



New Hampshire Community Mental Health Agreement Monthly Progress Report

July 2016

New Hampshire Department of Health and Human Services

September 1, 2016

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence*

Introduction

In the June 29, 2016 Expert Reviewer Report, Number Four, the Expert Reviewer recommended the State carry out eleven action steps. DHHS' progress in carrying out these action steps is provided in the table below. Future monthly reports, as recommended in action step 4, will be limited in content to the identified scope in action step 4.

1. By August 1, 2016, circulate to all parties a detailed plan with implementation steps and time lines to achieve compliance with the CMHA requirements for ACT services.

- In collaboration with the Community Mental Health Centers, in July 2016 DHHS developed a draft detailed plan with implementation steps and timelines to achieve compliance with the CMHA requirements for ACT services. The draft plan was submitted to the CMHA Expert Reviewer for preliminary review and comment in late July. The draft plan was then circulated to all parties on August 2, 2016. After further comment and review, the plan was amended. The final plan was circulated to all parties on August 22, 2016.

2. By August 1, 2016, circulate to all parties a detailed plan with implementation steps and timelines to achieve CMHA penetration rates and fidelity standards for supported employment throughout New Hampshire.

- In collaboration with the Community Mental Health Centers, in July 2016 DHHS developed a draft detailed plan with implementation steps and timelines to achieve CMHA penetration rates for Supported Employment services. The draft plan was submitted to the CMHA Expert Reviewer for preliminary review and comment in late July. The draft plan was then circulated to all parties on August 2, 2016. After further comment and review, the plan was amended. The final plan was circulated to all parties on August 22, 2016.

3. By August 1, 2016 circulate to all parties a detailed plan with implementation steps and timelines to achieve CMHA requirements to assist 10 residents of Glencliff with complex medical needs to move into integrated settings as soon as possible.

- In collaboration with the Glencliff Home and community providers, in July 2016 DHHS developed a draft detailed plan with implementation steps and timelines to achieve CMHA requirements to assist 10 residents of the Glencliff Home with complex medical needs to move into integrated settings as soon as possible. The draft plan was submitted to the CMHA Expert Reviewer for preliminary review and comment in late July. The draft plan was then circulated to all parties on August 2, 2016. After further comment and review, the plan was amended. The final plan was circulated to all parties on August 22, 2016.

4. Starting September 1, 2016, and each month following, submit to all parties a monthly progress report of the steps taken and completed under these respective plans to assure compliance with CMHA requirements as identified in this report.

- DHHS has developed a monthly progress report of the steps taken and completed under the respective plans and will publish these reports on a monthly basis, along with any plan updates. This is the first of the progress reports; the initial plan is attached as Appendix 1. Reports are scheduled to be published on the first of each month, approximately one month after the subject report month's end (e.g. July 2016 report will be published September 1, 2016).

5. By October 1, 2016, complete the field tests and technical assistance related to the QSR, convene a meeting with plaintiffs and the United States to discuss any recommended design or process changes, and publish a final set of QSR documents governing the process for future QSR activities.

- DHHS conducted its first field tests and received technical assistance related to the QSR in July 2016. DHHS made revisions to the QSR instruments based on feedback and technical assistance provided by the QSR consultant. The QSR process is on the agenda for the September 2016 All Parties meeting. Based on the technical assistance provided by Steve Day and Lynn Rucker, and in collaboration with the plaintiffs, after three completed QSRs, a review of the governing QSR documents will take place and further refinement will be made at that time. The third QSR is scheduled to take place in mid-September. DHHS anticipates refinement to be completed in late October 2016.

6. Complete at least one QSR site review per month between October 2016 and June 2017, with the exception of the month of December, and circulate to all parties the action items, plans of correction (if applicable), and updates on implementation of needed remedial measures (if applicable) resulting from each of these visits.

- DHHS completed a QSR site review in July and has developed a schedule to complete additional QSR site reviews on a monthly basis (excluding December) through July 2017. The first QSR site review was carried out in July 2016; final action items, plans of correction (if applicable), and updates on implementation of needed remedial measures (if applicable) will be circulated to all parties once finalized.

7. Starting July 1, 2016, circulate to all parties on a monthly basis the most recent data reports of the Central Team.

- DHHS developed a monthly data report for the Central Team in July 2016. The report captures all data from the beginning to end of each month; DHHS will circulate each month's report to all parties in the following month. DHHS circulated the July 2016 data report to all parties on August 2, 2016.
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8. No later than October 1, 2016, assure that final rules for supportive housing and ACT services are promulgated in accordance with the draft rules developed with input from all parties.

- DHHS developed draft rules for supportive housing (the Housing Bridge Subsidy program). DHHS submitted the draft rules to the Office of Legislative Services in July 2016. The draft rules and public hearing and comment periods were published in the New Hampshire Rulemaking Register on July 28, 2016. DHHS anticipate the final rules for this program will be finalized in September 2016.
- DHHS developed draft rules for Assertive Community Treatment (ACT). DHHS submitted the draft rules to the Office of Legislative Services in July 2016. The draft rules and public hearing and comment periods were published in the New Hampshire Rulemaking Register on July 28, 2016. DHHS is holding meetings with the Disability Rights Center and Community Mental Health Centers in August and September for further work; the progress to date has been positive and with additional time, result in a draft that may include additional common ground. The Expert Reviewer has granted DHHS an extension to this action step of November 17, 2016 to support further collaboration and progress.

9. By October 1, 2016, augment the quarterly data report to include: (a) ACT staffing and utilization data for each ACT team, not just for each region; (b) discharge destination data and readmission data (at 30, 90, and 180, days) for people discharged from NHH and the other DRFs; (c) reporting from the two Mobile Crisis programs, including hospital and ED diversions; and (e) supportive housing data on applications, time until determination, reason for ineligibility determination, and utilization of supportive services for those receiving supportive housing.

- DHHS developed enhancements to the quarterly data report and is currently working with community providers to accurately capture the necessary data for the recommended changes identified in (a) through (e) above. Mobile Crisis data will be included beginning in the report covering the April to June 2016 period. DHHS will include all other requested elements in the quarterly data reports beginning with the October to December 2016 period.

10. By October 1, 2016, (immediately prior to the next All Parties meeting) and then by December 1, 2016 (the time just before the next ER report), factually demonstrate that significant and substantial progress has been made towards meeting the standards and requirements of the CMHA with regard to the ACT, SE and placement of individuals with complex medical conditions from Glencliff into integrated community settings.

- DHHS has developed and implemented several improvements to New Hampshire's mental health system since the CMHA's execution, as documented in the Quarterly Data Reports as well as the Expert Reviewer's June 29, 2016 report. DHHS will continue its efforts to meet the requirements of this action step.

11. By October 1, 2016 demonstrate that aggressive executive action has been taken to address the pace and quality of transition planning from NHH and Glencliff through the development of a specific plan to increase the speed and effectiveness of transitions from these facilities.

- DHHS has implemented executive level oversight to address the pace and quality of transition planning from NHH and Glencliff. A specific plan to increase the speed and effectiveness of transitions has been developed and is being implemented. In July 2016, DHHS completed a key improvement to transition barrier resolution by enabling a payment mechanism to distribute financial support for transitioning individuals' community living plan requirements. Guidance and procedures for development of community living plans will be completed in August. DHHS will collaborate with community providers regarding the new procedures to move full implementation forward in early September.

Community Mental Health Agreement Monthly Progress Report: July 2016
New Hampshire Department of Health and Human Services

Publication Date: 9/1/2016

1. Community Mental Health Services: Assertive Community Treatment (ACT) expanding capacity/penetration; staffing array

Due Date	Task	Description	Deliverable	Status
6/30/16 and Ongoing	Letters sent to CMHCs with low compliance; include staffing and/or capacity with a request for improvement plans.	Quality improvement requested by DHHS with detailed quality improvement plans with a focus on increasing the capacity of ACT.	Letter to applicable CMHCs sent	Completed
	Applicable CMHCs will develop and submit improvement plans to DHHS.		Program improvement plan received	66%
	DHHS will monitor CMHC progress and work with CMHC to ensure progress.		Monthly compliance calls and follow-up	Ongoing
7/20/16 8/17/16	DHHS team and CMHC Executive Directors participated in two facilitated sessions to establish a plan to expand capacity and staffing array.	These sessions resulted in a plan with action steps for increased ACT capacity.	Establish a focused work plan with stakeholder; input expected to increase new ACT clients.	Completed

2. Community Mental Health Services: Supported Employment (SE)

Due Date	Task	Description	Deliverable	Status
5/20/16 and ongoing	Letters sent to CMHCs with low penetration rates; include staffing and/or penetration rate with a request for improvement plans.	Request for compliance plan with quarterly reports.	Letter to applicable CMHCs sent	Completed
	Applicable CMHCs will develop and submit improvement plans to DHHS.		Program improvement plan received	66%
	DHHS will monitor CMHC progress and work with CMHC to ensure progress.		Monthly compliance calls and follow-up	Ongoing
6/1/16 and ongoing	Continue to generate quarterly report with stakeholder input focusing on penetration of SE services distributed to the CMHCs and other stakeholders.	This report assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	Quarterly Report SE Penetration Rate to CMHCs.	Ongoing/ Quarterly
7/20/16 8/17/16	DHHS team and CMHC Executive Directors will participate in a facilitated session to establish a plan to expand penetration and staffing array.	These sessions resulted in a plan with action steps for increased SE penetration.	Establish a focused work plan with stakeholder input expected to result in a total of 18.6% SE clients by 6/30/17.	Completed
7/6/2016	On-site fidelity assessments conducted at CMHCs.	Assessment conducted 7/6-7/8/16 in Manchester.	Report with results of the on-site fidelity assessments.	Completed
7/12/16	On-site fidelity assessments conducted at CMHCs.	Assessment conducted 7/12/16 at Riverbend.	Report with results of the on-site fidelity assessments.	Completed

2. Community Mental Health Services: Glencliff Transitions

Due Date	Task	Description	Deliverable	Status
6/30/16	Establish process for identifying individuals interested in transitioning from Glencliff to the community.	Glencliff interviews residents each year to assess their desire to transition back to the community.	Section Q of MDS is a federal requirement. CMHC staff discusses transition planning with residents on site.	Completed
7/30/2016	Glencliff Transition Team develops individual transition plans.	Individuals from Glencliff have been identified to transition back to the community. Detailed plans are being developed and DHHS has engaged a community provider who will further develop transition plans.	Individual transition plans	Completed / Ongoing
	Community provider develops Community Living Plan budget for individual.		Individual budgets	In development
	Plan and budget reviewed by BMHS Director.		Reviewed and approved plan and budget	Pending receipt of above two components
8/15/16	Transition three (3) individuals to the community.	Three individuals have transitioned to the community.	Community Placement	Complete

8/31/16	Identify community providers to coordinate and support transitional and ongoing community living including but not limited to housing, medical and behavioral service access, budgeting, community integration, socialization, public assistance, transportation, education, employment, recreation, independent living skills, legal/advocacy and faith based services as identified.	Community providers have been identified and will further develop the transition/ community living plans.	Transition/community living plans for individuals to transition to community.	In process
7/30/16	Reimbursement procedure documented, tested and approved.	Completion of the template to be done as a person centered planning process.	Community Living Plan	Complete
8/31/16	Implement reimbursement processes for non-Medicaid community transition funds.	Develop policies and procedures to allow community providers to bill up to \$100K against general fund dollars.	Reimbursement procedure documented, tested and approved.	Complete

NH Department of Health & Human Services Community Mental Health Agreement (CMHA) Project Plan for Assertive Community Treatment, Supported Employment and Glenclyff Home Transitions Monday, August 1, 2016						
						Deliverable(s)
Due Date	Task	Assignee	Description	Deliverable	% Done	
#	ACT-Expanding capacity/penetration; Staffing array					
1	Quarterly	Continue to provide quarterly ACT reports with stakeholder input and distribute to CMHCs and other stakeholders.	M. Brunette	This report focuses on three (3) key quality indicators: staffing array consistent with the Settlement Agreement; capacity/penetration; ACT service intensity, averaging three (3) or more encounters/week. This report is key as it assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	ACT Quarterly Reports	100% and Ongoing
2	6/30/2016 - letters sent	Letters sent to CMHCs with low compliance including staffing and/or capacity with a request for improvement plans. The CMHCs will be monitored and follow-up will occur.	M. Brunette	Quality improvement requested by DHHS with detailed quality improvement plans with a focus on increasing the capacity of ACT.	Monthly compliance calls and follow-up	100% -letters, monitoring and follow-up ongoing

Due Date	Task	Assignee	Description	Deliverable	% Done	
3	7/20/2016	DHHS team and CMHC Executive Directors participated in a facilitated session to establish a plan to expand capacity and staffing array.	M.Harlan	This session resulted in a plan with action steps for increased ACT capacity.	The goal was to establish a focused workplan expected to increase new ACT clients.	100%
4	9/30/2016	DHHS will continue to provide each CMHC a list of individuals in their region who had emergency department visits for psychiatric reasons, psychiatric hospitalizations, DRF admissions, and NHH admissions in the past quarter to facilitate CMHCs ability to assess people in their region for ACT.	M.Brunette	CMCHs will use these quarterly reports to enhance their screening of people for ACT. CMHCs will provide quarterly reports to DHHS indicating that they have screened each individual and the outcome of the screening.	First report due from CMHCs to DHHS by 7/29/2016. The screening process and reporting will utilize a comprehensive template developed by the ACT and SE community stakeholder group by 9/30/16.	Ongoing/Quarterly
5	10/1/2016	Address Peer Specialist Challenges-lack of standardized training.	M.Brunette	Behavioral Health Association and DHHS in an effort to expedite increasing peer specialists, will explore the SUD Recovery specialists certification.	Work with BDAS to look at their process.	0%
6	10/1/2016	ACT team data will be reported separately by team.	M.Brunette	The data will be separated starting the month of July 2016 and will be reported in the October 2016 report.	ACT team data will be separated on a quarterly basis moving forward.	90%

Due Date	Task	Assignee	Description	Deliverable	% Done	
7	10/1/2016	Develop organization strategies to increase capacity.	M.Brunette	Each CMHC will conduct one education session between now and Oct. 1, 2016 to introduce ACT.	Increase community education.	0%
8	10/1/2016	Review and make changes as necessary to ACT referral process.	M.Brunette	Each CMHC will review and evaluate their internal referral process and then share with the other CMHCs.	Learning Collaborative to share their processes.	0%
9	11/1/2016	DHHS will require CMHCs to conduct self-fidelity to evaluate their adherence to the ACT treatment model. They will provide a report to DHHS by 11/1/16.	M.Brunette	This report will include their plan for improving their adherence to the model described in the Settlement Agreement.	CMHCs Self-Fidelity Report to DHHS.	0%
10	12/1/2016	Evaluate potential/structural/systematic issues resulting in high staff turnover/inability to recruit and retain staff.	M. Brunette	Work with TA to develop a report that will communicate the strategies to address ACT staffing issues in collaboration with DHHS.	ACT Staffing Report	0%
11	12/1/2016	Increase the number of staff who are eligible for State Loan Repayment Program (SLRP).	M.Brunette	Explore the possibility of increasing the number of staff eligible for this program.	Increase number of staff eligible	0%
12	12/1/2016	DHHS will initiate ACT fidelity assessments.	M.Brunette	DHHS will conduct ACT fidelity using the ACT toolkit.	Fidelity report	Yearly

Due Date		Task	Assignee	Description	Deliverable	% Done
13	2/28/2017	Increase ACT capacity	M. Brunette	Concerted efforts by the CMHCs to assess individuals in Community residences that could be served on ACT. Train direct service providers in coding appropriately for ACT services. Screen 100% eligible individuals for ACT.	By 2/28/16 increase ACT capacity by 25 %.	0%
14	3/1/2017	DHHS will request CMHCs with low compliance to provide DHHS a list of five (5) consumers who are eligible for and who will begin to receive ACT services each month starting August 1, 2016 through February 2017. DHHS will request all other CMHCs to provide DHHS a list of 3 consumers who are eligible for and who will begin to receive ACT services each month starting August 1, 2016 through February 2017.	M. Brunette	Quarterly reports will be provided to each CMHC on their specific list of individuals who had Emergency department visits and psychiatrist hospitalizations to allow CMHCs to assess their center specific clients.	List of (5) consumers from low compliance CMHCs who are eligible for ACT services each month and a list of (3) consumers from other CMHCs who are eligible for ACT services.	0%
15	6/30/2017	Increase ACT capacity	M. Brunette	concerted efforts by the CMHCs to assess individuals in Community residences that could be served on ACT. Train direct service providers in	By 6/30 2017 increase ACT capacity by an additional 13.5%	0%
16	6/30/2017	After February 2017 DHHS will request that all CMHCs will continue to provide DHHS a list of 2-4 consumers who were hospitalized for psychiatric reasons or are otherwise eligible for ACT and were enrolled each month.	M. Brunette	CMHCs will provided DHHS with a monthly report of newly enrolled clients.	Monthly report with list of consumers to increase ACT capacity.	0%

Due Date		Task	Assignee	Description	Deliverable	% Done
		Supported Employment (SE)				
17	5/20/16 and ongoing	Letters sent to CMHCs with low penetration rates including staffing and/or penetration with a request for improvement plans.	M.Brunette	Request for compliance plan with quarterly reports.	Receive and evaluate improvement plans from CMHCs due 6/29/16.	75%
18	6/1/16 and ongoing	Continue to generate quarterly report with stakeholder input focusing on penetration of SE services distributed to the CMHCs and other stakeholders.	M.Brunette	This report is key as it assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	Quarterly Report SE Penetration Rate to CMHCs.	Ongoing/Quarterly
19	7/20/2016	DHHS team and CMHC Executive Directors will participate in a facilitated session to establish a plan to expand penetration and staffing array.	M.Harlan	This session will result in a plan with action steps for increased SE capacity.	The goal is to establish a focused workplan expected to result in a total of 18.6% SE clients by 6/30/17.	100%
20	7/6/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The first fidelity assessment took place 7/6-7/8/16 in Manchester.	Report with results of the on-site fidelity assessments.	100%
21	7/12/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The second fidelity assessment took place on 7/12/16 at Riverbend in Concord.	Report with results of the on-site fidelity assessments.	100%
22	9/27/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The third fidelity assessment will take place on 9/27/16-9/29/16 in Berlin.	Report with results of the on-site fidelity assessments.	0%

Due Date		Task	Assignee	Description	Deliverable	% Done
23	10/24/2016	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The fourth fidelity assessment will take place on 9/27/16-9/29/16 in Berlin 10/24/16 in Nashua.	Report with results of the on-site fidelity assessments.	0%
24	10/1/2016	Monitor monthly ACT staffing for presence of SE.	M.Harlan	Monitor monthly ACT staffing for presence of SE on each team.	A monthly report will be run through the Phoenix system for ACT staffing.	25%
25	10/15/2016	All CMHCs will conduct self-fidelity assessments.	K.Boisvert	Self-fidelity assessments	Report to DHHS with self-fidelity assessment results.	0%
26	11/1/2016	CMHCs will develop and maintain a list of SMI individuals who may benefit from but are not receiving SE services.	M.Harlan	Review individuals that are not on SE for reasons why they are not enrolled.	Quarterly reports of individuals not on SE.	0%
27	11/1/2016	Resolve barriers to achieving SE penetration goals.	M.Harlan	Educate internal CMHC staff on the goals of SE.	Educational plan	0%
28	12/1/2016	Explore resources to conduct technical assistance and training. CMHCs and DHHS will explore strategies and barriers DHHS can use to facilitate service delivery.	M.Harlan	CBHA and DHHS will explore the need for technical assistance and training. DHHS will conduct a subgroup of CMHC leaders to explore barriers and administrative burden that prevents service delivery.	Report the barriers and possible solutions. Technical assistance and training if needed.	0%

Due Date		Task	Assignee	Description	Deliverable	% Done
29	12/1/2016	Increase the number of staff who are eligible for State Loan Repayment Program (SLRP).	M. Harlan	Explore the possibility of increasing the number of staff eligible for this program.	Increase number of staff eligible.	0%
30	6/30/2017	Increase SE penetration rate to 18.6%	M. Harlan	Learning collaborative meets monthly and has developed a four question script to be used at time of intake as an instrument to introduce SE. If the individual is interested the referral goes to the SE coordinator who will contact the individual within 3 days of the intake to set up an appointment. If the individual is not interested the SE Coordinator will outreach to provide information on SE and will periodically follow up with him/her. This strategy includes working with individual CMHCs that fall below the 18.6% penetration rate.	Monthly meetings of the Learning Collaborative.	100%
Glenclyff Transitions						
31	Ongoing at residents every 90 days	Establish process for identifying individuals interested in transitioning from Glenclyff to the community.	Glenclyff Staff	Glenclyff interviews residents each year to assess if they want to transition back to the community.	Section Q of MDS is a federal requirement. CMHCs have staff go to Glenclyff to discuss transition planning with residents.	100% and Ongoing

Due Date	Task	Assignee	Description	Deliverable	% Done	
32	7/30/2016	Develop individual transition plans, including a budget.	M.Harlan	Individuals from Glenciff have been identified to transition back to the community. Detailed plans are being developed and DHHS has engaged a community provider who will further develop transition plans.	Individual transition plans/individual budgets.	50%
33	8/31/2016	Identify community providers to coordinate and support transitional and ongoing community living including but not limited to housing, medical and behavioral service access, budgeting, community integration, socialization, public assistance, transportation, education, employment, recreation, independent living skills, legal/advocacy and faith based services as identified.	M.Harlan	Community providers have been identified and will further develop the transition/community living plans.	Transition/community living plans for individuals to transition to community.	75%
34	8/31/2016	Implement reimbursement processes for non-Medicaid community transition funds.	M.Harlan	Develop policies and procedures to allow community providers to bill up to \$100K in general fund dollars.	Reimbursement procedure documented, tested and approved.	75%
35	8/15/2016	Develop template for Community Living Plan for individuals transitioning from Glenciff to the community.	M.Harlan	Completion of the template to be done as a person centered planning process.	Community Living Plan	75%
36	7/25/2016	Transition three (3) individuals to the community.	M.Harlan	Three individuals have transitioned to the community.	Community placement	100%
37	12/1/2016	Transition four (4) individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	0%

Due Date	Task	Assignee	Description	Deliverable	% Done
38	3/1/2017	Transitions four (4) additional individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement 0%
39	6/30/2017	Transition five (5) additional individuals to the community.	M.Harlan	Five individuals to transition into the community	Community placement 0%