

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*Office of Quality Assurance and Improvement*



***QUALITY SERVICE REVIEW***  
**Report for**  
***Seacoast Mental Health Center***

Issued May 10, 2017

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## *Acknowledgements*

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OQAI also thanks the CMHC QSR review team which included five staff from OQAI and five staff from the Division of Behavioral Health.

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## *Acronyms*

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ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
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
SMHC	Seacoast Mental Health Center
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

## *Executive Summary*

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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 performance measures that represent best practices regarding the CMHA priority areas.

DHHS conducted the Seacoast Mental Health Center (SMHC) QSR in Portsmouth and Exeter, NH during the week of February 13, 2017. The SMHC QSR client sample included 21 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 February 1, 2016 through February 12, 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."

SMHC scored "Met" for eight of the 11 indicators. The following indicators were identified as areas in need of improvement: Indicator 4: Individuals are provided with ACT services when/if needed; Indicator 6.1: Individuals have stable housing; and Indicator 7.1: Individuals have effective crisis plans and know how to access crisis services.

**Table 1: SMHC 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	21	19	2	0	90%	No	2
2. Individuals are currently receiving the services/supports they need	21	17	4	0	81%	No	3
3. Treatment planning is person-centered	21	16	3	2	76%	No	6
4. Individuals are provided with ACT services when/if needed	*2	1	0	1	50%	Yes	2
5. Individuals are provided with services that assist them in finding and maintaining employment	21	17	3	1	81%	No	3
6.1 Individuals have stable housing	21	8	12	1	38%	Yes	4
6.2 Individuals have choice in their housing	21	15	6	0	71%	No	1
7.1 Individuals have effective crisis plans and know how to access crisis services	21	12	7	2	57%	Yes	2
7.2 Individuals receive effective crisis services	*2	2	0	0	100%	No	3
8. Individuals have effective natural supports	21	18	3	0	86%	No	3
9. Individuals experienced successful transitions to the community from any inpatient admission within the past 12 months	*8	7	1	0	87%	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).

The Quality Service Review (QSR) is one component of the quality assurance and review system the state is required 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, 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 the Seacoast Mental Health Center (SMHC).

## *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 indicators and performance measures that represent CMHA outcome areas such as individuals' needs being identified, services and supports meeting individuals' needs and goals, individual choice, and community integration. 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 site review using standardized instruments and from queries of DHHS databases. The instruments include the staff interview instrument (SII), the client interview instrument (CII), and the clinical record review (CRR). The data collected is used to score the QSR indicators and performance measures.

### **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. That sample is grouped into one of four 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. For each client, a staff member is selected 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 both quantitative and qualitative data to evaluate the quality of services and supports provided to clients. Data sources include in-depth interviews from both clients and staff collected specifically for the purposes of this evaluation, reviews of clients' clinical records

and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. Appendix 1 includes a list of the CMHC QSR instruments.

### **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 seek assistance from the CMHC staff, if needed, and to ensure consistent practice and inter-rater reliability among the QSR reviewers. 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 the CMHC administration and staff to solicit and provide feedback about the QSR process. During the post-onsite period, the site-reviewers meet to discuss initial findings and impressions, 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 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,” and 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 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 (past 12 months), 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. Seacoast Mental Health Center QSR Findings*

### **Overview**

The QSR was conducted at the SMHC offices in Exeter and Portsmouth, NH. Additional information about SMHC is found in Appendix 4: Agency Overview. Three hundred and thirty-nine (339) SMHC clients met the QSR sample criteria. A random sample of 21 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**

CATEGORY	FULL SAMPLE		CLIENTS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	18	5	5	24
ACT/NO IPA	41	12	9	43
NO ACT/IPA	41	12	3	14
NO ACT/NO IPA	239	71	4	19
<b>Total</b>	<b>339</b>	<b>100</b>	<b>21</b>	<b>100</b>

The SMHC QSR assessment included a review of 21 clinical records, 21 client interviews, and 23 staff interviews. Of the 23 clients in the sample, two client interviews could not be completed. Table 3 shows the distribution of interview and review activities.

**Table 3: Review Activities**

	Number in Person	Number by Phone	Total
Clients Interviewed	18	3	21
Staff Interviewed	21	0	21
Clinical Records Reviewed	21	0	21

During the week of February 13, 2017, five teams consisting of staff from OQAI and BMHS completed the onsite data collection process. Assessment data was collected for the review period of February 1, 2016 through February 12, 2017. Following the onsite review, the assessment data was scored. Analysis of the scores was then completed.

**SMHC Scores**

**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-one clients were scored for Indicator 1. Nineteen clients received a score of “Met,” two clients received a score of “Partially Met,” and none received a score of “Not Met.” SMHC received a score of “Met” for Indicator 1 because 90% of the 21 clients received a score of “Met,” indicating that 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
<b>Measure 1a:</b> Individuals have been provided with an overall review of CMHC services that best address their needs and goals.	19	2
<b>Measure 1b:</b> Individuals were provided with information about the full range of services and supports in the community that best address their needs and goals.	21	0

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

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-one clients were scored for Indicator 2. Seventeen clients received a score of “Met,” four received a score of “Partially Met,” and none received a score of “Not Met.” SMHC received a score of “Met” for Indicator 2 because 81% of the 21 clients received a score of “Met,” indicating that they had documentation verifying that 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
<b>Measure 2a:</b> Individuals are assessed for service/support needs within the past 12 months.	21	0
<b>Measure 2b:</b> The services that individuals are receiving are consistent with their assessed needs as recorded on their current ISP/Treatment Plan.	20	1
<b>Measure 2c:</b> Individuals feel they are receiving all of the services/supports they need.	18	3

### **Indicator 3: Treatment planning is person-centered**

Person-centered care means consumers have choices regarding 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.<sup>1</sup>

Indicator 3 evaluates whether treatment planning at SMHC is person-centered, strengths-based, individualized, and engages the client. Twenty-one clients were scored for Indicator 3. Sixteen clients received a score of “Met,” three received a score of “Partially Met,” and two received a score of “Not Met.” SMHC received a score of “Met” because 76% of the 21 clients received a score of “Met,” indicating that they 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:

	<b>Clients Met</b>	<b>Clients Not Met</b>
<b>Measure 3a:</b> Individuals were given a choice in how their treatment planning was conducted.	12	9
<b>Measure 3b:</b> Individuals attended their most recent ISP/Treatment plan meeting.	16	5
<b>Measure 3c:</b> Individuals signed their most recent ISP/treatment plan.	13	8
<b>Measure 3d:</b> Individuals’ strengths are evident in their most recent ISP/Treatment plan.	9	12
<b>Measure 3e:</b> Individuals were involved in identifying their goals in their most recent ISP/Treatment plan.	17	4
<b>Measure 3f:</b> Individuals understand their most recent ISP/Treatment plan.	17	4

### **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 services that are more flexible and adaptive than traditional outpatient office-based services.

For Indicator 4, the clinical records for all 21 clients in the sample were reviewed to determine whether clients 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. Assessment data indicated 14 clients have been on an ACT team for longer than 12 months, therefore their referral was made prior to the period under review; five clients did not to meet ACT criteria and were also not applicable, for a total of 19 clients not applicable.

For Indicator 4, one client received a score of “Met” and one client received a score of “Not Met.” SMHC received a score of “Not Met” for Indicator 4 because 50% of the two clients received a score of “Met,” indicating that he/she was referred to ACT and received ACT services when appropriate.

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

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

**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, and 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, 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-one clients were scored for Indicator 5. Seventeen clients received a score of “Met,” three received a score of “Partially Met,” and one received a score of “Not Met.” SMHC received a score of “Met” for Indicator 5 because 81% of the 21 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.

Of the 21 clients scored in Measure 5a, nine clients were not interested in receiving employment support services and therefore were considered “not applicable” for Measure 5b and not scored. Of the 12 clients interested in receiving employment services one client did not answer all of the questions, therefore only 11 clients were scored for Measure 5b. Of those 11 clients, six were determined to be “not applicable” for scoring for Measure 5c because they stated they had not received an employment related service or support, and therefore could not respond to questions related to that experience.

Indicator 5 consists of Measure 5a, Measure 5b, and Measure 5c. Clients were scored for Measure 5a as follows:

	Clients Met	Clients Not Met
<b>Measure 5a:</b> Individuals are assessed for employment needs	21	0
<b>Measure 5b:</b> Individuals received help in finding and maintaining employment	8	3
<b>Measure 5c:</b> Employment related services have been beneficial to individuals' employment goals	4	1

## 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.”<sup>2</sup> Access to housing that is stable, 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-one clients were scored for Indicator 6.1. Eight clients received a score of “Met,” 12 clients received a score of “Partially Met,” and one client received a score of “Not Met.” SMHC received a score of “Not Met” for Indicator 6.1 because 38% of the 21 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 6.1d, two clients did not need housings services and one client did not answer all housing questions. Those three clients were considered “not applicable” and therefore were not scored. Clients were scored as follows:

	<b>Clients Met</b>	<b>Clients Not Met</b>
<b>Measure 6.1a:</b> Individuals have safe housing	19	2
<b>Measure 6.1b:</b> Individuals have not been at risk of losing housing	11	10
<b>Measure 6.1c:</b> Individuals have lived in two or fewer residence in the past 12 months	17	4
<b>Measure 6.1d:</b> Individuals received needed services related to housing	14	4

### **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-one clients were scored for Indicator 6.2. Fifteen received a score of “Met” and six received a score of “Partially Met.” SMHC received a score of “Met” for Indicator 6.2 because 71% of the 21 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:

	<b>Clients Met</b>	<b>Clients Not Met</b>
<b>Measure 6.2a:</b> Individuals’ housing reflects their housing preferences and needs	15	6

## Crisis Services

Crises have a profound impact on persons living with severe mental illness<sup>3</sup>. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments and 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-one clients were scored for Indicator 7.1. Twelve clients received a score of “Met,” seven received a score of “Partially Met,” and two received a score of “Not Met.” SMHC received a score of “Not Met” for Indicator 7.1 because 57% of the 21 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
<b>Measure 7.1a:</b> Individuals have effective crisis plans	17	4
<b>Measure 7.1b:</b> Individuals know how to access crisis services	14	7

### **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 (risk assessment, discussion of options, follow-up, communication with emergency services staff).

Two clients were scored for Indicator 7.2. Seventeen clients had not received a SMHC crisis service in the past 12 months and two clients could not remember the crisis episode, for a total of 19 “not applicable” scores. Two clients received a score of “Met.” SMHC received a score of “Met” for Indicator 7.2 because 100% of the two 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
<b>Measure 7.2a:</b> Individuals receive timely crisis services	2	0
<b>Measure 7.2b:</b> Crisis services are helpful to individuals	2	0
<b>Measure 7.2c:</b> Individuals receive crisis services that are comprehensive	2	0

**Indicator 8: Individuals have effective natural supports**

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies social networks and community relationships as a key contribution 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.<sup>4</sup> 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 are used to assist clients with treatment and recovery. Twenty-one clients were scored for Indicator 8. Eighteen clients received a score of “Met,” three received a score of “Partially Met,” and none received a score of “Not Met.” SMHC received a score of “Met” for Indicator 8 because 86% of 21 clients received a score of “Met,” indicating they discussed natural supports with CMHC staff, identified natural supports, and utilized natural supports.

Indicator 8 consists of Measure 8a, Measure 8b, and Measure 8c. Clients were scored as follows:

	Clients Met	Clients Not Met
<b>Measure 8a:</b> The benefit of natural supports are discussed	21	0
<b>Measure 8b:</b> Natural supports are identified	17	4
<b>Measure 8c:</b> Natural supports are utilized	17	4

**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 21 clients interviewed, eight had an inpatient psychiatric admission during the past 12 months. Of the eight clients scored, seven received a score of “Met,” one received a score of “Partially Met,” and none received a score of “Not Met.” SMHC received a score of “Met” for Indicator 9 because 87% of eight 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 9e, one client could not answer all questions that were needed to score the measure. For Measure 9f, one client had employment prior to hospitalization, therefore the measure was “not applicable” for the other 7 clients. Clients were scored as follows:

	Clients Met	Clients Not Met
<b>Measure 9a:</b> Individuals attended a face-to-face appointment with the CMHC within seven days of discharge	8	0
<b>Measure 9b:</b> Individuals were involved in their transition planning from the inpatient psychiatric episode back into the community	7	1
<b>Measure 9c:</b> There was in-reach while individuals were in an inpatient psychiatric facility	8	0
<b>Measure 9d:</b> Individuals transitioned to appropriate housing	8	0
<b>Measure 9e:</b> Individuals maintained connections with natural supports	6	1
<b>Measure 9f:</b> Individuals maintained employment upon discharge	1	0
<b>Measure 9g:</b> Individuals’ health benefits and financial benefits were maintained and/or reinstated for their transition home	8	0
<b>Measure 9h:</b> The CMHC receives an inpatient discharge summary when individuals return to the community	8	0

#### *IV. Additional Results*

During the client and staff interviews, explanations and additional information were provided regarding interviewee responses to the questions. The following reflections are offered based on those comments, as well as additional analysis of the data collected:

*Indicator 1:* Clients reported SMHC reviewed services and supports such as mindfulness group, anxiety group, men’s group, crafts group, peer support agencies, YMCA membership, the Lighthouse, food pantry, transportation to appointments, vocational services, parenting, resources for eating disorders, Pathways, Connect, and Alcoholics Anonymous (CII Q3).

*Indicator 2:* Eleven of the 14 clients in the ACT sample indicated ACT services helped them address their individual problems and supported their recovery efforts (CII Q16).

When asked if they have been able to get all of their needed services and supports, 19 clients reported “Yes,” one reported “No,” and one client reported “Somewhat” (CII Q5).

*Indicator 3:* Of the 21 clients reviewed, nine clients reported they were asked if they wanted to invite anyone to their treatment plan meeting (CII Q7) and six reported they were asked where they wanted to have their treatment plan meeting (CII Q9).

*Indicator 5:* Three of the 21 clients were working in part-time, competitive jobs (CII Q30- Q32, SII Q33-Q35 CRR Q25-Q26).

*Indicator 6.1:* Nineteen clients lived in independent private residences, one lived in an assisted living facility, and one client was homeless (CII Q34).

Clients who reported they were at risk for losing housing due to reasons other than financial cited reasons such as drug use and being noisy which bothered the neighbors (CII Q42).

*Indicator 6.2:* Of the six clients who indicated they did not get to choose where they currently live (CII Q48), all reported their housing includes most of the housing preferences important to them (CII Q51). Reasons for not having choice in housing included limited options (often only one) in the community and guardians choosing for them (CII QQ49).

*Indicator 7.1:* The review of clinical records found all 21 clients had a current CMHC documented crisis plan (CRR Q35), however 12 of the clients said they did not have or were not sure if they had a crisis plan (CII Q54).

*Indicator 8:* Eight of the 21 clients interviewed stated they knew of and had received services from Connections, the local peer support agency.

Interviewed clients indicated they attended a variety of community groups and classes such as Pathways, Cross Roads, yoga, art, coffee groups, and church groups.

*Indicator 9:* Seven of the eight clients reported staff listened to their wishes during the discharge planning process from inpatient psychiatric care (CII Q97).

ACT was recommended at discharge for four of the eight clients (CRR Q56).

All eight clients attended a face-to-face appointment with a CMHC staff person within seven days of discharge (CRR Q52).

## *V. Conclusions*

SMHC scored “Met” for eight of the 11 indicators. Indicators 4, 6.1 and 7.1 did not meet the threshold of 70% of clients achieving the outcome. Based on the QSR assessment data, the following focus areas are identified for incremental improvements over the next 12 months:

1. *Increase the number of individuals provided with ACT services when/if needed* (Indicator 4). Of the two clients that were applicable to Indicator 4, both met the eligibility criteria for ACT services, however, only one client had documentation verifying the reason that ACT services were not provided.
2. *Increase the number of individuals with stable housing* (Indicator 6.1). Assessment data indicated 10 clients were at risk of losing housing due to financial and/or reasons other than financial (Measure 6.1b).
3. *Increase the number of individuals who have effective crisis plans and know how to access crisis services* (Indicator 7.1). Assessment data indicated 12 out of the 21 clients reviewed had effective crisis plans and knew how to access crisis services.

## *VI. Next Steps*

Within 30 calendar days of receipt of this final report, SMHC is to submit a written quality improvement plan to the Bureau of Mental Health Services. At a minimum, the plan will

contain action steps describing how the SMHC plans to improve the identified focus areas, the responsible person(s), and an implementation timeline.

## *VII. Addendum*

SMHC had an opportunity to review the QSR initial report prior to this final report being issued. In response to Indicator 4, “Individuals are provided with ACT services when/if needed”, SMHC recommended the Indicator should “include those individuals who had been accurately screened for and either referred to the ACT team or accurately screened out of ACT services because they did not meet the ACT criteria, without regard to timing of the ACT screening”.

## References

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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](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf)

### **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), ACT, SE, CMHC crisis services contacts, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know that 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 information that helps the QSR reviewers become familiar with the CMHC and contributes to the final CMHC QSR report. The profile includes descriptive information about the services the CMHC offers to eligible adults including 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 sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports, and transitions from 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		Met	Not Met	NA	Met	Partially Met	Not Met	NA
		<i>Outcome 1. Individuals have information about the full range of services and supports to meet their needs/goals.</i>							
<b>1</b>		<b>Individuals have information about the full range of services and supports to meet their needs/goals.</b>							
	1a	Individuals have been provided with an overall review of CMHC services that best address his or her needs and goals. CII Q1							
	1b	Individuals were provided with information about the full range of services and supports in the community that best address their needs and goals. CII Q3, SII Q2							

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

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

Indicator	Measure		Met	Not Met	NA	Met	Partially Met	Not Met	NA
		<i>Outcome 4. Individuals are provided with ACT services when/if needed.</i>							
<b>4</b>		<b>Individuals are provided with ACT services when/if needed</b>							
	4a	ACT referral was 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		Met	Not Met	NA	Met	Partially Met	Not Met	NA
		<i>Outcome 5. Individuals are provided with services that assist them in finding and maintaining employment.</i>							
<b>5</b>		<b>Individuals are provided with services that assist in finding and maintaining employment.</b>							
	5a	Individuals are assessed for employment needs CRR Q20, CRR Q21, SII Q21							
	5b	Individuals received help in finding and maintaining 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		Met	Not Met	NA	Met	Partially Met	Not Met	NA
		<i>Outcome 6. Individuals have quality housing.</i>							
<b>6.1</b>		<b>Individuals have stable housing</b>							
	6.1a	Individuals have safe housing CII Q34, CII Q35, CII Q37, SII Q38							
	6.1b	Individuals have not been at risk of losing housing 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							
<b>6.2</b>									
	6.2a	Individuals' housing reflects their housing preferences and needs CII Q48, CII Q51							

Indicator	Measure	Met	Not Met	NA	Met	Partially Met	Not Met	NA
	<i>Outcome 7. Individuals receive comprehensive crisis planning and effective crisis intervention services.</i>							
<b>7.1</b>	<b>Individuals have effective plans and know how to access crisis services</b>							
	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							

<b>7.2</b>	<b>Individuals received effective crisis services</b>							
	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	Met	Not Met	NA	Met	Partially Met	Not Met	NA
	<i>Outcome 8: Individuals have effective natural supports.</i>							
<b>8</b>	<b>Individuals have effective natural supports</b>							
	8a The benefit of natural supports are discussed CII Q76, CII Q86, SII Q55, SII Q63							
	8b Natural supports are identified CII Q78, SII Q56, SII Q57, CRR Q42							
	8c Natural supports are 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
<b>9</b>		<b>Individuals experienced successful transition to the community from any inpatient psychiatric admission within the past 12 months.</b>							
	9a	Individuals attended a face-to-face appointment with the 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 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							
	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 an inpatient discharge summary when individuals return to the community CRR Q55							

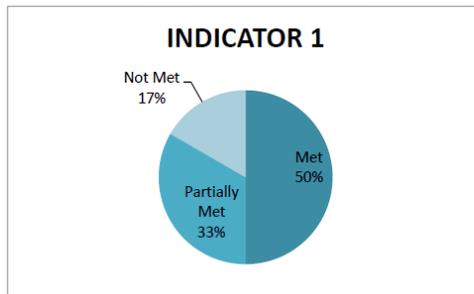
### Appendix 3: Indicator 1 Scoring Example

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				
Blossom			1			1			1			1				1			1
Cherry	1				1			1			1				1				1
Dahlia		1				1			1							1			1
Echinacea	1				1			1			1					1			1
Flowers		1				1			1		1				1				1
<b>N= 6</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>0</b>

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**

The Seacoast Mental Health Center (SMHC), established in 1963, is a private non-profit community mental health center. SMHC is approved by the NH Department of Health and Human Services (DHHS) from September 1, 2015 through August 31 2020 as a Community Mental Health Program per NH Administrative Rule He-M 403.

SMHC serves children, families, and adults in Region 8, which encompasses 24 cities and towns across Rockingham County. Based on DHHS data for state fiscal year 2016, SMHC's unduplicated count of adults by eligibility categories were 95 low utilizers, 583 SMI, and 564 SPMI. The US Census, 2010-2014, 5-year estimate for SMHC's catchment area was 115,811 adults.

SMHC provides comprehensive mental health services to children, adolescents, adults and their families. These include Integrated Treatment for Co-Occurring Disorders (ITCOD), Dialectical Behavioral Therapy (DBT), Illness Management and Recovery (IMR), Referral Education Assistance and Prevention (REAP), Assertive Community Treatment (ACT), Supported Employment (SE), InSHAPE, the Child Impact Program, and Mental Health First Aid.

The closest inpatient psychiatric facility serving the SMHC catchment area is Portsmouth Regional Hospital. It is a DHHS Designated Receiving facility (DRF) with 22 inpatient beds; eight of which are dedicated beds for involuntary mental health treatment.