

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Bureau of Program Quality*



***QUALITY SERVICE REVIEW***

**Final Report for**

***Seacoast Mental Health Center***

Issued April 1, 2021

## ***Acknowledgements***

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The Department of Health and Human Services, Bureau of Program Quality (BPQ) acknowledges the significant effort the Seacoast Mental Health Center staff made to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. BPQ also thanks the CMHC QSR review team, which included staff from BPQ and 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
BPQ	Bureau of Program Quality
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMHC	Seacoast Mental Health Center
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

## ***Executive Summary***

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The NH Department of Health and Human Services (DHHS), Bureau of Program Quality (BPQ) 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, BPQ developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 quality indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted Seacoast Mental Health Center's (SMHC) QSR remotely from December 4 through December 11, 2020. The first three days consisted of record reviews conducted remotely and the final three days consisted of client and staff interviews conducted remotely by phone or video call. The SMHC QSR sample included 19 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of December 1, 2019 through December 3, 2020. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

SMHC received a score of 80% or greater for 17 of 18 quality indicators. The following quality indicator was identified as an area in need of improvement:

Quality Indicator 15: Comprehensive and effective crisis service delivery

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

**Table 1: Seacoast Mental Health Center QSR Summary Results**

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	19	99%	No	4
2. Appropriateness of treatment planning	19	96%	No	3
3. Adequacy of individual service delivery	19	96%	No	6
4. Adequacy of housing assessment	19	100%	No	1
5. Appropriateness of housing treatment planning	19	84%	No	1
6. Adequacy of individual housing service delivery	19	88%	No	3
7. Effectiveness of the housing supports provided	19	88%	No	5
8. Adequacy of employment assessment/screening	19	100%	No	2
9. Appropriateness of employment treatment planning	11*	100%	No	1
10. Adequacy of individualized employment service delivery	11*	86%	No	2
11. Adequacy of assessment of social and community integration needs	19	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	19	86%	No	13
13. Adequacy of crisis assessment	7*	93%	No	4
14. Appropriateness of crisis plans	19	92%	No	2
15. Comprehensive and effective crisis service delivery	5*	75%	Yes	5
16. Adequacy of ACT screening	19	100%	No	2
17. Implementation of ACT Services	14*	89%	No	4
18. Successful transition/discharge from inpatient psychiatric facility	11*	83%	No	7

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

## ***I. Background***

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

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

## ***II. Purpose***

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

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

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



### ***III. QSR Process Overview***

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC and BPQ. During the on-site period, daily contact occurs with QSR reviewers to ensure consistent practice and inter-rater reliability, and assistance is sought from the CMHC staff if needed. During the post on-site period, follow-up tasks required of the CMHC are completed and BPQ 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 targets.

### ***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 four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

### **Sample Size and Composition**

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Sample lists may then be reviewed to determine if there are individuals who had admissions at inpatient behavioral health units other than New Hampshire Hospital and the Designated Receiving Facilities, and those individuals are moved to the ACT/IPA and NO ACT/IPA lists as appropriate. Additionally, information gathered during the interview scheduling and 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.

Evidence during the first year of administering the QSR demonstrated that the final sample category re-assignment tended toward re-assignment into the fourth *No ACT/No IPA* sample category identified above. This resulted in an over-representation of the *No ACT/No IPA* sample category at the completion of the QSR. As a result, the CMHC is now provided only with individuals assigned to the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA*, unless the CMHC has smaller sample lists and exhausts those lists prior to successfully scheduling a full number of individuals to be interviewed. This approach promotes a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

## **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 are given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

## **Scoring**

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a "YES." The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, 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 four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as "YES." The CMHC level score is based on the average of the total individual level scores for that quality indicator.

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

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

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

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

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC’s compliance with the CMHA substantive provisions (see CMHA

Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of “YES” measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

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

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

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

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

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

ACT Services: Quality Indicators 16, and 17; and

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

## **QSR Findings and Conclusions**

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data and may inform particularly low scoring measures within a quality indicator or outlier data. Conclusions include an assessment of the CMHC’s achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

## **Quality Improvement Plan and Monitoring**

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for BPQ 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. That threshold is any quality indicator scoring less than 70% for SFY18, less than 75% for SFY19, and less than 80% for SFY20 and subsequent years. The

CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the BPQ Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC’s QIP through standardized progress reports submitted by the CMHC to BMHS and BPQ each quarter. BMHS and BPQ will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

## V. Seacoast Mental Health Center QSR Findings

### Seacoast Mental Health Center QSR Overview

The SMHC QSR was conducted remotely. Additional information about SMHC is found in Appendix 4: Agency Overview. Two hundred twenty-six SMHC individuals met the QSR sample criteria. Twenty eligible individuals were drawn at random from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories to be interviewed. However, 19 individual interviews were completed due to one individual being hospitalized at the time of the review. Information gathered during the scheduling and site review resulted in some individuals being re-assigned to a different (the accurate) sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final adjusted groupings after interviews were completed.

**Table 2: Number of Individuals by Category**

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	10	4%	8	42%
ACT/NO IPA	59	26%	6	32%
NO ACT/IPA	4	2%	3	16%
NO ACT/NO IPA	153	68%	2	11%
<b>Total</b>	<b>226</b>	<b>100%</b>	<b>19</b>	<b>101%†</b>

† Percentage does not add up to 100% due to rounding.

The SMHC Quality Service Review included a review of 20 clinical records, 19 individual interviews and 20 staff interviews. Table 3 shows the distribution of interview and record review activities.

**Table 3: Review Activities**

	<b>Number In Person</b>	<b>Number By Video Conference</b>	<b>Number By Phone</b>	<b>Total</b>
Individuals Interviewed	0	3	16	19
Staff Interviewed	0	20	0	20
Clinical Records Reviewed	20	NA	NA	20

From December 4 through December 11, 2020, four teams consisting of staff from BPQ and BMHS completed the remote collection processes. Data was collected for the review period of December 1, 2019 through December 3, 2020. Following the remote review, the QSR data was scored. Analysis of the scores was then completed.

A year-to-year comparison of SMHC’s results are reported in Appendix 5: Year-to-Year Comparison. Of note, the threshold score for SFY18 was 70%, SFY19 was 75% and the threshold for SFY20 and subsequent years is 80%.

## **Seacoast Mental Health Center Scores**

### **ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY**

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

#### **Quality Indicator 1: Adequacy of Assessment**

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and

identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual’s specific needs, strengths, and preferences, and is conducted face-to-face.

Nineteen individuals were scored for Quality Indicator 1. SMHC received a score of 99%.

Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

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

### **Additional Results**

- SMHC uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals’ needs and strengths. In reviewing the ANSAs within the clinical records, all ANSAs had all needs areas assessed and scored (CRR Q5), and all ANSAs had areas within the strength section scored (CRR Q6).
- Staff indicated that at least part of the assessment process was done through a direct collaborative process with the individual with 18 of 19 individuals interviewed (SII Q2).
- One of 19 individuals had a treatment plan in which there were one or more treatment plan goals without related identified needs found in the ANSA, case management assessment, or other comparable assessment (CRR Q10).
- Overall, no individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).

### **Quality Indicator 2: Appropriateness of Treatment Planning**

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual’s



strengths, and include treatment interventions customized to meet the individual’s identified needs and help achieve their goals.<sup>1</sup> Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual’s needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Nineteen individuals were scored for Quality Indicator 2. SMHC received a score of 96%. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
<b>Measure 2a:</b> Treatment planning is appropriately customized to meet individual’s needs and goals	18	1
<b>Measure 2b:</b> Treatment planning is person-centered and strengths based	18	1
<b>Measure 2c (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0

**Additional Results**

- If the ANSA or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if SMHC has established a goal or plan to address the identified needs. Twelve individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans. Seven individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans (CRR Q9).
- The QSR also looks at the reverse, reviewing each goal in the ISP treatment plan and determining if there is a related identified need in the case management assessment or the ANSA or other comparable assessment. Eighteen individuals were found to have identified needs relating to all of their treatment goals; one individual had one or more treatment plan goals that were not aligned with any of his/her identified needs in the case management assessment or the ANSA (CRR Q10).
- From the review of individuals’ quarterly assessments, 10 individuals had quarterlies that identified that a modification or change in treatment or services was needed. There was

evidence to support that the identified modifications were made for all 10 individuals (CRR Q15).

- The clinical record contained documentation of quarterly reviews having been completed for all quarters that fell within the period under review for 18 of 19 individuals (CRR Q16).
- Seventeen of 19 individuals responded they talked with SMHC staff in the past 12 months about their needs and goals; two individuals responded that they did not (CII Q1). Many individuals reported they did so as often as weekly (CII Q2). Two of the 17 individuals felt they did not speak often enough with staff about their needs and what they wanted to work on (CII Q3).
- Seventeen individuals responded staff actively work with them on their goals (CII Q5).
- Of the 19 individuals interviewed, 16 individuals indicated they were able to effectuate change to their treatment plans (CII Q8). Sixteen individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Five individuals stated there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included a parent to the individual, a co-parent, additional staff from SMHC such as a case manager, InShape staff, or the prescriber.
- The clinical records contained documentation of 13 of 19 individuals having signed or verbally acknowledged their most recent ISP/treatment plan (CRR Q12). Due to COVID-19, BMHS has waived the signature requirement<sup>2</sup> and is accepting documented verbal acknowledgement as an alternative to a physical signature. Five ISP/treatment plans had signatures and eight were verbal acknowledgements. Eighteen ISP/treatment plans included the individuals' strengths (CRR Q13); and 18 ISP/treatment plans were written in plain language (CRR Q14).
- Of the 19 individuals interviewed, 18 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Overall, no individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).

### **Quality Indicator 3: Adequacy of Individual Service Delivery**

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the

intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Nineteen individuals were scored for Quality Indicator 3. SMHC received a score of 96%. One individual was unable to answer all the related questions, therefore Measure 3a was not applicable for that individual. Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
<b>Measure 3a:</b> Services are delivered with the appropriate intensity, frequency, and duration	15	3
<b>Measure 3b:</b> Service delivery is flexible to meet individual's changing needs and goals	18	1
<b>Measure 3c:</b> Services are delivered in accordance with the service provision(s) on the treatment plan	18	1
<b>Measure 3d (OCR Q1):</b> Frequency and intensity of services are consistent with individual's demonstrated need	19	0
<b>Measure 3e (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0
<b>Measure 3f (OCR Q5):</b> Services and supports ensure health, safety, and welfare	19	0

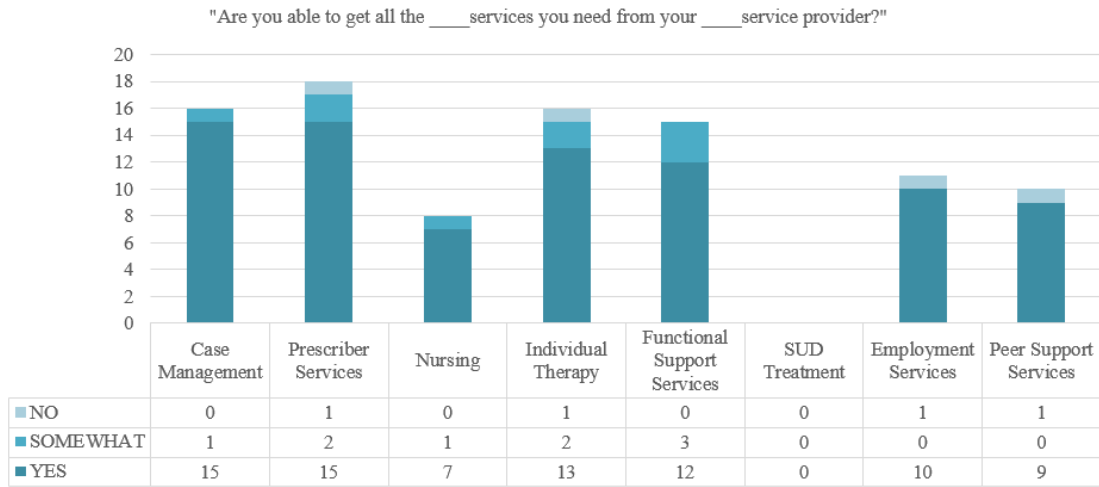
### **Additional Results**

- Individuals are asked if they are able to get all the services and supports needed to meet their current needs and achieve their goals. Eleven individuals responded they are able to get all the services and supports they need to meet their current needs and achieve their goals; five individuals responded they are “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; three individuals responded that they are unable to get all the services and supports they need to meet their current needs and achieve their goals (CII Q19). Of the eight individuals who responded “somewhat” or “no”, five individuals named specific service/support areas that they needed more help with from SMHC, such as help getting a job, InShape, substance abuse treatment counseling, and help

understanding their medication needs (CII Q20). One or more individuals additionally acknowledged that they felt SMHC was doing the best they could, given the circumstances of COVID-19.

- Staff acknowledged there was one of 19 individuals who was not receiving one or more services at the frequency prescribed on his/her treatment plan (SII Q5). Staff indicated that this was due to lack of available staff (SII Q6).
- Documentation in the clinical records indicated that seven of 19 individuals were receiving 70% or more of their services at the frequency prescribed on their treatment plans (CRR Q11). Staff provided appropriate reasons for why one or more services were not provided at the frequency prescribed for all but one individual (SII Q7). Additionally, four individuals were reported to be declining one or more of their services.
- Overall, it was determined that all individuals were receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1).
- Overall, no individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).
- Overall, all individuals reviewed were observed to be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5).
- Individuals are asked if they are able to get all the supports and services they need from specific staff roles, based upon which services are prescribed on their treatment plan or in which they are interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q61, CII Q108). Individuals were most satisfied with their case management services, with 15 of 16 individuals responding that they were receiving the services needed in that area. Individuals were least satisfied with their individual therapy and prescriber services, with three of 16 and three of 18 individuals respectively stating that they did not get all the services needed (See Figure 1).

**Figure 1: Ability to Get All the Supports and Services Needed**



**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>3</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: Adequacy of Housing Assessment**

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual’s housing needs and the range and level of supports needed to

acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

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

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

	YES	NO
<b>Measure 4a:</b> Individual housing needs are adequately identified	19	0

### **Additional Results**

- Both the ANSA and case management assessments supported that individuals’ housing needs were routinely assessed. ANSAs were found for all 19 individuals (CRR Q4), and case management assessments were found for 16 of 19 individuals (CRR Q1). Collectively, all 19 individuals were assessed for housing needs by one or both of these means (CRR Q19, CRR Q20).
- Fourteen individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q21).

### **Quality Indicator 5: Appropriateness of Housing Treatment Planning**

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual’s identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

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

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

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

### **Additional Results**

- Fourteen of 19 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 14 individuals, 11 individuals had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23,

CRR Q24), and all 11 individuals had housing goals in alignment with their assessed housing needs (CRR Q28).

- Housing related goals and plans appeared to be specific to the individual. Goal and plan language avoided generic language, such as “assess, link, monitor and refer” (CRR Q25), and tended to include detail related to concerns specific to the individual, such as what about their current housing was not adequate or satisfactory, and the plan to make progress related to those housing needs.

**Quality Indicator 6: Adequacy of Individual Housing Service Delivery**

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

Nineteen individuals were scored for Quality Indicator 6. SMHC received a score of 88%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. One individual was unable to answer all related questions, therefore Measure 6b was not applicable for that individual. Individuals were scored as follows:

	YES	NO
<b>Measure 6a:</b> Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual’s changing needs and goals	18	1
<b>Measure 6b:</b> Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	13	5
<b>Measure 6c: (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	18	1

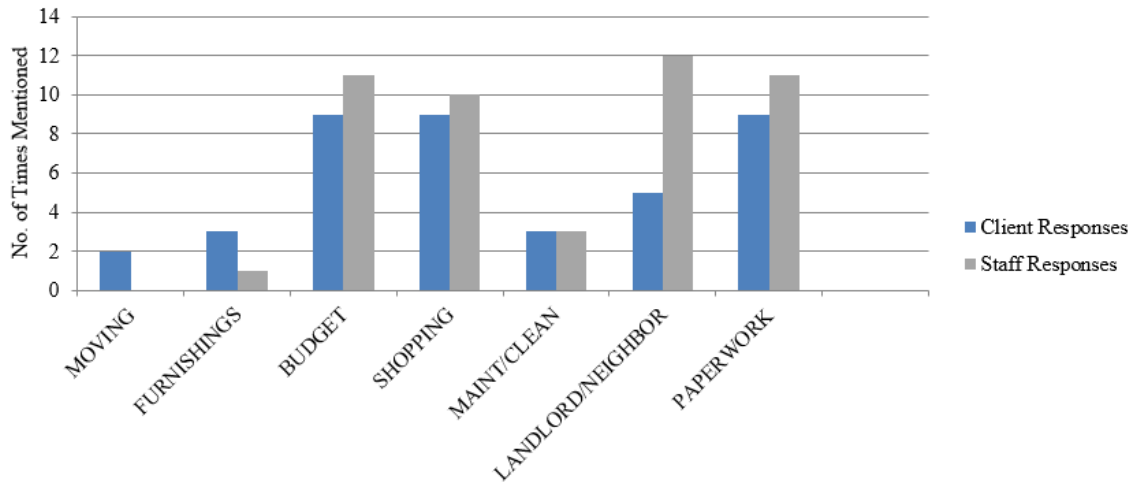
**Additional Results**

- Nine of 11 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24) were receiving housing related services (CRR Q26). Of those nine individuals, eight individuals were receiving housing services that were in alignment with their housing goals (CRR Q28).
- Four individuals did not feel that they were able to get all the housing supports they need (CII Q43). Five individuals felt they did not receive housing supports and services as often as

they needed (CII Q44). Four individuals did not feel that they had enough support to achieve their housing goals (CII Q45); two individuals identified specific services and assistance that would likely be provided by SMHC.

- Comments from individuals regarding what else is needed to reach their housing goals included needing help speaking with landlords/housing management and help with housing paperwork (CII Q45).
- Overall, one individual reviewed was observed to not be receiving services adequate to obtain and maintain stable housing (OCR Q9). The individual had a case management plan that identified the need for help maintaining housing with some specific areas of assistance identified. Neither the clinical record, the staff, nor individual were able to support that this assistance and service had been provided during the period under review, and it was reported that the individual was struggling with some housing concerns that threatened his/her continued ability to maintain stable housing (OCR Q10).
- The most common housing services received by individuals were help with housing related paperwork and help with budgeting, followed closely by help with shopping and landlord or neighbor relations (SII Q30, CII Q42) (see Figure 2).

**Figure 2: Most Common Housing Services and Supports Received**



**Quality Indicator 7: Effectiveness of Housing Service Delivery**

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and



achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Nineteen individuals were scored for Quality Indicator 7. SMHC received a score of 88%. Quality Indicator 7 consists of Measures 7a-7e. Of the 19 individuals interviewed, 13 individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

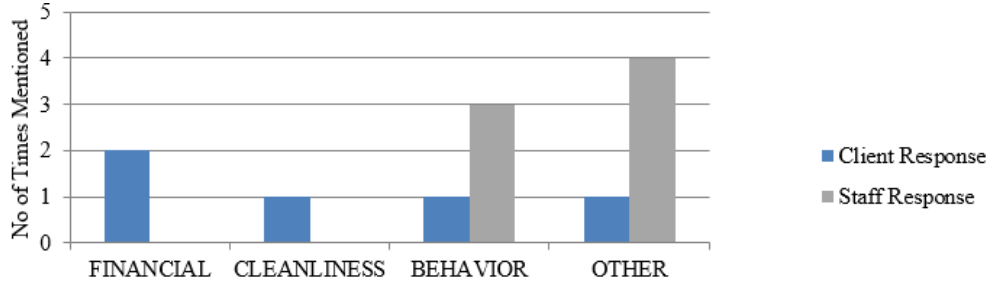
	YES	NO
<b>Measure 7a:</b> Housing supports and services enable individual to meet/progress towards identified housing goals	17	2
<b>Measure 7b:</b> Housing supports and services enable individual to maintain safe housing	18	1
<b>Measure 7c:</b> Housing supports and services enable individual to maintain stable housing	15	4
<b>Measure 7d:</b> Housing supports and services enable individual to be involved in selecting housing	3	3
<b>Measure 7e (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	18	1

### **Additional Results**

- Three individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). Staff responded being aware of a safety concern related to housing for one of the three individuals who self-identified safety concerns as well as one additional individual (SII Q22). One individual and no staff identified the safety concerns as being current (CII Q30, SII Q23). The reasons reported for the safety concerns were related to theft, vandalism, and drugs in the area, as well as living in an abusive home situation.
- Eighteen individuals are living in independent private residences, one individual is currently residing in a shelter (CII Q27, SII Q20).
- Three individuals responded they were homeless at some point in the past 12 months (CII Q33).
- A total of seven unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q24). Some of the reasons mentioned were related to threats of being evicted, breaking into others' homes as well as assaulting others, a

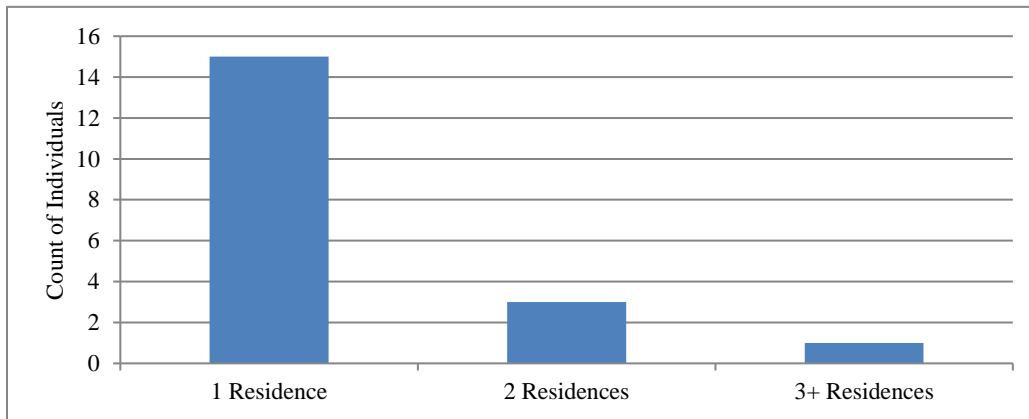
report that a representative payee had not sent timely rent payment, and cleanliness issues (CII Q32, SII Q25) (see Figure 3).

**Figure 3: Reasons for Being at Risk of Losing Housing in the Past 12 Months**



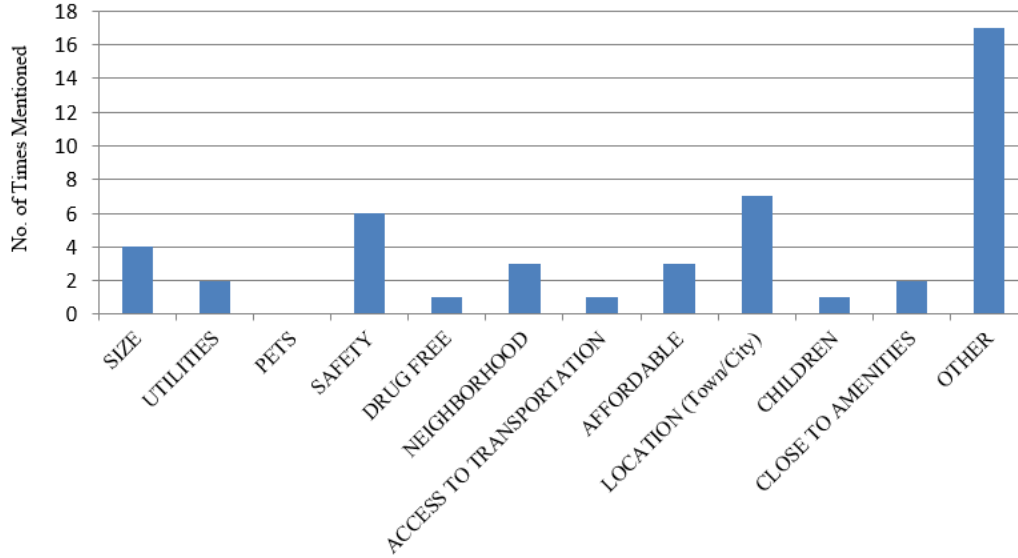
- Fifteen individuals had lived in the same residence for the past year or more (CII Q34) (see Figure 4).

**Figure 4: Places Lived in the Past Year**



- The most common responses made by individuals regarding the factors most important to them when choosing a place to live were location and safety (CII Q40). Some of the more specific reasons given that were categorized as “other” were wanting a place that is quiet, a big yard, close to family, a bathtub, clean, and comfortable (see Figure 5).

**Figure 5: Preferences When Choosing Where to Live**



- Overall, one individual reviewed was observed to not be receiving services adequate to obtain and maintain stable housing (OCR Q9). The individual had a case management plan that identified the need for help maintaining housing with some specific areas of assistance identified. Neither the clinical record, the staff, nor individual were able to support that this assistance and service had been provided during the period under review, and it was reported that the individual was struggling with some housing concerns that threatened his/her continued ability to maintain stable housing (OCR Q10).

## **EMPLOYMENT SERVICES AND SUPPORTS**

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

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

### **Quality Indicator 8: Adequacy of Employment Assessment/Screening**

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual’s interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual’s employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Nineteen individuals were scored for Quality Indicator 8. SMHC received a score of 100%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 19 individuals interviewed, nine individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals were enrolled in Supported Employment during the period under review (CRR Q29). Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 8a:</b> Individual employment needs are adequately identified	19	0
<b>Measure 8b:</b> Individual received a comprehensive assessment of employment needs and preferences when applicable	10	0

### **Additional Results**

- Four individuals responded they had not been asked by SMHC staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that all individuals had been assessed/screened for employment needs (CRR Q30, CRR Q31).
- Of the 11 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q54), one individual did not have employment needs identified in either the ANSA or the case management assessment (CRR Q32).
- Ten individuals were enrolled in supported employment during the period under review (CRR Q29); all 10 individuals had a completed comprehensive employment assessment

(vocational profile) (CRR Q37); all 10 employment assessments (vocational profiles) included the individual’s employment strengths (CRR Q38).

**Quality Indicator 9: Appropriateness of Employment Treatment Planning**

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

Eleven individuals were scored for Quality Indicator 9. SMHC received a score of 100%. Quality Indicator 9 consists of Measure 9a. Of the 19 individuals interviewed, eight individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services (CII Q54). Individuals were scored as follows:

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

**Additional Results**

- Eleven individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), and all 11 individuals described interest in receiving help and services that would be provided by SMHC (CII Q54); staff were aware of this interest for 10 of those 11 individuals (SII Q42). Of the same 11 individuals who expressed interest in receiving help with finding or keeping a job, all 11 individuals had employment-related goals or plans, as evidenced by their treatment plans and/or case management plans (CRR Q34, CRR Q35).
- In total, 11 individuals had employment related goals or plans, regardless of expressed interest (CRR Q34, CRR Q35), and these goals or plans were all in alignment with assessed needs (CRR Q41).
- Eleven individuals had Supported Employment listed as a prescribed service on their treatment plans (CRR Q11). One of these individuals had not been enrolled in SE during the past 12 months (CRR Q29). A total of 10 individuals had been enrolled in SE during the past

12 months (CRR Q29). SMHC demonstrated strengths in their alignment of client interest, accurately assessed needs and goals, and enrollment in Supported Employment.

- Nine individuals reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58). Of the nine individuals who reported discussing these changes with SMHC staff (CII Q59), eight individuals felt that SMHC staff had helped them with their changed employment needs or goals (CII Q60).

**Quality Indicator 10: Adequacy of Individualized Employment Service Delivery**

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

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

Eleven individuals were scored for Quality Indicator 10. SMHC received a score of 86%. Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 19 individuals interviewed, eight individuals were considered not applicable for Measure 10a because they reported not being interested in employment or were not receiving employment support services during the period under review (CII Q53, CRR Q29). Of the 19 individuals interviewed, eight individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q34, CRR Q35). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

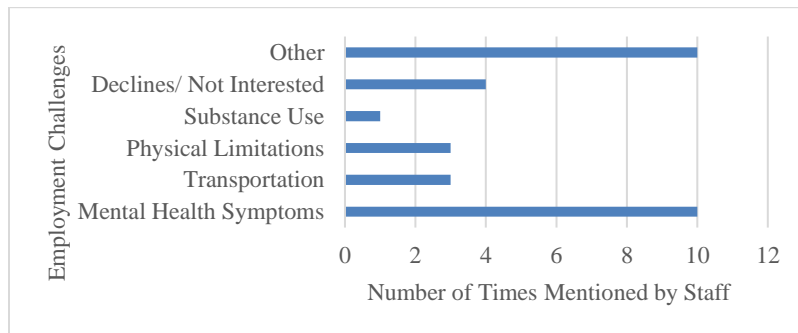
	YES	NO
<b>Measure 10a:</b> Service delivery is provided with the intensity, frequency, and duration needed to meet individual’s changing employment needs	9	2
<b>Measure 10b:</b> Services and supports are meeting individual’s employment goals	10	1

**Additional Results**

- Eleven of 19 individuals had supported employment prescribed on their treatment plans. Of those 11 individuals, six individuals were receiving services at the frequency prescribed on their treatment plan (CRR Q11).

- One individual responded he/she needed additional employment related services from SMHC (CII Q61). Two individuals responded they were not getting employment supports and services *as often* as they felt they needed (CII Q62).
- Individuals are asked if they have enough support to achieve their employment goals. All but one individual felt that they did (CII Q63). One individual expressed needing more time with supported employment staff and wanting his/her workplace and supported employment staff to coordinate with each other (CII Q63). Five of the 11 individuals who had supported employment prescribed on their treatment plan reported being employed (CII Q47). Types of employment services provided included job search, discussing job related concerns and barriers, explaining supported employment services, providing support around the unemployment application process, discussion of the impact of mental health symptoms, motivational interviewing, and reflective listening (CRR Q40).
- Seven individuals reported being employed (CII Q47); all seven individuals reported having a competitive job (CII Q48), four individuals work full-time and three individuals work part-time (CII Q49). Two individuals responded they are interested in working more hours (CII Q51). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.
- All 15 individuals who had employment needs identified in the ANSA or case management assessment (CRR Q32), and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q34, CRR Q35) received employment services and supports that were in alignment with their employment needs or goals (CRR Q41).
- Responses from staff about challenges individuals face in finding and maintaining employment included lack of transportation, memory issues, managing mental health symptoms, lack of motivation or lack of interest, challenges with interpersonal skills, lack of organization, and medical concerns (SII Q46) (see Figure 6).

**Figure 6: Employment Challenges Faced by Individual**



- Staff identified 11 individuals as having received employment related services in the past 12 months (SII Q50). For 10 of the 11 individuals, the provided services identified by staff were in alignment with the individuals’ treatment plan goals (SII Q51). For eight of 11 individuals, staff responded that the services were helping the individuals’ progress towards their employment goals (SII Q52).
- Examples of successes and progress for individuals receiving supported employment or other employment related services included completing job applications, narrowing down job interests, resume and cover letter completion, and finding and maintaining employment (SII Q52).
- Eight of the 18 individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits (CII Q64). Staff reported that this topic had been discussed with 11 of the individuals interviewed (SII Q41).
- SMHC offers supported employment services out of their offices in Exeter and Portsmouth. A Supported Employment Fidelity review was completed at SMHC on September 12<sup>th</sup> and 13<sup>th</sup>, 2019. SMHC scored a 94 out of a possible 125 points, which brings them into the Fair Fidelity category range of a score between 74-99.

## **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.<sup>4</sup> Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning,



quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

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

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

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

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

**Additional Results**

- The ANSA includes several domains related to social and community integration needs and strengths. All of these related areas of the ANSA were completed for all 19 individuals (CRR Q43, CRR Q44).

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

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

Nineteen individuals were scored for Quality Indicator 12. SMHC received a score of 86%. Quality Indicator 12 consists of Measures 12a-12m. Eight individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for

Measure 12c. One individual was unable to answer all the related questions and therefore was not applicable for Measure 12i. One individual did not have identified needs related to social supports and community integration and therefore was not applicable for Measure 12j.

Individuals were scored as follows:

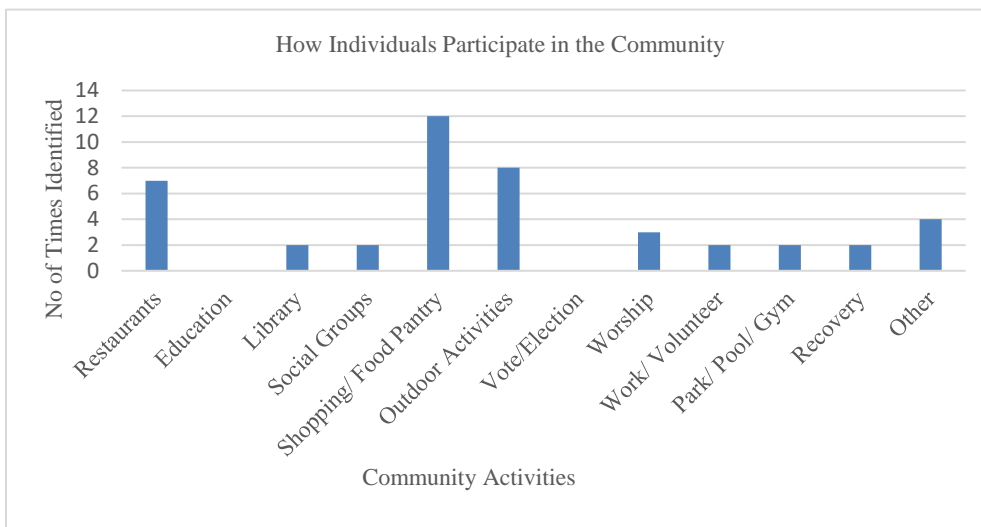
	YES	NO
<b>Measure 12a:</b> Individual is competitively employed	7	12
<b>Measure 12b:</b> Individual lives in an independent residence	18	1
<b>Measure 12c:</b> Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	8	3
<b>Measure 12d:</b> Individual is integrated in his/her community	16	3
<b>Measure 12e:</b> Individual has choice in housing	13	6
<b>Measure 12f:</b> Individual has choice in his/her treatment planning, goals and services	18	1
<b>Measure 12g:</b> Individual has the ability to manage his/her own schedule/time	19	0
<b>Measure 12h:</b> Individual spends time with peers and /or family	16	3
<b>Measure 12i:</b> Individual feels supported by those around him/her	15	3
<b>Measure 12j:</b> Efforts have been made to strengthen social supports if needed	16	2
<b>Measure 12k (OCR Q7):</b> Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	19	0
<b>Measure 12l (OCR Q11):</b> Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	19	0
<b>Measure 12m (OCR Q13):</b> Services are adequate to live in the most integrated setting	19	0

### **Additional Results**

- During the interview, individuals are presented with a list of examples of activities that people may engage in when they are part of the community. Activities include shopping, visiting a food pantry, going to the library, eating in restaurants, visiting parks, participating in outdoor community activities, participating in city meetings, local recovery meetings or places of worship, or taking classes or taking part in clubs or

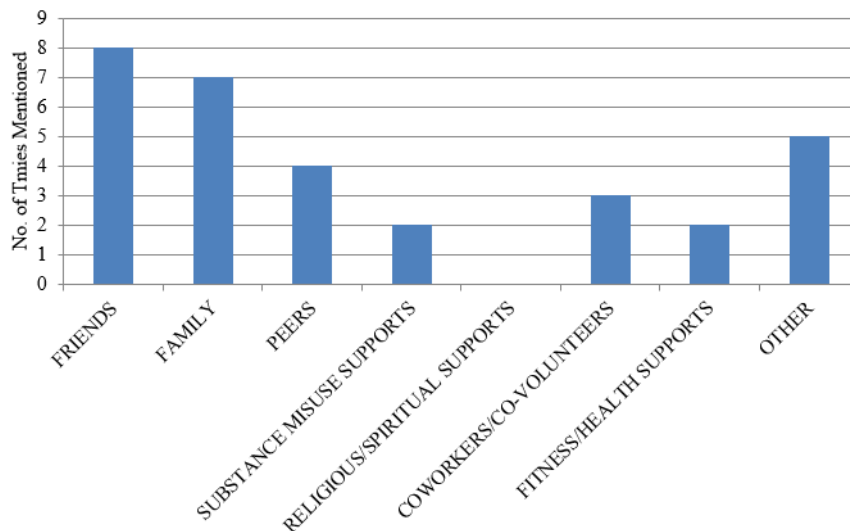
organizations in their community. Individuals are then asked to think about the activities mentioned or any other activities that were brought to mind, and share how the individual is a part of their community. One individual was not able to identify any community activities in which he/she participates (CII Q104). Staff responded that 17 of 19 individuals were integrated into their community (SII Q63). Eighteen individuals reported a variety of community activities in which they participated (CII Q104) (see Figure 7).

**Figure 7: Identified Community Activities**



- Sixteen of 19 individuals were able to identify at least one natural support with whom they spend time, with family and friends being the most frequently mentioned supports (CII Q98). Of the seven individuals who were employed (CII Q47), three identified spending time with people from work to support their recovery (CII Q98) (see Figure 8).

**Figure 8: Identified Natural Supports**



- Three individuals did not feel that they had an adequate support system (CII Q101); all three individuals felt that SMHC was helping them to improve their support systems (CII Q102). The individuals identified SMHC providing help in areas such as being available to talk more and helping the individual sort through some of their relationships and identified support needs (CII Q103).
- One of 19 individuals was unable to identify anyone, aside from CMHC staff, that he/she may go to for support (CII Q96). Four individuals were unable to identify people in their lives who help support them with their treatment and mental health recovery (CII Q99). Two individuals did not feel that family, friends, and/or community give them enough support with their treatment and mental health recovery; eight individuals feel that family, friends, and/or community “somewhat” give them enough support (CII Q100).
- Twelve of 19 individuals reported that they had been given information about services and supports available to them in the community (CII Q105).
- Individuals are asked about peer related services they are aware of or may have utilized during the past year. Eleven individuals reported utilizing peer specialist services at the CMHC (CII Q107). Seventeen individuals were aware of peer support agencies (CII Q109), and five individuals had accessed peer support agencies in the past year (CII Q110). Staff reported that nine individuals had not used peer support services of any kind, whether at SMHC, at a peer support agency, or any other type of peer services within the past year (SII Q69). Staff indicated that two individuals had not been informed about peer support

agencies, and staff was not sure if one individual had been informed (SII Q67). Staff stated that SMHC did not have peer support services available for three individuals and was unsure if these services were available for one individual (SII Q68).

- Eighteen individuals had identified needs related to social support and community integration in the ANSA or case management assessments (CRR Q46). Fourteen individuals had these needs addressed by goals in their treatment plans or care plans (CRR Q48, CRR Q49). Despite the lack of goals in this area for several individuals, there was evidence of related services being provided for all 19 individuals which was in alignment with any identified needs (CRR Q50, CRR Q52).
- Of the 11 individuals who had experienced an inpatient psychiatric admission during the period under review (CRR Q67), eight individuals reported that they restarted communication with their natural support system following their discharge from the inpatient psychiatric facility (CII Q94).
- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. For those individuals who had moved in the past 12 months, two of four individuals reported they did not have an opportunity to discuss their housing preferences with staff before moving (CII Q35), and two of four individuals were unable to see their current housing before moving (CII Q36). One of four individuals looking for a different place to live (CII Q37) had not had an opportunity to discuss his/her current housing preferences (CII Q38); all four individuals reported that they had or would have an opportunity to see potential housing options prior to moving (CII Q39). Fourteen of 19 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).
- Of the 19 individuals interviewed, one individual indicated he/she was not involved in his/her treatment planning and goal setting (CII Q6).
- All 19 individuals reported that they are able to manage their own time and schedule (CII Q97).
- Overall, no individuals reviewed were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7).
- Overall, all individuals reviewed were observed to be receiving services necessary to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).

- Overall, all individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13), and 18 individuals reviewed were living in independent residences (CII Q27, SII Q20).

## **CRISIS SERVICES AND SUPPORTS**

Crises have a profound impact on persons living with severe mental illness.<sup>5</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 his/her treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

### **Quality Indicator 13: Adequacy of Crisis Assessment**

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

Seven individuals were scored for Quality Indicator 13. SMHC received a score of 93%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 19 individuals interviewed, 12 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record.

Specifically, 10 clinical records had documentation of crisis services being provided (CRR Q55) and seven individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, seven individuals could be scored. Some of the

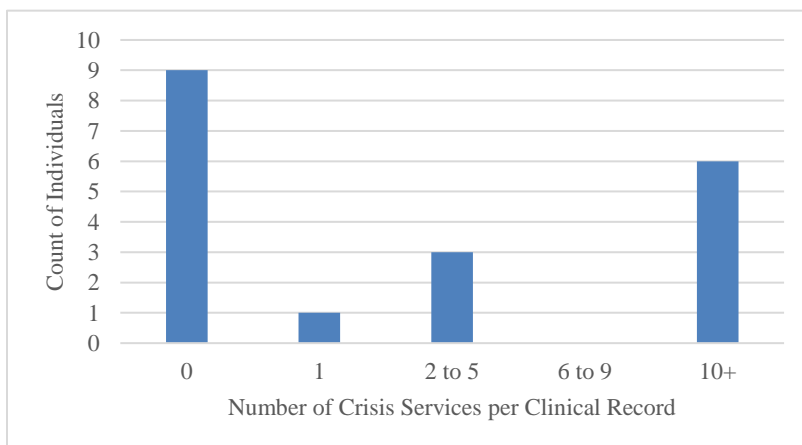
additional results below include data from individuals who were not scored, and are offered to provide SMHC with additional information. Individuals were scored as follows:

	YES	NO
<b>Measure 13a:</b> Crisis assessment was timely	5	2
<b>Measure 13b:</b> Risk was assessed during crisis assessment	7	0
<b>Measure 13c:</b> Protective factors were assessed during crisis assessment	7	0
<b>Measure 13d:</b> Coping skills/interventions were identified during crisis assessment	7	0

### **Additional Results**

- Documentation in the clinical record indicated that six individuals received 10 or more crisis services in the period under review (CRR Q56) (see Figure 9).

**Figure 9:** Crisis Services Received by all Individuals in Period Under Review



- Five of seven individuals who endorsed receiving crisis services responded that during a crisis they were “always” or “most of the time” able to get help quickly enough from SMHC (CII Q75).
- Documentation of risk assessment was found in nine of 10 crisis notes reviewed (CRR Q57). Documentation that protective factors had been assessed was found in nine of 10 crisis notes reviewed, and documentation that coping skills had been assessed was found in six of 10 crisis notes reviewed (CRR Q57).

- All seven individuals who endorsed receiving crisis services responded that SMHC staff helped them manage while experiencing a crisis (CII Q71).

### Quality Indicator 14: Appropriateness of Crisis Plans

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

Nineteen individuals were scored for Quality Indicator 14. SMHC received a score of 92%.

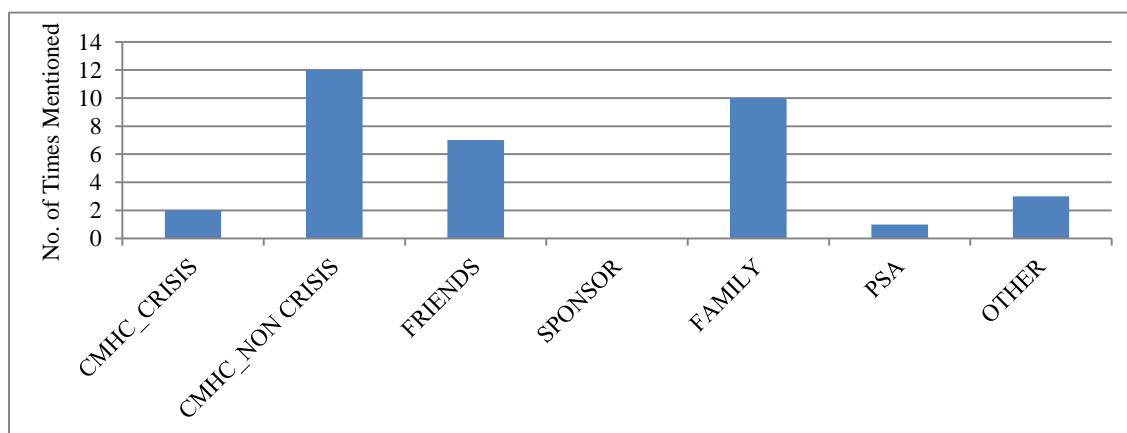
Quality Indicator 14 consists of Measure 14a and Measure 14b.

	YES	NO
<b>Measure 14a:</b> Individual has a crisis plan that is person-centered	19	0
<b>Measure 14b:</b> Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	16	3

### Additional Results

- All individuals had crisis plans in their clinical records that were specific to the individual (CRR Q53, CRR Q54).
- Individuals were asked an open-ended question, who they could call if having a mental health crisis. The most common response made by individuals was non-crisis CMHC staff, followed by family (CII Q66). Their responses were coded using the following categories in Figure 10.

**Figure 10:** Who the Individual Could Call if Having a Mental Health Crisis





### 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.

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

Five individuals were scored for Quality Indicator 15. SMHC received a score of 75%. Quality Indicator 15 consists of Measures 15a-15e. Of the 19 individuals interviewed, 14 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, 10 clinical records had documentation of crisis services being provided (CRR Q55). Seven individuals endorsed receiving crisis services (CII Q69), and five staff endorsed individuals having received crisis services (SII Q53). When documentation and endorsements were analyzed for the CII, SII, and CRR, five individuals could be scored. Some of the additional results included below include data from individuals who were not scored to provide SMHC with more helpful information. As SMHC does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
<b>Measure 15a:</b> Communication with treatment providers during crisis episode was adequate	4	1
<b>Measure 15b:</b> Communication with individual during crisis episode was adequate	3	2
<b>Measure 15c:</b> Crisis service delivery is sufficient to stabilize individual as quickly as practicable	3	2
<b>Measure 15d:</b> Crisis interventions occur at site of the crisis (if applicable)	0	0
<b>Measure 15e:</b> Individual was assisted to return to his/her pre-crisis level of functioning	5	0

## **Additional Results**

- Individuals who endorsed receiving crisis services were also asked what would have been more helpful, if anything, regarding the crisis services they received (CII Q77). One or more individuals offered that it would help if the crisis/emergency line responded more quickly in both answering and responding to calls.
- Crisis services were provided both by SMHC emergency services staff and staff who have a role in the individuals' treatment (SII Q58).
- All five staff who endorsed individuals having received crisis services responded they received notification from a treatment provider (rather than directly from the individual, family, or friend) or were the direct provider of the crisis service themselves (SII Q56). All five staff received notification within 24 hours (SII Q56). Four of five staff responded they received all of the information needed regarding the crisis episode (SII Q57).
- One individual responded he/she did not feel supported by staff when in a crisis (CII Q72).
- One individual responded that staff "occasionally" explained things in a way that he/she understood during a crisis (CII Q73).
- Two individuals responded that they "occasionally" felt that they had been able to get all the crisis/emergency supports and services they needed (CII Q74).
- Two individuals responded that during a crisis they were "occasionally" or "never" able to get help quickly enough from SMHC (CII Q75).
- Of the 10 clinical records reviewed for crisis services, five records contained documentation that the individual remained in the home/community setting following the most recent crisis service (CRR Q57).
- The six individuals who had received 10 or more crisis services during the period under review (CRR Q56) experienced a combined total of 17 inpatient psychiatric admissions during the period under review (CRR Q68).
- Of the seven individuals who endorsed receiving crisis services during the period under review, three individuals responded the crisis services received "occasionally" or "never" helped them to feel like they did before the crisis (CII Q76).
- When asked about the steps taken to manage a psychiatric crisis (CII Q70), one or more individuals cited taking steps that were similar to how they responded to questions regarding who they could call during a crisis and what they might do if they experienced a mental

health crisis (CII Q66, CII Q67). Specifically, individuals mentioned calling SMHC, breathing exercises, taking medications, utilizing the ACT team, and using distraction techniques or other coping skills.

- All five staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q59). All 10 crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q57).
- Individuals are asked if they had anything additional to share regarding crisis services at SMHC (CII Q82). One or more individuals offered that services were helpful or had improved.

“I think they do a great job because I used to end up in the hospital; it seemed like every month. Since being on the ACT team, it’s been a year and a half.”

## **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 or 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.

Direct comparisons to the ACT sample are not made within this report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 6: ACT vs. Non-ACT Indicator Scores.

### **Quality Indicator 16: Adequacy of ACT Screening**

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

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

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

### **Additional Results**

- SMHC staff demonstrated sufficient knowledge regarding ACT criteria, the referral process at SMHC, and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q10, SII Q12).
- All individuals had been screened for ACT (CPD Q16, CRR Q58).
- Of the 19 individuals reviewed, all individuals who met ACT criteria were on ACT; staff reported that one individual was on ACT but no longer met ACT criteria (SII Q11, SII Q13). In total, 13 individuals met ACT criteria (SII Q11).

### **Quality Indicator 17: Implementation of 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/support systems. 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 fewer services.

For the purposes of Quality Indicator 17, the QSR looks at ACT service delivery at an individual level rather than looking at each component of the ACT program the way an ACT Fidelity Review does.

Fourteen individuals were scored for Quality Indicator 17. SMHC received a score of 89%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 19 individuals interviewed, five individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 17a:</b> ACT services are delivered at appropriate intensity, frequency, and duration	11	3
<b>Measure 17b:</b> ACT services are provided using a team approach	14	0
<b>Measure 17c:</b> ACT services are received in the home/community	12	2
<b>Measure 17d:</b> ACT team collaborates with community providers/support systems	13	1

### **Additional Results**

Fourteen individuals were receiving ACT services. Data from the clinical records regarding ACT services was gathered for each individual based on an average of the four complete weeks of October 26 through November 22, 2020. This four-week period of time preceding Thanksgiving was chosen to ensure parity in data collection and comparison among CMHCs for the SFY21 QSR review cycle.

- Eight individuals received an average minimum of 85 minutes of services with their ACT Team during each of the four complete weeks; six individuals did not (CRR Q63).
- Nine individuals had an average of three or more total contacts with ACT Team staff per week during each of the four complete weeks; five individuals did not (CRR Q64).
- Eleven individuals responded they received “all” the ACT services they needed from their ACT Team, one individual responded that he/she “somewhat” received all the ACT services needed from his/her ACT Team, and two individuals responded that they did not receive all the services they needed from their ACT Team (CII Q21).
- Eleven individuals responded they saw their ACT staff as often as they felt was needed; three individuals responded they did not (CII Q25).

- All 14 individuals had contact with an average of more than one different ACT Team staff during each of the four complete weeks (CRR Q62).
- Thirteen individuals received 60% or more of their ACT services in the community; one individual did not (CRR Q65). One individual expressed that he/she prefers to meet in the office.
- Successful ACT teams have several specific positions/specialties, including a psychiatrist or APRN, psychiatric nurse, employment specialist, master's level clinician, substance abuse specialist, a team leader, and a peer specialist. At the time of the QSR review, SMHC's ACT Team had greater than 70% of these specific/specialty ACT positions filled (CRR Q66). All required specialist positions were filled.
- Staff endorsed that they had collaborated with community providers and/or the individuals' support system on behalf of 13 of 14 individuals (SII Q18). Staff identified collaborating with a variety of providers and community agencies including medical providers, DHHS, Medicaid, social security, housing resources, landlords, guardians, and family members.
- Seacoast Mental Health Center did not undergo an Assertive Community Treatment (ACT) Fidelity review during SFY20 due to the pandemic. In SFY19, they scored a 116 out of a possible 140 total score, bringing them to Full Implementation. Currently they are working on an approved extension QIP based on SFY19 scores. SMHC had six areas requiring QIPS in SFY19. They completed all action steps relative to Responsibility of Crisis Services and Hospital Admissions. They are continuing to work on the remaining four areas: Work w/ Informal Support System, SAS on Team, Vocational Specialist on Team, Co-occurring Disorder Treatment Model.

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

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

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

Eleven individuals were scored for Quality Indicator 18. SMHC received a score of 83%. Quality Indicator 18 consists of Measures 18a-18g. Of the 19 individuals interviewed, eight individuals were considered not applicable for Indicator 18 because they did not have an inpatient psychiatric admission during the period under review or an inpatient psychiatric admission during the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, 11 clinical records had documentation of an inpatient psychiatric admission during the period under review (CRR Q67). Eleven individuals endorsed an inpatient psychiatric admission during the period under review, and 11 staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, 11 individuals could be scored. Individuals were scored as follows:

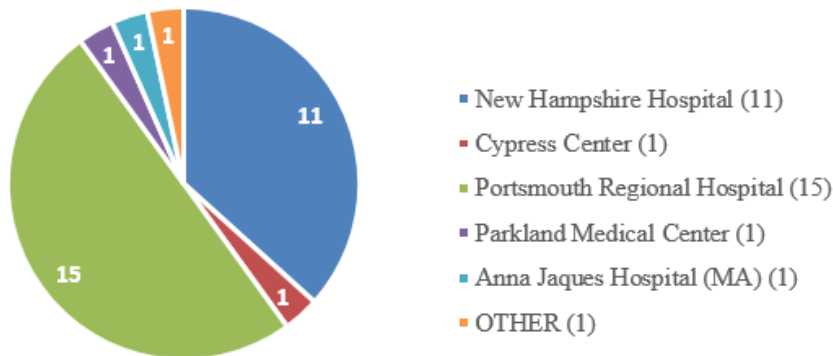
	YES	NO
<b>Measure 18a:</b> Individual was involved in the inpatient psychiatric facility discharge planning process	11	0
<b>Measure 18b:</b> In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	11	0
<b>Measure 18c:</b> Individual returned to appropriate housing following inpatient psychiatric discharge	11	0
<b>Measure 18d:</b> Service provision following inpatient psychiatric discharge has the outcome of increased community integration	6	5
<b>Measure 18e:</b> Coordination of care was adequate during inpatient psychiatric admission/discharge	11	0
<b>Measure 18f:</b> Absence of 90 day readmission to an inpatient psychiatric facility	3	8
<b>Measure 18g (OCR Q11):</b> Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	11	0

## Additional Results

- According to the clinical record, 28 distinct inpatient admissions occurred during the period under review. Of the 11 individuals who had a psychiatric admission, four individuals had four distinct admissions, one individual had three distinct admissions, three individuals had two distinct admissions, and three individuals had one distinct admission (CRR Q68). In two separate instances, an individual was directly transferred from one facility to another; DHHS counted this event as one distinct psychiatric admission for each individual but identified both hospitals in Figure 11.
- Eleven admissions were at New Hampshire Hospital (CRR Q69) (see Figure 11).

**Figure 11: Inpatient Psychiatric Admissions**

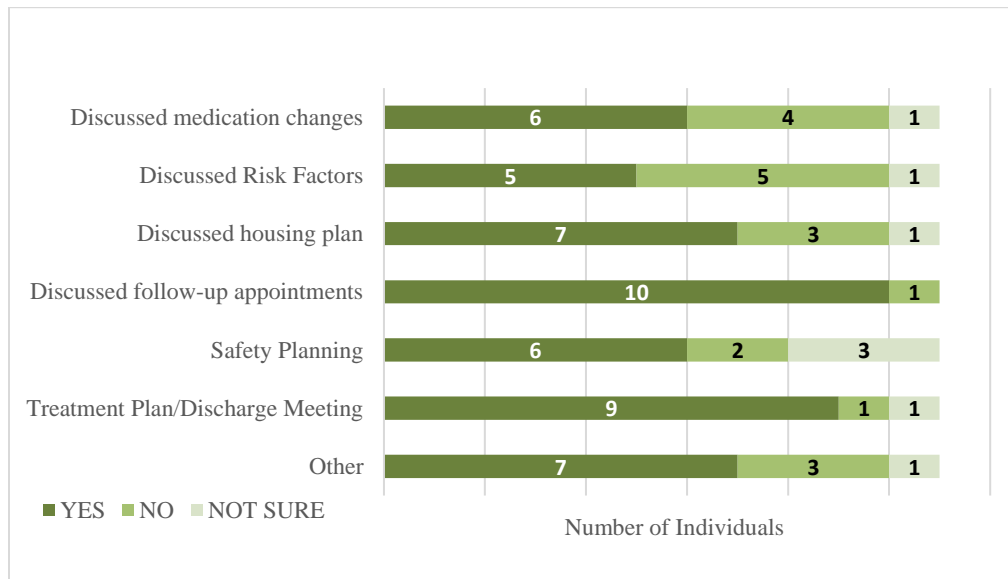
*\*Includes transfers*



- All 11 individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in their discharge planning (CII Q85); evidence of individual involvement in discharge planning was found in nine of 11 clinical records (CRR Q76). Those individuals that endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q85) (see Figure 12).



**Figure 12: Individual's Involvement in Discharge Planning**



- In-reach and communication between SMHC and the psychiatric facility and/or individual occurred for all 11 individuals who had an inpatient psychiatric admission (CRR Q71, CRR Q72, CII Q89, SII Q74).
- Eight of 11 individuals who endorsed an inpatient psychiatric admission reported being satisfied with where they returned to live upon discharge; three individuals were not satisfied or only somewhat satisfied with where they returned to live (CII Q91). All 11 individuals returned to housing that was appropriate (CII Q92, SII Q71).
- Two of 11 individuals who endorsed an inpatient psychiatric admission during the period under review recalled talking with a community provider about services in the community prior to discharge (CII Q83). Eight individuals reported they had not spoken with a community provider about services in the community, and one individual was “not sure” whether a conversation had occurred.
- Seven of 11 individuals who endorsed an inpatient psychiatric admission during the period under review felt that their discharge plans and preferences had been responded to and/or included in their plans when leaving the facility (CII Q87).
- Staff reported that 10 individuals resumed contact with natural supports upon the individual’s return home, and were unsure if one individual had resumed contact (SII Q72).
- One of 11 individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after his/her discharge significantly disrupted his/her

normal routine (CII Q93 and CII Q95). The individual reported difficulty with an employer with strict protocols after missing work due to the admission, and described experiencing a lot of anxiety due to the situation (CII Q93, SII Q75).

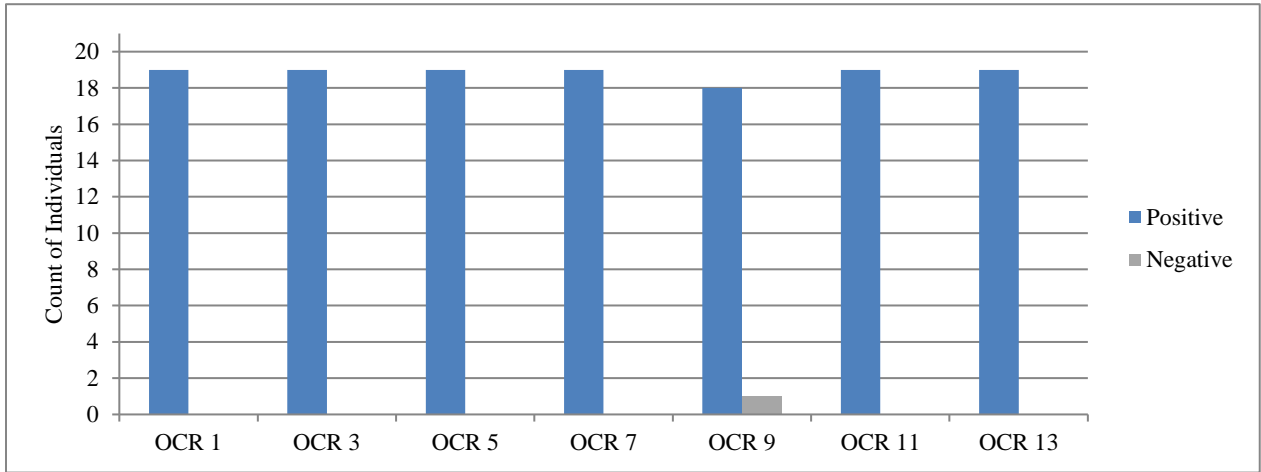
- The clinical record contained discharge instructions for all 11 individuals who had an inpatient psychiatric admission during the period under review (CRR Q70); staff endorsed that all 11 individuals had appointments with SMHC scheduled prior to discharge (SII Q73), and according to the clinical record, all 11 individuals attended an appointment with SMHC within seven days of discharge (CRR Q73). The amount of time between discharge and the individual's first appointment with SMHC ranged from the same day as discharge to four days from discharge.
- According to the clinical record, eight of 11 individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q69).
- Overall, all individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contact (OCR Q11).

### **Overall Client Review**

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 7: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes and, when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview. Additionally, clients are asked about their overall satisfaction with the CMHC and if they have anything additional to add to their interview responses (CII Q113, CII Q114).

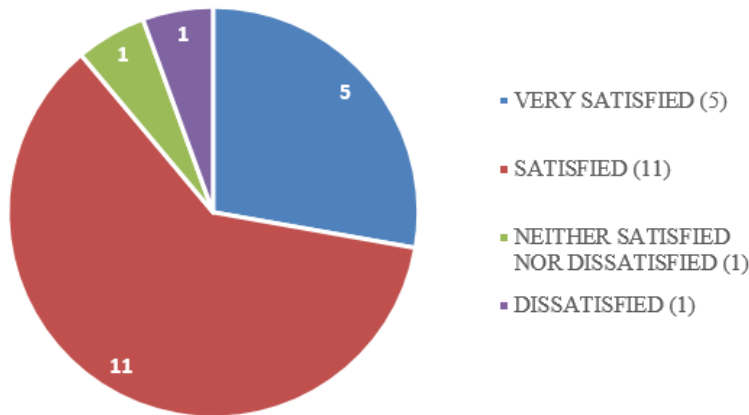
Of the 19 individuals reviewed, one individual did not achieve one or more of the OCR outcomes (see Figure 13). This individual was receiving ACT services.

**Figure 13: Overall Client Review Results**



The majority of individuals were satisfied with the services they were receiving (CII Q113) One individual was unable to answer the question (see Figure 14).

**Figure 14: Overall Client Satisfaction**



Individuals are asked if they have anything additional they would like to share about SMHC or the services they have received (CII Q114). One or more individuals offered feedback to share with SMHC.

**“When a receptionist is making an appointment, I think they should clarify the length of time for the appointment.”**

**“When you get crisis services, they give you a bunch of people you have never met...it’s not helpful.”**

“My life would be worse off if I didn’t have them to help me with everyday life things.”

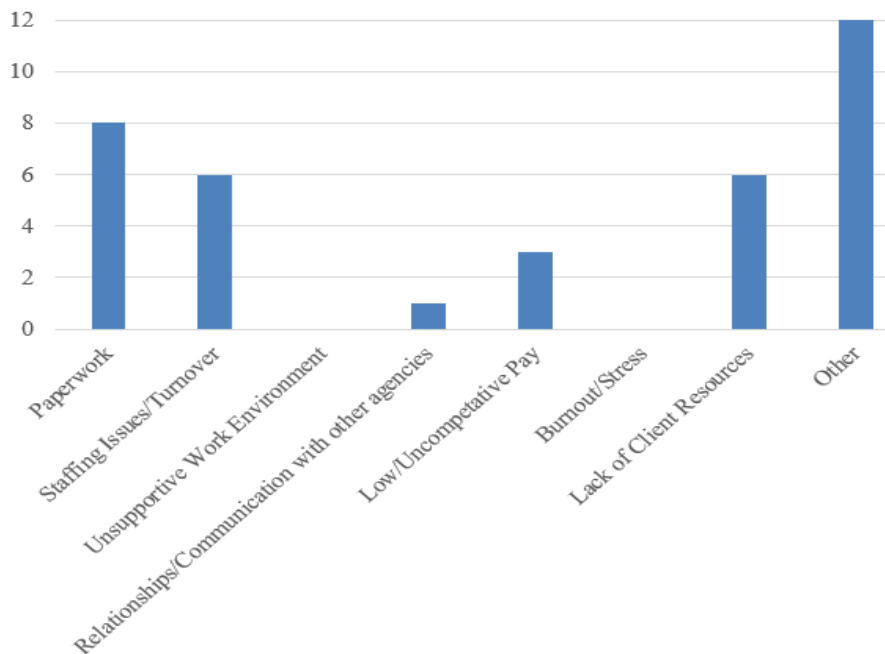
“They have really changed my life...If it wasn’t for them, I wouldn’t be holding down the job I have. I would still be in and out of the hospital.”

### SMHC STAFF FEEDBACK SECTION

Staff are asked several questions regarding the overall challenges and positive aspects of working at the mental health center as well as their thoughts and opinions regarding the mental health delivery system in the State of New Hampshire (SII Q84, SII Q85, SII Q86).

Staff are asked about the barriers, challenges, and gaps they may face at SMHC (SII Q84). There was a common theme reported by staff about staffing issues, including turnover, low pay, and high caseloads. Also mentioned multiple times were lack of available services, most commonly in relation to lack of available housing and transportation. The impact of COVID-19 was also brought up, specifically the challenges of safely providing services, especially going into the colder months, and providing services to individuals who may not be following safety protocols (see Figure 15).

**Figure 15: SMHC Barriers, Challenges, Gaps**



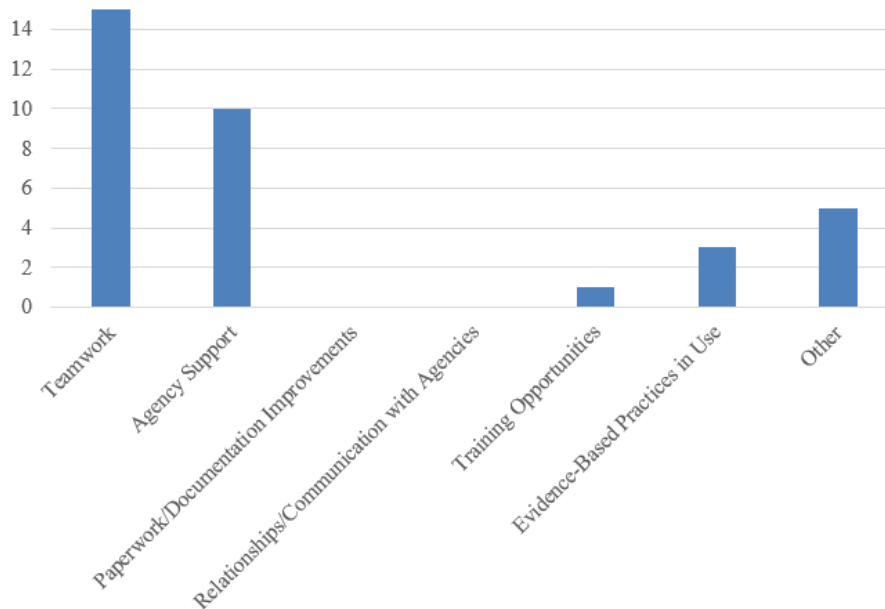
Regarding what is working well at SMHC and the services provided to individuals, there was an obvious theme of SMHC staff feeling supported by their teammates. Almost every staff member mentioned something related to support, good communication, and/or compassion amongst the SMHC staff. It was apparent that staff felt supported by all levels within the agency, and the supportive culture at SMHC radiated through the responses shared (SII Q85) (see Figure 16).

“I feel like the people here are about client care and providing high levels of care, and I don’t hear money driven discussions, but instead, what’s best for the client.”

“The CEO has been amazing.”

“I like working here; it is a collaborative team. We talk about making healthy choices and practicing self-care.”

**Figure 16: “What’s Working Well at SMHC”**



When asked more generally about the mental health delivery system in New Hampshire, the ongoing challenges regarding access to hospitalization and boarding of mental health clients in the emergency departments came up several times. Staffing shortages across the state was mentioned as well as client access to community resources, especially housing. There was also a regional concern regarding disconnect with hospitals around admission and discharge planning for clients and its direct impact on client care. One or more staff mentioned that there would be a

benefit to more training for medical staff and law enforcement on understanding stigma and how to treat individuals with mental illness (SII Q86).

## ***VI. CMHA Substantive Provisions***

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

### **1. Crisis Services Outcomes**

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
  - i. **Conclusion:** SMHC met this provision as evidenced by Measure 15e where all five individuals (100%) who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
  - i. **Conclusion:** SMHC met this provision as evidenced by a score of 91% for the Crisis domain and OCR Q11, where all 19 individuals reviewed (100%) were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

### **2. ACT Outcomes**

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
  - i. Compliance with Provision V.D.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
  - ii. **Conclusion:** SMHC met this provision as evidenced by the following:
    1. For Quality Indicator 3: Adequacy of Individual Service Delivery and those individuals receiving ACT services, SMHC scored 95%.

2. A score of 89% for Quality Indicator 17: Implementation of ACT Services.
  3. All 14 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
  4. All 14 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
  5. All 14 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
- i. Compliance with Provision V.D.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** SMHC met this provision as evidenced by the following:
    1. Those receiving ACT services had a total average score of 90% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
    2. All individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
    3. All individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
    4. All individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).

- c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.
  - i. **Conclusion:** SMHC met this provision as evidenced by an average score of 90% for the Crisis domain for individuals receiving ACT services.

### 3. **Supported Housing Outcomes**

- a. **Provision V.E.1** - Supported housing meets individuals' needs.
  - i. **Conclusion:** SMHC met this provision as evidenced by a score of 84% for Quality Indicator 5: Appropriate Housing Treatment Planning, and a score of 88% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
- b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.
  - i. **Conclusion:** SMHC met this provision as evidenced by a score of 88% for the Housing domain and OCR Q9, where 18 of 19 individuals reviewed (95%) received services adequate to obtain and maintain stable housing.

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

- a. **Provision V.F.1 (part 1)** - Provide supported employment services consistent with the Dartmouth evidence-based model.
  - i. **Conclusion:** SMHC met this provision as evidenced by the Supported Employment Fidelity Review on September 12<sup>th</sup> and 13<sup>th</sup>, 2019. Out of a possible total score of 125, SMHC scored a 94, which brings them to the Fair Fidelity category range of a score between 74-99.
- b. **Provision V.F.1 (part 2)** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
  - i. **Conclusion:** SMHC met this provision as evidenced by a score of 86% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

### 5. **Family Support Programs Outcome**

- 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. This provision is met as evidenced by the services NAMI NH provides in Region VIII.
  1. In SFY20, NAMI NH provided a variety of support groups including:
    - NAMI NH Portsmouth Family Support Group for those with an adult loved one living with mental illness. This group meets twice a month with an average monthly attendance of 20 people.
    - Portsmouth Survivor of Suicide Loss (SOSL) Support Group. This group was meeting monthly prior to COVID with an average attendance of four, but has since suspended meeting. There are also SOSL Support groups in Durham and Hampstead that continue to meet virtually. The former meets twice a month with an average attendance of four per meeting; the latter meets four times a month with an average attendance of five individuals per meeting.
    - Virtual NAMI NH Parent/Caregiver Support Group for those raising a child with serious emotional disturbance (SED).
    - Virtual Connection Peer Support Group for consumers.
    - Two Facebook Support Groups: one for parents/caregivers of youth with serious emotional disturbance with a total of 666 members, of whom 162 were new members during the reporting period, and one for family members with an adult loved one living with mental illness with a total of 1,200 members, of whom 492 were new to the group during the reporting period. While it is difficult to ascertain exactly how many members live in each town, NAMI NH is aware that there are members who reside in Region VIII.
  2. NAMI NH provided one-to-one support to a total of 35 Region VIII families in SFY20: nine families with an adult loved one living with mental illness, 25 families with children with serious emotional disturbance, and one family of an older adult with behavioral health issues.
  3. NAMI NH responded to 84 Information and Resource contacts in SFY20.

## 6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in

identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.

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

1. Connections is the peer support agency serving the catchment area of Seacoast Mental Health Center with offices located in Portsmouth.

2. Peer supports and services include individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, Wellness Recovery Action Plan training, monthly newsletters, fundraising, educational events, and assistance with educational and vocational pursuits. In SFY20, Connections offered the following groups and educational events:

- Ten percent happier
- Positive thinking
- Anxiety/depression group
- Jewelry making
- Finding joy and balance in your life
- Gladness and encouragement
- Walking group
- Wellness Recovery Action plans
- Art with Barbara
- Nutrition group
- Dietary advice
- Hearing voices
- Cooking group
- Journaling group
- Men's group
- Women's group
- Mindfulness
- Dual recovery
- IPS topics
- Advocacy

3. For SFY20, various Connections staff were trained in Intentional Peer Support, and Wellness Recovery Action Planning.

4. Connections had 100 unique members/participants attend during the fiscal year with an average daily attendance of 11.

5. Connections received 1,596 calls for peer support and made an additional 771 outreach calls.

6. Connections also operates an after-hours warm line. The warm line received 2,798 calls and made an additional 1,952 outreach calls
7. It is important to note that these numbers were impacted by the COVID-19 pandemic with few services delivered in the final quarter of the state fiscal year.
8. Five individuals interviewed stated they had utilized a peer support agency in the past 12 months (CII Q110).

## 7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
  - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b: Service Delivery is flexible to meet individual's changing needs and goals; Measure 7a: Housing Supports and services enable individual to meet/progress towards identified housing goals; Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** SMHC met this provision as evidenced by:
    1. The average of individuals who scored "Yes" for Measure 3b (18 of 19 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (17 of 19 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 92%.
    2. For Quality Indicator 12, SMHC scored 86%.
    3. All 19 individuals reviewed (100%) received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
    4. All 19 individuals reviewed (100%) received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

5. All 19 individuals reviewed (100%) received adequate services to live in the most integrated setting (OCR Q13).

## 8. Health, Safety and Welfare Outcome

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
  - i. **Conclusion:** SMHC met this provision as evidenced by an average score of 91% for the seven domains and OCR Q5, with all 19 individuals (100%) receiving all of the services and supports they need to ensure health, safety, and welfare.

## 9. Obtain and Maintain Stable Housing Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
  - i. **Conclusion:** SMHC met this provision as evidenced by a score of 88% for the Housing domain.

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

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
  - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q69), the Crisis domain, and OCR Q11.
  - ii. **Conclusion:** SMHC did not meet this provision as evidenced by eight of the 11 individuals who experienced an inpatient psychiatric admission (73%) were re-hospitalized within 90 days (CRR Q69). To meet this provision, the percentage of individuals who are re-hospitalized within 90 days must be at or below 30%. All other data points relevant to this provision are as follows:
    1. For the Crisis domain, SMHC received a score of 91%.
    2. All 19 individuals (100%) received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

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

SMHC scored above the 80% threshold for 17 of the 18 quality indicators. Based on the QSR data, the following quality indicator scored below the 80% threshold and is identified for incremental improvement over the next year:

1. *Increase the percentage of individuals receiving effective crisis service delivery (Quality Indicator 15).*

For additional information and data related to these areas in need of improvement, please reference Section V. “SEACOAST MENTAL HEALTH CENTER QSR Findings” and the “Additional Results” listed under the respective quality indicator.

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

Within 30 calendar days of receipt of this final report, SMHC is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Program Planner and the BPQ Program Planning and Review Specialist.

## ***IX. Addendum***

During a 15-day review period, Seacoast Mental Health Center had an opportunity to review the QSR initial report and submit corrections and/or information for DHHS’ consideration prior to the issuance of this final report. SMHC submitted an emailed response indicating that the Center had no further corrections or additional information applicable to this 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. Bureau of Mental Health Services, COVID-19 Emergency Guidance #2 (Revised) – Waiver/Non-Enforcement of He-M 300 and He-M 400 Client Signature Requirements, (2020, April 3). Retrieved from <https://www.dhhs.nh.gov/dcbcs/bbh/documents/bmhs-guidance-for-signature-waivers.pdf>
3. 28 C.F.R., Part 35, Section 130 and Appendix A
4. Temple University Collaborative on Community Inclusion, “Natural Supports”, <http://tucollaborative.org/wp-content/uploads/2017/04/Natural-Supports-Developing-a-Personal-Support-System.pdf>
5. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009

## *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 on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know 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 on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

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

4. Clinical Record Review (CRR)

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

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. 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 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 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. Final questions invite staff to share additional information regarding the CMHC and the services provided to the individual.

7. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.



## Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a													1b			1c			1d			
			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)			Assessments and TX plans have adequately identified service needs						
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N		4Y/2N	4	2		4Y/2N	5	1	1 YES=	Negativ
			NonACT= 75%																							5 No=
			ACT= 83%																							

### Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- 7 Effectiveness of the housing services provided (CMHA VII.A)
  - 7a Housing Supports and services enable individual to meet/progress towards identified housing goals
  - 7b Housing supports and services enable individual to maintain safe housing
  - 7c Housing supports and services enable individual to maintain stable housing
  - 7d Housing supports and services enable individual to be involved in selecting their housing
  - 7e OCR Q9 Services are adequate to obtain and maintain stable housing

#### EMPLOYMENT SERVICES AND SUPPORTS

- 8 Adequacy of employment assessment/screening (CMHA VII.D.1)
  - 8a Individual needs are adequately identified
  - 8b Individuals received a comprehensive assessment of employment needs and preferences when applicable.
- 9 Appropriateness of employment treatment planning (CMHA V.F.1)
  - 9a Treatment plans are appropriately customized to meet the individual's changing needs and goals
- 10 Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)
  - 10a Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs
  - 10b Employment Services and supports are meeting individual's goals

#### COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- 11 Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)
  - 11a Assessment identifies individuals' related needs and preferences
  - 11b Assessment identifies individuals' related strengths
- 12 Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4)
  - 12a Individual is competitively employed
  - 12b Individual lives in an independent residence
  - 12c Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility
  - 12d Individual is integrated in his/her community
  - 12e Individual has choice in housing
  - 12f Individual has choice in their treatment planning, goals and services
  - 12g Individual has the ability to manage his/her own schedule/time
  - 12h Individual spends time with peers and/or family

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

#### CRISIS SERVICES AND SUPPORTS

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

#### ACT SERVICES AND SUPPORTS

- 16 Adequacy of ACT screening (CMHA VII.D.1)
  - 16a ACT screening was completed
  - 16b Individual receives ACT services when appropriate
- 17 Implementation of ACT Services (CMHA V.D.2.b; V.D.2.c)
  - 17a ACT services are delivered at appropriate intensity, frequency, and duration
  - 17b ACT services are provided using a team approach
  - 17c ACT services are routinely received in the home/community
  - 17d ACT team collaborates with community providers/support systems

#### IPA TRANSITION/DISCHARGE

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

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

Seacoast Mental Health Center (SMHC) was established in 1963 as a community-based mental health provider serving the needs of children, adolescents, adults and their families. SMHC is approved from September 1, 2020 through August 31, 2025 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. SMHC is designated a CMHP for Region VIII which encompasses 24 cities and towns within Rockingham County.

SMHC has offices in Portsmouth and Exeter that serve adults with severe (SMI) or severe and persistent mental illness (SPMI). SMHC provides a range of services including intake assessment services, psychiatric diagnostic and medication services, psychiatric emergency services, targeted case management services, individual, group, and family psychotherapy. SMHC's Evidenced Based Practices (EBPs) include Assertive Community Treatment (ACT), "Career Focus" Supported Employment (SE), Illness Management and Recovery (IMR), Eye Movement Desensitizing and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Substance Use Disorder/Medication Assisted Treatment (SUD/MAT), Motivational Interviewing (MI), and Integrated Treatment for Co-Occurring Disorders (ITCOD-SUD) for persons with co-occurring Mental Illness and Substance Use. Best practices at SMHC include Dialectical Behavior Therapy (DBT), and the In-SHAPE health mentoring and development program designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness. Additionally SMHC offers "Survivor Skills for Healthy Families" a group treatment for pregnant and parenting women with SUD, Cognitive Processing Therapy for treatment of Post-Traumatic Stress Disorder and Zero Suicide complemented by CBT for Suicidality. SMHC offers Open Access Scheduling to ensure rapid entry and minimal wait times for critical services.

SMHC has an eight-bed licensed community residence, Fairweather Lodge, in Greenland NH for adults with disabling mental illnesses. Additionally, in-home supportive services are provided to individuals in Adult Services Program who require that level of care.

SMHC provides psychiatric emergency assessment and outreach services at community locations. SMHC Emergency Services clinicians provide 24-hour crisis evaluation assessments at Exeter Hospital's Emergency Department (ED) and SMHC psychiatrists and APRNs provide

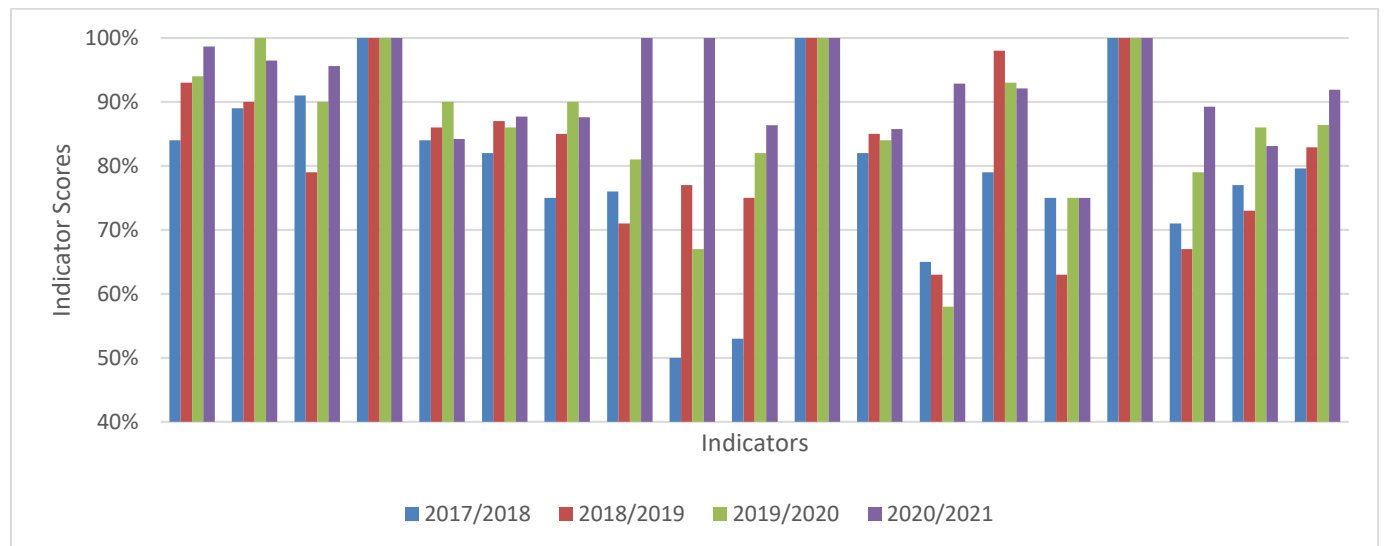
consultation to patients on the medical floors or in the ED who are in need of psychiatric evaluation. A SMHC APRN is providing psychiatric coverage and stabilization services at Exeter Hospital's emergency department to reduce the need for hospitalizations.

In the SMHC catchment area, Portsmouth Regional Hospital (PRH), in Portsmouth, has a 30-bed psychiatric unit including a 16-bed Designated Receiving Facility (DRF) for individuals requiring involuntary treatment. PRH has a five-bed psychiatric emergency department and employs a Psychiatric and Referral Services (PARS) team to conduct emergency psychiatric assessments and crisis services. SMHC ACT staff have limited privileges at PRH to assist with conditional discharge revocations.

## Appendix 5: Year-to-Year Comparison

Indicator	SFY 18	SFY 19	SFY 20	SFY 21	4-Year Overall Change
1. Adequacy of Assessment	84%	93%	94%	99%	15%
2. Appropriateness of treatment planning	89%	90%	100%	96%	7%
3. Adequacy of individual service delivery	91%	79%	90%	96%	5%
4. Adequacy of Housing Assessment	100%	100%	100%	100%	0%
5. Appropriate of Housing Treatment Plan	84%	86%	90%	84%	0%
6. Adequacy of individual housing service delivery	82%	87%	86%	88%	6%
7. Effectiveness of Housing supports provided	75%	85%	90%	88%	13%
8. Adequacy of employment assessment/screening	76%	71%	81%	100%	24%
9. Appropriateness of employment treatment planning	50%	77%	67%	100%	50%
10. Adequacy of individual employment service delivery	53%	75%	82%	86%	33%
11. Adequacy of Assessment of social and community integration needs	100%	100%	100%	100%	0%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	82%	85%	84%	86%	4%
13. Adequacy of Crisis Assessment	65%	63%	58%	93%	28%
14. Appropriateness of crisis plans	79%	98%	93%	92%	13%
15. Comprehensive and effective crisis service delivery	75%	63%	75%	75%	0%
16. Adequacy of ACT Screening	100%	100%	100%	100%	0%
17. Implementation of ACT Services	71%	67%	79%	89%	18%
18. Successful transition/discharge from the inpatient psychiatric facility	77%	73%	86%	83%	6%
AVERAGE:	80%	83%	86%	92%	12%

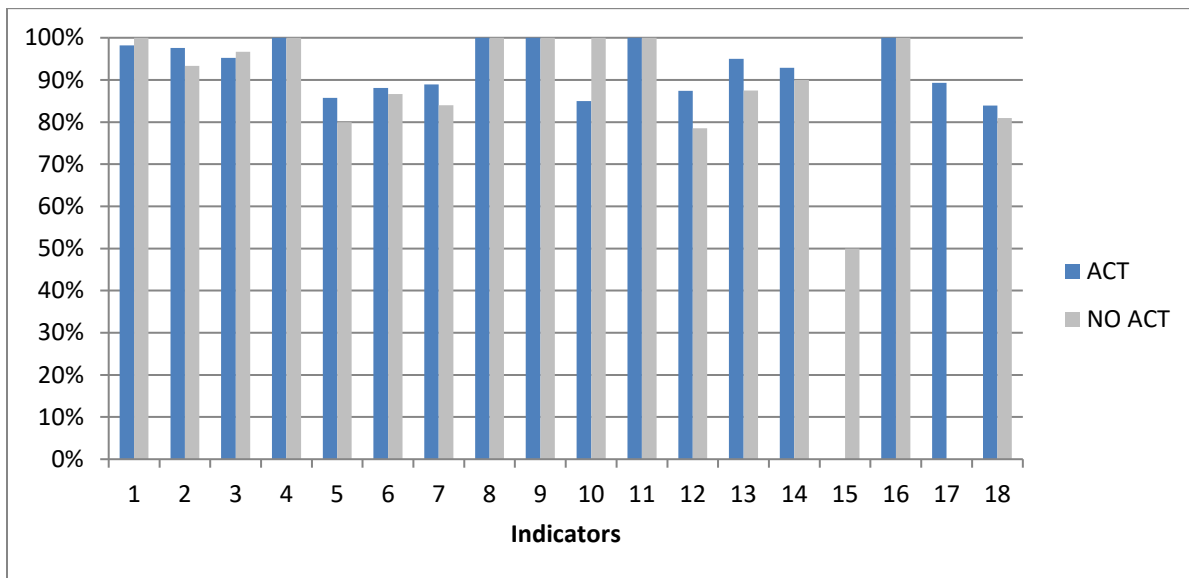
Shaded cells indicate areas that required a QIP in the corresponding year





## Appendix 6: ACT vs Non-ACT Indicator Scores

Indicator #	Total N	Indicator	ACT	ACT N	NO ACT	NO ACT N	Difference:
1	19	Adequacy of Assessment	98%	14	100%	5	-2%
2	19	Appropriateness of treatment planning	98%	14	93%	5	4%
3	19	Adequacy of individual service delivery	95%	14	97%	5	-1%
4	19	Adequacy of Housing Assessment	100%	14	100%	5	0%
5	19	Appropriateness of Housing Treatment Plan	86%	14	80%	5	6%
6	19	Adequacy of individual housing service delivery	88%	14	87%	5	1%
7	19	Effectiveness of Housing supports provided	89%	14	84%	5	5%
8	19	Adequacy of employment assessment/screening	100%	14	100%	5	0%
9	11	Appropriateness of employment treatment planning	100%	10	100%	1	0%
10	11	Adequacy of individual employment service delivery	85%	10	100%	1	-15%
11	19	Adequacy of Assessment of social and community integration needs	100%	14	100%	5	0%
12	19	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	87%	14	79%	5	9%
13	7	Adequacy of Crisis Assessment	95%	5	88%	2	8%
14	19	Appropriateness of crisis plans	93%	14	90%	5	3%
15	5	Comprehensive and effective crisis service delivery	N/A	4	50%	1	N/A
16	19	Adequacy of ACT Screening	100%	14	100%	5	0%
17	14	Implementation of ACT Services	89%	14	N/A	0	N/A
18	11	Successful transition/discharge from the inpatient psychiatric facility	84%	8	81%	3	3%



## Appendix 7: Overall Client Review (OCR)

### OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

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

- OCR Q1 Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No.  
 If YES, Skip to OCR Q3
- OCR Q2 What is not consistent with the individual's demonstrated need? Please provide justification for your response.
- OCR Q3 Does the individual receive all the services he/she needs, and if not, have the needs at least been identified in either assessments or addressed in case management and/or treatment plans? Yes or No?  
 If YES, Skip to OCR Q5
- OCR Q4 What additional services are needed? Please provide justification for your response.
- OCR Q5 Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No.  
 If YES, Skip to OCR Q7
- OCR Q6 What additional services are needed? Please provide justification for your response.
- OCR Q7 Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No.  
 If YES, Skip to OCR Q9
- OCR Q8 What additional services are needed? Please provide justification for your response.
- OCR Q9 Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No.  
 If YES, Skip to OCR Q11
- OCR Q10 What additional services are needed? Please provide justification for your response.
- OCR Q11 Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization? Yes or No.  
 If YES, Skip to OCR Q13
- OCR Q12 What additional services are needed? Please provide justification for your response.
- OCR Q13 Is the individual receiving adequate services to live in the most integrated setting? Yes or No.  
 If YES, Skip to OCR Completion Tracking Chart
- OCR Q14 What additional services are needed? Please provide justification for your response.