordinator. The limited staffing size of this program prohibits the agency from achieving several of the key functions described in this item.

| ORGANIZATION | RATING |
|---|--------|
| <p>Role of employment supervisor: Supported employment unit is led by a supported employment team leader. Employment specialists’ skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.</p> <ol style="list-style-type: none"> 1. One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.) 2. Supervisor conducts weekly supported employment supervision designed to review consumer situations and identify new strategies and ideas to help consumers in their work lives. 3. Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers), and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis. 4. Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development. 5. Supervisor reviews current consumer outcomes with employment specialists and sets goals to improve program performance at least quarterly. | 2 |

OBSERVATION II-K:

At the time of the review, the SE Coordinator was beginning to transition into this role at the agency. The SE Coordinator is responsible for supervising the full-time employment specialist and also provides group supervision to the vocationally trained psychiatric rehabilitation specialists (PRSs). The SE Coordinator and the employment specialist have weekly supervision to review consumer situations and problem-solve specific issues.

| SERVICES | RATING |
|--|--------|
| <p>Ongoing, work-based vocational assessment: Vocational profile/assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A</p> | 2 |

| | |
|---|--|
| vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc., is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include: the consumer, MH treatment team, clinical records, and with the consumer's permission, from family members and previous employers. | |
|---|--|

OBSERVATION II-L:

Only one chart reviewed included a vocational profile. The employment specialist reported that the agency was in transition regarding the decision to use a profile.

| SERVICES | RATING |
|--|--------|
| Rapid job search for competitive job: Initial employment assessment and face-to-face employer contact by the consumer or the employment specialist about a competitive job occurs within 30 days after program entry. | 1 |

OBSERVATION II-M:

The one employment specialist is not able to rapidly complete face-to-face employer contacts with consumers given the large caseload. The alternative of online job searching being utilized appears to be far less effective than making direct contact with employers.

| SERVICES | RATING |
|---|--------|
| Individualized job search: Employment specialists make employer contacts aimed at making a good job match based on consumers' preferences and needs, rather than the job market (i.e. those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences. | 1 |

OBSERVATION II-N:

Review of consumer records did not reveal much information related to consumer preferences. There seemed to be a general trend toward looking at available positions, rather than making contacts based on the consumer's interest.

| SERVICES | RATING |
|--|--------|
| Job development - Frequent employer contact: Each employment specialist makes at least six (6) face-to-face employer contacts per week on behalf of consumers looking for work. An employer contact is counted even when an employment specialist meets with the same employer more than one time in a week, and when the consumer is present or not. Consumer-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts. | 2 |

OBSERVATION II-O:

Frequent employer contact was consistently cited as lacking at the agency. This is a critical component of SE services.

| SERVICES | RATING |
|----------|--------|
|----------|--------|

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

OBSERVATION II-P:

The employment specialist rarely makes employer contacts due in part to limited SE resources at the agency.

| SERVICES | RATING |
|--|--------|
| Competitive jobs: Employment specialists provide competitive job options that have permanent status, rather than temporary or time-limited status (e.g. transitional employment slots). Competitive jobs pay at least minimum wage, and are jobs that anyone can apply for, and are not set aside for people with disabilities. | 1 |

OBSERVATION II-Q:

At the time of the review, many consumers of SE services were participating in the transitional work program and few consumers were competitively employed.

| SERVICES | RATING |
|--|--------|
| Individualized follow-along supports: Consumers receive different types of support for working a job that are based on the job, consumer preferences, work history, needs, etc. Supports are provided by a variety of people including: treatment team members (e.g. medication changes, social skills training, encouragement), family, friends, co-workers (i.e. natural supports), and employment specialists. Employment specialist also provides employer supports (e.g. educational information, job accommodations) at the consumer's request. Employment specialist offers help with career development (i.e. assistance with education, a more desirable job, or more preferred job duties). | 1 |

| SERVICES | RATING |
|--|--------|
| Time-unlimited follow along supports: Employment specialists have face-to-face contact within one (1) week before starting a job, within three (3) days after starting a job, weekly for the first month and at least monthly for a year or more on average, after working steadily and desired by consumers. Consumers are transitioned to step down job supports from a mental health treatment team member following steady employment. Employment specialists contact consumers within three (3) days of learning about the job loss. | 2 |

OBSERVATION II-R:

At the time of the review, follow-along supports were time limited and often provided by non-SE staff.

| SERVICES | RATING |
|---|--------|
| Assertive engagement and outreach by integrated treatment team: Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts occurs. Multiple team members make engagement and outreach attempts. Multiple home or community outreach visits are provided, including coordinated visits by employment specialists with integrated mental health treatment team members. | 1 |

| | |
|---|--|
| Connections are made with family members when applicable. Once it is clear that the consumer no longer wants to work or continue SE services, then the team stops outreach. | |
|---|--|

OBSERVATION II-S:

Service termination does not appear to be based on missed appointments or fixed time limits. An “outreach log” is utilized to capture outreach efforts by phone and email. However, time constraints have impacted the employment specialist’s ability to undertake more active strategies of outreach. These may include: outreach by integrated team members, multiple home/community visits, and involvement of family or other supports.

RECOMMENDATIONS II - I through S:

SE program resources should reflect the demand for services in that region. GNMHC currently has one of the two largest eligible populations in the state. The limited SE resources at GNMHC cause concerns and challenges regarding the provision of SE services. It is recommended that the GNMHC increase the number of full time staff working exclusively in the SE program. Increased staffing within the SE program assures that the needed training, field mentoring and supervision supports occur.

Clarify and improve the mechanisms for collecting outcome data, such as competitive employment rates within the SE program, and share this information with SE staff.

CMHP RESPONSE II – I through S:

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

OBSERVATION II-T:

GNMHC does not provide these services.

RECOMMENDATION II-T:

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

CMHP RESPONSE II-T:

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

OBSERVATION II-U:

FY 2009 BBH QI and Compliance reports reflect that 60% of adult records and 71% of child records contained annual substance use screens. The BBH QI and Compliance Reports have typically asked for corrective action responses for any item below 75% compliance.

RECOMMENDATION II-U:

The CMHP should continue corrective action to improve compliance with this requirement.

CMHP RESPONSE II-U:

SECTION III: HUMAN RESOURCES

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

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

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

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

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

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

OBSERVATION III-A:

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

RECOMMENDATION III-A:

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

CMHP RESPONSE III-A:

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

OBSERVATIONS III-B:

| GNMHC HUMAN RESOURCES TABLE | | | | | | | | | | | | |
|-----------------------------|--|-----------------|-----|---|---|---|---|---|-----|-----|----|--------------|
| He-M | Requirement | Personnel Files | | | | | | | | | | % Compliance |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| He-M 403.07 (b) | Criminal background checks | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | 90% |
| He-M 403.07 (b) | OIG sanctioned provider check | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 100% |
| He-M 403.07 (b) | DMV check | Y | N/A | Y | N | Y | Y | Y | N/A | N/A | Y | 86% |
| He-M 403.07 (c) | Annual performance review | N | Y | N | Y | Y | Y | N | Y | Y | Y | 70% |
| He-M 403.07 (d) | Staff development plans | N | N | Y | Y | Y | N | N | N | Y | Y | 50% |
| He-M 403.07 (e) | Orientation training | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | 90% |
| He-M 403.07 (e) (1) | Does Orientation include the Local and State MH System including Peer and Family Support | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | 90% |
| He-M 403.07 (e) (2) | Does Orientation include an overview of mental illness and current MH practices | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | 90% |
| He-M 403.07 (e) (3) | Does Orientation include Applicable He-M Administrative Rules | N | N | N | N | N | N | N | N | N | N | 0% |
| He-M 403.07 (e) (4) | Does Orientation include accessing the local generic service delivery system | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | 90% |
| He-M 403.07 (e) (5) | Does Orientation include Client Rights training | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | 90% |

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

CMHP RESPONSE III-B:

**GREATER NASHUA MENTAL HEALTH CENTER
REGION VI**

**STAFF SURVEY RESULTS
2009**

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

1. Does your agency provide job-related training?

| <u>Yes</u> | <u>No</u> | <u>No Answer</u> |
|------------|-----------|------------------|
| 45/54 | 3/54 | 6/54 |
| 83% | 6% | 3% |

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

| <u>Poor</u> | <u>Fair</u> | <u>Good</u> | <u>No Answer</u> |
|-------------|-------------|-------------|------------------|
| 3/54 | 20/54 | 27/54 | 4/54 |
| 6% | 37% | 50% | 7% |

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

| <u>Poor</u> | <u>Fair</u> | <u>Good</u> | <u>No Answer</u> |
|-------------|-------------|-------------|------------------|
| 1/54 | 16/54 | 31/54 | 6/54 |
| 2% | 30% | 57% | 3% |

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

1. We do try through in-services and encouraging people to attend workshops.

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

1. Grand Rounds. Care Conference with docs/APRN presenting. Outside training opportunities.
2. They do what they can within budgetary limitations. They also try to provide many opportunities. Case conferences, DH Grand Rounds, courses, seminars.
3. I don't know.
4. Feedback from staff results in enhanced skill training for next training session.
5. Anytime I have requested – has been approved.
6. Trainings at GNMHC are infrequent although planned for one time a month. Outside trainings are available up to \$200.
7. Targets specific needs and paperwork compliance.
8. Our training budget is very limited and very few group trainings are offered on site. In-services are irregular.
9. Continued TFEFT training was received and approved.
10. Most requests are honored but there is such limited funding (\$200/year) that options are limited. On-site in-services do not have CEUs.
11. Not able to access any agency training due to workload. PAY FOR MY OWN.
12. Only if specifically related to my niche.

13. Training opportunities are posted weekly and each staff member has the opportunity to attend.
14. I took courses on line. Also, go to CMHC yearly conferences.
15. Grand Rounds. Seminars outside the agency.
16. Grand Rounds. Upon request of a need – willing to respond.
17. My requests for training have always been accepted and encouraged.
18. Funding available; agency makes time available for training, and encourages participation. TF-CBT and DBT training have been encouraged.
19. Orientation. Individual orientation. Supervision, group and individual, clinical and paperwork. Supervisors available for questions and problem solving.

2. Does your agency provide training in recovery philosophy?

| <u>Yes</u> | <u>No</u> | <u>No Answer</u> |
|------------|-----------|------------------|
| 39/54 | 7/54 | 8/54 |
| 72% | 13% | 15% |

1. Yes.
2. ?
3. I work with children and this is more of an adult buzzword – but yes, I believe the agency provides this.
4. Not that I am aware.
5. IMR
6. The philosophy permeates the agency. I'm not aware of any specific training in the child and adolescent department.
7. I don't know what this refers to. Unknown.
8. Don't know.
9. N/A. Childrens.
10. Yes, but people on my team – 2 of them are hostile toward 2 other workers – also they bill for giving rides, scheduling, not rehab, not encouraging independence.

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

| <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>No Answer</u> |
|--------------|------------------|---------------|------------------|
| 36/54 | 7/54 | 1/54 | 10/54 |
| 67% | 13% | 2% | 19% |

1. Encourage clients taking the lead. Groups evolve around their needs.
2. Not able to comment – administrative staff – no direct patient care.
3. N/A – children's therapist.
4. Yes, we set treatment goals but we do not have expertise in several areas.
5. Developing programs. Collaborating with other agencies. Providing referrals and case management.
6. We have C-3s with client goals and use the IMR philosophy.
7. N/A. Work with children.
8. We provide timely appointments and thorough evaluations then proceed with documented treatment plans and follow through.
9. Often this is an on-going discussion with me and others more focused on recovery. IMR is

helpful – keeping focused on clear understanding of services is helpful.

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

| <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>No Answer</u> |
|--------------|------------------|---------------|------------------|
| 37/54 | 14/54 | 1/54 | 2/54 |
| 69% | 26% | 2% | 4% |

1. Opinion based on conversations – policies.
2. With many ongoing attempts to improve relevance of option.
3. Consumer sets goals, agrees to interventions and quarterly evaluates progress.
4. Staff don't provide rehab. People can do more than they say they can do (consumer).

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

| <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>No Answer</u> |
|--------------|------------------|---------------|------------------|
| 36/54 | 13/54 | 1/54 | 4/54 |
| 67% | 24% | 2% | 7% |

1. N/A. Not a direct service provider.
2. Changes in treatment provider requests for therapy or medication are responded to quickly.
3. Due to limited “expertise” and lack of training we have to refer out which is difficult for some of our clientele and their insurances.
4. Asking for referrals – very responsive.
5. Formal and informal case presentations to multidisciplinary staff/teams/meetings are responded to with active brainstorming, feedback, resources, assistance.
6. Depends on how much it would cost to implement.
7. Depends on individual.
8. Doctors are eager to hear from support staff regarding the functioning of clients and open to staff recommendations to improve functioning.
9. Staff has been helpful to me in connecting clients with additional resources at this agency and in the community.
10. Often. Access to benefits, CM, employment support, substance abuse counseling, individual counseling, group and medication refills, emergency requirements.

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

| <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>No Answer</u> |
|--------------|------------------|---------------|------------------|
| 14/54 | 21/54 | 12/54 | 7/54 |
| 26% | 39% | 22% | 13% |

1. Court program needed – never funded by BBH. Miss the Partial Day Program for those who tend to isolate.
2. Inadequate appropriations to underwrite the needs of an expanding population. Lack of funding to develop and implement innovative and cost-effective models within the system.

3. Unable to comment – not a direct care provider.
4. Individual therapy.
5. Even when clients can't pay –we continue to work with and develop a plan for payment.
6. The ABT model is not compatible with chronic mental health issues and clients.
7. Not all consumers are able to reap the benefits of our programs due to insurance limitations.
8. If we could hire another clinician or two the waiting list would shrink and we would be able to provide more effective, timely treatment and case management.
9. Restrictions for new equipment for the Partial Hospitalization Program.
10. Certain insurances won't pay for case management or substance abuse treatment.
11. Mostly for private insurance consumers to pay out of pocket – too expensive and they decline.
12. The paperwork burden limits the time available for clinical work.
13. Private insurance impedes some treatment. Prescription insurance is sometimes complicated.
14. Insurance restrictions - lack of staffing available.
15. At times, clients need a greater level of care than can be provided due to time and financial limitations.
16. Yes. Caseloads make it impossible to deliver proper care. No support for leave – sick – well – partial. I was not helped when doctor ordered half time.

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

| <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>No Answer</u> |
|--------------|------------------|---------------|------------------|
| 28/54 | 21/54 | 3/54 | 2/54 |
| 52% | 39% | 6% | 4% |

a. Are your supervisors accessible to you?

| <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>No Answer</u> |
|--------------|------------------|---------------|------------------|
| 41/54 | 10/54 | 0/54 | 3/54 |
| 76% | 19% | 0% | 6% |

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

| <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>No Answer</u> |
|--------------|------------------|---------------|------------------|
| 39/54 | 9/54 | 3/54 | 3/54 |
| 72% | 17% | 6% | 6% |

a. Are your supervisors accessible to you?

No comments.

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

1. I find my colleagues to be most helpful – sometimes my colleagues are managers/supervisors.
2. I find my direct supervisor and coordinator of children/adolescent department very helpful and always there for support.
3. Yes – my direct supervisor/coordinator.
4. Yes. Diffusion of responsibility at times nastiness in chart room is not addressed. Hostile work environment.

Additional Comments:

1. Feel fortunate to be with a growing dynamic agency. Our leader thrives on excellence and supports being continually educated. Appreciate the “forward thinking.” Fortunate to have strong psychiatric and clinical staff.
2. BBH does an exceptional job under very difficult circumstances. One particular bright note in their training contract is: PRC. The training provided by PRC is truly exceptional and outstanding. There should be funding to capture it on video and/or have video-conferencing/Webinar capability.
3. (Survey received on 3/29/10). Some managers often inflexible – their way or no way – difficult to advocate for clients. Great in-service meetings but barely enough time to join them. Many ‘priorities’ from varied sources (financial, services to be provided, health screening) and no one can prioritize these ‘priorities’ – not good for staff morale, which sometimes filters through to clients.
4. QA team is very helpful. Director and CSS are sometimes. Hospital liaison and community connections staff are not helpful or available often.
5. Great place to work!
6. All agencies have pros and cons. GNMHC’s pros outweigh any cons.
7. GNMHC is very responsive to clients and staff in an effort to meet needs.
8. Company policies often change and/or are inconsistent, especially regarding paperwork/documentation.
9. All agencies probably have their strengths but I see a pool of invested, experienced staff that is under utilized. Our focus is yanked from fire to fire when we could be groomed to offer more quality services.
10. Funding is a problem. We can always use more individual therapists, especially – and more medical providers.
11. The amount of contempt expressed by consumers toward CCN/GNMHC staff and providers is stunning to me given how hard everyone works to give excellent care. It can make the job feel unrewarding.
12. Agency is well managed with clear vision, goals and staff who are available for problem solving and planning.
13. Very difficult disorganization – planned and canceled trainings. Clinicians/case managers have low access to charts. Billing has to be brought to chart room - hostility there- lost documents. Favoritism by woman in charge of charts, hysteria before audits when billing (daily schedules) are turned in on cases when plan to expire. Constant changing of rules – regs – outdated tracking. Time eaten up by training - rare supervision – in my case (individual). Almost 60 hours a week or more with work not done. When paid for 40 causes illness in staff – increased risk for accidents/mistakes. Care about my caseload – have to leave this job ASAP.

SECTION IV: POLICY

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

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

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

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

OBSERVATION IV-A:

Though GNMHC personnel files consistently contained evidence of the required background checks, there does not appear to be a formal policy regarding these procedures.

RECOMMENDATION IV-A:

Consider developing policies regarding background checks of employees.

CMHP RESPONSE IV-A:

OBSERVATION IV-B:

There are a few financial policies that the agency should consider incorporating in order to strengthen the internal controls of the agency.

RECOMMENDATIONS IV-B:

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

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

- the BOD);
- Petty cash;
 - Outlining the budget process.

CMHP RESPONSE IV-B:

SECTION V: FINANCIAL

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

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

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

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

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

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

OBSERVATION V-A:

As of June 30, 2009, GNMHC's Accounts Receivable for Medicaid older than 90 days has increased. As of June 30, 2008, this amount was \$250,579 and as of the end of June 30, 2009, this amount increased to \$303,975. GNMHC is aware of the growing aged accounts and had started procedures to minimize the outstanding balances included in these accounts.

RECOMMENDATIONS V-A:

GNMHC is encouraged to continue minimizing the balances in the aged accounts older than 90 days.

Any receivables deemed uncollectible should be written off.

CMHP RESPONSE IV-A:

OBSERVATION V-B:

As of June 30, 2009, **GNMHC**'s Accounts Receivable for patients older than 90 days has also increased. As of June 30, 2008, this amount was \$611,780 and at the end of June 30, 2009, this amount had increased to \$731,865 and at \$963,538 as of December 31, 2009.

The overall days in accounts receivable was 108 as of June 30, 2009, which is extremely high.

RECOMMENDATIONS V-B:

GNMHC is encouraged to develop a plan to decrease the patient receivable older than 90 days.

A plan should be developed to lower the overall days in receivables

Any receivables that are deemed uncollectible should be written off.

CMHP RESPONSE V-B:

SECTION VI: QUALITY IMPROVEMENT AND COMPLIANCE

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

He-M 403.06 (i) and (j) outlines the minimum requirements for CMHP quality assurance activities. These include a written Quality Assurance Plan that includes outcome indicators and incorporates input from consumers and family members. Other activities include: utilization review peer review, evaluation of clinical services, and consumer satisfaction surveys. Please see the findings within this section regarding internal CMHP quality improvement and compliance activities.

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

REQUIREMENT: BBH Contract Exhibit A Scope of Work K. The contractor agrees that it will perform, or cooperate with the performance of, such quality improvement and or utilization review activities as are determined to be necessary and appropriate by BBH within timeframes specified by BBH.

OBSERVATIONS VI-A:

The team from the OIII within DHHS participates in the annual quality improvement and compliance review conducted by BBH. The focus of the OIII review is to verify supporting documentation in the clinical record for a sample of claims paid by Medicaid.

For FY09 a total of 943 claims were reviewed of which 227 had inadequate documentation resulting in possible payback. These errors constitute 24.1% of the total amount of claims reviewed. Services provided but not ordered on the ISP or elsewhere by a physician comprise 95% of all errors. This may indicate a significant weakness in internal monitoring.

In addition, several individual service notes document two distinct services. There must be documentation meeting all the requirements of He-M 408 and the NH Medicaid State Plan for each service provided.

RECOMMENDATIONS VI-A:

It is recommended that GNMHC implement a corrective action plan to ensure that:

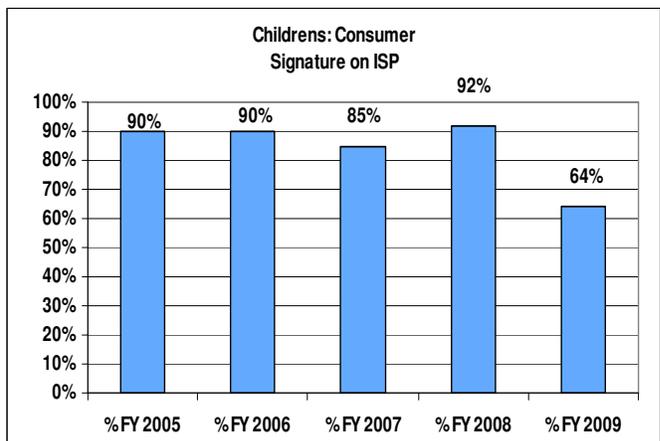
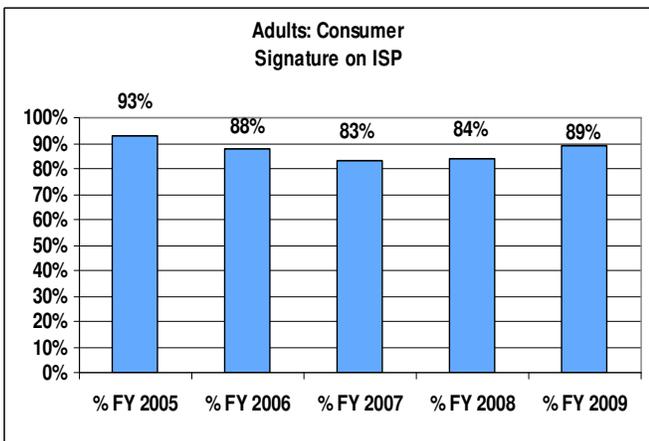
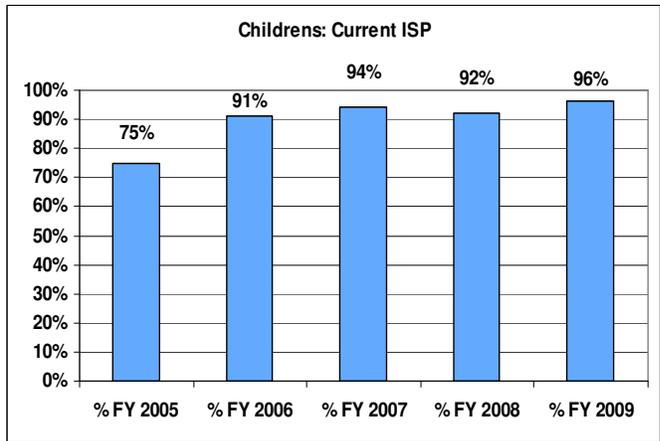
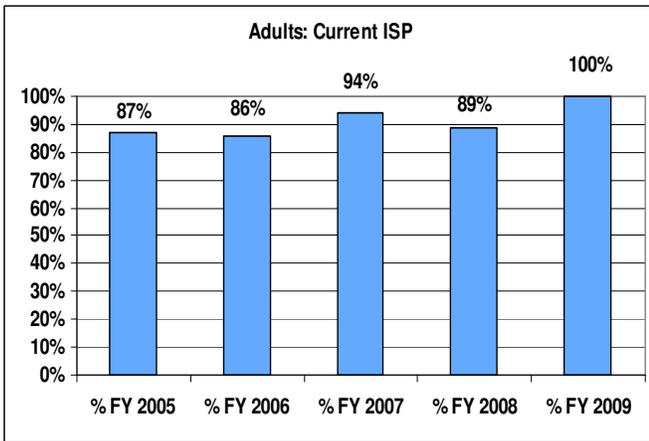
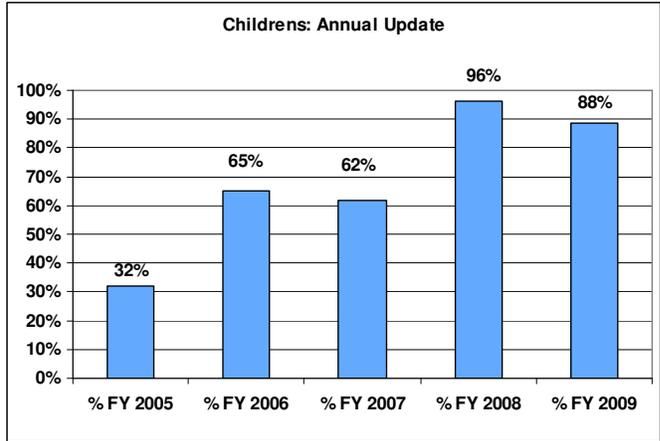
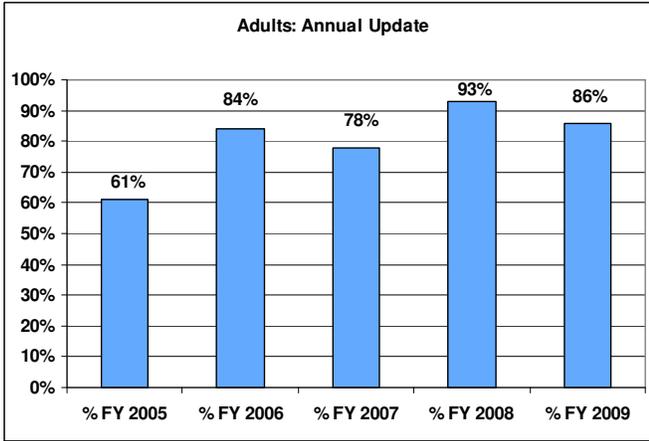
- All services provided are documented in the clinical record prior to billing.
- There is a physicians order prior to a service being provided and billed.
- There is a current annual ISP.

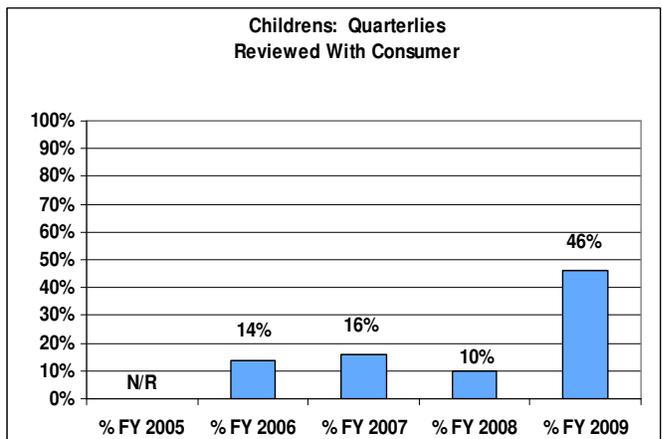
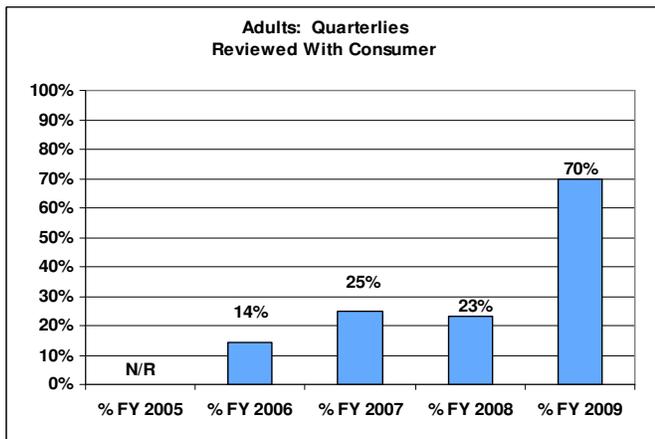
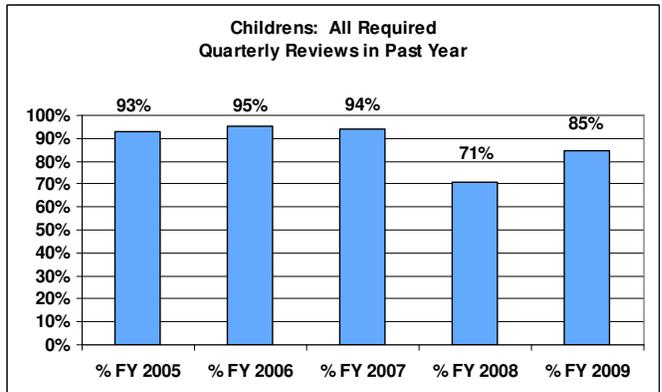
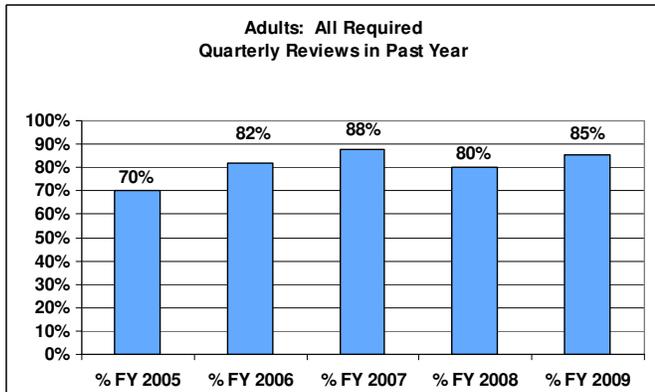
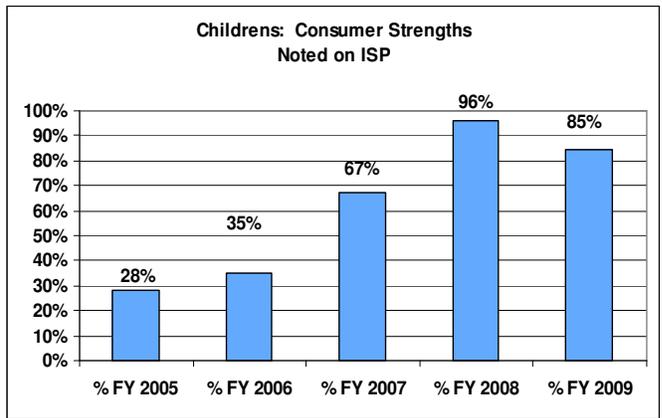
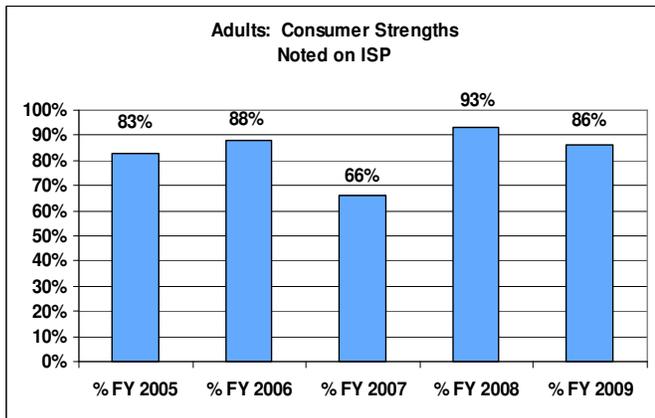
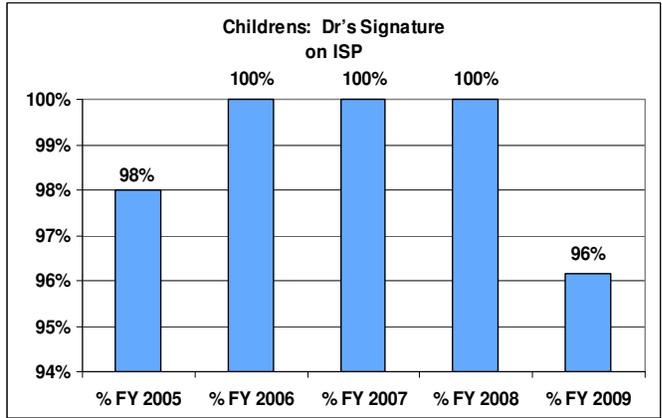
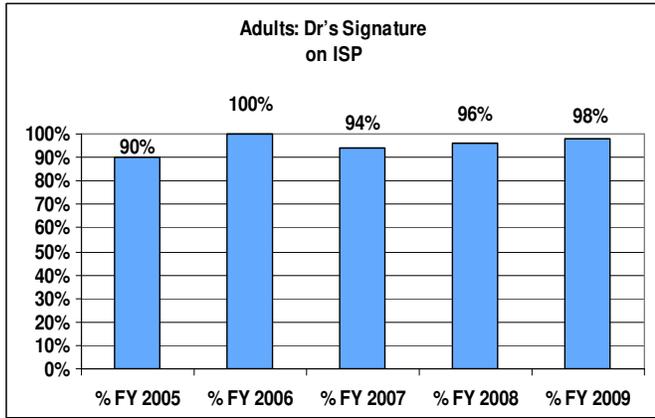
CMHP RESPONSE VI-A:

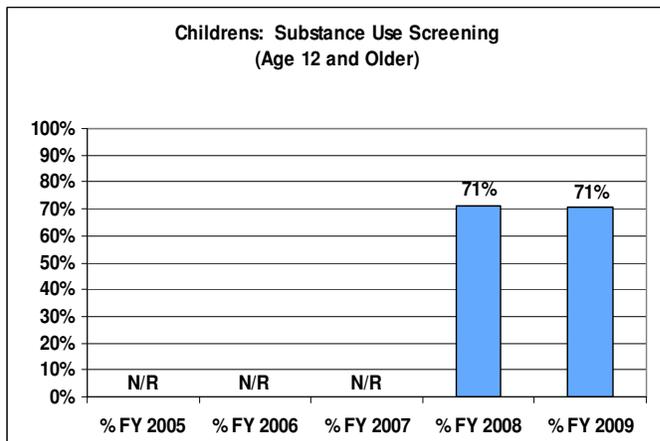
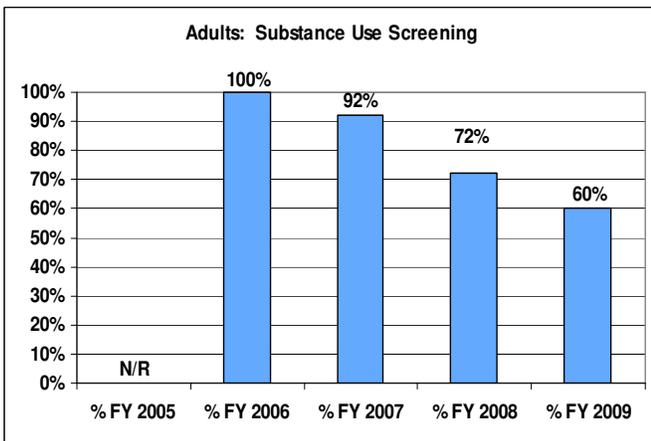
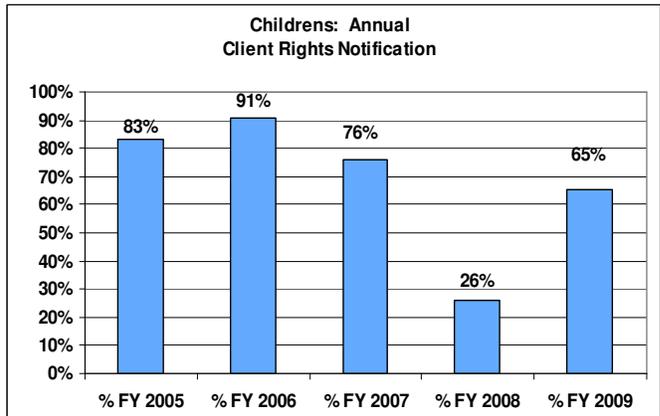
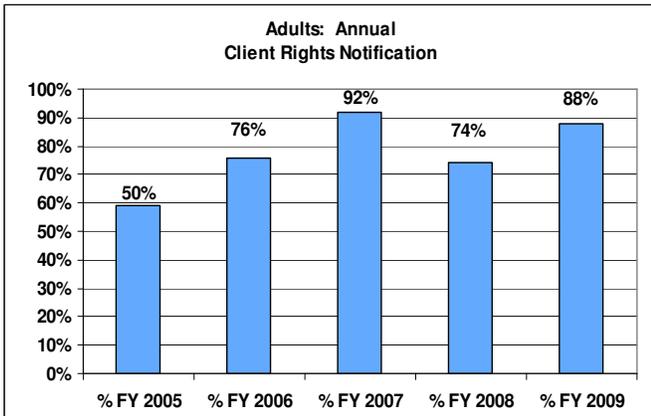
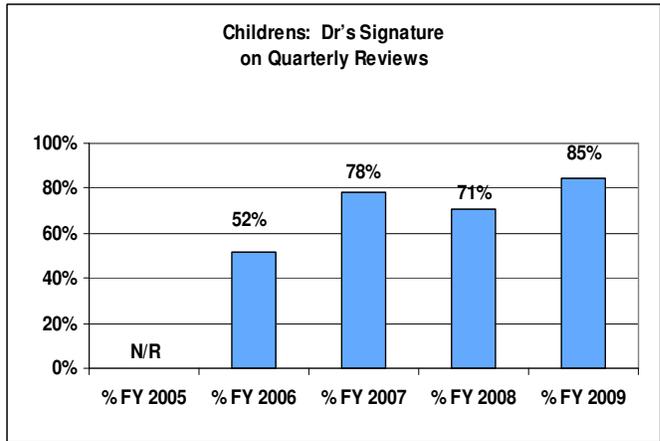
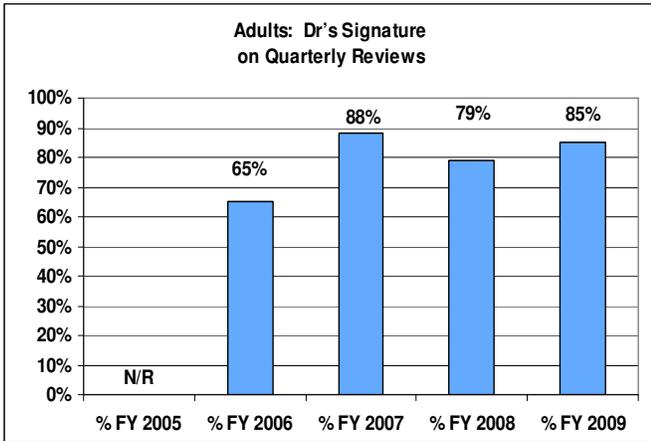
OBSERVATION VI-B:

Five-year trend data from the annual BBH quality improvement and compliance reviews has

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







RECOMMENDATIONS VI-B:

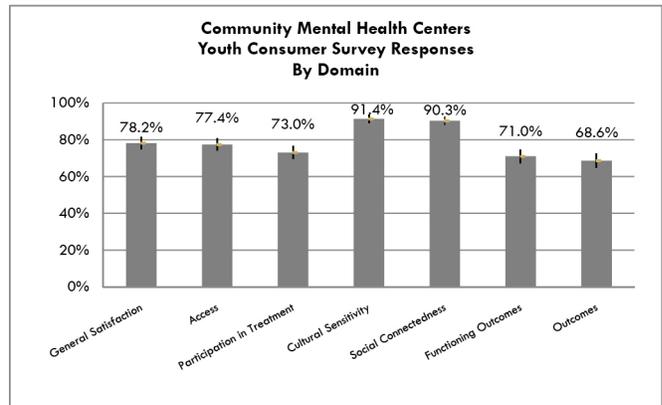
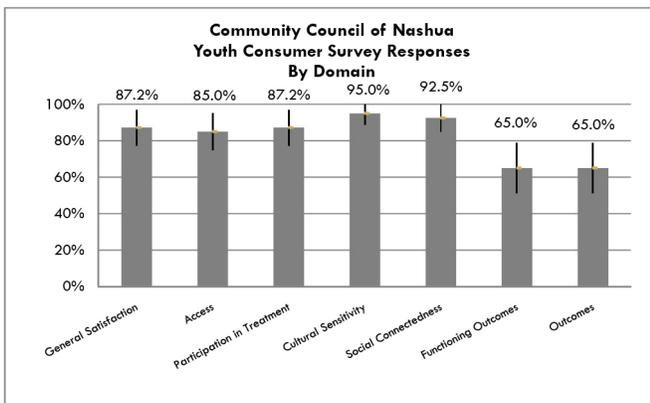
It is recommended that the BBH QI and Compliance Reports be shared with the BOD and utilized in planning activities. It is also recommended that GNMHC continue to conduct and document internal quality improvement and compliance activities.

CMHP RESPONSE VI-B:

SECTION VII: CONSUMER AND FAMILY SATISFACTION

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

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



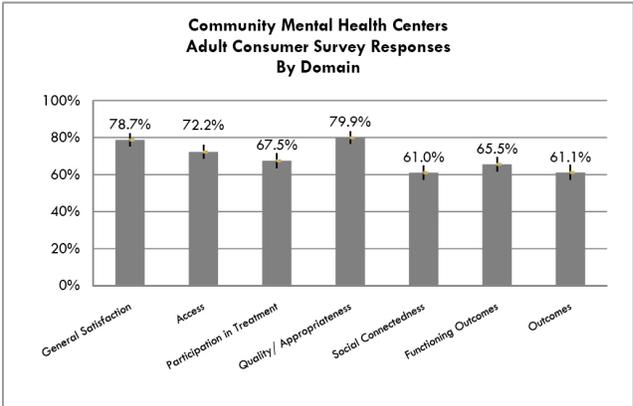
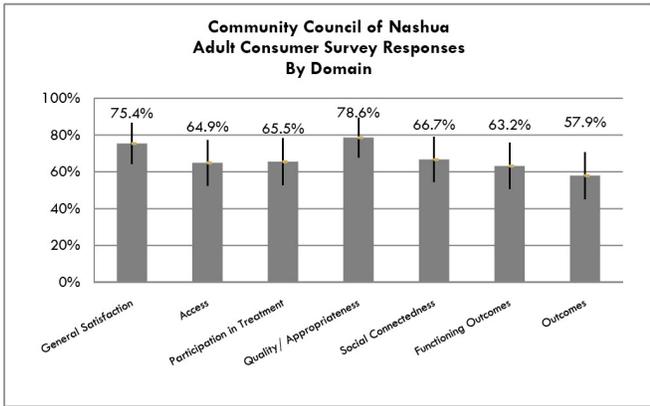
OBSERVATION VII-A:

It is noted that GNMHC percentages ranked below the statewide average in the following Youth Survey domains: Functioning Outcomes and Outcomes.

RECOMMENDATIONS VII-A:

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

CMHP RESPONSE VII-A:



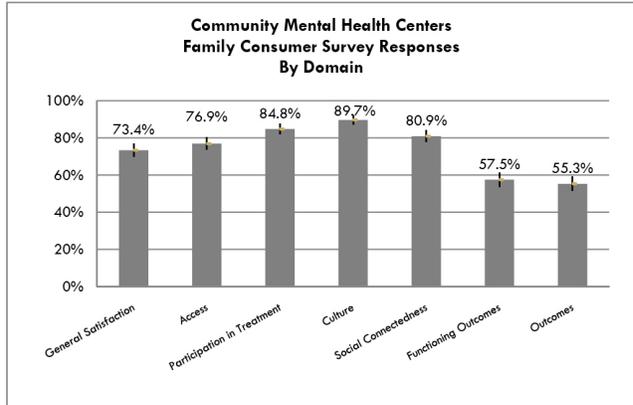
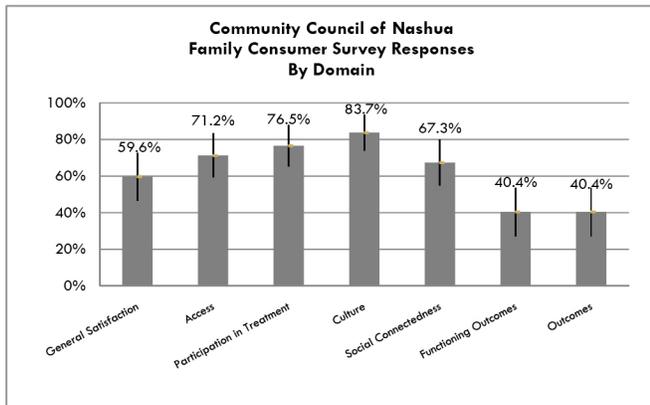
OBSERVATION VII-B:

It is noted that GNMHC percentages ranked below the statewide average in the following Adult Survey domains: General Satisfaction; Access; Quality/Appropriateness; Social Connectedness; Functioning Outcomes; and Outcomes.

RECOMMENDATIONS VII-B:

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

CMHP RESPONSE VII-B:



OBSERVATION VII-C:

It is noted that GNMHC percentages ranked below the statewide average in all the Family Survey domains: General Satisfaction; Access; Participation in Treatment; Culture; Social Connectedness; Functioning Outcomes; and Outcomes.

RECOMMENDATIONS VII-C:

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

CMHP RESPONSE VII-C:

END OF REPORT