

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Bureau of Program Quality*



***QUALITY SERVICE REVIEW***

**Final Report for**

***Center for Life Management***

Issued January 4, 2023

## ***Acknowledgements***

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The Department of Health and Human Services, Bureau of Program Quality (BPQ) acknowledges the significant effort the Center for Life Management 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***

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ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
BPQ	Bureau of Program Quality
CII	Client Interview Instrument
CLM	Center for Life Management
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
RRT	Rapid Response Team
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

## ***Executive Summary***

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

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, BPQ developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 quality indicators and 66 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted Center for Life Management's (CLM) QSR from November 9 through November 17, 2023. This review was conducted remotely and onsite, with the first three days consisting of record reviews and the final three days consisting of client and staff interviews completed in-person or by video or phone. The CLM QSR sample included 18 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 November 1, 2022 through November 8, 2023. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

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

*Quality Indicator 14: Appropriateness of crisis plans*

*Quality Indicator 15: Comprehensive and effective crisis service delivery*

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

**Table 1: Center for Life Management QSR Summary Results**

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	18	93%	No	4
2. Appropriateness of treatment planning	18	98%	No	3
3. Adequacy of individual service delivery	18	94%	No	6
4. Adequacy of housing assessment	18	100%	No	1
5. Appropriateness of housing treatment planning	18	100%	No	1
6. Adequacy of individual housing service delivery	18	93%	No	3
7. Effectiveness of the housing supports and services provided	18	89%	No	5
8. Adequacy of employment assessment/screening	18	89%	No	2
9. Appropriateness of employment treatment planning	6*	100%	No	1
10. Adequacy of individualized employment service delivery	10*	85%	No	2
11. Adequacy of assessment of social and community integration needs	18	100%	No	2
12. Individual is integrated into his/her/their community, has choice, increased independence, and adequate social supports	18	86%	No	13
13. Adequacy of crisis assessment	7*	89%	No	4
14. Appropriateness of crisis plans	18	72%	Yes	2
15. Comprehensive and effective crisis service delivery	6*	75%	Yes	4
16. Adequacy of ACT screening	18	97%	No	2
17. Implementation of ACT Services	11*	91%	No	4
18. Successful transition/discharge from inpatient psychiatric facility	7*	86%	No	7

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

## ***I. Background***

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

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

## ***II. Purpose***

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

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

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

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

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a prescribed timeframe involving communication, logistics, IT, data entry, data analytics,



scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Individuals are given a choice in their preferred interview methodology, such as phone, video, or in-person. Daily contact occurs with QSR reviewers to ensure consistent practice and inter-rater reliability, and assistance is sought from the CMHC staff if needed. During the post QSR period, follow-up tasks required of the CMHC are completed and BPQ commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

#### ***IV. QSR Methodology***

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission Transition/Discharge, as defined by 18 quality indicators and 66 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

## **Sample Size and Composition**

The CMHC QSR sample is randomly selected and consists of at least 22 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Sample lists may then be reviewed to determine if there are individuals who had admissions at inpatient behavioral health units other than New Hampshire Hospital and the Designated Receiving Facilities, and those individuals are moved to the ACT/IPA and NO ACT/IPA lists as appropriate. Additionally, information gathered during the interview scheduling and site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

The CMHCs are instructed to schedule interviews using only the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA*, unless the CMHC has smaller sample lists and exhausts those lists prior to successfully scheduling a full number of individuals to be interviewed. This approach promotes a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

## **Data Sources**

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

its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than “no evidence.”

## **Scoring**

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

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

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If six individuals were scored for this measure and two individuals scored 100%, three individuals scored 75% and one individual scored 50%, the CMHC level score for Quality Indicator 1 would be 79% ( $(100\% + 100\% + 75\% + 75\% + 75\% + 50\%)/6 = 475\%/6 = 79.1666\% = 79\%$ ) (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual's response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. For example in Measure 12d, Individual is integrated in his/her/their community, CII Q102, CII Q96, and SII Q60 are data points for this measure. However, if all three data points are not YES, the measure is still met as long as CII Q102 is a YES and either of the remaining questions (CII Q96 or SII Q60) are a YES. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

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

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

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC's compliance with the CMHA substantive provisions (see CMHA Substantive Provisions section). Each domain consists of specified measures. The domain score

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

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

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

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

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

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

ACT Services: Quality Indicators 16, and 17; and

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

### **QSR Findings and Conclusions**

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

### **Quality Improvement Plan and Monitoring**

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for BPQ to consider prior to issuing the final report. The final report is distributed to the CMHC, Representatives of the Plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any quality indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY18, less than 75% for SFY19, and less than 80% for SFY20 and subsequent years. The CMHC has 30 calendar days to submit a QIP to DHHS for review by BMHS and BPQ. The

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

***V. Center for Life Management QSR Findings***

**Center for Life Management QSR Overview**

One hundred forty-seven CLM 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 18 individual interviews were completed. Four individuals elected not to participate at their scheduled interview time and chose not to reschedule. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final groupings after interviews were completed. Final categories for the individuals interviewed are based on the criteria they met at the time of the interview regarding ACT and IPA.

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

CATEGORY	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	11	7%	1	6%
ACT/NO IPA	28	19%	10	56%
NO ACT/IPA	24	16%	6	33%
NO ACT/NO IPA	84	57%	1	6%
<b>Total</b>	<b>147</b>	<b>99%†</b>	<b>18</b>	<b>101%†</b>

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

The CLM Quality Service Review included a review of 22 clinical records, 18 individual interviews, and 22 staff interviews. Table 3 shows the distribution of interview and record review activities.

**Table 3: Review Activities**

	<b>Number In Person</b>	<b>Number By Video Conference</b>	<b>Number By Phone</b>	<b>Total</b>
Individuals Interviewed	0	0	18	18
Staff Interviewed	0	6	16	22
Clinical Records Reviewed	22	NA	NA	22

From November 9 through November 17, 2023, four teams consisting of staff from BPQ and BMHS completed the remote data collection processes. Data was collected for the review period of November 1, 2022 through November 8, 2023. Following the remote review, the QSR data was scored. Analysis of the scores was then completed.

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

### **Center for Life Management Scores**

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

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

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

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

complete and identifies the individual’s specific needs, strengths, and preferences, and is conducted in direct collaboration with the individual.

CLM scored 93% for Quality Indicator 1; data from 18 individuals were included in the scoring for Quality Indicator 1. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d. Individuals were scored as follows:

	YES	NO
<b>Measure 1a:</b> Assessments identify individual’s needs	18	0
<b>Measure 1b:</b> Assessments identify individual’s strengths	18	0
<b>Measure 1c:</b> Assessment information was gathered through direct collaboration with the individual	13	5
<b>Measure 1d (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	0

**Additional Results**

- CLM uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals’ behavioral health needs, life functioning, risk behaviors, and strengths. All 18 clinical records contained documentation that an assessment of needs or strengths using the ANSA had been completed (CRR Q4). All 18 records had all areas within the behavioral health needs, life functioning, and risk behaviors scored and all areas within the strength sections scored (CRR Q5, CRR Q6).
- Sixteen of 18 individuals interviewed reported that staff had talked to them about their strengths, skills, and abilities (CII Q4).
- For 13 of 18 individuals interviewed, staff indicated that at least part of the assessment process was completed through a direct collaborative process with the individual (SII Q2).
- Seventeen of 18 individuals had treatment plans in which all treatment plan goals had related identified needs found in the ANSA, case management assessment, or other comparable assessment (CRR Q10).
- Overall, none of the 18 individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).



## Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals.<sup>1</sup> Appropriate treatment planning also includes review and revision of the treatment plan during specified review periods and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

CLM scored 98% for Quality Indicator 2; data from 18 individuals were included in the scoring for Quality Indicator 2. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
<b>Measure 2a:</b> Treatment planning is appropriately customized to meet individual's needs and goals	18	0
<b>Measure 2b:</b> Treatment planning is person-centered and strengths based	17	1
<b>Measure 2c (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	0

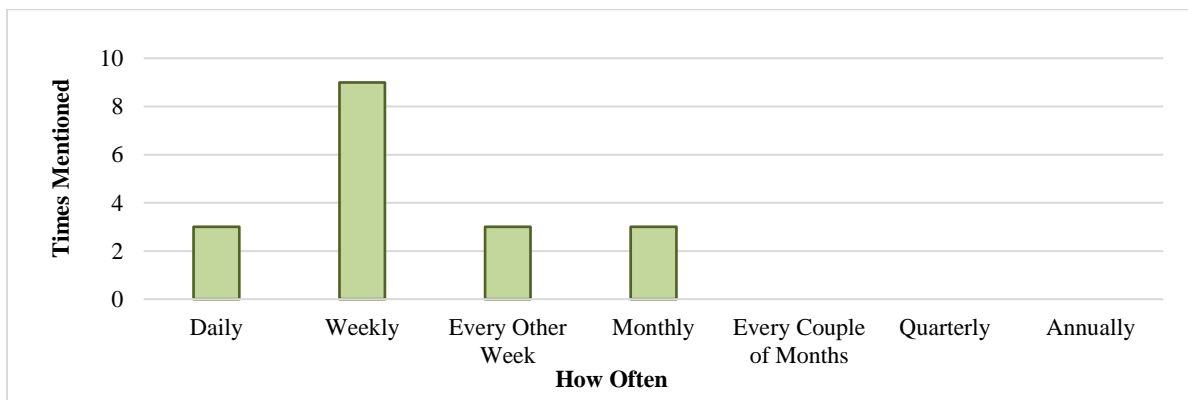
### Additional Results

- If the ANSA or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if CLM has established a goal or plan to address the identified needs. All 18 individuals had mental health needs identified in the ANSA (CRR Q4, CRR Q9). Sixteen individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans (CRR Q9). Two individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans (CRR Q9).
- Ten of the 16 individuals who had at least 70% of their identified mental health needs addressed through their case management or treatment plans had 50% or more of their identified mental health needs addressed via identifying those needs under the "Barriers/Problems and Functional Impairments" section of the individual's treatment plan

versus having a treatment plan goal or case management plan to address the mental health need (CRR Q9).

- The QSR also looks at the reverse, reviewing each goal in the ISP treatment plan and determining if there is a related identified need, mental health or otherwise, in the case management assessment or the ANSA or other comparable assessment. Seventeen individuals were found to have identified needs relating to all of their treatment goals; one individual had one or more treatment plan goals that were not aligned with any of his/her/their identified needs in the case management assessment or the ANSA or comprehensive assessment used (CRR Q10).
- From the evaluation of individuals' ISP Reviews, 15 individuals had ISP Reviews that identified a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for all 15 individuals (CRR Q15).
- The clinical record contained documentation of ISP Reviews having been completed for all review periods that fell within the period under review for all 18 individuals (CRR Q16).
- All 18 clinical records contained a summary of progress in at least 70% of the ISP Reviews required for the individual during the period under review (CRR Q15).
- Fourteen of 18 individuals were found to have made progress on their treatment goals in at least 70% of the ISP Reviews examined, based upon documentation found in the clinical record (CRR Q15).
- All 18 individuals responded they had talked with CLM staff in the past 12 months about their needs and goals (CII Q1), many saying they did so as often as weekly (CII Q2) (see Figure 1).

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



- All 18 individuals felt they spoke often enough with staff about their needs and what they wanted to work on (CII Q3).
- Seventeen individuals validated that staff actively work with them on their goals (CII Q5). Sixteen of 18 individuals confirmed that staff had talked to them about their strengths, such as the things they are good at, their skills and abilities (CII Q4).
- Of the 18 individuals interviewed, 17 individuals indicated they were involved in their treatment planning and goal setting (CII Q6). Staff validated that 16 individuals had some involvement in their treatment planning (SII Q3). Seventeen 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).
- One individual stated there were people he/she/they wished had been involved in his/her/their treatment planning who were not (CII Q7). These people included additional staff from CLM as well as a family member.
- All 18 individuals had treatment plans that were current and complete at the time of the QSR (CRR Q3).
- The clinical records contained documentation of 11 individuals' involvement in their ISP/treatment planning, such as documentation in the clinical record of a signature on or verbal acknowledgement of the individual's ISP/treatment plan, or documentation that a discussion of the ISP and/or goals on the ISP occurred between staff and the individual (CRR Q12). Seven ISP/treatment plans had signatures, two contained documentation of verbal acknowledgements, and two clinical records contained documentation that a discussion of the ISP and/or goals on the ISP occurred between staff and the individual if a signature or verbal acknowledgement was not found.
- All 18 ISP/treatment plans included the individuals' strengths (CRR Q13); and all 18 ISP/treatment plans were written in plain language (CRR Q14).
- All 18 individuals confirmed that staff had discussed with them what services were available at CLM to help them meet their needs and reach their goals (CII Q10).
- Staff are asked if there is anything the individual needs that is not in the current treatment plan. All 18 staff responded that there were no needs that were not being addressed by the individuals' current treatment plans (SII Q4).

- For the services staff indicated three individuals were declining, staff reported that the service options were discussed with all three individuals at least quarterly (SII Q8).
- Overall, none of the 18 individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).

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

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

CLM scored 94% for Quality Indicator 3; data from 18 individuals were included in the scoring for Quality Indicator 3. Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 3a:</b> Services are delivered with appropriate intensity, frequency, and duration	12	6
<b>Measure 3b:</b> Service delivery is flexible to meet individual’s changing needs and goals	17	1
<b>Measure 3c:</b> Services are delivered in accordance with the service provision(s) on the treatment plan	18	0
<b>Measure 3d (OCR Q1):</b> Frequency and intensity of services are consistent with individual's demonstrated need	18	0
<b>Measure 3e (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	0
<b>Measure 3f (OCR Q5):</b> Services and supports ensure health, safety, and welfare	18	0

### **Additional Results**

- Individuals are asked if they are able to get all the services and supports needed to meet their current needs and achieve their goals. Sixteen individuals responded they are able to get all

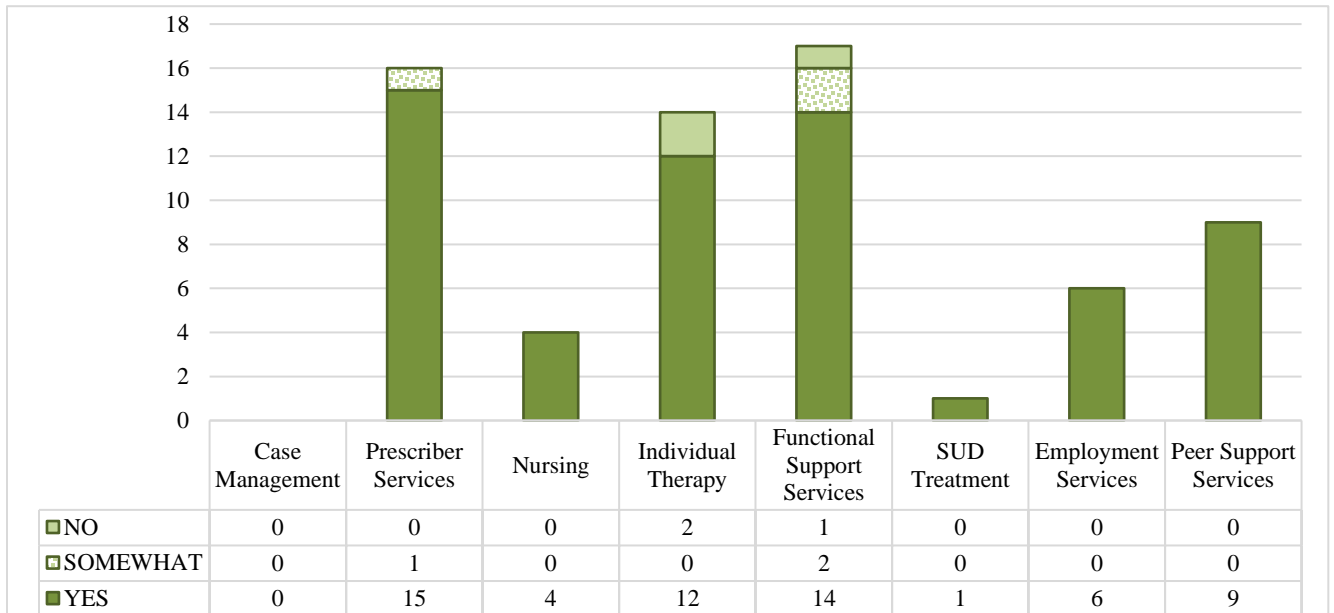
the services and supports they need to meet their current needs and achieve their goals; one individual responded that he/she/they are “somewhat” able to get all the services and supports needed to meet his/her/their current needs and achieve his/her/their goals; one individual responded that he/she/they are unable to get all the services and supports needed to meet his/her/their current needs and achieve his/her/their goals (CII Q19). Of the two individuals who responded “somewhat” or “no”, one individual named specific service/support areas that he/she/they needed more help with from CLM, such as counseling and social and community integration supports (CII Q20).

- Four of 18 individuals reported that certain services, such as prescriber services, case management, social and community integration supports, or Supported Employment, had not started when they needed them to within the past year (CII Q17, CII Q18).
- Staff acknowledged there were one or more services that four of 18 individuals were not receiving at the frequency prescribed on their treatment plan (SII Q5). Of those four individuals, staff indicated that one individual was declining one or more of the services (SII Q6).
- Documentation in the clinical records indicated that all 18 individuals received 70% or more of their services prescribed on their annual treatment plan, and 16 individuals received 100% of the services prescribed (CRR Q11).
- However, documentation in the clinical records indicated that only three of 18 individuals received 70% or more of their services on their treatment plan at prescribed frequency, and 15 individuals did not receive 70% or more of their services at prescribed frequency (CRR Q11). One individual received 100% of his/her/their services on his/his/their treatment plan at prescribed frequency. Four of 18 individuals received none of their services on their treatment plan at prescribed frequency. Staff provided appropriate reasons for why services were not provided at the frequency prescribed for 12 individuals (SII Q7). For the remaining individuals, staffing vacancies were frequently cited as barriers to individuals receiving services at the frequency prescribed. One or more staff were unsure as to why individuals were not receiving certain services at prescribed frequency.
- Three individuals who were not receiving one or more services at the frequency prescribed were reported to be declining one or more of their services (SII Q6, SII Q7). Staff indicated

that the process used for revisiting the services that were being declined included monthly discussions with the individual and addressing engagement at every appointment (SII Q8).

- Staff reported that the reason seven individuals were not receiving one or more services at the frequency prescribed was because the services are or were not available during the period under review (SII Q6, SII Q7). Staff are then asked what the plan has been to meet the individual's service needs while the services were not available. Six of seven staff described plans that met the individuals services needs, which included using a team approach to provided the needed services while positions were vacant, providing extra monitoring to support the individual, and offering alternative services and supports in the absence of the needed service (SII Q9).
- Sixteen individuals were found to have at least 70% of their identified mental health needs addressed through their ISPs or case management plans; two of 18 individuals did not (CRR Q9).
- Fifteen individuals had ISP Reviews that identified a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for all 15 individuals (CRR Q15).
- Overall, it was determined that all 18 individuals reviewed were receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1).
- Overall, none of the 18 individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).
- Overall, all 18 individuals reviewed were observed to be receiving all of the services and supports needed to ensure health, safety, and welfare (OCR Q5).
- Individuals are asked if they are able to get all the supports and services they need from specific staff roles, based upon which services are prescribed on their treatment plan or in which they are interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q16, CII Q61, CII Q106). Individuals were most satisfied with their nursing and employment services, with four of four individuals and six of six individuals respectively responding that they were receiving the services needed in those areas. Individuals were least satisfied with their functional support services, with three of 17 individuals stating that they did not get all the services needed (see Figure 2).

**Figure 2: Ability to Get All the Supports and Services Needed**



## HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act’s anti-discriminatory provision as follows: “A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”<sup>2</sup>

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

#### **Quality Indicator 4: Adequacy of Housing Assessment**

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual’s housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

CLM scored 100% for Quality Indicator 4; data from 18 individuals were included in the scoring for Quality Indicator 4. Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 4a:</b> Individual housing needs are adequately identified	18	0

#### **Additional Results**

- Both the ANSA and case management assessments supported that individuals’ housing needs were routinely assessed. ANSAs and case management assessments were found for all 18 individuals (CRR Q4, CRR Q1). Collectively, all 18 individuals were assessed for housing needs by both of these means (CRR Q17, CRR Q18).
- All 18 individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q19).
- The most frequently cited needs were living skills and residential stability (CRR Q20).

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

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

CLM scored 100% for Quality Indicator 5; data from 18 individuals were included in the scoring for Quality Indicator 5. Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:



	YES	NO
<b>Measure 5a:</b> Treatment Plans are appropriately customized to meet individual’s housing needs and goals	18	0

**Additional Results**

- All 18 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q19). Of those 18 individuals, 15 individuals had housing related goals or objectives on their treatment plan and/or case management plan; three individuals did not have housing related goals or objectives on their treatment plan and/or case management plan despite housing needs having been identified (CRR Q21, CRR Q22). For the 15 individuals with housing goals or plans, all 15 individuals had goals or plans that were in alignment with their assessed housing needs (CRR Q26).
- Many of the housing related goals and plans were specific to the individual such as focusing upon providing assistance with housing paperwork, researching financial supports to help with mortgage and/or utility bills, and help with finding an apartment (CRR Q23).

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

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

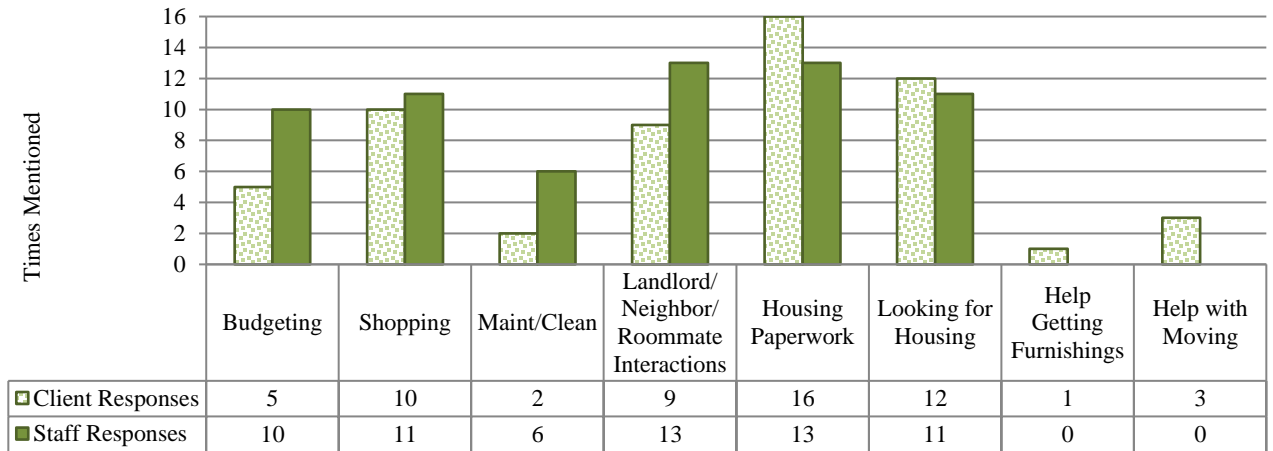
CLM scored 93% for Quality Indicator 6; data from 18 individuals were included in the scoring for Quality Indicator 6. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
<b>Measure 6a:</b> Housing support services are provided with appropriate intensity, frequency, and duration to meet individual’s changing needs and goals	17	1
<b>Measure 6b:</b> Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	15	3
<b>Measure 6c (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	18	0

## **Additional Results**

- In total, 15 individuals had housing goals or objectives on their treatment plan and/or case management plan regardless of assessed need (CRR Q21, CRR Q22) and of those 15 individuals, 14 individuals were receiving housing related services (CRR Q24) and those 14 individuals were receiving housing services that were in alignment with their housing goals (CRR Q26).
- Fifteen of 18 individuals responded that they were able to get all the housing supports they needed (CII Q43) *and* received these housing supports and services as often as they needed (CII Q44) *and* felt that they had enough support to achieve their housing goals (CII Q45); three individuals responded that they did not get all the housing supports they needed (CII Q43) *or* did not receive those housing supports and services as often as they needed (CII Q44) *or* did not feel that that they had enough support to achieve their housing goals (CII Q45). Specifically, 15 of 18 individuals felt that they were able to get all the housing supports they needed; three individuals did not (CII Q43). Sixteen of 18 individuals felt they received housing supports and services as often as they needed; two individuals did not (CII Q44). Seventeen individuals felt that they had enough support to achieve their housing goals; one individual did not (CII Q45). Some comments provided by individuals were about services that could be provided by CLM, whereas others were about needing housing related assistance that may fall outside the capabilities of a mental health center.
- Staff identified one individual whose housing related needs were not met in the past 12 months by CLM (SII Q30). Staff reported this individual needed assistance and services with cleaning and maintaining the individual's home and although these services had been repeatedly offered to the individual, the individual repeatedly declines the offered services (SII Q32).
- Overall, all 18 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 looking for housing (SII Q28, CII Q42) (see Figure 3).

**Figure 3: Most Common Housing Services and Supports Received**



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

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

CLM scored 89% for Quality Indicator 7; data from 18 individuals were included in the scoring for Quality Indicator 7. Quality Indicator 7 consists of Measures 7a-7e. Of the 18 individuals interviewed, eight individuals were considered not applicable for Measure 7d because they did not move (CII Q34) nor had interest in moving (CII Q37) during the period under review.

Individuals were scored as follows:

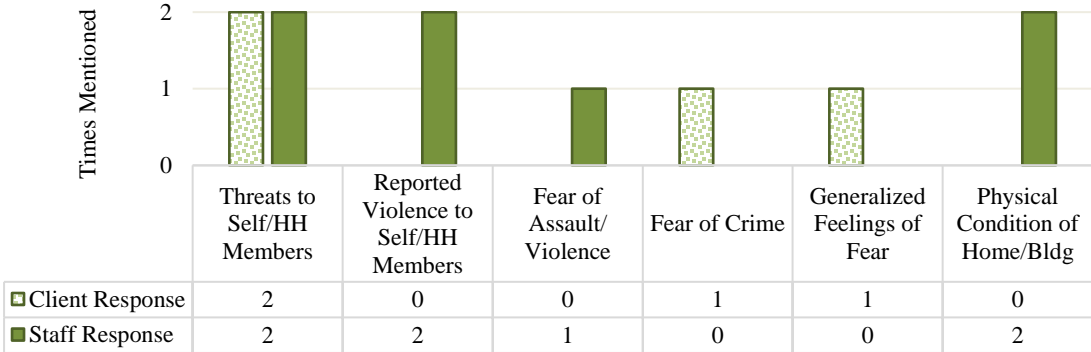
	YES	NO
<b>Measure 7a:</b> Housing supports and services enable individual to meet/progress towards identified housing goals	16	2
<b>Measure 7b:</b> Housing supports and services enable individual to maintain safe housing	15	3
<b>Measure 7c:</b> Housing supports and services enable individual to maintain stable housing	16	2
<b>Measure 7d:</b> Housing supports and services enable individual to be involved in selecting housing	8	2

<b>Measure 7e (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	18	0
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**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 two of the five individuals who self-identified safety concerns as well as three additional individuals (SII Q20). In total, eight unduplicated individuals were reported to have had a safety concern related to their home or neighborhood in the past 12 months (CII Q29, SII Q20). One individual and two staff identified the safety concerns as being current (CII Q30, SII Q21). The most common reasons cited as safety concerns were threats made to the individual or a household member (see Figure 4).

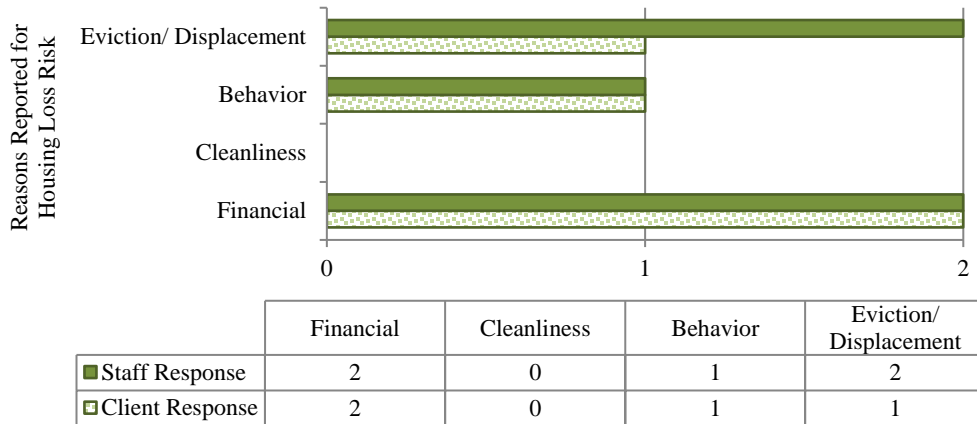
**Figure 4: Reasons Reported for Safety Concerns Related to Home or Neighborhood in the Past 12 Months**



- All 18 individuals are living in independent private residences (CII Q27, SII Q18).
- Three individuals responded they had experienced homelessness at some point in the past 12 months (CII Q33). Staff indicated that two individuals had experienced homelessness at some point in the past 12 months and were unsure if one additional individual had experienced homelessness (SII Q19).
- The three individuals who self-identified as currently experiencing homelessness (CII Q27) or who had reported having experienced homelessness at some point in the past 12 months (CII Q33) reported having lived in from one to three or more places during the period under review (CII Q34).

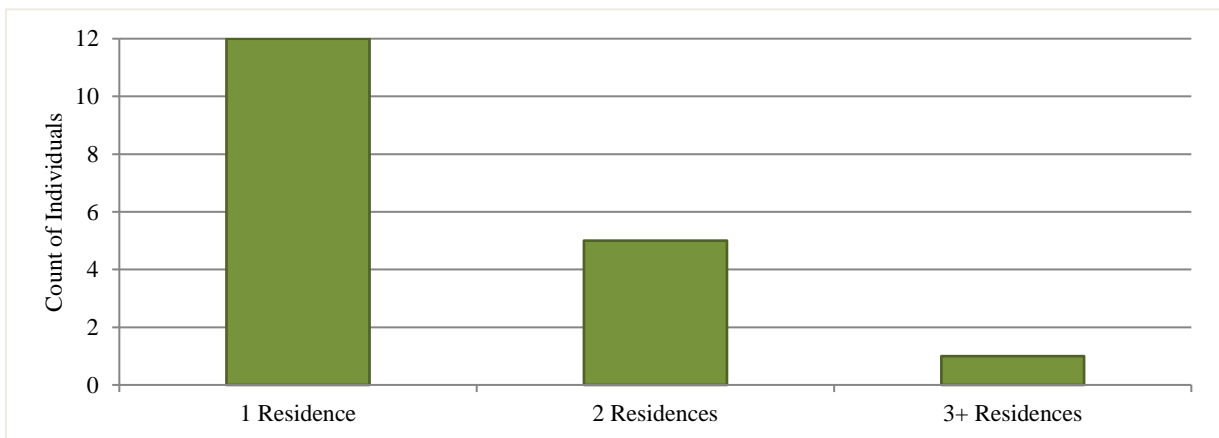
- A total of three unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q22). The most common reasons mentioned were related to not being able to afford their housing (CII Q32, SII Q23) (see Figure 5).

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



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

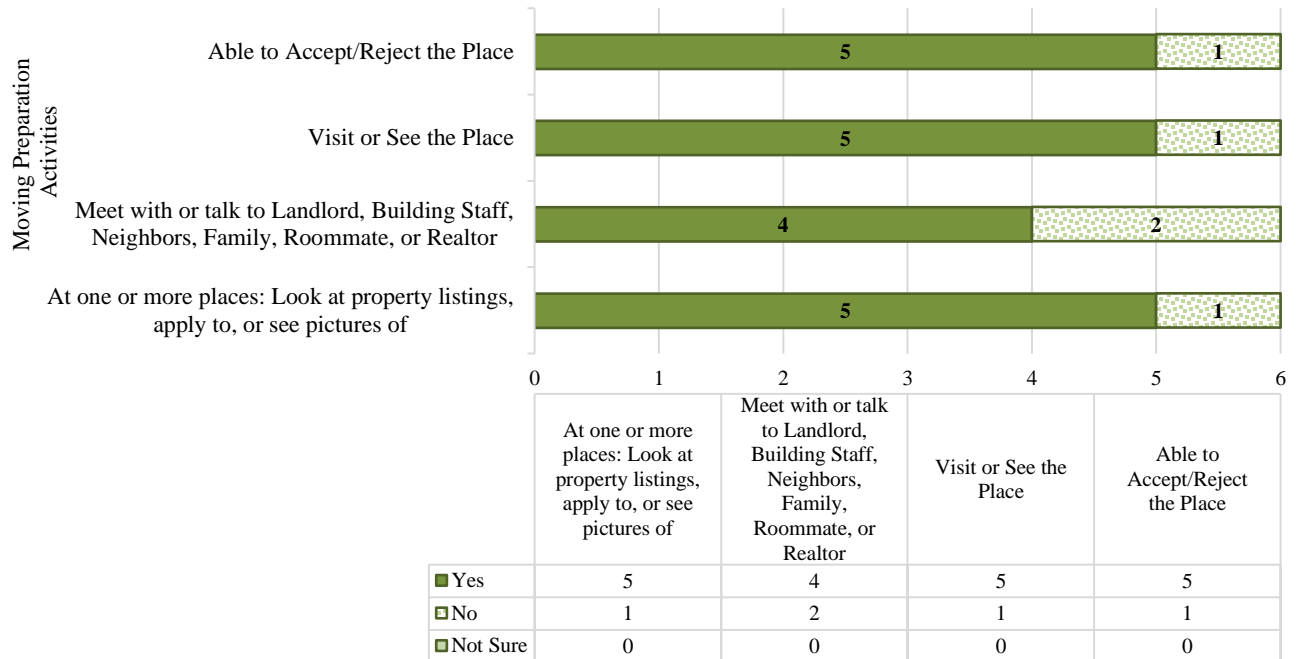
**Figure 6: Places Lived in the Past Year**



- Of the 10 individuals who moved in the past 12 months or who are currently looking for a different place to live (CII Q34, CII Q37), five individuals were receiving ACT services and five individuals were not (CRR Q58).
- All six individuals who reported living in two or more residences in the last year confirmed that they had been able to talk with CLM staff about what they wanted in a place to live before moving (CII Q34, CII Q35). All six individuals were able to identify at least one

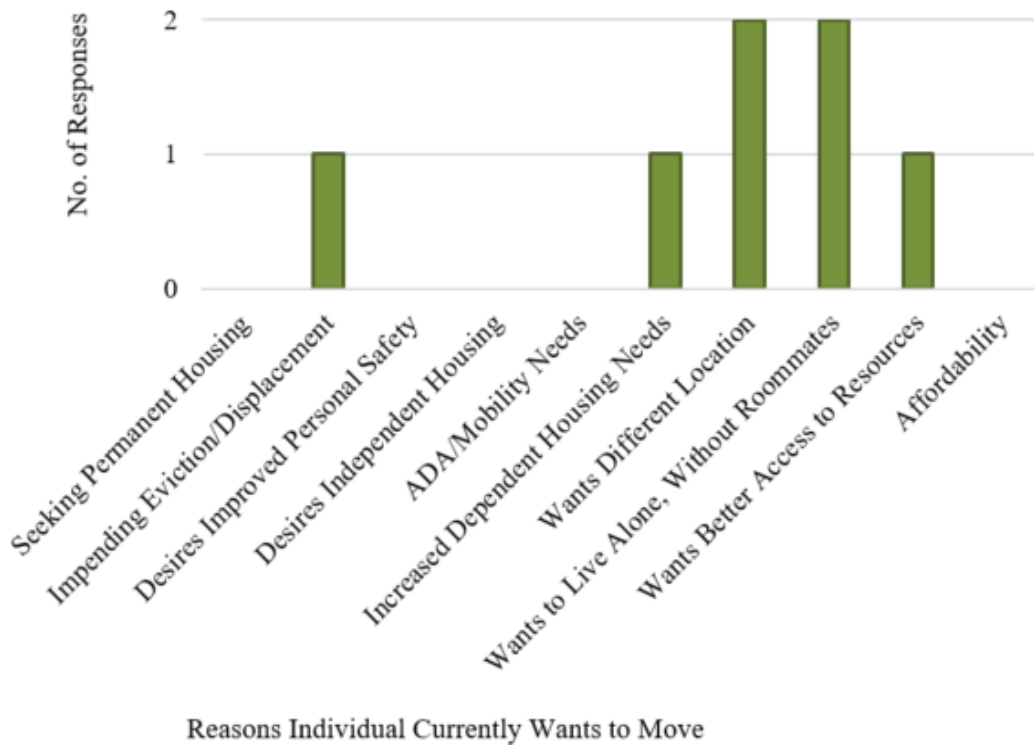
activity in which they engaged that demonstrated they were involved in selecting their housing before moving (CII Q36) (see Figure 7). Five of six individuals reported being able to look at one or more property listings, apply to one or more places, or see pictures of one or more places, and five of six individuals reported actually being able to visit the place before moving.

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



- Staff reported that five individuals had lived in two or more residences in the past year (SII Q24). Of those five individuals, staff reported that three individuals had been able to discuss with staff what their housing needs and wants were prior to moving (SII Q27); four individuals had had a chance to look at the places before moving (SII Q26).
- Six of 18 individuals were currently looking for a different place to live (CII Q37). The most frequently cited reason for why individuals wanted to move was wanting to live alone, without roommates, or wanting to live in a different location (CII Q37) (see Figure 8).

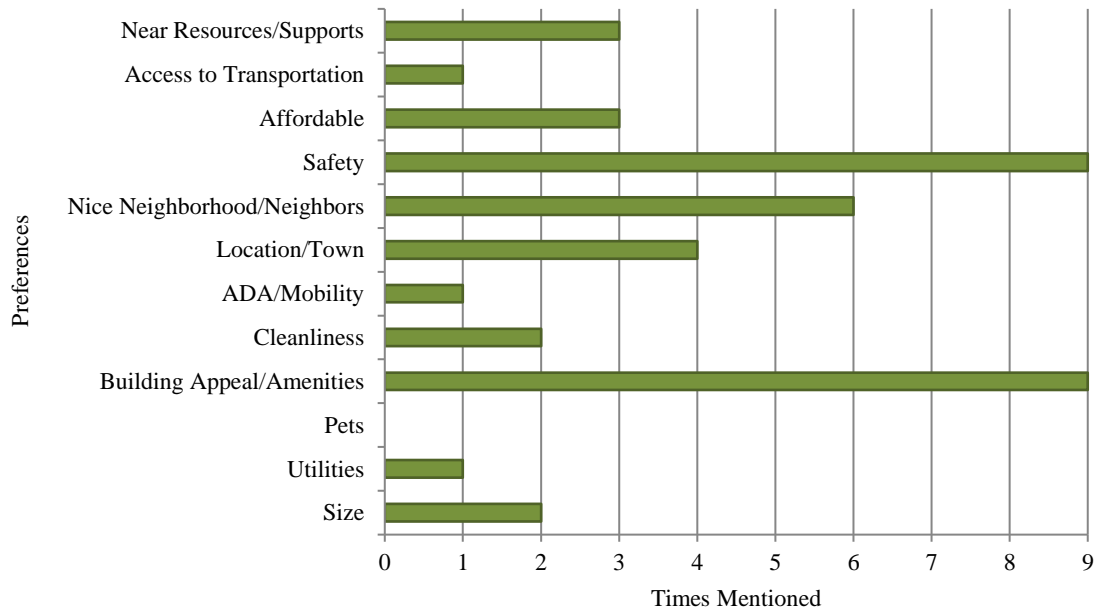
**Figure 8:** Reasons Individuals Currently Want to Move



- Five of the six individuals who were currently looking for a different place to live reported that they had had a chance to talk with CLM staff about what they currently wanted in a different place to live; one individual did not (CII Q38). Five individuals confirmed CLM staff were helping them in their search for a different place to live (CII Q39).
- For 14 of the 15 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q21, CRR Q22), staff were able to endorse that the services that CLM had provided to the individuals over the past year had helped the individual to progress towards the individuals’ housing goals (SII Q29).
- Seventeen individuals felt that they had enough support to achieve their housing goals (CII Q45). One individual noted that he/she/they needed help with mortgage paperwork and looking for a new place to reach his/her/their housing goals (CII Q45).
- Staff indicated that all 18 individuals were receiving services adequate to obtain and maintain stable housing (SII Q33).
- The most common responses made by individuals regarding the factors most important to them when choosing a place to live were safety and the building appeal/amenities, which

included such things as cleanliness of the property, good windows, less congestion in the apartment building complex, and a nice landlord (CII Q40) (see Figure 9).

**Figure 9: Preferences When Choosing Where to Live**



- Thirteen of 18 individuals confirmed that the place where they live now includes most of the things that are important to them in a place to live; five individuals reported the place they lived now did not include those things (CII Q41).
- Overall, all 18 individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9).

**EMPLOYMENT SERVICES AND SUPPORTS**

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

An individual receives appropriate and adequate employment services when he/she/they have been screened to determine his/her/their employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are



provided in a manner that helps him/her/they make progress toward and achieve his/her/their employment goals.

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

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual’s interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual’s employment goals. An adequate employment assessment/screening is comprehensive, per He-M 426.12(i)(5)(e.), and identifies the individual’s employment-related skills and strengths, interests and preferences, work history and experience, and barriers to employment.

CLM scored 89% for Quality Indicator 8; data from 18 individuals were included in the scoring for Quality Indicator 8. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 18 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 for at least 30 days and enrollment occurred at least 30 days prior to the start of the QSR (CRR Q27). Individuals were scored as follows:

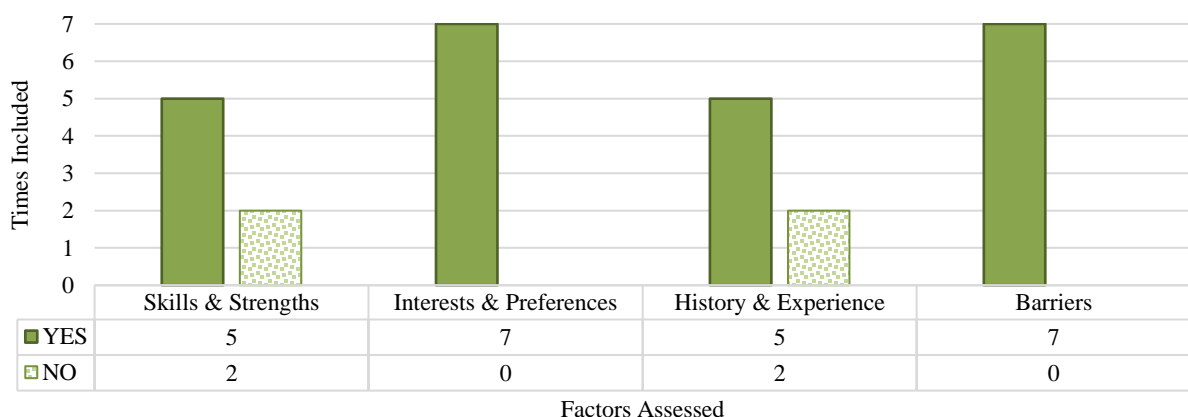
	YES	NO
<b>Measure 8a:</b> Individual employment needs are adequately identified	17	1
<b>Measure 8b:</b> Individual received a comprehensive assessment of employment needs and preferences when applicable	6	2

**Additional Results**

- Six of 18 individuals responded they had not been asked by CLM staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that the employment domain in the ANSA and the employment section of the case management assessment was completed for all 18 individuals (CRR Q28, CRR Q29, CRR Q31). Collectively, all 18 individuals were assessed/screened for employment needs by both of these means.

- All six individuals stating they were interested in receiving CLM help with finding or keeping a job in the past 12 months (CII Q53) had employment needs identified in either the ANSA or the case management assessment (CRR Q30).
- Nine individuals were enrolled in supported employment (SE) during the period under review, but one of the nine individuals had not participated in SE for at least 30 days (CRR Q27); the clinical record for seven of the eight individuals who were enrolled in SE for at least 30 days during the PUR included a completed employment assessment (vocational profile) (CRR Q35).
- The completed employment assessments are evaluated to determine if they are comprehensive in that each assessment documents the individual’s skills and strengths, work history and experience, interests and preferences, and the individual’s barriers to employment. Five of seven employment assessments (vocational profiles) contained documentation of the individual’s employment skills and strengths; all seven employment assessments (vocational profiles) contained documentation of the individual’s interests and preferences; five of seven employment assessments (vocational profiles) contained documentation of the individual’s work history and experience; and all seven employment assessments (vocational profiles) contained documentation of the individual’s barriers to employment (CRR Q36) (see Figure 10).

**Figure 10:** Comprehensive Employment Assessment



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

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

CLM scored 100% for Quality Indicator 9; data from six individuals were included in the scoring for Quality Indicator 9. Quality Indicator 9 consists of Measure 9a. Of the 18 individuals interviewed, 12 individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or in receiving CLM employment support services (CII Q54). Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 9a:</b> Treatment plans are appropriately customized to meet individual's employment needs and goals	6	0

### **Additional Results**

- Six individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), and all six individuals described interest in receiving help and services that would be provided by CLM (CII Q54). Four of the six individuals interested in receiving CLM help with finding or keeping a job were receiving ACT services; two individuals were not (CII Q53, CRR Q58). Staff were aware of this interest for all six individuals (SII Q40). Of the same six individuals who expressed interest in receiving CLM help with finding or keeping a job, five individuals had employment-related goals or plans, as evidenced by their treatment plans and/or case management plans (CRR Q32, CRR Q33). The one individual who was interested in receiving CLM help related to finding and/or keeping a job but did not have documented employment plans/goals had an employment need identified in the ANSA but the narrative in the ANSA indicated that the individual was unable to work. As such, having no plans or goals in this area was in alignment with the individual's identified need (CRR Q30, CRR Q32, CRR Q33).
- In total, nine individuals had employment related goals or plans, regardless of expressed interest (CRR Q32, CRR Q33), and these goals or plans were all in alignment with assessed needs (CRR Q39).

- Six of 18 individuals had Supported Employment listed as a prescribed service on their annual treatment plans (CRR Q11). All six of these individuals had been enrolled in SE during the past 12 months (CRR Q27). Four of the six individuals expressed that they were not interested in receiving help in finding or maintaining a job, and had not been interested in the past 12 months (CII Q53).
- 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 CLM staff (CII Q59), five of the six individuals felt that CLM staff had helped them with their changed employment needs or goals (CII Q60).

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

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

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

CLM scored 85% for Quality Indicator 10; data from 10 individuals were included in the scoring for Quality Indicator 10. Quality Indicator 10 consists of Measure 10a and Measure 10b.

Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 18 individuals interviewed, 12 individuals were considered not applicable for Measure 10a because they reported not being interested in employment supports and services that would be provided by CLM (CII Q54). Of the 18 individuals interviewed, nine individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q32, CRR Q33). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

	YES	NO
<b>Measure 10a:</b> Service delivery is provided with the intensity, frequency, and duration needed to meet individual’s employment needs	5	1
<b>Measure 10b:</b> Services and supports are meeting individual’s employment goals	8	1

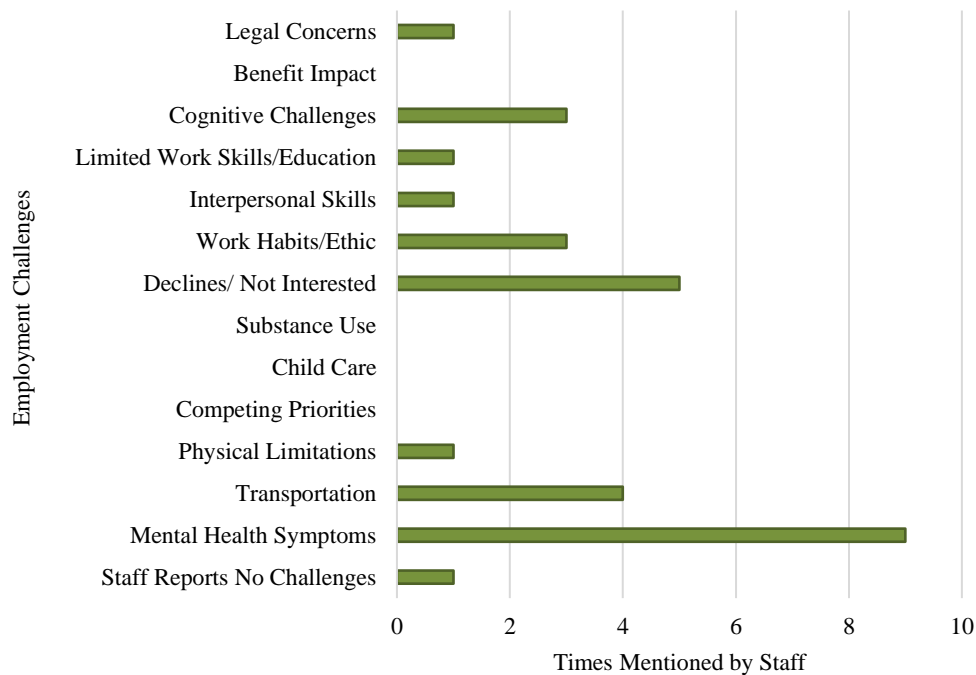
## **Additional Results**

- Twelve of 18 staff indicated that Supported Employment services had been recommended or provided to the individual in the past 12 months; two staff were unsure if Supported Employment services had been recommended or provided to the individual in the past 12 months, and four staff indicated that Supported Employment services had not been provided or recommended in the past 12 months (SII Q46). The following reasons were provided by the four staff who indicated that Supported Employment services had not been recommended or provided to the individual in the past 12 months: three individuals were declining the services or not interested in employment; one individual was reported to be inconsistent in engagement (SII Q47).
- Six of 18 individuals had supported employment prescribed on their treatment plans (CRR Q11). Four of six individuals were not receiving services at the frequency prescribed on the treatment plan (CRR Q11). Staff provided appropriate reasons for why supported employment services were not provided at the frequency prescribed for all four individuals (SII Q7).
- All six individuals who expressed interest in receiving CLM help with finding or keeping a job in the past 12 months responded they received all the employment related services from CLM that they needed (CII Q54, CII Q61). One individual responded he/she/they were not getting employment supports and services *as often* as he/she/they felt was needed (CII Q62).
- The six individuals who expressed an interest in receiving help with finding or keeping a job in the past 12 months were asked if they have enough support to achieve their employment goals; all six individuals felt that they did (CII Q53, CII Q63).
- Staff indicated there were two individuals who had identified employment needs that were not currently being addressed (SII Q42). The employment needs that staff identified included an individual needing construction-related employment skills and an individual requiring assistance with physical limitations and benefits education. Staff reported that the CLM team was unable to assist the individual directly with one individual's construction-related employment needs and would offer assistance with the second individual's benefits and physical limitations if the individual wanted to go back to work (SII Q43).
- Two of six individuals who had supported employment prescribed on their treatment plan reported being employed (CRR Q11, CII Q47). Types of employment services provided

included assistance with transportation barriers, managing stress, and support with self-care and communication skills with the individual’s employer around leave requests (CRR Q38).

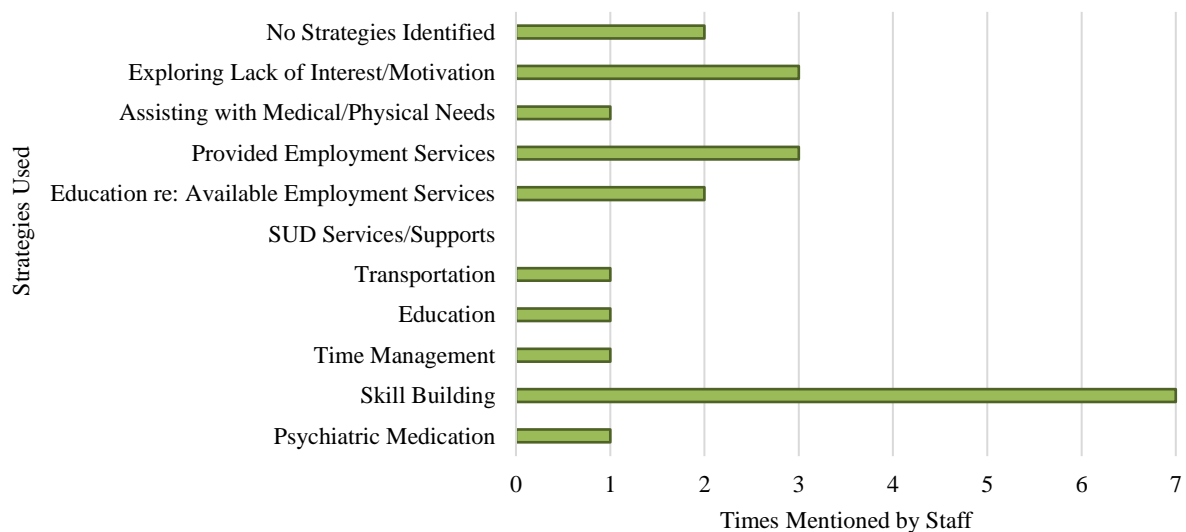
- Four individuals reported being employed (CII Q47); all four individuals reported having a competitive job (CII Q48); two individuals work full-time and two individuals work part-time (CII Q49). None of the four individuals were interested in working more hours (CII Q51). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.
- All 16 individuals who had employment needs identified in the ANSA or case management assessment and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q30, CRR Q32, CRR Q33) received employment services and supports that were in alignment with their employment needs or goals (CRR Q39).
- Staff identified one individual as facing no challenges in finding or maintaining employment (SII Q44). Responses from staff about challenges the remaining 17 individuals face in finding and maintaining employment included lack of transportation, lack of interest, and difficulty managing emotional or psychiatric symptoms (SII Q44) (see Figure 11).

**Figure 11:** Employment Challenges Faced by Individual



- For the 17 individuals facing challenges, 15 staff identified various strategies that were used by the individuals’ teams to help the individuals overcome the challenges they face in finding and maintaining employment; two staff were not able to identify any strategies used (SII Q45). The most common strategy used was skill building (see Figure 12).

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



- Of the nine individuals who had employment-related goals identified in their treatment plan and/or case management plan, staff identified eight individuals for whom CLM had provided or attempted to provide employment related services and support in the past 12 months (CRR Q32, CRR Q33, SII Q48). For all eight individuals, the provided services identified by staff were in alignment with the individuals’ treatment plan goals (SII Q49). For all eight individuals, staff responded that the services were helping the individuals’ progress towards their employment goals (SII Q50).
- Examples of successes and progress for individuals receiving supported employment or other employment related services included obtaining and maintaining employment, improved relations and communications with coworkers, completed resumes and job applications, job interviews, improvements in meeting job responsibilities, and greater confidence and hope in themselves (SII Q50).
- Ten of 18 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 one individual was unsure if a conversation had occurred (CII Q64). Staff reported that this topic had been discussed with 12 of the individuals interviewed (SII Q39).

- Individuals were asked if they had anything else to share regarding employment services or if there was anything that would have been more helpful regarding the employment-related services and supports received (CII Q65). Individuals offered the following feedback in response to what would be more helpful (CII Q18, CII Q65):

“They talked to me about benefits being affected, but not in the last year. They are still helping me to find a job.”

“I am waiting for supported employment to start. It’s been a while. [I’ve been] waiting about two months so far.”

“I haven’t found a job, so it hasn’t worked that well.”

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

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports.<sup>3</sup> Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

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

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



CLM scored 100% for Quality Indicator 11; data from 18 individuals were included in the scoring for Quality Indicator 11. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
<b>Measure 11a:</b> Assessment identifies individual’s related social and community integration needs and preferences	18	0
<b>Measure 11b:</b> Assessment identifies individual’s related social and community integration strengths	18	0

**Additional Results**

- The ANSA includes several domains related to social and community integration needs and strengths. All of these related areas of the ANSA were completed for all 18 individuals (CRR Q41, CRR Q42).
- Case management assessments of social/family needs were completed for all 18 individuals (CRR Q40).
- Social/community integration strengths, needs, and preferences were assessed by both of these means for all 18 individuals (CRR Q43).

**Quality Indicator 12: Individual is Integrated Into His/Her/Their Community, Has Choice, Increased Independence, and Adequate Social Supports**

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

CLM scored 86% for Quality Indicator 12; data from 18 individuals were included in the scoring for Quality Indicator 12. Quality Indicator 12 consists of Measures 12a-12m. Eleven individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c (CRR Q65). One individual did not have identified needs related to social supports and community integration (CRR Q44) and therefore was not applicable for Measure 12j. Individuals were scored as follows:

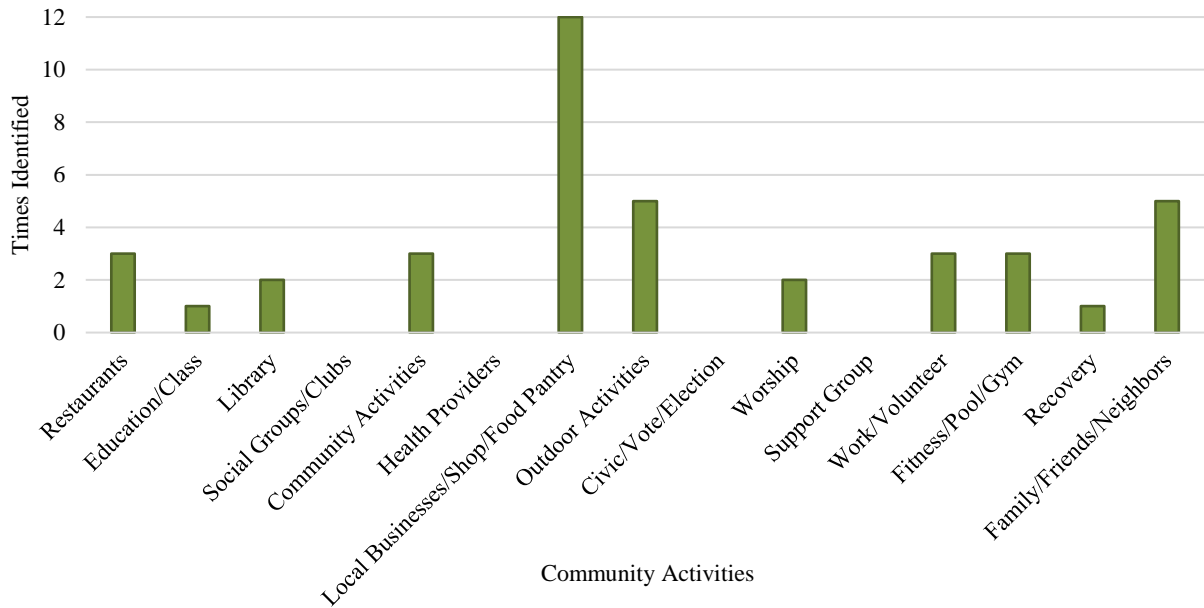
	YES	NO
<b>Measure 12a:</b> Individual is competitively employed	4	14
<b>Measure 12b:</b> Individual lives in the most integrated setting appropriate	18	0
<b>Measure 12c:</b> Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	7	0
<b>Measure 12d:</b> Individual is integrated in his/her/their community	15	3
<b>Measure 12e:</b> Individual has choice in housing	13	5
<b>Measure 12f:</b> Individual has choice in his/her/their treatment planning, goals and services	17	1
<b>Measure 12g:</b> Individual has the ability to manage his/her/their own schedule/time	18	0
<b>Measure 12h:</b> Individual spends time with peers and/or family	16	2
<b>Measure 12i:</b> Individual feels supported by those around him/her/them	15	3
<b>Measure 12j:</b> Efforts have been made to strengthen social supports if needed	15	2
<b>Measure 12k (OCR Q7):</b> Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	18	0
<b>Measure 12l (OCR Q11):</b> Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	18	0
<b>Measure 12m (OCR Q13):</b> Services are adequate to live in the most integrated setting	18	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. Two individuals were not able to identify any community activities in which they participated (CII

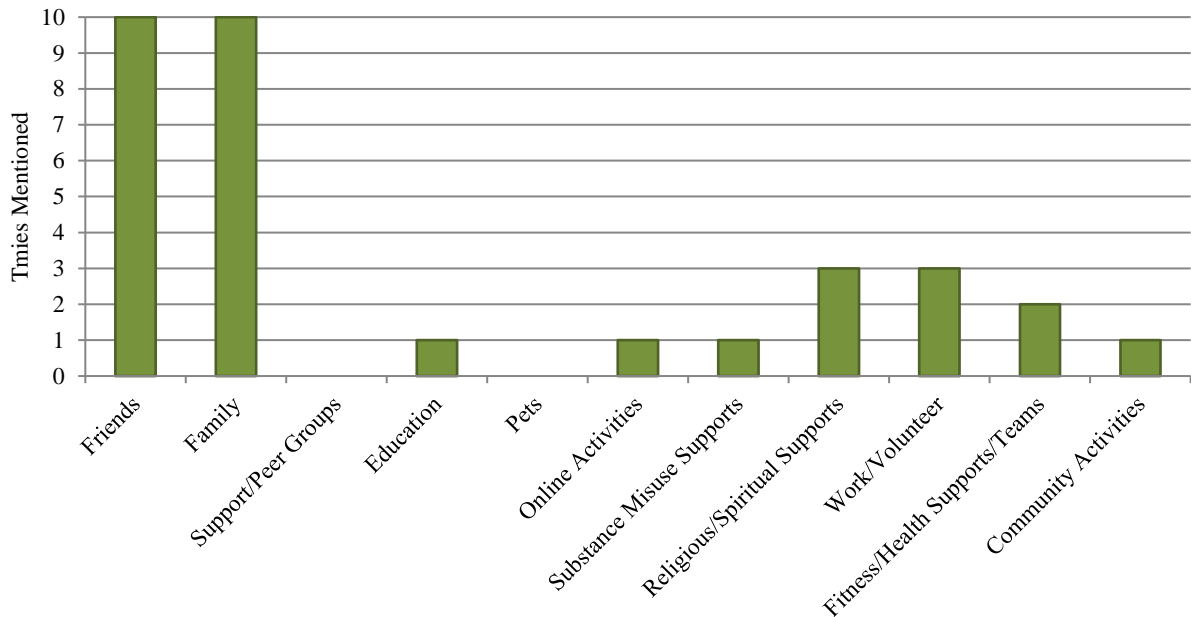
Q102), while staff responded that 14 of 18 individuals were integrated into their community (SII Q60). Sixteen individuals reported a variety of community activities in which they participated (CII Q102) (see Figure 13).

**Figure 13: Identified Community Activities**



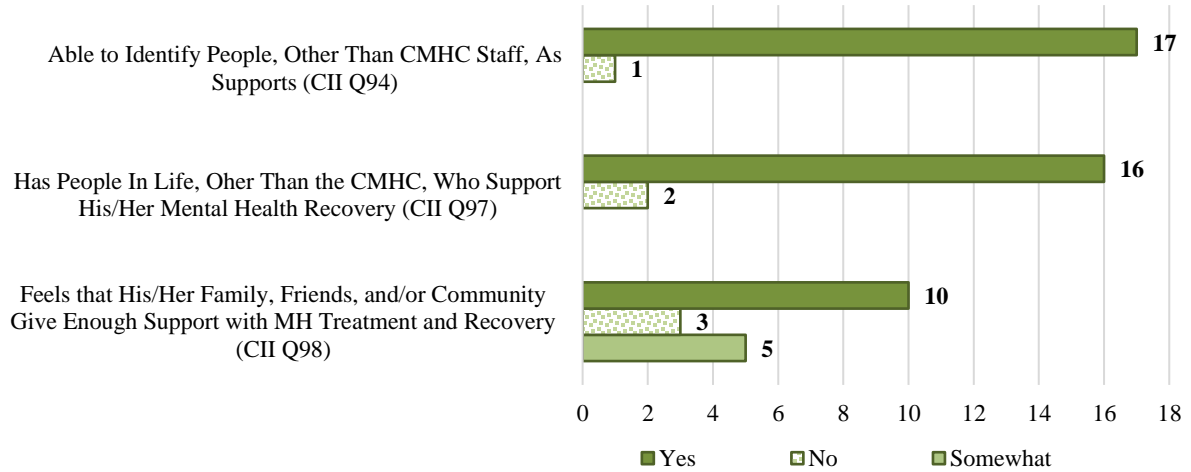
- Staff reported that 17 of 18 individuals had a support system that was helpful to their mental health recovery and all 18 individuals had support systems consisting of at least one natural support (SII Q59). Sixteen staff confirmed that there was a plan to help individuals maintain and/or enhance their support system (SII Q61).
- Sixteen of 18 individuals were able to identify at least one natural support with whom they spend time, with family and friends being the most frequently mentioned supports (CII Q96). Of the four individuals who were employed (CII Q47), three individuals identified spending time with people from work (CII Q96) (see Figure 14).

**Figure 14: Identified Natural Supports**



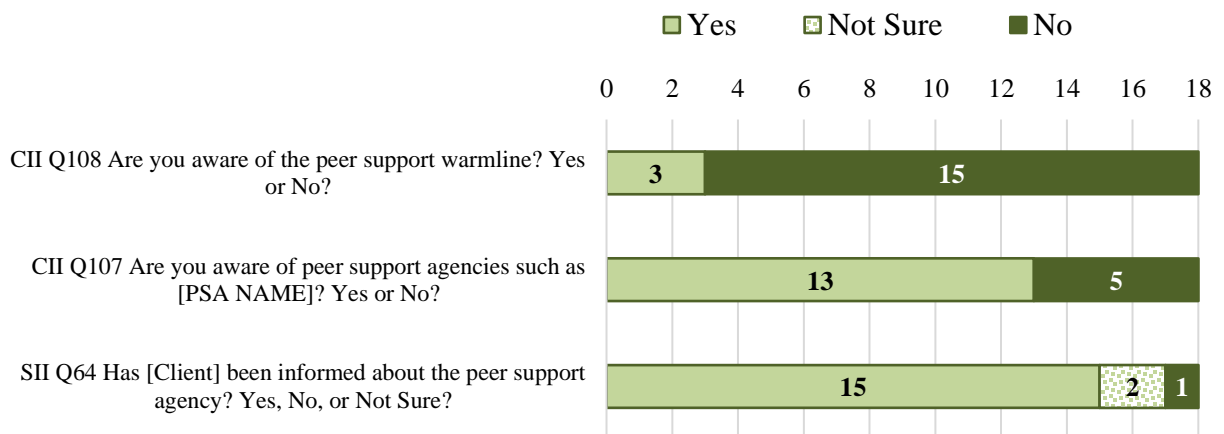
- All 18 staff endorsed providing or offering services to support the individual living in the least restrictive community setting that meets the individual’s needs (SII Q35). No individuals were reported to be currently experiencing homelessness (CII Q27, SII Q18).
- Three individuals did not feel that they had an adequate support system (CII Q99) and two of the three individuals felt that CLM was helping them to improve their support systems (CII Q100). The individuals identified CLM providing help in areas such as providing ongoing support for whatever the individual might need, and boosting the individual’s self-confidence (CII Q101).
- Seventeen of 18 individuals were able to identify people, aside from CMHC staff, who they feel supported by (CII Q94). Sixteen individuals were able to identify people in their lives, aside from CMHC staff, who help support them with their treatment and mental health recovery (CII Q97). Ten individuals felt that family, friends, and/or community give them enough support with their treatment and mental health recovery; eight individuals did not feel they had enough support with their treatment and mental health recovery from family, friends, and/or their community (CII Q98) (see Figure 15).

**Figure 15: Support Felt by Individual**



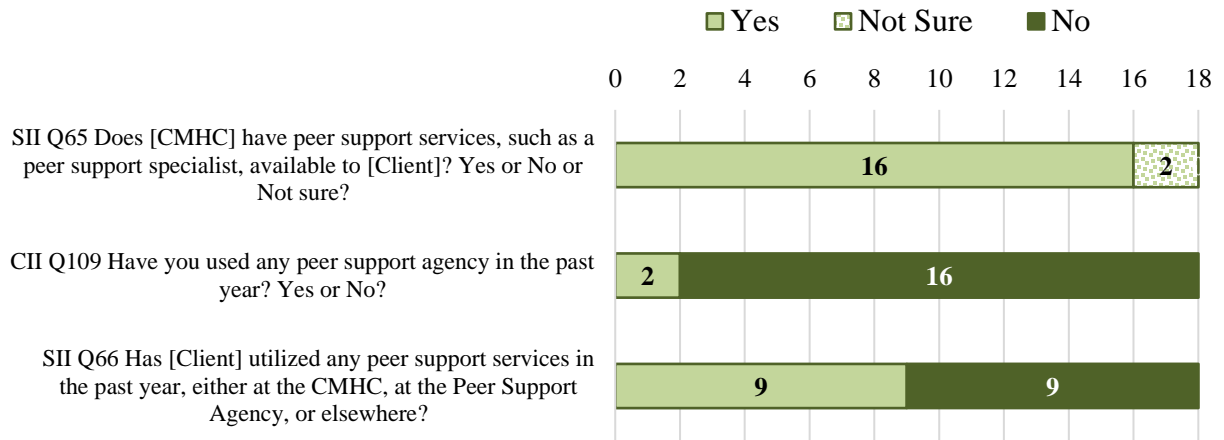
- Thirteen of 18 individuals reported that they had been given information about services and supports available to them in the community (CII Q103). Examples of services and supports available in the community for which staff have provided information or referrals included housing assistance, the Peer Support Agency, Healthy Together, food pantry, community support groups, Meals on Wheels, crafts fairs, clubs, yoga, art opportunities, auto fuel assistance, and smoking cessation groups (CII Q104).
- Thirteen of 18 individuals were aware of peer support agencies; five individuals were not (CII Q107). Three of 18 individuals reported being aware of the peer support warmline; 15 individuals were not (CII Q108). Staff indicated that 15 individuals had been informed about peer support agencies, and staff was not sure if two individuals had been informed (SII Q64) (see Figure 16).

**Figure 16: Informed or Aware of Peer Support Services**



- Individuals are also asked about their utilization of peer support related services during the past year. Nine individuals reported utilizing peer specialist services at CLM; nine individuals did not (CII Q105). Two of 18 individuals had used the peer support agencies in the past year; 16 individuals had not (CII Q109). Staff reported that nine individuals had not used peer support services of any kind, whether at CLM, at a peer support agency, or any other type of peer services within the past year (SII Q66). Staff stated that CLM had peer support services available for 16 individuals and was unsure if these services were available for two individuals (SII Q65) (see Figure 17).

**Figure 17: Utilization of Peer Support Services**



- When individuals were asked if they had anything else they would like to share about the community integration and social support services at CLM or if there was anything that would have been more helpful regarding the community integration and social support services they received, individuals provided the following insights (CII Q111).

“I need some help to find out what’s around me. I need to be connected with other people my age - Bingo, or a swimming pool, or other activities.”

“[The Peer Support Specialist] called a couple of times, but I didn’t answer. My problems were too big for what I think he could help me with.”

- Seventeen individuals had identified needs related to social support and community integration in the ANSA or case management assessments (CRR Q44). Eleven of these

individuals had these needs addressed by goals in their treatment plans or case management plans (CRR Q46, CRR Q47). In total, 17 unduplicated individuals had needs related to social support and community integration identified in the ANSA or case management assessments (CRR Q44) *or* had community integration and/or social support goals outlined in the treatment or case management plans (CRR Q46, CRR Q47); and there was evidence of related services being provided for the 17 individuals which were in alignment with those individuals' identified needs and/or goals (CRR Q48, CRR Q50).

- All seven individuals who had experienced an inpatient psychiatric admission during the period under review (CRR Q65) reported that they restarted communication with their natural support system or began spending time with other supportive people following their discharge from the inpatient psychiatric facility (CII Q92).
- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. All six individuals who had moved in the past 12 months (CII Q34) reported they had had an opportunity to discuss their housing preferences with staff before moving (CII Q35), and five individuals were able to visit or see their current housing before moving (CII Q36). For the six individuals who are currently looking for a different place to live (CII Q37), five individuals had had an opportunity to discuss their current housing preferences with CLM (CII Q38), and those five individuals reported that CLM was helping them with their plans to find a different place to live (CII Q39). Thirteen of 18 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).
- Of the 18 individuals interviewed, 17 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- All 18 individuals reported that they are able to manage their own time and schedule (CII Q95).
- Overall, none of the 18 individuals reviewed were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7).
- Overall, all 18 individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contacts (OCR Q11).

- Overall, all 18 individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13).

## **CRISIS SERVICES AND SUPPORTS**

Crises have a profound impact on persons living with severe mental illness.<sup>4</sup> A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed his/her/their treatment or crisis plan and used techniques he/she/they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

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

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

CLM scored 89% for Quality Indicator 13; data from seven individuals were included in the scoring for Quality Indicator 13. Quality Indicator 13 consists of Measures 13a-13d. Of the 18 individuals interviewed, 11 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, 12 clinical records had documentation of crisis services being provided (CRR Q53) and seven individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, seven individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide CLM with additional information. Individuals were scored as follows:

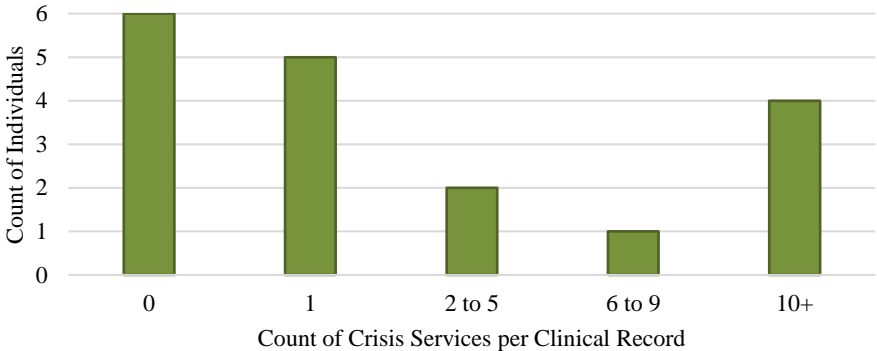


	YES	NO
<b>Measure 13a:</b> Crisis assessment was timely	6	1
<b>Measure 13b:</b> Risk was assessed during crisis assessment	6	1
<b>Measure 13c:</b> Protective factors were assessed during crisis assessment	6	1
<b>Measure 13d:</b> Coping skills/interventions were identified during crisis assessment	7	0

**Additional Results**

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

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



- Six of the seven individuals who endorsed receiving crisis services responded that during a crisis they were “always” or most of the time” able to get help quickly enough from CLM; one individual reported that he/she/they were “occasionally” able to get help quickly enough from CLM (CII Q75).
- Documentation of a risk assessment was found in nine of 12 crisis notes reviewed (CRR Q55). Documentation that protective factors had been assessed was found in nine of 12 crisis notes reviewed and documentation that coping skills had been assessed was found in eight of 12 crisis notes reviewed (CRR Q55). It was noted that several of the records missing a risk, protective factor, or coping skills assessment were entitled FSS crisis intervention note.

- All seven individuals who endorsed receiving crisis services responded that CLM 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.

CLM scored 72% for Quality Indicator 14; data from 18 individuals were included in the scoring for Quality Indicator 14. Quality Indicator 14 consists of Measure 14a and Measure 14b.

Individuals were scored as follows:

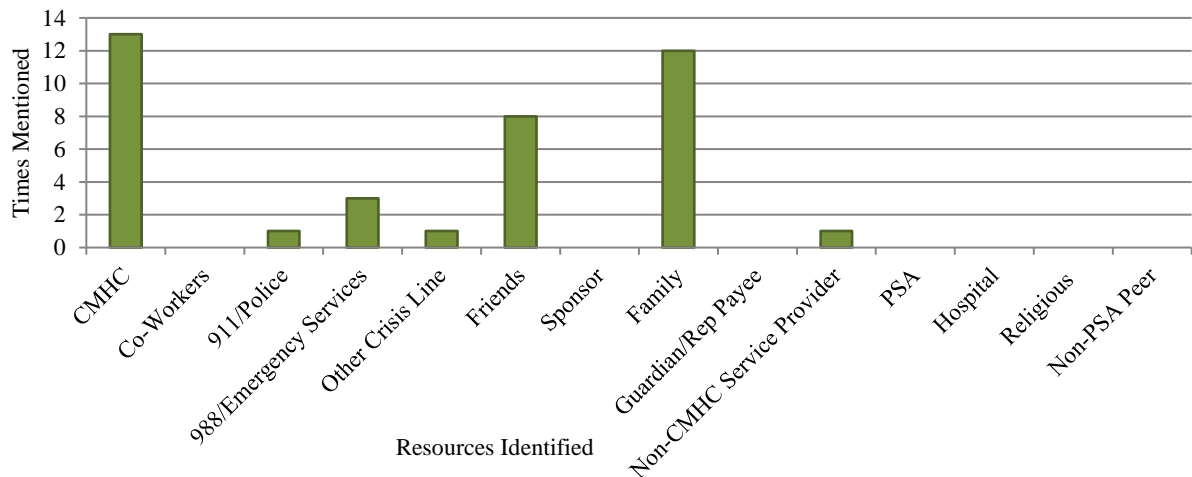
	<b>YES</b>	<b>NO</b>
<b>Measure 14a:</b> Individual has a crisis plan that is person-centered	9	9
<b>Measure 14b:</b> Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	17	1

### **Additional Results**

- Nine of 18 individuals had current crisis plans in their clinical records that were specific to the individual. Nine individuals did not have current crisis plans in their clinical record; the plans were either expired or not found in the record (CRR Q51, CRR Q52).
- Seventeen of 18 individuals were able to identify healthy strategies or coping skills that they could use to help themselves manage a crisis (CII Q67).
- Three of 18 individuals reported being aware of the peer support warmline; 15 individuals were not (CII Q108).
- Fourteen of 18 individuals confirmed that CLM staff had helped them develop a plan for how they might take care of themselves during a mental health crisis (CII Q68).
- Individuals were asked an open-ended question, who they could call if having a mental health crisis. All 18 individuals were able to identify someone. The most common response made by individuals was CMHC staff followed by family (CII Q66). Of the four individuals who were employed (CII Q47), none of the four individuals identified being able to call

people from work if they were having a mental health crisis (CII Q66) (see Figure 19). Responses were coded using the following categories in Figure 19.

**Figure 19:** Who the Individual Could Call if Having a Mental Health Crisis



**Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery**

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

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

CLM scored 75% for Quality Indicator 15; data from six individuals were included in the scoring for Quality Indicator 15. Quality Indicator 15 consists of Measures 15a-15d. Of the 18 individuals interviewed, 12 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, 12 clinical records had documentation of crisis services being provided (CRR Q53); seven individuals endorsed receiving crisis services (CII Q69); and eight staff endorsed individuals having received crisis services (SII Q51). When documentation and endorsements were analyzed for the CII, SII, and CRR, six individuals could be scored. Some of the additional results included below include data from individuals who were not scored to provide CLM with more helpful information. Individuals were scored as follows:

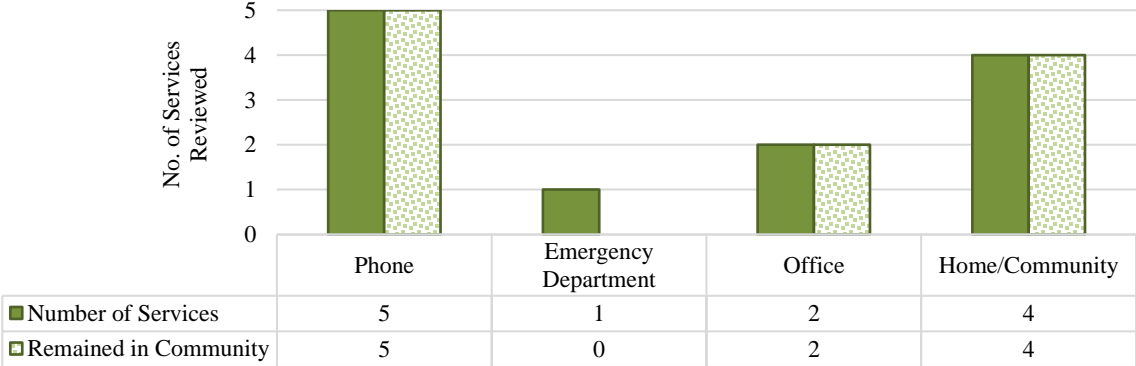
	YES	NO
<b>Measure 15a:</b> Communication with treatment providers during crisis episode was adequate	4	2
<b>Measure 15b:</b> Communication with individual during crisis episode was adequate	4	2
<b>Measure 15c:</b> Crisis service delivery is sufficient to stabilize individual as quickly as practicable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

### **Additional Results**

- Two of the staff for the individuals who were scored for Measure 15a responded they did not receive notification from a treatment provider of the crisis service provided (SII Q53). Seven staff received notification of the crisis service within 24 hours (SII Q53); one staff could not address if notification was received within 24 hours as he/she/they were not part of the individual’s treatment team at the time. Seven staff responded they received all of the information needed regarding the crisis episode (SII Q54).
- Of the 12 clinical records that had documentation of crisis services being provided (CRR Q53), six records were from individuals receiving ACT services (CRR Q58). Documentation that the most recent crisis service was provided by ACT staff was found in five of the records reviewed; documentation that the most recent crisis service was provided by mobile crisis/the Rapid Response Team (RRT) was found in five of the records reviewed (CRR Q55). Four of the eight staff who endorsed individuals having received crisis services during the period under review reported that staff who have a role in the individual’s treatment assessed the individual during the individual’s most recent crisis; three staff reported that the staff who assessed the individual during the individual’s most recent crisis did not have a role in the individual’s treatment, and one staff was unsure if the staff who assessed the individual had a role in the individual’s treatment (SII Q55).

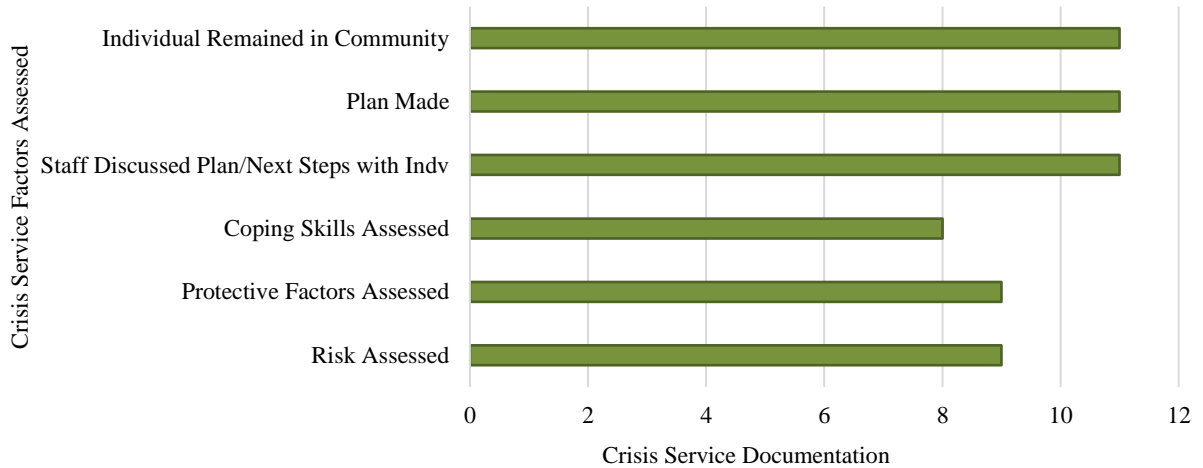
- Of the six individuals who were scored for Measure 15b, four individuals responded they felt helped and supported by staff; two individuals did not (CII Q72).
- Documentation of the last crisis service received indicated that 92% of the services provided, regardless of the type of crisis service, resulted in the individual remaining in the community. The most recent service for five of the 12 crisis notes reviewed were provided by phone, with all five services resulting in the individual remaining in the community. One of the 12 services was provided in the emergency department, with that one service resulting in the individual not remaining in the community. Two of the 12 services were provided in the office, with both services resulting in the individual remaining in the community. Four of the 12 services were provided in the community, with all four services resulting in the individual remaining in the community (CRR Q55) (see Figure 20).

**Figure 20:** Outcome Trends of Last Crisis Service Received



- Four of six individuals who were scored for Measure 15b responded that staff “always” explained what would happen next in a way they understood; two of six individuals responded that during a crisis staff “occasionally” or “never” explained what would happen next in a way they understood (CII Q73).
- Documentation that staff explained the next steps to individuals was found in 11 of 12 crisis notes reviewed (CRR Q55). Documentation that the individual remained in the home/community setting following the most recent crisis service was found in 11 of 12 crisis notes reviewed (CRR Q55) (see Figure 21).

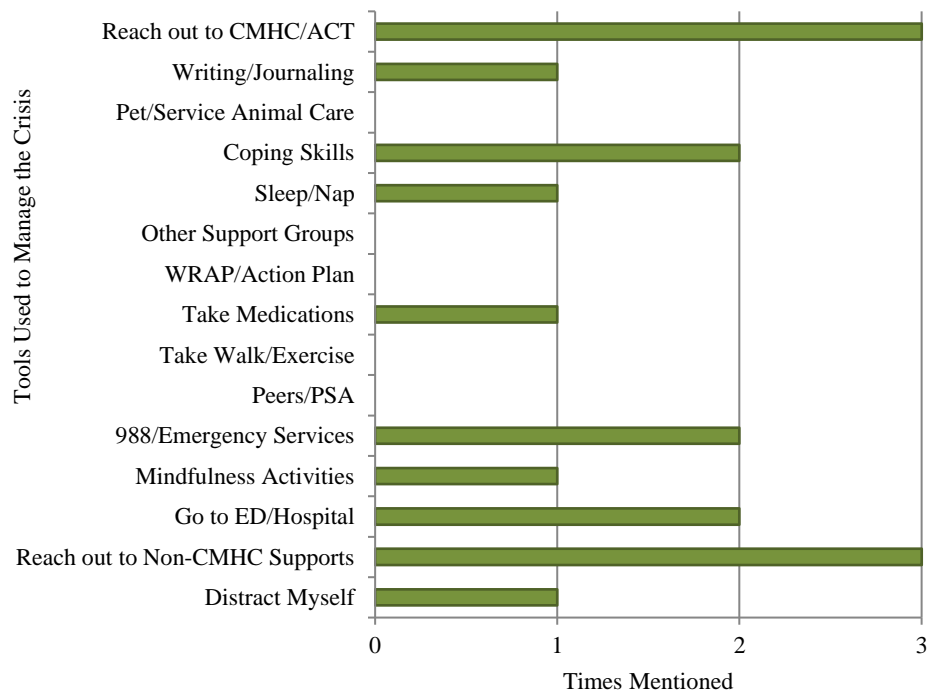
**Figure 21: Documentation Trends of Last Crisis Service Received**



- Six of seven individuals who endorsed receiving crisis services responded that they “always” or “most of the time” felt that they had been able to get all the crisis/emergency supports and services they needed; one individual responded that he/she/they “never” felt that he/she/they had been able to get all the crisis/emergency supports and services needed (CII Q74).
- Six of seven individuals who endorsed receiving crisis services responded that during a crisis they were “always” or “most of the time” able to get help quickly enough from CLM; one individual responded that during a crisis he/she/they were “occasionally” able to get help quickly enough from CLM (CII Q75).
- Of the four individuals who received 10 or more crisis services during the period under review (CRR Q54), the four individuals had a total of 16 inpatient psychiatric admissions during the period under review; one of the four individuals alone had eight inpatient psychiatric admissions during the period under review (CRR Q66).
- Of the seven individuals who endorsed receiving crisis services during the period under review, five individuals responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q76); two of the seven individuals responded that the crisis services received “occasionally” or “never” helped them to feel like they did before the crisis (CII Q76).
- When asked about the steps taken to manage a psychiatric crisis (CII Q70), some individuals cited taking steps that were similar to how they responded to questions regarding who they could call during a crisis and what else they might do if they experienced a mental health

crisis (CII Q66, CII Q67). Of the six individuals who were able to identify positive steps to manage a crisis, three of the six individuals experienced one or more inpatient admissions during the period under review; the one individual who was unable to identify at least one positive step to manage a crisis experienced eight inpatient admissions during the period under review (CII Q70, CRR Q65) (see Figure 22). While many strategies listed below could be seen as coping skills, coping skills is listed as its own strategy to capture responses in which the individual may have indicated “coping skills” in his/her/their response without providing more specific information to categorize it otherwise.

**Figure 22: Steps Individuals Took to Manage a Crisis**



- Seven of eight staff who endorsed individuals having received crisis services responded that the crisis services helped the individual return to his/her/their pre-crisis level of functioning; one staff was unsure whether the services had helped the individual return to baseline (SII Q56). Eleven crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q55).
- Individuals who endorsed receiving crisis services are asked what they found to be the most helpful in managing a mental health crisis and/or what would have been more helpful regarding the crisis services they received (CII Q77). Individuals offered the following replies:

“Talking with the therapist or team members is helpful because they reassure me that I’m not alone. I have their one-on-one focus. Communication helps the most.”

“Talking it out. Crying. Art, sometimes. My therapist makes time to see me if I’m having a crisis. I feel like I learn enough coping skills from my team to equalize myself.”

“Having my [family] around. CLM was helpful. Having my [family] around would have been more helpful.”

“Trying to find a therapist that you can feel comfortable enough with and relate to. So if the therapist was a better match for my needs, that would have felt more helpful.”

- Three of eight staff reported that the most recent crisis service provided was typically provided by Acute Care Services and four of the eight staff reported that the most recent crisis service provided was from staff who have a role in the individuals’ treatment; one staff was unsure of the role of the staff who provided the service (SII Q55).
- Four of the seven individuals who endorsed receiving crisis services during the period under review reported meeting with the RRT in the past 12 months (CII Q78). Two individuals reported receiving these services in their home or community; and none of the services were reported by the individual to have prevented the need for an assessment in the emergency department (CII Q80).
- Individuals are asked if they had anything additional to share regarding crisis services at CLM (CII Q82). 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 (CII Q82).

## **ACT SERVICES AND SUPPORTS**

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose



needs and goals have not been met through traditional office-based treatment and rehabilitation services.

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

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

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

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

CLM scored 97% for Quality Indicator 16; data from 18 individuals were included in the scoring for Quality Indicator 16. Quality Indicator 16 consists of Measure 16a and Measure 16b.

Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 16a:</b> ACT screening was completed	18	0
<b>Measure 16b:</b> Individual receives ACT services when appropriate	17	1

### **Additional Results**

- The majority of CLM staff demonstrated sufficient knowledge regarding ACT criteria and how an individual met or did not meet that criteria based upon the individuals' level of functioning, diagnosis, history of hospitalization, and other factors (SII Q11). One staff was unable to answer the question about whether the individual met the criteria for ACT and why the individual did not qualify for ACT.

- All individuals had been screened for ACT (CPD Q16, CRR Q56).
- According to the clinical record, 11 individuals had received ACT services during the period under review (CRR Q57), and 11 individuals were currently receiving ACT services as of the QSR begin date (CRR Q58).
- Of the 18 individuals reviewed, staff reported there were 11 individuals who met ACT criteria and who were receiving ACT services (SII Q10, SII Q12).

### Quality Indicator 17: Implementation of ACT Services

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual’s ACT team collaborates with community providers/support systems. Unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of individuals. ACT services may be titrated when an individual needs more or fewer services.

For the purposes of Quality Indicator 17, the QSR looks at ACT service delivery at an individual level rather than looking at each component of the ACT program the way an ACT Fidelity Review does. Although data collection methods are similar, the QSR review of ACT services is not considered in any way to be an ACT Fidelity review.

CLM scored 91% for Quality Indicator 17; data from 11 individuals were included in the scoring for Quality Indicator 17. Quality Indicator 17 consists of Measures 17a- 17d. Of the 18 individuals interviewed, seven individuals were not receiving ACT services and therefore were not applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 17a:</b> ACT services are delivered at appropriate intensity, frequency, and duration	10	1
<b>Measure 17b:</b> ACT services are provided using a team approach	9	2
<b>Measure 17c:</b> ACT services are routinely provided in the home/community	10	1
<b>Measure 17d:</b> ACT team collaborates with community providers/support systems	11	0

## **Additional Results**

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

- Two of the 11 individuals receiving ACT services (CRR Q58) were receiving 70% or more of their services at the frequency prescribed; nine individuals were not (CRR Q11). For seven of the nine individuals who were not receiving 70% or more of their services at the frequency prescribed, staff provided appropriate reasons for why the services had not been provided at prescribed frequency; two staff did not (SII Q7). Staff reported that ACT services had been provided with the frequency and intensity needed to address nine individuals' treatment needs and support their recovery (SII Q14).
- Eight 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; three individuals did not (CRR Q61). Although not used in scoring, the three individuals who did not have an average minimum of 85 minutes of service with their ACT Team for the four week period are also assessed for how many minutes of services from non-ACT staff the individuals may have also received during the four weeks to determine whether the individual was being supported with his/her/their needs, even if not solely from ACT staff. One of the three individuals was also being supported by both a non-ACT team therapist and a health and wellness program staff person, so received, when counting both ACT *and* non-ACT staff minutes, an average minimum of 85 minutes of services during each of the four complete weeks prior to the QSR (CRR Q61).
- Eight 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; three individuals did not (CRR Q62). Although not used in scoring, the three individuals who did not have an average of three or more total contacts with ACT Team staff per week are also assessed for how many contacts with non-ACT staff the individual may have received during each of the four weeks to ascertain whether the individual was being supported with his/her/their needs, even if not solely from ACT staff. One of the three individuals was being supported by both a non-ACT team therapist and a health and wellness program staff person, so received, when

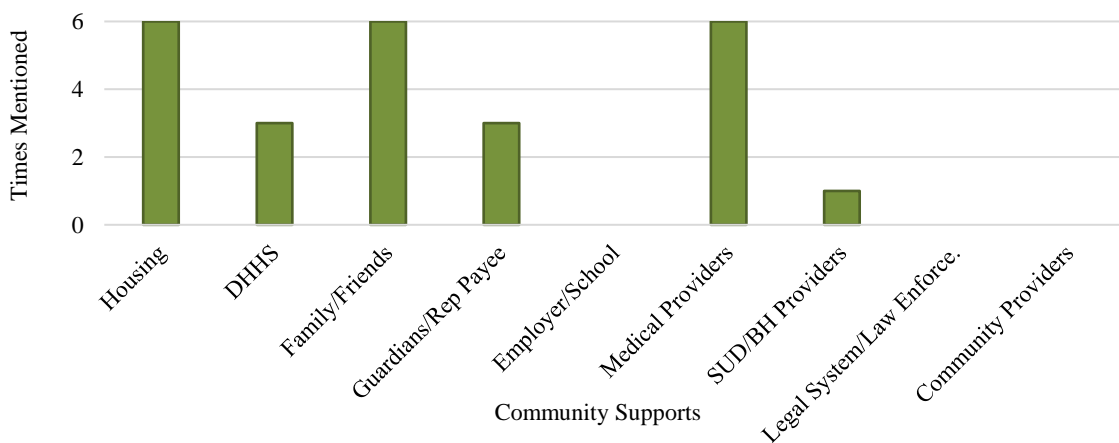
counting both ACT *and* non-ACT staff contacts, an average of three or more total contacts with staff per week during each of the four complete weeks prior to the QSR (CRR Q62).

- Nine individuals responded they received “all” the ACT services they needed from their ACT Team, and two individuals responded that they “somewhat” received all the ACT services they needed from their ACT Team (CII Q21). Ten of the individuals who were receiving ACT services reported that overall, they were able to get all the services and supports needed to meet their current needs and achieve their goals (CII Q19).
- All 11 individuals responded they saw their ACT staff as often as they felt was needed (CII Q25).
- Successful ACT teams have several specific positions/specialties, including a psychiatrist or APRN, psychiatric nurse, employment specialist, master’s level clinician, substance abuse specialist, a team leader, and a peer specialist. At the time of the QSR review, CLM’s ACT Team had greater than 70% of these specific/specialty ACT positions filled (CRR Q64). The office was lacking a master’s level clinician.
- Nine individuals were on an ACT team with at least 70% of the specific/specialty ACT position filled (CRR Q64) *and* had contact with an average of more than one different ACT Team staff according to the clinical record (CRR Q60) *and* reported that they typically interacted with two or more ACT staff on an ongoing basis (CII Q24); two individuals did not have all three criteria met. Specifically, all 11 individuals receiving ACT services were on ACT Teams with greater than 70% of the specific/specialty ACT positions filled (CRR Q64). According to the clinical record, 10 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; one individual did not (CRR Q60). Ten individuals indicated that they typically interacted with two or more ACT staff on an ongoing basis; one individual indicated he/she/they did not (CII Q24).
- Ten individuals received 60% or more of their ACT services in the community according to the clinical record (CRR Q63) *and* typically received most of their ACT services in the community via self-report (CII Q23) *and* via staff report (SII Q16); one individual did not have endorsement in either the clinical record (CRR Q63) *or* by staff report (SII Q16) *or* by self-report (CII Q23). Specifically, according to the clinical record, 10 individuals received 60% or more of their ACT services in the community during each of the four complete weeks

prior to the QSR; one individual did not (CRR Q63). All 11 individuals indicated that they typically received most of their ACT services in the home or community (CII Q23). Staff reported that all 11 individuals typically receive most of their ACT services in the home or community (SII Q16).

- On average, 78% of service minutes for the 11 individuals receiving ACT services were provided by ACT staff during each of the four complete weeks prior to the QSR, while 22% of service minutes were provided by Non-ACT staff (CRR Q58). Minutes provided by non-ACT staff were not used in scoring.
- The 11 individuals who were receiving most of their ACT services in the home or community indicated that they prefer to receive their ACT services in the home or community (CII Q23).
- Staff endorsed that they had collaborated with or had communication with community providers and/or the individual's support system on behalf of all 11 individuals receiving ACT services (SII Q17). Staff identified collaborating or communicating with a variety of providers and community agencies, including landlords, guardians and representative payees, SUD providers, housing assistance programs, DHHS, and medical providers (see Figure 23).

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



### TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are interrelated with other QSR quality

indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

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

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

CLM scored 86% for Quality Indicator 18; data from seven individuals were included in the scoring for Quality Indicator 18. Quality Indicator 18 consists of Measures 18a-18g. Of the 18 individuals interviewed, 11 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, seven clinical records had documentation of an inpatient psychiatric admission during the period under review (CRR Q65). Seven individuals endorsed an inpatient psychiatric admission during the period under review and seven staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, seven individuals could be scored. Individuals were scored as follows:

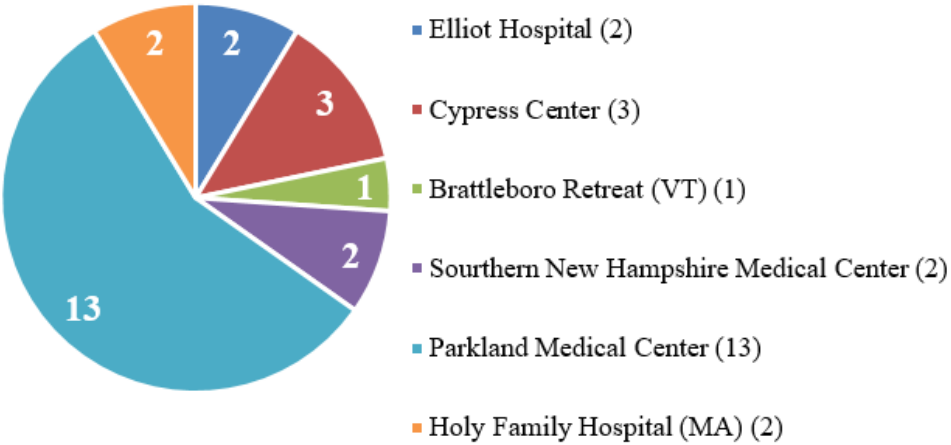
	YES	NO
<b>Measure 18a:</b> Individual was involved in the inpatient psychiatric facility discharge planning process	7	0
<b>Measure 18b:</b> In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	7	0
<b>Measure 18c:</b> Individual returned to appropriate housing following inpatient psychiatric discharge	7	0
<b>Measure 18d:</b> Service provision following inpatient psychiatric discharge has the outcome of increased community integration	5	2
<b>Measure 18e:</b> Coordination of care was adequate during inpatient psychiatric admission/discharge	6	1

<b>Measure 18f:</b> Absence of 90-day readmission to an inpatient psychiatric facility	3	4
<b>Measure 18g (OCR Q11):</b> Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	7	0

**Additional Results**

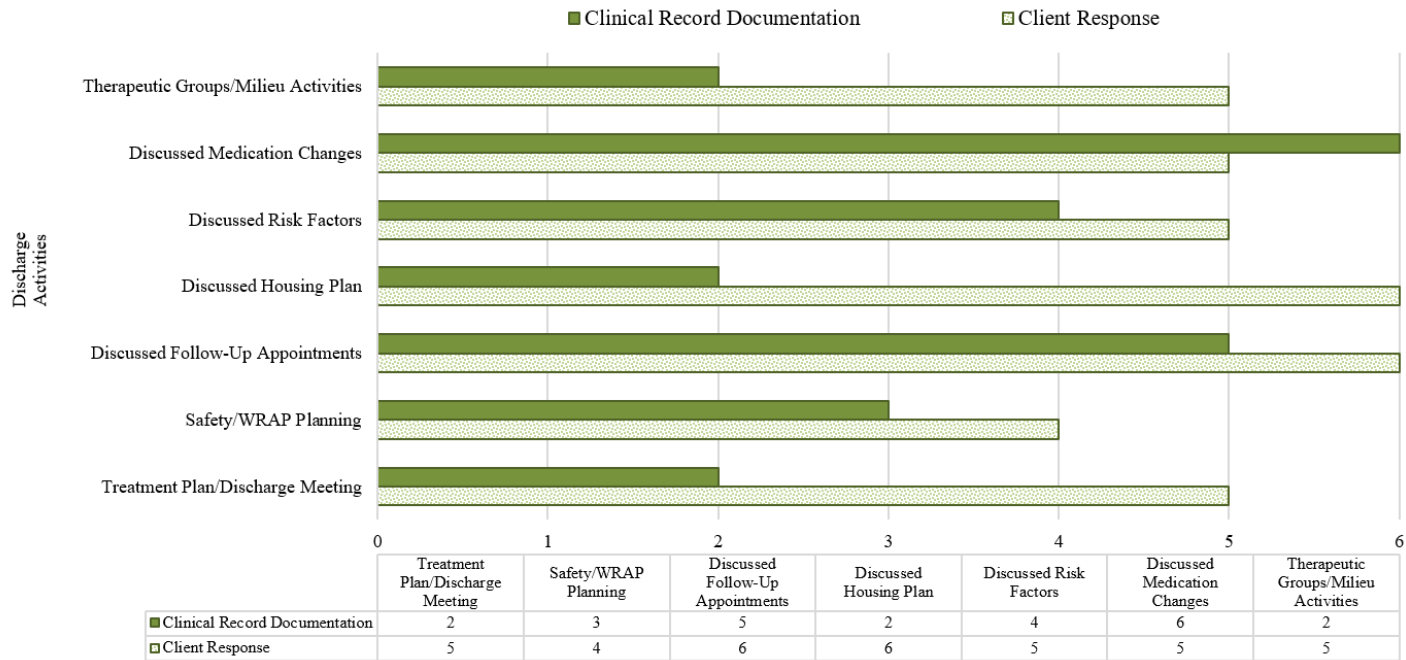
- According to the clinical record, 23 inpatient admissions occurred during the period under review (CRR Q66). Of the seven individuals who experienced a psychiatric admission (CRR Q65), one individual had eight distinct admissions, one individual had five distinct admissions, one individual had four distinct admissions, one individual had three distinct admissions, and three individuals had one distinct admission (CRR Q66).
- Thirteen admissions were at Parkland Medical Center (CRR Q67) (see Figure 24); 96% of inpatient admissions were within 30 miles of CLM; 4% were not (CRR Q67) (see Figure 24).

**Figure 24:** Inpatient Psychiatric Admissions



- All seven individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in two or more discharge planning activities (CII Q84), and evidence of their involvement was found in six of seven clinical records reviewed (CRR Q74). Staff reported that two individuals were involved in their discharge planning process, and staff were unsure if five individuals were involved in their discharge planning process (SII Q67). Individuals who endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q84) (see Figure 25).

**Figure 25: Individual’s Involvement in Discharge Planning**



- Those individuals who endorsed a psychiatric inpatient admission during the period under review are asked what is important to them in planning for their discharge from an inpatient facility and what are the topics they think need to be addressed in a discharge plan (CII Q85). Individuals provided the following insights:

“Talk about the goals that I want to do outside the hospital and go through that with someone to talk about resources and anything else that could help me reach my goals.”

“If you’re prescribed any new medication, your commitment to staying on those medications should be definitely discussed – and conversations to establish that the person has a grasp of how to handle things when they are back living independently.”

“Medication, housing, stability, and risk factors.”

“Medication and dates to take the medications, and appointment dates to follow-up with CLM.”

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



“The reason I was there to begin with. They didn’t help me with what I came in for.”

“It was more that they treated me as though by Bipolar and PTSD issues didn’t exist because I wasn’t looking to try their medications. They were invalidating and condescending about my decisions and what I wanted... The psychiatrists were genuinely affected when I said I didn’t want medication.”

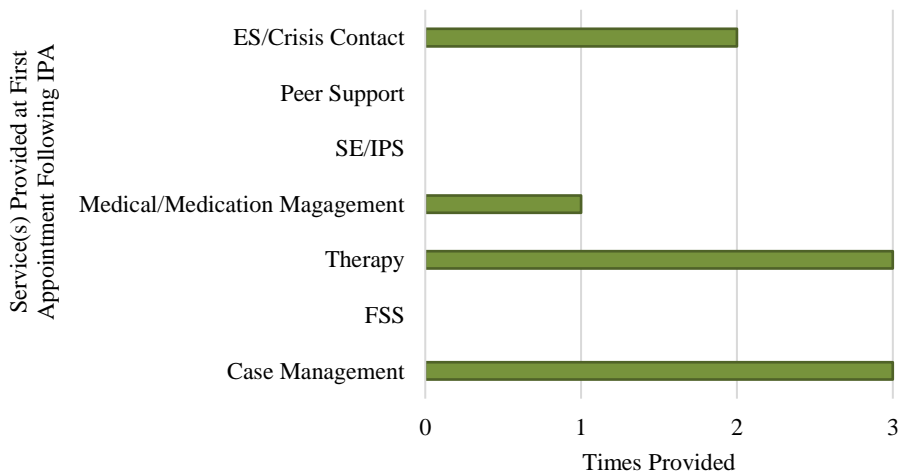
“Unemployment assistance.”

- In-reach and communication between CLM and the psychiatric facility and/or individual occurred for all seven individuals who had an inpatient psychiatric admission (CRR Q69, CRR Q70, CII Q87, SII Q71).
- Four of seven individuals who endorsed an inpatient psychiatric admission during the period under review reported being satisfied with where they returned to live upon discharge; three individuals were not satisfied with where they returned to live (CII Q89). None of the individuals who were dissatisfied with where they returned to live reported being dissatisfied because the housing was not appropriate; one individual reported challenges with a spouse’s understanding of the admission, and the other two individuals felt that they had needed more time in the facility before being discharged (CII Q90, SII Q68).
- One of seven 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, and six individuals reported they had not spoken with a community provider about services in the community (CII Q83).
- All seven individuals reported that they restarted communication with their natural support system or began spending time with other supportive people following their discharge from the inpatient psychiatric facility (CII Q92). Staff reported that six of seven individuals had resumed contact with natural supports upon the individual’s return home, and were unsure if one individual had resumed contact (SII Q69).
- Six of seven individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after their discharge did not significantly disrupt their normal routine (CII Q91, CII Q93). Those that did feel the transition home was significantly disruptive to their normal routine reported they felt increased symptoms of depression following his/her/their discharge (CII Q91, CII Q93). None of the seven staff reported that

the individual’s normal routine was significantly disrupted as a result of the inpatient psychiatric admission (SII Q72).

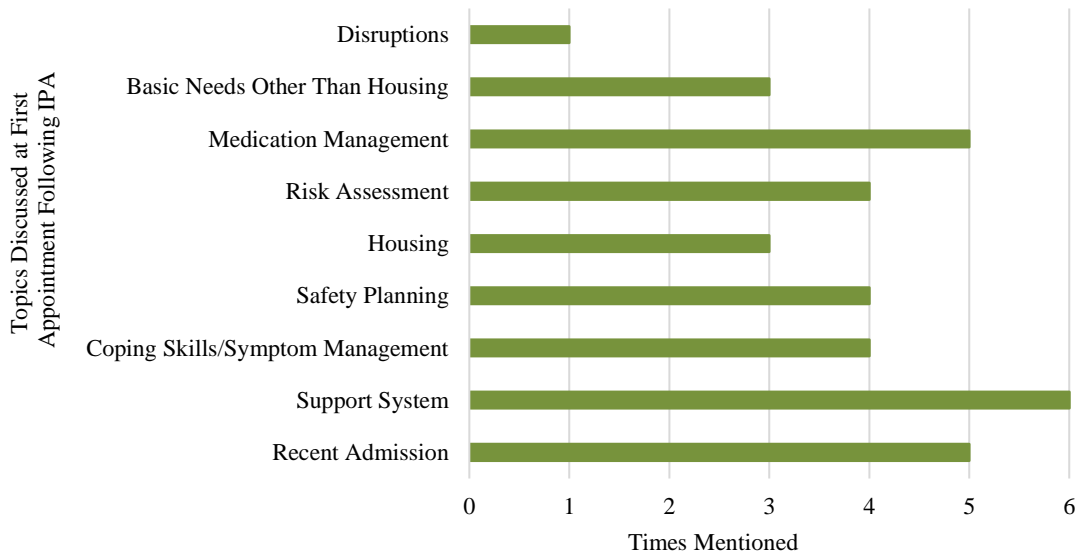
- The clinical record contained discharge instructions for six individuals who had an inpatient psychiatric admission during the period under review; one clinical record did not contain these instructions (CRR Q68). Staff endorsed that six individuals had appointments with CLM scheduled prior to discharge (SII Q70), and according to the clinical record, all seven individuals attended an appointment with CLM within seven days of discharge (CRR Q71). The amount of time between discharge and the individual’s first appointment with CLM ranged from the same day as discharge to three days from discharge.
- The most common service provided on the date of the first appointment following the discharge from the inpatient psychiatric admission was case management and therapy (CRR Q72) (see Figure 26). Some individuals were seen by more than one provider on the first appointment date, therefore the number of services provided totals more than seven.

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



- The most common topic discussed during the first appointment following the discharge from the inpatient psychiatric facility was the individual’s support system (CRR Q72) (see Figure 27).

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



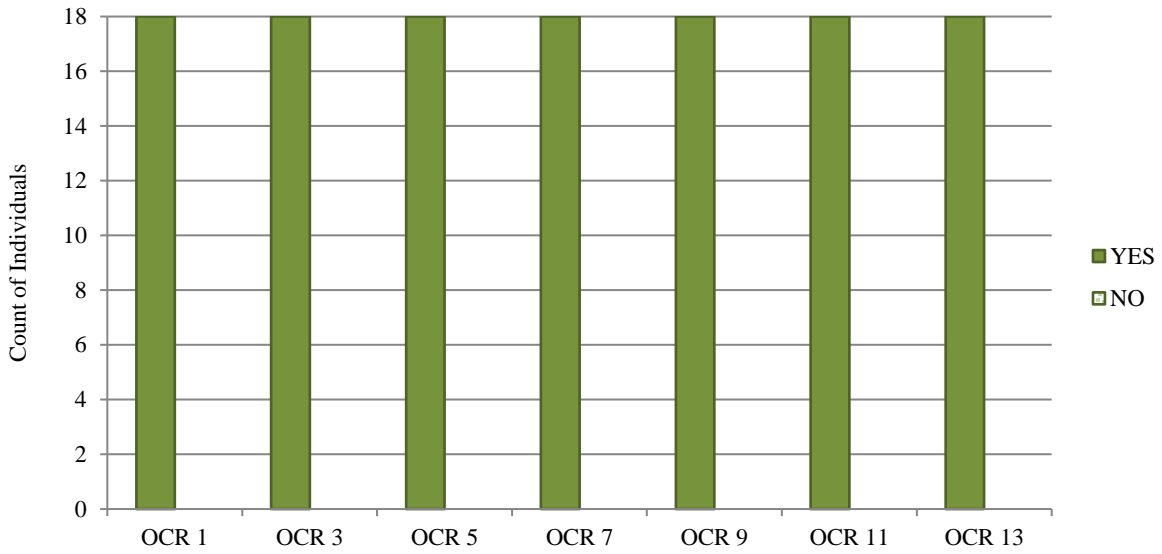
- According to the clinical record, four of seven individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q67).
- Overall, all 18 individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contacts (OCR Q11).

### Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 7: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her/them to meet the CMHA outcomes and, when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview. Additionally, individuals are asked about their overall satisfaction with the CMHC and if they have anything additional to add to their interview responses (CII Q112, CII Q113).

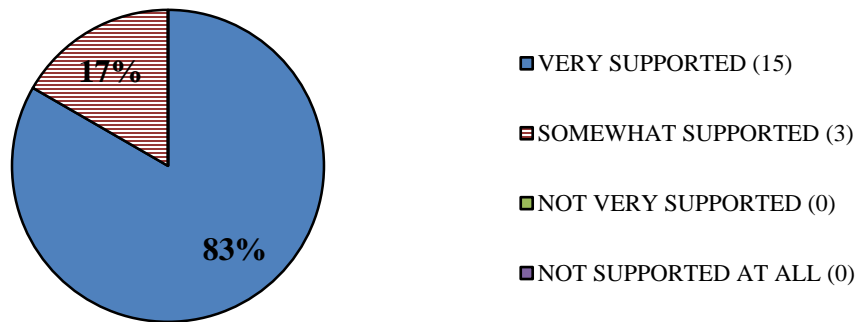
All 18 individuals interviewed achieved every OCR outcomes (see Figure 28).

**Figure 28: Overall Client Review Results**



Approximately 83% of individuals interviewed felt very supported by their CLM treatment team when thinking about the services overall that they had received in the past year (CII Q112) (see Figure 29).

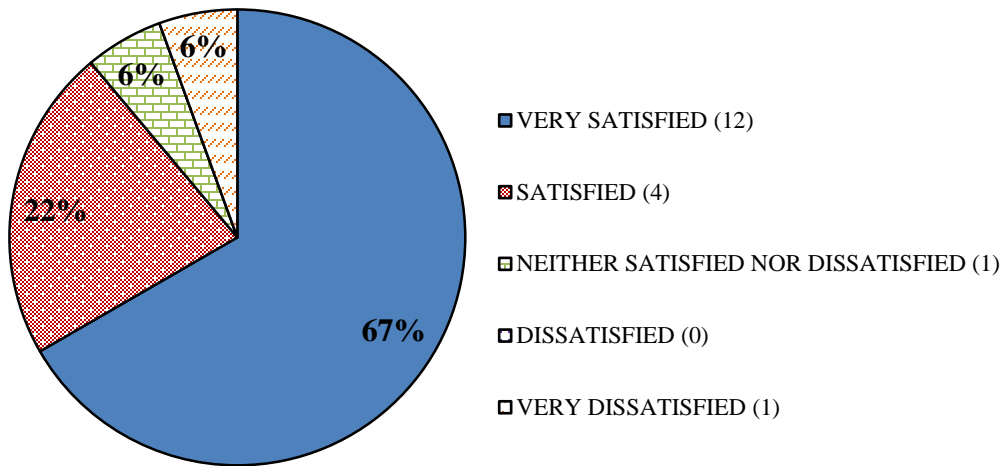
**Figure 29: Overall Feelings of Support from Treatment Team**



Approximately 89% of individuals interviewed were satisfied or very satisfied with the services they were receiving (CII Q113) (see Figure 30).

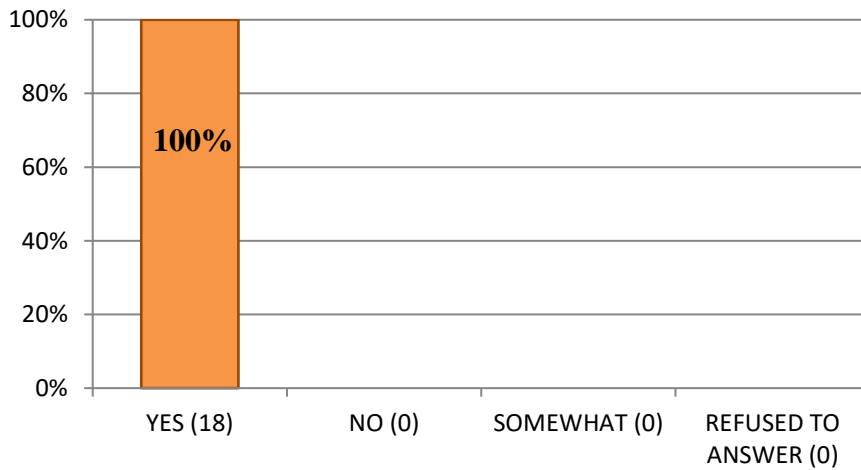
**Figure 30: Overall Client Satisfaction†**

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



All 18 individuals interviewed (100%) felt they had been treated with kindness and compassion when thinking about the CLM staff they had worked with in the past year (CII Q114) (see Figure 31).

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



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

“I think that people should recognize that people are afraid of medication sometimes, and it should be approached gently.”

“My team is the greatest team I’ve ever had. They are super supportive. They always have my back. They have supported me in every way!”

“It’s all about the medication. I’m not allowed to be myself.”

“I only have good things to say about [CLM]. CLM has been a life saver to me. They help me meet my needs. I have nothing but good things to say.”

“I am very satisfied. I lost a few specialists over the last few years, but I have to give it to CLM – they made the transition of care very easy and they let me meet the person before being alone with them.”

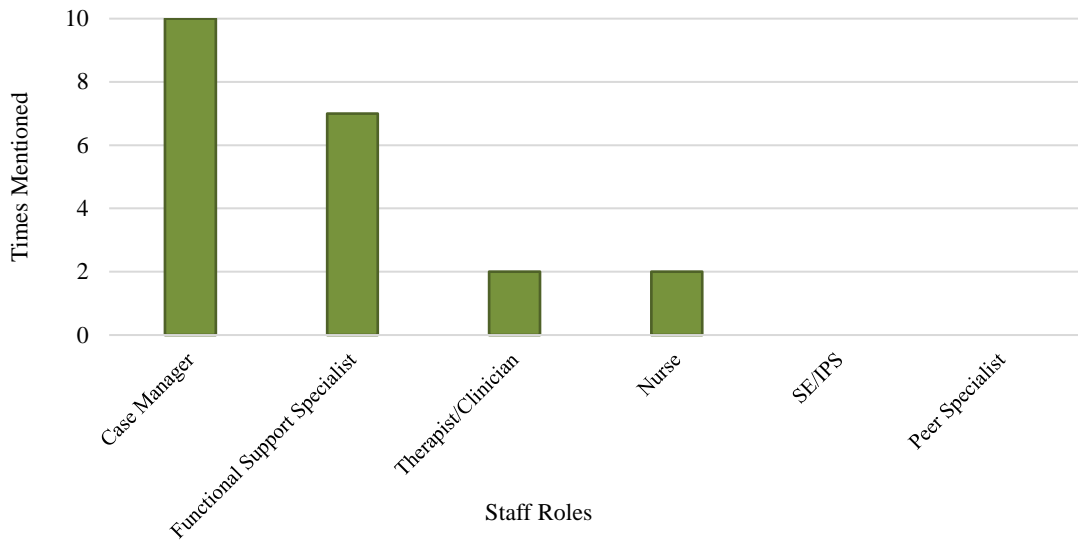
“It’s just been a great experience.”

## **CLM STAFF FEEDBACK SECTION**

In addition to being asked at the beginning of the interview about their role in the individual’s treatment and how long they have worked with the individual, staff are also asked several questions near the end of the interview about the overall challenges and positive aspects of working at the mental health center as well as their thoughts and opinions regarding the mental health delivery system in the State of New Hampshire and if there is anything staff would like to change or if staff have any ideas for improvements (SII Q1, SII Q81, SII Q82, SII Q86).

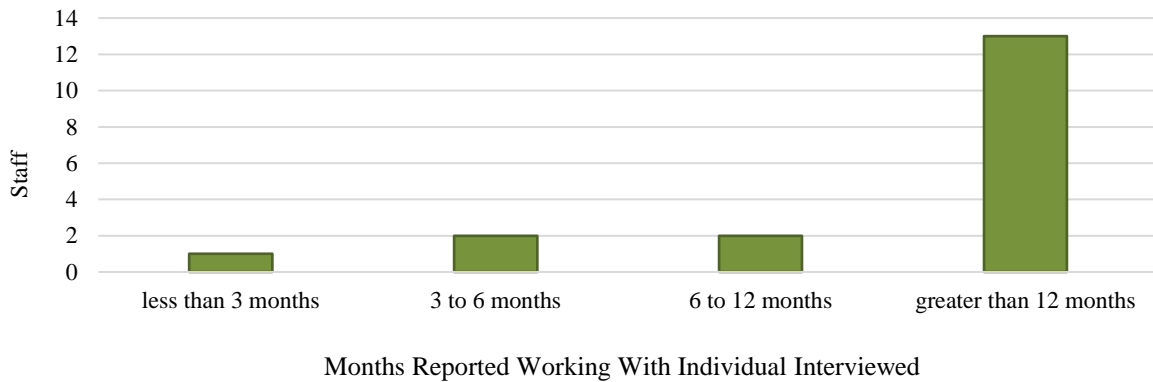
Twenty-two staff interviews were completed with 16 staff; two staff were interviewed for three different individuals, two staff were interviewed for two different individuals, and 12 staff were interviewed for one individual each. The roles in the individuals’ treatment of the staff who were interviewed varied, but the majority of staff indicated that at least one of their roles in the individual’s treatment was as case manager (SII Q1) (see Figure 32). Please note that the responses do not add up to the number of staff interviewed because a few staff reported engaging in more than one role when providing the individual’s treatment.

**Figure 32: Roles of Staff Interviewed**



Approximately 72% of staff who were interviewed reported that they had been working with the individual interviewed for more than a year (SII Q1) (see Figure 33).

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



Staff are asked about the barriers, challenges, and gaps they may face at CLM (SII Q81). There was a common theme associated with lack of client resources, followed by challenges in engaging clients, and the negative impact felt from staff vacancies (see Figure 34).

**“The housing crisis in the area is affecting our vouchers, and makes it difficult to provide housing opportunities in our area.”**

**“Housing in general is a huge barrier. There is very little housing in our catchment.”**

“The catchment lacks resources: no bus routes, shelters, or group homes.”

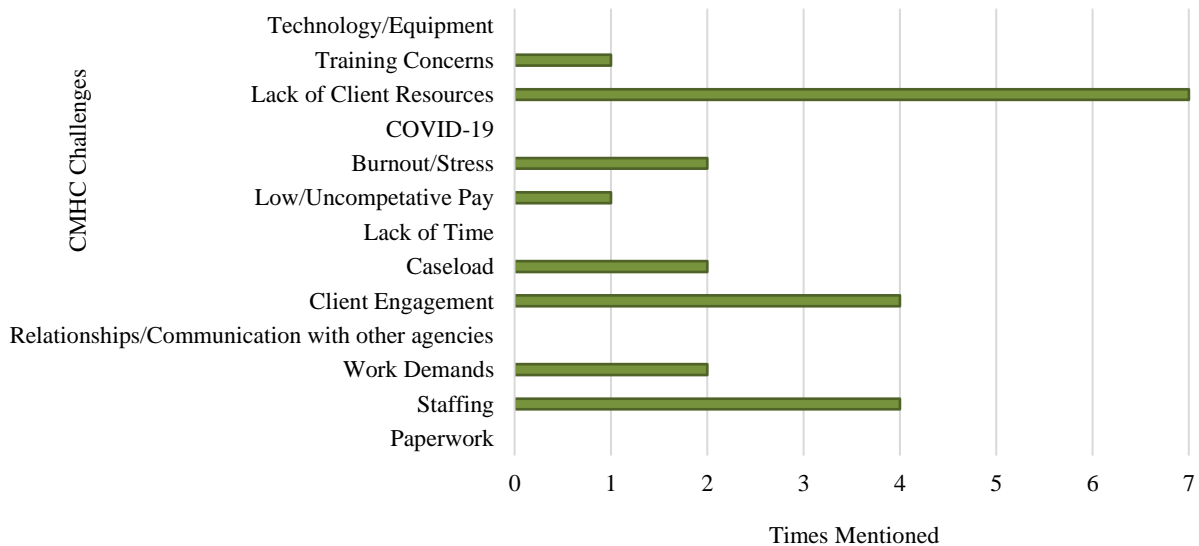
“[It’s a challenge] when clients disengage and trying to get them to reengage.”

“Pretty much every client is so isolated and really are not involved in the community. [They are lacking] transportation, interpersonal skills. I’m trying to help them build up their protective factors, and there are so many barriers.”

“There’s a lot of turnover, and people are getting burned out. I think that I’d like to see people stay a little longer in their roles.”

**Figure 34: CLM Barriers, Challenges, Gaps\***

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



Regarding what is working well at CLM and the services provided to individuals (SII Q82), there was an obvious theme of CLM staff feeling supported by their teammates and praise for the client-centered services CLM offers (see Figure 35).

“Teamwork. I have been supported more than 100% by my supervisor, director, coworkers, and staff. I am grateful for the support I’ve received across the board.”

“Great ACT team. Everyone is willing to help out and pitch in. Clients know they can call whenever they need and we will support them.”



“I love the integration that we have – to be able to talk to the rest of the treatment team and being able to get the bigger picture of what everyone is seeing to better support the client.”

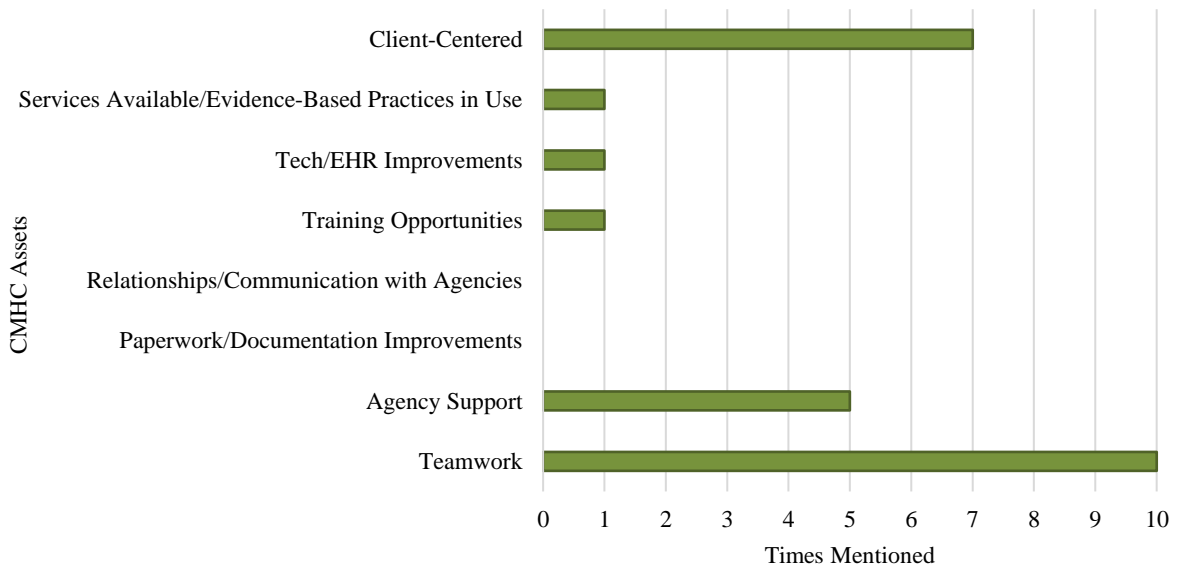
“All of our programs are interconnected with each other and we can reach out to other teams and collaborate with each other. We have wraparound contact with the others, and the management has a close understanding of what we need and contact with us.”

“[CLM] is helping us to outreach with the clients. We look at the whole person, and then their health conditions, and we put that into the whole package and try to treat them.”

“We take a team approach to make sure we are on the same page, so we are both client centered and team centered, which is very helpful when there is a higher need client. We get support and input from all members of the team to help make team decisions and support each other through tougher times with clients.”

**Figure 35: What’s Working Well at CLM\***

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



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

“One of the things that we’re consistently seeing is the wait times to get into treatment. We need to restructure that so people are being seen quicker.”

“Housing overall is a huge issue. I think, in general, there could be more low-income housing for mental health, whether it’s residential programs with support or someone that checks in on them once a week, depending on need.”

“Substance use treatment is severely lacking.”

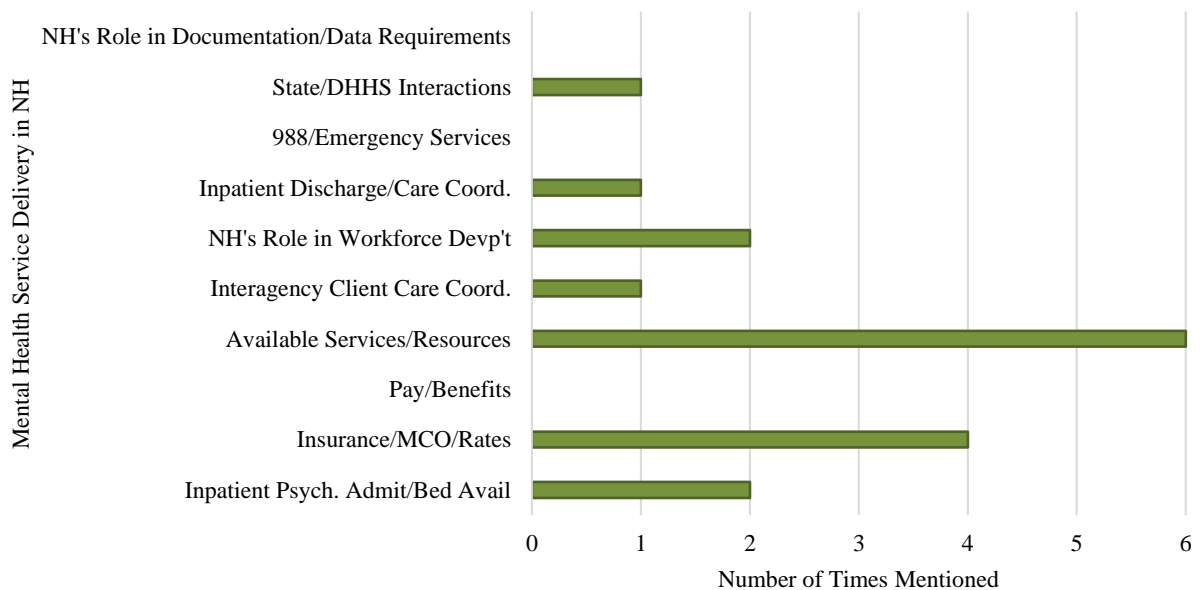
“Insurance is a big thing. I have clients who struggle with SUD and if they have Medicare, it seems to be a barrier.”

“Housing and transportation. Most of my clients struggle with transportation. Even when they do everything right to set up transportation, a driver might not be available or some other problem comes up.”

“[We need] more staff to help in the mental health centers and all areas of mental health across the board. Barriers to getting staff on board and stable would be the training piece and the realities of the job, and walking into a job and not knowing what to expect. The true reality of what you’ll need to do means there will be some days that will be challenging and hard, and here’s how to get through those challenges.”

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

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



## **VI. CMHA Substantive Provisions**

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

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

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
  - i. **Conclusion:** CLM met this provision as evidenced by Measure 15d where five of six individuals who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
  - i. **Conclusion:** CLM met this provision as evidenced by a score of 76% for the Crisis domain and OCR Q11, where all 18 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:** CLM met this provision as evidenced by the following:
    1. For Quality Indicator 3: Adequacy of Individual Service Delivery and those individuals receiving ACT services, CLM scored 95%.
    2. A score of 91% for Quality Indicator 17: Implementation of ACT Services.
    3. All 11 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).

4. All 11 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
  5. All 11 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
- i. Compliance with Provision V.D.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Supports and Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her/their Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** CLM met this provision as evidenced by the following:
    1. Those receiving ACT services had a total average score of 94% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
    2. All 11 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 11 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 11 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:** CLM met this provision as evidenced by an average score of 76% 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:** CLM met this provision as evidenced by the average score of 96% for Quality Indicators 5 and 6, in which Quality Indicator 5: Appropriate Housing Treatment Planning, had a score of 100% and Quality Indicator 6: Adequate Individual Housing Service Delivery, had a score of 93%.
- 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:** CLM met this provision as evidenced by a score of 93% for the Housing domain and OCR Q9, where all 18 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:** CLM 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. CLM 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:** CLM met this provision as evidenced by a score of 85% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

### 5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.

- i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, this provision is met as evidenced by the services NAMI NH provides in each Region of New Hampshire via a network of affiliate chapters and support groups, staff, and volunteers. In addition to in-person options, NAMI NH also provides family support and education programming on virtual platforms, allowing expanded access options to all NH residents. Groups available range from Family Peer Support groups for those with an adult loved one living with mental illness, Survivor of Suicide Loss groups, Parent/Caregiver Support groups for those with a child with serious emotional disturbance, and groups for families with a loved one experiencing First Episode Psychosis/Early Serious Mental Illness. Closed Facebook Support Groups are also offered including groups for parents/caregivers of youth with serious emotional disturbance, groups for family members with an adult loved one living with mental illness, and groups for families of individuals experiencing first episode psychosis or early serious mental illness. In addition to these support groups, NAMI NH provides in-person and virtual one-to-one support each year to hundreds of families with an adult loved one living with mental illness, families with children with serious emotional disturbance, and survivors of suicide loss, and responds to more than a thousand Information & Resource contacts from NH residents each year related to a variety of mental health issues. Lastly, NAMI NH provides a variety of education programs for families each year.

## 6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.
  - i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, this provision is met as evidenced by the services provided by the 17 peer support centers available across NH. Peer supports and services offered by these centers include individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, Wellness Recovery Action Plan training, monthly newsletters, fundraising,

educational events, and assistance with educational and vocational pursuits. The agencies make or receive hundreds of calls for peer support each year and a Warmline is provided during evening hours in various parts of the state. On the Road to Wellness is the peer support agency serving the CLM catchment area.

## **7. Community Integration Outcome**

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
  - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b: Service Delivery is flexible to meet individual's changing needs and goals; Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals; Quality Indicator 12: Individual is Integrated into his/her/their Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** CLM met this provision as evidenced by:
    1. The average of individuals who scored "Yes" for Measure 3b (17 of 18 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (16 of 18 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 92%.
    2. For Quality Indicator 12, CLM scored 86%.
    3. All 18 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 18 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
    5. All 18 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:** CLM met this provision as evidenced by an average score of 89% for the seven domains and OCR Q5, with all 18 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:** CLM met this provision as evidenced by a score of 93% for the Housing domain.

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

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
  - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q67), the Crisis domain, and OCR Q11.
  - ii. **Conclusion:** CLM did not meet this provision as evidenced by four of seven individuals who experienced an inpatient psychiatric admission were re-hospitalized within 90 days (CRR Q67). All other data points relevant to this provision are as follows:
    - 1. For the Crisis domain, CLM received a score of 76%.
    - 2. All 18 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***

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



1. *Increase the percentage of individuals with appropriate crisis plans (Quality Indicator 14).*
2. *Increase the percentage of individuals receiving effective crisis service delivery (Quality Indicator 15).*

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

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

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

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

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

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

### ***IX. Addendum***

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

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

CLM submitted no further information or corrections for DHHS review.

## *References*

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

## *Appendices*

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

1. Client Profile-CMHC

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

2. Client Profile-DHHS

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

3. CMHC Profile

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

4. Clinical Record Review (CRR)

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

5. Client Interview Instrument (CII)

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

6. Staff Interview Instrument (SII)

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

7. Overall Client Review (OCR)

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

## Appendix 2: Indicator 1 Scoring Example

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

### Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through direct collaboration with the individual
1d	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed.
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals.
2b	Treatment planning is person-centered and strengths based.
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed.
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration.
3b	Service delivery is flexible to meet individual's changing needs and goals.
3c	Services are delivered in accordance with the service provision(s) on the treatment plan.
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need.
3e	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed.
3f	OCR Q5 Services and supports ensure health, safety, and welfare.
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual housing needs are adequately identified.
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet individual's housing needs and goals.
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriate intensity, frequency, and duration to meet individual's changing needs and goals.
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual.
6c	OCR Q9 Services are adequate to obtain and maintain stable housing.

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

**EMPLOYMENT SERVICES AND SUPPORTS**

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

**COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS**

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

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

#### CRISIS SERVICES AND SUPPORTS

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

#### ACT SERVICES AND SUPPORTS

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

#### IPA TRANSITION/DISCHARGE



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

## **Appendix 4: Agency Overview**

The Center for Life Management (CLM) was established circa 1967 as a community-based mental health provider serving the needs of children, adolescents, adults and their families. CLM is approved from September 1, 2020 through August 31, 2025 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. CLM is designated a CMHP for Region X, which encompasses 12 cities and towns within Rockingham and Hillsborough counties.

CLM has offices in Derry and Salem that serve adults with severe (SMI) or severe and persistent mental illness (SPMI). CLM provides a range of services including crisis and emergency response, intake assessment, psychiatric diagnostic, medication, targeted case management services, and individual, group, and family psychotherapy. CLM's Evidenced Based Practices (EBPs) include Assertive Community Treatment (ACT), Supported Employment (SE), Illness Management and Recovery (IMR), Wellness for Work vocational focused IMRT group, Integrated Dual Disorders Treatment (IDDT) for persons with co-occurring mental illness and substance use, and Dialectical Behavior Therapy (DBT). CLM also offers Transcranial Magnetic Stimulation (TMS) and InShape. CLM participates in the Inter-Agency Dual Diagnosis and Collaborative Care services with Northeast Rehab and Community Crossroads to enhance wrap around supports and services and address the complex care needs of people with both mental health and intellectual disorders. Critical Time Intervention (CTI) is a free program that helps individuals getting ready to be discharged from a psychiatric inpatient setting to make links in their community after they leave the hospital. Additionally, CLM changed its Access to Care model and now offers same-day scheduling. Callers seeking services receive a scheduled appointment for mental health assessment to determine eligibility status. Consumers deemed eligible for state funded services are referred into CLM for services. Consumers determined not eligible are given the support of referral outside of the agency.

CLM has two HUD-funded programs that provide rental assistance vouchers for previously homeless individuals with mental illness or other disabling conditions. CLM oversees the Bridge Housing Program in Western Rockingham County. In 2022, CLM also opened Jean's Place, a six-bed supportive housing program located in Salem, NH, which is staffed 24/7 and provides

support services to individuals needing a “step up” to avoid hospitalization or a “step down” following hospitalization.

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

In the CLM catchment area, two hospitals provide psychiatric inpatient services: Parkland Medical Center (PMC) in Londonderry and Hampstead Hospital (HH) in Hampstead. PMC has an 18-bed inpatient Behavioral Health Unit (BHU) including four Designated Receiving Facility (DRF) beds for adults who meet Involuntary Emergency Admission (IEA) criteria. CLM has procedures with PMC’s ED and BHU to provide follow up care within 24 hours of discharge. HH is a 111-bed private psychiatric and chemical dependency specialty hospital with over 40 child psychiatric beds, including 16 DRF beds for children ages from 4-17. HH has adult voluntary units specializing in mental health, developmental disabilities, and medical detox from addictive substances. CLM’s outpatient treatment teams refer to both PMC and HH when appropriate. PMC and HH have their own behavioral health staff and CLM’s ACS works closely with both facilities during voluntary and involuntary admissions, discharges, and during in-patient care episodes.

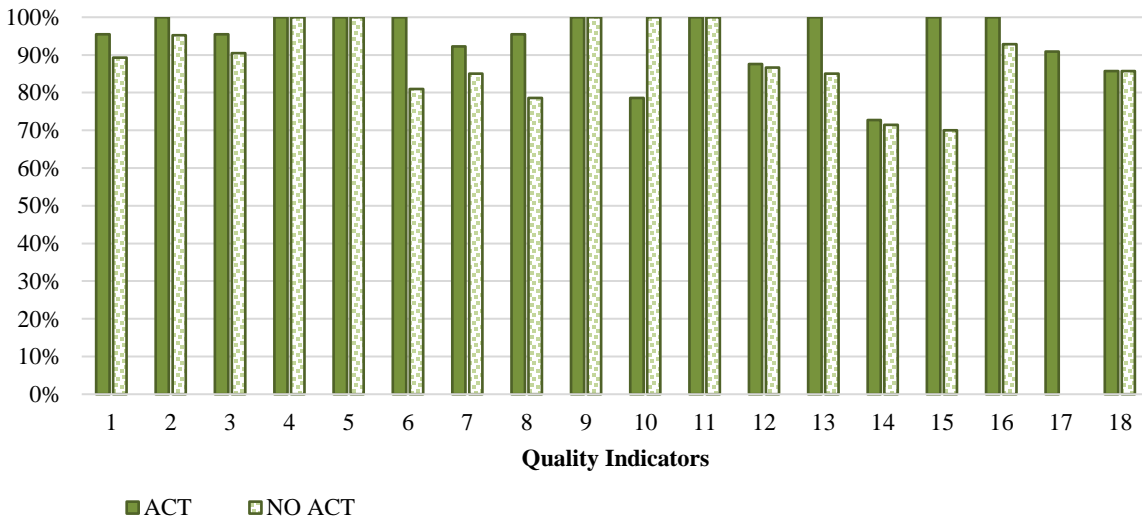
## Appendix 5: Three-Year Comparison

Indicator	SFY22	SFY23	SFY24
1. Adequacy of Assessment	100%	94%	93%
2. Appropriateness of treatment planning	96%	96%	98%
3. Adequacy of individual service delivery	91%	83%	94%
4. Adequacy of Housing Assessment	100%	100%	100%
5. Appropriate of Housing Treatment Plan	68%	72%	100%
6. Adequacy of individual housing service delivery	86%	93%	93%
7. Effectiveness of housing supports and services provided	85%	93%	89%
8. Adequacy of employment assessment/screening	97%	100%	89%
9. Appropriateness of employment treatment planning	100%	100%	100%
10. Adequacy of individual employment service delivery	95%	83%	85%
11. Adequacy of Assessment of social and community integration needs	100%	100%	100%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	88%	89%	86%
13. Adequacy of Crisis Assessment	95%	83%	89%
14. Appropriateness of crisis plans	89%	94%	72%
15. Comprehensive and effective crisis service delivery	90%	83%	75%
16. Adequacy of ACT Screening	100%	97%	97%
17. Implementation of ACT Services	80%	83%	91%
18. Successful transition/discharge from the inpatient psychiatric facility	74%	84%	86%
<b>AVERAGE:</b>	<b>91%</b>	<b>90%</b>	<b>91%</b>

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	18	Adequacy of Assessment	95%	11	89%	7
2	18	Appropriateness of treatment planning	100%	11	95%	7
3	18	Adequacy of individual service delivery	95%	11	90%	7
4	18	Adequacy of Housing Assessment	100%	11	100%	7
5	18	Appropriateness of Housing Treatment Plan	100%	11	100%	7
6	18	Adequacy of individual housing service delivery	100%	11	81%	7
7	18	Effectiveness of housing supports and services provided	92%	11	85%	7
8	18	Adequacy of employment assessment/screening	95%	11	79%	7
9	6	Appropriateness of employment treatment planning	100%	4	100%	2
10	10	Adequacy of individual employment service delivery	79%	7	100%	3
11	18	Adequacy of Assessment of social and community integration needs	100%	11	100%	7
12	18	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	88%	11	87%	7
13	7	Adequacy of Crisis Assessment	100%	2	85%	5
14	18	Appropriateness of crisis plans	73%	11	71%	7
15	6	Comprehensive and effective crisis service delivery	100%	1	70%	5
16	18	Adequacy of ACT Screening	100%	11	93%	7
17	11	Implementation of ACT Services	91%	11	N/A	0
18	7	Successful transition/discharge from the inpatient psychiatric facility	86%	1	86%	6



## Appendix 7: Overall Client Review (OCR)

### OVERALL CLIENT REVIEW (OCR)

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

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

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

**Appendix 8: Quality Indicator Comparison, SFY18 to Present**

