

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Office of Quality Assurance and Improvement*



***QUALITY SERVICE REVIEW***

**Report for**

***West Central Behavioral Health***

Issued December 7, 2017

Quality Service Review Report  
for West Central Behavioral Health

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

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December 6, 2017

**Disclaimer**

With input from the representatives of the Plaintiffs, enhancements were made to the QSR instruments and scoring protocol prior to WCBH's current QSR. Due to those changes, the results contained in this report are not comparable to the results published in the past year's QSR report.

## *Acknowledgements*

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The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort West Central Behavioral Health 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 Bureau of Mental Health Services.

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## *Acronyms*

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

## *Executive Summary*

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The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the Plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following 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 55 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted the CMHC QSR at the West Central Behavioral Health (WCBH) offices in Claremont and Lebanon, NH, from September 11 through September 15, 2017. The WCBH QSR sample included 22 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 September 1, 2016 through September 10, 2017. The data was collected using standardized QSR instruments and scored following a QSR scoring protocol.

WCBH received a score of 70% or greater for 13 of the 18 quality indicators. The following five quality indicators were identified as areas in need of improvement:

Quality Indicator 1: Adequate Assessment

Quality Indicator 8: Adequate Employment Assessment/Screening

Quality Indicator 10: Adequate Individual Employment Service Delivery

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

Quality Indicator 17: Implementation of High Fidelity ACT Services

WCBH is required to submit a Quality Improvement Plan to DHHS for Quality Indicators 1, 8, 10 and 11. A Quality Improvement Plan is not required for Quality Indicator 17 at this time.

**Table 1: WCBH QSR Summary Results**

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total # of Measures
1. Adequate assessment	17*	27%	Yes	3
2. Appropriate treatment planning	22	86%	No	2
3. Adequate individual service delivery	22	74%	No	3
4. Adequate housing assessment	22	95%	No	1
5. Appropriate housing treatment planning	22	100%	No	1
6 Adequate individual housing service delivery	22	80%	No	2
7 Effective housing supports provided	22	75%	No	4
8. Adequate employment assessment/screening	22	50%	Yes	2
9. Appropriate employment treatment planning	15*	80%	No	1
10. Adequate individualized employment service delivery	14*	68%	Yes	2
11. Adequate assessment of social and community integration needs	22	48%	Yes	2
12. Adequate integration within the community, choice, independence, and social supports	22	73%	No	10
13. Adequate crisis assessment	13*	79%	No	4

14. Appropriate crisis plans	22	84%	No	2
15. Comprehensive and effective crisis service delivery	9*	72%	No	5
16. Adequate ACT screening	22	86%	No	2
17. Implementation of High Fidelity ACT Services	12*	58%	N/A**	4
18. Successful transition/discharge from inpatient psychiatric facility	12*	71%	No	6

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

\*\* An ACT Fidelity Quality Improvement Plan with on-going technical assistance is already in place through BMHS

## ***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 individualized transition process set forth above, and that the individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare. The goal of this system will be to ensure that 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.

As part of that system, the state is required to develop and implement a quality assurance review that regularly collects, aggregates, and analyzes data related to transition efforts including but not limited to information related to both successful and unsuccessful transitions, as well as the problems or barriers to serving and/or keeping individuals in the most integrated setting. Such problems or barriers may include but not be limited to insufficient or inadequate housing, community resources, mental health care, crisis services, and supported employment.

To comply with Section VII, the 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), assess compliance with the substantive provisions of the CMHA, and assess achievement of the CMHA's intended outcomes. The CMHA requires the state to conduct a QSR at least annually. Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps and weaknesses, as well as areas of highest demand; to provide information for comprehensive planning, administration and resource-targeting; and to consider whether additional community-based services and supports are necessary to ensure individuals have 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 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 NH's Community Mental Health Centers (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, CMHP re-approval reviews, CMHA quarterly reports, the Bureau of Mental Health Services (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 onsite 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 onsite 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-onsite 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) (see Appendix 1: List of CMHC QSR 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 56 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 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 that define achievement of the outcomes and substantive provisions set forth by the CMHA. 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, and 1c. If an individual received a score of “YES” for two of the three performance measures, the score for Quality Indicator 1 at the individual level would be 66.7%. If the total of all 20 individual level scores for Quality Indicator 1 is 1356, the CMHC level score for Quality Indicator 1 would be 68% (see Appendix 3: 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 (see Appendix 2: 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 require the 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 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: Adequate Individual Employment Service Delivery. Individuals who do not meet ACT eligibility criteria, or who received ACT services outside the period of review, will not have a score for Quality Indicator 17: Implementation of High Fidelity ACT Services.

### **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, CMHP RE-Approval Reviews, and additional data from DHHS databases, the CMHA Quarterly Report, 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. 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 and each quarter. The BMHS and OQAI will provide feedback to the CMHC and any needed technical assistance during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 85% or greater.

## V. West Central Behavioral Health QSR Findings

### West Central Behavioral Health Overview

The WCBH QSR was conducted at the WCBH offices in Claremont and Lebanon, NH. Additional information about WCBH is found in Appendix 4: Agency Overview. Ninety-two WCBH individuals met the QSR sample criteria. Twenty-two eligible individuals were drawn from this pool at random to be interviewed. 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	19	21%	5	22.7%
ACT/NO IPA	36	39%	7	31.8%
NO ACT/IPA	4	4%	7	31.87%
NO ACT/NO IPA	33	36%	3	13.6%
<b>Total</b>	<b>92</b>	<b>100%</b>	<b>22</b>	<b>99.9%+</b>

+Percentage does not add up to 100% due to rounding

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

**Table 3: Review Activities**

	Number In person	Number By Phone	Total
Clients Interviewed	21	1	22
Staff Interviewed	22	NA	22
Clinical Records Reviewed	22	NA	22

From September 11 through September 15, 2017, five teams consisting of staff from OQAI and BMHS completed the onsite data collection process. Assessment data was collected for the review period of September 1, 2016 through September 14, 2017. Following the onsite review, the assessment data was scored. Analysis of the scores was then completed.

## West Central Behavioral Health Scores

### ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. WCBH 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: Adequate 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.

Of the 22 individuals interviewed, seventeen individuals were scored for Quality Indicator 1. Five individuals were not applicable for scoring because the individual and/or staff member did not adequately answer a question(s) that is(are) relevant to the scoring algorithm. WCBH received a score of 27% for Quality Indicator 1.

Quality Indicator 1 consists of Measure 1a, Measure 1b, and Measure 1c. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 1a:</b> Assessments identify the individual's needs and preferences.	0	17	NA	NA
<b>Measure 1b:</b> Assessments identify individual's strengths.	0	17	NA	NA
<b>Measure 1c:</b> Assessment information was gathered through face-to-face appointment(s) with the individual.	14	3	1	2

### **Additional Results**

- The score for Quality Indicator 1 reflects the observation that WCBH does not utilize either the Adult Needs and Strengths Assessment (ANSA) or a similar comprehensive assessment to identify individual’s needs, preferences, and strengths (Measures 1a and 1b). Although DHHS requires CMHCs to use the ANSA, WCBH chooses to utilize the Daily Living Activities-20 (DLA) to track functional assessment in daily living areas impacted by mental health. The DLA-20 does not include all components covered by the ANSA.

### **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 his/her 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.

Twenty-two individuals were scored for Quality Indicator 2. WCBH received a score of 86%.

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

	<b>YES</b>	<b>NO</b>	<b>ACT</b>	<b>NO ACT</b>
<b>Measure 2a:</b> Treatment planning is appropriately customized to meet the individual’s needs and goals	20	2	1	1
<b>Measure 2b:</b> Treatment planning is person-centered and strengths based	18	4	10	8

### **Additional Results**

- For Quality Indicator 2, the average score for the 12 individuals receiving ACT was 88%; the average score for the 10 individuals not receiving ACT was 85%.
- Individuals responded they talk with WCBH staff frequently about their needs and goals, with the most common response being “weekly” (CII Q2).

- Of the 22 clinical records reviewed, 20 individuals signed their most recent ISP/treatment plan (CRR Q12); 13 ISP/treatment plans included the individuals' strengths (CRR Q13); and 18 ISP/treatment plans were written in plain language (CRR Q14).
- Of the 22 individuals interviewed, 20 individuals responded that staff actively work with them on their goals (CII Q5).
- Of the 22 individuals interviewed, 17 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Of the 22 individuals interviewed, 19 individuals indicated they were able to effectuate change to their treatment plans (CII Q8).
- Staff responded they are aware of issues or concerns with four of the 22 individuals interviewed not receiving a service(s) currently in their treatment plans (SII Q6) because they declined services offered or previously provided services are no longer needed (SII Q7).

### **Quality Indicator 3: Adequate 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.

Twenty-two individuals were scored for Quality Indicator 3. WCBH received a score of 74% for Quality Indicator 3.

Quality Indicator 3 consists of Measure 3a, Measure 3b, and Measure 3c. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 3a:</b> Services are delivered to the individual with the appropriate intensity, frequency, and duration	11	11	2	9
<b>Measure 3b:</b> Service delivery is flexible to meet the individual's changing needs and goals	16	6	2	4
<b>Measure 3c:</b> Services are delivered in accordance with the service provision(s) indicated in the individual's treatment plan	21	1	0	1

### **Additional Results**

- For Quality Indicator 3, the average score for the 12 individuals receiving ACT was 89%; the average score for the 10 individuals not receiving ACT was 57%.
- Of the 22 individuals interviewed, 17 individuals responded they were able to get all the services and supports they need to meet their current needs and achieve their goals; four individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; one individual responded he/she was not able to get all the services and supports he/she needs to meet his/her current needs and achieve his/her goals (CII Q14). Of the five individuals who responded “somewhat” or “no,” three individuals responded that they need more services (CII Q15).

### **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.”<sup>2</sup>

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: Adequate 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.

Twenty-two individuals were scored for Quality Indicator 4. WCBH received a score of 95% for Quality Indicator 4.

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

	YES	NO	ACT	NO ACT
<b>Measure 4a:</b> The individual’s housing needs are adequately identified	21	1	0	1

#### **Additional Results**

- Identified housing needs included individuals wanting to find better housing and assistance with paying rent (CRR Q22).

#### **Quality Indicator 5: Appropriate 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.

Twenty-two individuals were scored for Quality Indicator 5. WCBH received a score of 100% for Quality Indicator 5.

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

	YES	NO	ACT	NO ACT
<b>Measure 5a:</b> Treatment Plans are appropriately customized to meet the individual’s housing needs and goals	22	0	NA	NA

**Additional Results**

None.

**Quality Indicator 6: Adequate 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.

Twenty-two individuals were scored for Quality Indicator 6. WCBH received a score of 80% for Quality Indicator 6.

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

	YES	NO	ACT	NO ACT
<b>Measure 6a:</b> Housing support services are provided to the individual with appropriate intensity, frequency, and duration to meet his/her changing needs and goals	20	2	1	1
<b>Measure 6b:</b> Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	16	6	9	7

**Additional Results**

- For Quality Indicator 6, the average score for the 12 individuals receiving ACT was 79%; the average score for the 10 individuals not receiving ACT was 80%.
- The most common housing services or supports received by individuals, based on their comments, are help with landlord/neighbor relations, shopping, and paperwork (CII Q43).
- Comments from four individuals noted a need for more information regarding financing for housing, particularly Section 8 and bridge subsidy (CII Q47).

### Quality Indicator 7: Effective 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.

Twenty-two individuals were scored for Quality Indicator 7. WCBH received a score of 75% for Quality Indicator 7. Of the 22 individuals interviewed, four individuals did not move from their residence within the period of review and therefore were not applicable for Measure 7d.

Quality Indicator 7 consists of Measure 7a, Measure 7b, Measure 7c, and Measure 7d.

Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 7a:</b> Housing supports and services enable the individual to meet/progress toward his/her identified housing goals	17	5	9	8
<b>Measure 7b:</b> Housing supports and services enable the individual to maintain safe housing	20	2	1	1
<b>Measure 7c:</b> Housing supports and services enable the individual to maintain stable housing	11	11	9	2
<b>Measure 7d:</b> Housing supports and services enable the individual to be involved in selecting his/her housing	15	3	1	2

### Additional Results

- For Quality Indicator 7, the average score for the 12 individuals receiving ACT was 83%; the average score for the 10 individuals not receiving ACT was 66%.
- Of the 22 individuals interviewed, four individuals responded they were homeless in the past 12 months (CII Q34). Of those four individuals, one individual was receiving ACT.
- The most common reason expressed by individuals for being at risk of losing housing were financial and the individuals' behavior (Measure 7c, CII Q33, SII Q26).
- The most common responses individuals made regarding what is important to them when choosing a place to live are affordability, a safe and clean environment, the size of the residence, and allowing pets (CII Q41).

## **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/assessed 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: Adequate Employment Assessment/Screening**

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 preferences, experiences, skills, current adjustment, strengths, and needs. For individuals enrolled in Supported Employment programs, an adequate assessment per fidelity guidelines is a standardized "Vocational Profile".

Quality Indicator 8 corresponds to CMHA section VII.D.1. 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.

Twenty-two individuals were scored for Quality Indicator 8. WCBH received a score of 50% for Quality Indicator 8. Of the 22 individuals interviewed, nine individuals were identified as receiving supported employment services, therefore applicable to Measure 8b. A comprehensive employment assessment is provided only to those receiving supported employment services.

Quality Indicator 8 consists of Measure 8a and Measure 8b. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 8a:</b> The individual’s employment needs are adequately identified.	12	10	8	4
<b>Measure 8b:</b> The individual received a comprehensive assessment of employment needs and preferences, when applicable.	4	5	3	2

**Additional Results**

- For Quality Indicator 8, the average score for the 12 individuals receiving ACT was 63%; the average score for the 10 individuals not receiving ACT was 35%.

**Quality Indicator 9: Appropriate 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.

Fifteen individuals were scored for Quality Indicator 9. WCBH received a score of 80% for Quality Indicator 9. Seven individuals were considered not applicable for Quality Indicator 9 because they did not have employment goals in their treatment plan.

Quality Indicator 9 consists of Measure 9a. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 9a:</b> Treatment plans are appropriately customized to meet the individual’s changing employment needs and goals.	11	4	4	0

**Additional Results**

WCBH offers supported employment from both the Claremont and Lebanon offices. WCBH conducted a Supported Employment Fidelity Review in October 2016. The CMHC self-review resulted in a score of “Good Fidelity,” scoring 101 on a scale of 125 points. Two areas scored low (a 2 out of 5 score): “Integration of rehabilitation with mental health treatment through team assignment” and “Job development-frequent employer contact.”

- For Quality Indicator 9, the average score for the nine individuals receiving ACT was 67%; the average score for individuals not receiving ACT was 100%.

- Of the six individuals employed, three were receiving ACT services and three were not. Four individuals (one receiving ACT) have competitive employment (SII Q36, CII Q49), two individuals work full-time (one receiving ACT), and four individuals work part-time (CII Q51); four individuals (three receiving ACT) responded they would like to work more hours (CII Q53).

**Quality Indicator 10: Adequate 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.

Fourteen individuals were scored for Quality Indicator 10. WCBH received a score of 68% for Quality Indicator 10. Of the 22 individuals interviewed, eight individuals were not receiving Supported Employment services and therefore not applicable for Measure 10b.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 10a:</b> Service delivery is provided with the intensity, frequency, and duration needed to meet the individual’s changing employment needs.	11	3	1	2
<b>Measure 10b:</b> The employment services and supports provided are meeting the individual’s goals.	8	6	3	3

**Additional Results**

- For Quality Indicator 10, the average score for the nine individuals receiving ACT was 72%; the average score for five individuals not receiving ACT was 60%.
- The most common employment services offered to the individuals are help with understanding the benefits of supported employment, assistance with resume writing, job search, completing job applications, and helping with issues at work (CRR Q40, SII Q49).

## 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: Adequate 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 or not the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Twenty-two individuals were scored for Quality Indicator 11. WCBH received a score of 48% for Quality Indicator 11.

Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 11a:</b> Assessment identifies the individual's needs and preferences related to social and community integration.	21	1	0	1
<b>Measure 11b:</b> Assessment identifies the individual's strengths related to social and community integration.	0	22	NA	NA

### Additional Results

- For Quality Indicator 11, the average score for the 12 individuals receiving ACT was 50%; the average score for the 10 not receiving ACT was 45%.

**Quality Indicator 12: Adequate 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.

Twenty-two individuals were scored for Quality Indicator 12. WCBH received a score of 73% for Quality Indicator 12.

Quality Indicator 12 consists of Measure 12a-12j. Ten individuals did not have a psychiatric inpatient admission and therefore were not applicable to Measure 12c. Six individuals (two ACT and four non-ACT) did not have identified needs related to strengthening social supports and therefore not applicable for Measure 12j. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 12a:</b> The individual is competitively employed.	4	18	11	7
<b>Measure 12b:</b> The individual lives in an independent residence.	20	2	1	1
<b>Measure 12c:</b> The individual (re)starts communication with his/her natural support(s) upon discharge from an inpatient psychiatric facility.	12	0	NA	NA
<b>Measure 12d:</b> The individual is integrated in his/her community.	11	11	5	6
<b>Measure 12e:</b> The individual has choice in housing.	16	6	3	3
<b>Measure 12f:</b> The individual has choice in his/her treatment planning, goals and services.	17	5	3	2
<b>Measure 12g:</b> The individual has the ability to manage his/her own schedule/time.	19	3	2	1
<b>Measure 12h:</b> The individual spends time with peers and/or family.	21	1	1	0
<b>Measure 12i:</b> The individual feels supported by those around him/her.	19	3	2	1
<b>Measure 12j:</b> Efforts have been made to strengthen social supports if needed.	11	5	5	0

## **Additional Results**

- For Quality Indicator 12, the average score for the 12 individuals receiving ACT was 69%; the average score for the 10 individuals not receiving ACT was 80%.

## **CRISIS SERVICES AND SUPPORTS**

Crises have a profound impact on persons living with severe mental illness<sup>3</sup>. 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: Adequate 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.

Thirteen of the 22 individuals interviewed received a WCBH crisis service in the past 12 months and were scored for Quality Indicator 13. Six of those individuals were receiving ACT services. Nine individuals either did not receive crisis services or could not recall receiving crisis services in the past 12 months. WCBH received a score of 77% for Quality Indicator 13.

Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 13a:</b> The individual's crisis assessment was timely.	9	4	1	3
<b>Measure 13b:</b> The individual's risk was assessed.	13	0	NA	NA
<b>Measure 13c:</b> The individual's protective factors were identified.	9	4	3	1
<b>Measure 13d:</b> The individual's coping skills/interventions were identified.	10	3	3	0

### **Additional Results**

- For Quality Indicator 13, the average score for the six individuals receiving ACT services was 71%; the average score for the seven individuals not receiving ACT was 86%.

### **Quality Indicator 14: Appropriate Crisis Plan**

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

Twenty-two individuals were scored for Quality Indicator 14. WCBH received a score of 84% for Quality Indicator 14.

Quality Indicator 14 consists of Measure 14a and Measure 14b. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 14a:</b> The individual has a crisis plan that is person-centered.	21	1	1	0
<b>Measure 14b:</b> The individual has the knowledge and understanding needed to navigate and cope during a crisis situation.	18	4	3	1

### **Additional Results**

- For Quality Indicator 14, the average score for the 12 individuals receiving ACT was 75%; the average score for 10 individuals not receiving ACT was 95%.

### **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.

Nine individuals responded that they received a WCBH crisis service in the past 12 months and were scored for Quality Indicator 15. Of those nine individuals, none had or could recall having had a crisis service provided by a mobile crisis team (Measure 15d). WCBH received a score of 72% for Quality Indicator 15.

Quality Indicator 15 consists of Measure 15a-15e. As WCBH does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 15a:</b> Communication between the CMHC and treatment providers was adequate	8	1	1	0
<b>Measure 15b:</b> Communication between the CMHC and the individual was adequate.	4	5	1	4
<b>Measure 15c:</b> Crisis service delivery was sufficient to stabilize the individual as quickly as practicable.	5	4	1	3
<b>Measure 15d:</b> Crisis interventions occurred at the site of the crisis (if applicable)	0	0	NA	NA
<b>Measure 15e:</b> The individual was assisted with returning to his/her pre-crisis level of functioning.	9	0	NA	NA

**Additional Results**

- For Quality Indicator 15, the average score for the four individuals receiving ACT was 81%; the average score for the five individuals not receiving ACT was 65%.

**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 and SPMI. 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.

**Quality Indicator 16: Adequate 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.

WCBH received a score of 86% for Quality Indicator 16.

Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 16a:</b> ACT screening was completed.	16	6	2	4
<b>Measure 16b:</b> Appropriate action was taken after assessment/screening.	22	0	NA	NA

**Additional Results**

- For Quality Indicator 16, the average score for the 12 individuals receiving ACT was 90%; the average score for the 10 individuals not receiving ACT was 80%.

**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.

Of the 22 individuals interviewed, 12 individuals were found to have received ACT services within the past 12 months, and therefore were scored for Quality Indicator 17. Ten individuals were not receiving ACT within the past 12 months and therefore not applicable for scoring. WCBH received a score of 58% for Quality Indicator 17.

Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Individuals were scored as follows:

	YES	NO
<b>Measure 17a:</b> ACT services were provided at the level of service contacts per high fidelity/full implementation standard.	5	7
<b>Measure 17b:</b> ACT services were provided to the individual using a team approach.	4	8
<b>Measure 17c:</b> ACT services were provided to the individual in the home/community.	7	5
<b>Measure 17d:</b> The individual’s ACT team collaborates with community providers.	12	0

**Additional Results**

At the time of this QSR, WCBH had two ACT teams, one in Lebanon and one in Claremont. DHHS conducted an [ACT Fidelity Review](#) in January 2017. The overall score for WCBH was “Fair Fidelity,” scoring 109 on a scale of 140 points. The categories of Staffing and Responsibility for Crisis Services received the lowest scores (a 2 out of a 5-point scale). Specific to staffing, the QSR findings also noted that the Claremont team did not have a Psychiatrist or Substance Use Disorder Specialist. The Lebanon ACT Team did not have Peer Specialist or Substance Use Disorder Specialist. Specific to the provision of crisis services, the fidelity review found ACT staff do not provide 24/7/365 crisis support to ACT consumers. ACT consumers are directed to call the WCBH Emergency Services after clinic hours and weekends. An Emergency Service clinician did attend the ACT team meetings. An ACT Fidelity Quality Improvement Plan with on-going technical assistance is already in place through BMHS.

Data from this QSR regarding the ACT services provided to 12 individuals indicates the following:

- 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 individuals. ACT services may be titrated when an individual needs more or less services.
  - Four individuals had face-to-face contact with two or more different ACT Team staff during the past four complete weeks; eight individuals did not (CRR Q65).
  - Five individuals had a minimum of two hours of face-to-face contact with his/her ACT Team during the past four complete weeks; seven individuals did not (CRR Q66).
  - Four individuals had four or more face-to-face contacts with ACT Team staff per week during the past four complete weeks; eight individuals did not (CRR Q67).
  - Nine individuals responded that they received all the ACT services they needed from his/her ACT Team, two individuals responded that they somewhat received all the ACT services they needed from his/her ACT Team, and one individual responded that he/she did not (CII Q22).
  - Eleven individuals responded they saw their ACT staff as often as they felt was needed; one individual responded he/she did not (CII Q26).
- All 12 individuals had an ACT Team comprised of 70% or more filled required positions (CRR Q69).
- Seven individuals had 80% or more of his/her ACT services provided in the community; five individuals did not (CRR Q68). Of note, two of those five individuals refused to have services at home or in the community and insisted on meeting with ACT staff in the office (SII Q18).

## **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 well-being.

**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.

Of the 22 individuals interviewed, 12 individuals and staff confirmed/remembered an inpatient psychiatric admission occurring during the past 12 months and were therefore applicable for scoring. Five of those 12 individuals were receiving ACT services. WCBH received a score of 71% for Quality Indicator 18.

Quality Indicator 18 consists of Measure 18a-18f. Individuals were scored as follows:

	YES	NO	ACT	NO ACT
<b>Measure 18a:</b> The individual was involved in his/her discharge planning process.	7	5	1	4
<b>Measure 18b:</b> In-reach was conducted by the community mental health center staff.	8	4	1	3
<b>Measure 18c:</b> The individual returned to appropriate housing.	8	4	2	2
<b>Measure 18d:</b> The individual experienced increased community integration as a result of service provision.	7	5	2	3
<b>Measure 18e:</b> The individual experienced coordination of care between the psychiatric facility and the CMHC.	11	1	0	1
<b>Measure 18f:</b> Absence of readmission to an inpatient psychiatric facility within 90 days.	10	2	1	1

**Additional Results**

Of the 12 individuals who had a psychiatric admissions during the past 12 months, one individual had three distinct admissions (including a transfer from a community voluntary psychiatric unit to New Hampshire Hospital), two individuals had two distinct admissions (one of which was a transfer from a community voluntary psychiatric unit to New Hampshire

Hospital), and nine individuals and one admission. Six psychiatric admissions were at New Hampshire Hospital; six at Dartmouth Hitchcock Medical Center; two at the Brattleboro Retreat; one at Concord Hospital; and one at an out-of-state Hospital. Two individuals had a readmission within 90 days (CRRQ72).

- For Quality Indicator 18, the average score for the five individuals receiving ACT was 77%; the average score for the seven individuals not receiving ACT was 67%.

## **VI. Conclusions**

NH'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 WCBH'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**

- Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assist them in returning to their pre-crisis level of functioning.
  - Conclusion:** WCBH met this provision as evidenced by Measure 15e, with nine out of nine individuals being assisted with returning to his/her pre-crisis level of functioning.
- Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
  - Conclusion:** WCBH met this provision as evidenced by a score of 78% for Quality Indicators 13, 14, and 15 (Crisis domain).
    - Seventy-nine percent of individuals received adequate crisis assessments that were timely, assessed risk, identified protective factors, and identified appropriate interventions (see Measures 13a-d).
    - Eighty-four percent of crisis plans were person-centered and individuals knew how to appropriately engage effective coping

skills and access crisis services if/when needed (see Measures 14a-b).

3. Seventy-two percent of crisis services were comprehensive and effective as evidenced by communication between treatment providers and with individuals, services were sufficient to stabilize individuals as quickly as practicable, and individuals were assisted in returning to their pre-crisis level of functioning (Measures 15 a-c, e).

## 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. **Conclusion:** WCBH met this provision as evidenced by:

1. Quality Indicator 3: Adequate Service Delivery, individuals receiving ACT services received an average score of 89%. Ten of 12 individuals receiving ACT had services delivered at the appropriate intensity, frequency, and duration (Measure 3a). Ten of 12 individuals receiving ACT received services flexible to meet his/her changing needs and goals (Measure 3b).
2. Eleven individuals responded they saw their ACT staff as often as they felt was needed (CII Q26). Nine individuals responded that they received all the ACT services they needed from their ACT Team (CII Q22).
3. For Quality Indicator 17: Implementation of High Fidelity ACT Services, WCBH scored 58%. This indicator is based on high fidelity standards (a score of 5 out of 5). 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. For Measure 17a, although the WCBH did not meet high fidelity for all individuals having four or more face-to-face contacts with ACT staff per week, face-to-face contact with two or more different staff

every week, and a minimum of two hours of face-to-face contact every week, individuals receiving ACT did receive services at the appropriate intensity, frequency, and duration to meet individual needs as evidenced by a score of 89% for Quality Indicator 3. 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 less service. Therefore, not all individuals receiving ACT services need them delivered at a high frequency rate.

- b. **Provision V.D.2(c)** - ACT services are customized to an individual's needs, vary over time as needs change, and provide a reasonable opportunity for individuals to live independently in the community.

- i. **Conclusion:** WCBH met this provision as evidenced by Quality Indicator 2: Appropriate Treatment Planning; Quality Indicators 5, 6, and 7 (within the Housing domain); Quality Indicators 9 and 10 (within the Employment domain); and Quality Indicator 12: Adequate Integration within the Community, Choice, Independence, and Social Supports.

1. For Quality Indicator 2: Appropriate Treatment Planning, individuals receiving ACT services had an average score of 88% for receiving treatment appropriately customized to meet individuals' needs and goals (Measure 2a) and person-centered and strengths based treatment planning (Measure 2b).
2. Housing: The average score for Quality Indicators 5,6, and 7 for individuals receiving ACT is 87%. For Quality Indicator 5: Appropriate Housing Treatment Planning, individuals receiving ACT scored 100%. For Quality Indicator 6: Adequate Individual Housing Service Delivery, individuals receiving ACT scored 79%. For Quality Indicator 7: Effective Housing Supports Provided, individuals receiving ACT scored 83%.
3. Employment: The average score for Quality Indicators 9 and 10 for individuals receiving ACT is 70%. For Quality Indicator 9:

Appropriate Employment Treatment Planning, individuals receiving ACT scored 67%. For Quality Indicator 10: Adequate Individualized Employment Service Delivery, individuals receiving ACT scored 72%.

4. For Quality Indicator 12: Adequate Integration within the Community, Choice, Independence, and Social Supports, individuals receiving ACT services scored 69%.

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:** WCBH met this provision as evidenced by Quality Indicators 13, 14, and 15 (Crisis domain).

1. The overall Crisis domain score is 76%. For Quality Indicator 13: Adequate Crisis Assessment, individuals receiving ACT scored 71%. For Quality Indicator 14: Appropriate Crisis Plans, individuals receiving ACT scored 75%. For Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery, individuals receiving ACT scored 81%.

### 3. Supported Housing Outcomes

a. **Provision V.E.1** - Supported housing meets individuals' needs.

i. **Conclusion:** WCBH met this provision as evidenced by a 100% score for Measure 5a: Treatment Plans are Appropriately Customized to Meet the Individuals' Housing Needs and Goals.

b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and includes support services that are flexible and available as needed and desired.

i. **Conclusion:** WCBH met this provision as evidenced by Quality Indicators 4, 5, 6, and 7 (Housing domain).

1. The overall Housing domain based on the average of individual scores is 82%. For Quality Indicator 4: Adequate Housing Assessment, WCBH scored 95%. For Quality Indicator 5: Appropriate Housing Treatment Planning, WCBH scored 100%. For Quality Indicator 6: Adequate

Individual Housing Service Delivery, WCBH scored 80%. For Quality Indicator 7, Effective Housing Service Delivery, WCBH scored 75%.

#### 4. **Supported Employment Outcomes**

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

i. **Conclusion:** WCBH met this provision as evidenced by a Supported Employment Fidelity Review in October 2016.

1. The CMHC self-review resulted in a score of 101 out of a score range of 125, or “Good Fidelity.” Two areas scored low (score of 2 out of 5): “Integration of rehabilitation with mental health treatment through team assignment” and “Job development-frequent employer contact.”
2. WCBH has a quality improvement plan in place with BMHS and will continue to work towards higher fidelity with the BMHS contracted SE Fidelity technical assistance staff.
3. WCBH offers supported employment from both the Claremont and Lebanon offices.

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:** WCBH did not meet this provision as evidenced by a score of 68% for Quality Indicator 10: Adequate 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 is provided by BMHS contract monitoring. WCBH met this provision as evidenced by the services NAMI NH provides within Region II.

1. Within Region II, NAMI NH has two Family Peer Support Groups for families with an adult loved one living with mental illness—a location in Lebanon and a recently established location in Claremont.
2. In the last year, over 200 individuals attended the NAMI NH Upper Valley Support Group in Lebanon and approximately 40 individuals attended the NAMI NH Claremont Support Group. Survivor of Suicide Loss Support Groups are also located in Claremont and Lebanon, each with 10-15 participants at any given time.
3. In addition to the support groups, NAMI NH provided 1:1 (one-on-one) support to families last year: 119 families of adults with mental illness, 53 families with children with serious emotional disturbance, and 36 families of older adults with behavioral health issues. NAMI NH also responded to 963 individual Information and Resource contacts throughout New Hampshire.
4. Last year, NAMI NH offered its Family-to-Family signature program (delivered in 12 sessions) in Newport to a total of 10 participants.
5. NAMI NH also offered several modules of its Side-by-Side education program for caregivers of older adults with behavioral health issues in Lebanon with a total of 44 attendees at four sessions.

## 6. Peer Support Programs

- a. **Provision 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 is provided by BMHS

contract monitoring. WCBH met this provisions as evidenced by the services Stepping Stone provides within Region II.

1. Stepping Stone is the peer support agency serving the WCBH catchment area, with locations in Lebanon and Claremont. 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, fundraising, educational events, and assistance with educational and vocational pursuits.
2. The Claremont site operates a Peer Respite program that provides a non-medical alternative to psychiatric hospitalization for the entire state of NH.
3. For the fourth quarter in fiscal year 2017, the agency had 592 members with an average daily visit rate of 20 members.

## 7. Integration and Independence Outcomes

- a. **Provisions 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. **Conclusion:** WCBH met this provision as evidenced by Measure 7a, Measure 3b, and Quality Indicator 12.
    1. For Measure 7a: 77% of individuals receiving housing supports and services that enable them to meet/progress toward their identified housing goals; 20 individuals are living in independent private residences (CII Q28)
    2. For Measure 3b: 73% of individuals received services flexible to meet their changing needs and goals
    3. For Quality Indicator 12 Adequate Integration within the Community, Choice, Independence, and Social Supports, WCBH scored 73%.

## 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 well-being are implicit through all seven domains of the QSR: Assessment/Treatment Planning/Service Delivery, Housing services, Employment services, Community Integration services, Crisis services, ACT services, and Discharge/Transition from Inpatient Psychiatric Admission services.

- i. **Conclusion:** WCBH met this provision as evidenced by a combined average score of 70% for the seven domains.

## 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:** WCBH met this provision as evidenced by an average of all individual scores of 82% for Quality Indicators 4, 5, 6, and 7 (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. **Conclusion:** WCBH met this provision as evidenced by an overall score of 78% for Quality Indicators 13, 14, and 15 (Crisis domain), and the two re-hospitalizations within 90 days were planned voluntary admissions (CRR Q72).

## ***VII. Areas in Need of Improvement***

WCBH scored below the 70% threshold for five of the 18 quality indicators: Quality Indicator 1, Quality Indicator 8, Quality Indicator 10, Quality Indicator 11, and Quality Indicator 17. Based on the QSR assessment data, the following focus areas were identified for incremental improvements over the next year:

1. *Increase the number of individuals receiving an adequate assessment* (Quality Indicator 1). Results of the clinical record review indicate that WCBH does not adequately identify individuals' needs, preferences, and strengths using a comprehensive tool such as the ANSA (Measure 1a and Measure 1b).
2. *Increase the number of individuals receiving an adequate employment assessment/screening* (Quality Indicator 8). An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual. Results of the QSR indicate that employment needs were not adequately identified for 10 out of the 22 individuals interviewed, and five of the nine individuals receiving Supported Employment services did not receive a comprehensive assessment/Vocational Profile of employment needs and preferences.
3. *Increase the number of individuals who receive employment services and supports that are meeting their goals* (Quality Indicator 10, Measure 10b). Results of the QSR indicate that of the 14 individuals with stated employment goals, seven are employed (SII Q35), eight individuals are receiving SE services related to their goals on their treatment plan (SII Q49), and eight individuals received employment services in alignment with the employment goals in their treatment plan (SII Q50).
4. *Increase the number of individuals who receive an assessment of their strengths related to social and community integration* (Quality Indicator 11, Measure 11b). Results of the QSR indicate that none of the 22 individuals interviewed received an assessment of their strengths related to social and community integration.
5. *Increase the number of individuals receiving adequate ACT service delivery* (Quality Indicator 17). WCBH is not required to submit a quality improvement plan for this indicator, however, WCBH is required to continue implementing its current ACT Fidelity QIP with on-going technical assistance already in place with BMHS.

### ***VIII. Next Steps***

Within 30 calendar days of receipt of this final report, West Central Behavioral Health 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***

The ACT section of CMHA Substantive Provisions on page 31 was corrected to accurately reflect that the “overall Housing domain based on the average of individual scores is 82%”, not 83% as previously written.

West Central Behavioral Health had an opportunity to review the QSR initial report during a 15-day review period. They submitted no further information or corrections for DHHS to review with regard to the initial report.

## *References*

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

## ***Appendices***

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### **Appendix 1: List of CMHC QSR Instruments**

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the onsite portion of the QSR for each 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 that will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the onsite portion of the QSR for each 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 to New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

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

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the onsite 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 onsite portion of the QSR for each individual interviewed. An 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 any additional information about their experiences at the CMHC and the services they received.

6. 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 the activities 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 any additional information regarding the CMHC and the services provided to the individual.

## Appendix 2: Indicator 1 Scoring Example

		1		1a										1b			1c					
Client	SAMPLE		Adequacy of Assessment	Assessments identify individual's needs and preferences									Assessments identify individual's strengths						Assessment information was gathered through face to face appointment(s)			
	ACT	IPA	78%	YES	NO	NA	CRR Q1	CRR Q4	CRR Q5	CRR Q7	CRR Q10	SII Q3	YES	NO	NA	CRR Q6	CRR Q8	CII Q4	YES	NO	NA	SII Q2
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES
Cherry	ACT	IPA	67%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO
Dahlia	NO ACT	NO IPA	33%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES
Flowers	ACT	NO IPA	67%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO
N=6			78%	5	1		6Y/ ON	5Y/ 1N	5Y/ 1N		6Y/ ON	2Y/ 4N	5	1		5Y/ 1N	4Y/ 2N		4	2%		4Y/ 2N
			NonACT= 77%																			
			ACT= 78%																			

## Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY								
<b>1</b>	<b>Adequate assessment (CMHA VII.D.1)</b>							
1a	Assessments identify individual's needs and preferences.							
	CRR Q5	CRR Q7	CRR Q10					
1b	Assessments identify individual's strengths.							
	CRR Q6	CRR Q8						
1c	Assessment information was gathered through face to face appointment(s) with the individual							
	SII Q2							
<b>2</b>	<b>Appropriate treatment planning (CMHA VII.D.1; V.D.2.f)</b>							
2a	Treatment planning is appropriately customized to meet the individual's needs and goals							
	CII Q1	CII Q3	CII Q5	CII Q8	CII Q10	CRR Q9	CRR Q10	CRR Q15
	CRR Q16	CRR Q18	SII Q9					
2b	Treatment planning is person-centered and strengths based							
	CII Q6	CII Q4	CII Q9	SII Q4	CRR Q12	CRR Q13	CRR Q14	
<b>3</b>	<b>Adequate Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)</b>							
3a	Services are delivered with appropriate intensity, frequency, and duration							
	CRR Q11	CII Q12	SII Q16					
3b	Service delivery is flexible to meet individual's changing needs and goals							
	SII Q9	CII Q14	CII Q15	CII Q16	CII Q17	CII Q18	CII Q19	CII Q20
	CII Q108	CRR Q15	CRR Q9	CII Q21				
3c	Services are delivered in accordance with the service provision(s) on the treatment plan							
	CRR Q11	SII Q7	SII Q8	SII Q6				
HOUSING SERVICES AND SUPPORTS								
<b>4</b>	<b>Adequate housing assessment (CMHA VII.D.1)</b>							
4a	Individual needs are adequately identified							
	CRR Q19	CRR Q20						
<b>5</b>	<b>Appropriate housing treatment planning (CMHA V.E.1.a)</b>							
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals							
	CRR Q23	CRR Q24	CRR Q28	CRR Q21				
<b>6</b>	<b>Adequate individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)</b>							
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals							
	SII Q32	SII Q34	CRR Q26	CRR Q28				
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual.							
	CII Q44	CII Q45	CII Q46					
<b>7</b>	<b>Effective housing service delivery (CMHA VII.A)</b>							
7a	Housing Supports and services enable individual to meet/progress towards identified housing goals							
	CRR Q29	CII Q46						
7b	Housing supports and services enable individual to maintain safe housing							
	SII Q23	SII Q24	CII Q30	CII Q31				
7c	Housing supports and services enable individual to maintain stable housing							
	SII Q25	SII Q27	CII Q32	CII Q35	CII Q34	SII Q22		
7d	Housing supports and services enable individual to be involved in selecting their housing							

	SII Q29	SII Q30	CII Q37	CII Q36	CII Q38	CII Q39	CII Q40	
<b>EMPLOYMENT SERVICES AND SUPPORTS</b>								
8	Adequate employment assessment/screening (CMHA VII.D.1)							
8a	Individual needs are adequately identified							
	SII Q37	CRR Q30	CRR Q31	CII Q54				
8b	Individuals received a comprehensive assessment of employment needs and preferences when applicable.							
	CRR Q41	CRR Q37	CRR Q38					
9	Appropriate employment treatment planning (CMHA V.F.1)							
9a	Treatment plans are appropriately customized to meet the individual's changing needs and goals							
	SII Q40	CII Q55	CRR Q34	CRR Q35	CII Q59	CII Q60	CRR Q42	
10	Adequate 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 the individual's changing needs							
	CII Q61	CII Q62	SII Q42	CRR Q11				
<b>COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS</b>								
11	Adequate assessment of social and community integration needs (CMHA VII.D.1)							
11a	Assessment identifies individuals' related needs and preferences							
	CRR Q44	CRR Q43						
11b	Assessment identifies individuals' related strengths							
	CRR Q45							
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							
	SII Q36							
12b	Individual lives in an independent residence							
	SII Q21	CII Q28						
12c	Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility							
	CII Q94							
12d	Individual is integrated in his/her community							
	CII Q104	CII Q98	CRR Q50					
12e	Individual has choice in housing							
	CII Q35	CII Q37	CII Q36	CII Q38	CII Q39	CII Q40	CII Q42	
12f	Individual has choice in their treatment planning, goals and services							
	CII Q6							
12g	Individual has the ability to manage his/her own schedule/time							
	CII Q97							
12h	Individual spends time with peers and/or family							
	CII Q110	SII Q70	CII Q98	SII Q62	CRR Q50			
12i	Individual feels supported by those around him/her							
	CII Q96	CII Q99	CII Q100					
12j	Efforts have been made to strengthen social supports if needed							
	CRR Q46	CRR Q48	CRR Q49	CRR Q51	CRR Q53	CII Q101	CII Q102	CII Q105
	SII Q61	SII Q65	SII Q68	SII Q69	CRR Q105	CRR Q107	CII Q109	
<b>CRISIS SERVICES AND SUPPORTS</b>								
13	Adequate crisis assessment (CMHA V.C.1)							

13a	Assessment was timely	CII Q76
13b	Risk was assessed	CRR Q59
13c	Protective factors were assessed	CRR Q59
13d	Coping skills/interventions were identified	CRR Q59
14	Appropriate crisis plans	
14a	Individual has a crisis plan that is person centered	CRR Q54    CRR Q55
14b	Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	CII Q67    CII Q68    CII Q69
15	Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)	
15a	Communication with treatment providers was adequate	SII Q55    SII Q56
15b	Communication with individual was adequate	CII Q73    CII Q74
15c	Crisis service delivery is sufficient to stabilize individual as quickly as practicable	CII Q75    CII Q76
15d	Crisis interventions occur at site of the crisis (if applicable)	CII Q79    CII Q81    SII Q54
15e	Individual is assisted to return to his/her pre-crisis level of functioning	CII Q77    SII Q59    CRR Q59
<b>ACT SERVICES AND SUPPORTS</b>		
16	Adequate ACT screening (CMHA VII.D.1)	
16a	ACT screening was completed	CRR Q60    CPD Q11
16b	Appropriate action was taken after assessment/screening	SII Q12    CRR Q61    SII Q14    SII Q15    CRR Q63    CRR Q62
17	Implementation of High Fidelity ACT Services (CMHA V.D.2.b; V.D.2.c)	
17a	ACT services are provided at appropriate intensity, frequency, and duration	CII Q26    CII Q22    CRR Q66    CRR Q67    SII Q16
17b	ACT services are provided using a team approach	CRR Q69    CRR Q65    CII Q25
17c	ACT services are provided in the home/community	CII Q24    SII Q18    CRR Q68
17d	ACT team collaborates with community providers	SII Q19
<b>IPA TRANSITION/DISCHARGE</b>		
18	Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)	
18a	Individual was involved in the discharge planning process	CII Q86    SII Q71    CII Q87    CRR Q79
18b	There was In-reach by the community mental health center	CII Q89    SII Q75    CRR Q74    CRR Q75
18c	Individual returned to appropriate housing	

	CII Q92	SII Q72	CII Q91				
18d	Service provision has the outcome of increased community integration						
	CII Q84	CII Q85	CII Q93	CII Q95	CII Q94	SII Q73	SII Q76
18e	Coordination of care						
	SII Q74	CRR Q73	CRR Q76				
18f	Absence of 90 day readmission to an inpatient psychiatric facility						
	CRR Q72						

#### **Appendix 4: Agency Overview**

West Central Behavioral Health (WCBH) was established in 1977 as non-profit, community-based, mental health care provider serving the needs of individuals and families in New Hampshire's lower Grafton and Sullivan Counties.

WCBH is approved from September 1, 2013 through August 31, 2018 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403.

WCBH is designated as a CMHP for Region 2, which encompasses 24 cities and towns within two counties.

WCBH has two offices that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI). Housing and residential services include a 16 bed 24-hour staffed group home located in Newport, and a five unit apartment building in Claremont with three units subsidized through Section 8 NH Housing. The center provides substance misuse treatment services, including a Seeking Safety group that addresses both trauma and addiction. Additional evidence-based treatment programs include Mental Health First Aid, InSHAPE, Supported Employment, Assertive Community Treatment, Illness Management and Recovery, Dialectical Behavior Therapy, and Cognitive Restructuring for Post-Traumatic Stress Disorder. WCBH is in its second year of the CommonGround program, a peer support evidence-based approach to shared decision making regarding the use of medication and other wellness strategies in the recovery process.

Dartmouth-Hitchcock Medical Center is the closest hospital serving the WCBH Lebanon catchment area and has a 21 bed adult psychiatric unit. Valley Regional Hospital in Claremont contracts with WCBH to provide 24/7 coverage in the Emergency Department and in medical units for WCBH clients requiring mental health emergency services consultation.