

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Program Quality



QUALITY SERVICE REVIEW

Final Report for

Lakes Region Mental Health Center

Issued December 18, 2023

Acknowledgements

The Department of Health and Human Services, Bureau of Program Quality (BPQ) acknowledges the significant effort the Lakes Region 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 (BMHS).

Table of Contents

Acronyms	
Executive Summary	i
I. Background	1
II. Purpose.....	2
III. QSR Process Overview	2
IV. QSR Methodology	3
V. Lakes Region Mental Health Center QSR Findings	8
VI. CMHA Substantive Provisions	70
VII. Areas in Need of Improvement.....	76
VIII. Next Steps	76
IX. Addendum.....	76
References.....	78
Appendices	

Acronyms

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
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
LRMHC	Lakes Region Mental Health Center
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
RRT	Rapid Response Team
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

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.

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 66 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted Lakes Region Mental Health Center's (LRMHC) QSR from October 13 through October 20, 2023. This review was conducted remotely and onsite, with the first three days consisting of record reviews and the final three days consisting of client and staff interviews completed in-person or by video or phone. The LRMHC QSR sample included 22 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of October 1, 2022 through October 12, 2023. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

LRMHC received a score of 80% or greater for 16 of the 18 quality indicators. The following two quality indicators were identified as areas in need of improvement:

Quality Indicator 9: Appropriateness of employment treatment planning

Quality Indicator 10: Adequacy of individualized employment service delivery

LRMHC is required to submit a Quality Improvement Plan to DHHS for each of the two quality indicators identified as needing improvement.

Table 1: Lakes Region 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	22	89%	No	4
2. Appropriateness of treatment planning	22	94%	No	3
3. Adequacy of individual service delivery	22	89%	No	6
4. Adequacy of housing assessment	22	100%	No	1
5. Appropriateness of housing treatment planning	22	91%	No	1
6. Adequacy of individual housing service delivery	22	94%	No	3
7. Effectiveness of the housing supports and services provided	22	87%	No	5
8. Adequacy of employment assessment/screening	22	93%	No	2
9. Appropriateness of employment treatment planning	5*	60%	Yes	1
10. Adequacy of individualized employment service delivery	11*	77%	Yes	2
11. Adequacy of assessment of social and community integration needs	22	98%	No	2
12. Individual is integrated into his/her/their community, has choice, increased independence, and adequate social supports	22	84%	No	13
13. Adequacy of crisis assessment	8*	100%	No	4
14. Appropriateness of crisis plans	22	95%	No	2
15. Comprehensive and effective crisis service delivery	5*	85%	No	4
16. Adequacy of ACT screening	22	100%	No	2
17. Implementation of ACT Services	12*	94%	No	4
18. Successful transition/discharge from inpatient psychiatric facility	7*	96%	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 and weaknesses; 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, CMHA ISP Reviews, Bureau of Mental Health Services (BMHS) contract monitoring info and SE fidelity reviews, 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 prescribed 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 when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Individuals are given a choice in their preferred interview methodology, such as phone, video, or in-person. 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 QSR 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 target(s).

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using 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 66 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 22 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.

The CMHCs are instructed to schedule interviews using only 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 direct collaboration 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 six individuals were scored for this measure and two individuals scored 100%, three individuals scored 75% and one individual scored 50%, the CMHC level score for Quality Indicator 1 would be 79% ($(100\% + 100\% + 75\% + 75\% + 75\% + 50\%)/6 = 475\%/6 = 79.1666\% = 79\%$) (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. For example in Measure 12d, Individual is integrated in his/her/their community, CII Q102, CII Q96, and SII Q60 are data points for this measure. However, if all three data points are not YES, the measure is still met as long as CII Q102 is a YES and either of the remaining questions (CII Q96 or SII Q60) are a YES. 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 Supports and Services: 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, additional data from DHHS databases and BMHS contract monitoring and SE Fidelity Reviews, 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 BMHS and BPQ. The

CMHC is required to use the standardized QIP template provided by DHHS. BMHS informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by BMHS and BPQ. 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. Lakes Region Mental Health Center QSR Findings

Lakes Region Mental Health Center QSR Overview

One hundred and fourteen LRMHC individuals met the QSR sample criteria. Twenty-two eligible individuals were drawn at random from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories to be interviewed. Although 22 individual interviews were completed, one individual was unable to answer specific questions throughout his/her/their interview. The individual’s inability to answer certain questions had no impact on LRMHC’s scoring, except for Measure 3b. For this measure, the individual’s responses were removed from the scoring process but otherwise included in the report, as appropriate, to provide LRMHC with additional information. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final groupings after interviews were completed. Final categories for the individuals interviewed are based on the criteria they met at the time of the interview regarding ACT and IPA.

Table 2: Number of Individuals by Category

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	15	13%	4	18%
ACT/NO IPA	48	42%	8	36%
NO ACT/IPA	14	12%	3	14%
NO ACT/NO IPA	37	32%	7	32%
Total	114	99%†	22	100%

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

The LRMHC Quality Service Review included a review of 22 clinical records, 22 individual interviews, and 22 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In Person	Number By Video Conference	Number By Phone	Total
Individuals Interviewed	14	1	7	22
Staff Interviewed	19	1	2	22
Clinical Records Reviewed	22	NA	NA	22

From October 13 through October 20, 2023, four teams consisting of staff from BPQ and BMHS completed the remote data collection processes. Data was collected for the review period of October 1, 2022 through October 12, 2023. Following the remote review, the QSR data was scored. Analysis of the scores was then completed.

A three-year comparison of LRMHC’s results are reported in Appendix 5: Three-Year Comparison, and a six-year cumulative average compared to LRMHC’s current year’s results by Quality Indicator are reported in Appendix 8: Quality Indicator Comparison, SFY18 to Present. Of note, the threshold score for SFY18 was 70%, SFY19 was 75% and the threshold for SFY20 and subsequent years is 80%.

Lakes Region Mental Health Center Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. LRMHC 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/their treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted in direct collaboration with the individual.

LRMHC scored 89% for Quality Indicator 1; data from 22 individuals were included in the scoring for Quality Indicator 1. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d. Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual's needs	19	3
Measure 1b: Assessments identify individual's strengths	17	5
Measure 1c: Assessment information was gathered through direct collaboration with the individual	20	2
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	22	0

Additional Results

- LRMHC uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals' behavioral health needs, life functioning, risk behaviors, and strengths. All 22 clinical records contained documentation that an assessment of needs or strengths using the ANSA had been completed (CRR Q4). In reviewing the ANSAs within the clinical records, it was noted that some of the records had narrative summaries accompanying the ANSA numeric ratings for the assessed needs and strengths, however, several did not (CRR Q4). Nineteen of 22 records had all areas within the behavioral health needs, life functioning, and risk behaviors scored (CRR Q5); of the three records that did not have all areas within the behavioral health needs, life functioning, and risk behaviors scored, all three records did not have substance use scored, and two of the three records did not have living situation or isolation scored. Seventeen of 22 records had all areas within the strength sections scored (CRR Q6); of the five records that did not have all areas within the strength sections scored, in three of the five

records, none of the strengths had been scored, and two of the five records did not have Community Connections scored.

- Fifteen of 22 individuals interviewed reported that staff had talked to them about their strengths, skills, and abilities (CII Q4).
- For 20 of 22 individuals interviewed, staff indicated that at least part of the assessment process was completed through a direct collaborative process with the individual (SII Q2).
- Seventeen of 22 individuals had treatment plans 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, none of the 22 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.¹ Appropriate treatment planning also includes review and revision of the treatment plan during specified review periods 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.

LRMHC scored 94% for Quality Indicator 2; data from 22 individuals were included in the scoring for Quality Indicator 2. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual’s needs and goals	20	2
Measure 2b: Treatment planning is person-centered and strengths based	20	2
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	22	0

Additional Results

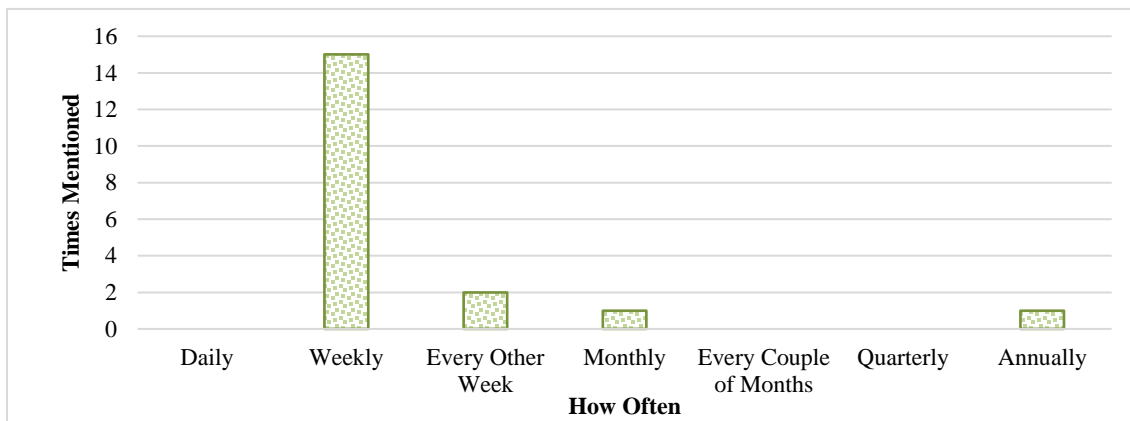
- If the ANSA or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if LRMHC has established a goal or plan to address the identified needs. All 22 individuals had mental health needs identified in the ANSA (CRR Q4, CRR Q9). Seven of the 22 individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans (CRR Q9). Fifteen individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans (CRR Q9).
- For two of 22 individuals, *none* of the individuals' mental health needs identified in the ANSA, were addressed by specific goals or plans in their treatment plans or case management plans (CRR Q2, CRR Q3, CRR Q4, 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, mental health or otherwise, in the case management assessment or the ANSA or other comparable assessment. Seventeen individuals were found to have identified needs relating to all of their treatment goals; five individuals had one or more treatment plan goals that were not aligned with any of their identified needs in the case management assessment or the ANSA or comprehensive assessment used (CRR Q10).
- From the evaluation of individuals' ISP Reviews, four individuals had ISP Reviews that identified a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for all four individuals (CRR Q15).
- The clinical record contained documentation of ISP Reviews having been completed, if due, for all review periods that fell within the period under review for 18 individuals (CRR Q16).
- Three of 21 clinical records contained a summary of progress in at least 70% of the ISP Reviews required for the individual during the period under review; 18 of 21 clinical records did not contain a summary of progress in at least 70% of the ISP Reviews required for the individual during the period under review; one individual had recently opened and because an ISP review was not yet due, was not included in the data evaluated (CRR Q15). LRMHC noted that they no longer use ISP Reviews as of 8/1/23 and instead have implemented new ISPs every 6 months. Although DHHS noted that LRMHC's ISP templates contain ample "other" sections throughout the template in which LRMHC staff may provide summaries of

progress, these areas were frequently not completed so the 6-month ISPs did not always contain the components expected in an ISP Review.

- Two of 21 individuals were found to have made progress on their treatment goals in at least 70% of the ISP Reviews examined, based upon documentation found in the clinical record; one individual had recently opened and because an ISP review was not yet due, was not included in the data evaluated (CRR Q15). LRMHC noted that they no longer use ISP Reviews as of 8/1/23 and instead have implemented new ISPs every 6 months. Although DHHS noted that LRMHC’s ISP templates contain ample “other” sections throughout the template in which LRMHC staff may provide status of the individual’s progress made on treatment goals, these areas were frequently not completed so the 6-month ISPs did not always contain the components expected in an ISP Review.
- Twenty individuals responded they had talked with LRMHC staff in the past 12 months about their needs and goals (CII Q1), many saying they did so as often as weekly (CII Q2); two individuals responded they had not talked with LRMHC staff in the past 12 months about their needs and goals (CII Q1) (see Figure 1).

Figure 1: How Often Staff Talks To Individual About Needs and Goals*

**one individual was unable to answer how often (CII Q2), so 19 rather than 20 responses are included in the graph.*



- Nineteen individuals felt they spoke often enough with staff about their needs and what they wanted to work on; one individual did not (CII Q3).
- Twenty individuals validated that staff actively work with them on their goals (CII Q5). Fifteen of 22 individuals confirmed that staff had talked to them about their strengths, such as the things they are good at, their skills and abilities (CII Q4).

- Of the 22 individuals interviewed, 20 individuals indicated they were involved in their treatment planning and goal setting (CII Q6). Staff validated that all 22 individuals had some involvement in their treatment planning (SII Q3). Eighteen individuals indicated they were able to effectuate change to their treatment plans (CII Q8). Eighteen individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Three individuals stated there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included additional staff from LRMHC as well as friends.
- All 22 treatment plans were determined to be current and complete at the time of the QSR (CRR Q3).
- The clinical records contained documentation of all 22 individuals' involvement in their ISP/treatment planning, such as documentation in the clinical record of a signature on or verbal acknowledgement of the individual's ISP/treatment plan, or documentation that a discussion of the ISP and/or goals on the ISP occurred between staff and the individual (CRR Q12). Signatures were found on 22 ISP/treatment plans effective during the period under review.
- All 22 ISP/treatment plans included the individuals' strengths (CRR Q13); and all 22 ISP/treatment plans were written in plain language (CRR Q14).
- Nineteen of 21 individuals confirmed that staff had discussed with them what services were available at LRMHC to help them meet their needs and reach their goals; one individual was unable to answer the question (CII Q10).
- Staff are asked if there is anything the individual needs that is not in the current treatment plan. If needs are identified, staff are additionally asked how the identified needs are being addressed. Of the six individuals that staff indicated had needs that were not addressed in the current treatment plan (SII Q4), one staff reported that these needs were not being addressed. For the five individuals whose needs were being addressed in ways other than the treatment plan, staff reported the following had been implemented: placing the individual on the InShape wait list, hiring staff into the case manager position, completing an application for the Passage House program, providing case management services while the case manager position was vacant, accessing community-based resources due to lack of availability of certain supports and services at LRMHC (SII Q4).

- For the services staff indicated four individuals were declining, staff reported that the service options were discussed with all four individuals at least quarterly (SII Q8).
- Overall, none of the 22 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/their needs and achieve his/her/their goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her/their 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.

LRMHC scored 89% for Quality Indicator 3; data from 22 individuals were included in the scoring for Quality Indicator 3. Quality Indicator 3 consists of Measures 3a-3f. Of the 22 individuals interviewed, one individual was considered not applicable for Measure 3b because the individual was unable to answer several of the questions. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with appropriate intensity, frequency, and duration	14	8
Measure 3b: Service delivery is flexible to meet individual’s changing needs and goals	17	4
Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	20	2
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	21	1
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	22	0
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	22	0

Additional Results

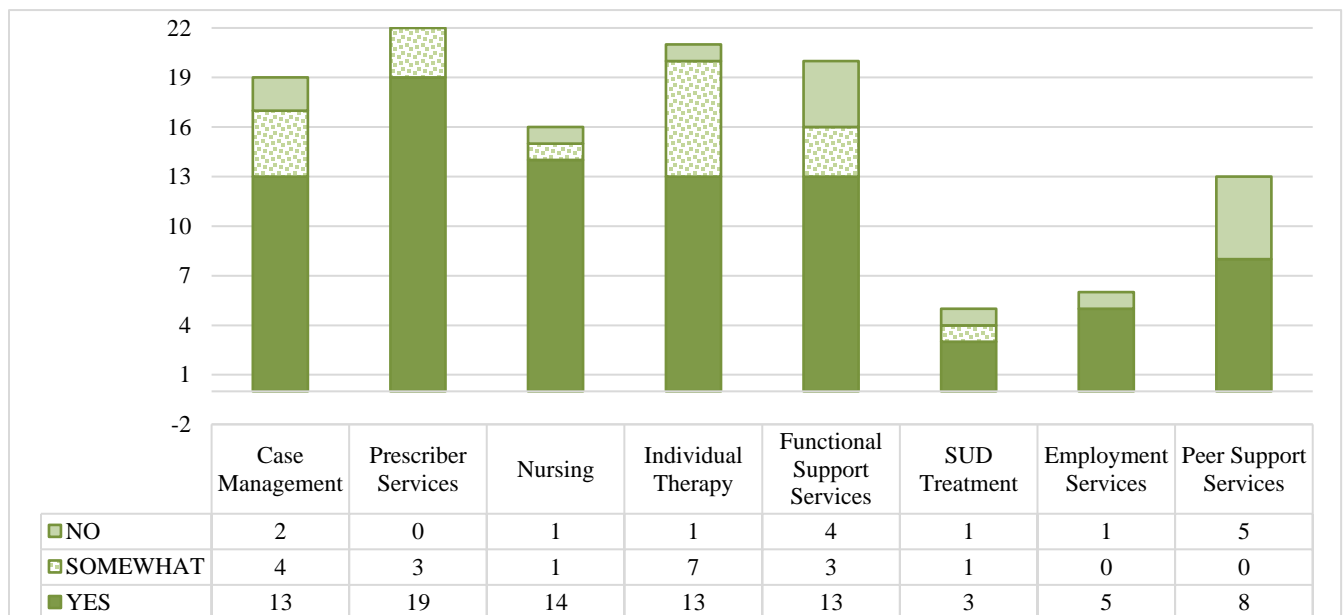
- Individuals are asked if they are able to get all the services and supports needed to meet their current needs and achieve their goals. Fourteen individuals responded they are able to get all the services and supports they need to meet their current needs and achieve their goals; six individuals responded they are “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; two 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”, three individuals named specific service/support areas that they needed more help with from LRMHC, such as help with shopping, counseling, medication management assistance, case management services, assistance with housing search, and InShape (CII Q20). Four of eight individuals who responded that they were unable or somewhat able to receive the services and supports needed to meet their current needs and achieve their goals had one or more of their services prescribed at “PRN” or “0-x” frequency (CRR Q11).
- Two of 22 individuals reported that certain services had not started when they needed them to within the past year. One individual reported that peer support services had not started when the individual needed, and one individual reported that all services had not started when needed, that he/she/they had been placed on a waiting list for all services due to transferring from another CMHC (CII Q17, CII Q18).
- Staff acknowledged there were one or more services that five of 22 individuals were not receiving at the frequency prescribed on their treatment plan (SII Q5). Staff indicated that all five individuals were declining one or more of the services (SII Q6).
- Documentation in the clinical records indicated that 19 of 22 individuals were provided with 70% or more of their services prescribed on their annual treatment plan; 12 individuals were provided with 100% of their services prescribed on their treatment plan (CRR Q11).
- However, documentation in the clinical records indicated that only nine of 22 individuals received 70% or more of their services on their treatment plan at prescribed frequency (CRR Q11). Two of 22 individuals received 100% of their services on their treatment plan at prescribed frequency. Staff provided appropriate reasons for why services were not provided at the frequency prescribed for 12 of the 22 individuals (SII Q7). For the remaining eight individuals, staffing issues were frequently cited as barriers to individuals receiving services

at the prescribed frequency. Two staff did not know why services had not been provided at frequency.

- Four individuals who were not receiving one or more services at the frequency prescribed were reported to be declining one or more of their services (SII Q6, SII Q7). Staff indicated that the process used for revisiting the services that were being declined included discussions with the individual, increased home visits, and having the peer specialist meet with the individual instead (SII Q8).
- Staff reported that the reason eight individuals were not receiving one or more services at the frequency prescribed was because the services are or were not available during the period under review (SII Q6, SII Q7). Staff are then asked what the plan has been to meet the individual's service needs while the services were not available. Five of eight staff described plans that met the individuals services needs, which for several individuals included providing the services via a team approach during the vacancy for the formal position, being available for phone check-ins, accessing the individual's support network, increasing available services when needed, and hiring the needed staff (SII Q9).
- Seven individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans; 15 of 22 individuals did not (CRR Q9).
- Four individuals had ISP Reviews that identified a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for all four individuals (CRR Q15).
- Overall, it was determined that one individual reviewed was not receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1). Assessments, treatment plans, staff, and the individual indicated a need for community integration and case management services, and both FSS and case management services had been prescribed on the ISP. However, FSS had not been received at all and the staff was unable to answer why both services had not been received at the frequency prescribed (OCR Q2).
- Overall, none of the 22 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 22 individuals reviewed were observed to be receiving all of the services and supports needed 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 Q16, CII Q61, CII Q106). Individuals were most satisfied with their nursing services and prescriber services, with 14 of 16 individuals and 19 of 22 individuals respectively responding that they were receiving the services needed in those areas. Individuals were least satisfied with their substance use disorder treatment, with two of five individuals stating that he/she/they did not get all the services needed (see Figure 2).

Figure 2: 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.”²

An individual receives appropriate and adequate housing services when his/her/their 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.

LRMHC scored 100% for Quality Indicator 4; data from 22 individuals were included in the scoring for Quality Indicator 4. Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	22	0

Additional Results

- Both the ANSA and case management assessments supported that individuals’ housing needs were routinely assessed. ANSAs and case management assessments were found for all 22 individuals (CRR Q4, CRR Q1). Collectively, all 22 individuals were assessed for housing needs by both of these means (CRR Q17, CRR Q18).
- All twenty-two individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q19).
- The most frequently cited needs were living skills and residential stability (CRR Q20).

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.

LRMHC scored 91% for Quality Indicator 5; data from 22 individuals were included in the scoring for Quality Indicator 5. Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual’s housing needs and goals	20	2

Additional Results

- All 22 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q19). Nineteen individuals had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q21, CRR Q22), and those 19 individuals had housing goals in alignment with their assessed housing needs. Two individuals did not have goals or objectives on their treatment plan and/or case management plan that aligned with their assessed housing needs; one individual had housing needs with no housing goal but was declining housing services, so the lack of a goal aligned with the individual’s willingness to work on this concern at the current time (CRR Q26).
- All of the housing related goals and plans were specific to the individual such as “[individual] may need support with communication with landlord occasionally, team to support as needed,” “[Staff] will support [individual] with identifying and applying for other possible housing in the area that is better suited for the [individual],” or “[Individual] will successfully maintain housing...by maintaining a low volume in the evenings and utilizing individual therapy to remain safe at home” (CRR Q23).

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/their housing goals.

LRMHC scored 94% for Quality Indicator 6; data from 22 individuals were included in the scoring for Quality Indicator 6. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
Measure 6a: Housing support services are provided with appropriate intensity, frequency, and duration to meet individual’s changing needs and goals	21	1
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	19	3
Measure 6c (OCR Q9): Services are adequate to obtain and maintain stable housing	22	0

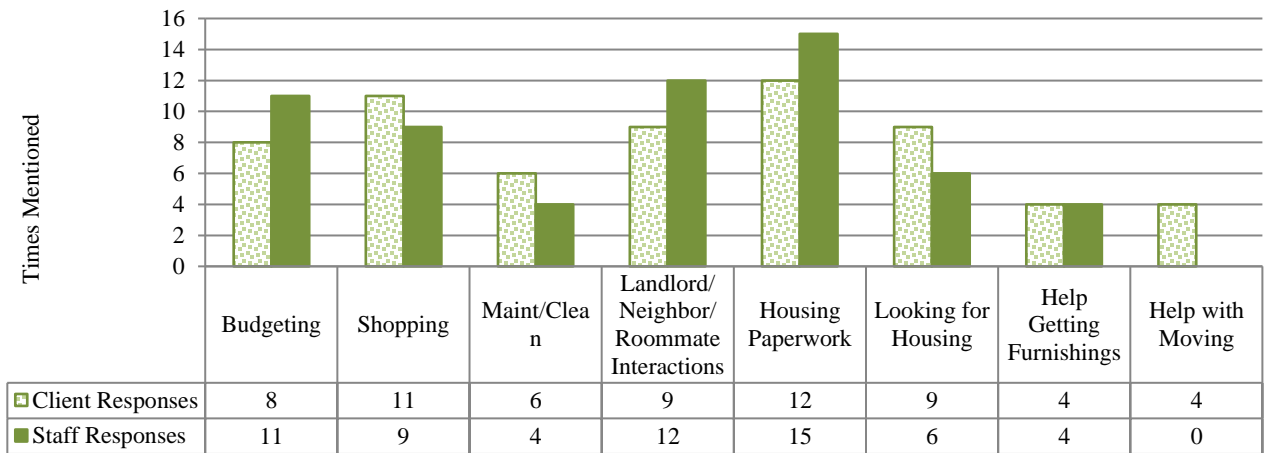
Additional Results

- In total, 19 individuals had housing goals or objectives on their treatment plan and/or case management plan regardless of assessed need (CRR Q21, CRR Q22) and all 19 individuals were receiving housing related services that were in alignment with their housing goals (CRR Q24, CRR Q26).
- Nineteen of 22 individuals responded that they were able to get all the housing supports they needed (CII Q43) *and* received these housing supports and services as often as they needed (CII Q44) *and* felt that they had enough support to achieve their housing goals (CII Q45); three individuals responded that they did not get all the housing supports needed (CII Q43) *or* did not receive those housing supports and services as often as needed (CII Q44) *or* did not feel that that they had enough support to achieve their housing goals (CII Q45). Specifically, 19 of 22 individuals felt that they were able to get all the housing supports they needed; three individuals did not (CII Q43). Twenty of 22 individuals felt they received housing supports and services as often as they needed; two individuals did not (CII Q44). Twenty-one individuals felt that they had enough support to achieve their housing goals; one individual did not (CII Q45).
- Staff identified one individual whose housing related needs were not met in the past 12 months by LRMHC (SII Q30). Staff reported the individual prefers a first floor apartment due to potential mobility issues that are exacerbated by stairs. Staff indicated that if the

individual indicates that this difficulty with stairs is more than a temporary issue, staff will assist the individual with looking for other housing options (SII Q32).

- Overall, all 22 individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9).
- The most common housing services received by individuals were help with housing related paperwork and help with landlord, neighbor, and roommate interactions (SII Q28, CII Q42) (see Figure 3).

Figure 3: Most Common Housing Services and Supports Received



Quality Indicator 7: Effectiveness of the Housing Supports and Services Provided

Quality Indicator 7 corresponds to CMHA section VII.A. Housing supports and services are effective when the services and supports provided to the individual enable him/her/them to make progress toward and achieve his/her/their identified housing goals; enable him/her/them to be involved in selecting his/her/their housing; and enable him/her/them to maintain safe and stable housing.

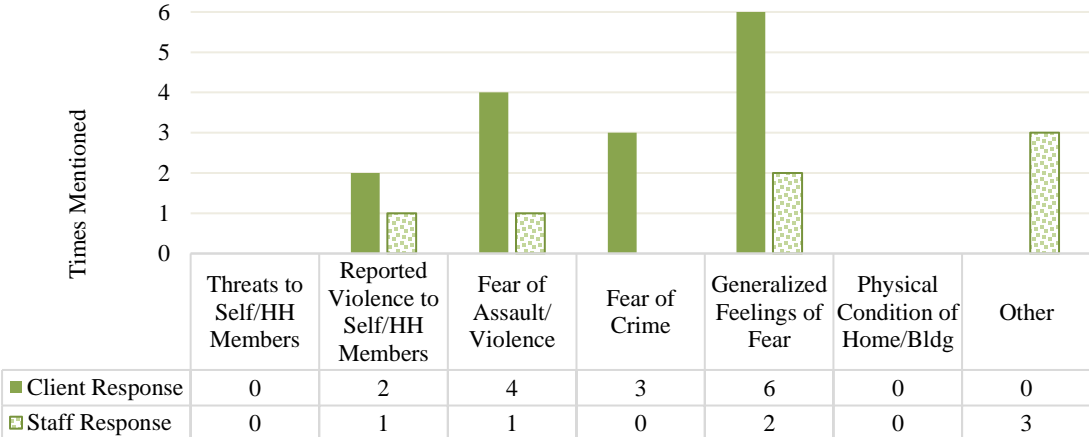
LRMHC scored 87% for Quality Indicator 7; data from 22 individuals were included in the scoring for Quality Indicator 7. Quality Indicator 7 consists of Measures 7a-7e. Of the 22 individuals interviewed, eight individuals were considered not applicable for Measure 7d because they did not move (CII Q34) nor had interest in moving (CII Q37) during the period under review. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	21	1
Measure 7b: Housing supports and services enable individual to maintain safe housing	16	6
Measure 7c: Housing supports and services enable individual to maintain stable housing	18	4
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	11	3
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	22	0

Additional Results

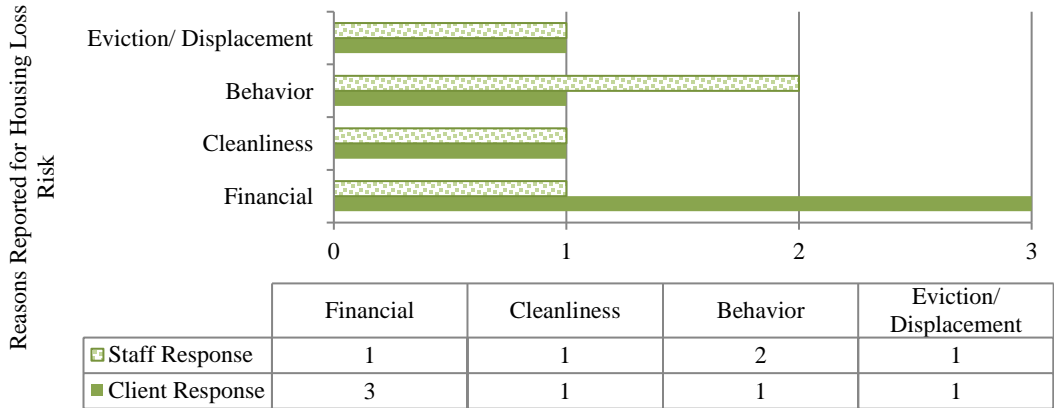
- Eleven individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). Staff responded being aware of a safety concern related to housing for four of the 11 individuals who self-identified safety concerns as well as three additional individuals (SII Q20). In total, 14 unduplicated individuals were reported to have had a safety concern related to their home or neighborhood in the past 12 months (CII Q29, SII Q20). Five individuals and one staff identified the safety concerns as being current (CII Q30, SII Q21). The most common reasons cited as safety concerns were fear of assault/violence and generalized feelings of fear, such as fear of neighbors and/or other tenants, people knocking on the individual’s windows, people with knives, neighbors feeding wild animals, and hearing voices outside at night (see Figure 4).

Figure 4: Reasons Reported for Safety Concerns Related to Home or Neighborhood in the Past 12 Months



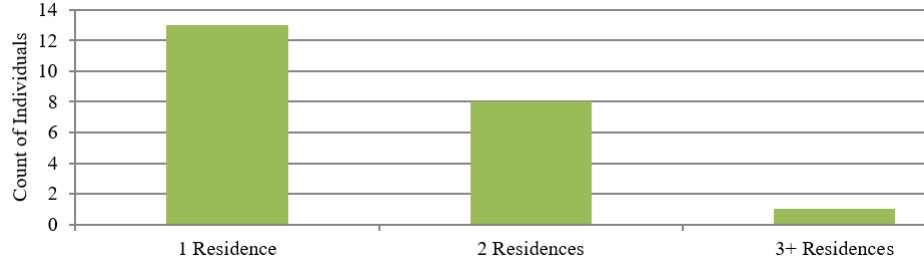
- Seventeen individuals are living in independent private residences, one individual is living in a dependent private residence, two individuals are living in residential care, and two individuals were reported to be currently experiencing homelessness (CII Q27, SII Q18).
- Three individuals responded they had experienced homelessness at some point in the past 12 months (CII Q33). Staff indicated that three individuals had experienced homelessness at some point in the past 12 months and were unsure if two additional individuals had experienced homelessness (SII Q19).
- The three individuals who self-identified as currently experiencing homelessness (CII Q27) or who had reported having experienced homelessness at some point in the past 12 months (CII Q33) reported having lived in from one to three or more places during the period under review (CII Q34).
- A total of six unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q22). The most common reasons mentioned were related to not being able to afford their housing (CII Q32, SII Q23) (see Figure 5).

Figure 5: Reasons for Being at Risk of Losing Housing in the Past 12 Months



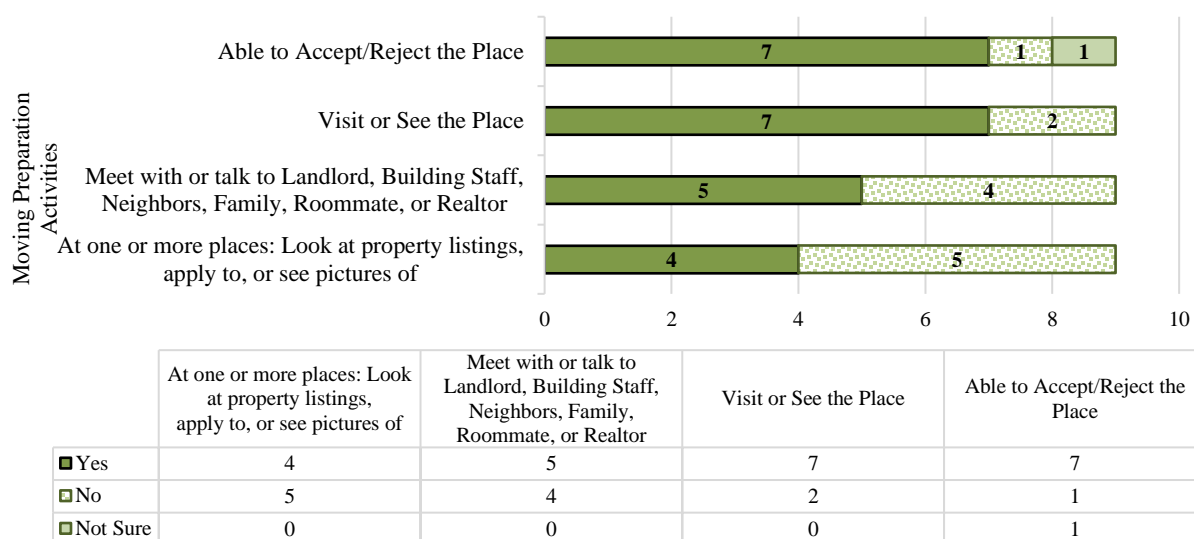
- Thirteen individuals had lived in the same residence for the past year or more; nine individuals had lived in two or more residences in the last year (CII Q34) (see Figure 6).

Figure 6: Places Lived in the Past Year



- Of the 13 individuals who moved in the past 12 months (CII Q34) or who are currently looking for a different place to live (CII Q37), seven individuals were receiving ACT services and six individuals were not (CRR Q58).
- Eight of the nine individuals who reported living in two or more residences in the last year (CII Q34) confirmed that they had been able to talk with LRMHC staff about what they wanted in a place to live before moving; one individual did not (CII Q35). All nine individuals were able to identify at least one activity in which they engaged that demonstrated they were involved in selecting their housing before moving (CII Q36) (see Figure 7). Four of nine individuals reported being able to look at one or more property listings, apply to one or more places, or see pictures of one or more places, and seven of nine individuals reported actually being able to visit the place before moving.

Figure 7: Activities Supporting Individual’s Involvement in Housing Selection

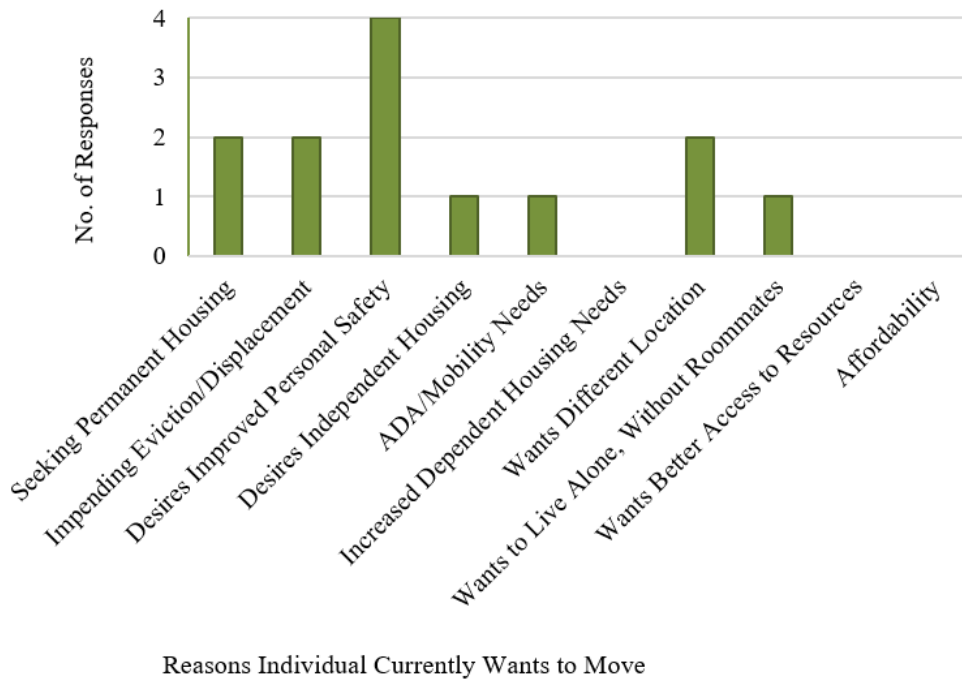


	At one or more places: Look at property listings, apply to, or see pictures of	Meet with or talk to Landlord, Building Staff, Neighbors, Family, Roommate, or Realtor	Visit or See the Place	Able to Accept/Reject the Place
■ Yes	4	5	7	7
■ No	5	4	2	1
■ Not Sure	0	0	0	1

- Staff reported that eight individuals had lived in two or more residences in the past year (SII Q24). Of those eight individuals, staff reported that seven individuals had been able to discuss with staff what their housing needs and wants were prior to moving (SII Q27); six individuals had had a chance to look at the places before moving; two individuals did not (SII Q26).

- Nine of 22 individuals were currently looking for a different place to live (CII Q37). The most frequently cited reason for why individuals wanted to move was the desire to improve personal safety (CII Q37) (see Figure 8).

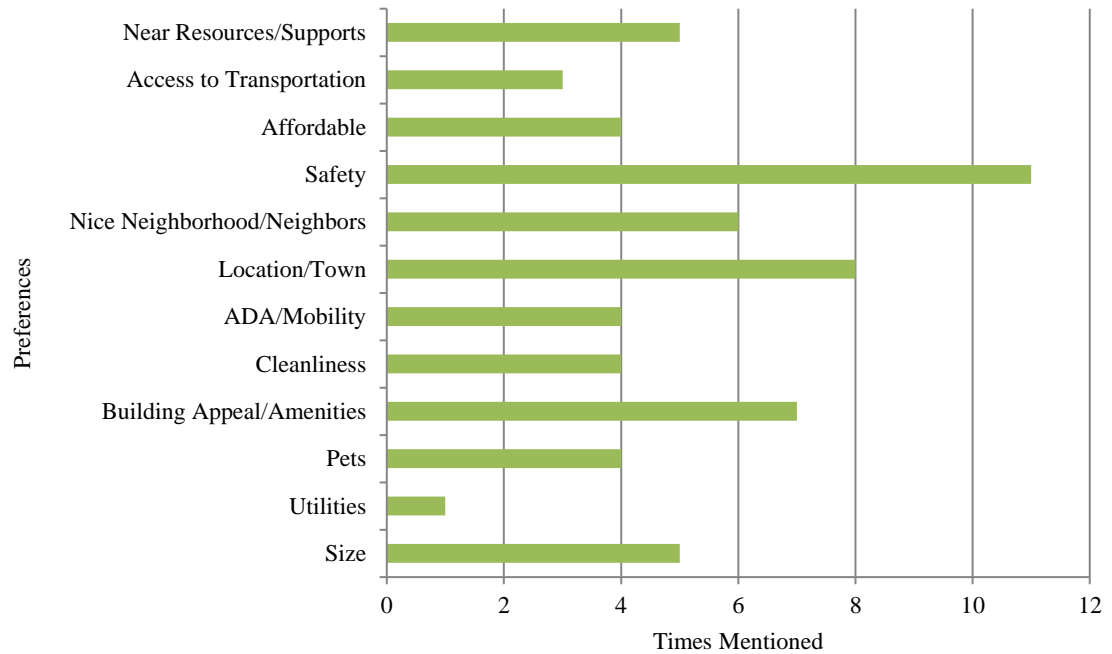
Figure 8: Reasons Individuals Currently Want to Move



- Eight of the nine individuals who were currently looking for a different place to live reported that they had had a chance to talk with LRMHC staff about what they currently wanted in a different place to live; one individual did not (CII Q38). Seven individuals confirmed LRMHC staff were helping them in their search for a different place to live (CII Q39).
- For 18 of the 19 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q21, CRR Q22), staff were able to endorse that the services that LRMHC had provided to the individuals over the past year had helped the individual to progress towards the individuals’ housing goals (SII Q29).
- Twenty-one individuals felt that they had enough support to achieve their housing goals; one individual did not, however the comments provided by the individual were about services that were outside the realm of the housing-related assistance provided by LRMHC (CII Q45).
- Staff indicated that all 22 individuals were receiving services adequate to obtain and maintain stable housing (SII Q33).

- The most common responses made by individuals regarding the factors most important to them when choosing a place to live were safety, location/town, and building appeal/amenities (CII Q40) (see Figure 9).

Figure 9: Preferences When Choosing Where to Live



- Eighteen of 22 individuals confirmed that the place where they live now includes most of the things that are important to them in a place to live; four individuals reported the place they lived now did not include those things (CII Q41).
- Overall, all 22 individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9).
- Some individuals had additional information they chose to share regarding housing services or had suggestions regarding the housing services and supports that would have been more helpful to receive (CII Q46):

“More support and after care.”

“If [LRMHC] could have started to help me sooner. [I got a] written notice in July to be out of the apartment in August.”

“[Would have been more helpful to get help with:] Connection to a new landlord, a new portal where I can get the slips...CMHC staff parking in neighbors’ spots.”

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/they have been screened to determine his/her/their 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/them make progress toward and achieve his/her/their 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, per He-M 426.12(i)(5)(e.), and identifies the individual’s employment-related skills and strengths, interests and preferences, work history and experience, and barriers to employment.

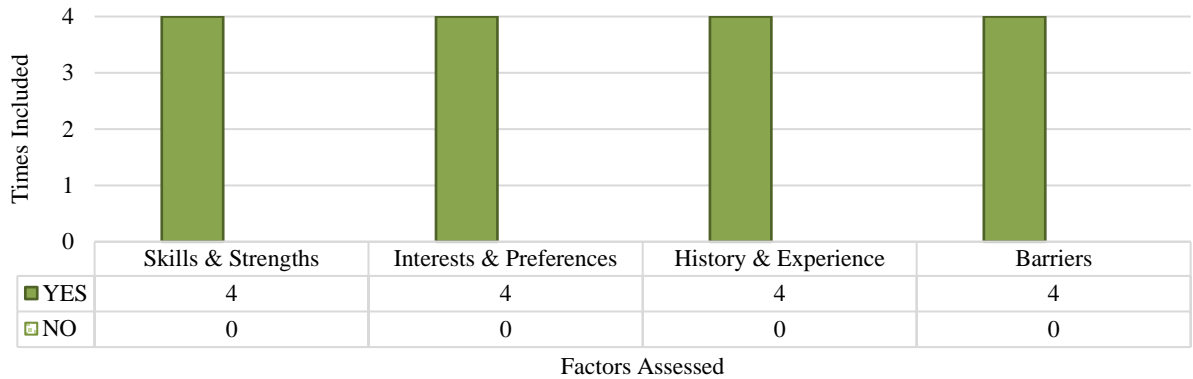
LRMHC scored 93% for Quality Indicator 8; data from 22 individuals were included in the scoring for Quality Indicator 8. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 22 individuals interviewed, 17 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable if during the period under review, individuals were enrolled in Supported Employment for at least 30 days and enrollment occurred at least 30 days prior to the start of the QSR (CRR Q27). Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	21	1
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	4	1

Additional Results

- Sixteen of 21 individuals responded they had been asked by LRMHC staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that both the employment domain in the ANSA and that the employment section of the case management assessment was completed for all 22 individuals (CRR Q28, CRR Q29, CRR Q31). Collectively, all 22 individuals were assessed/screened for employment needs by both of these means.
- Of the six individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), two individuals did not have employment needs identified in either the ANSA or the case management assessment (CRR Q30).
- Eight of 22 individuals were enrolled in supported employment (SE) during the period under review; the first day of SE enrollment for one of the eight individuals was less than 30 days before the QSR; two of the seven remaining individuals had not participated in SE for at least 30 days as both individuals had the services discontinued after two appointments (CRR Q27); resulting in a total of five of 22 individuals who were enrolled in SE for at least 30 days during the PUR (CRR Q27).
- The clinical record for four of the five individuals who were enrolled in SE for at least 30 days during the PUR included a completed employment assessment (vocational profile) (CRR Q35).
- The completed employment assessments are evaluated to determine if they are comprehensive in that each assessment documents the individual’s skills and strengths, work history and experience, interests and preferences, and the individual’s barriers to employment. All four employment assessments (vocational profiles) that were completed included documentation that LRMHC had assessed every target area (CRR Q36) (see Figure 10).

Figure 10: Comprehensive Employment Assessment



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.

LRMHC scored 60% for Quality Indicator 9; data from five individuals were included in the scoring for Quality Indicator 9. Quality Indicator 9 consists of Measure 9a. Of the 22 individuals interviewed, 17 individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or in receiving LRMHC employment support services (CII Q54). Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual’s employment needs and goals	3	2

Additional Results

- Six individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), five of whom described interest in receiving help and services that would be provided by LRMHC (CII Q54). Three of five individuals interested in receiving LRMHC help with finding or keeping a job were receiving ACT services; two individuals were not (CII Q53, CRR Q58). Staff were aware of this interest for three of the five individuals (SII Q40). Of the same five individuals who expressed interest in receiving LRMHC help with finding or keeping a job, three individuals had employment-related goals

or plans, as evidenced by their treatment plans and/or case management plans (CRR Q32, CRR Q33).

- In total, nine individuals had employment related goals or plans, regardless of expressed interest (CRR Q32, CRR Q33), and these goals or plans were all in alignment with assessed needs (CRR Q39). Both individuals who were interested in receiving LRMHC help related to finding and/or keeping a job but did not have documented employment plans/goals, had neither needs nor goals identified (CRR Q30, CRR Q32, CRR Q33).
- Six of 22 individuals had Supported Employment listed as a prescribed service on their annual treatment plans (CRR Q11). One of these individuals had not been enrolled in SE at any point during the past 12 months (CRR Q27). A total of eight individuals had been enrolled in SE during the past 12 months (CRR Q27). Three of eight individuals expressed that they were not interested in receiving help in finding or maintaining a job, and had not been interested in the past 12 months (CII Q53).
- Four individuals reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58). All four individuals reported discussing these changes with LRMHC staff (CII Q59); three of the four individuals felt that LRMHC staff had not helped them with their changed employment needs or goals (CII Q60).

Quality Indicator 10: Adequacy of Individual 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/their identified employment goals.

LRMHC scored 77% for Quality Indicator 10; data from 11 individuals were included in the scoring for Quality Indicator 10. 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 22 individuals interviewed, 17 individuals were considered not applicable for Measure 10a because they reported not being interested in employment supports and services that would be provided by LRMHC (CII Q54). Of the 22 individuals interviewed, 13 individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR

Q32, CRR Q33). 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
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual’s employment needs	3	2
Measure 10b: Services and supports are meeting individual’s employment goals	8	1

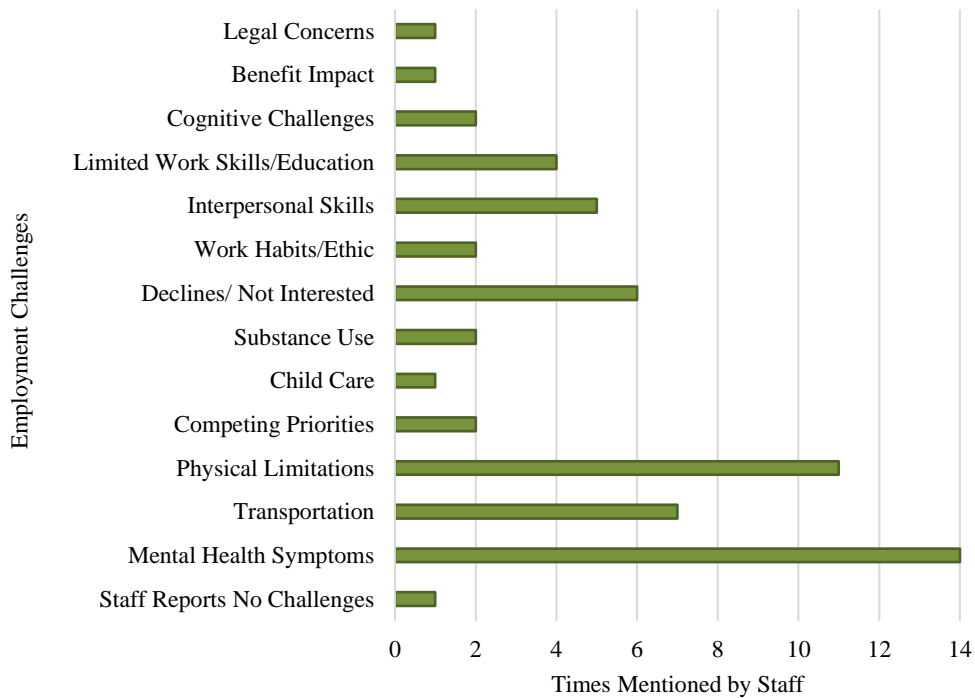
Additional Results

- Nine of 22 staff indicated that Supported Employment services had been recommended or provided to the individual in the past 12 months; six staff were unsure if Supported Employment services had been recommended or provided to the individual in the past 12 months, and seven staff indicated that Supported Employment services had not been provided or recommended in the past 12 months (SII Q46). The following reasons were provided by the seven staff who indicated that Supported Employment services had not been recommended or provided to the individual in the past 12 months: five individuals were declining the services or not interested in employment; and two staff reported that employment services had not been identified as a need (SII Q47).
- Six of 22 individuals had supported employment prescribed on their treatment plans (CRR Q11). Five of six individuals were not receiving services at the frequency prescribed on the treatment plan (CRR Q11). Staff provided appropriate reasons for why supported employment services were not provided at the frequency prescribed for three of the five individuals (SII Q7). For the remaining two individuals, staffing issues were cited as barriers to individuals receiving supported employment services at the prescribed frequency.
- Of the five individuals who expressed interest in receiving LRMHC help with finding or keeping a job in the past 12 months (CII Q54), one individual responded he/she/they needed additional employment related services from LRMHC (CII Q61). Two individuals responded they were not getting employment supports and services *as often* as they felt they needed (CII Q62).
- Four of the five individuals who expressed an interest in receiving LRMHC help with finding or keeping a job in the past 12 months (CII Q54) felt they had enough support to achieve

their employment goals (CII Q63). The individual who reported needing more support expressed wanting assistance with becoming involved in vocational rehabilitation (CII Q63).

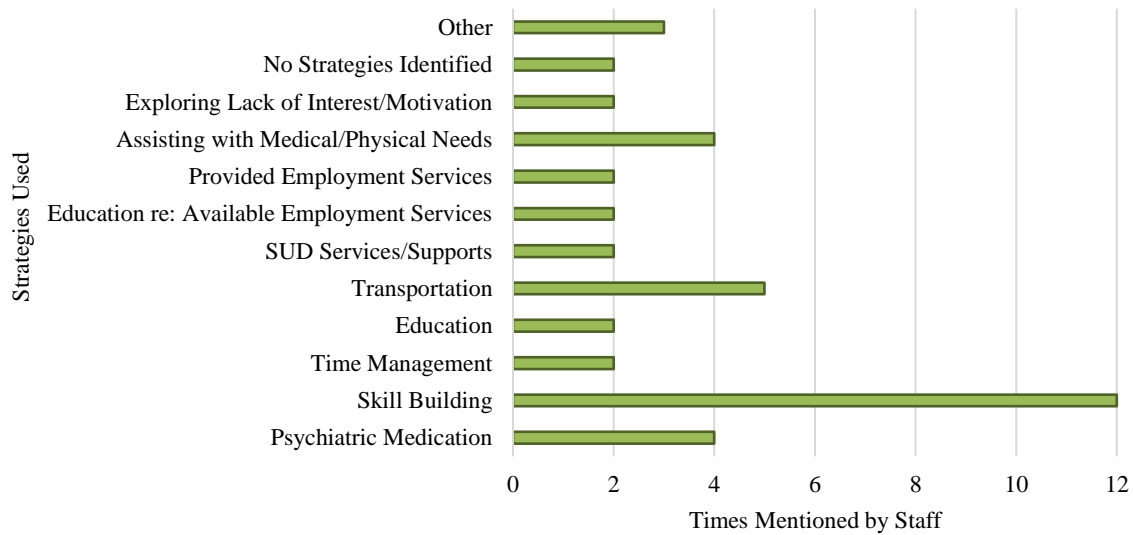
- Staff indicated there was one individual who had identified employment needs that were not currently being addressed (SII Q42). The employment needs that staff identified included transportation needs. Staff reported that LRMHC was not currently offering assistance to help address these unmet needs as the staff was unaware of any resources that might help (SII Q43).
- Two of six individuals who had supported employment prescribed on their treatment plan reported being employed (CRR Q11, CII Q47). Types of employment services provided included job search, identification of employment interests, needs, and barriers, monitoring employment status and interest, managing stress, assistance with applications, and support through difficult job situations (CRR Q38).
- Five total individuals reported being employed (CII Q47); all five individuals reported having a competitive job (CII Q48); two individuals work full-time and three individuals work part-time (CII Q49), and one individual responded he/she/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.
- For the 11 individuals who had employment needs identified in the ANSA or case management assessment and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q30, CRR Q32, CRR Q33), 10 individuals received employment services and supports that were in alignment with their employment needs or goals (CRR Q39).
- Staff identified one individual as facing no challenges in finding or maintaining employment (SII Q44). Responses from staff about challenges the remaining 21 individuals face in finding and maintaining employment included physical limitations, lack of transportation, difficulty managing emotional or psychiatric symptoms, and lack of interest (SII Q44) (see Figure 11).

Figure 11: Employment Challenges Faced by Individual



- For the 21 individuals who were identified as facing challenges in finding and maintaining employment, two staff were not able to identify any strategies used by the individuals’ teams to help the individuals overcome the challenges they face in finding and maintaining employment (SII Q45). For the remaining 19 individuals, the most common strategy staff cited as using was skill-building, such as utilizing coping skills and distraction techniques to address mental health barriers, working on medication compliance, practicing professional interactions, and developing problem-solving skills (see Figure 12). Some of the more specific strategies that were categorized as “other” included accessing financial assistance resources for the individual to help increase income and providing other non-employment-related services to address identified employment barriers.

Figure 12: Staff Strategies to Address Employment Challenges Faced by Individuals



- Of the nine individuals who had employment-related goals identified in their treatment plan and/or case management plan (CRR Q32, CRR Q33), staff identified seven individuals for whom LRMHC had provided or attempted to provide employment related services and support in the past 12 months; one staff refused to answer the question (SII Q48). The provided services identified by staff were in alignment with the seven individuals’ treatment plan goals (SII Q49). For all seven of the individuals, staff responded that the services were helping the individuals’ progress towards their employment goals; one staff refused to answer the question (SII Q50).
- Examples of successes and progress for individuals receiving supported employment or other employment related services included finding employment, problem-solving employment barriers, greater confidence that employment services are helpful to the individual’s attainment of his/her/their goals, and acceptance into an educational program (SII Q50).
- Ten of 22 individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits; Ten individuals responded that staff had not explained to them how employment may or may not affect any benefits received; and two individuals were unsure if a conversation had occurred (CII Q64). Staff reported that this topic had been discussed with 14 of the individuals interviewed (SII Q39).
- Individuals were asked if they had anything else to share regarding employment services or if there was anything that would have been more helpful regarding the employment-related

services and supports received (CII Q65). Individuals offered the following feedback in response to what would be more helpful (CII Q63, CII Q65):

“Having enough staff for the customers they have...staff are burned out and not getting things done.”

“Without a car...I don't even think it's even worth working.”

“I want to get involve in vocational rehabilitation again, learning anything.”

“If I work, I won't get money. We talked about it, but I can't make extra because I'll have to pay it back.”

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.³ 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/their community and has choice, increased independence, and adequate social supports.

LRMHC scored 98% for Quality Indicator 11; data from 22 individuals were included in the scoring for Quality Indicator 11. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual’s related social and community integration needs and preferences	22	0
Measure 11b: Assessment identifies individual’s related social and community integration strengths	21	1

Additional Results

- The ANSA includes several domains related to social and community integration needs and strengths. All of these related needs in the ANSA were completed for 20 of 22 individuals (CRR Q41), and all of the related strengths in the ANSA were completed for 17 of 22 individuals (CRR Q42).
- Case management assessments of social/family needs were completed for all 22 individuals (CRR Q40).
- Social/community integration strengths, needs, and preferences were assessed by one or both of these means for all 22 individuals (CRR Q43).

Quality Indicator 12: Individual is Integrated Into His/Her/Their Community, Has Choice, Increased Independence, and Adequate 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/their community and to have choice, increased independence, and adequate social supports when he/she/they have flexible services and supports to acquire and maintain his/her/their personal, social, and vocational competency in order to live successfully in the community.

LRMHC scored 84% for Quality Indicator 12; data from 22 individuals were included in the scoring for Quality Indicator 12. Quality Indicator 12 consists of Measures 12a-12m. Thirteen individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c (CRR Q65). One individual did not have identified needs related to social supports and community integration (CRR Q44) and therefore was not applicable for Measure 12j. Individuals were scored as follows:

	YES	NO
Measure 12a: Individual is competitively employed	5	17

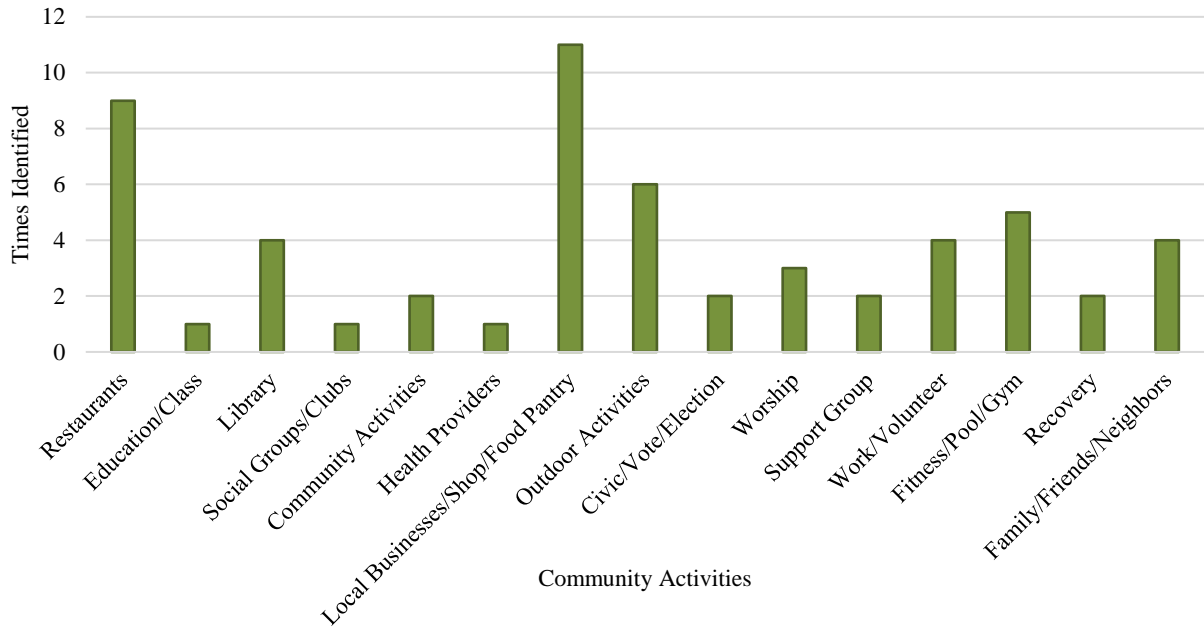
Measure 12b: Individual lives in the most integrated setting appropriate	20	2
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	8	1
Measure 12d: Individual is integrated in his/her/their community	18	4
Measure 12e: Individual has choice in housing	18	4
Measure 12f: Individual has choice in his/her/their treatment planning, goals and services	20	2
Measure 12g: Individual has the ability to manage his/her/their own schedule/time	21	1
Measure 12h: Individual spends time with peers and/or family	21	1
Measure 12i: Individual feels supported by those around him/her/them	17	5
Measure 12j: Efforts have been made to strengthen social supports if needed	15	6
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	21	1
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	22	0
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	22	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, working, visiting a food pantry, going to the library, eating in restaurants, visiting parks, participating in outdoor community activities, city meetings, local recovery meetings or places of worship, 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. Eighteen individuals reported a variety of community activities in which they participated (CII Q102) (see Figure 13). Four individuals were not able to identify any community activities in which

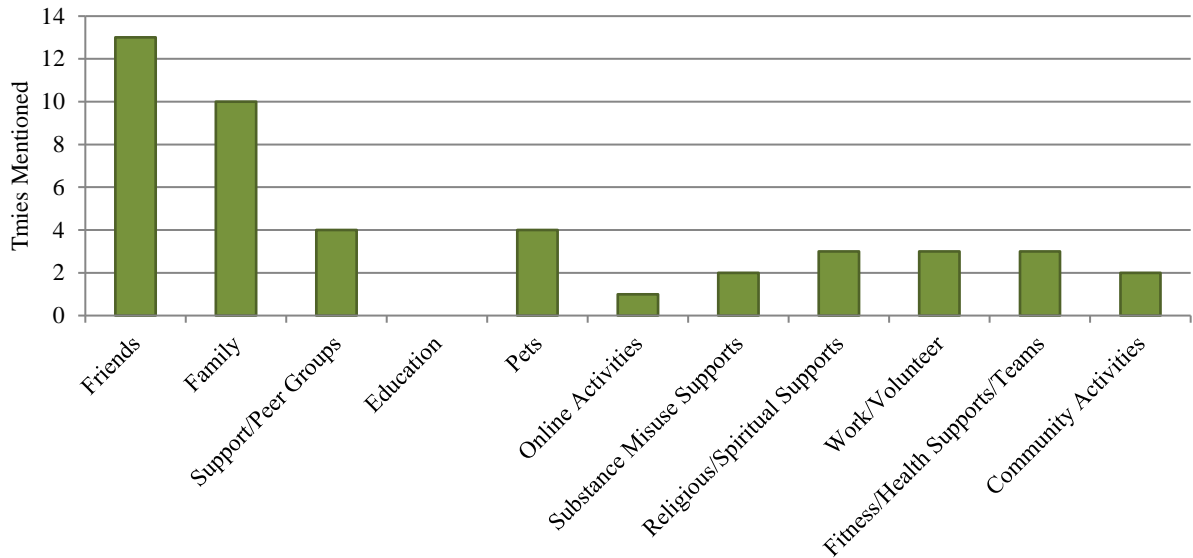
they participated (CII Q102), while staff responded that three of 22 individuals were not integrated into their community (SII Q60).

Figure 13: Identified Community Activities



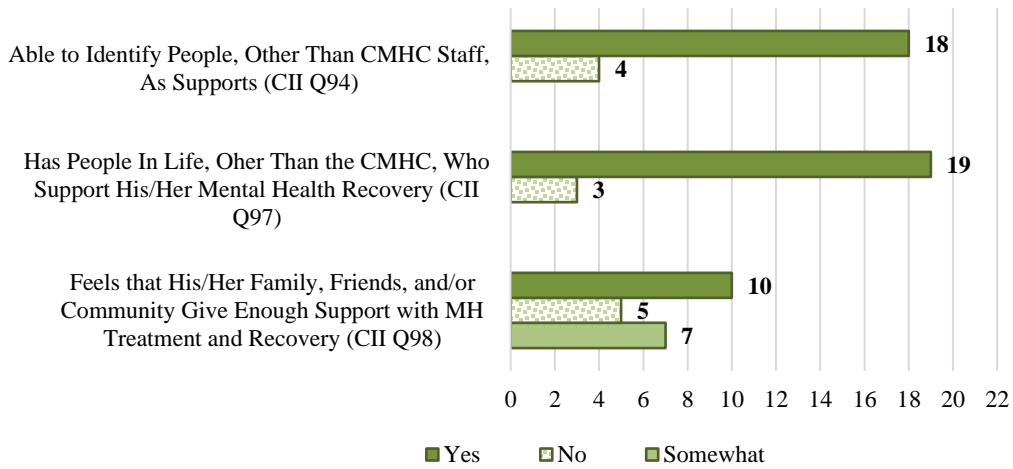
- Staff reported that all 22 individuals had a support system that was helpful to their mental health recovery and 21 individuals had support systems consisting of at least one natural support (SII Q59). Twenty staff confirmed that there was a plan to help individuals maintain and/or enhance their support system (SII Q61).
- Twenty-one of 22 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 Q96). Of the five individuals who were employed (CII Q47), three individuals identified spending time with people from work (CII Q96) (see Figure 14).

Figure 14: Identified Natural Supports



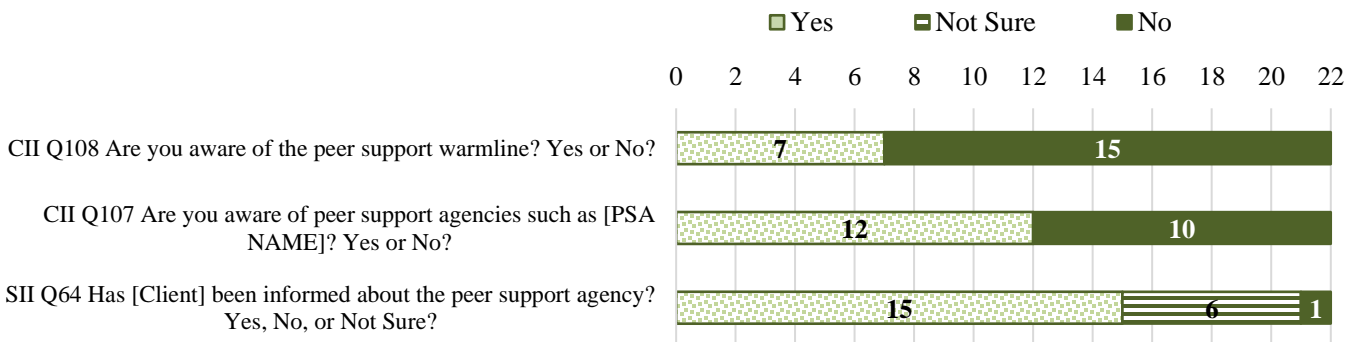
- Twenty-one of 22 staff endorsed providing or offering services to support the individual living in the least restrictive community setting that meets the individual’s needs; one staff did not (SII Q35). Two individuals were reported to be currently experiencing homelessness (CII Q27, SII Q18).
- Six individuals did not feel that they had an adequate support system (CII Q99) and two of the six individuals felt that LRMHC was helping them to improve their support systems (CII Q100). The individuals identified LRMHC providing help in areas such as prescribing InShape on his/her/their ISP, helping the individual to access the local peer support center, and encouraging the individual to participate in the community (CII Q101).
- Four of 22 individuals were unable to identify anyone, aside from CMHC staff, who they feel supported by (CII Q94). Three individuals were unable to identify people in their lives, aside from CMHC staff, who help support them with their treatment and mental health recovery (CII Q97). Twelve individuals did not feel that family, friends, and/or community give them enough support with their treatment and mental health recovery (CII Q98) (see Figure 15).

Figure 15: Support Felt by Individual



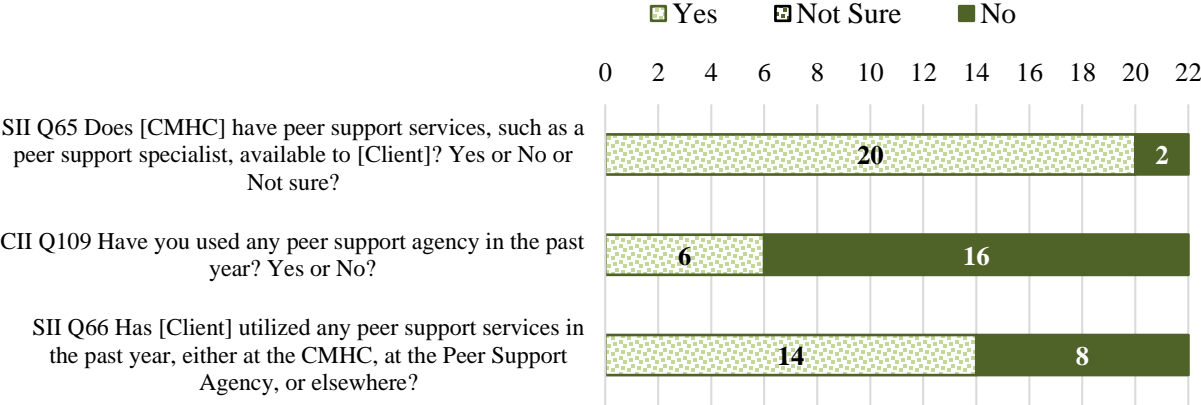
- Fourteen of 21 individuals reported that they had been given information about services and supports available to them in the community (CII Q103). Examples of services and supports available in the community for which staff have provided information or referrals included the Peer Support Center, CTI, the local library and food bank, community support groups, AA, Women Against Violence, housing and utility support services, the senior center, the health center, and gyms (CII Q104).
- Individuals are asked about their awareness and knowledge of peer support related services. Twelve of 22 individuals were aware of peer support agencies; 10 individuals were not (CII Q107). Seven of 22 individuals reported being aware of the peer support warmline; 15 individuals were not (CII Q108). Staff indicated that one individual had not been informed about peer support agencies, and staff was not sure if six individuals had been informed (SII Q64) (see Figure 16).

Figure 16: Informed or Aware of Peer Support Services



- Individuals are also asked about their utilization of peer support related services during the past year. Thirteen individuals reported utilizing peer specialist services at LRMHC; nine individuals did not (CII Q105). Six of 22 individuals had used the peer support agencies in the past year; 16 individuals had not (CII Q109). Staff reported that eight individuals had not used peer support services of any kind, whether at LRMHC, at a peer support agency, or any other type of peer services within the past year (SII Q66). Staff stated that LRMHC did not have peer support services available for two individuals (SII Q65) (see Figure 17).

Figure 17: Utilization of Peer Support Services



- When individuals were asked if they had anything else they would like to share about the community integration and social support services at LRMHC or if there was anything that would have been more helpful regarding the community integration and social support services they received, most individuals had nothing more to add. Individuals provided the following insights (CII Q111).

“The peer support people help me to go to doctor appointments and things like that. If my CFI person could help with other things, then the peer support person wouldn’t have to.”

“More groups.”

“Some help with [family members] and our relationship, cooking class, how to use food.”

- Twenty-one individuals had identified needs related to social support and community integration in the ANSA or case management assessments (CRR Q44). Fourteen individuals

had these needs addressed by goals in their treatment plans or case management plans (CRR Q46, CRR Q47). In total, all 22 individuals had needs related to social support and community integration identified in the ANSA or case management assessments (CRR Q44) *or* had community integration and/or social support goals outlined in the treatment or case management plans (CRR Q46, CRR Q47); and there was evidence of related services being provided for 21 individuals which were in alignment with those individuals' identified needs and/or goals (CRR Q48, CRR Q50).

- Of the nine individuals who had experienced an inpatient psychiatric admission during the period under review (CRR Q65), eight individuals reported that they restarted communication with their natural support system or began spending time with other supportive people following their discharge from the inpatient psychiatric facility (CII Q92).
- 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 the nine individuals who had moved in the past 12 months (CII Q34), eight individuals reported they had an opportunity to discuss their housing preferences with staff before moving (CII Q35), and seven individuals were able to visit or see their current housing before moving (CII Q36). For the nine individuals who are currently looking for a different place to live (CII Q37), eight individuals had an opportunity to discuss their current housing preferences with LRMHC (CII Q38), and seven individuals reported that LRMHC was helping them with their plans to find a different place to live (CII Q39). Eighteen of 22 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).
- Of the 22 individuals interviewed, 20 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Twenty-one of 22 individuals reported that they are able to manage their own time and schedule (CII Q95).
- Overall, one individual reviewed was observed to need additional services to support his/her/their achieving increased independence and integration into the community (OCR Q7). Assessments, plans, staff, and the individual cited community integration and employment as needs and desired areas of treatment focus, yet supported employment was not prescribed for the individual and although both case management and FSS services had been prescribed, neither service had been provided at frequency with FSS services not having

been provided at all. Staff reported that these areas were a need, but did not know why these services had not been provided and did not know of any resources available (OCR Q8).

- Overall, all 22 individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contacts (OCR Q11).
- Overall, all 22 individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness.⁴ 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/their treatment or crisis plan and used techniques he/she/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.

LRMHC scored 100% for Quality Indicator 13; data from eight individuals were included in the scoring for Quality Indicator 13. Quality Indicator 13 consists of Measures 13a-13d. Of the 22 individuals interviewed, 14 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.

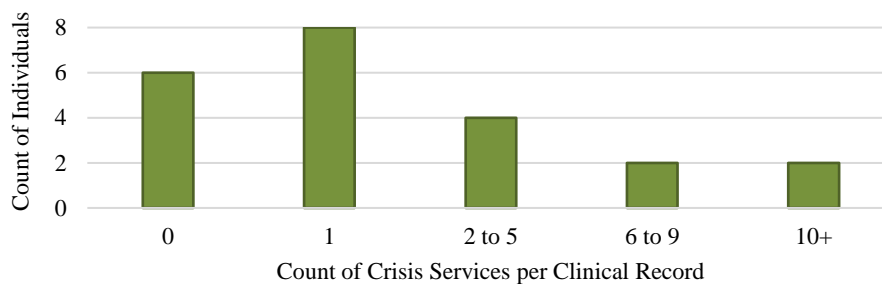
Specifically, 16 clinical records had documentation of crisis services being provided (CRR Q53) and eight individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, eight individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide LRMHC with additional information. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	8	0
Measure 13b: Risk was assessed during crisis assessment	8	0
Measure 13c: Protective factors were assessed during crisis assessment	8	0
Measure 13d: Coping skills/interventions were identified during crisis assessment	8	0

Additional Results

- Documentation in the clinical record indicated that two individuals received 10 or more crisis services in the period under review (CRR Q54) (see Figure 18).

Figure 18: Crisis Services Received by all Individuals in Period Under Review



- All eight 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 LRMHC (CII Q75).
- Documentation of a risk assessment was found in 15 of 16 crisis notes reviewed (CRR Q55). Documentation that protective factors had been assessed was found in 14 of 16 crisis notes reviewed, and documentation that coping skills had been assessed was found in 15 of 16 crisis notes reviewed (CRR Q55). It was observed that the types of services provided in the documents missing a risk, protective factor, or coping skills assessment were on note

templates entitled FSS crisis intervention or CIS Crisis Therapy note. ES and MCRT assessment notes consistently documented all assessment areas.

- All eight individuals who endorsed receiving crisis services responded that LRMHC staff had talked to them about what they could do if they were experiencing a mental health 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.

LRMHC scored 95% for Quality Indicator 14; data from 22 individuals were included in the scoring for Quality Indicator 14. Quality Indicator 14 consists of Measure 14a and Measure 14b. Individuals were scored as follows:

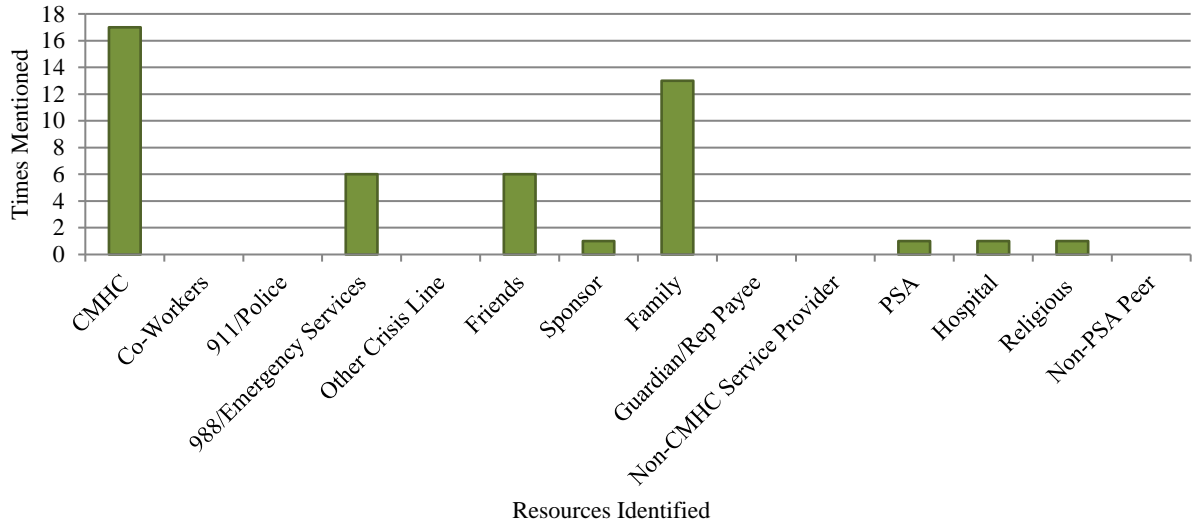
	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	22	0
Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	20	2

Additional Results

- All 22 individuals had crisis plans in their clinical records that were specific to the individual (CRR Q51, CRR Q52).
- Twenty-one of 22 individuals were able to identify healthy strategies or coping skills that they could use to help themselves manage a crisis (CII Q67).
- Seven of 22 individuals reported being aware of the peer support warmline (CII Q108).
- Fifteen of 22 individuals confirmed that LRMHC staff had helped them develop a plan for how they might take care of themselves during a mental health crisis (CII Q68).
- 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 CMHC staff followed by family (CII Q66). Of the five individuals who were employed (CII Q47), none of the

individuals identified being able to call people from work if they were having a mental health crisis (CII Q66). Responses were coded using the following categories in Figure 19.

Figure 19: 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/their 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.

LRMHC scored 85% for Quality Indicator 15; data from five individuals were included in the scoring for Quality Indicator 15. Quality Indicator 15 consists of Measures 15a-15d. Of the 22 individuals interviewed, 17 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, 16 clinical records had documentation of crisis services being provided (CRR Q53); eight individuals endorsed receiving crisis services (CII Q69); and five staff endorsed individuals having received crisis services (SII Q51). 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 LRMHC with more helpful information. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	4	1
Measure 15b: Communication with individual during crisis episode was adequate	5	0
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	5	0
Measure 15d: Individual was assisted to return to his/her/their pre-crisis level of functioning	3	2

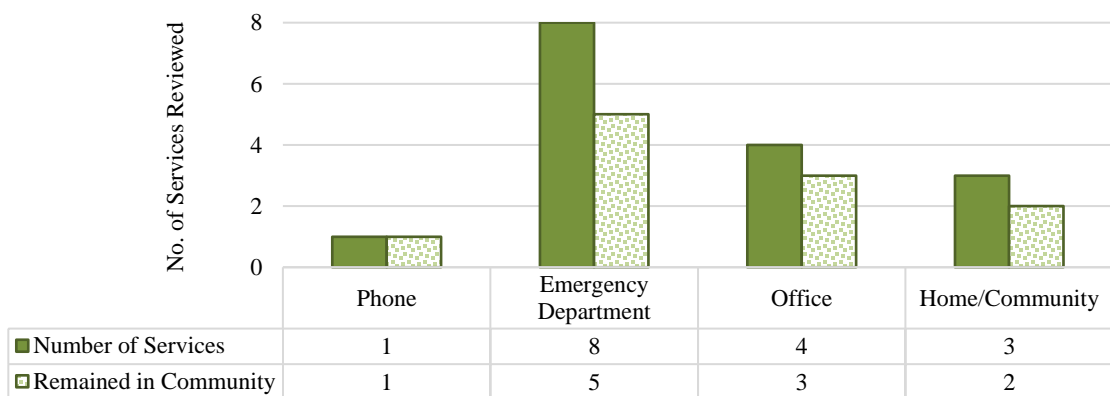
Additional Results

- Four of the five staff who endorsed individuals having received crisis services during the period under review responded they received notification of the crisis service provided from a treatment provider or were the direct provider of the crisis service themselves (SII Q53). All four staff received notification within 24 hours (SII Q53); one staff could not address if notification was received within 24 hours as he/she/they were not part of the individual’s treatment team at the time. All five staff responded they received all of the information needed regarding the crisis episode (SII Q54).
- Of the 16 clinical records that had documentation of crisis services being provided (CRR Q53), six records were from individuals receiving ACT services (CRR Q58). Documentation that the most recent crisis service was provided by ACT staff was found in none of the records reviewed; documentation that the most recent crisis service was provided by mobile crisis/the Rapid Response Team (RRT) was found in seven of the records reviewed (CRR Q55). One of the five staff who endorsed individuals having received crisis services during the period under review reported that staff who have a role in the individual’s treatment assessed the individual during the individual’s most recent crisis; three staff reported that the staff who assessed the individual during the individual’s most recent crisis did not have a role

in the individual’s treatment, and one staff was unsure if the staff who assessed the individual had a role in the individual’s treatment (SII Q55).

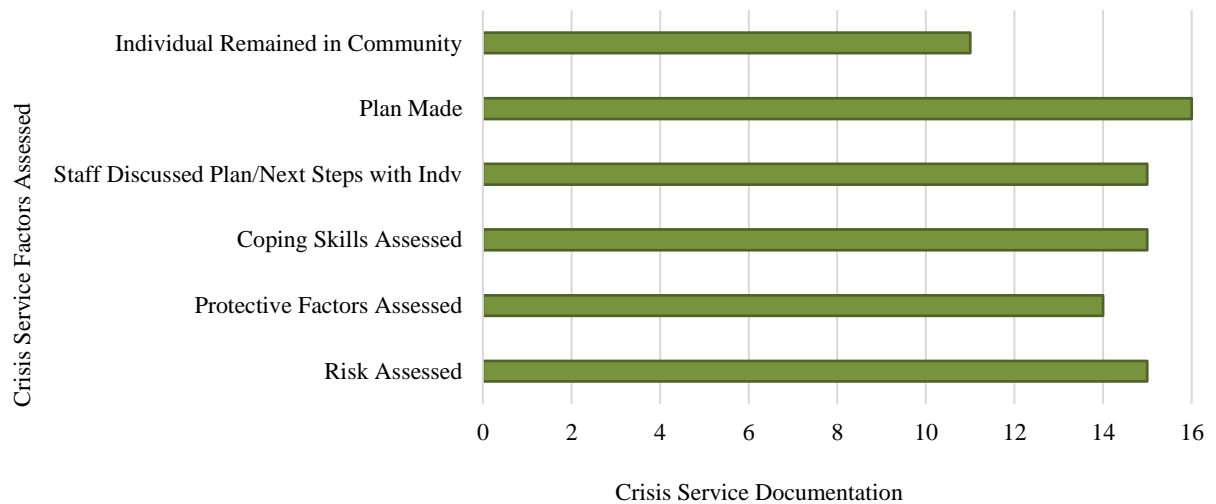
- All eight individuals who endorsed receiving crisis services during the period under review responded they felt helped and supported by staff (CII Q72).
- Documentation of the last crisis service received indicated that 69% of the services provided, regardless of the type of crisis service, resulted in the individual remaining in the community. The most recent service for one of the 16 crisis notes reviewed was provided by phone, with that service resulting in the individual remaining in the community. Eight of the 16 services were provided in the emergency department, with five of the eight services resulting in the individual remaining in the community. Four of the 16 services were provided in the office, with three of the four services resulting in the individual remaining in the community. Three of the 16 services were provided in the community, with two of the three services resulting in the individual remaining in the community (CRR Q55) (see Figure 20).

Figure 20: Outcome Trends of Last Crisis Service Received



- All eight individuals who endorsed receiving crisis services responded that during a crisis, staff “always” or “most of the time” explained what would happen next in a way they understood (CII Q73).
- Documentation that staff explained the next steps to individuals was found in 15 of 16 crisis notes reviewed (CRR Q55). Documentation that the individual remained in the home/community setting following the most recent crisis service was found in 11 of 16 crisis notes reviewed (CRR Q55) (see Figure 21).

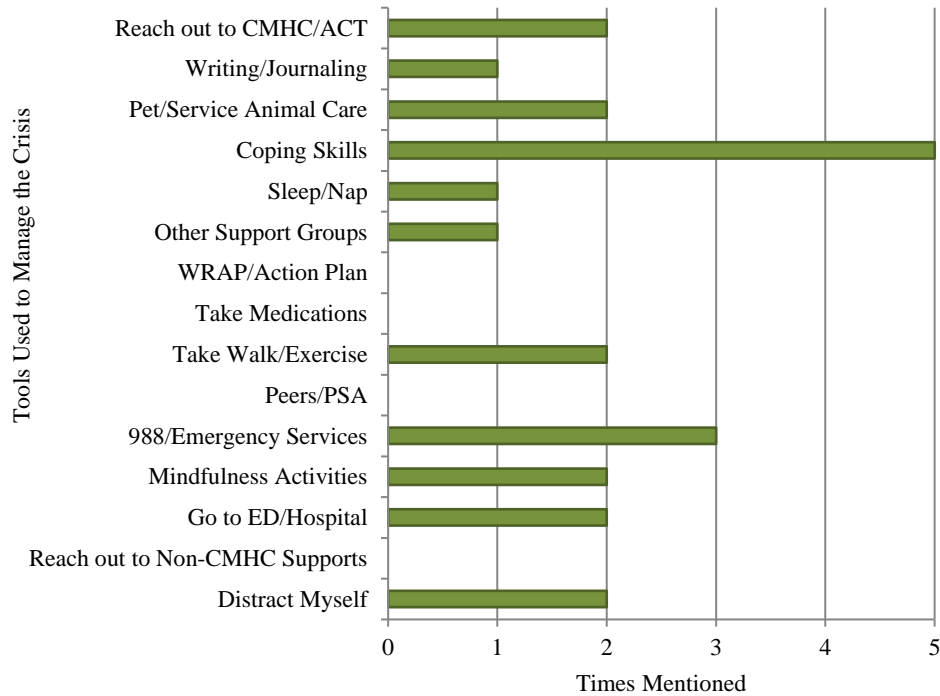
Figure 21: Documentation Trends of Last Crisis Service Received



- All eight individuals who endorsed receiving crisis services responded that they “always” or “most of the time” felt that they had been able to get all the crisis/emergency supports and services they needed (CII Q74).
- All eight 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 LRMHC (CII Q75).
- Of the two individuals who received 10 or more crisis services during the period under review (CRR Q54), one individual had one inpatient psychiatric admission during the period under review; one individual did not have any inpatient psychiatric admissions during the period under review (CRR Q66).
- Of the eight individuals who endorsed receiving crisis services during the period under review, seven individuals responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q76); one individual responded that the crisis services received “occasionally” helped him/her/they to feel like he/she/they did before the crisis (CII Q76).
- When asked about the steps taken to manage a psychiatric crisis (CII Q70), some individuals cited taking steps that were similar to how they responded to questions regarding who they could call during a crisis and what else they might do if they experienced a mental health crisis (CII Q66, CII Q67). All eight individuals were able to identify positive steps to manage a crisis; four of the eight individuals experienced one inpatient admission each during the period under review (CII Q70, CRR Q65) (see Figure 22). While many strategies listed

below could be seen as coping skills, coping skills is listed as its own strategy to capture responses in which the individual may have indicated “coping skills” in his/her/their response without providing more specific information to categorize it otherwise.

Figure 22: Steps Individuals Took to Manage a Crisis



- Three of five staff who endorsed individuals having received crisis services responded that the crisis services helped the individual return to his/her/their pre-crisis level of functioning; One staff responded that the crisis services did not help the individual return to his/her/their pre-crisis level of functioning; one staff was unsure whether the services had helped the individual return to baseline (SII Q56). All 16 crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q55).
- Individuals who endorsed receiving crisis services are asked what they found to be the most helpful in managing a mental health crisis and/or what would have been more helpful regarding the crisis services they received (CII Q77). One or more individuals offered the following replies:

“If my therapist had more time. It would help to talk maybe 20-30 minutes. More open time when [my therapist] would be able to talk.”

“Having someone walk through breathing, talking about it, telling jokes.”

“I think if there was more caring with the team. If a team is working with you. Having involvement is important.”

- Three of five staff reported that the most recent crisis service provided was typically provided by LRMHC emergency services and one of the five staff reported that the most recent crisis service provided was from staff who has a role in the individual’s treatment, even for those individuals receiving ACT (SII Q55).
- Six of the eight individuals who endorsed receiving crisis services during the period under review reported meeting with the RRT in the past 12 months (CII Q78). All six individuals reported receiving these services in their home or community; and four of the services were reported by the individual to have prevented the need for an assessment in the emergency department (CII Q80).
- Individuals are asked if they had anything additional to share regarding crisis services at LRMHC (CII Q82). Most individuals had nothing more to add, mentioned that they had not used the services, and/or knew the service was available even if the service had not been used. One or more individuals shared the following insights (CII Q82):

“When it’s not an appointment time, I know I can call there. I have called there to talk to someone and they’re always there. They talk to me. It’s always someone who can offer support.”

“I know they are there if you have a crisis. I know they would show up to help me.”

“I observed that my neighbor [was having a mental health crisis]. ...the staff were bending over backwards to help my neighbor. So witnessing how the staff helps the community was really impressive to me. The staff really worked hard to help my neighbor get the help they needed.”

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 ISP 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.

LRMHC scored 100% for Quality Indicator 16; data from 22 individuals were included in the scoring for Quality Indicator 16. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	22	0
Measure 16b: Individual receives ACT services when appropriate	22	0

Additional Results

- The majority of LRMHC staff demonstrated sufficient knowledge regarding ACT criteria and how an individual met or did not meet that criteria based upon the individuals’ level of functioning, diagnosis, history of hospitalization, and other factors (SII Q11).

- All individuals had been screened for ACT (CPD Q16, CRR Q56).
- According to the clinical record, 13 individuals had received ACT services during the period under review (CRR Q57), and 12 individuals were currently receiving ACT services as of the QSR begin date (CRR Q58).
- Of the 22 individuals reviewed, staff reported there were 12 individuals who met ACT criteria and all 12 individuals were receiving ACT services (SII Q10, SII Q12).

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. Although data collection methods are similar, the QSR review of ACT services is not considered in any way to be an ACT Fidelity review.

LRMHC scored 94% for Quality Indicator 17; data from 12 individuals were included in the scoring for Quality Indicator 17. Quality Indicator 17 consists of Measures 17a- 17d. Of the 22 individuals interviewed, 10 individuals were not receiving ACT services and therefore were not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are delivered at appropriate intensity, frequency, and duration	10	2
Measure 17b: ACT services are provided using a team approach	12	0
Measure 17c: ACT services are routinely provided in the home/community	11	1
Measure 17d: ACT team collaborates with community providers/support systems	12	0

Additional Results

Twelve individuals were receiving ACT services (CRR Q58). Data from the clinical records regarding ACT services were gathered for each individual based on an average of the four complete weeks preceding the QSR review, not including the most recent week:

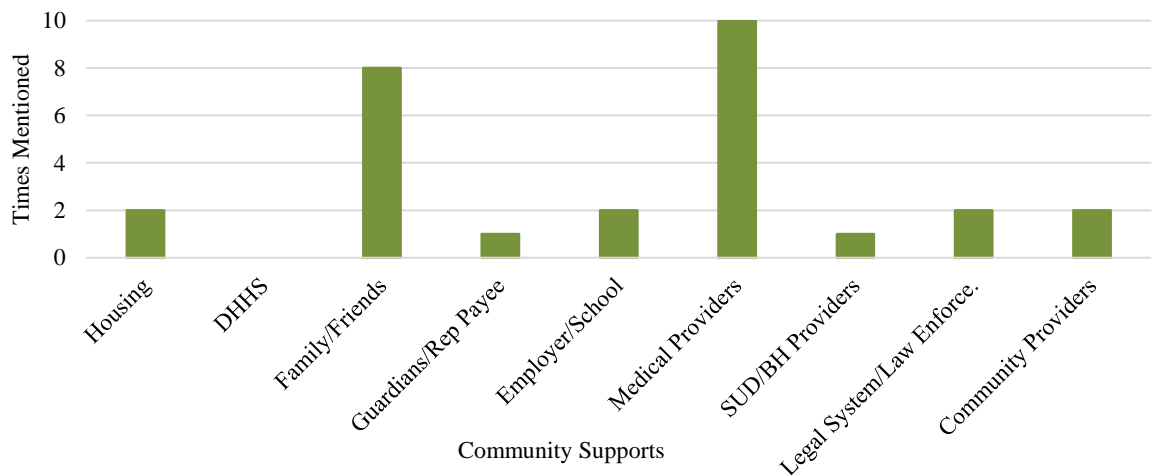
- Five of the 12 individuals receiving ACT services (CRR Q58) were receiving 70% or more of their services at the frequency prescribed; seven individuals were not (CRR Q11). For four of the seven individuals who were not receiving 70% or more of their services at the frequency prescribed, staff provided appropriate reasons for why the services had not been provided at prescribed frequency; three staff did not (SII Q7). Staff reported that ACT services had been provided with the frequency and intensity needed to address 10 individuals' treatment needs and support their recovery (SII Q14).
- Eleven individuals received an average minimum of 85 minutes of services with their ACT Team during each of the four complete weeks prior to the QSR; one individual did not (CRR Q61).
- Ten individuals had an average of three or more total contacts with ACT Team staff per week during each of the four complete weeks prior to the QSR; two individuals did not (CRR Q62). Although not used in scoring, the two individuals who did not have an average of three or more total contacts with ACT Team staff per week are also assessed for how many contacts with non-ACT staff the individual may have received during each of the four complete weeks prior to the QSR to ascertain whether the individual was being supported with his/her/their needs, even if not solely from ACT staff. One of the two individuals was being supported by extensive daily services from residential staff, so received, when counting both ACT *and* non-ACT staff contacts, an average of three or more total contacts with staff per week during each of the four complete weeks prior to the QSR (CRR Q62).
- Eight individuals responded they received “all” the ACT services they needed from their ACT Team, three individuals responded that they “somewhat” received all the ACT services they needed from their ACT Team, and one individual responded that he/she/they did not receive all the services needed from his/her/their ACT Team (CII Q21). Six of the 12 individuals who were receiving ACT services reported that overall, they were able to get all the services and supports needed to meet their current needs and achieve their goals (CII Q19).

- Ten individuals responded they saw their ACT staff as often as they felt was needed; two individuals responded they did not (CII Q25).
- 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, LRMHC's ACT Team had 100% of these specific/specialty ACT positions filled (CRR Q64).
- All 12 individuals were on an ACT team with at least 70% of the specific/specialty ACT position filled (CRR Q64) *and* had contact with an average of more than one different ACT Team staff according to the clinical record (CRR Q60) *and* reported that they typically interacted with two or more ACT staff on an ongoing basis (CII Q24). Specifically, all individuals receiving ACT services were on ACT Teams with greater than 70% of the specific/specialty ACT positions filled (CRR Q64). All 12 individuals had contact with an average of more than one different ACT Team staff during each of the four complete weeks prior to the QSR (CRR Q60). All 12 individuals indicated that they typically interacted with two or more ACT staff on an ongoing basis (CII Q24).
- Eleven of 12 individuals received 60% or more of their ACT services in the community according to the clinical record (CRR Q63) *and* typically received most of their ACT services in the community via self-report (CII Q23) *and* via staff report (SII Q16); one individual did not have endorsement in either the clinical record (CRR Q63) *or* by staff report (SII Q16) *or* by self-report (CII Q23). Specifically, according to the clinical record, all 12 individuals received 60% or more of their ACT services in the community during each of the four complete weeks prior to the QSR (CRR Q63). Eleven individuals indicated that they typically received most of their ACT services in the home or community; one individual indicated he/she/they did not (CII Q23). Staff reported that all 12 individuals typically receive most of their ACT services in the home or community (SII Q16).
- On average, 93% of service minutes were provided by ACT staff during each of the four complete weeks prior to the QSR, while 7% of service minutes were provided by Non-ACT staff (CRR Q58). Minutes provided by non-ACT staff were not used in scoring.
- The 11 individuals who were receiving most of their ACT services in the home or community indicated that they prefer to received their ACT services in the home or community; the one individual not receiving most of his/her/their services in the home or

community indicated he/she/they preferred to receive his/her/their ACT services in the office (CII Q23).

- Staff endorsed that they had collaborated with or had communication with community providers and/or the individual's support system on behalf of all 12 individuals receiving ACT services (SII Q17). Staff identified collaborating or communicating with a variety of providers and community agencies, including landlords, housing services, legal representatives, representative payees, employers, fuel and cash assistance, medical providers, and others (see Figure 23).

Figure 23: ACT Team Collaboration/Communication with Community Providers/Support Systems



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.

LRMHC scored 96% for Quality Indicator 18; data from seven individuals were included in the scoring for Quality Indicator 18. Quality Indicator 18 consists of Measures 18a-18g. Of the 22 individuals interviewed, 15 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, nine clinical records had documentation of an inpatient psychiatric admission during the period under review (CRR Q65). Nine individuals endorsed an inpatient psychiatric admission during the period under review and seven staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, seven individuals could be scored. Individuals were scored as follows:

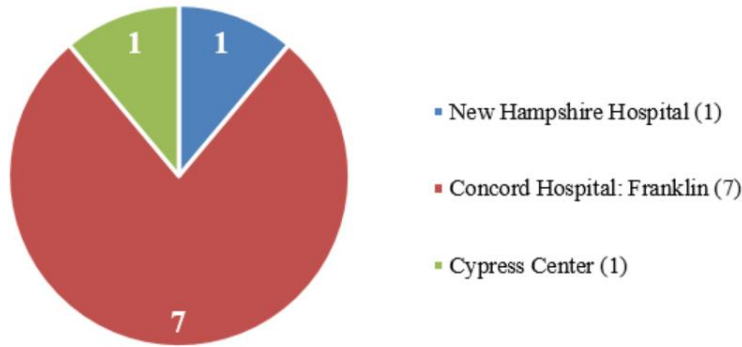
	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	6	1
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	7	0
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	7	0
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	7	0
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	6	1
Measure 18f: Absence of 90-day readmission to an inpatient psychiatric facility	7	0
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	7	0

Additional Results

- According to the clinical record, nine inpatient admissions occurred during the period under review (CRR Q66). All nine individuals had one distinct admission each (CRR Q66).

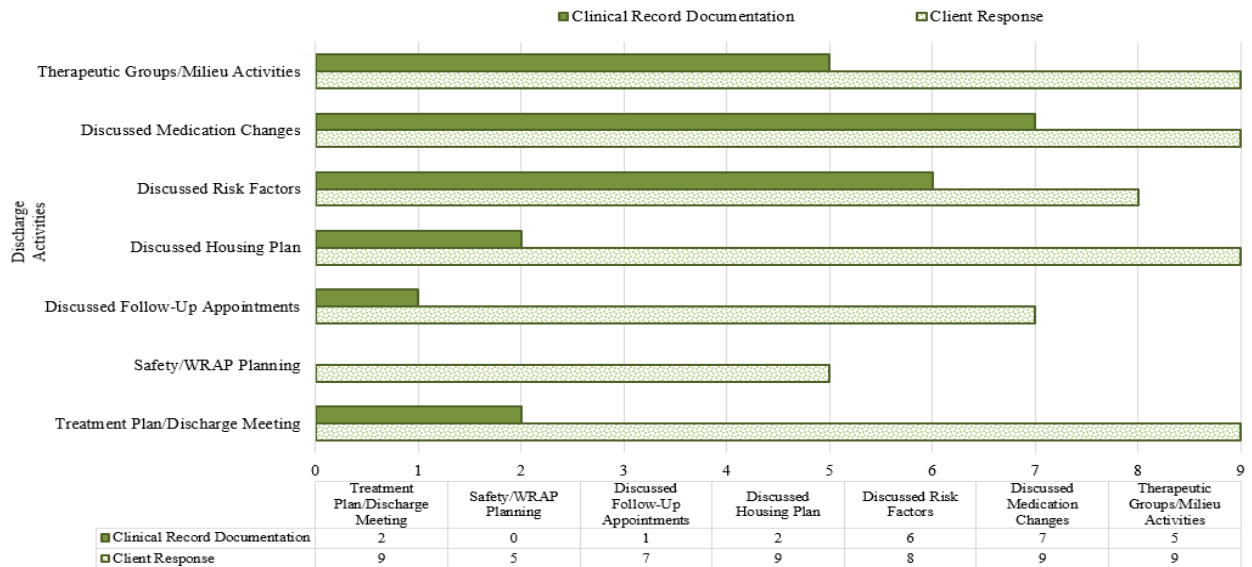
- Seven admissions were at Concord Hospital: Franklin site; 89% of inpatient admissions were within 30 miles of the LRMHC; 11% were not (CRR Q67) (see Figure 24).

Figure 24: Inpatient Psychiatric Admissions



- All nine individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in two or more discharge planning activities (CII Q84), and evidence of involvement was found in seven of nine clinical records reviewed (CRR Q74). Staff reported that four individuals were involved in their discharge planning process, one individual was not involved, and staff were unsure if two individuals were involved in their discharge planning process (SII Q67). Those individuals who endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q84) (see Figure 25).

Figure 25: Individual’s Involvement in Discharge Planning



- Those individuals who endorsed a psychiatric inpatient admission during the period under review are asked what is important to them in planning for their discharge from an inpatient facility and what are the topics they think need to be addressed in a discharge plan (CII Q85). Although one or more individuals were not able to articulate at the time of the interview what was important to them in discharge planning, other individuals provided the following insights:

“For me, communication. That’s big. I’m in the hospital and they’re doing certain treatments and finding things that work, then conveying to the LRMHC staff, saying this is what’s been working, having certain goals and things.”

“I wish there was more...In the hospital you’re having intense therapy, meeting with the doctor and the nurses and social worker every day. Then you go home to your regular appointments. Maybe it would help to have a bridge between the two with increased services. I wish there was more of that thing because you can feel like a dropped ball, sort of thing.”

“Food, shopping, shelter, so you aren’t [discharged] in the cold. Security. Community so you are never alone.”

“Ask how much support you need before your first appointment and how are you settling in at home.”

- Individuals are asked if there was anything they felt they needed more help with in preparing to leave the inpatient facility (CII Q86). Individuals offered the following comments:

“Having that feeling of being more supported. I was supported and my needs were technically met, but there could have been more, because sometimes you kind of feel you have to go back in when you get out.”

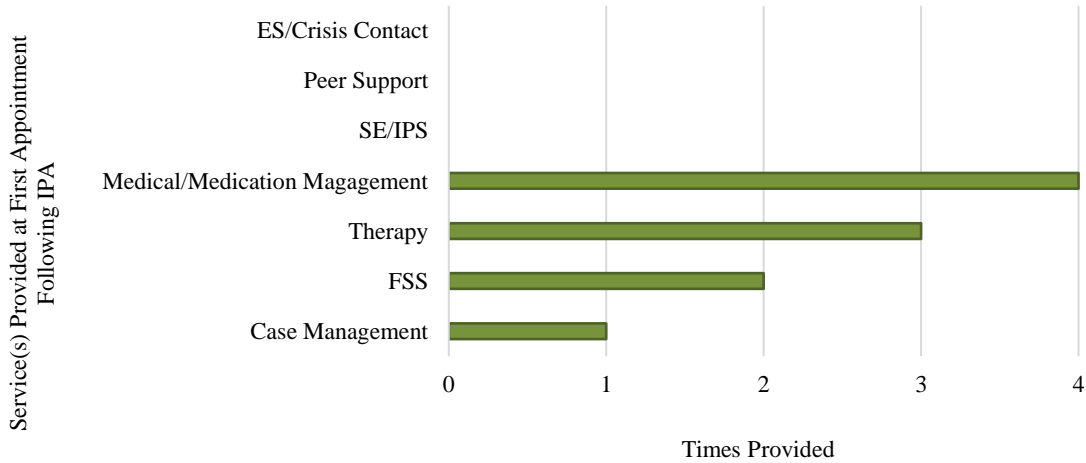
“Actual outside counselors knowing you need more time and support before the appointment.”

- In-reach and communication between LRMHC and the psychiatric facility and/or individual occurred for all nine individuals who had an inpatient psychiatric admission (CRR Q69, CRR Q70, CII Q87, SII Q71).

- Seven of nine individuals who endorsed an inpatient psychiatric admission during the period under review reported being satisfied with where they returned to live upon discharge; two individuals were only somewhat satisfied with where they returned to live (CII Q89). Neither of the individuals who were dissatisfied with where they returned to live reported being dissatisfied because the housing was not appropriate (CII Q90, SII Q68).
- Four of nine 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; four 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 (CII Q83).
- Eight of nine individuals reported that they restarted communication with their natural support system or began spending time with other supportive people following their discharge from the inpatient psychiatric facility; one individual did not (CII Q92). Staff reported that all seven individuals resumed contact with natural supports upon the individual’s return home (SII Q69).
- Eight of nine individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after their discharge did not significantly disrupt their normal routine (CII Q91, CII Q93). The individual that did feel the transition home was significantly disruptive to their normal routine reported increased symptoms of mania and paranoia (CII Q91, CII Q93).
- None of the seven staff reported that the individual’s normal routine was significantly disrupted as a result of the inpatient psychiatric admission (SII Q72).
- The clinical record contained discharge instructions for eight individuals who had an inpatient psychiatric admission during the period under review; one clinical record did not contain these instructions (CRR Q68). Staff endorsed that six individuals had appointments with LRMHC scheduled prior to discharge (SII Q70), and according to the clinical record, eight individuals attended an appointment with LRMHC within seven days of discharge (CRR Q71). The amount of time between discharge and the individual’s first appointment with LRMHC ranged from the same day as discharge to nine days from discharge.
- The most common service provided on the date of the first appointment following the discharge from the inpatient psychiatric admission was medication management (CRR Q72)

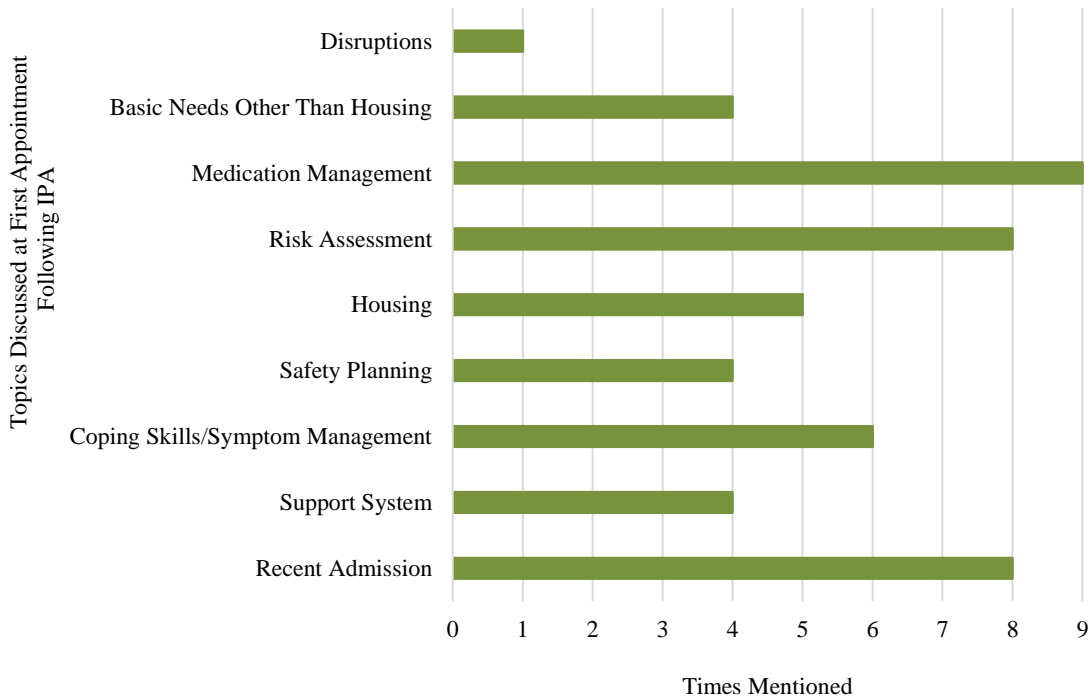
(see Figure 26). Some individuals were seen by more than one provider on the first appointment date, therefore the number of services provided totals more than seven.

Figure 26: Services Provided on the Date of the First CMHC Appointment Following IPA Discharge



- The most common topic discussed during the first appointment following the discharge from the inpatient psychiatric admission was medication management (CRR Q72) (see Figure 27).

Figure 27: Topics Discussed in First CMHC Appointment Following IPA Discharge



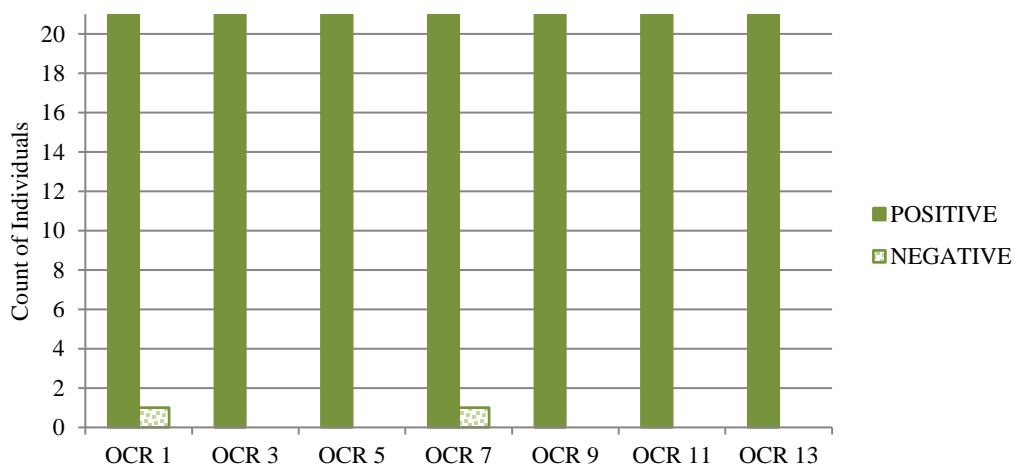
- According to the clinical record, none of the nine individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q67).
- Overall, all 22 individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contacts (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/them 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, individuals are asked about their overall satisfaction with the CMHC and if they have anything additional to add to their interview responses (CII Q112, CII Q113).

Of the 22 individuals reviewed, one individual did not achieve one or more of the OCR outcomes (see Figure 28). The individual was not receiving ACT services.

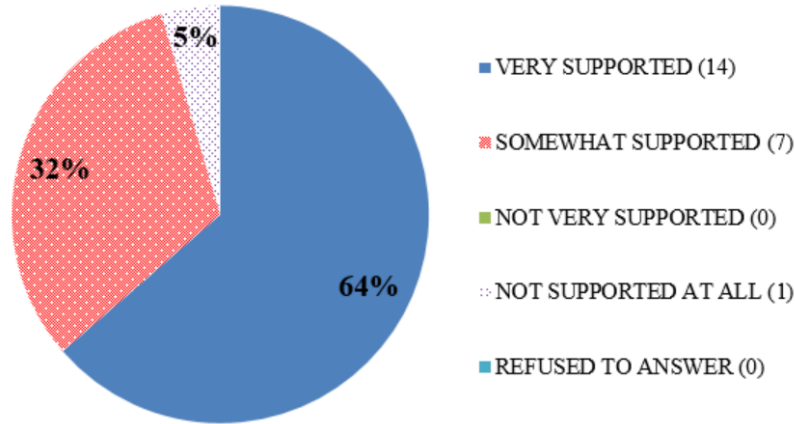
Figure 28: Overall Client Review Results



Approximately 64% of individuals interviewed felt very supported by their LRMHC treatment team when thinking about the services overall that they had received in the past year (CII Q112) (see Figure 29).

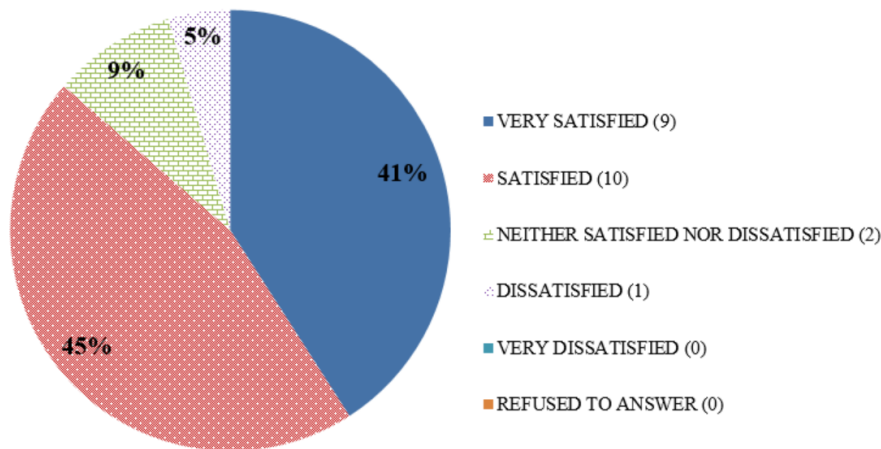
Figure 29: Overall Feelings of Support from Treatment Team[†]

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



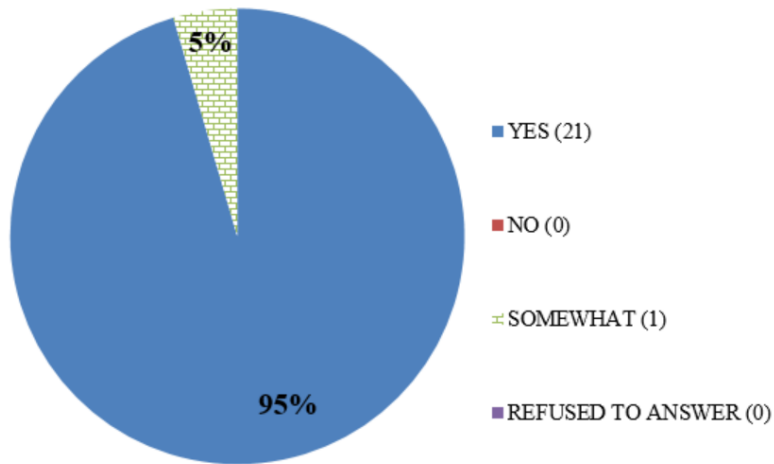
Approximately 86% of individuals interviewed were satisfied or very satisfied with the services they were receiving (CII Q113) (see Figure 30).

Figure 30: Overall Client Satisfaction



Approximately 95% of individuals interviewed felt they had been treated with kindness and compassion when thinking about the LRMHC staff they had worked with in the past year (CII Q114) (see Figure 31).

Figure 31: Overall Feeling of Being Treated with Kindness and Compassion



Individuals are asked if they have anything additional they would like to share about LRMHC or the services they have received that they have not already been asked about (CII Q115). One or more individuals shared the following feedback:

“They’re very nice, and they help.”

“Just that I couldn’t be alive without them.”

“Like how attuned they are to my needs. They know my weaknesses and they help supplement those. And just helping any way they can. I wait in the hall, and people who aren’t even my support team are always saying hi to me. The janitor, the people at the front desk, all of the staff – they earnestly care.”

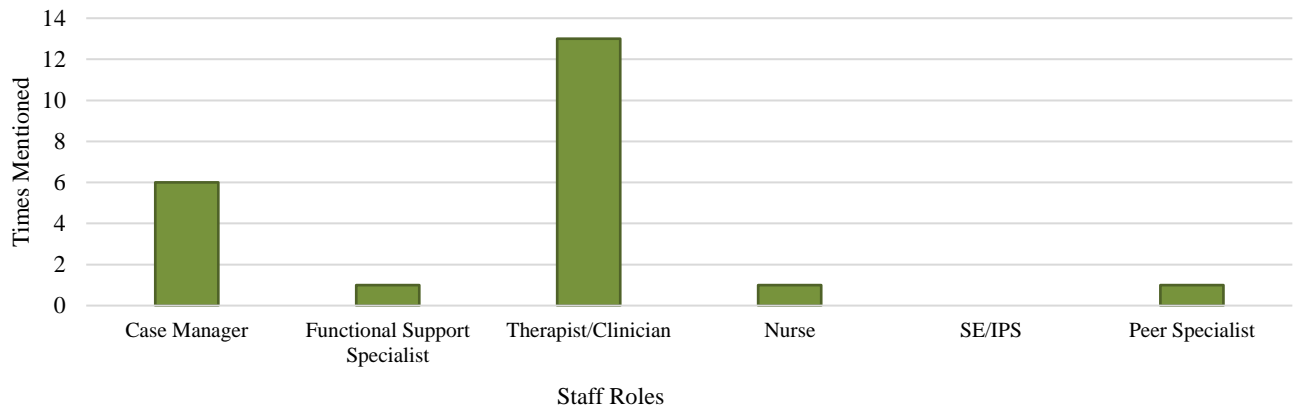
“I’m so grateful for this program and all of the services it has provided.”

LRMHC STAFF FEEDBACK SECTION

In addition to being asked at the beginning of the interview about their role in the individual’s treatment and how long they have worked with the individual, staff are also asked several questions near the end of the interview about 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 and if there is anything staff would like to change or if staff have any ideas for improvements (SII Q1, SII Q81, SII Q82, SII Q86).

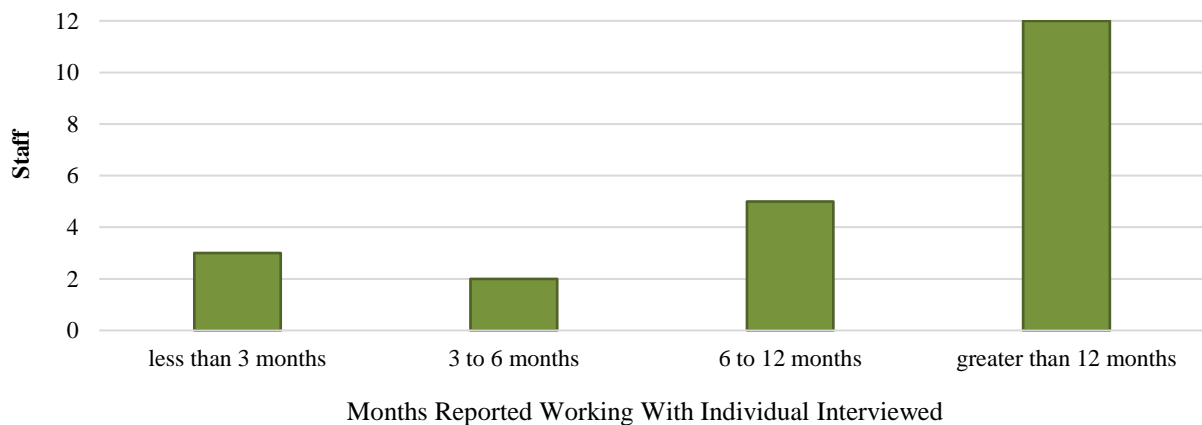
Twenty-two staff interviews were completed with 13 staff; one staff was interviewed for three different individuals, seven staff were interviewed for two different individuals, and five staff were interviewed for a single individual. The roles in the individuals' treatment of the staff who were interviewed varied, but the majority of staff indicated that at least one of their roles in the individual's treatment was as the therapist/clinician (SII Q1) (see Figure 32).

Figure 32: Roles of Staff Interviewed



Approximately 23% of staff who were interviewed reported that they had been working with the individual interviewed for less than 3 months; 55% of staff reported that they had been working with the individual interviewed for more than a year (SII Q1) (see Figure 33).

Figure 33: Months Staff Reported Having Worked with the Individual Interviewed



Staff are asked about the barriers, challenges, and gaps they may face at LRMHC (SII Q81). There was a common theme associated with staffing issues. Also mentioned multiple times were work demands and lack of client resources, especially in relation to housing (see Figure 34).

“Lack of staff and staff that stay.”

“Not enough time in the day. Frequency and intensity of patients make it difficult to help everyone. Burnout is real. [This work] is demanding. Patients are demanding. At times, the demands can push staff away and the compensation doesn’t match the workload and the responsibilities.”

“Probably staffing. Sometimes it seems like each member on the team has to step out of their role to accommodate other things. It causes confusion and we’re not able to focus on our primary role.”

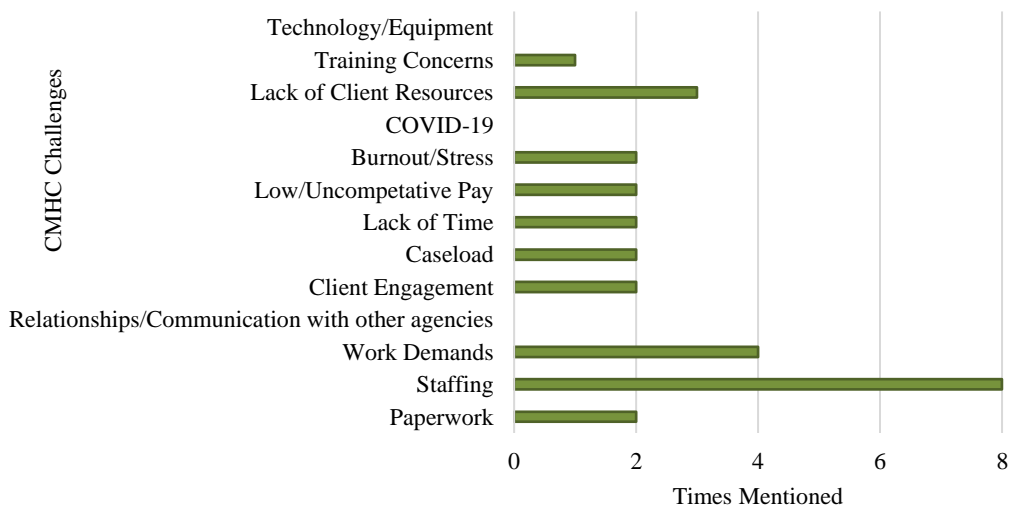
“One barrier would be the amount of people on my caseload. The acuity of patients we do see, and how they are disproportionately higher than at a private practice. Training resources and gaps in onboarding. Also, inter-departmental communication, and communication of policy changes.”

“There’s been a shift in group therapy – away from it – because of reimbursement rates, and our incentive for running groups has been much lower because of the productivity demands.”

“Housing for patients and for anyone. All barriers. Small city, rents going up, folks can’t afford to live here. Landlord turnover, buying places and charging high rents.”

Figure 34: LRMHC Barriers, Challenges, Gaps*

**Responses from staff who were interviewed multiple times were only counted once.*



Regarding what is working well at LRMHC and the services provided to individuals (SII Q82), there was an obvious theme of LRMHC staff feeling supported by their teammates. Almost every staff mentioned something related to the support among the LRMHC staff (see Figure 35).

“I think we work really well as a team. We try to problem solve, get creative, come up with solutions.”

“I feel that this organization is very client centered and staff are supported. There is an encouragement to go a little extra. We try to huddle around and help whenever. The spirit of what should be going on in a mental health center is happening. We get a lot of communication from the CEO.”

“The history of the area here, from the state school to the way it is now – people are taking pride in the work and services and it works well because we can translate that to the patients when they are engaging.”

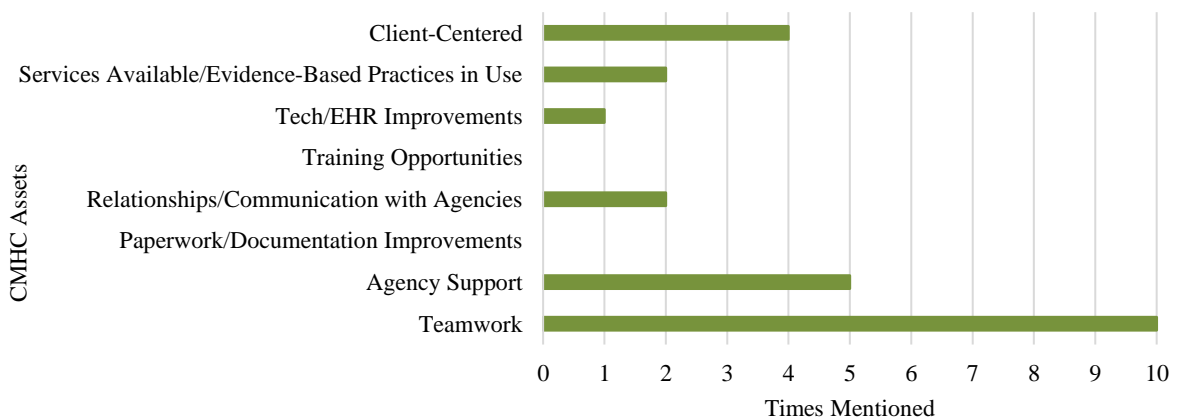
“Our team is very hands on. We communicate constantly. I never feel like I am on my own.”

“My supervisors have been available and supportive. Team comradery. When something comes up, we come together and make things happen.”

“[LRMHC does] a good job of wrap around services. LRMHC has onsite crisis. They remove arbitrary barriers, they do good community work, and the crisis and medical director are very responsive.”

Figure 35: What’s Working Well at LRMHC*

**Responses from staff who were interviewed multiple times were only counted once.*



When asked more generally about the mental health delivery system in New Hampshire, and if there was anything staff would like to change or if staff had any ideas for improvements, the staff offered the following suggestions (SII Q83) (see Figure 36).

“I think that all the mental health centers should get together and make it a collaborative effort to make mental health an interesting career and an opportunity. Keeping good staff is important.”

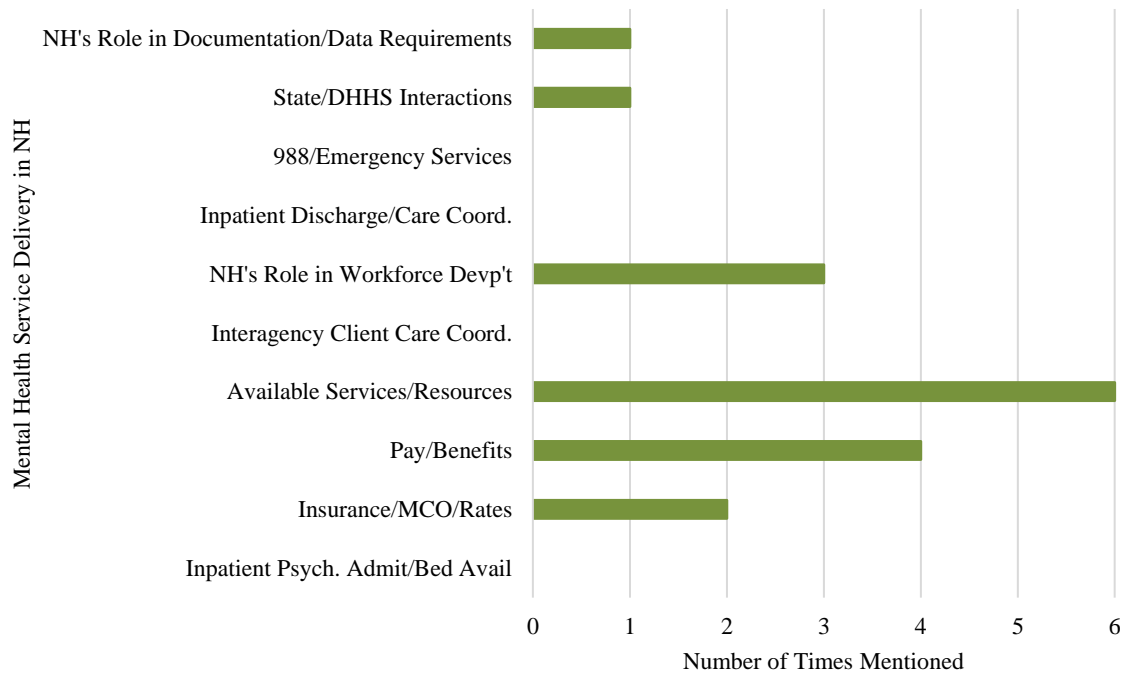
“There needs to be more services in residential settings like Passage House because sometimes people need both independence and support.”

“I think we need more housing, low-income housing, and more integrated housing for clients. Clients need the support and there’s not enough in the community.”

“Staffed housing and independent living options – we need more. The idea that someone needs to “fail” to move to a higher level isn’t great. Additionally, step-down services would be good.”

Figure 36: Changes Needed or Ideas for Improvement in NH Mental Health System*

**Responses from staff who were interviewed multiple times were only counted once.*



VI. CMHA Substantive Provisions

New Hampshire's CMHCs provide mental health services to individuals through contracts 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 LRMHC's achievement of the CMHA provisions and outcomes are based on the quantitative and qualitative data collected during the QSR, BMHS contract monitoring info and SE fidelity reviews, 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:** LRMHC did not meet this provision as evidenced by Measure 15d where two of five individuals who received a crisis service were not 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:** LRMHC met this provision as evidenced by a score of 94% for the Crisis domain and OCR Q11, where all 22 individuals reviewed 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:** LRMHC met this provision as evidenced by the following:
 1. For Quality Indicator 3: Adequacy of Individual Service Delivery and those individuals receiving ACT services, LRMHC scored 94%.
 2. A score of 94% for Quality Indicator 17: Implementation of ACT Services.
 3. All 12 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).

4. All 12 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 12 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 Supports and 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/their Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** LRMHC met this provision as evidenced by the following:
 1. Those receiving ACT services had a total average score of 86% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
 2. All 12 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 12 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 12 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:** LRMHC met this provision as evidenced by an average score of 92% 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:** LRMHC met this provision as evidenced by the average score of 92% for Quality Indicators 5 and 6, in which Quality Indicator 5: Appropriate Housing Treatment Planning, had a score of 91% and Quality Indicator 6: Adequate Individual Housing Service Delivery, had a score of 94%.
- 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:** LRMHC met this provision as evidenced by a score of 91% for the Housing domain and OCR Q9, where all 22 individuals reviewed 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:** LRMHC met this provision as evidenced by Dartmouth consultants continuing to follow the evidence-based practice (EBP) fidelity protocol and process for Supported Employment. Dartmouth continues to use validated tools that measure the level of EBP implementation and review each CMHC's program at least annually. LRMHC continues to receive regular feedback, technical assistance and support through the Dartmouth consultants and continues to work on their identified focus areas.
- 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:** LRMHC met this provision as evidenced by a score of 77% 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, this provision is met as evidenced by the services NAMI NH provides in each Region of New Hampshire via a network of affiliate chapters and support groups, staff, and volunteers. In addition to in-person options, NAMI NH also provides family support and education programming on virtual platforms, allowing expanded access options to all NH residents. Groups available range from Family Peer Support groups for those with an adult loved one living with mental illness, Survivor of Suicide Loss groups, Parent/Caregiver Support groups for those with a child with serious emotional disturbance, and groups for families with a loved one experiencing First Episode Psychosis/Early Serious Mental Illness. Closed Facebook Support Groups are also offered including groups for parents/caregivers of youth with serious emotional disturbance, groups for family members with an adult loved one living with mental illness, and groups for families of individuals experiencing first episode psychosis or early serious mental illness. In addition to these support groups, NAMI NH provides in-person and virtual one-to-one support each year to hundreds of families with an adult loved one living with mental illness, families with children with serious emotional disturbance, and survivors of suicide loss, and responds to more than a thousand Information & Resource contacts from NH residents each year related to a variety of mental health issues. Lastly, NAMI NH provides a variety of education programs for families each year.

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, this provision is met as evidenced by the services provided by the 17 peer support centers available across NH. Peer supports and services offered by these centers 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. The agencies make or receive hundreds of calls for peer support each year and a Warmline is provided during evening hours in various parts of the state. Cornerbridge is the peer support agency serving the LRMHC catchment area in Laconia with a satellite office, Pemi-Valley, located in Plymouth.

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/their Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** LRMHC met this provision as evidenced by:
 1. The average of individuals who scored "Yes" for Measure 3b (17 of 22 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (21 of 22 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 88%.
 2. For Quality Indicator 12, LRMHC scored 84%.
 3. Twenty-one of 22 individuals reviewed received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
 4. All 22 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

5. All 22 individuals reviewed 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:** LRMHC met this provision as evidenced by an average score of 92% for the seven domains and OCR Q5, with all 22 individuals 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:** LRMHC met this provision as evidenced by a score of 91% 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 Q67), the Crisis domain, and OCR Q11.
 - ii. **Conclusion:** LRMHC met this provision as evidenced by:
 1. None of the seven individuals who experienced an inpatient psychiatric admission were re-hospitalized within 90 days (CRR Q67).
 2. For the Crisis domain, LRMHC received a score of 94%.
 3. All 22 individuals 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

LRMHC scored above the 80% threshold for 16 of the 18 quality indicators. Based upon the QSR data, the following two quality indicators scored below the 80% threshold and are identified for incremental improvement over the next year:

1. *Increase the percentage of individuals receiving appropriate employment treatment planning* (Quality Indicator 9).
2. *Increase the percentage of individuals receiving adequate individualized employment service delivery* (Quality Indicator 10).

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

VIII. Next Steps

Upon receipt of this final report, LRMHC is expected to:

- Finalize the quality improvement plan (QIP) addressing each area of need that LRMHC began drafting during the initial review stage; and
- Submit their final QIP for review by the BMHS Program Planner and the BPQ Administrator of Planning Coordination using the DHHS QIP template.

Submission of the QIP to the BMHS Program Planner and the BPQ Administrator of Planning Coordination for review may occur as soon as LRMHC has a completed QIP addressing each area of need, but no later than 30 days from the date of the Final Report.

Implementation of the QIP by LRMHC is expected to begin as of the dates LRMHC indicated in the QIP that LRMHC submits to the BMHS Program Planner and the BPQ Administrator of Planning Coordination.

IX. Addendum

During a 15-day review period, LRMHC had an opportunity to:

- Review the QSR initial report;

- Submit corrections and/or information for DHHS’ consideration prior to the issuance of this final report; and
- Begin development of their draft quality improvement plan to address each identified are of need in preparation for the QIP’s due date following the issuance of the final report.

LRMHC submitted no further corrections or additional information applicable to this report.

To enhance clarity, DHHS expanded the title of Figure 33 and the X-axis of this figure on page 66 to include the word “Interviewed.” The title now reads *Months Staff Reported Having Worked with the Individual Interviewed* (the blue highlighted word was newly added). Similarly, the title of the Y-axis was changed from “Times Mentioned” to “Staff” to assist in improving the information being presented in the graph. None of these changes affected the findings or the scores otherwise described in the report.

References

1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20). Retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. Temple University Collaborative on Community Inclusion, “Natural Supports”, <http://tucollaborative.org/wp-content/uploads/2017/04/Natural-Supports-Developing-a-Personal-Support-System.pdf>
4. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009

Appendices

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, interview accommodation(s) needed, 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 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 interview portion of the QSR review week for each individual interviewed. An individual may be accompanied by his/her/their 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. Final questions invite 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/their treatment plan, the services he/she/they receive at the CMHC and activities that he/she/they participate 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/them 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

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY			1	1a			1b							1c			1d							
Client	SAMPLE		Adequacy of Assessment	Assessments identify individual's needs and preferences			Assessments identify individual's strengths							Assessment information was gathered through direct collaboration with the individual			OCR 3							
Last Name	ACT	IPA	79%	YES	NO	NA	CRR Q1 (CM)	CRR Q4 (ANSA)	CRR Q5 (ANSA)	CRR Q9	CRR Q10 (Goals)	YES	NO	NA	CRR Q6 (ANSA)	CI Q4 (talked to Re:)	YES	NO	NA	SI Q2 (Direct)	YES	NO	NA	OCR Q3 (add't vs)
Apple	NO ACT	IPA	100%	X			YES	YES	YES		YES	X			YES	NO	X			YES	X			YES
Blossom	ACT	NO IPA	100%	X			YES	YES	YES		YES		X		YES	YES	X			YES	X			YES
Cherry	ACT	IPA	75%	X			YES	YES	YES		YES	X			YES	YES		X		NO	X			YES
Dahlia	NO ACT	IPA	25%		X		YES	NO	NO		YES	X			NO	NO	X			YES		X		NO
Daisy	NO ACT	NO IPA	100%	X			YES	YES	YES		YES	X			YES	YES	X			YES	X			YES
Flowers	ACT	NO IPA	75%	X			YES	YES	YES		YES	X			YES	YES		X		NO	X			YES
N=6			475%	5	1		6Y/0N	5Y/1N	5Y/1N		6Y/0N	5	1		5Y/1N	4Y/2N	4	2%		4Y/2N	5	1		5Y/1N
			475/6 = 79.16 = 79%																					

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.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through direct collaboration with the individual
1d	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed.
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, and no further services are needed.
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 Assessments and treatment plans have adequately identified service needs, and no further services are needed.
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 housing needs are adequately identified.
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet 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 appropriate 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 and maintain stable housing.

- 7 Effectiveness of the housing supports and 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 employment needs are adequately identified.
 - 8b Individual 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 individual's employment 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 individual's employment needs.
 - 10b Services and supports are meeting individual's employment goals.

COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- 11 Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)
 - 11a Assessment identifies individual's related social and community integration needs and preferences.
 - 11b Assessment identifies individuals' related social and community integration strengths.
- 12 Individual is integrated into his/her/their 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 the most integrated setting appropriate.
 - 12c Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility.
 - 12d Individual is integrated in his/her/their community.
 - 12e Individual has choice in housing.
 - 12f Individual has choice in his/her/their treatment planning, goals and services.
 - 12g Individual has the ability to manage his/her/their own schedule/time.

- 12h Individual spends time with peers and/or family.
- 12i Individual feels supported by those around him/her/them.
- 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 into 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 Crisis assessment was timely.
 - 13b Risk was assessed during crisis assessment.
 - 13c Protective factors were assessed during crisis assessment.
 - 13d Coping skills/interventions were identified during crisis assessment.
- 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 during crisis episode was adequate.
 - 15b Communication with individual during crisis episode was adequate.
 - 15c Crisis service delivery is sufficient to stabilize individual as quickly as practicable.
 - 15d Individual was assisted to return to his/her/their 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 provided 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 inpatient psychiatric facility discharge planning process.
- 18b In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual.
- 18c Individual returned to appropriate housing following inpatient psychiatric discharge.
- 18d Service provision following inpatient psychiatric discharge has the outcome of increased community integration.
- 18e Coordination of care was adequate during inpatient psychiatric admission/discharge.
- 18f Absence of 90-day readmission to an inpatient psychiatric facility.
- 18g OCR Q11 Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization.

Appendix 4: Agency Overview

Lakes Region Mental Health Center (LRMHC), established in 1966, is a non-profit community-based mental health provider serving the needs of children, adolescents, adults and their families. LRMHC was approved from September 1, 2018 through August 31, 2023 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403 for Region III, which encompasses 24 cities and towns within Belknap and southern Grafton counties. Per request, LRMHC's approval has been extended to February 27, 2024.

LRMHC has offices in Laconia and Plymouth that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI). LRMHC's range of services include intake assessment services; psychiatric diagnostic and medication services; psychiatric emergency services; targeted case management services; individual, group, and family psychotherapy; and evidenced based practices such as: Assertive Community Treatment (ACT); Supported Employment; Illness Management and Recovery (IMR); and The Substance Use Disorder (SUD) program.

LRMHC has one Supportive Housing Program for 14 people and prioritizes those who are chronically homeless, individuals who have a diagnosed and documented disability, and have experienced housing instability for more than one year. The program follows the "Housing First" model and applicants are not disqualified due to lack of income, disability, criminal history, and/or prior evictions.

LRMHC's Mobile Crisis Response Team (MCRT) provides emergency psychiatric outreach, assessment, and initial treatment in community locations. The MCRT services aim to lessen crises, muster time-critical behavioral health resources, initiate effective treatment in the least restrictive setting, avert unnecessary emergency department use and reduce the need for psychiatric hospitalization, incarceration, or institutionalization. The MCRT has 24/7/365 access to statewide Crisis Stabilization apartments to provide an effective alternative to hospitalization for people who may benefit from interactions with specially trained Clinicians and Peer Support staff.

LRMHC staff provides emergency crisis services in person, over the phone, or via telehealth at Concord Hospital Laconia (CHL), Concord Hospital Franklin (CHF), and Spear Memorial Hospital (SMH) in Plymouth. CHL has a six-bed Emergency Department Psychiatric Annex and

LRMHC Emergency Service's staff completes the initial assessment and re-evaluates the Annex patients daily and as needed. CHF has a 10-bed psychiatric designated receiving facility (DRF) for adults requiring involuntary mental health treatment.

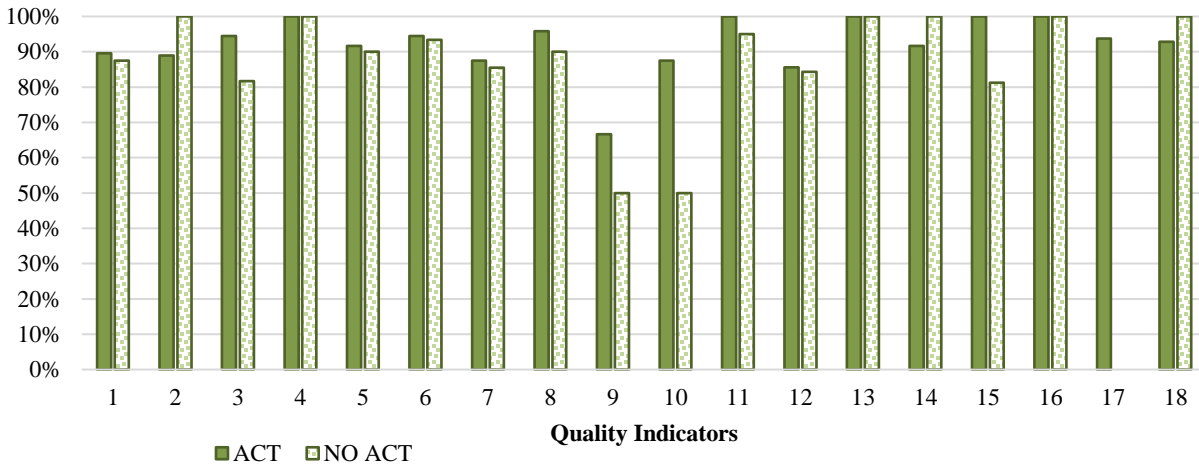
Appendix 5: Three-Year Comparison

Indicator	SFY22	SFY23	SFY24
1. Adequacy of Assessment	79%	98%	89%
2. Appropriateness of treatment planning	69%	78%	94%
3. Adequacy of individual service delivery	80%	78%	89%
4. Adequacy of Housing Assessment	94%	100%	100%
5. Appropriate of Housing Treatment Plan	72%	95%	91%
6. Adequacy of individual housing service delivery	93%	89%	94%
7. Effectiveness of housing supports and services provided	79%	87%	87%
8. Adequacy of employment assessment/screening	89%	93%	93%
9. Appropriateness of employment treatment planning	80%	40%	60%
10. Adequacy of individual employment service delivery	50%	71%	77%
11. Adequacy of Assessment of social and community integration needs	97%	100%	98%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	79%	85%	84%
13. Adequacy of Crisis Assessment	89%	93%	100%
14. Appropriateness of crisis plans	86%	98%	95%
15. Comprehensive and effective crisis service delivery	93%	88%	85%
16. Adequacy of ACT Screening	100%	100%	100%
17. Implementation of ACT Services	81%	48%	94%
18. Successful transition/discharge from the inpatient psychiatric facility	86%	84%	96%
AVERAGE:	83%	85%	90%

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
1	22	Adequacy of Assessment	90%	12	88%	10
2	22	Appropriateness of treatment planning	89%	12	100%	10
3	22	Adequacy of individual service delivery	94%	12	82%	10
4	22	Adequacy of Housing Assessment	100%	12	100%	10
5	22	Appropriateness of Housing Treatment Plan	92%	12	90%	10
6	22	Adequacy of individual housing service delivery	94%	12	93%	10
7	22	Effectiveness of housing supports and services provided	88%	12	86%	10
8	22	Adequacy of employment assessment/screening	96%	12	90%	10
9	5	Appropriateness of employment treatment planning	67%	3	50%	2
10	11	Adequacy of individual employment service delivery	88%	8	50%	3
11	22	Adequacy of Assessment of social and community integration needs	100%	12	95%	10
12	22	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	86%	12	84%	10
13	8	Adequacy of Crisis Assessment	100%	1	100%	7
14	22	Appropriateness of crisis plans	92%	12	100%	10
15	5	Comprehensive and effective crisis service delivery	100%	1	81%	4
16	22	Adequacy of ACT Screening	100%	12	100%	10
17	12	Implementation of ACT Services	94%	12	N/A	0
18	7	Successful transition/discharge from the inpatient psychiatric facility	93%	4	100%	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.

Appendix 8: Quality Indicator Comparison, SFY18 to Present

