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Commissioner

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

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August 9, 2018

Peter Evers, CEO
Riverbend Community Mental Health Center
PO Box 2032
Concord, NH 03302

Dear Mr. Evers,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Riverbend Community Mental Health Center (RCMHC). This review took place from July 31, 2018 through August 1, 2018. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

RCMHC is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item for the purpose of your Quality Improvement Plan. Once your QIP is complete you may identify 3 items to focus on for the purpose of progress report tracking and quarterly reporting. Your center may choose to focus on all items as well. Please address these in a QIP to my attention, via e-mail, by the close of business on September 10, 2018.

- Human Resources Structure and Composition
 - H7: Psychiatrist on Team
 - H8: Nurse on Team
 - H9: Substance Abuse Specialist on Team
 - H10: Vocational Specialist on Team
- Organizational Boundaries
 - O5: Responsibility for Hospital Admissions
- Nature of Services
 - S5: Frequency of Contact
 - S6: Work with Support System
 - S7: Individualized Substance Abuse Treatment
 - S8: Co-occurring Disorders Treatment Group
 - S9: Co-occurring Disorders (Dual Disorders) Model

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

Peter Evers, CEO
August 9, 2018
Page 2 of 2

Sincerely,



Lauren Quann, MS
Administrator of Operations
Bureau of Mental Health Services
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LAQ/laq

Enclosures: Riverbend ACT Fidelity Review SFY 19
CC: Karl Boisvert, Diana Lacey, Julianne Carbin, Susan Drown



Assertive Community Treatment Fidelity Assessment

Riverbend Community Mental Health

On Site Review Dates: July 31st & August 1st, 2018

Final Report Date: August 9th, 2018

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

Christine Powers, LICSW
Dartmouth-Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

ACRONYMS

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

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted an ACT Fidelity Review with Riverbend Community Mental Health Center on July 31st and August 1st, 2018. The Riverbend ACT team is based out of Concord, NH.

METHODOLOGY

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

The sources of information used for this review included:

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

REVIEW FINDINGS AND RECOMMENDATIONS

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

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

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	5	<p>The ACT team client to team member ratio is 9:1.</p> <p><i>Item formula:</i> $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}}$ $\frac{92}{10.4} = 8.8$</p>	
H2	Team Approach	4	<p><input checked="" type="checkbox"/> The provider group functions as a team, and team members know and work with all clients</p> <p>80% of the clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks</p>	<p>The ACT Team Leader should monitor the frequency that ACT staff rotates contact with different ACT clients. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.</p> <p>The reason that some ACT clients are not seen by multiple different ACT Team members regularly might be partially due to staff members focusing too much on their “primary” caseloads. The ACT Team Leader should carefully monitor clients having contact with different members of the team. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.</p>

#	Item	Rating	Rating Rationale	Recommendations
H3	Program Meeting	4	<p>The ACT team meets 3 days / week on Mondays, Wednesdays, and Fridays. All members of the team with the exception of the Medication Support staff and Vocational Specialist attend regularly.</p> <p><input checked="" type="checkbox"/> The ACT team reviews each client each time, even if only briefly, during each team meeting</p>	<p>The ACT Team might consider adding 1 additional treatment team meeting per week to enhance communication and actively monitor team approach. In order to enhance communication and actively monitor team approach, the ACT Team Leader should require all full time members to attend all treatment team meetings, as well as all part time ACT Team members to attend team meetings at least 2 days per week.</p>
H4	Practicing ACT Leader	4	<p>The ACT supervisor provides, on average, 6.9 hours or direct client services week, or 38% of the time.</p>	<p>The ACT Team Leader might want to consider tracking all of her direct service activities on a regular basis.</p> <p>The agency might also want to consider working with the ACT Team Leader to identify specific duties and requirements that impede the ACT Team Leader from providing necessary time in direct service to ACT clients. Many ACT Team Leaders start this process by doing a 2 week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT Team Leader from reaching this level of direct services.</p>
H5	Continuity of Staffing	4	<p>The turnover rate for the ACT team in the past 2 years is 39%.</p> <p><i>Item formula:</i> $\frac{\# \text{ of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\# \text{ months}} = \text{Turnover rate}$</p> <p>$\frac{11}{14} \times \frac{12}{24} = .39$</p>	<p>The agency might consider setting up a way to gather feedback from their current ACT Team staff to find out reasons they stay on the ACT Team (retention interviews). The agency might also want to consider gathering data about why staff have left the ACT Team via exit interviews to identify any potential areas for improvement.</p> <p>Staff continuity can also be improved by having a strong team connection. The ACT Team might consider making time for team building. Ideas include monthly celebrations and annual retreat.</p>

#	Item	Rating	Rating Rationale	Recommendations
H6	Staff Capacity	5	<p>On average, the ACT team operated at 98% of full staffing in the past 12 months.</p> <p><i>Item formula:</i> $\frac{100 \times (\text{sum of vacancies} / \text{month})}{\text{Total \# of staff positions} \times 12} = \% \text{ of absent positions}$</p> <p>$\frac{100 \times 4}{14 \times 12} = 2.4\% \text{ vacancy rate or } 97.6\% \text{ capacity}$</p>	
H7	Psychiatrist on Team	3	<p>The ACT psychiatrist is assigned 0.5 FTE on the ACT team, serving 92 ACT clients.</p> <p><i>Item formula:</i> $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$</p> <p>$\frac{0.5 \times 100}{92} = 0.54 \text{ per 100 clients}$</p>	Given the current size of the ACT Team, the agency should explore ways to increase the Psychiatry time to 0.92 FTE and more if the number of clients served increases.
H8	Nurse on Team	2	<p>The ACT Nurse is assigned 0.5 FTE on the ACT team, serving 92 ACT clients.</p> <p><i>Item Formula:</i> $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$</p> <p>$\frac{0.5 \times 100}{92} = 0.54 \text{ per 100 clients}$</p>	Given the current size of the ACT Team, the agency should explore ways to increase the current Nurse to full time, as well as add another at least 0.84 FTE nursing position, and more if the number of clients served increases.

#	Item	Rating	Rating Rationale	Recommendations
H9	Substance Abuse Specialist on Team	2	<p>There is 1 staff member that is identified as, "Substance Abuse Specialist / Clinician" for the team. According to reports and record reviews, this individual provides case management and FSS for the vast majority of his time, as well as some mental health counseling and some COD services. This ACT staff provides COD services no more than 40% of his time.</p> <p><i>Item formula:</i> <u>FTE value x 100</u> Number of clients served = FTE per 100 clients</p> $\frac{0.4 \times 100}{92} = 0.43 \text{ per 100 clients}$	<p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. The team should make every effort to use limited substance abuse services exclusively for people with CODs. The ACT Team Leader should carefully monitor the need and the use of individual COD counseling services to make sure the needs of clients with COD are addressed effectively within the team. Given the current size of the ACT Team, the agency should devote this ACT staff's time fully to SAS, as well as add another at least 0.84 FTE SAS position, and more if the number of clients served increases.</p>
H10	Vocational Specialist on Team	2	<p>The ACT Vocational Specialist is assigned 0.5 FTE on the ACT team that serves 92 ACT clients.</p> <p><i>Item formula:</i> <u>FTE value x 100</u> Number of clients served = FTE per 100 clients</p> $\frac{0.5 \times 100}{92} = 0.54 \text{ per 100 clients}$	<p>Given the current size of the ACT Team, the agency should explore ways to increase the current Vocational Specialist time to full time, as well as add another at least 0.84 FTE Vocational Specialist position, and more if the number of clients served increases.</p> <p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members; therefore, the agency should explore ways for the Vocational Specialist to attend all treatment team meetings in order to support cohesive integration and clients' employment goals within the ACT team.</p>

#	Item	Rating	Rating Rationale	Recommendations
			There appears to be a significant employment services need that is not being met by the ACT team's Vocational Specialist. Some reasons that might contribute to this are the Vocational Specialist's reluctance to work with ACT clients who have active Substance Use Disorders, as well as the Vocational Specialist not regularly attending treatment team meetings, and the Vocational Specialist not occupying an active central role as the champion for employment on the ACT team.	The ACT Team Leader and SE Team Leader should partner in strategizing ways for the Vocational Specialist to be fully integrated into the ACT team as an active champion for employment. The agency might also support additional training for the Vocational Specialist to assure she is providing SE based on the SE principles.
H11	Program Size	5	There are currently 10.9 FTE staff assigned to the ACT team.	
O1	Explicit Admission Criteria	5	<input checked="" type="checkbox"/> The ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals <input checked="" type="checkbox"/> The ACT team actively recruits a defined population and all cases comply with explicit admission criteria	
O2	Intake Rate	5	The highest monthly intake rate in the last 6 months for the ACT team is 4 clients per month.	
O3	Full Responsibility for Treatment Services	5	The ACT team provides the following services: <input checked="" type="checkbox"/> Medication services <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment services <input checked="" type="checkbox"/> Psychiatric services	

#	Item	Rating	Rating Rationale	Recommendations
O4	Responsibility for Crisis Services	4	<p>The ACT team crisis coverage is as follows: Monday through Friday, 8am – 5pm clients can call ACT directly via the ACT cell phone. From 5pm-8pm on weekdays and from 9am – 3pm during the weekend, ACT clients can call the ACT phone directly, and ACT staff will answer right away or call back within 45 minutes. After these hours, ACT clients are directed to contact Emergency Services and utilize the Mobile Crisis Unit.</p> <p><input type="checkbox"/> ACT is the first line of crisis intervention for ACT clients 24 hours / day</p>	The ACT Team Leader and agency should work together to develop a protocol for the ACT Team to cover crises 24/7 directly in order to maintain continuity of care. An immediate response can help minimize distress when clients are faced with crises.
O5	Responsibility for Hospital Admissions	3	According to the charts reviewed and ACT team member reports, the ACT team is involved in 40% of hospital admissions.	The ACT Team should closely monitor all clients regularly so the ACT Team might either divert a crisis or be involved in hospital admissions. When the ACT Team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained. Providing 24/7 direct crisis coverage for ACT clients might increase ACT staff involvement in hospitalizations.
O6	Responsibility for Hospital Discharge Planning	4	According to the charts reviewed and ACT team member reports, the ACT team is involved in approximately 90% of hospital discharges.	The ACT Team should work closely with hospital staff and the client throughout a client's psychiatric hospitalization in order to maintain continuity of care and play an active role in discharge.
O7	Time-unlimited Services	4	According to ACT staff reports and data reviewed, approximately 14% of ACT clients are expected to graduate annually.	It is important the ACT Team develop a structured and thoughtful step down process for ACT clients who will be graduating from ACT services to a lower level of care. The ACT Team Leader might also want to consider carefully tracking appropriateness of referrals into the ACT Team.

#	Item	Rating	Rating Rationale	Recommendations
S1	Community-based Services	5	According to the data reviewed, the ACT team provided face-to-face community-based services 80% of the time	
S2	No Drop-out Policy	5	96% of the ACT team caseload was retained over a 12-month period. <i>Item formula:</i> <u># discharged, dropped, moved w/out referral</u> Total number of clients = Drop-out rate $\frac{4}{92} = .04$ 4% drop out	
S3	Assertive Engagement Mechanisms	5	<input checked="" type="checkbox"/> The ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement	
S4	Intensity of Services	4	According to the data reviewed, the ACT team averages 85 minutes of face-to-face contacts per week.	It may be useful for the ACT Team Leader to provide specific feedback to ACT Team staff on the amount of service hours per week provided to specific ACT clients. High service intensity is often required to help clients maintain and improve their functioning in the community.
S5	Frequency of Contact	3	According to the data reviewed, the ACT team averaged 2.25 face-to-face contacts per week over a month-long period.	It would be useful for the ACT Team Leader to provide specific feedback to ACT Team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support, and increased assistance with hospitalization needs, as well as is associated with improved client outcomes.

#	Item	Rating	Rating Rationale	Recommendations
S6	Work with Support System	2	<p>For 35 clients, the ACT team average 0.7 contacts per month with the client's informal support system in the community, according to the data reviewed.</p> <p><i>Item formula:</i> $\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}$ $\frac{1.8 \times 35}{92} = 0.68 / \text{month}$</p>	<p>Sometimes ACT Team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>
S7	Individualized Substance Abuse Treatment	3	<p>According to the data reviewed, ACT clients with Co-Occurring Disorders average 1.25 minutes per week or more in formal substance abuse counseling.</p> <p><i>Item formula:</i> $\frac{\text{Sum of COD session mins} / (\text{\# of SAS clients reviewed w/ COD} \times 4 \text{ weeks}) = \text{average mins} / \text{week}}$ $\frac{1 \times 30/6}{4} = 1.25 \text{ minutes} / \text{week}$</p>	<p>While there was a person identified in the SAS role, multiple services from this person were provided to clients not identified as having Co-Occurring Disorders. The designated SAS should be primarily providing individual and group substance abuse services, as well as education and consultation to the team regarding the COD treatment model.</p> <p>Given the limited SAS time allocation and the focus on providing other non-SAS services, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing individual and group Substance Abuse Treatment, as well as providing education and consultation to the team regarding the Co-Occurring Disorders treatment model. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs.</p>

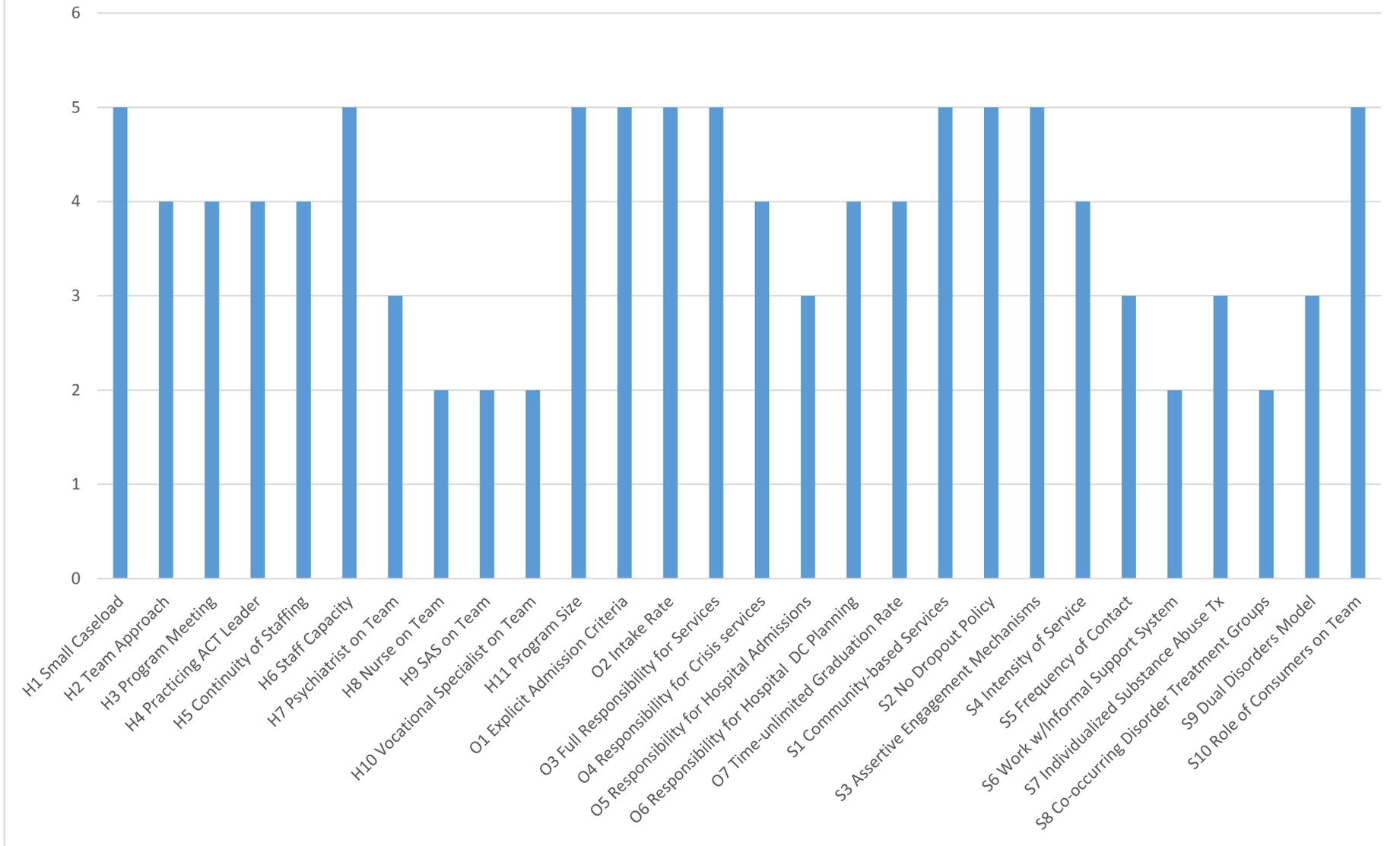
#	Item	Rating	Rating Rationale	Recommendations
S8	Co-occurring Disorder Treatment Groups	2	According to the records reviewed, there were no clients with CODs that attended a COD group. The team did identify 2 clients on the ACT team with CODs that attend group regularly, or 5% of ACT clients with /CODs.	<p>Research continues to demonstrate that structured Co-Occurring Disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use.</p> <p>Given the limited SAS time allocation on the ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing COD treatment groups. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs, including providing COD groups.</p>
S9	Co-occurring Disorders (Dual Disorders) Model	3	ACT Team appears to use a mixed and varied approach to working with clients who have a co-occurring disorder. Though the Team Leader and SAS seemed to have a great deal of knowledge regarding the Dual Disorder Model, ACT staff as a whole only seem to have partial knowledge about Dual Disorder Model philosophies and stage-wise interventions. There appeared to be some consistent strategies from some staff on the team for working with clients with co-occurring disorders in different stages of change. Some clients who are identified with a COD are referred to services outside of the ACT team for COD services, such as Choices” and the Farnum Center.	<p>The ACT Team Leader and the SAS should take a Leadership role in assuring the ACT Team has a good understanding of the Co-Occurring Disorders model philosophies and stage-wise approaches, including reviewing clients CODs and what interventions are provided during ACT daily meetings.</p> <p>Increasing the ACT SAS time and their focus on how the ACT team provides services to clients with CODs would help to assure that the ACT Team provides effective COD services consistent with the Dual Disorder Model philosophies and stage-wise approaches.</p>

#	Item	Rating	Rating Rationale	Recommendations
S10	Role of Peer Specialist on Team	5	<input checked="" type="checkbox"/> The ACT team has a consumer that has full professional status <input checked="" type="checkbox"/> The consumer is employed full time on the ACT team	The ACT team is commended for expanding the Peer Support Specialist to full time. The Peer Support Specialist provides a full range of peer support services to a wide variety of clients. It is clear the Peer Support Specialist is an integral part of the Riverbend ACT team..

Riverbend ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	4
H6 Staff Capacity	5
H7 Psychiatrist on Team	3
H8 Nurse on Team	2
H9 SAS on Team	2
H10 Vocational Specialist on Team	2
H11 Program Size	5
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	4
O5 Responsibility for Hospital Admissions	3
O6 Responsibility for Hospital DC Planning	4
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	4
S5 Frequency of Contact	3
S6 Work w/Informal Support System	2
S7 Individualized Substance Abuse Tx	3
S8 Co-occurring Disorder Treatment Groups	2
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	5
Total	107

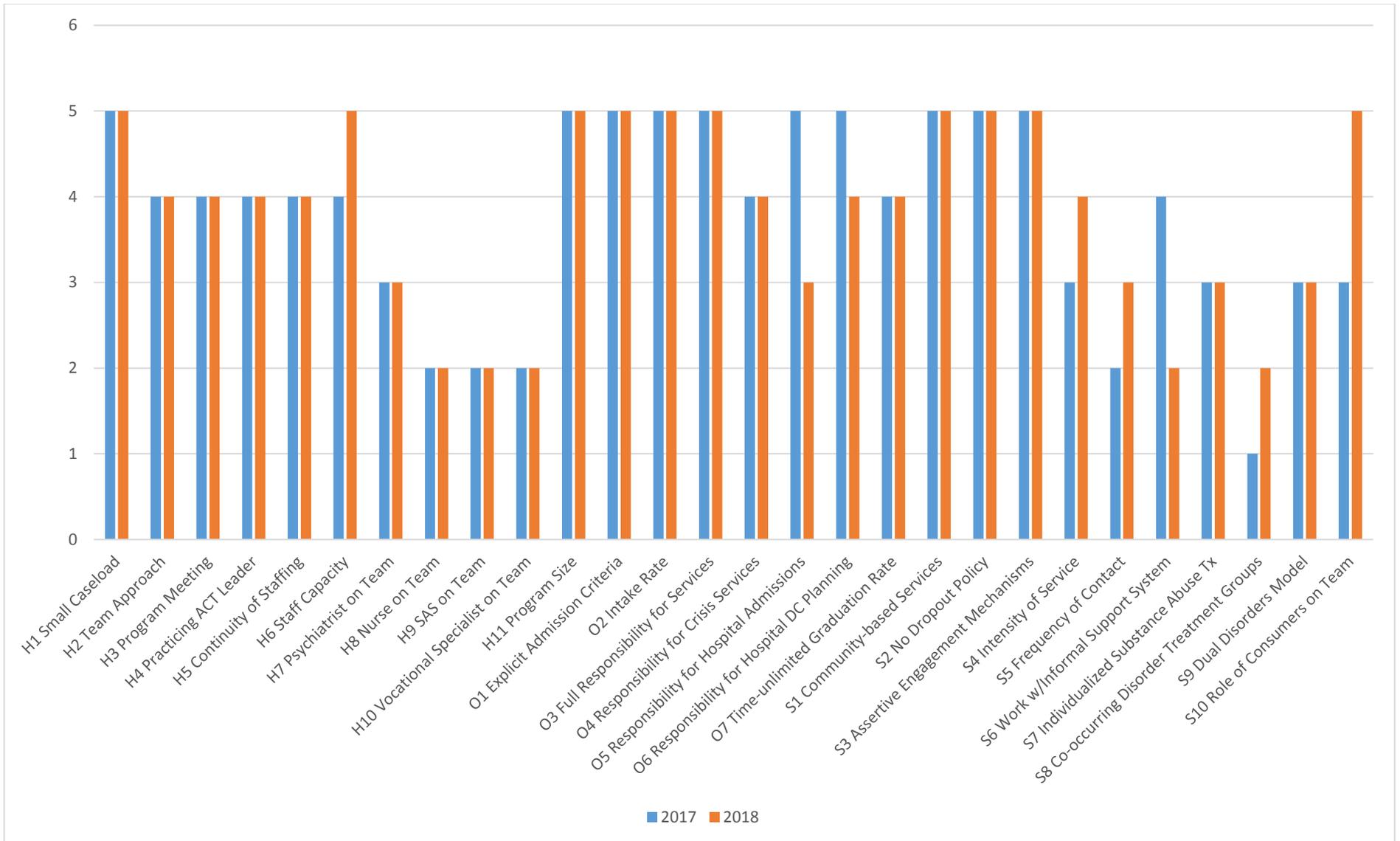
113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

2018 Riverbend ACT Fidelity Items



Riverbend ACT Year Comparisons	2017	2018
H1 Small Caseload	5	5
H2 Team Approach	4	4
H3 Program Meeting	4	4
H4 Practicing ACT Leader	4	4
H5 Continuity of Staffing	4	4
H6 Staff Capacity	4	5
H7 Psychiatrist on Team	3	3
H8 Nurse on Team	2	2
H9 SAS on Team	2	2
H10 Vocational Specialist on Team	2	2
H11 Program Size	5	5
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis Services	4	4
O5 Responsibility for Hospital Admissions	5	3
O6 Responsibility for Hospital DC Planning	5	4
O7 Time-unlimited Graduation Rate	4	4
S1 Community-based Services	5	5
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	3	4
S5 Frequency of Contact	2	3
S6 Work w/Informal Support System	4	2
S7 Individualized Substance Abuse Tx	3	3
S8 Co-occurring Disorder Treatment Groups	1	2
S9 Dual Disorders Model	3	3
S10 Role of Consumers on Team	3	5
Total	106	107

Riverbend ACT 2017 & 2018 Item Comparison



**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement:

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Workforce Development

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Explore viability of additional hiring, via ongoing conversations with BMHS about additional funding and internal budgetary discussions. This score reflects a lower staffing pattern than is desired for ACT teams serving 100 clients. The review suggests hiring an additional .5 FTE psychiatrist, costing the center an additional approximately \$148,486. Increased funding from the state would make additional hiring viable.	At least quarterly discussions with CEO and CFO about financial viability of additional hiring.	10/1/2018	7/1/2019	Sheila Mullen- CSP Director
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**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement: **Nurse on Team**

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Workforce Development

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Explore viability of additional hiring, via ongoing conversations with BMHS about additional funding and internal budgetary discussions. This score reflects a lower staffing pattern than is desired for ACT teams serving 100 clients. The review suggests that we hire an additional 1.5 FTE nurse, costing the center an additional approximately \$124,962. Increased funding from the state that would make additional hiring viable.	At least quarterly discussions with CEO and CFO about financial viability of additional hiring.	10/1/2018	7/1/2019	Sheila Mullen- CSP Director
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**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement: **SAS on Team**

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Workforce Development

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Plan to hire additional ACT staff in order to continue restructuring efforts which would allow ACT SAS to focus primarily on ACT clients diagnosed with SUD.	Confirm approval for new position.	8/1/2018	8/1/2018	Samantha Robertson- ACT Team Leader
2	Post position on Riverbend website, as well as larger websites for job-seekers (ex. Indeed.com)	Confirm posting with HR.	9/1/2018	9/1/2018	Samantha Robertson- ACT Team Leader
3	Review applications in order to identify qualified candidates.	Log in and monitor submissions in our online employment database, PositionManager.	9/1/2018	12/31/2018	Samantha Robertson- ACT Team Leader
4	Interview qualified candidates, obtain necessary references and background checks. Offer job to most qualified candidate.	All recruitment related activities will be logged in PositionManager.	9/1/2018	12/31/2018	Samantha Robertson- ACT Team Leader
5	Provide comprehensive training in ACT related services (all Riverbend orientation trainings, Motivational Interviewing, Stages of Change, IDDT, ACT Basic, IMR, etc).	Supervisor will track required training via online training database, NetLearning	9/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
6					
7					
8					

**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement: Vocational Specialist on Team

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Workforce Development

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Explore viability of additional hiring, via ongoing conversations with BMHS about additional funding and internal budgetary discussions. This score reflects a lower staffing pattern than is desired for ACT teams serving 100 clients. The review suggests that we hire an additional 1.5 FTE Vocational specialists, costing the center approximately \$92,879. Increased funding from the state that would make additional hiring viable.	At least quarterly discussions with CEO and CFO about financial viability of additional hiring.	10/1/2018	7/1/2019	Sheila Mullen- CSP Director
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8					

**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement: Responsibility for Hospital Admissions

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Practice Change

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Extend one weekly team meeting for enhanced clinical discussion in order to target additional client needs or risks. ACT staff will then increase outreach to those clients in an effort to maintain tenure in the community when possible.	Team leader will inform staff of date that this will be going into effect and ensure team's schedules reflect the change	9/1/2018	10/1/2018	Samantha Robertson- ACT Team Leader
2	Utilize supervision to closely monitor client risks, identify ways to divert crises, and be more involved with hospital admissions in order to maintain continuity of care.	Supervisor will document discussion of this in weekly supervision notes.	9/15/2018	7/1/2019	Samantha Robertson- ACT Team Leader
3	Write "notes to file" indicating hospital admission date, social worker contact, discharge planning, etc as soon as we become aware of these details.	Supervisor will review hospital admission documentation weekly in supervision.	10/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
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CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center

SECTION I Date of Final ACT Fidelity Report: Current Date:

Fidelity Indicator in Need of Improvement: **Frequency of Contact**
Fidelity Baseline Score:

SECTION II
Improvement Target Score:
Target Completion Date:

Improvement Strategies (select all that apply): Practice Change Process Change
If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Extend one weekly team meeting for enhanced clinical discussion in order to target additional client needs or risks. ACT staff will then increase outreach to those clients.	Team leader will inform staff of date that this will be going into effect and ensure team's schedules reflect the change	9/1/2018	10/1/2018	Samantha Robertson- ACT Team Leader
2	Review service utilization report in order to monitor frequency/duration of services to insure that those needing additional support receive it.	Supervisor will run report on a monthly basis to review and calculate services.	10/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
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CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center

SECTION I Date of Final ACT Fidelity Report: Current Date:

Fidelity Indicator in Need of Improvement: **Work with Informal Support System**

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Practice Change

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Provide training to ACT staff to better identify a more broadly defined array of contacts that may make up an individual's support network in the community. The training will include reviewing multiple ways to ask about and identify who is in a person's support network and to inquire repeatedly about contacting these supports, rather than just inquiring once.	Supervisor will develop/identify appropriate trainings and maintain list of ACT staff who have attended	10/1/2018	7/1/2019	Samantha Robertson-ACT Team Leader
2	Write "notes to file" (service code 57) indicating that contact has occurred with informal support network.	Supervisor will review in supervision on a monthly basis.	11/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
3		Supervisor will run selected service report on a monthly basis.	11/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
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**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement: Individualized Substance Abuse Tx

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Practice Change

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	SAS will provide weekly consultation about co-occurring disorders to ACT staff in order to ensure that we are targeting SUD treatment and engagement efforts appropriately.	SAS will bring list of clients with SUD to team and Team leader will monitor discussion.	11/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
2	Actively recruit, hire and train additional ACT staff in order to continue restructuring efforts which would allow ACT SAS to focus primarily on ACT clients diagnosed with SUD.	This will be evidenced by having hired and filled open ACT positions.	9/1/2018	12/31/2018	Samantha Robertson- ACT Team Leader
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**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement: **Co-occurring DO TX Groups**

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): **Workforce Development** **Process Change**

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Utilize consultation from Riverbend's SUD program coordinator to employ enhanced recruitment methods for SUD groups.	ACT Team Leader will ensure that SAS is having at least monthly consultation with SUD program coordinator	10/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
2	Actively recruit, hire and train additional ACT staff in order to continue restructuring efforts which would allow ACT SAS to focus primarily on ACT clients diagnosed with SUD.	This will be evidenced by having hired and filled open ACT positions.	9/1/2018	12/31/2018	Samantha Robertson- ACT Team Leader
3	ACT Staff members (SAS and clinicians) will attend E-IMR training in order to incorporate into ACT SUD groups.	Team Leader will monitor attendance	10/1/2018	12/1/2018	Samantha Robertson- ACT Team Leader
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**CMHC ACT Quality Improvement Plan
Riverbend Community Mental Health Center**

Date of Final ACT Fidelity Report:

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement:

Fidelity Baseline Score:

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply): Process Change Workforce Development

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT Team Leader and SAS will lead discussion in weekly meeting to review interventions used to engage clients with SUD and to ensure that ACT Team understands the COD model, philosophies, and stage wise approaches.	Team leader will take responsibility for client review during weekly meetings	10/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
2	Actively recruit, hire and train additional ACT staff in order to continue restructuring efforts which would allow ACT SAS to focus primarily on ACT clients diagnosed with SUD.	This will be evidenced by having hired and filled open ACT positions.	9/1/2018	12/31/2018	Samantha Robertson- ACT Team Leader
3	ACT Team staff will attend additional COD trainings.	Team leader will identify opportunities for training and maintain list of staff who have attended.	10/1/2018	7/1/2019	Samantha Robertson- ACT Team Leader
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Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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

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October 1, 2018

Peter Evers, CEO
Riverbend Community Mental Health Center
PO Box 2032
Concord, NH 03302

Dear Mr. Evers,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Riverbend Community Mental Health's ACT Fidelity Quality Improvement Plan submitted on September 21, 2018 that was in response to the ACT Fidelity Review conducted July 31, 2018 through August 1, 2018. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

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

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

Sincerely,

A handwritten signature in cursive script that reads "Lauren Quann".

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

LAQ/laq

Enclosures:
CC: Karl Boisvert, Diana Lacey, Julianne Carbin