



## ***Assertive Community Treatment Fidelity Assessment***

### ***West Central Behavioral Health***

On Site Review Dates: January 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup>

Final Report Date: January 26<sup>th</sup>, 2018

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## ACRONYMS

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

## **AGENCY DESCRIPTION**

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted ACT Fidelity Reviews with West Central Behavioral Health's (WCBH) ACT Teams (Claremont and Lebanon) on January 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup>, 2018. WCBH's Claremont Team was reviewed on January 9<sup>th</sup> and 10<sup>th</sup>, and WCBH's Lebanon ACT team was reviewed on January 11<sup>th</sup>.

## **METHODOLOGY**

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

The sources of information used for the Claremont ACT team review included:

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

The sources of information used for the Lebanon ACT team review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Vocational Specialist, ACT Substance Abuse Specialist, and another member of the ACT Team

## REVIEW FINDINGS AND RECOMMENDATIONS

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

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

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	Claremont 5	The Claremont ACT team client to team member ratio is 8:1.  Item formula: <u>Number of clients presently served</u> Number of FTE staff  <u>34</u> 4.4 FTE staff = 7.7	
		Lebanon 5	The Lebanon ACT team client to team member ratio is 6:1.  Item formula: <u>Number of clients presently served</u> Number of FTE staff  <u>14</u> 2.54 FTE staff = 5.5	
H2	Team Approach	Claremont 4	<input checked="" type="checkbox"/> The ACT provider group functions as a team, and team members know and work with all clients.  86% of the Claremont ACT clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	The Claremont ACT Team Leader should carefully monitor clients having contact with different members of the team. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.

#	Item	Rating	Rating Rationale	Recommendations
		Lebanon 5	<input checked="" type="checkbox"/> The ACT provider group functions as a team, and team members know and work with all clients.  100% of the Lebanon ACT clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	
H3	Program Meeting	Claremont 4	<p>The Claremont ACT team has the following team meeting schedule:</p> <p><i>Mondays:</i> All ACT disciplines attend this 1-hour meeting, including the prescriber, Nurse, Vocational Specialist, Peer Support Specialist Substance Abuse Specialist, Team Leader, and case managers. Each client is reviewed during these meetings.</p> <p><i>Tuesdays through Thursdays:</i> The ACT case managers, Nurse, and Team Leader attend this half-hour meeting and discuss all clients.</p> <p><i>Fridays:</i> The ACT Team Leader, Nurse, Case Managers, Vocational Specialist, and Peer Specialist attend this 1-hour meeting. Each client is reviewed during this meeting.</p> <p>All full time team members attend at least 4 team meetings per week, while not all part-time team members attend at least 2 days per week.</p>	The Claremont ACT Team Leader should require all part time ACT team members to attend team at least 2 days per week to enhance communication and actively monitor team approach.

#	Item	Rating	Rating Rationale	Recommendations
		Lebanon 3	<p>The Lebanon ACT team has the following team meeting schedule:</p> <p><i>Mondays:</i> All ACT disciplines attend this half-hour meeting, including the prescriber, Nurse, Vocational Specialist, Substance Abuse Specialist, Team Leader, and case managers. Each client is reviewed during these meetings.</p> <p><i>Tuesdays through Fridays:</i> The primary ACT case manager and Team Leader meet in the morning for a half-hour and discuss all clients.</p> <p><i>Wednesdays:</i> In addition to the above meeting on Wednesdays, the ACT Team Leader runs another team meeting (CORE), and the primary ACT case manager attends this meeting. During this meeting, 3 ACT clients are reviewed with the part-time ACT prescribers.</p> <p>The one full time ACT team member and Team Leader attend 5 team meetings per week, while the remaining part-time ACT members attend team meeting once per week. The ACT team meets once per week to perform a full clinical review of all ACT clients.</p>	The Lebanon ACT Team Leader should require all part time ACT team members to attend team at least 2 days per week to enhance communication and actively monitor team approach.
H4	Practicing ACT Leader	Claremont 4	The Claremont ACT supervisor provides direct client services about 33% of the time.	<p>The Claremont ACT Team Leader should consider tracking all of her direct service activities on a regular basis.</p> <p>The agency might also consider working with the Claremont ACT Team Leader to identify specific duties and requirements that impede the Team Leader from providing</p>

#	Item	Rating	Rating Rationale	Recommendations
				necessary time in direct services to ACT clients. Many Act Team Leaders start this process by doing a 2-week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT Team Leader from reaching this level of direct services.
		Lebanon 3	The Lebanon ACT supervisor provides direct client services about 22% of the time.	The agency should explore ways to increase the Lebanon ACT Team Leader time to full time in order to fulfill the duties of Team Leader, including providing direct service.  The Lebanon ACT Team Leader should also consider tracking all of her direct service activities on a regular basis.
H5	Continuity of Staffing	Claremont 4	The turnover rate for the Claremont ACT team in the past 2 years is 36%.  Item formula: $\frac{\text{\# of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\text{\# of months}} = \text{Turnover rate}$  $\frac{8}{11} \times \frac{12}{24} = .36 \text{ Turnover rate}$	The agency might consider setting up a way to gather feedback from their current Claremont ACT Team staff to find out reasons they stay on the ACT team. The agency might also want to consider gathering data about why staff have leave the Claremont ACT Team via exit interviews to identify any potential areas for improvement.
		Lebanon 5	The turnover rate for the ACT team in the past 2 years is 12%.  Item formula: $\frac{1}{9} \times \frac{12}{11} = 0.12 \text{ Turnover rate}$	

#	Item	Rating	Rating Rationale	Recommendations
H6	Staff Capacity	Claremont 4	<p>On average, the Claremont ACT team operated at 92% of full staffing in the past 12 months.</p> <p>Item formula:  <math display="block">\frac{100 \times (\text{sum of \# of vacancies each month})}{\text{Total \# of positions} \times 12} = \% \text{ of absent positions}</math> <math display="block">\frac{100 \times 11}{11 \times 12} = 8.3\% \text{ of absent or } 92\% \text{ capacity}</math></p>	The Claremont ACT Team Leader might want to work with their Human Resources and Marketing departments to develop innovative approaches to recruiting ACT staff members.
		Lebanon 3	<p>On average, the Lebanon ACT team operated at 69% of full staffing in the past 12 months.</p> <p>Item formula:  <math display="block">\frac{100 \times (\text{sum of \# of vacancies each month})}{\text{Total \# of positions} \times 12} = \% \text{ of absent positions}</math> <math display="block">\frac{100 \times 34}{9 \times 12} = 31.5\% \text{ of absent or } 69\% \text{ capacity}</math></p>	The Lebanon ACT Team Leader might want to work with their Human Resources and Marketing departments to develop innovative approaches to recruiting ACT staff members.
H7	Psychiatrist on Team	Claremont 4	<p>The 2 Claremont ACT psychiatrists are assigned 0.3 FTE on the ACT team, serving 34 ACT clients.</p> <p>Item formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{(0.1 + 0.2) \times 100}{34} = .89 \text{ FTE per 100 clients}</math></p>	Given the current size of the Claremont ACT Team, the agency should explore ways to increase the psychiatry time to at least 0.35 FTE.

#	Item	Rating	Rating Rationale	Recommendations
		Lebanon 5	<p>The 2 Lebanon ACT psychiatrists are assigned 0.15 FTE on the ACT team, serving 14 ACT clients.</p> <p>Item formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{(0.1 + 0.05) \times 100}{14} = 1.07 \text{ FTE per 100 clients}</math></p>	
H8	Nurse on Team	Claremont 3	<p>The Claremont ACT Nurse is assigned 0.4 FTE on the ACT team, serving 34 ACT clients.</p> <p>Item Formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{0.4 \times 100}{34} = 1.2 \text{ FTE per 100 clients}</math></p>	Given the current size of the Claremont ACT Team, the agency should explore ways to increase the nurse time to 0.7 FTE.
		Lebanon 4	<p>The Lebanon ACT Nurse is assigned 0.2 FTE on the ACT team, serving 14 ACT clients.</p> <p>Item Formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{0.2 \times 100}{14} = 1.4 \text{ FTE per 100 clients}</math></p>	Given the current size of the Lebanon ACT Team, the agency should explore ways to increase the nurse time to 0.3 FTE.

#	Item	Rating	Rating Rationale	Recommendations
H9	Substance Abuse Specialist on Team	Claremont 2	<p>The Claremont ACT Substance Abuse Specialist is assigned 0.2 FTE on the ACT team, serving 34 ACT clients.</p> <p>Item formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{0.2 \times 100}{34} = 0.59 \text{ FTE per 100 clients}</math></p>	Given the current size of the Claremont ACT Team, the agency should explore ways to increase the Substance Abuse Specialist time to 0.7 FTE.
		Lebanon 3	<p>The Lebanon ACT Substance Abuse Specialist is assigned 0.15 FTE on the ACT team, serving 14 ACT clients.</p> <p>Item formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{0.15 \times 100}{14} = 1.1 \text{ FTE per 100 clients}</math></p>	Given the current size of the Lebanon ACT Team, the agency should explore ways to increase the Substance Abuse Specialist time to 0.3 FTE.
H10	Vocational Specialist on Team	Claremont 2	<p>The Claremont ACT Vocational Specialist is assigned 0.15 FTE on the ACT team, serving 34 ACT clients.</p> <p>Item formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{0.15 \times 100}{34} = .44 \text{ FTE per 100 clients}</math></p>	Given the current size of the Claremont ACT Team, the agency should explore ways to increase the Vocational Specialist time to 0.7 FTE.

#	Item	Rating	Rating Rationale	Recommendations
		Lebanon 2	<p>The Lebanon ACT Vocational Specialist is assigned 0.1 FTE on the ACT team, serving 14 ACT clients.</p> <p>Item formula:  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> <math display="block">\frac{0.1 \times 100}{14} = .7 \text{ FTE per 100 clients}</math></p>	Given the current size of the Lebanon ACT Team, the agency should explore ways to increase the Vocational Specialist time to 0.3 FTE.
H11	Program Size	Claremont 2	Currently, there are 4.4 FTE of staff positions on the Claremont ACT team.	WCBH leadership should carefully examine with the leadership of NHBMHS if the agency can effectively develop and sustain two ACT teams of very limited size and still faithfully, effectively and efficiently provide good quality ACT services from a multi-disciplinary team.
		Lebanon 2	Currently, there are 2.54 FTE of staff positions on the Lebanon ACT team.	WCBH leadership should carefully examine with the leadership of NHBMHS if the agency can effectively develop and sustain two ACT teams of very limited size and still faithfully, effectively and efficiently provide good quality ACT services from a multi-disciplinary team.
O1	Explicit Admission Criteria	Claremont 5	<input checked="" type="checkbox"/> The Claremont ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals.  <input checked="" type="checkbox"/> The Claremont ACT team actively recruits a defined population and all cases comply with explicit admission criteria.	

#	Item	Rating	Rating Rationale	Recommendations
		Lebanon 5	<input checked="" type="checkbox"/> The Lebanon ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals.  <input checked="" type="checkbox"/> The Lebanon ACT team actively recruits a defined population and all cases comply with explicit admission criteria.	
O2	Intake Rate	Claremont 3	The highest monthly intake rate in the last 6 months for the Claremont ACT team is 10 clients per month.	The Claremont ACT Team Leader should carefully monitor each ACT referral in order to maintain a low growth rate of clients to provide consistent, individualized, and comprehensive services to clients.
		Lebanon 5	The highest monthly intake rate in the last 6 months for the Lebanon ACT team is 1 client per month.	
O3	Full Responsibility for Treatment Services	Claremont 5	<p>The Claremont ACT team provides the following services:</p> <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support <input checked="" type="checkbox"/> Psychiatric Services	

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		Lebanon 5	The Lebanon ACT team provides the following services: <input checked="" type="checkbox"/> Medication prescription, administration, monitoring, and documentation <input checked="" type="checkbox"/> Counseling / individual supportive therapy <input checked="" type="checkbox"/> Housing support <input checked="" type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support <input checked="" type="checkbox"/> Psychiatric Services	
O4	Responsibility for Crisis Services	Claremont 2	Claremont ACT staff is available for crises during weekdays from 8am to 5pm. Clients call the agency Emergency Services after hours.	The Claremont ACT Team Leader and agency should work together to develop a protocol for the ACT team to cover crises 24/7 directly in order to maintain continuity of care. An immediate response can help minimize distress when clients are faced with crises.
		Lebanon 2	Lebanon ACT staff is available for crises during weekdays from 8am to 5pm. Clients call the agency Emergency Services after hours.	The Lebanon ACT Team Leader and agency should work together to develop a protocol for the ACT team to cover crises 24/7 directly in order to maintain continuity of care. An immediate response can help minimize distress when clients are faced with crises.
O5	Responsibility for Hospital Admissions	Claremont 2	According to the charts reviewed and ACT team member reports, the Claremont ACT team is involved in 33% of recent hospital admissions.	The Claremont ACT Team should closely monitor all clients regularly so the ACT team might either divert a crisis or be involved in hospital admissions. When the ACT team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.

#	Item	Rating	Rating Rationale	Recommendations
		Lebanon 5	According to the charts reviewed and ACT team member reports, the Lebanon ACT team is involved in 100% of recent hospital admissions.	
O6	Responsibility for Hospital Discharge Planning	Claremont 3	According to the charts reviewed and ACT team member reports, the Claremont ACT team is involved in 50% of recent hospital discharges.	The Claremont ACT Team should work closely with hospital staff and the client throughout a client's psychiatric hospitalization in order to play an active role in continuity of care through collaborative discharge planning.
		Lebanon 5	According to the charts reviewed and ACT team member reports, the Lebanon ACT team is involved in 100% of hospital discharges.	
O7	Time-unlimited Services	Claremont 4	According to ACT staff reports and data reviewed, approximately 7% of Claremont ACT clients are expected to graduate annually.	
		Lebanon 4	According to ACT staff reports and data reviewed, approximately 9% of Lebanon ACT clients are expected to graduate annually.	
S1	Community-based Services	Claremont 5	According to the data reviewed, the Claremont ACT team provided face-to-face community-based services 89% of the time	
		Lebanon 4	According to the data reviewed, the Lebanon ACT team provided face-to-face community-based services 64% of the time	

#	Item	Rating	Rating Rationale	Recommendations
S2	No Drop-out Policy	Claremont 4	88% of the Claremont ACT team caseload was retained over a 12-month period.  Item formula: $\frac{\# \text{ of clients dropped, moved w/out referral}}{\text{Total \# of clients}} = \text{Drop-out rate}$  $\frac{4}{34} = .12$	The Claremont ACT team should closely monitor the rate and reasons that clients drop out of services to ensure that multiple active engagement strategies are used with clients who are challenging to engage.
		Lebanon 4	86% of the Lebanon ACT team caseload was retained over a 12-month period.  Item formula: $\frac{\# \text{ of clients dropped, moved w/out referral}}{\text{Total \# of clients}} = \text{Drop-out rate}$  $\frac{2}{14} = .14$	The Lebanon ACT team should closely monitor the rate and reasons that clients drop out of services to ensure that multiple active engagement strategies are used with clients who are challenging to engage.
S3	Assertive Engagement Mechanisms	Claremont 5	<input checked="" type="checkbox"/> The Claremont ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement.	
		Lebanon 5	<input checked="" type="checkbox"/> The Lebanon ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement.	

#	Item	Rating	Rating Rationale	Recommendations
S4	Intensity of Services	Claremont 3	According to the data reviewed, the Claremont ACT team averages 62 minutes of face-to-face contacts per week.	It may be useful for the Claremont ACT Team Leader to provide specific feedback to ACT team staff on the amount of service hours per week provided to specific ACT clients. High service intensity is often required to help clients maintain and improve their functioning in the community.
		Lebanon 5	According to the data reviewed, the Lebanon ACT team averages 140 minutes of face-to-face contacts per week.	
S5	Frequency of Contact	Claremont 3	According to the data reviewed, the Claremont ACT team averages 2.6 face-to-face contacts per week.	It may be useful for the Claremont ACT Team Leader to provide specific feedback to ACT team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support, as well as is associated with improved client outcomes.
		Lebanon 3	According to the data reviewed, the Lebanon ACT team averages 2.6 face-to-face contacts per week.	It may be useful for the Lebanon ACT Team Leader to provide specific feedback to ACT team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support, as well as is associated with improved client outcomes.

#	Item	Rating	Rating Rationale	Recommendations
S6	Work with Support System	Claremont 4	<p>According to the data reviewed, the Claremont ACT team averages 4 contacts per month with the client's informal support system in the community for 34 clients.</p> <p>Item formula:</p> $\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}$ $\frac{3 \times 34}{34} = 3$	<p>It would be useful for the Claremont ACT Team Leader to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>
		Lebanon 4	<p>According to the data reviewed, the Lebanon ACT team averages 2.8 contacts per month with the client's informal support system in the community for 14 clients.</p> <p>Item formula:</p> $\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}$ $\frac{2.75 \times 14}{14} = 2.75$	<p>It is useful for the Lebanon ACT Team Leader to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>

#	Item	Rating	Rating Rationale	Recommendations
S7	Individualized Substance Abuse Treatment	Claremont 2	<p>According to the data reviewed, Claremont ACT clients with co-occurring disorders average 3 minutes per week in formal substance abuse counseling.</p> <p>Item formula:</p> $\frac{\text{Sum of session mins} / \# \text{ of SAS clients reviewed}}{4.3 \text{ weeks}} = \text{average mins} / \text{week}$ $\frac{1 \times 240/18}{4.3} = 3.1 \text{ minutes}$ <p>Individual substance abuse sessions were found for only one of the clients reviewed. It appears that individualized substance abuse sessions are variably provided.</p>	<p>Given the limited SAS time allocation on the Claremont ACT team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing Individual Substance Abuse Treatment. Increasing the SAS time on the ACT team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with co-occurring disorders.</p> <p>Additionally, the designated SAS should be exclusively providing individual and group substance abuse services, as well as education and consultation to the team regarding the co-occurring disorder treatment model.</p>
		Lebanon 4	<p>According to the data reviewed, Lebanon ACT clients with a co-occurring disorders average 17 minutes per week in formal substance abuse counseling.</p> <p>Item formula:</p> $\frac{\text{Sum of session mins} / \# \text{ of SAS clients reviewed}}{4.3 \text{ weeks}} = \text{average mins} / \text{week}$ $\frac{2 \times 300/8}{4.3} = 17.4 \text{ minutes}$	<p>Given the limited SAS time allocation on the Lebanon ACT team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing Individual Substance Abuse Treatment. Increasing the SAS time on the ACT team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with co-occurring disorders.</p>

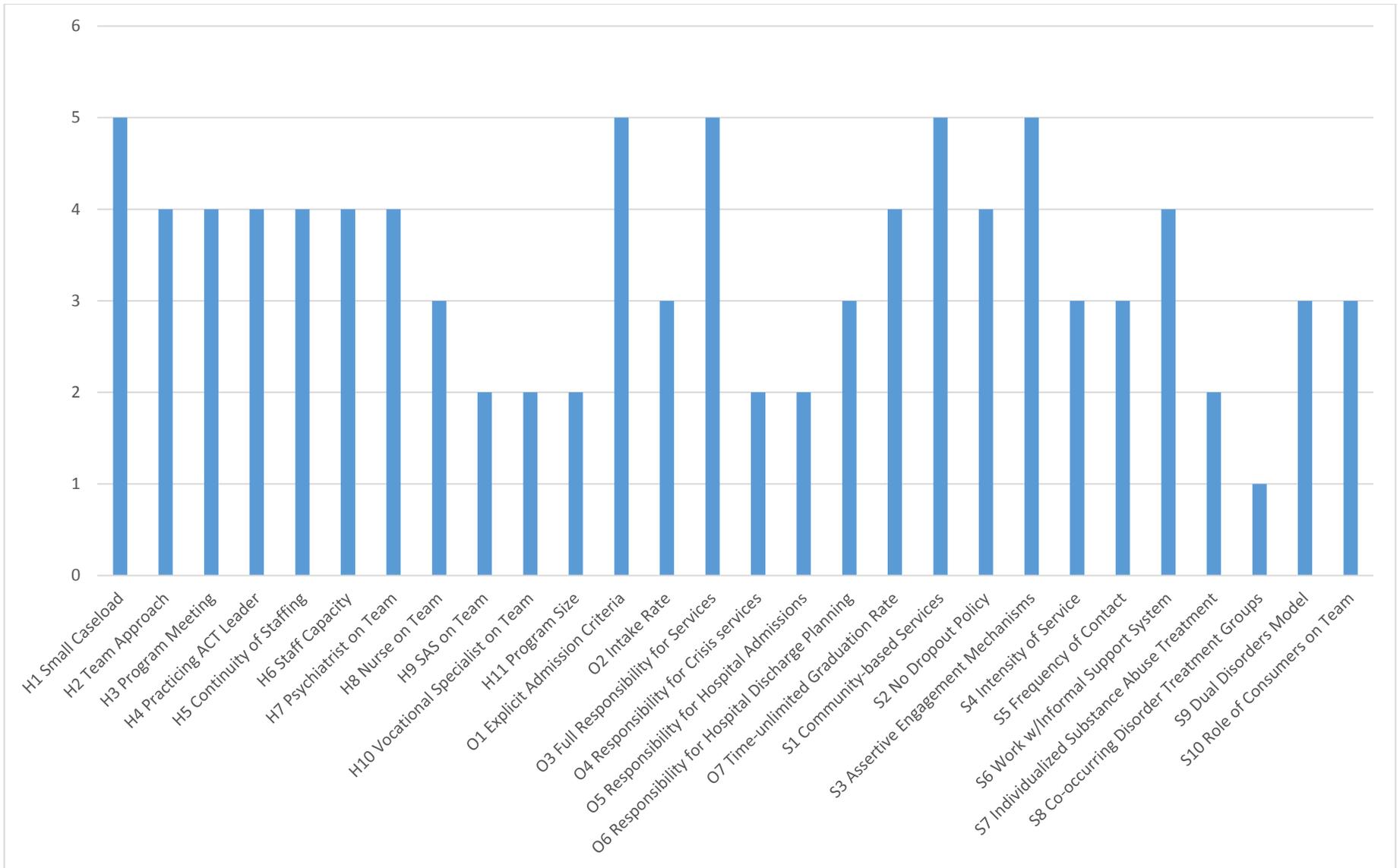
#	Item	Rating	Rating Rationale	Recommendations
S8	Co-occurring Disorder Treatment Groups	Claremont 1	According to the data reviewed, there were no Claremont ACT clients who have a co-occurring disorder that attended co-occurring disorder treatment groups on at least a monthly basis.	<p>Given the limited SAS time allocation on the Claremont ACT team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing Co-occurring Disorder Treatment groups. Increasing the SAS time on the ACT team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with co-occurring disorders.</p> <p>Research continues to demonstrate that structured co-occurring disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. The designated Claremont ACT Team SAS should provide co-occurring disorder stage-wise groups for ACT clients on a weekly basis.</p>
		Lebanon 1	According to the data reviewed, there were no Lebanon ACT clients who have a co-occurring disorder that attended co-occurring disorder treatment groups on at least a monthly basis.	<p>Given the limited SAS time allocation on the Lebanon ACT team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing Co-occurring Disorder Treatment groups. Increasing the SAS time on the ACT team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with co-occurring disorders.</p> <p>Research continues to demonstrate that structured co-occurring disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. The designated ACT Team SAS should provide co-occurring disorder stage-wise groups for ACT clients on a weekly basis.</p>

#	Item	Rating	Rating Rationale	Recommendations
S9	Co-occurring Disorders (Dual Disorders) Model	Claremont 3	The Claremont ACT team appears to provide a mixed model in providing COD services with client with co-occurring disorders.	Hiring a full time ACT Team SAS would be one critical step to meeting the needs of the Claremont ACT Team clients with co-occurring disorders and assuring the ACT team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.
		Lebanon 3	The Lebanon ACT team appears to provide a mixed model in providing COD services with client with co-occurring disorders.	Hiring a full time ACT Team SAS would be one critical step to meeting the needs of the Lebanon ACT Team clients with co-occurring disorders and assuring the ACT team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.
S10	Role of Peer Specialist on Team	Claremont 3	<input checked="" type="checkbox"/> The Claremont ACT team has a consumer that has full professional status  <input type="checkbox"/> The consumer is employed full time on the ACT team	The Claremont ACT team would benefit from increasing the peer time to full time in order to have the capacity to work with more ACT clients that may benefit from these services.
		Lebanon 1	The Lebanon ACT team does not have a Peer Support Specialist at this time.	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles for team members. As such, the Lebanon ACT team would benefit from a full time Peer Support Specialist working as a full and regular member of the ACT team to assure a consistent focus on recovery oriented services for ACT clients.

Claremont ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	4
H6 Staff Capacity	4
H7 Psychiatrist on Team	4
H8 Nurse on Team	3
H9 SAS on Team	2
H10 Vocational Specialist on Team	2
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	3
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	2
O5 Responsibility for Hospital Admissions	2
O6 Responsibility for Hospital Discharge Planning	3
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	5
S2 No Dropout Policy	4
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	3
S5 Frequency of Contact	3
S6 Work w/Informal Support System	4
S7 Individualized Substance Abuse Treatment	2
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	3
<b>Total</b>	<b>95</b>

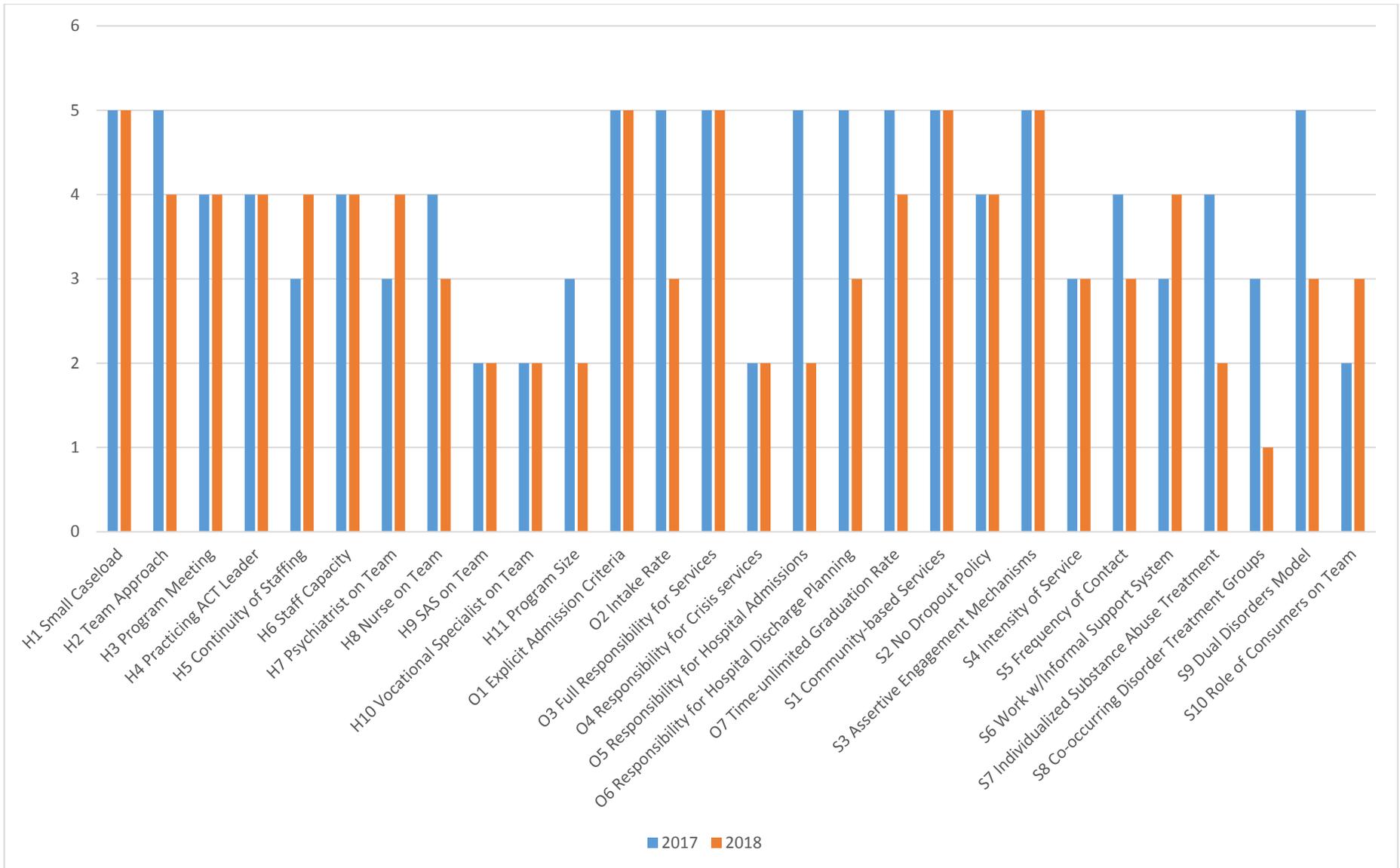
113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

## Claremont ACT Items 2018



<b>Claremont ACT Team Item Comparison</b>		
<b>Items</b>	<b>2017 Rating 1 -5</b>	<b>2018 Rating 1 -5</b>
H1 Small Caseload	5	5
H2 Team Approach	5	4
H3 Program Meeting	4	4
H4 Practicing ACT Leader	4	4
H5 Continuity of Staffing	3	4
H6 Staff Capacity	4	4
H7 Psychiatrist on Team	3	4
H8 Nurse on Team	4	3
H9 SAS on Team	2	2
H10 Vocational Specialist on Team	2	2
H11 Program Size	3	2
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	3
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis services	2	2
O5 Responsibility for Hospital Admissions	5	2
O6 Responsibility for Hospital Discharge Planning	5	3
O7 Time-unlimited Graduation Rate	5	4
S1 Community-based Services	5	5
S2 No Dropout Policy	4	4
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	3	3
S5 Frequency of Contact	4	3
S6 Work w/Informal Support System	3	4
S7 Individualized Substance Abuse Treatment	4	2
S8 Co-occurring Disorder Treatment Groups	3	1
S9 Dual Disorders Model	5	3
S10 Role of Consumers on Team	2	3
<b>Total</b>	<b>109</b>	<b>95</b>

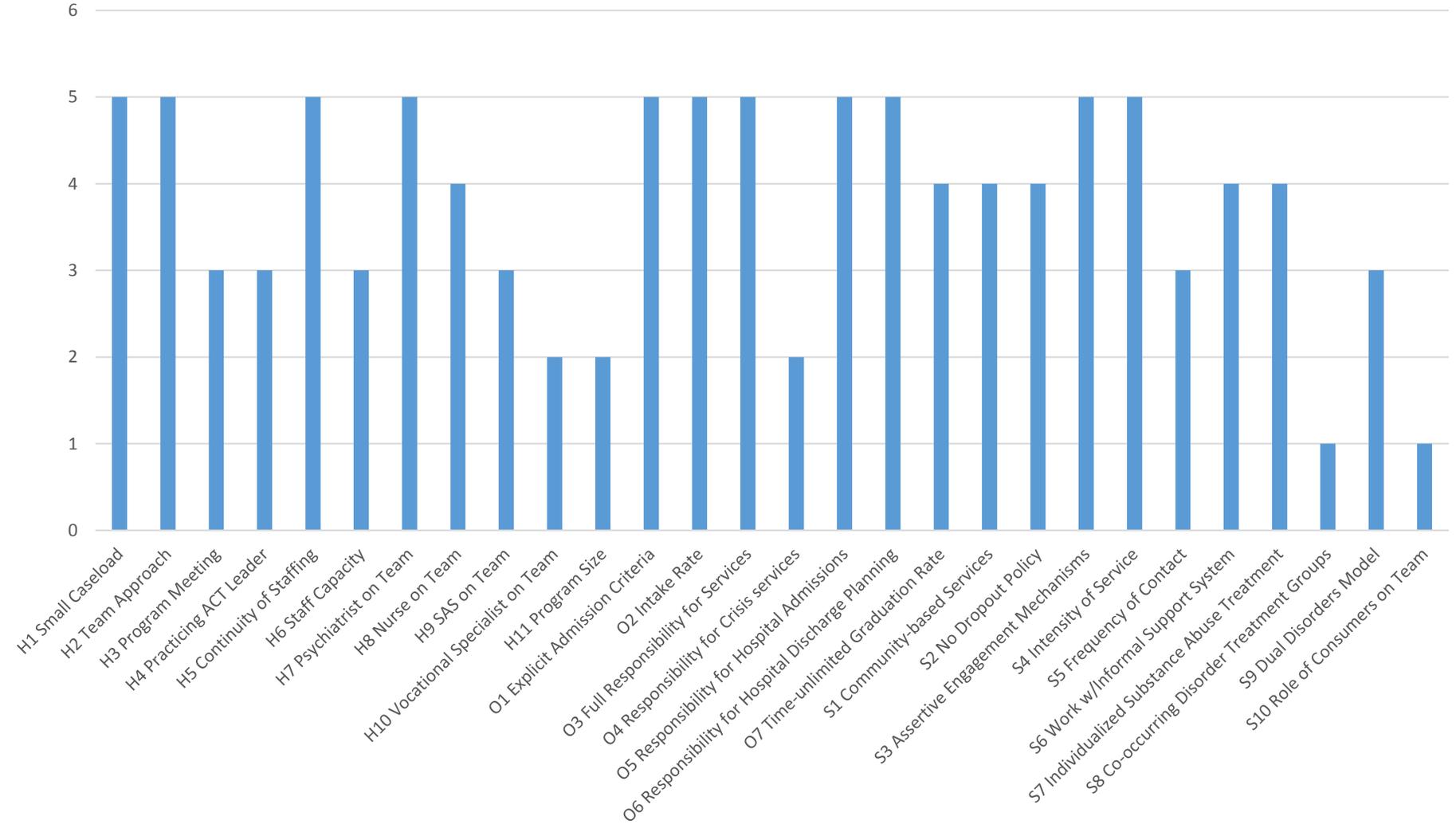
## Claremont ACT Item Comparison for Years 2017 & 2018



Lebanon ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	5
H3 Program Meeting	3
H4 Practicing ACT Leader	3
H5 Continuity of Staffing	5
H6 Staff Capacity	3
H7 Psychiatrist on Team	5
H8 Nurse on Team	4
H9 SAS on Team	3
H10 Vocational Specialist on Team	2
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	2
O5 Responsibility for Hospital Admissions	5
O6 Responsibility for Hospital Discharge Planning	5
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	4
S2 No Dropout Policy	4
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	5
S5 Frequency of Contact	3
S6 Work w/Informal Support System	4
S7 Individualized Substance Abuse Treatment	4
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	1
<b>Total</b>	105

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

### Lebanon ACT Team Items 2018





Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-5000 1-800-852-3345 Ext. 5000  
Fax: 603-271-5058 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

January 26<sup>th</sup>, 2018

Suellen Griffin, CEO  
West Central Behavioral Health  
9 Hanover Street, Suite 2  
Lebanon, NH 03766

Dear Ms. Griffin,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for West Central Behavioral Health. This review took place from January 9<sup>th</sup>, 2018 through January 11<sup>th</sup>, 2018. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

WCBH is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention because your center scored a 3 or below on them. We ask that you address each item but please choose 2-3 to focus on for the purpose of your Quality Improvement Plan. Please address these in a QIP to my attention, via e-mail, by the close of business on February 26<sup>th</sup>, 2018.

Lebanon Team

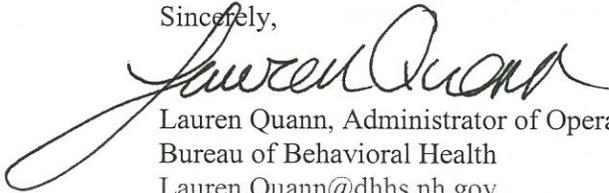
- Human Resources: Structure and Composition
  - H3: Program Meeting
  - H4: Practicing ACT Leader
  - H6: Staff Capacity
  - H9: Substance Abuse Specialist On Team
  - H10: Vocational Specialist On Team
  - H11: Program Size
- Organizational Boundaries
  - O4: Responsibility for Crisis Services
- Nature of Services
  - S5: Frequency of Contact
  - S8: Co-occurring Disorder Treatment Groups
  - S9: Co-occurring Disorders (Duel Disorders) Model
  - S10: Role of Peer Specialist on Team

Claremont Team

- Human Resources: Structure and Composition
  - H7: Psychiatrist on Team
  - H8: Nurse on Team
  - H9: Substance Abuse Specialist on Team
  - H10: Vocational Specialist on Team
  - H11: Program Size
- Organizational Boundaries
  - O2: Intake Rate
  - O4: Responsibility for Crisis Services
  - O5: Responsibility for Hospital Admissions
  - O6: Responsibility for Hospital Discharge Planning
- Nature of Services
  - S4: Intensity of Services
  - S5: Frequency of Contact
  - S7: Individualized Substance Abuse Treatment
  - S8: Co-occurring Disorder Treatment Groups
  - S9: Co-occurring Disorders (Dual Disorders) Model
  - S10: Role of Peer Specialist on Team

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

Sincerely,



Lauren Quann, Administrator of Operations  
Bureau of Behavioral Health  
[Lauren.Quann@dhhs.nh.gov](mailto:Lauren.Quann@dhhs.nh.gov)  
603-271-8376

Enclosures: MFS ACT Initial Fidelity Review  
CC: Karl Boisvert, Diana Lacey, Susan Drown

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** H8 Nurse on the Team

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_to be determined\_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH will track the number of clients that are coming into the program and increase the Nursing FTE as the volume increases	WCBH will have the appropriate allocation of nursing time on the ACT team	Tracking of client need for nursing time has begun	Continuing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** H9: Substance Abuse Specialist on Team

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_ to be determined\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH will increase the SAS FTE to the ACT team when there is increased client demand. Currently all clients that need SAS and are willing to accept these services are receiving them	WCBH will have the appropriate allocation of SAS time on the ACT team	Tracking of client need for SAS time has begun	Continuing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** H10: Vocational Specialist on Team

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_\_ to be determined (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH will increase the Vocational Specialist FTE to the ACT team when there is increased client demand. Currently all clients that are willing to accept these services are receiving them	WCBH will have the appropriate allocation of vocational time on the ACT team	Tracking of client need for vocational time has begun	Continuing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** H11: Program Size

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_ to be determined \_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH will continue to assess all clients coming into our service and enroll all clients that meet our admission criteria in to the program	We will have the appropriate size ACT team based on client need and demand	Screening of all clients for ACT services has begun	Ongoing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** O2: Intake Rate

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_\_ 4/30/18 \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Rate of intake to the ACT Team will be monitored each month to ensure that the rate of admission to the program does not exceed 6 consumers per month.	Rate of admission will not exceed 6 per month	3-1-18	Ongoing practice	ACT Team Leader and Adult Services Director

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** O4: Responsibility for Crisis Service

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_ to be determined \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
We have monitored the after hours calls made by ACT team clients to our Emergency Services. ACT team clients in both Lebanon and Claremont combined contact ES on average 2-3 times each week (total). This frequency of emergency contact does not support WCBH standing up 2 (ACT crisis and ES) crises response systems.	ACT clients will receive after hours coverage and assistance as necessary. Because of the low volume – WCBH can not justify setting up a 24/7 crisis response for ACT team clients.	Monitoring of crisis calls after hours by ACT team clients was recently conducted.	Completed	Adult Program Directors and Emergency Services Director

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** O5: Responsibility for Hospital Admissions

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_June 30, 2018\_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Team leader will review all admissions and ensure that appropriate documentation of communication with hospital staff is evident in the clinical record.	Improved documentation of communication with hospital staff.	March 1, 2018	Continuing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** O6: Responsibility for Hospital Discharge Planning

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_June 30, 2018\_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Team leader will review all admissions and ensure that appropriate documentation of communication with hospital staff is evident in the clinical record, and discharges are coordinated with the ACT team.	Improved efforts to communicate and document communication with hospital staff to increase the coordination and planning for discharge	March 1, 2018	Continuing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** S4: Intensity of Service

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_June 30, 2018\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Team Leader will review intensity of weekly contacts with clients during daily team meetings in effort to increase intensity to >85 minutes per week of service	Increase intensity of service to > 85 minutes of service	April 1, 2018	Ongoing practice	Act Team Leader
Claremont Team Leader will review practices that are in place in the Lebanon clinic with the Lebanon Team Leader to learn about practices that may have been helpful to in achieving the intensity of service target	Increase intensity of service to > 85 minutes of service	April 1, 2018	By End of April, 2018	Act Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** S5: Frequency of Contact

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_June 30, 2018\_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Team Leader will review cases with team at daily team meeting and ensure that all clients are receiving a minimum of 3-4 contacts/week	All ACT clients will receive a minimum of 3-4 contacts/week	April 1, 2018	Ongoing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** S7: Individualized Substance Abuse Treatment

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by June 30, 2018 (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Our SA Clinician provides treatment to clients that are dually diagnosed and willing to engage in treatment. Process of SA assessment will be reviewed over the next 3 months	Improved process for assessing and engaging clients in SA treatment	April 1, 2018	June 30, 2018	Adult Program Directors, SA Director

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** S8:Co-Occurring Disorder Treatment Group

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_\_ June 30, 2018 \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Begin Smoking Cessation group as a starting place/launching pad for a dual diagnosis group. Goal is to use Smoking Cessation group to help recruit clients for a dual diagnosis group.	Use interest client's have expressed for Smoking Cessation as a "foot in the door" to engage them in other co-occurring disorders groups.	March 1, 2018	Ongoing	ACT Team Leader and Substance Use Specialist

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** S9: Dual Disorders Model \_\_\_\_\_

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_\_ June 30, 2018 \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
We will provide training to staff about the Dual Disorders model of treatment	Increased use of DD model of principles and treatment	April 1, 2018	June 30, 2018	David Pelletier

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Claremont

Date: 3/15/18

**ACT Fidelity Area in Need of Improvement:** S10: Role of Consumers on Team \_\_\_\_\_

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_ to be determined \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH will remain open to the idea of increasing the FTE of the PSS. WCBH has been unable to hire a PSS in a full-time capacity as they are at risk of losing benefits and have not been seeking full-time employment.	PSS staffing level that is desirable and manageable for the client in this role and their expressed needs.	In place.	Ongoing assessment of PSS employment goals.	ACT Team Leader

NH Department of Health and Human Services  
Bureau of Mental Health Services

NH Department of Health and Human Services  
 Bureau of Mental Health Services

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** H3 Program Meeting

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by 6/30/18 (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Lebanon ACT team leader will restructure meetings/meeting schedule to require all part-time ACT team members to attend team at least 2 days/week	Enhanced communication and ability to actively monitor the team approach	4/15/18	ongoing	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** H4 Practicing Act Leader

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by 6/30/18 (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
ACT team leader will review all cases at daily team meetings and track all direct service activities on a regular basis.	Increase direct service activity of ACT Team Leader to greater than 25% of the time	April 1, 2018	Ongoing practice	Act team leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** H6 Staff Capacity

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by 6/30/18 (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH is working with the Region 1 IDN on workforce solutions including sign-on bonuses, staff referral bonuses, and tuition reimbursement	Increased staff capacity	Application being submitted March 15, 2018	June 30, 2018	HR Director, Max Bryant

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** H9: Substance Abuse Specialist on Team

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_ to be determined\_ \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other - monitoring and increasing FTE as indicated

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH will increase the SAS FTE to the ACT team when there is increased client demand. Currently all clients that need SAS and are willing to accept these services are receiving them	WCBH will have the appropriate allocation of SAS time on the ACT team	Tracking of client need for SAS time has begun	Continuing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** H10: Vocational Specialist on Team

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_ March 1, 2018 \_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH FTE for Vocational Specialist was increased to .2 FTE as of March 1, 2018. WCBH will further increase the Vocational Specialist FTE to the ACT team when there is increased client demand.	WCBH will have the appropriate allocation of vocational time on the ACT team	Tracking of client need for vocational time has begun	Continuing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** H11: Program Size

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by June 30, 2018 \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
WCBH will continue to assess all clients coming into our service and enroll all clients that meet our admission criteria in to the program. Given our geographic area we set up 2 ACT teams to cover the need. The Lebanon ACT team has been actively admitting clients for less than one year. We will continue to assess the pros and cons of having 2 separate ACT teams as opposed to one combined team for 2 counties.	We will have the appropriate size ACT team based on client need and demand	Screening of all clients for ACT services has begun. Assessment by Exec staff will begin in May 2018	Ongoing practice; Evaluation of 1 vs 2 teams will be done by June 2018	Program Director; Executive Staff

NH Department of Health and Human Services  
Bureau of Mental Health Services


**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** O4: Responsibility for Crisis Service

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_ to be determined \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
We have monitored the after hours calls made by ACT team clients to our Emergency Services. ACT team clients in both Lebanon and Claremont combined contact ES on average 2-3 times each week (total). This frequency of emergency contact does not support WCBH standing up 2 (ACT crisis and ES) crises response systems.	ACT clients will receive after hours coverage and assistance as necessary. Because of the low volume – WCBH can not justify setting up a 24/7 crisis response for ACT team clients.	Monitoring of crisis calls after hours by ACT team clients was recently conducted.	Completed	Adult Program Directors and Emergency Services Director

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** S5: Frequency of Contact

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_\_ June 30, 2018 \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Team Leader will review cases with team at daily team meeting and ensure that all clients are receiving a minimum of 3-4 contacts/week	All ACT clients will receive a minimum of 3-4 contacts/week	April 1, 2018	Ongoing practice	ACT Team Leader

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** S8:Co-Occurring Disorder Treatment Group

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_\_ June 30, 2018\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
We will look to establish a co-occurring disorders treatment group for clients in the Lebanon clinic.	Increased services and group opportunities for dually-diagnosed clients	June 1, 2018	Ongoing	ACT Team Leader and Substance Use Specialist

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

NH Department of Health and Human Services  
Bureau of Mental Health Services

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** S9: Dual Disorders Model \_\_\_\_\_

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_ June 30, 2018 \_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change   
  Practice change   
  Process change   
  Workforce Development  
 Infrastructure improvement   
  Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
We will provide training to staff about the Dual Disorders model of treatment	Increased use of DD model of principles and treatment	April 1, 2018	June 30, 2018	David Pelletier

**ACT Fidelity Quality Improvement Plan**  
**West Central Behavioral Health**

Location: Lebanon

Date: 3-16-18

**ACT Fidelity Area in Need of Improvement:** S10: Role of Consumers on Team \_\_\_\_\_

**ACT Fidelity Baseline:**  1  2  3  4  5

**Improvement Target:**  1  2  3  4  5 by \_\_\_\_\_ April 30, 2018 \_\_\_\_\_ (date)

**Improvement Strategies** (select all that apply):

- Policy change     Practice change     Process change     Workforce Development  
 Infrastructure improvement     Other \_\_\_\_\_

**Action Plan** (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
A new position for a PSS has been approved and is posted for the Lebanon clinic. Recruitment is underway.	PSS will be integrated onto the Lebanon ACT team	As soon as position is filled	Ongoing position	ACT Team Leader

NH Department of Health and Human Services  
Bureau of Mental Health Services



Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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

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March 21, 2018

Suellen Griffin, CEO  
West Central Behavioral Health  
9 Hanover Street, Suite 2  
Lebanon, NH 03766

Dear Ms. Griffin,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on March 16, 2018 that was in response to the ACT Fidelity Review conducted on January 9<sup>th</sup>, 2018 through January 11<sup>th</sup>, 2018. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement. Follow up will be conducted on a quarterly basis using the attached ACT Fidelity Review Quality Improvement Plan Progress Report.

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

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

Sincerely,

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

Lauren Quann  
Administrator of Operations  
Bureau of Mental Health Services  
[Lauren.Quann@dhhs.nh.gov](mailto:Lauren.Quann@dhhs.nh.gov)  
603-271-8376

LAQ/laq

Enclosures: WCBH ACT QIP Quarter 1 progress report template  
CC: Karl Boisvert, Diana Lacey, Susan Drown, Julianne Carbin