

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Program Quality



QUALITY SERVICE REVIEW

Final Report for

West Central Behavioral Health

Issued December 14, 2021

Acknowledgements

The Department of Health and Human Services, Bureau of Program Quality (BPQ) acknowledges the significant effort the West Central Behavioral Health 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).

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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
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness
WCBH	West Central Behavioral Health

Executive Summary

The NH Department of Health and Human Services (DHHS), Bureau of Program Quality (BPQ) developed a Quality Service Review (QSR) process, in consultation with Representatives of the Plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, BPQ developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 quality indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted West Central Behavioral Health's (WCBH) QSR remotely from September 10th through September 17th, 2021. The first three days consisted of record reviews conducted remotely in Concord and the final three days consisted of client and staff interviews conducted remotely by phone or video call. The WCBH QSR sample included 19 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of September 1, 2020 through September 09, 2021. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

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

Quality Indicator 1: Adequacy of assessment

Quality Indicator 2: Appropriateness of treatment planning

Quality Indicator 3: Adequacy of individual service delivery

Quality Indicator 10: Adequacy of individualized employment service delivery

Quality Indicator 13: Adequacy of crisis assessment

Quality Indicator 14: Appropriateness of crisis plans

Quality Indicator 15: Comprehensive and effective crisis service delivery

Quality Indicator 17: Implementation of ACT services

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

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

Table 1: West Central Behavioral Health QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	19	78%	Yes	4
2. Appropriateness of treatment planning	19	74%	Yes	3
3. Adequacy of individual service delivery	19	76%	Yes	6
4. Adequacy of housing assessment	19	89%	No	1
5. Appropriateness of housing treatment planning	19	89%	No	1
6. Adequacy of individual housing service delivery	19	81%	No	3
7. Effectiveness of the housing supports provided	19	82%	No	5
8. Adequacy of employment assessment/screening	19	84%	No	2
9. Appropriateness of employment treatment planning	8*	100%	No	1
10. Adequacy of individualized employment service delivery	13*	62%	Yes	2
11. Adequacy of assessment of social and community integration needs	19	84%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	19	80%	No	13
13. Adequacy of crisis assessment	2*	63%	Yes	4
14. Appropriateness of crisis plans	19	74%	Yes	2
15. Comprehensive and effective crisis service delivery	2*	75%	Yes	5
16. Adequacy of ACT screening	19	97%	No	2
17. Implementation of ACT Services	12*	65%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	5*	77%	Yes	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 quarterly data reports, 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 at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC and BPQ. During the on-site period, daily contact occurs with QSR reviewers to ensure consistent practice and inter-rater reliability, and assistance is sought from the CMHC staff if needed. During the post on-site period, follow-up tasks required of the CMHC are completed and BPQ commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement 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 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

Sample Size and Composition

The CMHC QSR sample is randomly selected and consists of at least 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.

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

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff are given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a "YES." The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual's needs and preferences (performance measure 1a), identify an individual's strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as "YES" (positive) or "NO" (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as "YES." The CMHC level score is based on the average of the total individual level scores for that quality indicator.

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

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

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

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

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

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

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

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

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

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

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

ACT Services: Quality Indicators 16, and 17; and

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

QSR Findings and Conclusions

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data and may inform particularly low scoring measures within a quality indicator or outlier data. Conclusions include an assessment of the CMHC’s achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, 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 the BMHS Director and the BPQ Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC’s QIP through standardized progress reports submitted by the CMHC to BMHS and BPQ each quarter. BMHS and BPQ will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

V. West Central Behavioral Health QSR Findings

West Central Behavioral Health QSR Overview

The WCBH QSR was conducted remotely. Additional information about WCBH is found in Appendix 4: Agency Overview. Fifty-seven WCBH 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. However, only 19 individual interviews were completed. Two individuals changed their minds about participating in the QSR, and one individual did not respond to repeated attempts to contact him/her. Information gathered during the scheduling and site review resulted in some individuals being re-assigned to a different (the accurate) sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final adjusted groupings after interviews were completed.

Table 2: Number of Individuals by Category

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	11	19%	4	21%
ACT/NO IPA	29	51%	8	42%
NO ACT/IPA	0	0%	1	5%
NO ACT/NO IPA	17	30%	6	32%
Total	57	100%	19	100%

The WCBH Quality Service Review included a review of 22 clinical records, 19 individual interviews, and 21 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	0	2	17	19
Staff Interviewed	0	6	15	21
Clinical Records Reviewed	22	NA	NA	22

From September 10th through September 17th, 2021, four teams consisting of staff from BPQ and BMHS completed the remote collection processes. Data was collected for the review period of September 1, 2020 through September 9, 2021. Following the remote review, the QSR data was scored. Analysis of the scores was then completed.

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

West Central Behavioral Health Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

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

Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Nineteen individuals were scored for Quality Indicator 1. WCBH received a score of 78%.

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 and preferences	13	6
Measure 1b: Assessments identify individual's strengths	14	5
Measure 1c: Assessment information was gathered through face to face appointment(s) with the individual	17	2
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	15	4

Additional Results

- WCBH uses the Daily Living Activities Functional Assessment (DLA-20) to assess individuals' needs and strengths. For six of 19 individuals, a current DLA-20 had not been completed (CRR Q7). Five of 19 clinical records did not contain an assessment of strengths (CRR Q8).
- For 17 of 19 individuals, staff indicated that at least part of the assessment process was completed through a direct collaborative process with the individual (SII Q2).
- Six of 18 individuals had treatment plans in which there were one or more treatment plan goals without related identified needs found in the DLA-20, case management assessment, or other comparable assessment; one individual did not have a current treatment plan to assess (CRR Q10).
- Overall, four individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3). Three of the four

individuals did not have current treatment plans and/or assessments; without a current assessment and updated treatment plan it could not be determined if the individuals were receiving all necessary services. One individual had a current treatment plan and needs assessment, however medication management services were identified during the review as an additional needed service due to medication-related concerns and had not been identified in the assessment (OCR Q4).

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 on a quarterly basis, at a minimum, and whenever there is a change in the individual’s needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Nineteen individuals were scored for Quality Indicator 2. WCBH received a score of 74%. 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	16	3
Measure 2b: Treatment planning is person-centered and strengths based	11	8
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	15	4

Additional Results

- If the DLA-20 identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if WCBH has established a goal or plan to address the identified needs. Five individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans.

Fourteen individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans (CRR Q9).

- The QSR also looks at the reverse, reviewing each goal in the ISP treatment plan and determining if there is a related identified need in the case management assessment or the DLA-20 or other comparable assessment. Twelve individuals were found to have identified needs relating to all of their treatment goals; six 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 DLA-20 or comprehensive assessment used; one individual did not have a current treatment plan to assess (CRR Q10).
- From the review of individuals' quarterly assessments, five individuals had quarterlies that identified that a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for all five individuals (CRR Q15).
- The clinical record contained documentation of quarterly reviews having been completed for all quarters that fell within the period under review for 15 of 19 individuals (CRR Q16).
- Eighteen individuals responded they talked with WCBH 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 felt they did not speak often enough with staff about their needs and what they wanted to work on (CII Q3).
- All 19 individuals validated that staff actively work with them on their goals (CII Q5).
- Of the 19 individuals interviewed, 16 individuals indicated they were able to effectuate change to their treatment plans (CII Q8). Fifteen individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Four 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 WCBH as well as family members.
- The clinical records contained documentation of five of 19 individuals having signed or verbally acknowledged their most recent ISP/treatment plan (CRR Q12). Due to COVID-19, BMHS has waived the signature requirement² and is accepting documented verbal acknowledgement as an alternative to a physical signature. One ISP/treatment plan had a signature and four were verbal acknowledgements. Eleven ISP/treatment plans included the

individuals’ strengths (CRR Q13); and 11 ISP/treatment plans were written in plain language (CRR Q14).

- Of the 19 individuals interviewed, 18 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Overall, four individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3). Three of the four individuals did not have current treatment plans and/or assessments; without a current assessment and updated treatment plan it could not be determined if the individuals were receiving all necessary services. One individual had a current treatment plan and needs assessment, however medication management services were identified during the review as an additional needed service due to medication-related concerns and had not been identified in the assessment (OCR Q4).

Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual’s strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Nineteen individuals were scored for Quality Indicator 3. WCBH received a score of 76%.

Quality Indicator 3 consists of Measures 3a-3f. Of the 19 individuals interviewed, five individuals were considered not applicable for Measure 3c; one individual had no current treatment plan to review, and four individuals had all services prescribed on their treatment plans as PRN or with a 0-x frequency. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with the appropriate intensity, frequency, and duration	11	8
Measure 3b: Service delivery is flexible to meet individual’s changing needs and goals	14	5

Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	13	1
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	14	5
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	15	4
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	16	3

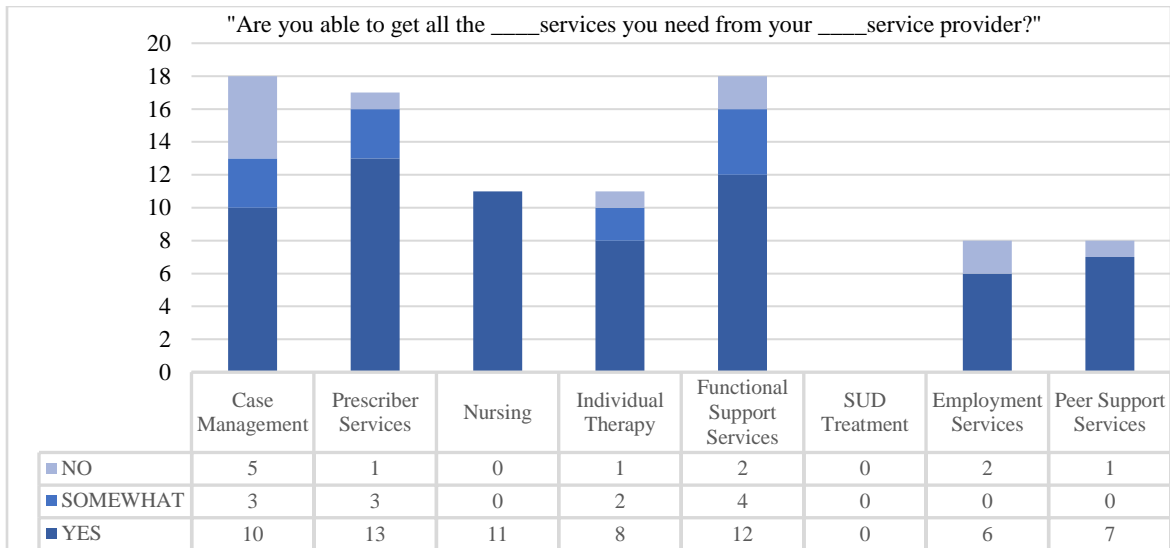
Additional Results

- Individuals are asked if they are able to get all the services and supports needed to meet their current needs and achieve their goals. Twelve 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; one individual responded that he/she is unable to get all the services and supports he/she needs to meet his/her current needs and achieve his/her goals (CII Q19). Of the seven individuals who responded “somewhat” or “no”, five individuals named specific service/support areas that they needed more help with from WCBH, such as case management, counseling, community support, prescriber, and employment services (CII Q20). Four of seven 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).
- Staff acknowledged there were one or more services that seven of the 19 individuals were not receiving at the frequency prescribed on their treatment plan (SII Q5). Of those seven individuals, staff indicated that one individual was declining one or more of the services (SII Q6).
- Documentation in the clinical records indicated that one of 19 individuals was receiving 70% or more of his/her services at the frequency prescribed on his/her treatment plans (CRR Q11). Thirteen individuals were not receiving one or more services at the frequency prescribed (CRR Q11). Four individuals had all services prescribed as PRN or “0-x” frequency, eight individuals did not have a current treatment plan to assess which required the use of the previous year’s treatment plan in the QSR assessment process instead, and one

individual did not have a current treatment plan nor a recently outdated treatment plan to assess. Staff provided appropriate reasons for why one or more services were not provided at the frequency prescribed for seven of the 13 individuals (SII Q7). Additionally, three individuals were reported to be declining one or more of their services.

- Overall, it was determined that five individuals reviewed were not receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1). These individuals were either not receiving services at the frequency prescribed on their treatment plan and/or did not have current assessments completed to determine demonstrated needs, and in two cases staff specifically indicated it was due to staffing issues (OCR Q2).
- Overall, four individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3). Three of the four individuals did not have current treatment plans and/or assessments; without a current assessment and updated treatment plan it could not be determined if the individuals were receiving all necessary services. One individual had a current treatment plan and needs assessment, however medication management services were identified during the review as an additional needed service due to medication-related concerns and had not been identified in the assessment (OCR Q4).
- Overall, three individuals reviewed were observed to not be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5). All three individuals were reported to have additional medical, mental health, and/or mobility needs for which the current level of services being provided was not ensuring health, safety, and welfare (OCR Q6).
- Individuals are asked if they are able to get all the supports and services they need from specific staff roles, based upon which services are prescribed on their treatment plan or in which they are interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q61, CII Q108). Individuals were most satisfied with their nursing and peer support services, with all 11 individuals and seven of eight individuals respectively responding that they were receiving the services needed in those areas. Individuals were least satisfied with their case management services, with eight of 18 individuals stating that that did not get all the case management services needed (See Figure 1).

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



HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act’s anti-discriminatory provision as follows: “A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”³

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual’s ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them

accurately identify the individual’s housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Nineteen individuals were scored for Quality Indicator 4. WCBH received a score of 89%.

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

	YES	NO
Measure 4a: Individual housing needs are adequately identified	17	2

Additional Results

- DLA-20s were found for 13 of 19 individuals (CRR Q7), and case management assessments were found for 17 of 19 individuals (CRR Q1). Collectively, all 19 individuals were assessed for housing needs by one or both of these means (CRR Q19, CRR Q20).
- Seventeen individuals reviewed had housing needs identified in either the DLA-20 or the case management assessment (CRR Q21).
- The most frequently cited need, with five of the 17 individuals identified as having this housing need, was a desire to move to a new location or apartment to obtain more independence, greater stability, or to be closer to support systems (CRR Q22).

Quality Indicator 5: Appropriateness of Housing Treatment Planning

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

Nineteen individuals were scored for Quality Indicator 5. WCBH received a score of 89%.

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	17	2

Additional Results

- Seventeen of 19 individuals had housing needs identified in either the DLA-20 or the case management assessment (CRR Q21). Of those 17 individuals, 15 individuals had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and all 15 individuals had housing goals in alignment with their assessed housing needs (CRR Q28).
- Many of the housing related goals and plans were more generic using language such as “secure and maintain a safe and healthy living environment.” A couple were more specific to the individual such as developing more healthy food storage practices and developing better financial practices (CRR Q25).

Quality Indicator 6: Adequacy of Individual Housing Service Delivery

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

Nineteen individuals were scored for Quality Indicator 6. WCBH received a score of 81%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

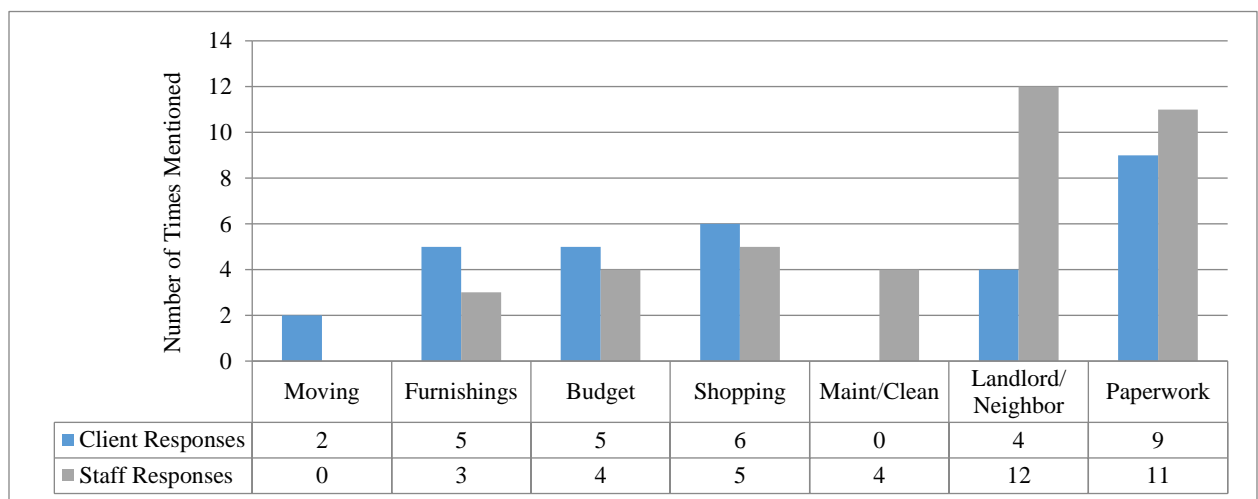
	YES	NO
Measure 6a: Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual’s changing needs and goals	16	3
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	11	8
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	19	0

Additional Results

- Thirteen of 15 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24) were receiving housing related services (CRR Q26). All 13 individuals were receiving housing services that were in alignment with their housing goals (CRR Q28).

- Six individuals did not feel that they were able to get all the housing supports they needed (CII Q43). Eight individuals felt they did not receive housing supports and services as often as they needed (CII Q44). Six individuals did not feel that they had enough support to achieve their housing goals (CII Q45).
- Comments from individuals regarding what else is needed to reach their housing goals included needing more help with breaking down the tasks and processes for cleaning and organizing their residence as well as help with obtaining different or new housing (CII Q45).
- Overall, all 19 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 landlord/neighbor relations (SII Q30, CII Q42) (see Figure 2).

Figure 2: Most Common Housing Services and Supports Received



Quality Indicator 7: Effectiveness of Housing Service Delivery

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

Nineteen individuals were scored for Quality Indicator 7. WCBH received a score of 82%.

Quality Indicator 7 consists of Measures 7a-7e. Of the 19 individuals interviewed, six individuals

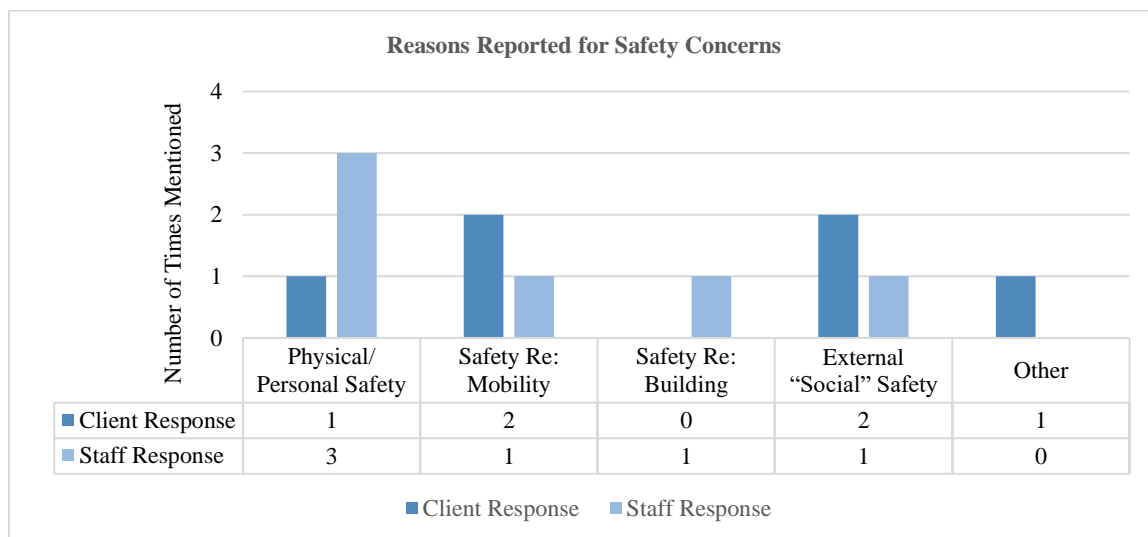
were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	14	5
Measure 7b: Housing supports and services enable individual to maintain safe housing	15	4
Measure 7c: Housing supports and services enable individual to maintain stable housing	18	1
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	7	6
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	19	0

Additional Results

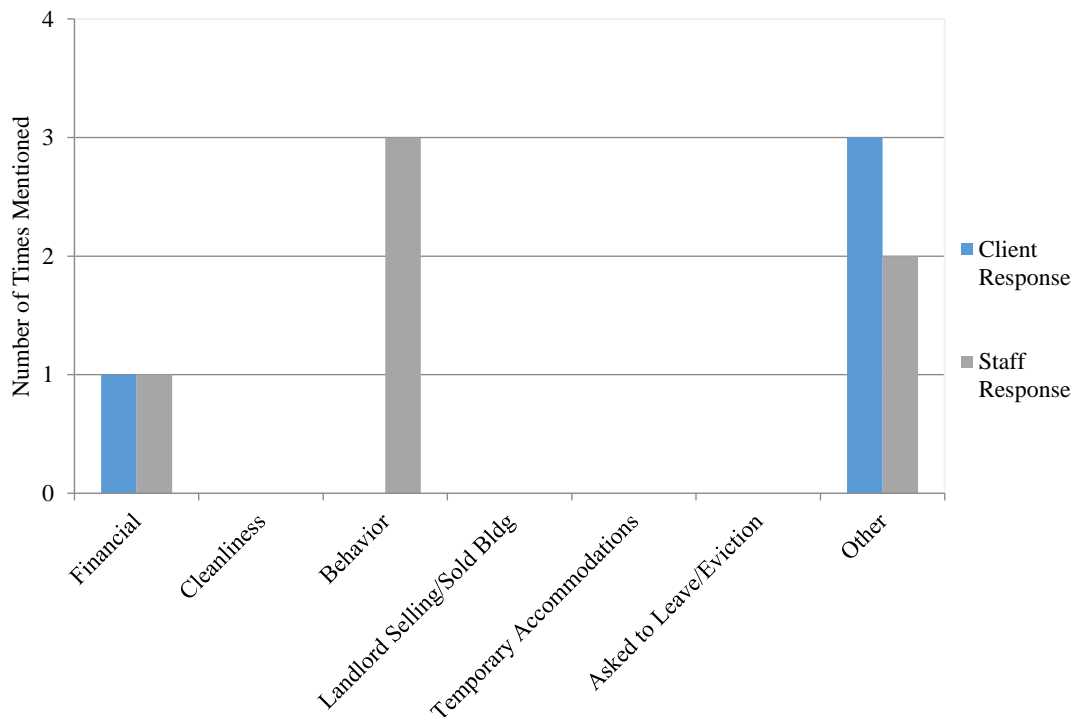
- Five individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). Staff responded being aware of a safety concern related to housing for three of the five individuals who self-identified safety concerns as well as three additional individuals (SII Q22). Three clients and two staff identified the safety concerns as being current (CII Q30, SII Q23). The most common reasons for the safety concerns were fear for personal/physical safety, living in a “rough neighborhood” with higher crime rates, and difficulties with mobility and caring for oneself (see Figure 3).

Figure 3: Reasons Reported for Safety Concerns Related to Home or Neighborhood in the Past 12 Months



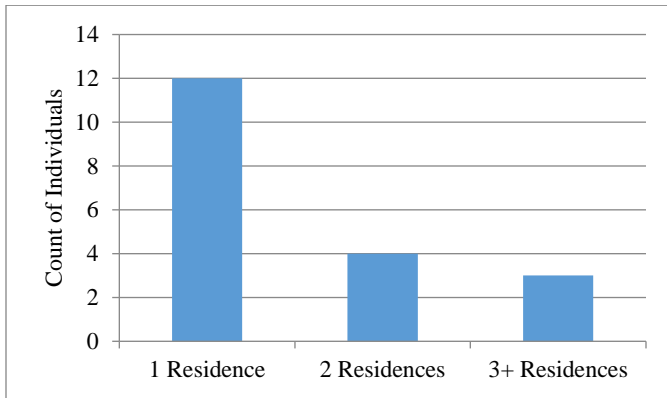
- All 19 individuals are living in independent private residences (CII Q27, SII Q20).
- No individuals responded they had been homeless at some point in the past 12 months (CII Q33).
- A total of eight unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q24). The most common reasons mentioned were related to behaviors such as interpersonal relations with neighbors or landlords and/or not following the rules of the apartment complex (CII Q32, SII Q25) (see Figure 4). One reason that was categorized as “Other” and mentioned by both individuals and staff was that the individual had current stable housing, but the housing was dependent upon continued amiable relationships with another party, such as a partner or family member, and at times in the previous months, conflictual interactions with these individuals had threatened housing.

Figure 4: Reasons for Being at Risk of Losing Housing in the Past 12 Months



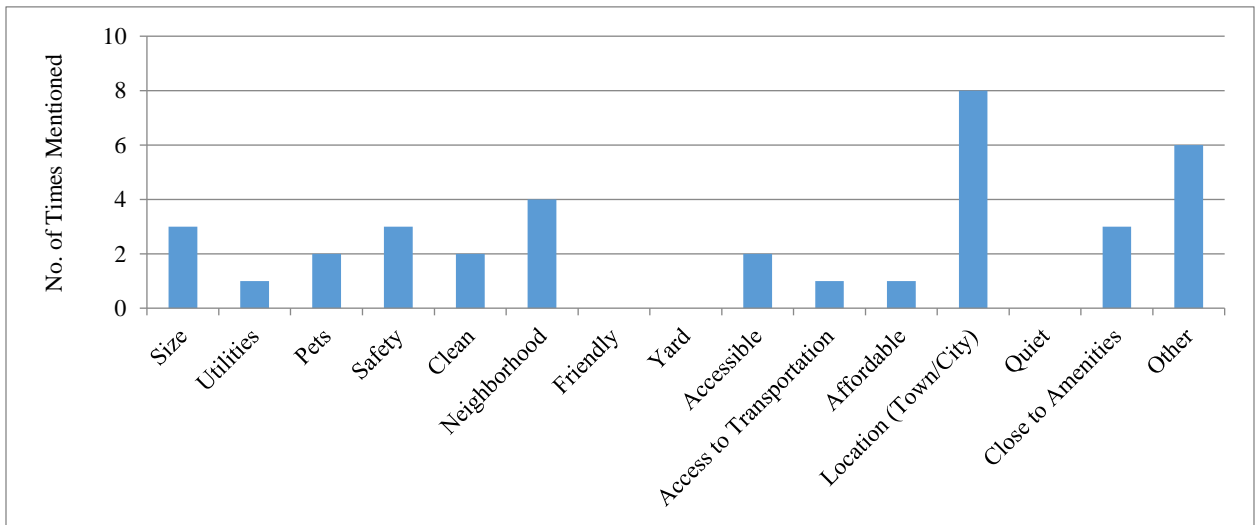
- Twelve individuals had lived in the same residence for the past year or more (CII Q34) (see Figure 5).

Figure 5: Places Lived in the Past Year



- The most common responses made by individuals regarding the factors most important to them when choosing a place to live were location and neighborhood (CII Q40). Some of the more specific reasons given that were categorized as “other” were “a nice place,” “organized,” and privacy (see Figure 6).

Figure 6: Preferences When Choosing Where to Live



- Overall, it was determined that all 19 individuals were receiving services adequate to obtain and maintain stable housing (OCR Q9).
- A few 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, such as (CII Q46):

“They did a really good job helping me find a place.”

“Well it’s not for me but more for the future, the Tri-County CAP was a godsend, it’s hard to guarantee that financial help for people. For the future if others could have the same opportunity, that is what made the biggest difference for me.”

EMPLOYMENT SERVICES AND SUPPORTS

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

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

Quality Indicator 8: Adequacy of Employment Assessment/Screening

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

Nineteen individuals were scored for Quality Indicator 8. WCBH received a score of 84%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 19 individuals interviewed, 10 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 and enrollment occurred at least 30 days prior to the start of the QSR (CRR Q29). Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	18	1

Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	5	4
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Additional Results

- Seven individuals responded they had not been asked by WCBH staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that collectively, 17 of 19 individuals were assessed/screened for employment needs by the employment section of the case management assessment (CRR Q31).
- Of the eight individuals stating they were interested in receiving WCBH help with finding or keeping a job in the past 12 months (CII Q54), all eight individuals had employment needs identified in the case management assessment (CRR Q32).
- Nine individuals were enrolled in supported employment during the period under review with enrollment occurring at least 30 days prior to the start of the QSR (CRR Q29); six individuals had a completed comprehensive employment assessment (vocational profile) (CRR Q37).
- Documentation of the individual’s employment skills and strengths and the individual’s interests and preferences was included in all six employment assessments (vocational profiles); documentation of the individual’s work history and experience was included in five of six employment assessments (vocational profiles); and documentation of the individual’s barriers to employment was included in three of six employment assessments (vocational profiles) (CRR Q38). For the purposes of this report, a comprehensive employment assessment (vocational profile) at minimum contains information about psychiatric history, symptoms, functional limitations, coping skills and strengths and how these affect the consumer’s employment history and daily functioning as it relates to employment per He-M 426.12(i)(5)(e.).

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.

Eight individuals were scored for Quality Indicator 9. WCBH received a score of 100%. Quality Indicator 9 consists of Measure 9a. Of the 19 individuals interviewed, 11 individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services (CII Q54). Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual’s changing employment needs and goals	8	0

Additional Results

- Eight individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), all eight of whom described interest in receiving help and services that would be provided by WCBH (CII Q54); staff were aware of this interest for all eight individuals (SII Q42). Of the same eight individuals who expressed interest in receiving help with finding or keeping a job, all eight had employment-related goals or plans, as evidenced by their treatment plans and/or case management plans (CRR Q34, CRR Q35).
- In total, 13 individuals had employment related goals or plans, regardless of expressed interest (CRR Q34, CRR Q35), and all 13 goals or plans were in alignment with assessed needs (CRR Q41).
- Nine individuals had Supported Employment listed as a prescribed service on their treatment plans (CRR Q11). Two of these individuals had not been enrolled in SE during the past 12 months (CRR Q29). A total of nine individuals had been enrolled in SE during the past 12 months (CRR Q29). One of the nine individuals expressed that he/she was not interested in receiving help in finding or maintaining a job, and had not been interested in the past 12 months (CII Q53). One staff reported an individual had not been interested in receiving employment related services or support in the past 12 months, despite Supported Employment being a prescribed service on the client’s treatment plan (CRR Q11, SII Q42).
- Seven individuals reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58). Of the six individuals who reported discussing these changes with WCBH staff (CII Q59), five of the six individuals felt that WCBH staff had helped them with their changed employment needs or goals (CII Q60).

Quality Indicator 10: Adequacy of Individualized Employment Service Delivery

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

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

Thirteen individuals were scored for Quality Indicator 10. WCBH received a score of 62%.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 19 individuals interviewed, 11 individuals were considered not applicable for Measure 10a because they reported not being interested in employment or were not receiving employment support services during the period under review (CII Q53). Of the 19 individuals interviewed, six individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q34, CRR Q35). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual’s changing employment needs	6	2
Measure 10b: Services and supports are meeting individual’s employment goals	9	4

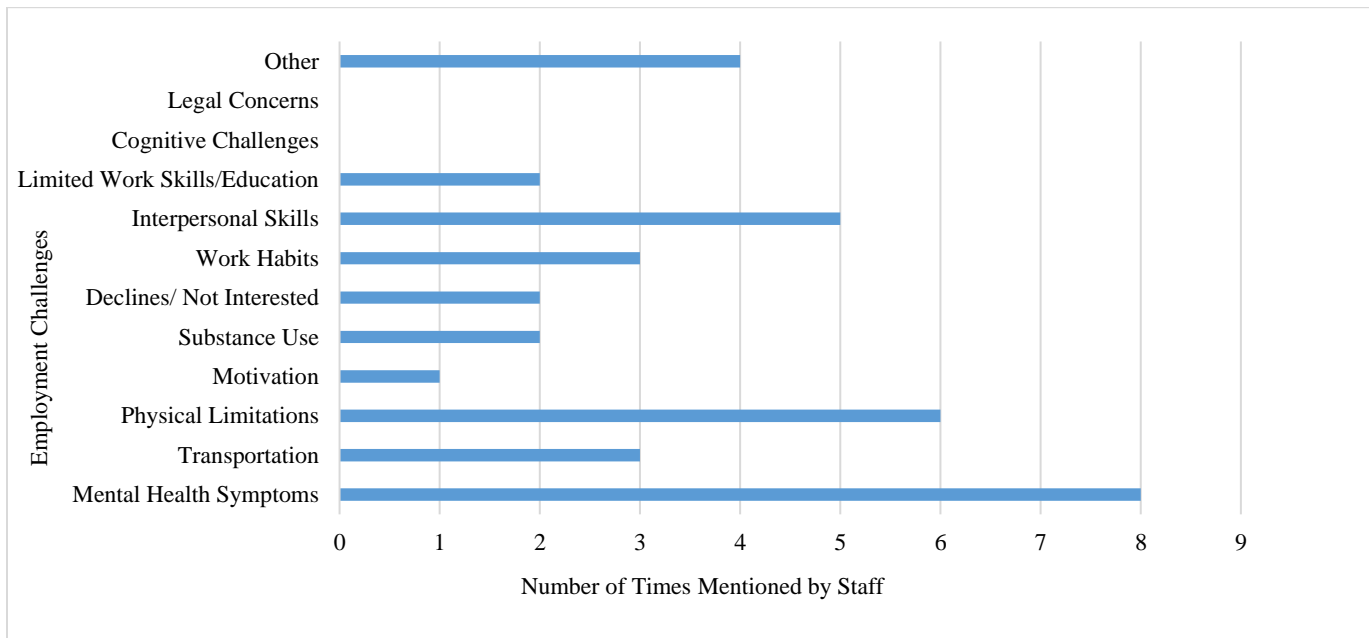
Additional Results

- Nine individuals had supported employment prescribed on their treatment plans; six of the nine treatment plans prescribed the service at “PRN” or “0-x” frequency. Of the three treatment plans in which the service was prescribed at a measurable frequency, one individual was receiving services at the frequency prescribed on his/her treatment plan (CRR Q11).
- Two individuals responded they needed additional employment related services from WCBH (CII Q61). One individual responded he/she was not getting employment supports and services *as often* as he/she felt was needed (CII Q62).
- Individuals are asked if they have enough support to achieve their employment goals. All but two individuals felt that they did (CII Q63). Both individuals who reported needing more support expressed a desire for the staff person to help them look for jobs in the paper, by

driving around, or in the location where the individual lived, rather than the location out of which the staff person worked (CII Q63).

- Eight of nine individuals who had supported employment prescribed on their treatment plan reported being unemployed (CII Q47). Types of employment services provided included exploring interest in work, completing the vocational profile, discussing the economic benefits of working, job search, assistance with applications, and follow along support (CRR Q40).
- One of 19 individuals reported being employed (CII Q47); the one individual who was working reported having a competitive job (CII Q48) and working full-time (CII Q49). The individual responded he/she was not 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 14 individuals who had employment needs identified in the DLA-20 or case management assessment and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q32, CRR Q34, CRR Q35), 10 individuals received employment services and supports that were in alignment with their employment needs or goals (CRR Q41).
- Responses from staff about challenges individuals face in finding and maintaining employment included lack of transportation, mobility or other physical challenges, difficulty managing emotional or psychiatric symptoms, challenges associated with work rules, attendance expectations, and adherence to a set schedule, and limited interpersonal skills (SII Q46) (see Figure 7).

Figure 7: Employment Challenges Faced by Individual



- Of the 13 individuals who had employment-related goals identified in their treatment plan and/or case management plan (CRR Q34, CRR Q35), staff identified 12 individuals for whom WCBH had provided or attempted to provide employment related services and support in the past 12 months (SII Q50). For all 12 individuals, the provided services identified by staff were in alignment with the individuals’ treatment plan goals (SII Q51). For eight of the 12 individuals, staff responded that the services were helping the individuals’ progress towards their employment goals (SII Q52).
- Examples of successes and progress for individuals receiving supported employment or other employment related services included obtaining employment, increased knowledge about job opportunities and increased confidence about entering into employment and/or meeting new people for those have been hesitant to enter the job market, clarification of interests, goals, and marketable skills, and greater socialization (SII Q52).
- Six of 19 individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits; seven individuals responded that staff had not explained to them how employment may or may not affect any benefits received; and six individuals were unsure if a conversation had occurred (CII Q64). Staff also reported that this topic had been discussed with 11 of the individuals interviewed (SII Q41).

- 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). Most individuals did not choose to offer any other feedback or reasserted that they were not interested in working or could not work. One individual shared the following positive experience (CII Q65):

“[WCBH staff] is right on top of everything. They are right there when I need them.”

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.⁴ Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

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

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

Nineteen individuals were scored for Quality Indicator 11. WCBH received a score of 84%.

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	18	1
Measure 11b: Assessment identifies individual’s related social and community integration strengths	14	5

Additional Results

- Case management assessments of social/family needs were completed for 17 of 19 individuals (CRR Q42).
- The DLA-20 includes several domains related to social and community integration needs and strengths. All of these related areas of the DLA-20 were completed for 14 of 19 individuals (CRR Q45).

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

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

Nineteen individuals were scored for Quality Indicator 12. WCBH received a score of 80%.

Quality Indicator 12 consists of Measures 12a-12m. Fourteen individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c (CRR Q67). Three individuals did not have identified needs related to social supports and community integration (CRR Q46) and therefore were not applicable for Measure 12j. Individuals were scored as follows:

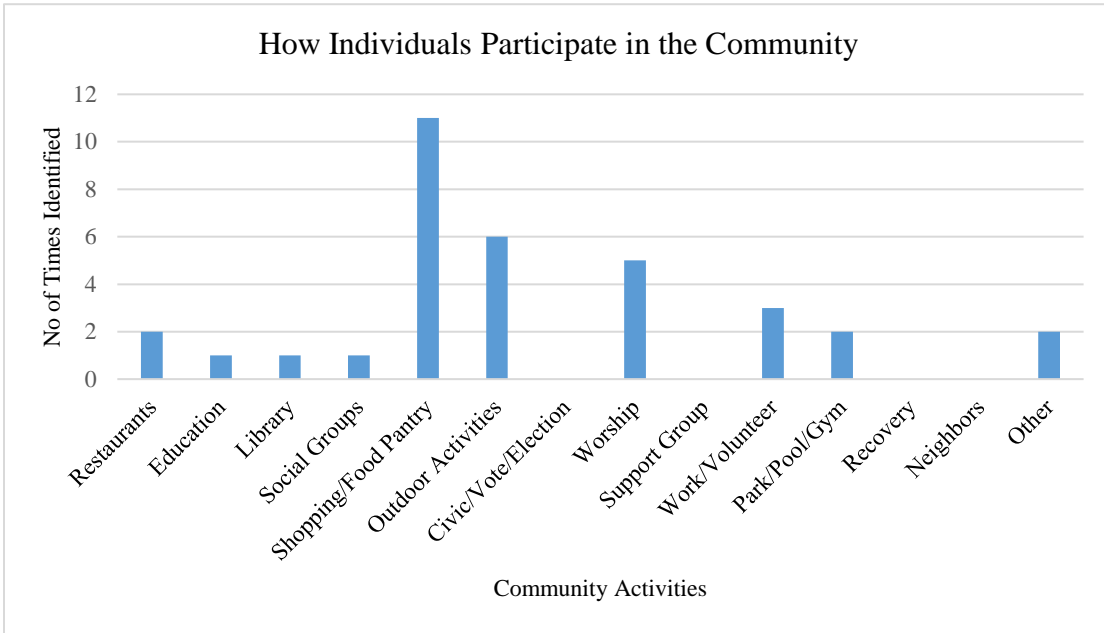
	YES	NO
Measure 12a: Individual is competitively employed	2	17
Measure 12b: Individual lives in an independent residence	18	1
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	3	2
Measure 12d: Individual is integrated in his/her community	16	3
Measure 12e: Individual has choice in housing	12	7
Measure 12f: Individual has choice in his/her treatment planning, goals and services	18	1
Measure 12g: Individual has the ability to manage his/her own schedule/time	18	1
Measure 12h: Individual spends time with peers and /or family	17	2

Measure 12i: Individual feels supported by those around him/her	16	3
Measure 12j: Efforts have been made to strengthen social supports if needed	11	5
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	15	4
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	19	0
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	19	0

Additional Results

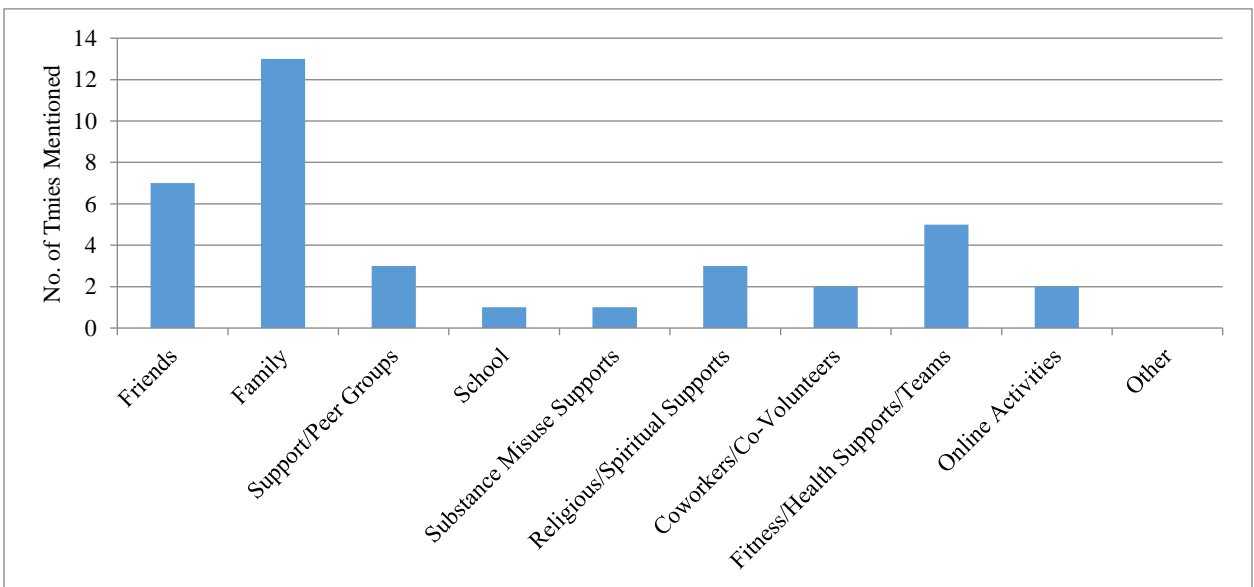
- During the interview, individuals are presented with a list of examples of activities that people may engage in when they are part of the community. Activities include shopping, working, visiting a food pantry, going to the library, eating in restaurants, visiting parks, participating in outdoor community 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. Three individuals were not able to identify any community activities in which they participated (CII Q104), while staff responded that 14 of 19 individuals were integrated into their community (SII Q63). Sixteen individuals reported a variety of community activities in which they participated (CII Q104) (see Figure 8).

Figure 8: Identified Community Activities



- Seventeen of 19 individuals were able to identify at least one natural support with whom they spend time, with family and friends being the most frequently mentioned supports (CII Q98). The individual who was employed (CII Q47) identified spending time with people from work to support his/her recovery (CII Q98) (see Figure 9).

Figure 9: Identified Natural Supports



- Six individuals did not feel that they had an adequate support system (CII Q101) and three of the six felt that WCBH was helping them to improve their support systems (CII Q102). The individuals identified WCBH providing help by talking about the subject with them or suggesting support resources if the individual struggles after hours (CII Q103).
- One individual was unable to identify anyone, aside from CMHC staff, that he/she goes to for support (CII Q96). Four individuals were unable to identify people in their lives who help support them with their treatment and mental health recovery (CII Q99). Nine individuals felt that family, friends, and/or community give them enough support with their treatment and mental health recovery; three individuals felt that family, friends, and/or community do not give them enough support with their treatment and mental health recovery; seven individuals felt that family, friends, and/or community “somewhat” provided them with enough support with their treatment and mental health recovery (CII Q100).
- Thirteen of 19 individuals reported that they had been given information about services and supports available to them in the community (CII Q105).
- Individuals are asked about peer support related services they are aware of or may have utilized during the past year. Eight individuals reported utilizing peer specialist services at WCBH (CII Q107). Sixteen individuals were aware of peer support agencies (CII Q109), and three individuals had accessed the peer support agencies in the past year (CII Q110). Staff reported that nine individuals had not used peer support services of any kind, whether at WCBH, at a peer support agency, or any other type of peer services within the past year (SII Q69). 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 Q67). Staff stated that WCBH did not have peer support services available for three individuals and was unsure if these services were available for one individual (SII Q68).
- When asked if they had anything else they would like to share about the community integration and social support services at WCBH 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. One or more individuals provided the following insights (CII Q112):

“Peer Support services were a huge part that helped me get to where I am. It can alleviate a lot of fear about taking medications, going to group.”

“With the InShape program that I am in, we’re supposed to go for walks around town in groups and I’m much more comfortable going in groups rather than by myself.”

- Sixteen individuals had identified needs related to social support and community integration in the case management assessments (CRR Q46). Fourteen individuals had these needs addressed by goals in their treatment plans or case management plans (CRR Q48, CRR Q49). There was evidence of related services being provided for 15 individuals which was in alignment with the individuals’ identified needs and/or goals (CRR Q50, CRR Q52).
- Of the five individuals who had experienced an inpatient psychiatric admission during the period under review (CRR Q67), three 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 Q94).
- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. For the seven individuals who had moved in the past 12 months, one individual reported he/she did not have an opportunity to discuss his/her housing preferences with staff before moving (CII Q35), and three individuals were unable to see their current housing before moving (CII Q36). All seven individuals who are currently looking for a different place to live (CII Q37), had an opportunity to discuss their current housing preferences (CII Q38), and four individuals reported that WCBH was helping them with their plans to find a different place to live (CII Q39). Fourteen of 19 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).
- Of the 19 individuals interviewed, 18 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Eighteen of 19 individuals reported that they are able to manage their own time and schedule (CII Q97).
- Overall, four individuals reviewed were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7). One individual is isolative and not well integrated into the community, as reported by both the individual and staff, and staff had reported that there was no formal or informal plan to help the individual. Staff agreed that peer support services could be beneficial for the individual

but reported that the individual had not been told about the local peer support center and that no peer support services were available to the individual at WCBH. Three individuals have limited to no support system, require assistance to integrate into the community, and one or more of the individuals have no transportation. Community-based services would be helpful but staff indicated that current staffing levels are a barrier to assisting these individuals in this area at the level needed by the individuals (OCR Q8).

- Overall, no individuals reviewed were observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
- Overall, all individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13). All individuals reviewed were living in independent residences (CII Q27, SII Q20).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness.⁵ A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed his/her treatment or crisis plan and used techniques he/she 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.

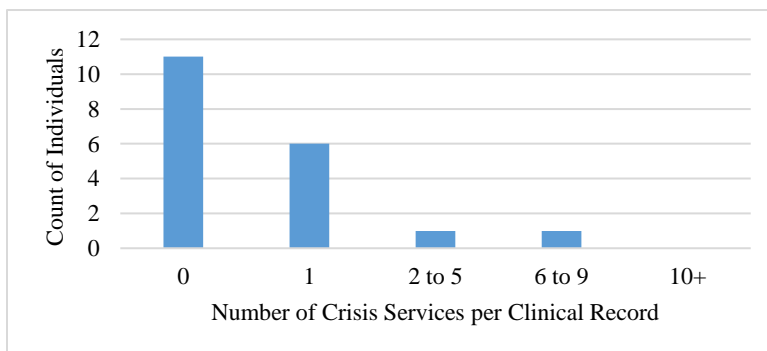
Two individuals were scored for Quality Indicator 13. WCBH received a score of 63%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 19 individuals interviewed, 17 individuals were considered not applicable for Indicator 13 because they did not use crisis 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, eight clinical records had documentation of crisis services being provided (CRR Q55) and two individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, two individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide WCBH with additional information. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	1	1
Measure 13b: Risk was assessed during crisis assessment	2	0
Measure 13c: Protective factors were assessed during crisis assessment	0	2
Measure 13d: Coping skills/interventions were identified during crisis assessment	2	0

Additional Results

- Documentation in the clinical record indicated that no individuals received 10 or more crisis services in the period under review (CRR Q56) (see Figure 10).

Figure 10: Crisis Services Received by all Individuals in Period Under Review



- One of the two individuals who endorsed receiving crisis services responded that during a crisis they were “occasionally” able to get help quickly enough from WCBH (CII Q75).

- Documentation of a risk assessment and that protective factors had been assessed were found in five of eight crisis notes reviewed (CRR Q57). Documentation that coping skills had been assessed was found in four of eight crisis notes reviewed (CRR Q57).
- Both individuals who endorsed receiving crisis services responded that WCBH 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.

Nineteen individuals were scored for Quality Indicator 14. WCBH received a score of 74%.

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

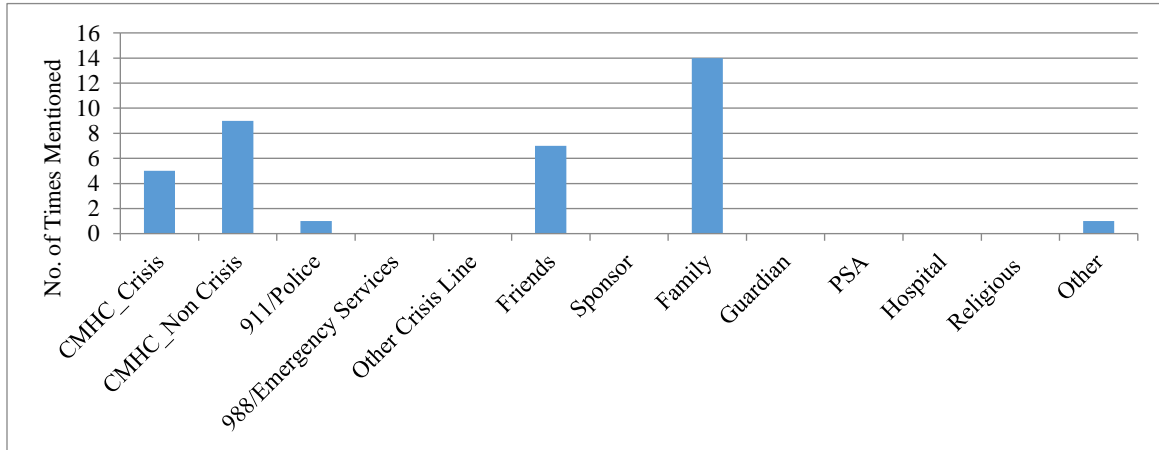
	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	11	8
Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	17	2

Additional Results

- Eleven of 19 individuals had crisis plans in their clinical records; all 11 crisis plans were specific to the individual (CRR Q53, CRR Q54). Of note, WCBH’s Crisis Plan document is imbedded within their Treatment Plan document. The eight individuals without crisis plans were the same eight individuals without current treatment plans (CRR Q3).
- Eighteen of 19 individuals were able to identify healthy strategies or coping skills that they could use to help themselves manage a crisis (CII Q67).
- Fifteen of 19 individuals confirmed that WCBH staff had helped them develop a plan for how they might take 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 family, followed by non-

crisis CMHC staff and friends (CII Q66). Responses were coded using the following categories in Figure 11.

Figure 11: Who the Individual Could Call if Having a Mental Health Crisis



Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

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

Two individuals were scored for Quality Indicator 15. WCBH received a score of 75%. Quality Indicator 15 consists of Measures 15a-15e. Of the 19 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, eight clinical records had documentation of crisis services being provided (CRR Q55); two individuals endorsed receiving crisis services (CII Q69); and two staff endorsed individuals having received crisis services (SII

Q53). When documentation and endorsements were analyzed for the CII, SII, and CRR, two individuals could be scored. Some of the additional results included below include data from individuals who were not scored to provide WCBH with more helpful information. Neither of the two individuals scored met with a mobile crisis team in the past 12 months (CII Q78) and therefore were not applicable for Measure 15d. Individuals were scored as follows:

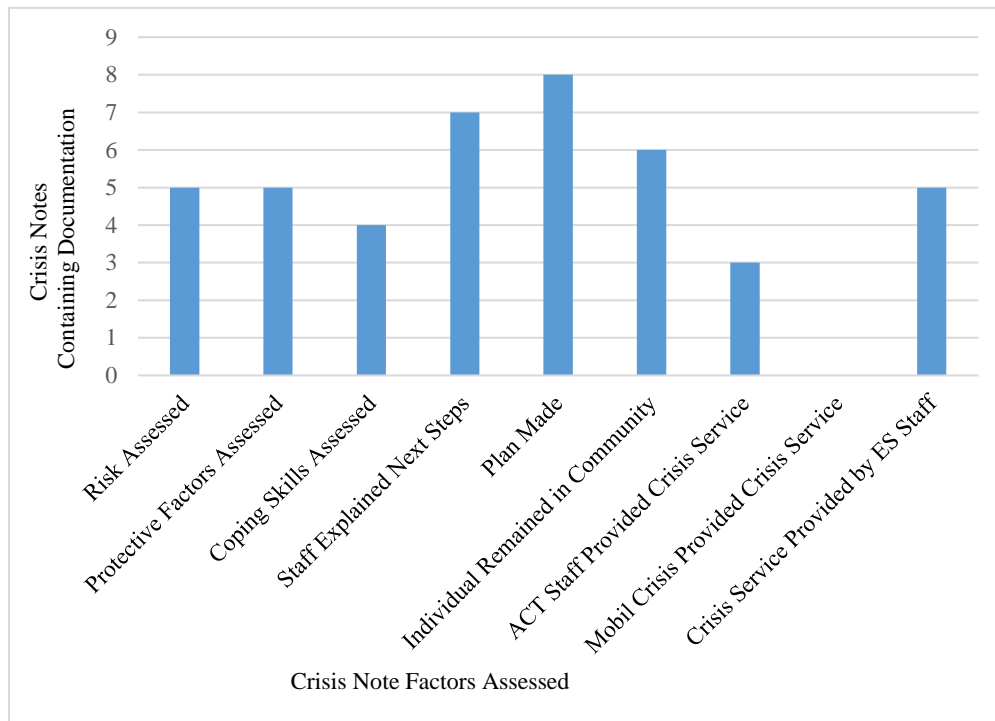
	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	2	0
Measure 15b: Communication with individual during crisis episode was adequate	2	0
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	1	1
Measure 15d: Crisis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

Additional Results

- Both of the 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 (rather than directly from the individual, family, or friend) or were the direct provider of the crisis service themselves (SII Q56). Both staff received notification within 24 hours (SII Q56); and both staff responded they received all of the information needed regarding the crisis episode (SII Q57).
- Documentation that the crisis service was provided by ACT staff was found in three of eight crisis notes reviewed (CRR Q57).
- Both individuals who endorsed receiving crisis services during the period under review responded they felt supported by staff (CII Q72).
- Documentation of the last crisis service received indicated that five of the eight services were provided by phone, one of the eight services was provided in the emergency department, one of the eight services was provided in the office, and one of the eight services was provided in the community (CRR Q57).
- Both individuals responded that during a crisis staff “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 seven of eight crisis notes reviewed (CRR Q57). Documentation that the individual remained in the home/community setting following the most recent crisis service was found in six of eight crisis notes reviewed (CRR Q57) (see Figure 12).

Figure 12: Documentation Trends of Last Crisis Service Received

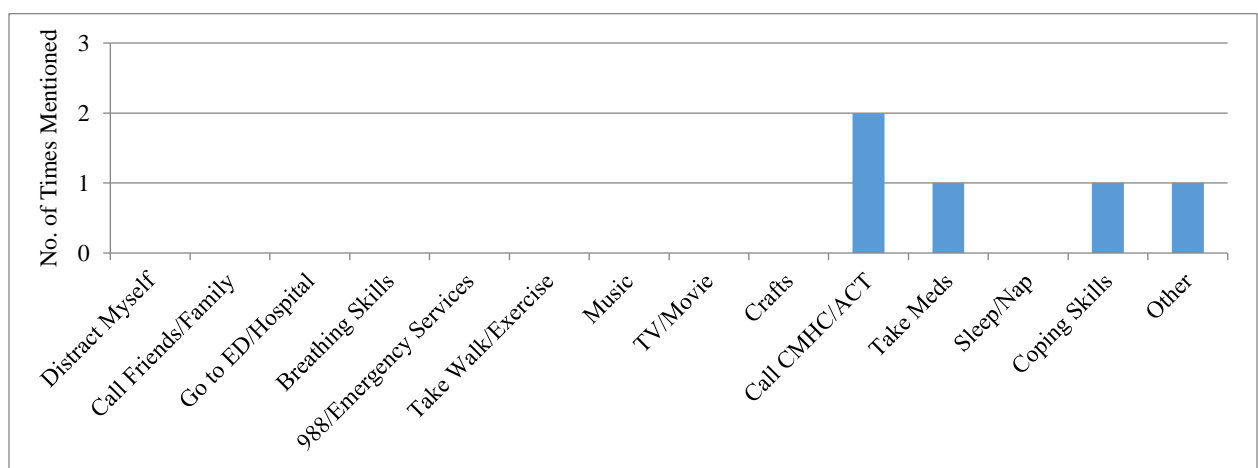


- One individual responded that he/she “always” felt that he/she had been able to get all the crisis/emergency supports and services needed. One individual responded that he/she “occasionally” felt that he/she had been able to get all the crisis/emergency supports and services needed (CII Q74).
- One individual who endorsed receiving crisis services responded that during a crisis he/she was “most of the time” able to get help quickly enough from WCBH. One individual who endorsed receiving crisis services responded that during a crisis he/she was “occasionally” able to get help quickly enough from WCBH (CII Q75).
- One individual who endorsed receiving crisis services during the period under review responded the crisis services received “most of the time” helped him/her to feel like he/she did before the crisis; one individual who endorsed receiving crisis services during the period

under review responded the crisis services received “occasionally” helped him/her to feel like he/she did before the crisis (CII Q76).

- When asked about the steps taken to manage a psychiatric crisis (CII Q70), both 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). Both individuals were able to identify positive steps to manage a crisis (CII Q70) (see Figure 13). One of the two individuals experienced one or more inpatient admissions during the period under review (CRR Q67).

Figure 13: Steps Individuals Took to Manage a Crisis



- One of two staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q59). All eight crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q57).
- 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). Responses for what would have been more helpful included not being alone in the emergency department and being able to talk to staff face-to-face [versus telehealth].
- Staff reported that of the two crisis services endorsed, one service was provided by WCBH emergency services staff with no other role in the individual’s treatment, and one service was provided by staff who has a role in the individuals’ treatment (SII Q58).
- Individuals are asked if they had anything additional to share regarding crisis services at WCBH (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 individual shared the following insight (CII Q82):

“Just that they need more in-community crisis services so you don’t have to go to the ER because at least for me, that creates a downward spiral.”

ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

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

Quality Indicator 16: Adequacy of ACT Screening

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

Nineteen individuals were scored for Quality Indicator 16. WCBH received a score of 97%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	18	1
Measure 16b: Individual receives ACT services when appropriate	19	0

Additional Results

- The majority of WCBH staff demonstrated sufficient knowledge regarding ACT criteria, the ACT referral process at WCBH, and how ACT would or would not benefit individuals based upon the individuals’ level of functioning, diagnosis, history of hospitalization, and other factors (SII Q10, SII Q12). One or more staff did not know the specifics, beyond knowing that the client had a “major mental illness”.
- Eighteen of 19 individuals had been screened for ACT (CPD Q16, CRR Q58).
- Of the 19 individuals reviewed, there were no individuals who met ACT criteria who were not on ACT (SII Q11, SII Q13). Twelve individuals were receiving ACT services (SII Q13). Of those 12 individuals receiving ACT services, staff reported that all 12 individuals met ACT criteria although one individual was being considered for a lower level of services once staffing became available (SII Q11, 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.

Twelve individuals were scored for Quality Indicator 17. WCBH received a score of 65%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 19 individuals interviewed, seven individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are delivered at appropriate intensity, frequency, and duration	7	5
Measure 17b: ACT services are provided using a team approach	9	3
Measure 17c: ACT services are received in the home/community	10	2
Measure 17d: ACT team collaborates with community providers/support systems	5	7

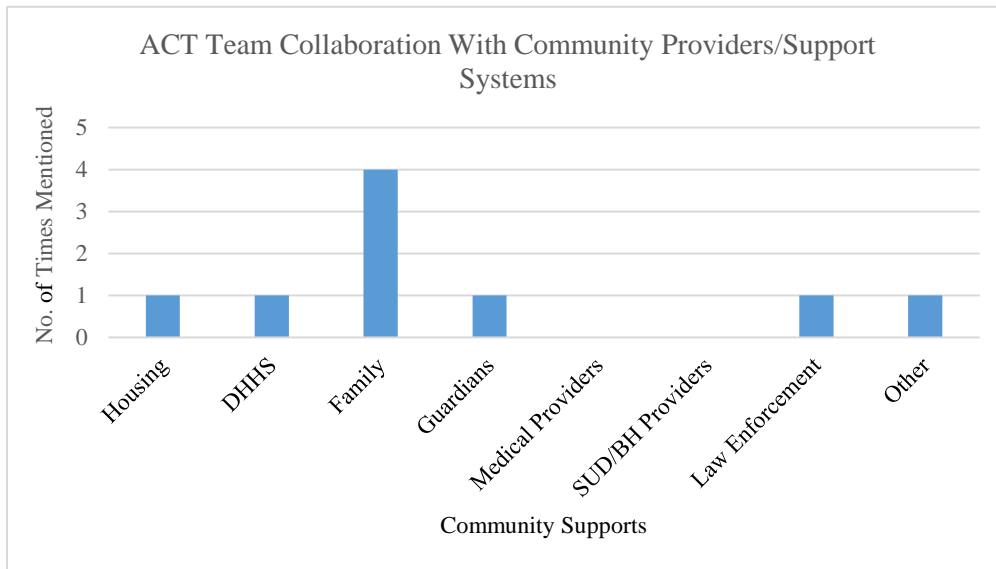
Additional Results

Twelve individuals were receiving ACT services. 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.

- Four 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; eight individuals did not (CRR Q63).
- Six 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; six individuals did not (CRR Q64).
- Nine individuals responded they received “all” the ACT services they needed from their ACT Team, two individuals responded that they “somewhat” received all the ACT services they needed from their ACT Team, and one individual responded that he/she did not receive all the services needed from his/her ACT Team (CII Q21).
- Nine individuals responded they saw their ACT staff as often as they felt was needed; three individuals responded they did not (CII Q25).

- Nine 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; three individuals did not (CRR Q62).
- All 12 individuals indicated that they typically interacted with two or more ACT staff on an ongoing basis (CII Q24).
- 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 Q65).
- Ten individuals indicated that they typically received most of their ACT services in the home or community; two individuals indicated they did not (CII Q23). Nine individuals indicated that they prefer to receive their ACT services in the home or community; three individuals indicated they preferred to receive their ACT services in the office, two of whom were receiving most of their services in the office (CII Q23). Staff reported that all 12 individuals typically receive most of their ACT services in the home or community and that all 12 individuals preferred to receive the services in the community (SII Q17).
- 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, WCBH's ACT Team had greater than 70% of these specific/specialty ACT positions filled (CRR Q66).
- Staff endorsed that they had collaborated with community providers and/or the individual's support system on behalf of five of 12 individuals (SII Q18). In addition to the individual's family, staff identified collaborating with a variety of providers and community agencies, including DHHS, law enforcement, landlords, guardians, Medicaid transportation, the local bus company, the senior center, Meals on Wheels, and the Lions Club (see Figure 14).

Figure 14: Collaboration of ACT Team 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.

Five individuals were scored for Quality Indicator 18. WCBH received a score of 77%. Quality Indicator 18 consists of Measures 18a-18g. Of the 19 individuals interviewed, 14 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, five clinical records had documentation of an inpatient psychiatric admission during

the period under review (CRR Q67). Five individuals endorsed an inpatient psychiatric admission during the period under review and five staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, five individuals could be scored. Individuals were scored as follows:

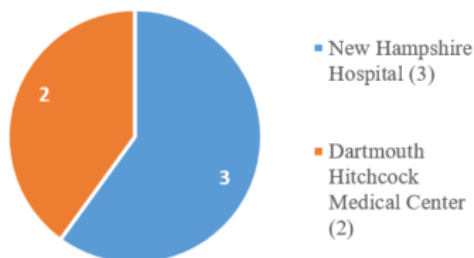
	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	4	1
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	4	1
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	4	1
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	1	4
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	4	1
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	5	0
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	5	0

Additional Results

- According to the clinical record, five inpatient admissions occurred during the period under review (CRR Q68). Of the five individuals who experienced a psychiatric admission (CRR Q67), all five individuals had one distinct psychiatric admission (CRR Q68).
- Three admissions were at New Hampshire Hospital (CRR Q69) (see Figure 15).

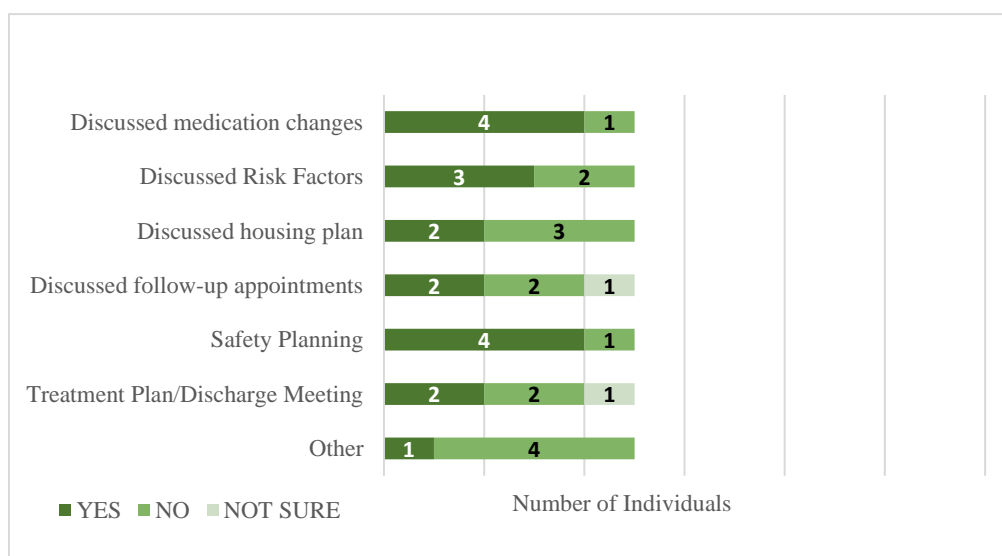
Figure 15: Inpatient Psychiatric Admissions*

**Includes transfers*



- All five individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in at least one discharge planning activity; four of five individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in two or more discharge planning activities (CII Q85), and evidence of their involvement was found in three of five clinical records reviewed (CRR Q76). Those individuals that endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q85) (see Figure 16).

Figure 16: 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 Q86). 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:

“Making sure I’m ready to go home, to keep calm, and to keep safe.”

“Having a lawyer throughout the process.”

“I guess like housing stability. That’s a big thing, mentally and physically.”

- In-reach and communication between WCBH and the psychiatric facility and/or individual occurred for four of five individuals who had an inpatient psychiatric admission (CRR Q71, CRR Q72, CII Q89, SII Q74).
- Three of five 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 not satisfied or only somewhat satisfied with where they returned to live (CII Q91). Neither of the individuals who were dissatisfied with where they returned to live reported being dissatisfied because the housing was not appropriate; one individual reported that he/she did not like being alone and the other individual reported that he/she had planned to stay at the place he/she returned to live for only one year, but ended up being there for a longer period of time (CII Q92, SII Q71). None of the individuals reported being discharged into unstable housing or homelessness (CII Q90).
- One of five individuals who endorsed an inpatient psychiatric admission during the period under review recalled talking with a community provider about services in the community prior to discharge (CII Q83). Four individuals reported they had not spoken with a community provider about services in the community.
- Staff reported that all five individuals resumed contact with natural supports upon the individual's return home (SII Q72).
- Two of five individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after their discharge significantly disrupted their normal routine (CII Q93 and CII Q95). Those that did feel the transition home was significantly disruptive to their normal routine reported having their employment opportunities, medication, and housing situation significantly disrupted (CII Q93, SII Q75).
- The clinical record contained discharge instructions for four individuals who had an inpatient psychiatric admission during the period under review (CRR Q70); staff endorsed that all five individuals had appointments with WCBH scheduled prior to discharge (SII Q73), and according to the clinical record, all five individuals attended an appointment with WCBH within seven days of discharge (CRR Q73). The amount of time between discharge and the individual's first appointment with WCBH ranged from the same day as discharge to three days from discharge.

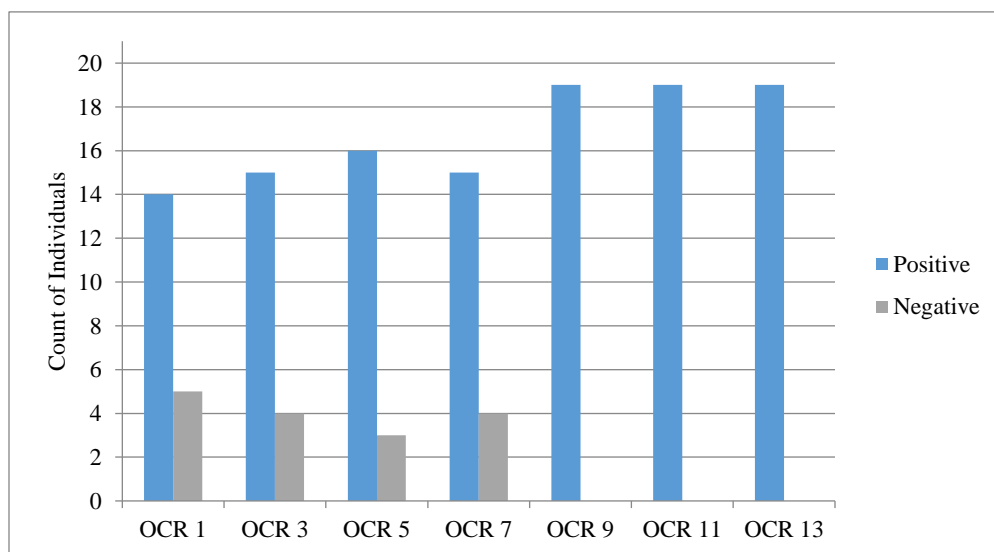
- According to the clinical record, none of the individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q69).
- Overall, all individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contact (OCR Q11).

Overall Client Review

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

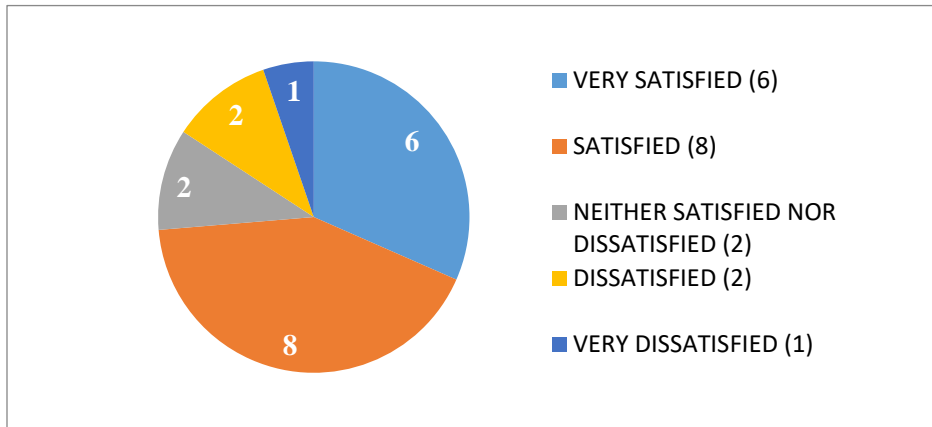
Of the 19 individuals reviewed, six individuals did not achieve one or more of the OCR outcomes (see Figure 17). Of the six individuals not achieving an OCR outcome, four individuals were receiving ACT services and two were not.

Figure 17: Overall Client Review Results



The majority of individuals were satisfied with the services they were receiving (CII Q113) (see Figure 18).

Figure 18: Overall Client Satisfaction



Individuals are asked if they have anything additional they would like to share about WCBH or the services they have received (CII Q114). One or more individuals shared the following feedback:

“I did try to do a DBT group but it was through Zoom and it didn’t feel like a group. It felt like a lecture.”

“I think they’re wonderful. They’re very supportive. I’m fortunate to have them.”

“The DMHC emergency room was my first stop [following a crisis]. I was there in the ER for two weeks before being brought to the ICU for a day then being sent to Concord Hospital. I hadn’t trusted the previous doctors until they sent me a veteran who could really explain everything to me. The true issue I had was the concept of how it was organized. They would send an intern or resident to gather an opinion in less than a two-minute time frame and go to a group where they would all voice their opinions then a seasoned doctor or two would analyze the opinion of the resident students with such little time to gather information and such little experience. Now that made it hard for me to trust the doctor.”

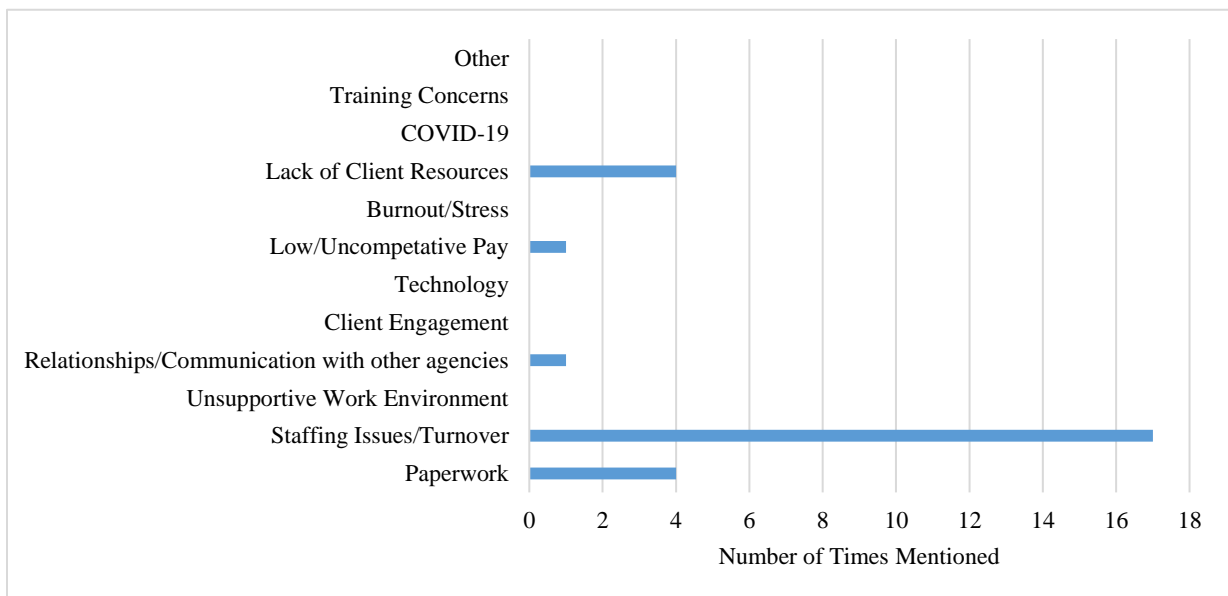
“We were limited to how much time we could spend outside [during a psychiatric admission]. Having a building to allow patients to just step outside when they want to would make a world of difference.”

WCBH STAFF FEEDBACK SECTION

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

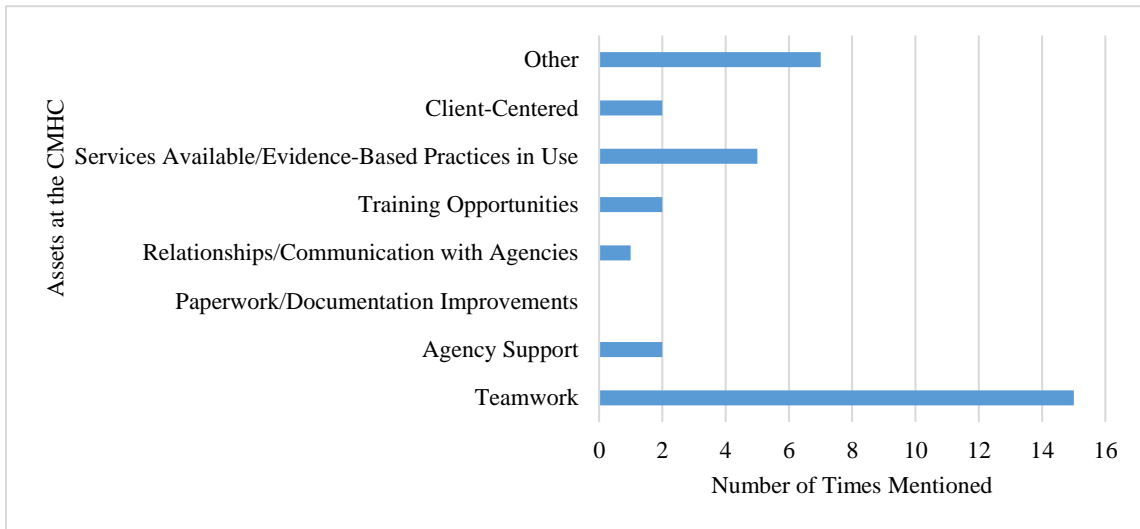
Staff are asked about the barriers, challenges, and gaps they may face at WCBH (SII Q84). A common theme recounted by a majority of staff and often provided as the only barrier reported was staffing resources/reports of not enough staff, particularly therapists and case managers, resulting in large caseloads and challenges in keeping up with paperwork. (see Figure 19).

Figure 19: WCBH Barriers, Challenges, Gaps



Regarding what is working well at WCBH and the services provided to individuals, there was an obvious theme of WCBH staff feeling supported by their teammates. Almost every staff mentioned something related to the support, the good communication, and/or the dedication and investment of the WCBH staff. One or more staff also mentioned their satisfaction with the director and doctors on staff (SII Q85) (see Figure 20).

Figure 20: “What’s Working Well at WCBH”



When asked more generally about the mental health delivery system in New Hampshire, the burdens of state-mandated paperwork was reported as well as low-pay statewide, and staff also mentioned the continuing challenges regarding access to hospitalization when a client needs that level of care (SII Q86).

VI. CMHA Substantive Provisions

New Hampshire’s CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the WCBH’s achievement of the CMHA provisions and outcomes is 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:** WCBH did not meet this provision as evidenced by Measure 15e where one of two individuals who received a crisis service was assisted with returning to his/her 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:** WCBH met this provision as evidenced by a score of 73% for the Crisis domain and OCR Q11, where all 19 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:** WCBH did not meet this provision as evidenced by the following:
 - 1. A score of 65% for Quality Indicator 17: Implementation of ACT Services.
 - 2. Four of 12 individuals receiving ACT services had indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
 - iii. All other data points relevant to this provision are as follows:
 - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery and those individuals receiving ACT services, WCBH scored 75%.
 - 2. Nine of 12 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
 - 3. Nine of 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 Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy

of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.

ii. **Conclusion:** WCBH met this provision as evidenced by the following:

1. Those receiving ACT services had a total average score of 76% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
2. Nine of 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:** WCBH did not meet this provision as evidenced by an average score of 66% 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:** WCBH met this provision as evidenced by a score of 89% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 81% for Quality Indicator 6: Adequate Individual Housing Service Delivery.

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

i. **Conclusion:** WCBH met this provision as evidenced by a score of 83% for the Housing domain and OCR Q9, where all 19 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:** WCBH 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. WCBH 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:** WCBH did not meet this provision as evidenced by a score of 62% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.
 - i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region II.
 1. In SFY21, NAMI NH provided a variety of support groups virtually due to the pandemic including:
 - Within Region II, NAMI NH has two Family Peer Support Groups for those with an adult loved one living with mental illness – one in Lebanon (NAMI Upper Valley) and one in Claremont. Both groups meet monthly with an average attendance of nine in Lebanon and four in Claremont.
 - NAMI NH has a Connection Peer Support Group for consumers that meets twice a month with an average attendance of nine per meeting (total of 18 per month).

- In addition, there is a NAMI NH Survivor of Suicide Loss (SOSL) Support Group in Claremont that meets monthly with an average attendance of five per meeting.
 - While NAMI NH does not have a Parent/Caregiver Support Group for those with a child with serious emotional disturbance in Region II, the groups facilitated out of Nashua (meeting twice a month with an average attendance of 10) and Rochester (meeting once a month with an average attendance of five) were virtual and made available to Region II residents.
 - In addition, NAMI NH now offers several dedicated virtual statewide support groups that residents of Region II can, and did, access, including one for families with a loved one experiencing a First Episode of Psychosis/Early Serious Mental Illness which meets twice a month with an average attendance of six per meeting (12 per month), and one for families with an adult loved one living with mental illness that meets weekly with an average attendance of eight per meeting (32 per month).
 - Three closed Facebook Support Groups: one for parents/caregivers of youth with serious emotional disturbance with a total of 768 members, of whom 122 were new members during the reporting period; one for family members with an adult loved one living with mental illness with a total of 1,484 members, of whom 362 were new to the group during the reporting period; and one that was started during the period for families of individuals experiencing first episode psychosis or early serious mental illness with a total of 31 new members. While it is difficult to ascertain exactly how many members live in each town, NAMI NH is aware that there are members who reside in Region II.
2. NAMI NH provided one-to-one support to a total of 60 Region II families in SFY21: four families with an adult loved one living with mental illness and five families with children with serious emotional disturbance.
 3. NAMI NH responded to 15 Information and Resource contacts in SFY21.

6. Peer Support Programs Outcome

a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.

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

1. Stepping Stone and Next Step are the peer support agencies serving the catchment area of West Central Behavioral Health. Stepping Stone is located in Claremont and Next Step is located in Lebanon.
2. Peer supports and services include: individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, Wellness Recovery Action Plan training, monthly newsletters, fundraising, educational events, and assistance with educational and vocational pursuits. In SFY21, Stepping Stone and Next Step offered the following groups and educational events:

• Community and personal healing	• Wellness Recovery Action plans (WRAP)
• Intentional Peer Support (IPS)	• Patterns, behaviors and relationships
• Art wellness	• Life goals
• Walking group	• Chair yoga
• Behaviors, habits and interactions	• Happiness is key
• Movement and music	• Continuous growth
• Meditation and relaxation	• Whole Health Action Management (WHAM)

3. In SFY21, various Stepping Stone and Next Step staff were trained in Intentional Peer Support, and Wellness Recovery Action Planning.
4. Stepping Stone had 249 unique members/participants attend during SFY21 with an average daily attendance of six. (NOTE: These numbers were dramatically

impacted by the ongoing pandemic in SFY21, with the program completely shut down at times).

5. Next Step had 128 unique members/participants attend during SFY21 with an average daily attendance of two. (NOTE: These numbers were dramatically impacted by the ongoing pandemic in SFY21, with the program completely shut down at times).
6. The Stepping Stone daytime line received 2,705 calls and made an additional 1,213 outreach calls. The WarmLine, operated during evening hours, received 2,359 calls and made an additional 2,585 outreach calls.
7. The Next Step daytime line received 323 calls and made an additional 533 outreach calls.
8. Stepping Stone also operates a two-bed peer respite program but it was closed much of the year due to the pandemic and only served two individuals.
9. Three of 19 individuals interviewed stated they had utilized a peer support agency in the past 12 months (CII Q110).

7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
 - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b: Service Delivery is flexible to meet individual's changing needs and goals; Measure 7a: Housing Supports and services enable individual to meet/progress towards identified housing goals; Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
 - ii. **Conclusion:** WCBH met this provision as evidenced by:
 1. The average of individuals who scored "Yes" for Measure 3b (14 of 19 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (14 of 19 individuals received housing supports and

services to enable them to meet/progress toward their identified housing goals) was 74%.

2. For Quality Indicator 12, WCBH scored 80%.
3. Fifteen of 19 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 19 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
5. All 19 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:** WCBH met this provision as evidenced by an average score of 79% for the seven domains and OCR Q5, with 16 of 19 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:** WCBH met this provision as evidenced by a score of 83% for the Housing domain.

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

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
 - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q69), the Crisis domain, and OCR Q11.
 - ii. **Conclusion:** WCBH met this provision as evidenced by:

1. No individuals who experienced an inpatient psychiatric admission were re-hospitalized within 90 days (CRR Q69).
2. For the Crisis domain, WCBH received a score of 73%.
3. All 19 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

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

1. *Increase the percentage of individuals with adequate assessments (Quality Indicator 1).*
2. *Increase the percentage of people with appropriate treatment planning (Quality Indicator 2).*
3. *Increase the percentage of individuals receiving adequate service delivery (Quality Indicator 3).*
4. *Increase the percentage of individuals receiving adequate individualized employment service delivery (Quality Indicator 10).*
5. *Increase the percentage of individuals with adequate crisis assessments (Quality Indicator 13).*
6. *Increase the percentage of individuals with appropriate crisis plans (Quality Indicator 14).*
7. *Increase the percentage of individuals receiving effective crisis service delivery (Quality Indicator 15).*
8. *Increase the implementation of adequate ACT services (Quality Indicator 17).*
9. *Increase the percentage of individuals transitioning successfully from inpatient psychiatric facilities (Quality Indicator 18).*

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

VIII. Next Steps

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

IX. Addendum

During a 15-day review period, WCBH had an opportunity to review the QSR initial report and submit corrections and/or information for DHHS’ consideration prior to the issuance of this final report. WCBH submitted an emailed response indicating that the Center had no further corrections or additional information applicable to this report.

The Department discovered that mention of new Appendix 8, SFY18 to Present Quality Indicator Comparison, had been inadvertently omitted from the body of the text in the initial report. This oversight was corrected by adding mention of this appendix in Section V of the final report. Additionally, the original graph included in the initial report for Appendix 8 was replaced in the final report with a more targeted pictorial representation of the aggregate data.

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. Bureau of Mental Health Services, COVID-19 Emergency Guidance #2 (Revised) – Waiver/Non-Enforcement of He-M 300 and He-M 400 Client Signature Requirements, (2020, April 3). Retrieved from <https://www.dhhs.nh.gov/dcbcs/bbh/documents/bmhs-guidance-for-signature-waivers.pdf>
3. 28 C.F.R., Part 35, Section 130 and Appendix A
4. Temple University Collaborative on Community Inclusion, “Natural Supports”, <http://tucollaborative.org/wp-content/uploads/2017/04/Natural-Supports-Developing-a-Personal-Support-System.pdf>
5. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

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

2. Client Profile-DHHS

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

3. CMHC Profile

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

4. Clinical Record Review (CRR)

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

5. Client Interview Instrument (CII)

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

6. Staff Interview Instrument (SII)

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

7. Overall Client Review (OCR)

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

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a													1b			1c			1d			
			Adequacy of Assessment	Assessments identify individual's needs and preferences			Assessments identify individual's strengths										Assessment information was gathered through face to face appointment(s)			Assessments and TX plans have adequately identified service needs						
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N		4Y/2N	4	2		4Y/2N	5	1	1 YES=	Negativ
			NonACT= 75%																							5 No=
			ACT= 83%																							

Appendix 3: CMHC QSR Abbreviated Master Instrument

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

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

EMPLOYMENT SERVICES AND SUPPORTS

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

COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

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

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

CRISIS SERVICES AND SUPPORTS

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

ACT SERVICES AND SUPPORTS

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

IPA TRANSITION/DISCHARGE

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

Appendix 4: Agency Overview

West Central Behavioral Health (WCBH), established in 1977, is a nonprofit, community-based, mental health organization serving the needs of children, adults and families. WCBH is 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. WCBH is the designated CMHP for Region II, which encompasses 24 cities and towns in Sullivan and lower Grafton Counties.

WCBH has offices in Claremont and Lebanon and two residential programs that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI). WCBH provides a range of services including: psychiatric intake assessment, diagnostic and medication services; psychiatric emergency services; targeted case management services; individual, group, and family psychotherapy. WCBH offers Evidenced Based Practices (EBPs) and Best Practices such as: Assertive Community Treatment (ACT); Supported Employment (SE); Dialectical Behavior Therapy (DBT); Cognitive Restructuring for PTSD; Illness Management and Recovery; In-SHAPE health mentoring and development program designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with SMI; Seeking Safety group related to trauma and substance abuse; and Common Ground, a peer support evidence-based approach to shared decision making regarding the use of medication and other wellness strategies in the recovery process. WCBH offers substance use services throughout the region and Medication Assisted Treatment from the Claremont office.

WCBH residential and subsidized housing programs for adults include Arbor View Group Home located in Newport. Arbor View Group Home is a 16-bed, 24-hour staffed residential facility for adults with SMI/SPMI. Case management, Functional Support Services and partial hospitalization services are available seven days a week. WCBH also has a five-unit apartment building in Claremont for SMI/SPMI adults. Three of these units are subsidized through New Hampshire Housings' Section 8 Housing Choice Voucher Program.

There are three hospitals located within the WCBH catchment area. Dartmouth Hitchcock Medical Center (DHMC) in Lebanon has a 21-bed voluntary psychiatric unit and DMHC staff provide psychiatric assessments in the emergency department. Alice Peck Day Hospital in

Lebanon uses their own staff to provide psychiatric assessments in the emergency department. WCBH's Medical Director has privileges at the hospital to provide psychiatric consultations for patients on medical units. Valley Regional Hospital in Claremont contracts with WCBH to provide 24/7 coverage of their patients presenting in the emergency department, and for WCBH clients requiring mental health consultation on medical units. WCBH's Medical Director has privileges to provide psychiatric consultation on the in-patient medical units. The above hospitals and WCBH participate in Automated Admission Discharge and Transfer (ADT) alerts to assist with consistent treatment for clients who present in the Emergency Department. WCBH remains a participant in the Integrated Delivery Network initiative with other healthcare providers such as Alice Peck Day Hospital, Dartmouth Hospital, and Valley Regional Hospital.

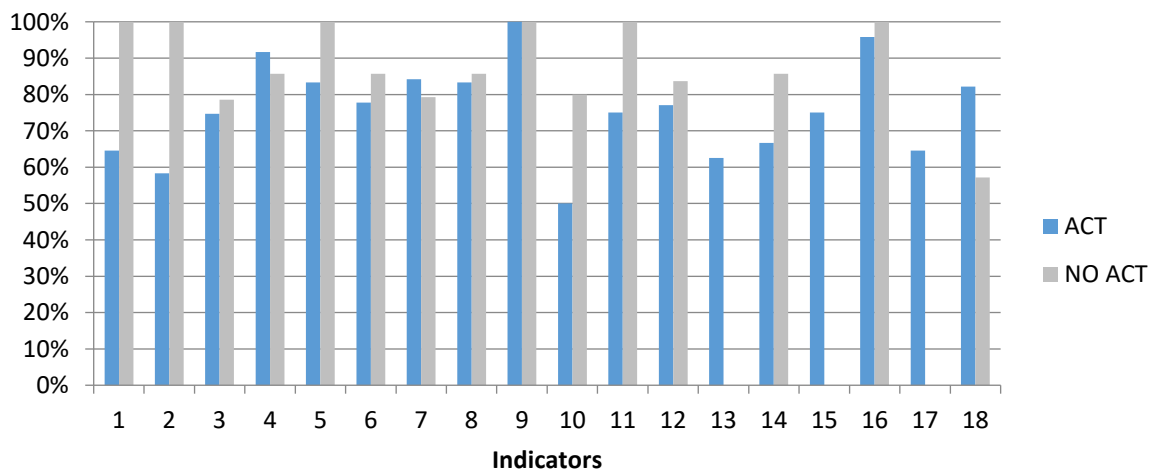
Appendix 5: Three-Year Comparison

Indicator	SFY20	SFY21	SFY22	3-Year Overall Change
1. Adequacy of Assessment	89%	93%	78%	-11%
2. Appropriateness of treatment planning	93%	95%	74%	-19%
3. Adequacy of individual service delivery	86%	90%	76%	-10%
4. Adequacy of Housing Assessment	100%	100%	89%	-11%
5. Appropriate of Housing Treatment Plan	90%	85%	89%	-1%
6. Adequacy of individual housing service delivery	85%	85%	81%	-4%
7. Effectiveness of Housing supports provided	92%	85%	82%	-10%
8. Adequacy of employment assessment/screening	68%	75%	84%	16%
9. Appropriateness of employment treatment planning	82%	62%	100%	18%
10. Adequacy of individual employment service delivery	63%	73%	62%	-1%
11. Adequacy of Assessment of social and community integration needs	100%	100%	84%	-16%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	83%	84%	80%	-3%
13. Adequacy of Crisis Assessment	67%	75%	63%	-4%
14. Appropriateness of crisis plans	100%	93%	74%	-26%
15. Comprehensive and effective crisis service delivery	70%	69%	75%	5%
16. Adequacy of ACT Screening	100%	100%	97%	-3%
17. Implementation of ACT Services	77%	77%	65%	-12%
18. Successful transition/discharge from the inpatient psychiatric facility	83%	90%	77%	-6%
AVERAGE:	85%	85%	79%	-6%

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	19	Adequacy of Assessment	65%	12	100%	7
2	19	Appropriateness of treatment planning	58%	12	100%	7
3	19	Adequacy of individual service delivery	75%	12	79%	7
4	19	Adequacy of Housing Assessment	92%	12	86%	7
5	19	Appropriateness of Housing Treatment Plan	83%	12	100%	7
6	19	Adequacy of individual housing service delivery	78%	12	86%	7
7	19	Effectiveness of Housing supports provided	84%	12	79%	7
8	19	Adequacy of employment assessment/screening	83%	12	86%	7
9	8	Appropriateness of employment treatment planning	100%	3	100%	5
10	13	Adequacy of individual employment service delivery	50%	8	80%	5
11	19	Adequacy of Assessment of social and community integration needs	75%	12	100%	7
12	19	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	77%	12	84%	7
13	2	Adequacy of Crisis Assessment	63%	2	0	0
14	19	Appropriateness of crisis plans	67%	12	86%	7
15	2	Comprehensive and effective crisis service delivery	75%	2	0	0
16	19	Adequacy of ACT Screening	96%	12	100%	7
17	12	Implementation of ACT Services	65%	12	N/A	0
18	5	Successful transition/discharge from the inpatient psychiatric facility	82%	4	57%	1



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: SFY18 to Present Quality Indicator Comparison

