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Office of Quality Assurance and Improvement



QUALITY SERVICE REVIEW

Report for

Seacoast Mental Health Center

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Quality Service Review Report
for Seacoast Mental Health Center

NH Department of Health and Human Services
Office of Quality Assurance and Improvement
Bureau of Quality Management

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Disclaimer

Enhancements were made to the QSR instruments and scoring protocol prior to conducting this QSR, hence, the results contained in this report are not comparable to those in the prior year's QSR reports and have some variations to the prior QSR report.

Acknowledgements

The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort the Seacoast Mental Health Center staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. OQAI also thanks the CMHC QSR review team, which included five staff from OQAI and five staff from the Division of Behavioral Health.

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Acronyms

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

Executive Summary

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to 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 individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 Quality Indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted the CMHC QSR at Seacoast Mental Health Center (SMHC) in Portsmouth and Exeter, NH, from December 11, 2017 through December 15, 2017. The SMHC QSR sample included 19 randomly selected individuals 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 individual for the period of December 1, 2016 through December 10, 2017. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

SMHC received a score of 70% or greater for 15 of the 18 quality indicators. The following three quality indicators were identified as areas in need of improvement:

Quality Indicator 9: Appropriateness of employment treatment planning

Quality Indicator 10: Adequacy of individual employment service delivery

Quality Indicator 13: Adequacy of crisis assessment

SMHC is required to submit a Quality Improvement Plan to DHHS for each of the three quality indicators identified as needing improvement.

Table 1: SMHC QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	19	84%	No	4
2. Appropriateness of treatment planning	19	89%	No	3
3. Adequacy of individual service delivery	19	91%	No	6
4. Adequacy of housing assessment	19	100%	No	1
5. Appropriateness of housing treatment planning	19	84%	No	1
6. Adequateness of individual housing service delivery	19	82%	No	3
7. Effectiveness of the housing supports provided	19	75%	No	5
8. Adequacy of employment assessment/screening	19	76%	No	2
9. Appropriateness of employment treatment planning	14*	50%	Yes	1
10. Adequacy of individualized employment service delivery	15*	53%	Yes	2
11. Adequacy of assessment of social and community integration needs	19	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	19	82%	No	13
13. Adequacy of crisis assessment	5*	65%	Yes	4
14. Appropriateness of crisis plans	19	79%	No	2
15. Comprehensive and effective crisis service delivery	2*	75%	No	5

16. Adequacy of ACT screening	19	100%	No	2
17. Implementation of High Fidelity ACT Services	12*	71%	No	4
18. Successful transition/discharge from inpatient psychiatric facility	5*	77%	No	7

* Individuals not applicable to the quality indicator were excluded from scoring.

I. Background

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 ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization. Substantive provisions included in the CMHA focus on specific requirements in the following areas: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR

process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

II. Purpose

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 evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; and 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality

Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

III. QSR Process Overview

The CMHC QSR process includes a number of tasks performed by DHHS 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 on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC. During the on-site period, daily meetings are held with QSR reviewers to ensure consistent practice and inter-rater reliability, and to seek assistance from the CMHC staff if needed. A final meeting is held with CMHC administration and staff to solicit feedback and to address concerns. During the post-on-site period, follow-up tasks required of the CMHC are completed and OQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using three standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), and the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to:

Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission Transition/Discharge, as defined by 18 Quality Indicators and 67 performance measures. Each Quality Indicator includes one or more performance measures. The method used to score the Quality Indicators and performance measures is described in the Scoring section.

Sample Size and Composition

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (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 (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Information gathered during the site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

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

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff is given the opportunity to locate documentation within

its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than “no evidence.”

Scoring

The CMHC QSR scoring framework includes 18 Quality Indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a “YES.” The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of the quality indicator. For example, in order for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual’s needs and preferences (performance measure 1a), identify an individual’s strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as “YES” (positive) or “NO” (negative) based on the data collected from the three QSR instruments. Quality Indicators are scored at the individual level and the CMHC level. A Quality Indicator is scored at the individual level based on the percent of performance measures associated with that Quality Indicator that were scored as “YES.” The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review and the answers provided by the individual and the staff member

during the interview process, and the answers provided by the Overall Client Review (see Appendix 3: CMHC QSR Abbreviated Master Instrument). In some cases, the individual's 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. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual, therefore the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of High Fidelity ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable Quality Indicators, e.g., OCR Q1 "Is the frequency and intensity of services consistent with the individual's demonstrated need?" is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: CMHC QSR Abbreviated Master Instrument), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each of the seven QSR domains to provide additional information in the assessment of the CMHC's compliance with the CMHA substantive provisions (see CMHA Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of "YES" measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3

Housing Services and Supports: Quality Indicators 4, 5, 6, and 7

Employment Services and Supports: Quality Indicators 8, 9, and 10

Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12

Crisis Services and Supports: Quality Indicators 13, 14, and 15

ACT Services: Quality Indicators 16, and 17

Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18

QSR Findings and Conclusions

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the Quality Indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data to explain instances such as differences between individuals receiving ACT and those not receiving ACT, particularly low scoring measures within a Quality Indicator, and outlier data. Conclusions include an assessment of the CMHC's achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

Quality Improvement Plan and Monitoring

An initial QSR report 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, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any Quality Indicator identified as an area in need of improvement, i.e., receives a score of 70% or lower. The CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the OQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and OQAI each quarter. BMHS and OQAI will provide feedback and any needed

technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 85% or greater.

V. Seacoast Mental Health Center QSR Findings

Seacoast Mental Health Center Overview

The SMHC QSR was conducted at the SMHC offices in Portsmouth and Exeter, NH. Additional information about SMHC is found in Appendix 5: Agency Overview. One hundred thirty-seven SMHC individuals met the QSR sample criteria. Twenty-two eligible individuals were drawn from this pool at random to be interviewed, however only 19 individual interviews were completed. Table 2 shows the distribution of individuals by the four sample categories.

Table 2: Number of Individuals by Category

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	28	20%	4	21%
ACT/NO IPA	30	22%	8	42%
NO ACT/IPA	16	12%	1	5%
NO ACT/NO IPA	63	46%	6	32%
Total	137	100%	19	100%

The SMHC QSR assessment included a review of 22 clinical records, 19 individual interviews and 20 staff interviews. Twenty-two clients were scheduled for interviews, however only 19 could be completed. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In person	Number By Phone	Total
Individuals Interviewed	17	2	19
Staff Interviewed	20	0	20
Clinical Records Reviewed	22	NA	22

From December 11, 2017 through December 15, 2017, five teams consisting of staff from OQAI and DBH completed the office-based and on-site data collection processes. Assessment data was

collected for the review period of December 1, 2016 through December 10, 2017. Following the on-site review, the assessment data was scored. Analysis of the scores was then completed.

Seacoast Mental Health Center Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. SMHC was evaluated for the adequacy of each individual’s assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC’s compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual’s strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual’s needs and goals.

Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual’s specific needs, strengths, and preferences, and is conducted face-to-face.

Nineteen individuals were scored for Quality Indicator 1. SMHC received a score of 84% for Quality Indicator 1. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d. Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual’s needs and preferences	19	0
Measure 1b: Assessments identify individual’s strengths	19	0
Measure 1c: Assessment information was gathered through face-to-face appointment(s) with the individual	8	11
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	1

Additional Results

- One individual was identified as needing and wanting help with employment needs, which had not been identified in assessments or within treatment planning (OCR Q3).

Quality Indicator 2: Appropriate Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Nineteen individuals were scored for Quality Indicator 2. SMHC received a score of 89%.

Quality Indicator 2 consists of Measure 2a and Measure 2b. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual's needs and goals	18	1
Measure 2b: Treatment planning is person-centered and strengths based	15	4
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	1

Additional Results

- Individuals responded they talk with SMHC staff regularly about their needs and goals, with responses ranging from "at least weekly" to "every 6 months" (CII Q2).
- Of the 19 clinical records reviewed, 10 individuals signed their most recent ISP/treatment plan (CRR Q12); seven ISP/treatment plans included the individuals' strengths (CRR Q13); and 18 ISP/treatment plans were written in plain language (CRR Q14).
- All 19 individuals responded staff actively work with them on their goals (CII Q5).
- Of the 19 individuals interviewed, 18 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).

- Of the 19 individuals interviewed, 18 individuals indicated they were able to effectuate change to their treatment plans (CII Q8).
- One individual was identified as needing and wanting help with employment needs, which had not been identified in assessments or within treatment planning (OCR Q3).

Quality Indicator 3: Adequacy of individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual’s strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Nineteen individuals were scored for Quality Indicator 3. SMHC received a score of 91%.

Quality Indicator 3 consists of Measure 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with the appropriate intensity, frequency, and duration	14	5
Measure 3b: Service delivery is flexible to meet individual’s changing needs and goals	18	1
Measure 3c: Services are delivered in accordance with the service provision(s) indicated on the treatment plan	18	1
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	18	1
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	1
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	18	1

Additional Results

- Of the 19 individuals interviewed, 17 individuals responded services started when he/she needed them (CII Q12).
- Of the 19 individuals interviewed, 16 individuals responded they were able to get all the services and supports they need to meet their current needs and achieve their goals; three individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; zero individuals responded “no” they were not able to get all the services and supports they need to meet their current needs and achieve their goals (CII Q14). Of the three individuals who responded “somewhat,” one individual responded that he/she needed more help with housing; one mentioned having difficulty discussing medication needs with the doctor over the last several months; and one responded needing more supports to meet his/ her goal of having money and the means to travel out of state (CII Q15).
- Staff acknowledged there were some services that one individual was not receiving at the frequency indicated on his/her treatment plan. In that case, the service was still on the treatment plan in the event the individual needed it again, with a likely plan of removing it from the treatment plan the next month (SII Q7).
- One individual was not receiving housing services as needed and expressed wanting more help with housing as he was currently homeless (OCR Q1).
- One individual was identified as needing and wanting help with employment needs, which had not been identified in assessments or within treatment planning (OCR Q3).
- For the one individual who was determined to not be receiving all of his/her needed services to ensure health, safety, and welfare, there was ongoing homelessness and with uncertainty of next steps the individual felt strongly he/she should be receiving more assistance to find suitable housing. Both individual and staff were also unaware of whether there was a current crisis plan (OCR Q5).

HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they

need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act’s anti-discriminatory provision as follows: “A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”²

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual’s ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual’s housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Nineteen individuals were scored for Quality Indicator 4. SMHC received a score of 100%.

Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	19	0

Additional Results

- Individuals were consistently being assisted for housing related needs in both the ANSA (CRR Q19) and case management assessments (CRR Q20).

Quality Indicator 5: Appropriateness of Housing Treatment Planning

Quality Indicator 5 corresponds to CMHA section VII.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to

meet the individual’s identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Nineteen individuals were scored for Quality Indicator 5. SMHC received a score of 84%.

Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual’s housing needs and goals	16	3

Additional Results

- The majority of housing goals were found to be written, at least in part, in the client’s own words (CRR Q25).
- Sixteen of 19 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 16 individuals, 13 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and 13 had housing goals in alignment with their assessed housing needs (CRR Q28).

Quality Indicator 6: Adequacy of Individual Housing Service Delivery

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual’s changing needs and achieve his/her housing goals.

Nineteen individuals were scored for Quality Indicator 6. SMHC received a score of 82%.

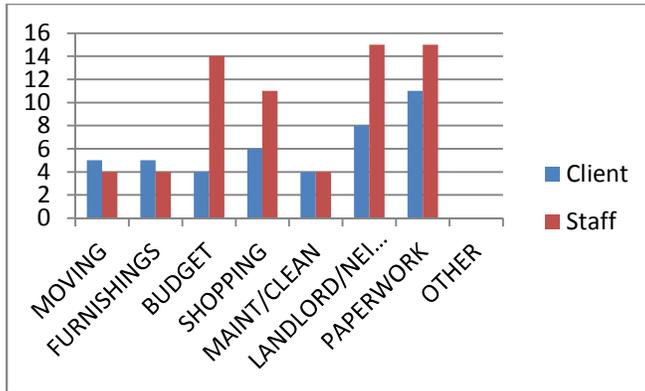
Quality Indicator 6 consists of Measure 6a. Individuals were scored as follows:

	YES	NO
Measure 6a: Housing support services are provided with appropriate intensity, frequency, and duration to meet individual’s changing needs and goals	16	3
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	13	6
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	18	1

Additional Results

- The most common housing services received by individuals were assistance with paperwork and assistance with landlords and/or neighbors (CII Q43).

Figure 1: Housing Services Received



- Comments from individuals regarding what else is needed to reach their housing goals included needing more assistance finding appropriate housing and helpful housing resources (CII Q47).
- One individual was determined to need more services to help him/her find appropriate and safe housing, as the individual had reportedly been homeless for some time (OCR Q9).

Quality Indicator 7: Effectiveness of Housing Service Delivery

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Nineteen individuals were scored for Quality Indicator 7. SMHC received a score of 75%.

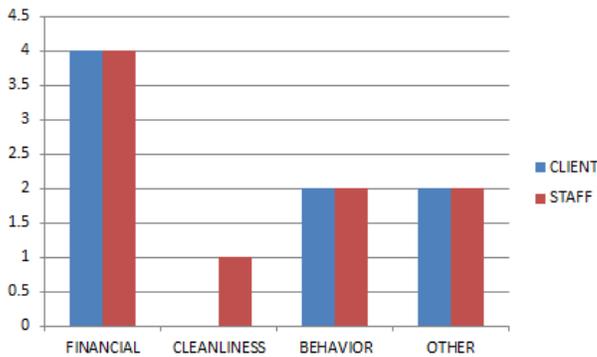
Quality Indicator 7 consists of Measure 7a-7e. Of the nineteen individuals interviewed, eleven individuals were considered not applicable for Measure 7d because they reported they did not move nor have interest in moving during the period under review. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress toward identified housing goals	12	7
Measure 7b: Housing supports and services enable individual to maintain safe housing	17	2
Measure 7c: Housing supports and services enable individual to maintain stable housing	11	8
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	4	4
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	18	1

Additional Results

- Sixteen individuals were living in independent private residences, two in residential settings, and one was homeless (CII Q28, SII Q21).
- Two individuals responded they were homeless at any point in the past 12 months and one individual is currently homeless (CII Q34).
- Seven individuals responded they were at risk for losing housing at any point in the past 12 months (CII Q32). Staff also identified seven individuals as at risk of losing housing in the past 12 months (SII Q25). Some of the reasons mentioned were allowing others into their residences who were not supposed to be there and not having enough financial resources to pay rent (CII Q33, SII Q26). The reasons provided by both clients and staff are categorized by QSR Reviewers into four categories (see Figure 2). When a reviewer selected “other,” it was typically due to not having enough information to categorize the risk, e.g., client was at risk of being “kicked out” but reviewers did not have further information as to why.

Figure 2: Reasons for Being at Risk for Losing Housing



- One individual responded they had a safety concern related to his/her home or neighborhood in the past 12 months (CII Q30). Staff responded being aware of a safety concern related to housing for five individuals (SII Q23). The reasons for safety concerns included needing to move to a different floor due to recent health concerns, physical repairs needed in the residence, and violence in the home (SII Q24).
- The most common responses made by individuals to the things most important to him/her when choosing a place to live were related to safety and the type of neighborhood (CII Q41).
- One individual was found to need more services to help him/her find appropriate and safe housing, as the individual had reportedly been homeless for some time (OCR Q9).

EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

Quality Indicator 8: Adequacy of Employment Assessment/Screening

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them

identify the individual’s interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual’s employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Nineteen individuals were scored for Quality Indicator 8. SMHC received a score of 76%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 19 individuals interviewed, 15 individuals were considered not applicable for Measure 8b because they reported they were not receiving SE services. Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	16	3
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	1	3

Additional Results

- Two individuals responded they had not been asked by SMHC staff if they were interested in receiving help finding or keeping a job (CII Q54). Staff responded that one individual had not been screened for employment needs in the past 12 months and staff were not sure concerning if two other individuals had been screened. Staff confirmed that 16 out of 19 individuals had been screened for employment needs (SII Q41).
- Of the 12 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), four did not have employment needs identified in either the ANSA or the case management assessment (CRR Q33).

Quality Indicator 9: Appropriateness of Employment Treatment Planning

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual’s identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Fourteen individuals were scored for Quality Indicator 9. SMHC received a score of 50%.

Quality Indicator 9 consists of Measure 9a. Of the 19 individuals interviewed, five individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services per client (CII Q55) and staff (SII Q44) endorsement of employment interest. Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual’s changing employment needs and goals	7	7

Additional Results

- SMHC offers supported employment services at both the Portsmouth and Exeter offices. A Supported Employment Fidelity Review was completed at SMHC in August 2017. The SMHC review resulted in a score of 107 points out of a possible 125 points, or “Good Fidelity.” The lowest scoring areas (a score of 3 out of 5) were: Integration of Rehab with Mental Health Treatment Through Frequent Contact, Role of Employment Supervisor, Agency Focus on Competitive Employment, Rapid Job Search for Competitive Employment, Job Development-Frequent Employer Contact, and Assertive Engagement and Outreach by Integrated Treatment Team.
- Thirteen individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55). Staff were aware of the individual’s interest for eight of those individuals (SII Q44). Additionally, staff endorsed one individual as having interest in receiving help but that client did not express such interest.
- Of the 13 individuals who directly expressed interest in receiving help in finding or maintaining employment (CII Q55), five did not have goals on their treatment and/or case management plans (CRR Q35, CRR Q36) to address this interest. One individual expressed having had his/her employment needs/interests changed, but the CMHC had not helped to address those changes (CII Q59, CII Q60).
- Six individuals responded they are employed (CII Q49); of those individuals, five have a competitive job and one has a non-competitive job (CII Q50), three work full-time and three work part-time (CII Q51), and two individuals responded they are interested in working more hours (CII Q53).

- One individual did not have employment goals or plans in his/her treatment of case management plans that were in alignment with his/her employment needs (CRR Q42).

Quality Indicator 10: Adequacy of Individualized Employment Service Delivery

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual’s changing needs and achieve his/her identified employment goals.

Fifteen individuals were scored for Quality Indicator 10. SMHC received a score of 53% for Quality Indicator 10. Quality Indicator 10 consists of Measure 10a and Measure 10b. Of the 19 individuals interviewed, five individuals were considered not applicable for Measure 10a because per client (CII Q55) and staff (SII Q44) report, they were not interested in receiving employment support services and their employment needs had not changed over the past 12 months. Of the 19 individuals interviewed, nine individuals were considered not applicable for Measure 10b because they did not have any employment goals (CRR Q35, CRR Q36).

Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual’s changing employment needs	7	7
Measure 10b: Services and supports are meeting individual’s goals	5	5

Additional Results

- Three individuals responded they were not able to get all the employment related services they need (CII Q61).
- Three individuals responded they were not getting employment supports and services as often as they felt they needed (CII Q62).
- Types of employment services provided include job coaching and support, discussing resources for finding employment, and general problem solving and review of work related challenges (CRR Q41).

- Four of the 10 individuals applicable for Measure 10b were employed (CII Q49, SII Q39). Five out of the six applicable individuals who were receiving Supported Employment were not receiving services at the frequency prescribed on the treatment plan (CRR Q11). One individual's narrative response indicated that it had been weeks since he/she had met with supported employment (CII Q64).
- Seven of the 10 applicable individuals for Measure 10b had employment services and supports in alignment with their employment goals (CRR Q42).
- Two individuals reported they did not have enough supports and services to achieve their employment goals (CII Q63).
- One staff identified provided employment services that were not related to the individual's employment goals (SII Q53).

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Nineteen individuals were scored for Quality Indicator 11. SMHC received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual's related social and community integration needs and preferences	19	0
Measure 11b: Assessment identifies individual's related social and community integration strengths	19	0

Additional Results

- SMHC uses the Adult Needs and Strengths Assessment to assess for needs and strengths. All individuals in the sample had the needs and strengths sections completed in their entirety.

Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

Nineteen individuals were scored for Quality Indicator 12. SMHC received a score of 82%. Quality Indicator 12 consists of Measure 12a-12m. Of the nineteen individuals interviewed, 13 individuals were considered not applicable for Measure 12c because they did not experience an inpatient psychiatric discharge during the period under review. Of the nineteen individuals interviewed, one individual was considered not applicable for Measures 12d, 12i, and 12j due to not completing the interview. Individuals were scored as follows:

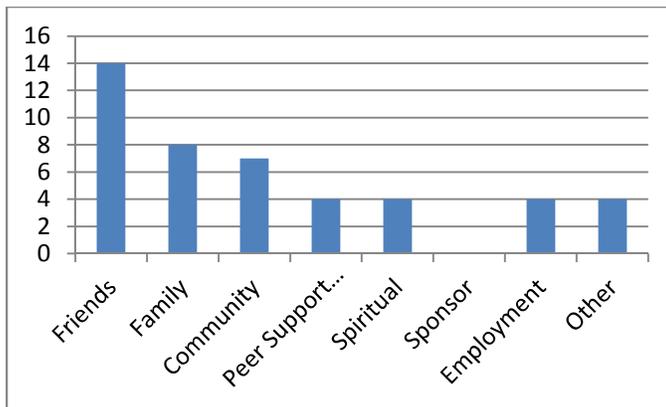
	YES	NO
Measure 12a: Individual is competitively employed	5	14
Measure 12b: Individual lives in an independent residence	16	3
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	5	1

Measure 12d: Individual is integrated in his/her community	14	4
Measure 12e: Individual has choice in housing	13	6
Measure 12f: Individual has choice in his/her treatment planning, goals and services	18	1
Measure 12g: Individual has the ability to manage his/her own schedule/time	17	2
Measure 12h: Individual spends time with peers and /or family	16	3
Measure 12i: Individual feels supported by those around him/her	17	1
Measure 12j: Efforts have been made to strengthen social supports if needed	14	4
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	17	2
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	19	0
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	18	1

Additional Results

- Four individuals responded they do not feel they are part of their community (CII Q104). The review of quarterly documentation indicates that 11 individuals did not have people in their lives that act as a support system (CRR Q50). However, client and staff interviews supported that most individuals did have people in their lives to go to for support (CII Q98) (SII Q67).
- Figure 3 below represents the types of natural supports reported by individuals (CII Q98) based on a categorization of answers to an open-ended question.

Figure 3: Natural Supports Reported



- An individual was identified as needing additional services from the CMHC peer support specialist or the local peer support agency to assist with increased community integration (OCR Q7). Another individual was identified as needing additional employment services to assist him/her with gainful employment.
- Nineteen individuals were found to receive adequate services to avoid harms and decrease unnecessary hospitalizations and institutionalization (ORC Q11).
- One individual experiencing homelessness was determined to need more communication and coordinated housing services to assist with living in a more integrated setting (OCR Q13).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness³. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least

restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies risks to the individual, protective factors, and coping skills/interventions.

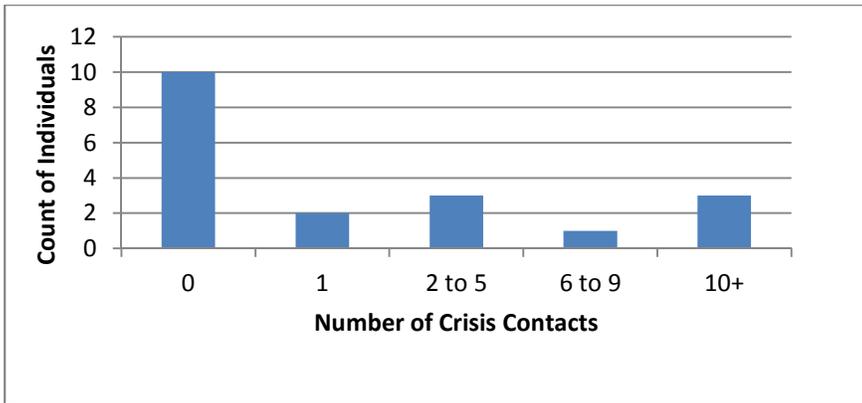
Five individuals were scored for Quality Indicator 13. SMHC received a score of 65%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 19 individuals interviewed, 14 individuals were considered not applicable for Quality Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	4	1
Measure 13b: Risk was assessed during crisis assessment	4	1
Measure 13c: Protective factors were assessed during crisis assessment	4	1
Measure 13d: Coping skills/interventions were identified during crisis assessment	1	4

Additional Results

- One individual, who accessed crisis services two to five times during the period under review, responded that he/she “never” received crisis services quickly enough (CII Q76).
- While only five individuals could be scored for Indicator 15, nine of the reviewed clinical records documented crisis service utilization. Of those nine, six documented that coping skills or interventions had not been identified or suggested to the client during the crisis service intervention (CRR Q59).
- Of the nineteen individuals reviewed, more than half did not utilize crisis services during the period under review (CRR Q58) (see Figure 4).

Figure 4: Crisis Services Utilized During the Period Under Review



Quality Indicator 14: Appropriateness of Crisis Plans

An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis.

Nineteen individuals were scored for Quality Indicator 14. SMHC received a score of 79%.

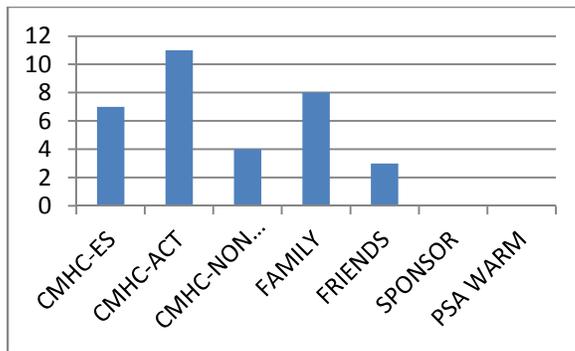
Quality Indicator 14 consists of Measure 14a and Measure 14b. Of the 19 individuals interviewed, one individual was not applicable for Measure 14b as he/she did not answer all the interview questions. Individuals were scored as follows:

	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	19	0
Measure 14b: Individual has the knowledge and understanding of how to navigate and cope during a crisis situation	10	8

Additional Results

- Seventeen of the 18 applicable individuals were able to identify at least one resource they could call if experiencing a mental health crisis (CII Q67). The most common response made by individuals regarding who they would call if having a mental health crisis was CMHC staff (includes CMHC-ES, CMHC-ACT, CMHC-Non-ACT staff) followed by family (see Figure 5).

Figure 5: Resources Identified for Assisting with a Mental Health Crisis



- Fourteen of the 18 individuals were able to identify additional health coping strategies (other than those identified in CII Q67) that could help them manage a mental health related crisis (CII Q68).
- Twelve of the 18 individuals responded that SMHC helped them develop a crisis plan (CII Q69).

Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

In order for an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

SMHC received a score of 75% for Quality Indicator 15. Quality Indicator 15 consists of Measure 15a-15e. Of the 19 individuals interviewed, 17 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff and the clinical record. Specifically, nine clinical records had documentation of crisis services being provided. Nine individuals endorsed receiving crisis services, although

those nine were not the same nine crisis episodes identified in the clinical records. Four staff endorsed individuals having received crisis services. When documentation and endorsements were analyzed, two individuals could be scored. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	2	0
Measure 15b: Communication with individual during crisis episode was adequate	1	1
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	2	0
Measure 15d: Crisis interventions occurred at the site of the crisis (if applicable)	0	0
Measure 15e: The individual was assisted with returning to his/her pre-crisis level of functioning	1	1

Additional Results

- Nine individuals accessed crisis services based on the review of clinical records alone. Of those nine individuals, six remained in the home/community setting following the most recent crisis service (CRR Q59).
- Of the nine individuals responding, one individual responded he/she felt heard by staff occasionally or never during his/her crisis (CII Q73).
- See Table 1 for a description of data regarding individuals receiving crisis services and hospitalizations and ACT.

Table 1: Receipt of Crisis Services, ACT and Hospitalizations

	Number of crisis services received: 1		Number of crisis services received: 2-5		Number of crisis services received: 6-9		Number of crisis services received: 10+		TOTAL
	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	
Number of individuals received crisis services during the period under review	1	1	2	1	1	0	0	3	9
Number of individuals started on ACT within the past 12 months	1	N/A	0	N/A	0	N/A	N/A	0	1
Number of individuals started on ACT longer than past 12 months	0	N/A	2	N/A	1	N/A	N/A	0	3
Number of	1	1	7	0	2	0	0	0	11

hospitalizations during the period under review									
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Source: QSR Clinical Record Review

ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Due to the small and disproportionate size of the non-ACT sample, direct comparisons to the ACT sample are not made within this section of the report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 6: ACT vs. Non-ACT Indicator Scores.

Quality Indicator 16: Adequacy of ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Nineteen individuals were scored for Quality Indicator 16. SMHC received a score of 100%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	19	0
Measure 16b: Individual receives ACT services when appropriate	19	0

Additional Results

- While evidence of ACT screening was found through Phoenix data (CPD Q11) for only six individuals, reviewers were able to find evidence in the clinical record (CRR Q60) of ACT screening for the remaining 13.
- Several staff were not knowledgeable about SMHC’s referral process for ACT. Several reported that the ACT referral process is completed by the supervisor (SII Q11).
- Staff were knowledgeable about ACT criteria and could explain why certain individuals were or were not appropriate for ACT, citing criteria regarding diagnosis, frequent hospitalizations, homelessness, overall level of functioning and need, ability to live independently, etc. (SII Q13).

Quality Indicator 17: Implementation of High Fidelity ACT Services

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual’s ACT team collaborates with community providers.

Measure 17a is based on high fidelity standards: ACT teams are to have a capacity to provide high fidelity for frequency of contacts at an average of four or more contacts per week, and intensity at an average of two hours or more of contact per week. Of note, unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of the individuals. ACT services may be titrated when an individual needs more or fewer services.

Twelve individuals were scored for Quality Indicator 17. SMHC received a score of 71% for Quality Indicator 17. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 19 individuals interviewed, seven individuals did not receive ACT within the past 12 months and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are provided at the level of service contacts per high fidelity	10	2
Measure 17b: ACT services were provided using a team approach	5	7
Measure 17c: ACT services were provided in the home/community	7	5
Measure 17d: ACT team collaborates with community providers	12	0

Additional Results

An ACT Fidelity Review of SMHC was conducted in November 2016. In the final report issued January 2017, SMHC received a “Fair Fidelity” rating with a score of 98 out of a possible 140 points. The categories of Staffing (nurse on team, substance abuse specialist on team), individual and group Substance Abuse Treatment using a Dual Disorder Model, ACT Team Involvement in Hospital Admissions, Intensity of Service (low amount of service time), Frequency of Contacts, and Work with Informal Support System, received the lowest scores (a score of 1 or 2 on a 5-point scale). SMHC has been implementing a BMHS approved quality improvement plan throughout 2017. The lower scoring areas of focus have also been prioritized for technical assistance.

Data from this QSR regarding the ACT services provided to 14 individuals indicates the following:

- Six individuals had face-to-face contact with two or more different ACT Team staff during the past four complete weeks; six individuals did not (CRR Q65).
- Four individuals had a minimum of two hours of face-to-face contact with their ACT Team during the past four complete weeks; eight individuals did not (CRR Q66).
- Two individuals had four or more face-to-face contacts with their ACT Team staff per week during the past four complete weeks; 10 individuals did not (CRR Q67).

- Ten individuals responded that they received all the ACT services they needed from their ACT Team, two individuals responded that they somewhat received all the ACT services they needed from their ACT Team, and zero individuals responded that they did not receive all the services they needed from their ACT Team (CII Q22).
- Nine individuals responded they saw their ACT staff as often as they felt was needed; three individuals responded they did not (CII Q26).
- Eight individuals had 80% or more of their ACT services provided in the community; four individuals did not (CRR Q68).

TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

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 quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Five individuals were scored for Quality Indicator 18. SMHC received a score of 77 %. Quality Indicator 18 consists of Measure 18a-18g. Of the 19 individuals interviewed, five individuals and staff confirmed/remembered an inpatient psychiatric admission occurred during the past 12 months and therefore were applicable for scoring. Individuals were scored as follows:

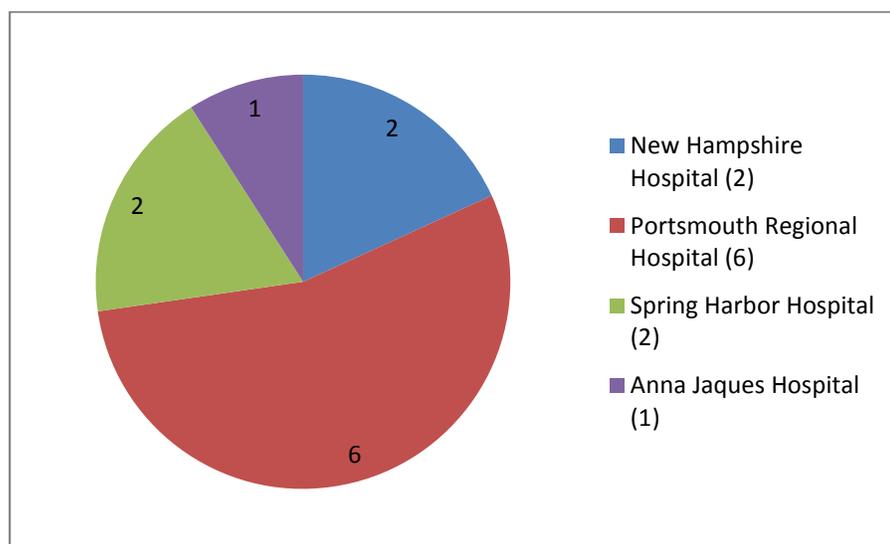
	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	3	2
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	5	0
Measure 18c: Individual returned to appropriate housing	4	1

following inpatient psychiatric discharge		
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	4	1
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	4	1
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	2	3
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	5	0

Additional Results

- Eleven inpatient admissions occurred during the past 12 months. Of the five individuals who had a psychiatric admission during that time, two individuals had one distinct admission, one individual had two distinct admissions, one individual had three distinct admissions, and one individual had four distinct admissions (CRR Q71).
- Two admissions were at New Hampshire Hospital, six admissions were at Portsmouth Regional Hospital, two admissions were at the Anna Jaques Hospital in Massachusetts, and one admission was at Spring Harbor Hospital in Maine (see Figure 6). Three individuals had a readmission within 90 days (CRRQ72).

Figure 6: Inpatient Psychiatric Admissions



- Two individuals responded they were not involved in their discharge planning and their clinical records lacked evidence of individual involvement (CII Q86, CRR Q79).

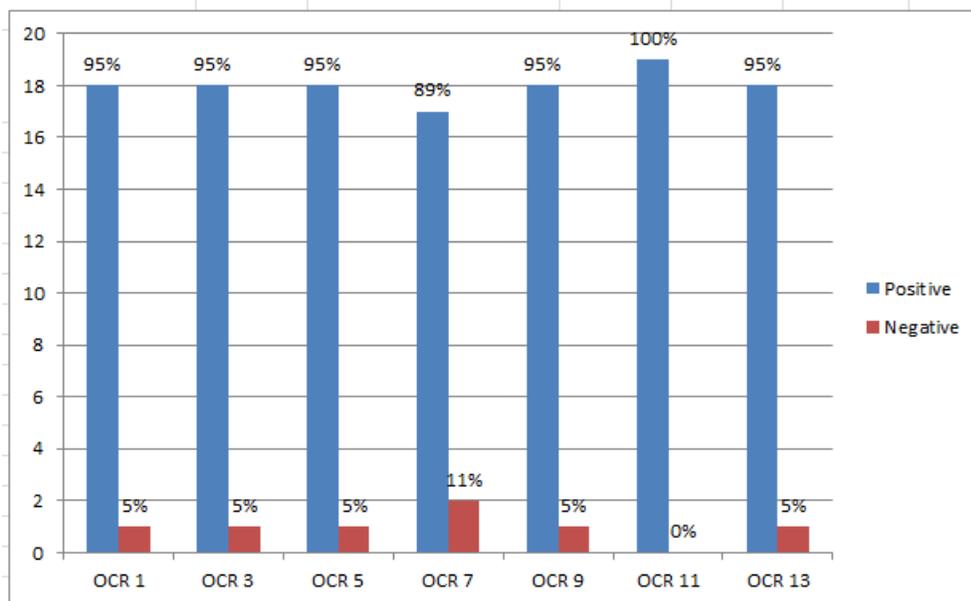
- Nineteen individuals were found to be receiving adequate services to avoid harms and decrease unnecessary hospitalizations and institutionalization (ORC Q11).

Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 4: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide an explanation of a yes/no response including what did not appear adequate and what may be needed to improve the outcome.

Of the 19 individuals reviewed, three did not achieve one or more of the OCR outcomes. Of the three individuals who did not achieve three or more OCR outcomes, two individuals were receiving ACT services. The overall percentages and counts of the OCR questions are shown in Figure 7.

Figure 7: Overall Client Review Results



VI. Conclusions

New Hampshire's CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding SMHC's achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

CMHA Substantive Provisions

1. Crisis Services Outcomes

- a. **Provision V.C.1 (c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
 - i. **Conclusion:** SMHC did not meet this provision as evidenced by Measure 15e whereas three out of six individuals who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
 - i. **Conclusion:** SMHC met this provision as evidenced by a score of 76% for the Crisis domain and OCR Q11 whereas 19 of 19 individuals reviewed receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

2. ACT Outcomes

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
 - i. Compliance with Provision V.C.2 (b) is based on Quality Indicator 3, Quality Indicator 17, OCR Q1, OCR Q3, and OCR Q5.
 - ii. **Conclusion:** SMHC met this provision as evidenced by the following:
 1. For Quality Indicator 3: Adequacy of Individual Service Delivery, individuals receiving ACT services received an average score of 90%.

2. For Quality Indicator 17: Implementation of High Fidelity ACT Services, SMHC scored 71%.
 3. Eleven of 12 individuals receiving ACT services received services consistent with their demonstrated need (OCR Q1).
 4. Eleven of 12 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either their assessment and/or treatment plan (OCR Q3).
 5. Eleven of 12 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
- i. Compliance with Provision V.C.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** SMHC met this provision as evidenced by the following:
 1. Those receiving ACT services having a total average score of 70% for the indicators and measures noted above.
 2. For Quality Indicator 2, individuals receiving ACT services scored an average of 86%.

3. Within Housing, the average score for Quality Indicator 5 was 83%, Quality Indicator 6 was 83%, and Quality Indicator 7 was 74% for individuals receiving ACT.
 4. Within Employment, the average score for Quality Indicator 9 was 29% and Quality Indicator 10 was 56% for individuals receiving ACT.
 5. For Quality Indicator 12, individuals receiving ACT services scored 81%.
 6. Eleven of the 12 individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
 7. Twelve of the 12 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
 8. Eleven of the 12 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).
- c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.
- i. **Conclusion:** SMHC did not meet this provision as evidenced by an average score of 63% for the Crisis domain for individuals receiving ACT services.

3. Supported Housing Outcome

- a. **Provision V.E.1** - Supported housing meets individuals' needs.
 - i. **Conclusion:** SMHC met this provision as evidenced by a score of 84% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 82% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
- b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.

- i. **Conclusion:** SMHC met this provision as evidenced by a score of 81% for the Housing domain and OCR Q9 whereas 18 of the 19 individuals reviewed received services adequate to obtain and maintain stable housing.

4. Supported Employment Outcome

- a. **Provision V.F.1** - Provide supported employment services consistent with the Dartmouth evidence-based model.

- i. **Conclusion:** SMHC met this provision as evidenced by the Supported Employment Fidelity Review in August 2017.

- 1. The SMHC SE Fidelity Review resulted in a score of 107 points out of a possible 125 points, or “Good Fidelity.”

- b. **Provision V.F.1** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.

- i. **Conclusion:** SMHC did not meet this provision as evidenced by a score of 53% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

5. Family Support Programs

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.

- i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information was provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region VIII.

- 1. NAMI NH provides a variety of support groups including:
 - o a Family Support Group that meets twice a month for those with an adult loved one living with mental illness in Portsmouth with a total membership of over 120 members,

and a Newmarket group with a total membership of approximately 30 members;

- a Family and Consumer Bipolar Support Group that meets once a month in Portsmouth with an average attendance of 15 people;
- a Survivor of Suicide Loss Support Group in Portsmouth with approximately 10 to 15 participants; and
- two Facebook Support Groups, one for parents/caregivers of youth with serious emotional disturbance with a total of 286 members *across all of NH*, and one for family members with an adult loved one living with mental illness with a total of 388 members.

2. NAMI NH conducted its 12 session Family-to-Family signature program in Portsmouth in FY 2017 to 21 participants.
3. NAMI NH provided one-to-one support to a total of 15 Region VIII families in FY 2017: five families with an adult loved one living with mental illness and 10 families with children with serious emotional disturbance.
4. NAMI NH responded to 34 Information and Resource contacts in FY 2017.

6. Peer Support Programs

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.

- i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information was provided by BMHS contract monitoring. This provision is met as evidenced by the services Connections Peer Support Center provided in Region VIII.

1. Connections Peer Support Center is the peer support agency serving the catchment area and has one location in Portsmouth.
2. Peer supports and services include individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, warmline services, wellness and recovery action plan training, monthly newsletters, educational events, and assistance with educational and vocational pursuits.
3. In FY 2017, Connections Peer Support Center offered the following educational events: National Empowerment Center, Disability Rights Center, Eric Cogswell Conference, Unity Way, NAMI Walk, NH Peer Support Conference, NH NAMI Conference, Emotional CPR, Stress Reduction Mindfulness and Meditation Made Easy, and Haven's Ending Violence and Saving Lives.
4. For FY 2017, various Connections Peer Support Center staff were trained in Intentional Peer Support, Warmline, and Wellness Recovery Action Plan.
5. For the fourth quarter in FY 2017, Connections Peer Support Center had 278 members in Portsmouth with an average daily visits rate of 11 members.

7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
 - i. Compliance with Provision IV.B. and VII.A is based on Measure 7a, Measure 3b, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; OCR Q7, OCR Q11, and OCR Q13.

ii. **Conclusion:** SMHC did not meet this provision as evidenced by Measure

7a. All data points relevant to this provision include:

1. For Measure 7a, 12 of 19 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals.
2. Measure 3b, 18 of 19 individuals received services that were flexible to meet their changing needs and goals.
3. For Quality Indicator 12, SMHC scored 82%.
4. Seventeen of the 19 individuals reviewed received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
5. Nineteen of the 19 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
6. Eighteen of the 19 individuals reviewed received adequate services to live in the most integrated setting (OCR Q13).

8. Health, Safety and Welfare Outcomes

a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.

- i. **Conclusion:** SMHC met this provision as evidenced by an average score of 80% for the seven domains and OCR Q5 whereas 18 of 19 individuals receiving all of the services and supports they need to ensure health, safety, and welfare.

9. Obtain and Maintain Stable Housing

a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.

- i. **Conclusion:** SMHC met this provision as evidenced by a score of 81% for the Housing domain.

10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.

- i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q72), the Crisis domain, and OCR Q11.

- ii. **Conclusion:** SMHC did not meet this provision as evidenced by the rate of re-hospitalizations (CRR Q72). All data points relevant to this provision include:

- 1. Of the five individuals who experienced an inpatient psychiatric admission, three individuals were re-hospitalized within 90 days (CRR Q72).
 - 2. Five SMHC received a score of 76% for the Crisis domain.
 - 3. Nineteen of the 19 individuals received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

VII. Areas in Need of Improvement

The following three quality indicators scored below 70% and are identified for incremental improvements over the next year:

- 1. Increase the number of individuals receiving appropriate employment treatment planning (Quality Indicator 9).* Results of the QSR indicate that 13 individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), however staff were aware of the individual's interest for eight of those individuals (SII Q44). Of the 13 individuals who directly expressed interest in receiving help in finding or maintaining employment (CII Q55), five did not have goals on their treatment and/or case management plans (CRR Q35, CRR Q36) to address this interest. One individual expressed having had his/her employment needs/interests changed, but the CMHC had not helped to address those changes (CII Q59, CII Q60).
- 2. Increase the number of individuals with adequate employment service delivery (Quality Indicator 10).* Results of the QSR indicate that three individuals responded they were not able to get all the employment related services they need (CII Q61). Three individuals responded they were not getting employment supports and services as often as they felt they needed (CII Q62). Four of the 10 individuals applicable for Measure 10b were employed (CII Q49, SII Q39). Five out of the six applicable individuals who were receiving Supported Employment were not receiving services at the frequency prescribed on the treatment plan (CRR Q11). Three of the 10 applicable individuals for Measure 10b did not have employment services and supports in alignment with their employment goals (CRR Q42). Two individuals reported they did not have enough supports and services to achieve their employment goals (CII Q63).
- 3. Increase the number of individuals receiving adequate crisis assessment (Quality Indicator 13).* One individual, who accessed crisis services two to five times during the period under review, responded that he/she "never" received crisis services quickly enough (CII Q76). Of the nine individuals with documented crisis service utilization, six clinical records did not have evidence that coping skills or interventions had been identified or suggested to the client during the crisis service intervention (CRR Q59).

VIII. Next Steps

Within 30 calendar days of receipt of this final report, Seacoast Mental Health Center is to complete and submit the DHHS QIP (Quality Improvement Plan) template for review by the BMHS Administrator of Operations and the OQAI Quality Management Program Planning and Review Specialist.

IX. Addendum

Seacoast Mental Health Center had an opportunity to review the QSR initial report and submit information for DHHS' consideration prior to this final report being issued. They submitted no further information or corrections for DHHS review.

DHHS did make the following correction to the initial report:

The description of Quality Indicator 8 on page 18 was corrected to remove the housing citation.

References

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

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

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

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual 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 on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

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

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. A individual may be accompanied by his/her guardian or someone else that the individual 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 individuals to share additional information about their experiences at the CMHC and the services they received.

6. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions. Seven of the questions (yes/no answers) are intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, as evidenced by the information gathered from the clinical record review, the client interview, and the staff interview. The other seven questions, when applicable, provide an explanation for the yes/no response, including what did not appear adequate and what may be needed to improve the outcome.

7. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, 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 individual.

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a										1b			1c			1d						
			Adequacy of Assessment	Assessments identify individual's needs and preferences			CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	Assessments identify individual's strengths			Assessment information was gathered through face to face appointment(s)			Assessments and TX plans have adequately identified service needs							
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N		4	2		4Y/2N	5	1	1 YES=	Negativ
			NonACT= 75%																							5 No=
			ACT= 83%																							

Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences
1b	Assessments identify individual's strengths
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with individual's demonstrated need
3e	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual housing needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriate intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain and maintain stable housing

7	Effectiveness of the housing services provided (CMHA VII.A)
7a	Housing Supports and services enable individual to meet/progress towards identified housing goals
7b	Housing supports and services enable individual to maintain safe housing
7c	Housing supports and services enable individual to maintain stable housing
7d	Housing supports and services enable individual to be involved in selecting housing
7e	OCR Q9 Services are adequate to obtain and maintain stable housing
EMPLOYMENT SERVICES AND SUPPORTS	
8	Adequacy of employment assessment/screening (CMHA VII.D.1)
8a	Individual employment needs are adequately identified
8b	Individual received a comprehensive assessment of employment needs and preferences when applicable
9	Appropriateness of employment treatment planning (CMHA V.F.1)
9a	Treatment plans are appropriately customized to meet individual's changing employment needs and goals
10	Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)
10a	Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs
10b	Services and supports are meeting individual's employment goals
COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS	
11	Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)
11a	Assessment identifies individual's related social and community integration needs and preferences
11b	Assessment identifies individual's related social and community integration strengths
12	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4)
12a	Individual is competitively employed
12b	Individual lives in an independent residence
12c	Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility
12d	Individual is integrated in his/her community
12e	Individual has choice in housing
12f	Individual has choice in his/her treatment planning, goals and services

- 12g Individual has the ability to manage his/her own schedule/time
- 12h Individual spends time with peers and/or family
- 12i Individual feels supported by those around him/her
- 12j Efforts have been made to strengthen social supports if needed
- 12k OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community
- 12l OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
- 12m OCR Q13 Services are adequate to live in the most integrated setting

CRISIS SERVICES AND SUPPORTS

- 13 Adequacy of crisis assessment (CMHA V.C.1)
 - 13a Crisis assessment was timely
 - 13b Risk was assessed during crisis assessment
 - 13c Protective factors were assessed during crisis assessment
 - 13d Coping skills/interventions were identified during crisis assessment
- 14 Appropriateness of crisis plans
 - 14a Individual has a crisis plan that is person centered
 - 14b Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
- 15 Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
 - 15a Communication with treatment providers during crisis episode was adequate
 - 15b Communication with individual during crisis episode was adequate
 - 15c Crisis service delivery is sufficient to stabilize individual as quickly as practicable
 - 15d Crisis interventions occur at site of the crisis (if applicable)
 - 15e Individual was assisted to return to his/her pre-crisis level of functioning

ACT SERVICES AND SUPPORTS

- 16 Adequacy of ACT screening (CMHA VII.D.1)
 - 16a ACT screening was completed
 - 16b Individual receives ACT services when appropriate
- 17 Implementation of High Fidelity ACT Services (CMHA V.D.2.b; V.D.2.c)
 - 17a ACT Services are provided at the level of service contacts per high fidelity

- 17b ACT services are provided using a team approach
- 17c ACT services are provided in the home/community
- 17d ACT team collaborates with community providers

IPA
TRANSITION/DIS
CHARGE

- 18 Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)
 - 18a Individual was involved in the inpatient psychiatric facility discharge planning process
 - 18b In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual
 - 18c Individual returned to appropriate housing following inpatient psychiatric discharge
 - 18d Service provision following inpatient psychiatric discharge has the outcome of increased community integration
 - 18e Coordination of care was adequate during inpatient psychiatric admission/discharge
 - 18f Absence of 90 day readmission to an inpatient psychiatric facility
 - 18g OCR Q11 Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization

Appendix 4: Overall Client Review (OCR)

OVERALL CLIENT REVIEW (OCR)

The following 10 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

All reviewers involved in the completion of this client's CRR, CII, and SII were consulted regarding the OCR questions.

OCR Q1 Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No.

If YES, Skip to OCR Q3

OCR Q2 What is not consistent with the individual's demonstrated need?

OCR Q3 Are there additional services (including changes in intensity, frequency, or duration) the individual needs that have not been identified in assessments or on the treatment plan? Yes or No.

If NO, Skip to OCR Q5

OCR Q4 What additional services are needed?

OCR Q5 Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No.

If YES, Skip to OCR Q7

OCR Q6 What additional services are needed?

OCR Q7 Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No.

If YES, Skip to OCR Q9

OCR Q8 What additional services are needed?

OCR Q9 Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No.

If YES, Skip to OCR Q11

OCR Q10 What additional services are needed?

OCR Q11 Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization?

If YES, Skip to OCR Q13

OCR Q12 What additional services are needed?

OCR Q13 Is the individual receiving adequate services to live in the most integrated setting?

If YES, STOP

OCR Q14 What additional services are needed?

OCR is Complete:

OCR

Appendix 5: Agency Overview

The Seacoast Mental Health Center (SMHC), established in 1963, is a private non-profit community mental health center serving the needs of children, adolescents, and adults and their families in Rockingham County, which encompasses 24 cities and towns.

SMHC is designated and approved by the NH Department of Health and Human Services (DHHS) as a Community Mental Health Program (CMHP) for Region VIII from September 1, 2015 through August 31 2020, per NH Administrative Rule He-M 403.

SMHC has two office, one located in Portsmouth and one in Exeter, that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI). The center has an eight-bed licensed community residence in Greenland.

Comprehensive services to adults include evidence-based practices such as Cognitive Processing Therapy to treat PTSD, Integrated Treatment for Co-occurring Disorders (substance misuse and mental illness), and the InSHAPE program, a health development program designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness.

SMHC has strengthened its community partnerships and relationships with law enforcement, the housing authorities, and other community agencies. The SMHC Adult Services Director is an active member of the Correctional WRAP and Community WRAP meetings.

The SMHC region is also served by Seacoast Pathways, a proven psychosocial rehabilitation model clubhouse for adults with a mental illness.

Two hospitals are located within the SMHC catchment area: Portsmouth Regional Hospital and Exeter Hospital. Quarterly meetings are held with each hospital to assess working relationships. SMHC staff provide crisis assessments for people in the Exeter Hospital Emergency Department. SMHC physicians and APRN's also provide consultation to patients on the Exeter Hospital medical units who are in need of psychiatric evaluation. Portsmouth Regional Hospital is a 30-bed inpatient psychiatric unit that also serves as a Designated Receiving Facility, dedicating 12 beds for individuals requiring involuntary treatment. Portsmouth Regional Hospital has a five bed psychiatric emergency department where its own Psychiatric and Referral Services (PARS) team conducts emergency psychiatric assessments and provides crisis services. When an

individual receiving ACT services is admitted to the Emergency Department or the psychiatric inpatient unit, the SMHC ACT lead stays in close contact with the hospital staff to coordinate care.

Appendix 6: ACT VS Non-ACT Indicator Scores

Indicator #	Total N	Indicator	ACT	ACT N	NO ACT	NO ACT N	% Difference
1	19	Adequacy of Assessment	81%	12	89%	7	-8%
2	19	Appropriateness of treatment planning	86%	12	95%	7	-9%
3	19	Adequacy of individual service delivery	90%	12	93%	7	-3%
4	19	Adequacy of Housing Assessment	100%	12	100%	7	0%
5	19	Appropriate of Housing Treatment Plan	83%	12	86%	7	-2%
6	19	Adequacy of individual housing service delivery	83%	12	81%	7	2%
7	19	Effectiveness of Housing supports provided	74%	12	77%	7	-3%
8	19	Adequacy of employment assessment/screening	79%	12	71%	7	8%
9	14	Appropriateness of employment treatment planning	29%	7	71%	7	-43%
10	15	Adequacy of individual employment service delivery	56%	8	50%	7	6%
11	19	Adequacy of Assessment of social and community integration needs	100%	12	100%	7	0%
12	19	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	81%	12	84%	7	-3%
13	5	Adequacy of Crisis Assessment	50%	3	88%	2	-38%
14	19	Appropriateness of crisis plans	67%	12	100%	7	-33%
15	2	Comprehensive and effective crisis service delivery	50%	1	100%	1	-50%
16	19	Adequacy of ACT Screening	100%	12	100%	7	0%
17	12	Implementation of High Fidelity ACT Services	71%	12	N/A	0	N/A
18	5	Successful transition/discharge from the inpatient psychiatric facility	71%	4	100%	1	-29%

