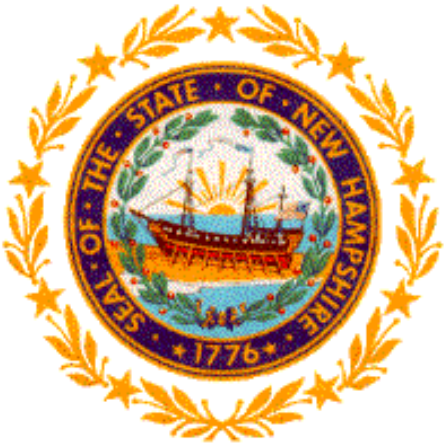
STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Quality Assurance and Improvement



QUALITY SERVICE REVIEW

Report for

Northern Human Services

Issued July 21, 2017

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Acknowledgements

The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort the Northern Human Services staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success.

OQAI also thanks the CMHC QSR review team, which included four staff from OQAI, five staff from the Bureau of Mental Health Services, and one staff from Adult Protective Services.

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Acronyms

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

Executive Summary

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

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from client interviews, staff interviews, clinical record reviews, and DHHS databases to measure and score the CMHC's achievement of 11 indicators and 37 measures that represent best practices regarding the CMHA priority areas.

DHHS conducted the CMHC QSR at Northern Human Services (NHS) in North Conway, Littleton, Berlin, Wolfeboro, and Colebrook, NH, from May 15, 2017 through May 19, 2017. One clinical record review was completed the following week, on May 25, 2017. The NHS QSR client sample included 23 randomly selected clients eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each client for the period of May 1, 2016 through May 14, 2017. The data was inputted into an algorithm for each indicator and performance measure. Indicators were scored as either "Met," "Partially Met," or "Not Met" and performance measures were scored as either "Met" or "Not Met." A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of clients scoring "Met."

NHS scored "Met" for six of the 11 indicators. The following indicators were identified as areas in need of improvement:

Table 1: NHS QSR Summary Results

Indicator	Number of Clients Scored	# of Clients with Indicator Met	# of Clients with Indicator Partially Met	# of Clients with Indicator Not Met	% of Clients with Indicator Met	Quality Improvement Plan Required	Total # of Measures
1. Individuals have information about the full range of services and supports to meet their needs/goals	23	20	3	0	87%	No	2
2. Individuals are currently receiving the services/supports they need	23	14	9	0	**61%**	**Yes**	3
3. Treatment planning is person-centered	23	19	3	1	83%	No	6
4. Individuals are provided with ACT services when/if needed	3*	2	0	1	**67%**	**Yes**	2
5. Individuals are provided with services that assist them in finding and maintaining employment	23	18	5	0	78%	No	3
6.1 Individuals have stable housing	23	9	14	0	**39%**	**Yes**	4
6.2 Individuals have choice in their housing	23	13	7	3	**57%**	**Yes**	1
7.1 Individuals have effective crisis plans and know how to access crisis services	23	16	6	1	70%	No	2
7.2 Individuals received effective crisis services	10	5	4	1	**50%**	**Yes**	3
8. Individuals have effective natural supports	23	17	6	0	74%	No	3
9. Individuals experienced successful transitions to the community from any inpatient admission within the past 12 months	10	9	1	0	90%	No	8

* Client data was excluded from scoring due to the relevant service or support being received outside the period of review.

I. Purpose

In 2014, the State of New Hampshire, the United States Department of Justice and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to enable a class of adults with severe mental illness (SMI) to receive needed services in the community, foster their independence and enable them to participate more fully in community life.

Section VII.C. of the CMHA requires the establishment of a quality assurance system to regularly collect, aggregate and analyze data related to transition efforts, as well as the problems or barriers to serving and/or keeping individuals in the most integrated setting. Such problems or barriers may include, but not be limited to, insufficient or inadequate housing, community resources, mental health care, crisis services and supported employment (SE).

As part of the quality assurance system, the state is required to use a Quality Service Review (QSR) to evaluate the quality of services and supports included in the CMHA. Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps and weaknesses, as well as areas of highest demand; to provide information for comprehensive planning, administration and resource-targeting; and to consider whether additional community-based services and supports are necessary to ensure individuals have the opportunity to receive services in the most integrated setting.

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following CMHA priority areas: crisis services, assertive community treatment (ACT), housing supports and services, SE, and transitions from inpatient psychiatric facilities. The CMHA requires that the state conduct a QSR at least annually.

This report describes the QSR process, methodology, findings, conclusions, and next steps for Northern Human Services (NHS).

II. Methodology

To evaluate the quality of services and supports outlined in the CMHA, the OQAI conducted a structured assessment of the services and supports provided to a random sample of CMHC clients. Assessment of the CMHC is focused on outcomes, indicators, and performance measures that represent the CMHA outcome areas, such as individuals' needs being identified, services and supports meeting individuals' needs and goals, individual choice, and community integration. The QSR assessment focuses on the services and supports provided to a random sample of CMHC clients. The quality of the services and supports are assessed based on data collected for each client during the most recent 12-month period. The QSR data is collected during the on-site review using standardized instruments. The instruments include the clinical record review (CRR), the client interview instrument (CII), and the staff interview instrument (SII). See Appendix 1: List of CMHC QSR Instruments.

Client Sample Size and Composition

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

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

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to clients. Data sources collected specifically for the purposes of this evaluation include in-depth interviews with clients and staff, reviews of client clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases.

QSR Process

The CMHC QSR process includes a number of tasks performed by OQAI, Bureau of Mental Health Services (BMHS) and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the onsite portion of the QSR. During the onsite review period, daily meetings are held to ensure consistent practice and inter-rater reliability among the QSR reviewers seek and to seek assistance from the CMHC staff, if needed. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." The CMHC is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC is adequate and would result in a response other than "no evidence." A final meeting is held with CMHC administration and staff to solicit feedback and to address concerns. During the post-onsite period, follow-up tasks required of the CMHC are completed and OQAI commences scoring.

Scoring

The CMHC QSR scoring framework includes nine outcomes which define achievement of the priority areas set forth by the CMHA. Each outcome is defined by at least one indicator, which is further defined by a number of related performance measures. The indicators and measures are scored at the client level; those scores are then used to calculate a final score for each indicator at the CMHC level.

Data is collected for each client from specific questions within the QSR instruments relevant to the measures and indicators (see Appendix 2: CMHC QSR Abbreviated Master Instrument).

These data points are used to score each measure. Each measure is scored as “Met” or “Not Met” using an algorithm based on a the information provided by the client interview, the staff interview, and the record review. Depending on the nature of the question, in some cases the client response is given more weight in scoring than the staff response or the information in the record review; in other cases the staff response may be given more weight. For most measures, however, the score is determined by the combination of responses provided by the client and the staff.

For example, Indicator 1 consists of Measure 1a and Measure 1b. Measure 1a is scored based on the response to Question 1 in the CII: a response of “Yes” results in a score of “Met,” a response of “No” or “Not Sure” results in a score of “Not Met.” Measure 1b is scored based on the responses to Question 3 in the CII and Question 2 in the SII: if the response to both CII Q3 and SII Q2 is “Yes,” the measure is scored as “Met”; if the response to CII Q3 is “No” but the response to SII Q2 is “Yes,” the measure is still scored as “Met”; and if the response to CII Q3 and SII Q2 are both “No,” the measure is scored as “Not Met.”

The score for each measure is then used in a separate algorithm to calculate the score for the related indicator. Each indicator is scored as “Met,” “Partially Met,” or “Not Met” based on the individual client scores of the related measures. As with the scoring of the measures, each indicator has an algorithm and in some cases weighting is used to calculate the score. For example, Indicator 1 is scored using an algorithm involving Measure 1a and Measure 1b. Indicator 1 receives a score of “Met” if Measure 1a and Measure 1b are both “Met”; receives a score of “Not Met” if Measure 1a and Measure 1b are both “Not Met”; and receives a score of “Partially Met” if Measure 1a and Measure 1b are not in agreement (see Appendix 3: Indicator 1 Scoring Example).

Indicator 5 is an example of scoring using an algorithm involving weighting. Indicator 5 can only achieve a score of “Met” if Measure 5a, Measure 5b, and Measure 5c are all “Met”; it receives a score of “Not Met” if Measure 5a is “Not Met,” even if Measure 5b and Measure 5c are both “Met”; and receives a score of “Partially Met” if Measure 5a is “Met” but Measure 5b or Measure 5c is “Not Met.” Indicator 5 can also achieve a score of “Met” when 5a is “Met” and 5b and 5c are “Not Applicable.”

The final percentage for each indicator is determined by the total number of clients the indicator applies to and calculating the percent of clients scoring "Met." An indicator receives a final score of "Met" when at least 70% of clients scored "Met" for that indicator. A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of applicable clients scoring "Met."

The scoring excludes data from clients who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the client, therefore the number of clients scored for any given measure or indicator may vary. The number of clients scored may also vary due to clients not answering questions that are required for the scoring algorithm. In all these instances, the total number of scores for a measure or an indicator may not equal the total number of clients interviewed. For example, clients who were not interested in receiving employment services or supports during the review period will not have a score for Measure 5b: Individuals received help in finding and maintaining employment or Measure 5c: Employment related services have been beneficial to the individual's employment goals. Clients who do not meet ACT eligibility criteria, or who received ACT services outside the period of review, will not have a score for Indicator 4: Individuals are provided with ACT services when/if needed.

Report of Findings/Quality Improvement Plans

A report of the draft findings of the CMHC QSR is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs and the Expert Reviewer. The CMHC has 30 calendar days to submit a quality improvement plan to DHHS for review by the BMHS Director. The BMHS Director informs the CMHC if the plan is approved or needs revision. At a minimum, the written response will contain action steps describing how the CMHC plans to improve the identified focus areas, the responsible person(s), and an implementation timeline. Once approved, any changes made to the plan must be approved by the BMHS Director. Oversight of the implementation of the quality improvement plan and any needed technical assistance are provided by BMHS staff.

III. Northern Human Services Mental Health Center QSR Findings

Overview

The QSR was conducted at the NHS offices in North Conway, Littleton, Berlin, Wolfeboro, and Colebrook, NH. Additional information about NHS is found in Appendix 4: Agency Overview. Four hundred and six NHS clients met the QSR sample criteria. A random sample of 23 eligible clients was drawn from this pool to be interviewed. Table 2 shows the distribution of clients by the four sample categories.

Table 2: Number of clients by category

	FULL SAMPLE		CLIENTS INTERVIEWED	
CATEGORY	**Number**	**Percent**	**Number**	**Percent**
ACT/IPA	25	6%	5	22%
ACT/NO IPA	73	18%	6	26%
NO ACT/IPA	29	7%	5	22%
NO ACT/NO IPA	279	69%	7	30%
Total	***406***	***100***	***23***	***100***

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

Table 3: Review Activities

	Number In person	Number By Phone	*Total*
Clients Interviewed	22	1	23
Staff Interviewed	23	0	23
Clinical Records Reviewed	23	N/A	23

During the week of May 15, 2017, five teams consisting of staff from OQAI, BMHS, and Adult Protective Services (APS) completed the onsite data collection process. Assessment data was collected for the review period of May 1, 2016 through May 14, 2017. Following the onsite review, the assessment data was scored. Analysis of the scores was then completed.

Northern Human Services Scores

KNOWLEDGE OF SERVICES AND SUPPORTS PROVIDED BY NORTHERN HUMAN SERVICES AND COMMUNITY-BASED AGENCIES

Indicator 1: Individuals have information about the full range of services and supports to meet their needs/goals

Providing timely information to individuals about the services available within the CMHC and through community agencies that is centered on their needs and goals indicates that the CMHC has a person-centered orientation to client choice in service options and supports the client in connecting to his or her community.

Indicator 1 assesses whether CMHC clients were provided with information about the array of services and supports offered by the CMHC and other community agencies that best meet their needs. Twenty-three clients were scored for Indicator 1. Twenty clients received a score of "Met," three clients received a score of "Partially Met," and none received a score of "Not Met." NHS received a score of "Met" for Indicator 1 because 87% of the 23 clients received a score of "Met," indicating they were provided with information about the services and supports available to them at the CMHC and in the community.

Indicator 1 consists of Measure 1a and Measure 1b. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 1a: Individuals have been provided with an overall review of CMHC services that best address their needs and goals.	20	3
Measure 1b: Individuals have been provided with information about the full range of services and supports in the community that best address their needs and goals.	23	0

ASSESSMENT OF NEEDS AND APPROPRIATENESS OF TREATMENT PLANNING SERVICES

Indicator 2: Individuals are currently receiving the services/supports they need

Indicator 2 corresponds to CMHA section VII.D.1, individuals' needs are being identified and services in the treatment plan are being provided when indicated to meet those assessed needs.

Indicator 2 focuses on a review of the most current individualized service plan (ISP)/treatment plan to determine whether clients are receiving the identified services and supports given their current needs and goals.

Twenty-three clients were scored for Indicator 2. Fourteen clients received a score of "Met," nine received a score of "Partially Met," and none received a score of "Not Met." NHS received a score of "Not Met" for Indicator 2 because 61% of the 23 clients received a score of "Met," indicating they had documentation verifying they were assessed for service/support needs within the past 12 months, the services on their current ISP/treatment plan are consistent with their assessed needs, and they felt they were receiving the services they needed.

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

	Clients Met	Clients Not Met
Measure 2a: Individuals are assessed for service/support needs within the past 12 months.	23	0
Measure 2b: The services that individuals are receiving are consistent with their assessed needs as recorded on their current ISP/Treatment Plan.	18	5
Measure 2c: Individuals feel they are receiving all of the services/supports they need.	18	5

Indicator 3: Treatment planning is person-centered

Person-centered care means consumers have choices over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual. In addition, person-centered treatment planning is a collaborative process where clients and families are core participants in the development of treatment goals and services provided, to the greatest extent possible. Person-centered treatment planning is strength-based and focuses on individual capacities, preferences, and goals.[1]

Indicator 3 corresponds to CMHA VII.D.1, services and supports are designed around individuals' strengths.

Indicator 3 evaluates whether treatment planning at NHS is person-centered, strengths-based, individualized, and engages the client. Twenty-three clients were scored for Indicator 3.

Nineteen clients received a score of "Met," three received a score of "Partially Met," and one received a score of "Not Met." NHS received a score of "Met" because 83% of the 23 clients experienced person-centered treatment planning, as defined by Measures 3a-f.

Indicator 3 consists of Measure 3a, Measure 3b, Measure 3c, Measure 3d, Measure 3e, and Measure 3f. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 3a: Individuals were given a choice in how their treatment planning was conducted.	6	17
Measure 3b: Individuals attended their most recent ISP/Treatment plan meeting.	19	4
Measure 3c: Individuals signed their most recent ISP/treatment plan.	15	8
Measure 3d: Individuals' strengths are evident in their most recent ISP/Treatment plan.	23	0
Measure 3e: Individuals were involved in identifying their goals in their most recent ISP/Treatment plan.	21	2
Measure 3f: Individuals understand their most recent ISP/Treatment plan.	17	6

ACT REFERRALS

Indicator 4: Individuals are provided with Assertive Community Treatment (ACT) Services when/if needed

ACT is an evidence-based service delivery model designed to provide multi-disciplinary treatment and supports in the community to adults who need more flexible and adaptive services than traditional outpatient office-based services.

For Indicator 4, the clinical records for all 23 clients in the sample were reviewed to determine whether clients have been receiving ACT services within the past 12 months, met the criteria to qualify for ACT services, if a referral was made within the past 12 months for those that qualify, and if those referred were placed on an ACT team. Three clients were applicable for scoring and 20 clients were not applicable. Of those 20 clients, 11 did not meet ACT criteria and nine clients have been on an ACT team for longer than 12 months, therefore their referral process was outside the period under review.

NHS received a score of "Not Met" for Indicator 4 because two of the three applicable clients (67%) were referred to ACT and/or received ACT services when appropriate. Of those clients, one received a score of "Met" because, while he/she not referred to ACT, an adequate explanation for that decision was provided. Another client received a score of "Met" because they he/she was placed on ACT. One client received a score of "Not Met" because evidence was not provided explaining why the client was not referred for ACT services.

Indicator 4 consists of Measure 4a and Measure 4b. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 4a: ACT referral was made when appropriate.	2	1
Measure 4b: Individuals started ACT if appropriate.	2	1

SUPPORTED EMPLOYMENT

Indicator 5: Individuals are provided with services that assist them in finding and maintaining competitive employment

Employment support services are designed to help people with mental illness find and keep meaningful jobs in the community. This include providing individualized assistance in job development, case management, benefits counseling and exploring transportation needs. All clients who want to work are eligible for supported employment services. Obtaining and maintaining access to job opportunities supports community integration and independence. A component of employment services is Supported Employment (SE), an evidence-based practice.

Indicator 5 measures whether individuals are provided with services that assist them in finding and maintaining employment and whether the services they received were beneficial. Twenty-three clients were scored for Indicator 5. Eighteen clients received a score of "Met," five received a score of "Partially Met," and none received a score of "Not Met." NHS received a score of "Met" for Indicator 5 because 78% of the 23 clients received a score of "Met," indicating they were assessed for employment needs, received help in finding or maintaining employment upon expressing interest, and reported services being helpful to meeting their employment goals.

Indicator 5 consists of Measure 5a, Measure 5b, and Measure 5c. Of the 23 clients interviewed, eight clients were considered "not applicable" for scoring for Measure 5b and 5c because they reported they were not interested in receiving employment support services. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 5a: Individuals are assessed for employment needs	23	0
Measure 5b: Individuals received help in finding and maintaining employment	14	1
Measure 5c: Employment related services have been beneficial to individuals' employment goals	10	5

HOUSING

Indicators 6.1 and 6.2 assess whether individuals have quality housing that comprises choice, safety, affordability, integration, and flexible services. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."[2] Access to housing that is stable (safe and affordable), having choice in housing, and having the supports necessary to maintain housing are important dimensions of increased independence, community integration, health, and well-being.

Indicator 6.1: Individuals have stable housing

Indicator 6.1 evaluates whether the client has stable housing as defined by Measures 6.1 a-d. Twenty-three clients were scored for Indicator 6.1. Nine clients received a score of "Met," 14 clients received a score of "Partially Met," and none received a score of "Not Met." NHS received a score of "Not Met" for Indicator 6.1 because 38% of the 23 clients received a score of "Met," indicating they have safe housing, are not at risk of losing their housing, lived in two or fewer residences in the past 12 months, and received needed services related to housing.

Indicator 6.1 consists of Measure 6.1a, Measure 6.1b, Measure 6.1c, and Measure 6.1d. For Measure 6.1d, five clients were considered "not applicable" for scoring because they did not need housing services. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 6.1a: Individuals have safe housing	14	9
Measure 6.1b: Individuals have not been at risk of losing housing	14	9
Measure 6.1c: Individuals have lived in two or fewer residence in the past 12 months	19	4
Measure 6.1d: Individuals received needed services related to housing	17	1

Indicator 6.2: Individuals have choice in their housing

Indicator 6.2 asks about whether clients have meaningful choices related to their preferences regarding housing.

Twenty-three clients were scored for Indicator 6.2. Thirteen received a score of "Met," seven received a score of "Partially Met," and three received a score of "Not Met." NHS received a score of "Not Met" for Indicator 6.2 because 57% of the 23 clients received a score of "Met," indicating their current housing reflects their most important housing preferences and needs.

Indicator 6.2 consists of Measure 6.2a. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 6.2a: Individuals' housing reflects their housing preferences and needs	13	10

CRISIS SERVICES

Crises have a profound impact on persons living with severe mental illness[3]. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Indicators 7.1 and 7.2 assess whether individuals receive comprehensive crisis planning and effective crisis intervention services.

Indicator 7.1: Individuals have effective crisis plans and know to access crisis services

Indicator 7.1 evaluates whether individuals have a current crisis plan and know how to access crisis services.

Twenty-three clients were scored for Indicator 7.1 Sixteen clients received a score of "Met," six received a score of "Partially Met," and one received a score of "Not Met." NHS received a score of "Met" for Indicator 7.1 because 70% of the 23 clients received a score of "Met," indicating they have a current, individualized crisis plan and know how to access crisis services.

Indicator 7.1 consists of Measure 7.1a and Measure 7.1b. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 7.1a: Individuals have effective crisis plans	17	6
Measure 7.1b: Individuals know how to access crisis services	21	2

Indicator 7.2: Individuals received effective crisis services

Indicator 7.2 evaluates whether the crisis services received by the client in the past 12 months were effective, as defined by being provided in a timely manner, being helpful to the client, and being comprehensive (i.e., risk assessment, discussion of options, follow-up, and communication with emergency services staff).

Twelve of 23 clients interviewed received a NHS crisis service in the past 12 months. Two of the clients and staff could not recall the crisis services received; therefore, only 10 clients were scored for Indicator 7.2. Five clients received a score of "Met," four clients received a score of "Partially Met," and one received a score of "Not Met." NHS received a score of "Not Met" for Indicator 7.2 because 50% of the ten clients received a score of "Met," indicating they received timely and comprehensive crisis services and found their crisis services to be helpful.

Indicator 7.2 consists of Measure 7.2a, Measure 7.2b, and Measure 7.2c. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 7.2a: Individuals receive timely crisis services	6	4
Measure 7.2b: Crisis services are helpful to individuals	9	1
Measure 7.2c: Individuals receive crisis services that are comprehensive	8	2

NATURAL SUPPORTS

Indicator 8: Individuals have effective natural supports

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies social networks and community relationships as key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population.[4] Natural supports may include family, friends, neighbors, as well as informal resources such as staff at recreation centers, hair stylists, and clergy.

Indicator 8 evaluates whether natural supports were used to assist clients with treatment and recovery. Twenty-three clients were scored for Indicator 8. Seventeen clients received a score of "Met," six received a score of "Partially Met," and none received a score of "Not Met." NHS received a score of "Met" for Indicator 8 because 74% of the 23 clients received a score of "Met," indicating they discussed natural supports with CMHC staff, identified natural supports, and utilized natural supports.

	Clients Met	Clients Not Met
Measure 8a: The benefit of natural supports are discussed	21	2
Measure 8b: Natural supports are identified	20	3
Measure 8c: Natural supports are utilized	21	2

TRANSITIONS FROM INPATIENT SETTINGS

Indicator 9: Individuals experienced successful transitions to the community from any inpatient admission within the past 12 months

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are inter-related with other QSR indicators regarding housing, CMHC and community supports, crisis services, and employment services.

Indicator 9 measures whether individuals experienced successful transitions to the community from inpatient admissions within the past 12 months, as defined by Measures 9a-9h. Of the 23

clients interviewed, 10 clients and staff confirmed an inpatient psychiatric admission occurred during the past 12 months. Of the 10 clients scored, nine received a score of "Met," one received a score of "Partially Met," and none received a score of "Not Met." NHS received a score of "Met" for Indicator 9 because 90% of the 10 clients received a score of "Met," indicating they experienced a successful transition to the community.

Indicator 9 consists of Measure 9a, Measure 9b, Measure 9c, Measure 9d, Measure 9e, Measure 9f, Measure 9g, and Measure 9h. For Measure 9a, one client was considered "not applicable" because as of May 14, 2017, the last day of the period under review, less than seven days had passed since his/her discharge. For Measure 9f, nine of the 10 clients did not have a job before being admitted, therefore were considered "not applicable" and not scored. Clients were scored as follows:

	Clients Met	Clients Not Met
Measure 9a: Individuals attended a face-to-face appointment with the CMHC within seven days of discharge	7	2
Measure 9b: Individuals are involved in their transition planning from the inpatient psychiatric episode back into the community	9	1
Measure 9c: There was in-reach while individuals were in an inpatient psychiatric facility	8	2
Measure 9d: Individuals transitioned to appropriate housing	10	0
Measure 9e: Individuals have maintained connections with natural supports	8	2
Measure 9f: Individuals have maintained employment upon discharge	1	0
Measure 9g: Individuals' health benefits and financial benefits were maintained and/or reinstated for their transition home	10	0
Measure 9h: The CMHC receives the inpatient discharge summary when individuals return to the community	10	0

IV. Additional Results

During the interviews, additional information was provided by clients and staff regarding their responses to questions. The following reflections are offered based on those comments and on additional analysis of the data collected:

Indicator 1: Individuals have information about the full range of services and supports to meet their needs/goals

Clients reported that ACT staff, case managers, and therapists reviewed services such as therapy, case management, and supported employment. Clients reported that NHS staff reviewed community services and supports such as Serenity Steps and Alternative Life, as well as helped connect them with resources regarding school, daycare, employment, and housing.

Indicator 2: Individuals are currently receiving the services/supports they need

Review of clinical records and results from staff interviews indicate 40% of the clients who did not receive services consistent with their assessed needs were ACT clients (Measure 2b, CRR Q4, SII Q5). Services were not provided as indicated due to clients declining and lack of available staff. Seventy-eight percent of the sample felt they were able to get the services they needed at the CMHC (CII Q5). Of the five clients who did not feel they were able to get all the services they needed, two were on ACT and three were not.

Indicator 3: Treatment planning is person-centered

While 83% of clients scored "Met" for Indicator 3 overall, Measure 3a and Measure 3c scored low. For Measure 3a, 35% of the 23 clients interviewed stated they were asked if they wanted to invite anyone to discuss their goals at treatment planning meetings (CII Q7). Twenty-six percent of the 23 clients reported being asked where they wanted to have their treatment planning meetings (CII Q9).

For Measure 3c, 65% of all clients signed their most recent treatment plan (CRR Q8). Of the clients on ACT, 56% signed their treatment plan. Of those not on ACT, 75% signed their treatment plan.

Indicator 4: Individuals are provided with Assertive Community Treatment (ACT) Services when/if needed

Of the three applicable clients, one client did not meet the measure. This client met the criteria for ACT services, however had no documentation in his/her clinical record explaining why the individual was not referred to or receiving ACT.

ADDENDUM: NHS requested additional clarification be provided as to why this domain was Not Met: "The client was served out of a small NHS office that does not offer ACT due to its remote location and very limited state eligible consumer population".

Indicator 5: Individuals are provided with services that assist them in finding and maintaining competitive employment

BMHS conducted a Supported Employment fidelity review from September 27 through September 29, 2016 at two primary Northern Human Services locations: Berlin and Littleton. The Berlin site, with one SE Specialist, achieved a "Good Fidelity" rating with a score of 100 out of a possible 125 points. The Littleton site, with two SE Specialists, achieved a "Good Fidelity" rating with a score of 107 out of a possible 125 points. Overall, Northern Human Services achieved a "Good Fidelity" rating with an Agency Average score of 103.5.

For Measure 5b, data indicated that six of the 23 clients interviewed were employed in a job. Four of the jobs were in the agency's consumer-run business (CII Q30-Q32, SII Q33-Q35, CRR Q25-Q26). The jobs offered by the consumer-run business pay at least minimum wage but are reserved for mental health center clients, therefore, do not meet SE Fidelity standards for competitive employment.

Of the 15 clients who expressed an interest in receiving help with finding or maintaining a job (CII Q22-23), 67% reported receiving employment supports services. Eight of those 15 clients were receiving ACT services.

Of the ACT clients interested in receiving employment support services, 67% reported receiving services.

Indicator 6.1: Individuals have stable housing

Nineteen clients lived in independent private residences, two ACT clients lived in community residence with four or fewer people, one ACT client lived in residential care, and one client was homeless.

Of the clients at risk of losing their housing for financial or other reasons, 56% were non-ACT clients and 44% were ACT clients (Measure 6.1b).

Clients who reported they were at risk for losing housing due to financial reasons (CII Q39, SII Q39) most often cited as reasons having limited monthly benefits and the inability to afford their living expenses until housing subsidies are secured.

Risk of eviction due to reasons other than financial included inappropriate and threatening behaviors secondary to mental health symptoms, as well as failed inspections due to potential fire safety/health code violations (CII Q41, SII Q41).

Indicator 7.1: Individuals have effective crisis plans and know to access crisis services
Of the 23 clients interviewed, nine said they did not have, or were not sure if they had, a crisis plan (CII Q54). Of those nine clients, seven were receiving ACT services.

Indicator 7.2: Individuals received effective crisis services

Fifty percent of the ten clients who received a crisis services were ACT clients.

Eighty percent of all clients who received a crisis service reported the crisis response time was "just right" or "quicker than expected" (CII Q63), and 90% reported they felt listened to during the crisis episode (CII Q59).

Indicator 8: Individuals have effective natural supports
Fifty-seven percent of the 23 clients interviewed stated they knew of services at the local peer support agency (CII Q86), and 54% of those clients received services at the peer support agency during the past 12 months (CII Q88).

Indicator 9: Individuals experienced successful transitions to the community from Glencliff Home or a psychiatric hospitalization
Fifty percent of the clients who had a psychiatric admission during the period under review were ACT clients.
Indicator 10: Overall Satisfaction
Ninety-one percent of the clients interviewed reported being very satisfied or satisfied with the services they receive at Northern Human Services (CII 128).

V. Conclusions

Northern Human Services scored "Met" for six of the 11 indicators. Indicators 2, 4, 6.1, 6.2, and 7.2 did not meet the 70% threshold of clients achieving the outcome. Based on the QSR assessment data, the following focus areas are identified for incremental improvements over the next year:

1. *Increase the number of clients who are able to get all the services they need* (Indicator 2). Assessment data indicated five of the clients interviewed stated they have not been able

to get all the services they need (Measure 2c, CII Q5), and the services recorded on the treatment plan for five clients were not consistent with their assessed needs (Measure 2b).

2. *Increase the number of clients provided with ACT services when needed* (Indicator 4). Of the three clients applicable to Indicator 4, all met the eligibility criteria for ACT services, however only two clients had documentation/explanation of the reason ACT services were not provided.
3. *Increase the number of clients with stable housing* (Indicator 6.1). Assessment data indicated nine clients were determined to not have safe housing (Measure 6.1a). Nine clients were found to be at risk of losing their housing (Measure 6b).
4. *Increase the number of individuals who have choice in their housing* (Indicator 6.2). Assessment data indicated seven clients (CII Q48) did not get to choose where they live.
5. *Increase the number of clients who received effective crisis services (*Indicator 7.2). Assessment data indicated five clients did not receive crisis services that were timely, helpful to supporting recovery, or comprehensive.

VI. Next Steps

Within 30 calendar days of receipt of this final report, NHS is to submit a written quality improvement plan to DHHS for review by the BMHS Director. At minimum, the plan will include action steps describing how NHS plans to improve the above identified focus areas, the responsible person(s), and implementation timeline.

VII. Addendum

Northern Human Services had an opportunity to review the QSR initial report during the 15-day review period. Additional clarification on the findings was provided to NHS; and subsequently, NHS requested additional information be added to Section IV, Indicator 4, page 16. That information identifies the reason one client was not referred to ACT services was due to the client was served out of a small NHS office that does not offer ACT due to its remote location.

References

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

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

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

2. Client Profile-DHHS

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

3. CMHC Profile

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

4. Clinical Record Review (CRR)

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

5. Client Interview Instrument (CII)

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

6. Staff Interview Instrument (SII)

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

Appendix 2: CMHC QSR Abbreviated Master Instrument

Indicator	Measure	*Outcome 1. Individuals have information about the full range of services and supports to meet their needs/goals.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
1		**Individuals have information about the full range of services and supports to meet their needs/goals.**							
	1a	**Individuals have been provided with an overall review of CMHC services that best address their needs and goals.** **CII Q1**							
	1b	**Individuals have been provided with information about the full range of services and supports in the community that best address his or her needs and goals.** **CII Q3, SII Q2**							

Indicator	Measure	*Outcome 2. Individuals are currently receiving the services/supports they need.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
2		**Individuals are currently receiving all of the services they need.**							
	2a	**Individuals were assessed for service/support needs within the past 12 months.** **CRR Q7**							
	2b	**The services that individuals are receiving are consistent with their assessed needs as recorded on the current ISP/Treatment Plan.** **CRR Q3, SII Q5, CRR Q4**							
	2c	**Individuals feel they are receiving all of the services/supports they need.** **CII Q5**							

Indicator	Measure	*Outcome 3. Treatment planning is person-centered.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
3		**Treatment planning is person-centered.**							
	3a	**Individuals were given a choice in how their treatment planning was conducted.** **CII Q7, CII Q9, CII Q10**							
	3b	**Individuals attended their most recent ISP/treatment plan meeting.**							

Indicator	Measure	*Outcome 3. Treatment planning is person-centered.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
		CII Q8							
	3c	**Individuals signed their most recent ISP/treatment plan.** **CRR Q8**							
	3d	**Individuals' strengths are evident in their most recent ISP/Treatment plan.** **CRR Q9**							
	3e	**Individuals were involved in identifying their goals in their most recent ISP/treatment plan.** **CII Q12, CII Q13, SII Q11**							
	3f	**Individuals understand their most recent ISP/Treatment plan.** **CRR Q10, CII Q14**							

Indicator	Measure	*Outcome 4. Individuals are provided with ACT services when/if needed.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
4		**Individuals are provided with ACT services when/if needed.**							
	4a	**ACT referrals were made when appropriate.** **CRR Q12, CRR Q13, CRR Q14, CRR Q15, SII Q14, SII Q15**							
	4b	**Individuals started ACT if appropriate.** **CRR Q12, CRR Q13, CRR Q17, CRR Q19, SII Q16, SII Q17**							

Indicator	Measure	*Outcome 5. Individuals are provided with services that assist them in finding and maintaining employment.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
5		**Individuals are provided with services that assist them in finding and maintaining employment.**							
	5a	**Individuals were assessed for employment needs.** **CRR Q20, CRR Q21, SII Q21**							
	5b	**Individuals received help in finding and maintaining**							

Indicator	Measure	*Outcome 5. Individuals are provided with services that assist them in finding and maintaining employment.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
		employment. **CII Q22, CII Q23, SII Q26, CRR Q22**							
	5c	**Employment related services have been beneficial to individuals' employment goals.** **CII Q22, CII Q23, CII Q25, CII Q27, SII Q29**							

Indicator	Measure	*Outcome 6. Individuals have quality housing.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
6.1		**Individuals have stable housing.**							
	6.1a	**Individuals currently have safe housing.** **CII Q34, CII Q35, CII Q37, SII Q38**							
	6.1b	**Individuals have not been at risk of losing housing in the past 12 months.** **CII Q39, CII Q41, SII Q39, SII Q41**							
	6.1c	**Individuals have lived in two or fewer residences in the past 12 months.** **CII Q44, SII Q43**							
	6.1d	**Individuals received needed services related to housing.** **CRR Q32, CRR Q33, CII Q46, CII Q47, SII Q45**							
6.2		**Individuals have choice in their housing.**							
	6.2a	**Individuals' housing reflects their housing preferences and needs.** **CII Q48, CII Q51**							

Indicator	Measure	*Outcome 7. Individuals receive comprehensive crisis planning and effective crisis intervention services.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
7.1		**Individuals have effective plans and know how to access crisis services.**							
	7.1a	**Individuals have effective crisis plans.** **CRR Q35, CRR Q36, CII Q54, CII Q56, SII Q48**							
	7.1b	**Individuals know how to access crisis services.** **CII Q55**							

7.2		**Individuals received effective crisis services.**							
	7.2a	**Individuals receive timely crisis services.** **CII Q57, CII Q63, CII Q64, SII Q50**							
	7.2b	**Crisis services are helpful to individuals.** **CII Q57, CII Q59, CII Q70, CII Q73, CII Q74, SII Q50**							
	7.2c	**Individuals receive crisis services that are comprehensive.** **CII Q57, CII Q61, CII Q65, CII Q67, CII Q68, SII Q51, SII Q52, SII Q53, SII Q54, CRR Q39, CRR Q40, CRR Q41, SII Q50**							

Indicator	**Measure**	*Outcome 8: Individuals have effective natural supports.*	**Met**	**Not Met**	**NA**	**Met**	**Partially Met**	**Not Met**	**NA**
8		**Individuals have effective natural supports.**							
	8a	**The benefit of natural supports has been discussed.** **CII Q76, CII Q86, SII Q55, SII Q63,**							
	8b	**Natural supports have been identified.** **CII Q78, SII Q56, SII Q57, CRR Q42**							
	8c	**Natural supports have been utilized.** **CII 78, CII Q85, SII Q64, SII Q69**							

Indicator	**Measure**	*Outcome 9. Individuals experienced successful transitions to the community from any inpatient psychiatric admission within the past 12 months.*	**Met**	**Not Met**	**NA**	**Met**	**Partially Met**	**Not Met**	**NA**
9		**Individuals experienced successful transition to the community from any inpatient psychiatric admission within the past 12 months.**							
	9a	**Individuals attended face to face appointments with their CMHC within seven days of discharge.** **CRR Q52, CP-D Q17**							
	9b	**Individuals were involved in their transition planning from the inpatient psychiatric episode back into the community.** **CII Q95, CII Q97, SII Q73**							
	9c	**There was in-reach/communication while the individuals were in an inpatient psychiatric facility.** **CII Q99, CRR Q53, SII Q76, SII Q78**							
	9d	**Individuals transitioned to appropriate housing.** **CII Q103, CII Q106, SII Q80, SII Q82**							
	9e	**Individuals maintained connections with natural supports.** **CII Q114, CII Q116, SII Q94**							

Indicator	Measure	*Outcome 9. Individuals experienced successful transitions to the community from any inpatient psychiatric admission within the past 12 months.*	Met	Not Met	NA	Met	Partially Met	Not Met	NA
	9f	**Individuals maintained employment upon discharge. CII Q118, CII Q122, SII Q98, SII Q99**							
	9g	**Individuals' health benefits and financial benefits were maintained and/or reinstated for their transition home. CII Q125, SII Q105**							
	9h	**The CMHC receives the inpatient discharge summary when individuals return to the community. CRR Q55**							

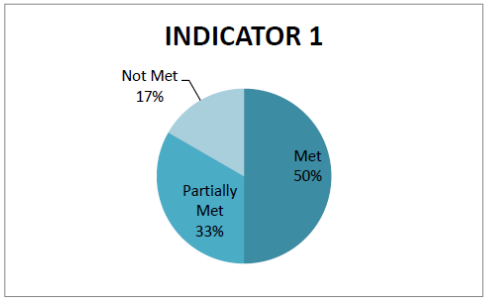
Appendix 3: Indicator 1 Scoring Example

INDICATOR 1																			
Client	Indicator 1 INDIVIDUALS HAVE INFORMATION ABOUT THE FULL RANGE OF SERVICES AND SUPPORTS TO MEET THEIR NEEDS/GOALS.				1a Provided with overall review of services			CII Q1 Provided info about the services available to you here at (CMHC)			1b Provided with info about services/supports in community			CII Q3 Provided with info about services available in the community			SII Q2 Provided with info about services available in the community		
	Met	Partially Met	Not Met	N/A	Met	Not Met	NA	Yes	No	Not sure	Met	Not Met	NA	Yes	No	Not Sure	Yes	No	Not Sure
Apple	1				1			1			1				1		1		
Blossom			1			1				1		1			1			1	
Cherry	1				1			1			1				1		1		
Dahlia		1				1				1	1					1	1		
Echinacea	1				1			1			1					1	1		
Flowers		1				1				1	1			1			1		
N= 6	3	2	1	0	3	3	0	3	0	3	5	1	0	1	3	2	5	1	0

INDICATOR 1			
Met	Partially Met	Not Met	N/A
3	2	1	0

Measure 1a		
Met	Not Met	NA
3	3	0

Measure 1b		
Met	Not Met	NA
5	1	0



Appendix 4: Agency Overview

Northern Human Services (NHS), founded in 1982, is a private, non-profit, community mental health center. NHS is approved as a Community Mental Health Program by the NH Department of Health and Human Service (DHHS) for the period September 1, 2016 through August 31, 2021 per NH Administrative Rule He-M 403.

NHS serves children, families, and adults in Region 1, which encompasses 62 cities and towns across Coos, Carroll and Grafton counties. Based on DHHS data for calendar year 2016, NHS's unduplicated count of adults by eligibility categories is 85 low utilizers, 533 SMI, and 636 SPMI. The US Census, 2010-2014, 5-year estimate for NHS's catchment area is 85,210 adults.

NHS provides comprehensive mental health services to children, adolescents, and adults and their families. These include psychiatry, partial hospitalization, residential group homes, Illness Management and Recovery, and Dialectical Behavioral Therapy.

The closest inpatient psychiatric facility serving the NHS region is Cottage Hospital -Ray of Hope located in Woodsville. The hospital has a 10-bed geriatric behavioral health unit.