

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 February 6, 2017

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## *Acknowledgements*

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The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort the West Central Behavioral Health staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success.

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## *Acronyms*

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ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OQAI	Office of Quality Assurance and Improvement
QSR	Quality Service Review
SE	Supportive 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 Community Mental Health Agreement (CMHA) priority areas: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE) and transitions from inpatient psychiatric facilities. The CMHA requires that the State conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from client interviews, staff interviews, clinical record reviews and DHHS databases to measure and score the CMHC's achievement of 13 indicators and 46 performance measures that represent best practices regarding the CMHA priority areas.

DHHS conducted the second field test of the CMHC QSR process with West Central Behavioral Health (WCBH) in Lebanon and Claremont, NH. The WCBH QSR client sample included 21 randomly selected clients, eligible for services under 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/or transition planning. Assessment data was collected for each client for the period of August 1, 2015 through August 21, 2016. The data was inputted into an algorithm for each measure and indicator. The indicators and performance measures were scored as either "Met" or "Not Met". A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of clients scoring "Met".

WCBH scored "Met" for nine of the 13 indicators. The following indicators scored "Not Met" and were identified as areas in need of improvement:

Indicator 6: Individuals on an ACT team receive quality ACT services

Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment

Indicator 9: Individuals have stable housing

Indicator 12: Natural supports are explored and identified to help the individual with treatment and recovery

**Table 1: WCBH QSR Summary Results**

Indicator	Number of Clients Scored	# of Clients with Indicator Met	# of Clients with Indicator Not Met	% of Clients with Indicator Met	Quality Improvement Plan Required	# of Total Measures Met	# of Total Measures Not Met
1. Services recommended at intake are delivered as intended	0	N/A*	N/A*	N/A*	No	N/A*	N/A*
2. Individuals have information about the services available to meet their needs/goals	19	16	3	<b>84%</b>	No	35	3
3. Individuals are currently receiving the services they need	19	16	3	<b>84%</b>	No	34	3
4. Treatment planning is person-centered	19	14	5	<b>74%</b>	No	90	23
5. Individuals are provided with ACT services when eligible	Indicator 5 was not included in final reporting as the measure did not fully assess the indicator as intended.						
6. Individuals on an ACT team receive quality ACT services	6	1	5	<b>17%</b>	Yes	39	29
7. Individuals are provided with services that assist them in finding and maintaining competitive employment	18	10	8	<b>56%</b>	Yes	37	7
8. Individuals have housing, receive housing services and supports as planned; housing is safe	19	14	5	<b>74%</b>	No	47	6
9. Individuals have stable housing	19	11	8	<b>58%</b>	Yes	41	16
10. Individuals were involved in choosing their homes	18	14	4	<b>78%</b>	No	15	3

Indicator	Number of Clients Scored	# of Clients with Indicator Met	# of Clients with Indicator Not Met	% of Clients with Indicator Met	Quality Improvement Plan Required	# of Total Measures Met	# of Total Measures Not Met
11. Individuals in crisis are assisted in returning to pre-crisis level of functioning	19	16	3	84%	No	50	4
12. Natural supports are explored and identified to help the individual with treatment and recovery	19	8	11	42%	Yes	25	13
13. Transition from inpatient psychiatric unit	9	7	2	78%	No	42	13

\* Client data was excluded from scoring due to the relevant service or support being received outside the period of review.

## *I. Purpose*

In 2014, the State of New Hampshire, the United States Department of Justice and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to enable a class of adults with severe mental illness (SMI) to receive needed services in the community, foster their independence and enable them to participate more fully in community life.

Section VII.C. of the CMHA requires the establishment of a quality assurance system to regularly collect, aggregate and analyze data related to transition efforts, as well as the problems or barriers to serving and/or keeping individuals in the most integrated setting. Such problems or barriers may include, but not be limited to insufficient or inadequate housing, community resources, mental health care, crisis services and supported employment (SE).

As part of the quality assurance system, the State is required to use a Quality Service Review (QSR) to evaluate the quality of services and supports included in the CMHA. Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider and system-wide levels; 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 the opportunity to receive services in the most integrated setting.

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following CMHA priority areas: crisis services, assertive community treatment (ACT), housing supports and services, SE and transitions from inpatient psychiatric facilities. The CMHA requires that the State conduct a QSR at least annually.

This report describes the QSR process, methodology, findings, conclusions and recommendations for West Central Behavioral Health (WCBH).

## *II. Methodology*

To evaluate the quality of services and supports outlined in the CMHA, the OQAI conducted a structured assessment of the services and supports provided to a random sample of CMHC clients. Assessment of the CMHC is focused on 13 indicators and 46 performance measures defined by OQAI that represent best practices regarding the CMHA priority areas of crisis services, ACT, housing supports and services, SE and transitions from inpatient psychiatric facilities. The QSR assessment focuses on the services and supports provided to a random sample of CMHC clients. The quality of the services and supports are assessed based on the data collected for each client during the most recent 12-month period. The data is used to score the indicators and performance measures as either “Met” or “Not Met.” The indicators and performance measures are scored based on the answers to a standardized staff interview instrument (SII) and client interview instrument (CII) used by the QSR review team during an on-site review, data collected from a clinical record review (CRR) and data queried from DHHS databases.

The CMHC QSR scoring framework includes 13 indicators and 46 performance measures that define achievement of the priority areas set forth by the CMHA. Each indicator is defined by a number of specific performance measures. For each client, data is collected from specific questions within the QSR instruments relevant to the performance measures (see Appendix 3: CMHC QSR Abbreviated Master Instrument). Each performance measure is scored as “Met” or “Not Met” based on a specific algorithm. Each indicator is then scored as “Met” or “Not Met” based on an algorithm, unique to each indicator, of the scores of the performance measures within that indicator. For example, Indicator 4 is scored as “Met” or “Not Met” based on an algorithm of the “Met” or “Not Met” scores for measures 4a-4f.

The scoring excludes data from clients who received a relevant service or support outside the period of review, as well as if the relevant service or support did not pertain to the client. For example, clients who had no need for employment services or supports during the review period will not have a score for Measure 7b: Individuals received help in finding and maintaining a job. In addition, the number of clients scored for any given performance measure within an indicator

may vary due to clients not answering questions that are required for the scoring algorithm. In these instances, the total number of “Met” and “Not Met” scores for a performance measure may not equal the total number of clients interviewed.

A final score for each indicator is determined by totaling the individual client scores and calculating the percent of clients scoring “Met” and clients scoring “Not Met”. An indicator receives a final score of “Met” when at least 70% of clients scored “Met” for that indicator. A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of applicable clients scoring “Met.” If less than 70% of applicable clients scored “Met” for that indicator, the overall score for the indicator is “Not Met”.

### **Client Sample Size and Composition**

The CMHC QSR client sample is randomly selected and consists of at least 20 clients eligible for services based on the category of SMI or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing and/or transition planning from an inpatient psychiatric admission. That sample is grouped into one of four categories: 1) *ACT/IPA*: clients receiving ACT services and have had at least one inpatient psychiatric admission (IPA) which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: clients receiving ACT services but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: clients who are not receiving ACT services but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: clients who are not receiving ACT services and have not experienced an IPA within the past 12 months. For each client, a staff member is selected to be interviewed who is familiar with the client, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC.

### **Data Sources**

The CMHC QSR uses both quantitative and qualitative data to evaluate the quality of services and supports provided to clients. Data sources include in-depth interviews from both clients and staff collected specifically for the purposes of this evaluation, reviews of clients’ clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. Appendix 1 includes a list of the CMHC QSR instruments.

## **QSR Process**

The CMHC QSR process includes a number of tasks performed by OQAI, Bureau of Mental Health Services (BMHS) and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing and scoring. Pre-requisite tasks and forms are completed by both parties prior to the onsite portion of the QSR. During the onsite review period, daily meetings are held to seek assistance from the CMHC staff, if needed, and to ensure consistent practice and inter-rater reliability among the QSR reviewers. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." The CMHC is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC is adequate and would result in a response other than "no evidence". A final meeting is held with CMHC administration and staff to solicit feedback and to address concerns. During the post-onsite period, any follow-up tasks required of the CMHC are completed and OQAI commences scoring.

## **Report of Findings/Quality Improvement Plans**

A report of the draft findings of the CMHC QSR is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs and the Expert Reviewer. The CMHC has 30 calendar days to submit the quality improvement plan to DHHS for review by the BMHS Director. The BMHS Director informs the CMHC if the plan is approved or needs revision. At a minimum, the written response will contain action steps describing how the CMHC plans to improve the identified focus areas, the responsible person(s) and an implementation timeline. Once approved, any changes made to the plan must be approved by the BMHS Director. Oversight of the implementation of the quality improvement plan and any needed technical assistance is provided by BMHS staff.

### III. West Central Behavioral Health QSR Findings

#### Overview

The second QSR field test was conducted between two West Central Behavioral Health offices, located in Lebanon and Claremont, NH. Additional information about WCBH is found in Appendix 2: Agency Overview. One hundred thirty-four WCBH clients met the QSR sample criteria. A random sample of 21 eligible clients was drawn from this pool to be interviewed. Table 2 shows the distribution of clients by the four sample categories.

**Table 2: Number of clients by category**

CATEGORY	FULL SAMPLE		CLIENTS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	6	4.5	3	15.8
ACT/NO IPA	19	14.2	5	26.3
NO ACT/IPA	7	5.2	6	31.6
NO ACT/NO IPA	102	76.1	5	26.3
<b>Total</b>	<b>134</b>	<b>100.0</b>	<b>19</b>	<b>100.0</b>

The WCBH QSR assessment included a review of 21 clinical records, 19 client interviews and 21 staff interviews. Of the 21 clients in the sample, two client interviews could not be conducted. Table 3 shows the distribution of interview and review activities.

**Table 3: Review Activities**

	Number In person	By phone	No show or cancelled	<b>Total</b>
Clients Interviewed	17	2	2	21
Staff Interviewed	21	0	0	21
Clinical Records Reviewed	21	0	0	21

During the week of August 22, 2016, five teams consisting of staff from OQAI and BMHS and a reviewer from Glencliff Home completed the onsite data collection process. Assessment data was collected for the review period of August 1, 2015 through August 21, 2016. Following the

onsite review, the assessment data was transferred to a master document and scored. Analysis of the scores was then completed.

**WCBH Scores**

**Indicator 1: Services recommended at intake are delivered as intended**

Timeliness of treatment is an essential factor when engaging a person in treatment and for improving client outcomes.

Indicator 1 compares the services recommended at the time of intake/initial assessment to the services actually provided to the individual. WCBH received a score of “N/A” for Indicator 1 because no clients had an intake within the period of review.

**Indicator 2: Individuals have information about the services available to meet their needs/goals**

Providing information about the services available to individuals within the CMHC, as well as through community agencies, that are centered on the individual’s needs and goals in a timely manner indicates whether or not the CMHC has a person-centered orientation to client choice in service options and supports the client in connecting to his or her community.

Indicator 2 assesses whether CMHC clients are informed about the array of services and supports offered by the CMHC, as well by other community agencies, within the past 12 months.

WCBH received a score of “Met” for Indicator 2 because 84% of the applicable clients were told about services available to them at the CMHC and in the community.

	Met	Not Met
<b>Indicator 2</b>	X	
<b>Measure 2a:</b> Individual was provided with an overall review of services available at the CMHC	17	2
<b>Measure 2b:</b> Individual was provided with an overall review of services available in the community	18	1

**Indicator 3: Individuals are currently (most recent quarter) receiving the services they need**

Indicator 3 focuses on a review of the most current individualized service plan (ISP)/treatment plan to determine whether clients are receiving the identified services and supports given their current needs and goals. The score reflects verification that the services on the most recent service plan were provided to the clients according to the date on the service plan and that clients felt they were receiving the services they needed.

WCBH received a score of “Met” for Indicator 3 because 84% of applicable clients had documentation verifying that the services identified on the clients’ treatment plans were being provided and clients reported they were receiving the services they needed.

	Met	Not Met
<b>Indicator 3</b>	<b>X</b>	
<b>Measure 3a:</b> The services the individual is receiving are consistent with the individual’s assessed needs as recorded on the current ISP/treatment plan	18	0
<b>Measure 3b:</b> The individual feels he/she is receiving all of the services he/she needs	16	3

**Indicator 4: Treatment planning is person-centered**

Clients should be full participants in the development and implementation of their treatment plans.

Indicator 4 evaluates whether the treatment planning process is strengths-based, individualized and engages the client.

WCBH received a score of “Met” because 74% of clients experienced person-centered treatment planning, as defined by measures 4a-4f.

	Met	Not Met
<b>Indicator 4</b>	<b>X</b>	
<b>Measure 4a:</b> The individual was given a choice in the method by which his/her individual service plan was developed	7	12
<b>Measure 4b:</b> The individual attended their ISP/treatment plan meetings	18	1
<b>Measure 4c:</b> The client signed his/her most recent ISP/treatment plan	15	3
<b>Measure 4d:</b> Evidence in the ISP/treatment plan of the individual’s strengths	19	0
<b>Measure 4e:</b> Individual was involved in identifying his/her goals in the ISP/treatment	16	3

plan		
<b>Measure 4f:</b> The ISP/treatment plan is understood by the individual	15	4

**Indicator 5: Individuals are provided with Assertive Community Treatment (ACT)**

**Services**

Indicator 5 was not included in the final data reporting for WCBH as the measure did not fully assess the indicator as intended.

**Indicator 6: Individuals on an ACT team receive quality ACT services**

ACT is an evidence-based service delivery model designed to provide multi-disciplinary treatment and supports in the community to adults who need more flexible and adaptive services than traditional outpatient office-based services.

Indicator 6 measures whether individuals on an ACT team are receiving quality ACT services, defined by timely services being provided in the community, using a team approach and that address the clients’ treatment needs and support their recovery. Of the 19 clients interviewed, six were currently receiving services from an ACT team. WCBH received a score of “Not Met” for Indicator 6 because 83% of applicable clients did not receive quality ACT services, as defined by measures 6a-6h.

	Met	Not Met
<b>Indicator 6</b>		<b>X</b>
<b>Measure 6a:</b> The individual’s ACT services are provided using a team approach	0	6
<b>Measure 6b:</b> Initiation of ACT services is not delayed (for clients starting ACT services during the past 12 month)	1	0
<b>Measure 6c:</b> ACT services address the individual’s treatment needs and support recovery	4	2
<b>Measure 6d:</b> ACT team collaborates with other community providers (including law enforcement, health providers, etc.) on behalf of the individual	6	0
<b>Measure 6e:</b> Individuals receiving ACT services have multi-staff contacts	6	0
<b>Measure 6f:</b> A number of different services are provided by the ACT team	4	2
<b>Measure 6g:</b> ACT services take place outside of the CMHC	6	0

<b>Measure 6h:</b> ACT services are provided with appropriate frequency	2	0
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**Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment**

Employment services are designed to help people with mental illness find and keep meaningful jobs in the community. Services include providing individualized assistance in job development, case management, benefits counseling and exploring transportation needs. All clients who want to work are eligible for supported employment services. Obtaining and maintaining access to job opportunities supports community integration and independence. A component of employment services is Supported Employment, an evidence-based practice.

Indicator 7 measures whether individuals are provided with services that assist them in finding and maintaining employment and whether they are satisfied with the services they receive.

WCBH received a score of “Not Met” for Indicator 7 because 56% of applicable clients were assessed for employment needs, received help in finding or maintaining employment upon expressing interest and reported services being helpful to meeting their employment goals.

	Met	Not Met
<b>Indicator 7</b>		<b>X</b>
<b>Measure 7a:</b> Individuals are assessed for employment needs	15	3
<b>Measure 7b:</b> Individuals received help in finding and maintaining a job	11	2
<b>Measure 7c:</b> Employment related services have been beneficial to the individual’s employment goals	11	2

Indicators 8, 9 and 10 assess housing type, stability and choice. The U.S. Department of Justice 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>1</sup>. Access to housing that is safe and affordable, along with choice and the supports necessary to maintain housing, are important dimensions of increased independence, community integration, health and quality of life.

**Indicator 8: Individuals have housing, receive housing services and supports as planned and have safe housing**

Indicator 8 evaluates whether clients have housing (are not homeless), whether they are receiving housing services as planned and whether they feel safe in their homes and neighborhoods.

WCBH received a score of “Met” for Indicator 8 because 74% of applicable clients have housing, receive housing services as planned and feel safe in their homes and neighborhoods.

	Met	Not Met
<b>Indicator 8</b>	<b>X</b>	
<b>Measure 8a:</b> The individual has housing	18	1
<b>Measure 8b:</b> The individual receives supported housing services as planned	14	1
<b>Measure 8c:</b> The individual feels safe where he/she lives	15	4

**Indicator 9: Individuals have stable housing**

Indicator 9 measures stable housing as indicated by housing that is affordable, frequency of moves and risk of losing housing.

WCBH received a score of “Not Met” for Indicator 9 because 58% of clients have lived in two or fewer different residences in the past 12 months and/or have not been at risk of losing their housing in the past 12 months due to financial or other reasons.

	Met	Not Met
<b>Indicator 9</b>		<b>X</b>
<b>Measure 9a:</b> The individual’s housing is affordable	13	6
<b>Measure 9b:</b> The individual has lived in two or fewer residences in the past year	17	2
<b>Measure 9c:</b> The individual is not at risk of losing housing	11	8

**Outcome 10: Individuals were involved in choosing their homes**

Indicator 10 measures whether clients were involved in choosing where they live.

WCBH received a score of “Met” for Indicator 10 because 78% of applicable clients were involved in choosing where they live.

	Met	Not Met
<b>Indicator 10</b>	X	
<b>Measure 10a:</b> The individual is involved in choosing his/her home	15	3

**Indicator 11: Individuals in crisis are assisted in returning to pre-crisis level of functioning**

Crises have a profound impact on persons living with severe mental illness<sup>2</sup>. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, the criminal justice system and increase community tenure.

Indicator 11 evaluates whether individuals have crisis plans and if crisis services were accessed in the past 12 months, whether those services were effective, as defined by being helpful in returning clients to pre-crisis level of functioning and/or clients being satisfied with the services they received and/or clients were able to return to or continue to participate in the services and supports identified in their treatment plan.

Sixteen of 19 clients interviewed received a CMHC crisis service in the past 12 months. WCBH received a score of “Met” for Indicator 11 because 84% of applicable clients have current, individualized crisis plans and/or know how to access crisis services and/or found crisis services to be effective.

	Met	Not Met
<b>Indicator 11</b>	X	
<b>Measure 11a:</b> Individuals have appropriate crisis plans	17	2
<b>Measure 11b:</b> Individuals know how to access crisis services	18	1
<b>Measure 11c:</b> The individual received effective crisis services	15	1

**Indicator 12: Natural supports are explored and identified to help the individual with treatment and recovery**

Substance Abuse and Mental Health Services Administration (SAMHSA) identifies social networks and community relationships as key contributions to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the

general population.<sup>3</sup> Natural supports may include family, friends, neighbors, as well as informal resources such as staff at recreation centers, hair stylists and clergy.

Indicator 12 assesses the identification of a client’s natural support system to help with treatment and recovery.

WCBH received a score of “Not Met” for Indicator 12 because 42% of clients explored natural supports with CMHC staff and/or identified natural supports to help with their treatment and recovery.

	Met	Not Met
<b>Indicator 12</b>		<b>X</b>
<b>Measure 12a:</b> Natural supports are explored	15	4
<b>Measure 12b:</b> Natural supports are identified	10	9

**Indicator 13: Individuals experienced successful transitions to the community from NH Hospital (NHH) or a Designated Receiving Facility (DRF) within the past year**

Per the CMHA, the QSR process collects and evaluates information related to unsuccessful transitions as well as problems/ barriers to serving and/or keeping individuals in the most integrated setting (CMHA, VII.c.1). These barriers or gaps in the mental health delivery system are inter-related with other QSR indicators regarding housing, community treatments, crisis services and employment services.

Indicator 13 measures whether individuals experienced a successful transition to the community from NHH or a DRF within the past 12 months, as defined by measures 13a-13g.

Of the 19 clients interviewed, nine had an inpatient psychiatric admission during the past 12 months. WCBH received a score of “Met” for Indicator 13 because 78% of applicable clients experienced continuity with the CMHC during transition and were involved in their transition planning, as well as maintained communication between WCBH and the inpatient psychiatric unit and/or: a) transitioned to appropriate housing; b) maintained contact with natural supports; c) maintained or re-instated needed health and financial benefits.

	Met	Not Met
<b>Indicator 13</b>	<b>X</b>	
<b>Measure 13a:</b> Continuity with CMHC	9	0
<b>Measure 13b:</b> Individuals are involved in their transition planning from NHH/a DRF into the Community	7	2
<b>Measure 13c:</b> Communication between CMHC and NHH/DRF	3	6
<b>Measure 13d:</b> The individual transitioned to appropriate housing	9	0
<b>Measure 13e:</b> Individuals have maintained connections with natural supports	5	4
<b>Measure 13f:</b> Individuals have maintained employment upon discharge	0	1
<b>Measure 13g:</b> Individuals' health benefits and financial benefits were maintained and/or reinstated for their transition home	9	0

#### *IV. Additional Results*

Additional analysis of the client and staff interviews as well as the clinical record review provided these observations:

- Indicator 4: Three of the five clients who did not meet Indicator 4: Treatment Planning is Client Centered, reported that they did not have a copy of their written treatment plan (CII Q13).
- Indicator 6: Staff most often noted ACT team collaborations with medical providers and/or Pathways (SII Q24). All clients and their staff noted that they met with their ACT team staff either at home or in the community (CII Q17, SII Q26).
- Indicator 7: Of the 13 clients receiving employment services, 11 rated their employment related services at a seven or higher based on a ten-point scale (CII Q34). Of the four clients who reported current employment, three received Supported Employment services (CII Q35).
- Indicator 8: All of the clients interviewed lived in private residences.
- Indicator 9: Of the 19 clients interviewed, five stated that they were at risk for losing housing in the past 12 months due to financial need (CII Q61). Clients most often noted needing financial and budgeting assistance (CII Q60).
- Indicator 11: Of the 14 clients who responded, 12 reported the CMHC crisis hotline as a resource to help them handle a crisis (CII Q72).

- Indicator 13: Of the nine clients who had a transition from NHH/a DRF, eight stated that staff listened to them and their wishes during their transition/discharge planning (CII Q102); six stated that they did not communicate or talk with the staff at WCBH while they were at NHH/a DRF (CII Q104).

## V. Conclusions

WCBH scored “Met” for nine of the 13 indicators identified in the CMHC QSR. The indicators that were scored as “Not Met” include Indicator 6: Individuals on an ACT team receive quality ACT services, Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment, Indicator 9: Individuals have stable housing, and Indicator 12: Natural supports are explored and identified to help the individual with treatment and recovery.

Based on the QSR assessment, the following focus areas are recommended for incremental improvement over the next year:

1. *Increase the number of clients receiving ACT services using a team approach* (Indicator 6, Measure 6a). Although all interviewed staff noted that each member of the ACT team was familiar with the identified client, review of clinical records for the six clients on ACT indicated that no clients had contact with at least 77% of the required staff that should compose an ACT team (CRR Q30).
2. *Increase the number of clients who are assessed for employment needs* (Indicator 7, Measure 7a). Clinical records indicated that ten of the 18 clients reviewed were not assessed for employment needs or goals. (CRR Q38)
3. *Increase the number of clients who receive employment services when determined to have employment goals* (Indicator 7, Measure 7b). Clinical records indicated that four clients who expressed interest in employment services did not receive assistance within the past year (CRR Q42).
4. *Increase the number of clients with affordable housing* (Indicator 9, Measure 9a). Staff data indicated that five of the 19 clients interviewed were at risk of losing their housing in the past 12 months due to financial need (SII Q54).

5. *Increase the number of clients who are not at risk for losing housing for any reason in the past 12 months* (Indicator 9, Measure 9c). Staff data indicated that eight of the 19 clients interviewed were at risk for losing housing for any reason within the past 12 months (SII Q58).
6. *Increase the number of clients that are helped to identify a support system* (Indicator 12, Measure 12b) Client data indicated that nine of the 19 clients interviewed stated that WCBH did not help them to identify a support system (CII Q79).

## *VI. Next Steps*

During the 15-day review period, WCBH had an opportunity to review the QSR initial report and asked some clarifying questions to the above findings.

Within 30 days of receipt of this final report, WCBH may submit a written quality improvement in response to the identified areas of focus in section V, Conclusions, to the BMHS Director.

## *VII. QSR Quality Improvement*

DHHS is using the observations made during the QSR and the feedback received by WCBH and OQAI staff to strengthen the QSR design and improve the QSR process. This includes assessment and validation of the QSR measures and subsequent improvements to the QSR instruments to objectively support and inform the implementation of CMHA priority service areas. In addition, staff from OQAI and BMHS are using Lean process improvement methods and tools to improve the efficiency of the QSR process itself.

## References

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1. 28 C.F.R., Part 35, Section 130 and Appendix A
2. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009
3. Temple University Collaborative on Community Inclusion, “ Natural Supports”, [http://tucollaborative.org/pdfs/Toolkits\\_Monographs\\_Guidebooks/relationships\\_family\\_friends\\_intimacy/Natural\\_Supports.pdf](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf)

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

1. Client Profile-CMHC

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

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the onsite portion of the QSR for each client scheduled to be interviewed. It provides information on the frequency of services provided to each client including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital (NHH) or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

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

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team during the onsite portion of the QSR for each client scheduled to be interviewed. It includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the onsite portion of the QSR for each client interviewed. A client may be accompanied by his/her guardian or someone else that the client has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites clients to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each client interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the client, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the client.

## **Appendix 2: 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. Based on DHHS data for state fiscal year 2016, WCBH's unduplicated count of adults by eligibility categories was: seven low utilizers, 273 SMI, and 330 SPMI. WCBH's catchment area includes the population of adults age 18 and older and as of the US Census 2010-2014 5-year estimates was 66,296.

WCBH provides a comprehensive array of mental health services and substance use services for older adult, adults, children, and families. These include residential services, community education and prevention, medication management, functional support, and emergency services. Evidence-based treatment includes Mental Health First Aid, InSHAPE, Supported Employment, Assertive Community Treatment (ACT), Illness Management and Recovery, Dialectical Behavior Therapy, Seeking Safety, and Cognitive Restructuring for Post-Traumatic Stress Disorder. WCBH began CommonGround in 2015, an 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 12-21 bed adult psychiatric unit.

**Appendix 3: CMHC QSR Abbreviated Master Instrument**

*Outcome 1. Intakes and services are delivered as intended.*

Indicator	Measure	Data Source	Indicator/Measure	Met	Not Met	NA	Met	Not Met	NA
<b>1</b>			<b>During the most recent episode of care, delivery of services was in agreement with those identified on the intake application.</b>						
	<b>1a</b>		<b>Timely initiation of services from date of intake CRR Q1, CRR Q3,</b>						
	<b>1b</b>		<b>Timely initiation of services on ISP (Individual Service Plan) /treatment plan CRR Q4, CRR Q5</b>						

*Outcome 2. Individuals have information about the services available to meet their needs/goals.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>2</b>			<b>Individuals have information about the services available to meet their needs/goals.</b>						
	<b>2a</b>		<b>Individual was provided with an overall review of services available at the CMHC CRR Q8, CII Q1</b>						
	<b>2b</b>		<b>Individual was provided with an overall review of services available in the community. CII Q3, SII Q3</b>						

*Outcome 3. Individuals are currently (most recent quarter) receiving the services they need.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>3</b>			<b>The individual is currently receiving all of the services he/she needs (most recent quarter).</b>						
	3a		The services the individual is receiving are consistent with the individual's assessed needs as recorded on the current ISP/treatment plan. CRR Q11						
	3b		The individual feels he/she is receiving all of the services he/she needs CII Q5						
	3c		The individual is receiving needed accommodations (cultural, vision, hearing, language) CRR Q14, CRR Q16						

*Outcome 4. Treatment planning is person-centered.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>4</b>			<b>The individual was involved in the development of his/her individual service plan (ISP)/treatment plan.</b>						
	4a		The individual was given a choice in the method by which his/her individual service plan (ISP)/treatment plan was developed, either by a formal client-centered conference or a less formal setting. CRR Q18						
	4b		The individual attended their ISP/treatment plan meetings SII Q10						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	4c		The client signed his/her most recent ISP/treatment plan CRR Q20						
	4d		Evidence in the ISP/treatment plan of the individual's strengths CRR Q21						
	4e		Individual was involved in identifying his/her goals in the ISP/treatment plan CII Q12						
	4f		The ISP/treatment plan is understood by the individual. CRR Q22, CII Q14						

*Outcome 5. Individuals are provided with ACT services when eligible.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>5</b>			<b>ACT services are provided to individuals when/if needed</b>						
	5a		Assessment for ACT services was completed CRR Q24						
	5b		Appropriate action was taken after assessment CRR Q25, SII Q12, CRR Q27, CRR Q28, SII Q14, SII Q15						

*Outcome 6: Individuals on an ACT team receive quality ACT services.*

<b>Indicator</b>	<b>Measure</b>	<b>Data Source</b>	<b>Indicator</b>	<b>Met</b>	<b>Not Met</b>	<b>NA</b>	<b>Met</b>	<b>Not Met</b>	<b>NA</b>
<b>6</b>			<b>ACT is appropriately provided to the individual</b>						
	<b>6a</b>		<b>The individual’s ACT services are provided using a team approach CRR Q30, SII Q16</b>						
	<b>6b</b>		<b>Initiation of ACT services is not delayed CRR Q31, CP-D Q5, CRR Q32, CII Q27, SII Q17</b>						
	<b>6c</b>		<b>ACT services address the individual’s treatment needs and support recovery CII Q20, CII Q22, CII Q24,</b>						
	<b>6d</b>		<b>ACT team collaborates with other community providers (including law enforcement, health providers, etc.) on behalf of the individual CRR Q33, SII Q23</b>						
	<b>6e</b>		<b>Individuals receiving ACT services have multi-staff contacts CRR Q35</b>						
	<b>6f</b>		<b>A number of different services are provided by the ACT team CP-D Q6</b>						
	<b>6g</b>		<b>ACT services take place outside of the CMHC CRR Q36, CII Q17, SII Q26</b>						
	<b>6h</b>		<b>ACT services are provided with appropriate frequency CP-C Q35</b>						

*Outcome 7. Individuals are provided with services that assist them in finding and maintaining competitive employment.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>7</b>			<b>Individuals are provided with services that assist in finding and maintaining employment and are satisfied with the services they received.</b>						
	7a		Individuals are assessed for employment needs CRR Q38, CRR Q39, CRR Q40, CRR Q41, SII Q28						
	7b		Individuals received help in finding and maintaining a job CII Q30, SII Q33, CRR Q42						
	7c		Employment related services have been beneficial to the individual's employment goals CII Q32, SII Q36, CII Q34						

*Outcome 8. Individuals have housing, receive housing services and supports as planned; housing is safe.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>8</b>			<b>Individuals have safe housing</b>						
	8a		The individual has housing CP-C Q20, CRR Q52, CII Q47, SII Q49						
	8b		The individual receives supported housing services as planned. CRR Q53, CRR Q54, CII Q48, SII Q50						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	8c		The individual feels safe where he/she lives CII Q50, CII Q52						

*Outcome 9. Individuals have stable housing.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
9			<b>The individual has stable housing</b>						
	9a		The individual's housing is affordable CII Q58, CII Q59, CII Q61, SII Q52, SII Q53, SII Q54						
	9b		The individual has lived in two or fewer residences in the past year SII Q56						
	9c		The individual is not at risk of losing housing. CII Q63, SII Q58						

*Outcome 10. Individuals were involved in choosing their homes and roommates (if applicable).*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
10			<b>The individual was involved in choosing his/her home and his/her roommate, if applicable.</b>						
	10a		The individual is involved in choosing his/her home CII Q65, SII Q60						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
	10b		The individual is involved in choosing his/her roommate CII Q67, CII Q68, CII Q70, SII Q62, SII Q63, SII Q65						

*Outcome 11. Individuals in crisis are assisted in returning to pre-crisis level of functioning.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
11			Individuals have effective plans and know how to access crisis services						
	11a		Individuals have appropriate crisis plans CII Q74, SII Q67, SII Q68, CRR Q67, CRR Q68						
	11b		Individuals know how to access crisis services CII Q72, CII Q73						
	11c		The individual received effective crisis services CP-C Q18, CRR Q69, CII Q75, SII Q71, CII Q76, CRR Q71, SII Q73						

*Outcome 12 Natural supports are explored and identified to help the individual with treatment and recovery.*

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
12			The individual has natural supports to help with treatment and recovery						
	12a		Natural supports are explored						

Indicator	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
			<b>CRR Q73, CII Q80, SII Q74</b>						
	<b>12b</b>		<b>Natural supports are identified CII Q79, SII Q75, CRR Q74</b>						

*Outcome 13. Individuals experienced successful transitions to the community from NHH or DRFs within the past year.*

Indicato	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
<b>13</b>			<b>The individual experienced a successful transition to the community from NHH or a DRF within the past year.</b>						
	13a		Continuity with CMHC CRR Q88, CRR Q89, CP-D Q18f						
	13b		Individuals are involved in their transition planning from NHH/a DRF into the community CII Q100, CII Q102, SII Q86						
	13c		Communication between CMHC and NHH/DRF CII Q104, SII Q89, CRR Q87, SII Q92						
	13d		The individual transitioned to appropriate housing CII Q107, SII Q97, CII Q110, SII Q100						
	13e		Individuals have maintained connections with natural supports CII Q121, CII Q124, CII Q127, SII Q113, SII Q116, SII Q119						
	13f		Individuals have maintained employment upon discharge CII Q134, SII Q125, CII Q135, SII Q126						
	13g		Individuals' health benefits and financial benefits were maintained						

Indicato	Measure	Data Source	Indicator	Met	Not Met	NA	Met	Not Met	NA
			and/or reinstated for their transition home CII Q145, SII Q136						