New Hampshire Community Mental Health Agreement Monthly Progress Report

December 2016

New Hampshire Department of Health and Human Services

December 5, 2016

Acronyms Used in this Report

ACT:	Assertive Community Treatment
BDAS:	Bureau of Drug and Alcohol Services
BMHS:	Bureau of Mental Health Services
CMHA:	Community Mental Health Agreement
CMHC:	Community Mental Health Center
DHHS:	Department of Health and Human Services
EMR:	Electronic Medical Record
IDN:	Integrated Delivery Networks
QSR:	Quality Services Review
SE:	Supported Employment
SFY:	State Fiscal Year

Introduction

This fourth Monthly Progress Report is issued in response to the June 29, 2016 Expert Reviewer Report, Number Four, action step 4. It reflects the actions taken in November, and month-over-month progress made in support of the Community Mental Health Agreement (CMHA) as of November 30, 2016. This report is specific to achievement of milestones contained in the agreed upon CMHA Project Plan for Assertive Community Treatment (ACT), Supported Employment (SE) and Glencliff Home Transitions, as updated and attached hereto (Appendix 1). Where appropriate, the Report includes CMHA lifetime-to-date achievements.

Executive Summary

Assertive Community Treatment Progress Achieved in November 2016

- ACT Statewide De-duplicated Enrollment Update (for the period ending October 31, 2016)[1]
  - October 2016 -- 815
  - September 2016 – 808
  - One Month Comparison – 7 more consumers enrolled in ACT than in September 2016
- ACT Statewide Capacity Update (for the period ending October 31, 2016)[2]
  - October 2016 – 1,124
  - September 2016 – 1,093
  - One Month Comparison – 31 more potential consumers than in September 2016
- Community Mental Health Centers (CMHCs) Under ACT Compliance Plans (for the period ending October 31, 2016)[3]:
  - October 2016 – 245
  - September 2016 – 237
  - One Month Comparison – 8 more consumers enrolled in ACT than in September 2016
- Project Plan Milestones:
  - By 12/1/2016 DHHS will initiate ACT Fidelity Assessments
    - As of November 30, 2016, seven (7) CMHCs completed ACT Self-Fidelity Assessments, and DHHS conducted one (1) ACT Fidelity Assessment. November 28-December 1, DHHS conducted a second ACT Fidelity Assessment. In January 2017, DHHS will conduct the third and final ACT Fidelity Assessments for State Fiscal Year (SFY) 2017.
    - As of November 30, 2016, DHHS completed its initial review of the six (6) ACT Self-Fidelity Assessments conducted in October 2016. DHHS anticipates publishing final reports for these assessments in January 2017.

Supported Employment

- Supported Employment Statewide Penetration Rate[4] (for the period ending October 31, 2016)
  - October 2016 Penetration Rate – 20.4%
  - September 2016 Penetration Rate – 20.8%
  - One Month Comparison: .4% lower than in September 2016
- CMHCs Under Compliance Plan – October SE Penetration Rates[5]:
  - October 2016 – 12.8%
  - September 2016 – 12.6%
  - One Month Comparison – .2% higher than in September 2016
- Project Plan Milestones:
  - By 12/1/2016 explore resources to conduct technical assistance and training. CMHCs and DHHS will explore strategies and barriers DHHS can use to facilitate service delivery.

[1] Based on preliminary data contained in Appendix 2
[2] Based on preliminary data contained in Appendix 2
[3] Based on preliminary data contained in Appendix 2
[4] Based on preliminary data contained in Appendix 2
[5] Based on preliminary data contained in Appendix 2; average of all four CMHCs under SE compliance plans

- DHHS exceeded the 3/1/2017 targeted statewide SE Penetration rate in March 2016. In November, DHHS continued providing technical assistance and monitoring of CMHCs not yet meeting the targeted SE penetration goal on a regional level.

Glencliff Home Transitions into Integrated Community Setting

- Discharge Update
  - November Discharges: No residents were discharged in the month of November. Five residents are in active discharge planning status with resolution anticipated in the coming weeks.
- Project Plan Milestones:
  - By 12/1/2016 transition four (4) individuals to the community
    - November discharges consistent with this milestone – None
    - DHHS anticipated meeting the 12/1/2016 Project Plan Milestone in November when the first two (2) of (4) residents were anticipated to transition into a community residence. The community residence provider experienced unanticipated delays in hiring a full staff complement required for safely meeting the residents' needs. At this time, DHHS anticipates the four residents will transition to the community residence beginning in mid-December.
- Community Mental Health Agreement Milestones:
  - By 6/30/2016, the capacity to serve six additional individuals (cumulative total of 10) in an integrated community setting.
  - By 6/30/2017, the capacity to serve six additional individuals (cumulative total of 16) in an integrated community setting.
    - As of 11/30/16, DHHS has transitioned six[6] (6) residents into compliant community residences.
    - By 12/31/16, DHHS will have transitioned ten (10) residents into compliant residences.
    - By 12/31/16, DHHS will have met the cumulative total required under the 6/30/2016 milestone, and will be on track to meet the 6/30/2017 milestone.

Additional DHHS Efforts to Support CMHA Goals and Strengthen NH's Mental Health System

- New Hampshire Building Capacity for Transformation (NHBCT) Medicaid Section 1115a
  - The NHBCT's Health Information Technology (HIT) and Workforce Development Statewide Taskforces continued meeting in November to address cross-Integrated Delivery Network (IDN) planning for: improving information sharing around care for those individuals with Substance Use Disorders (SUD) and Mental Health (MH) complexity; and to consider solutions to effectively mitigate workforce gaps.
  - Integrated Delivery Network (IDN) Project Plans submitted on October 31, 2016 were placed under initial review and assessment in November. On December 12th and 13th, an Independent Panel will conduct an impartial review of all proposed IDN Project Plans. The two review sessions will be open to the public.
  - Upon DHHS approval of IDN Project Plans, additional funds will be released for plan implementation.

[6] In the November Monthly Progress Report, a seventh transition was reported in error. The transition is removed from the cumulative count as it occurred prior to execution of CMHA.

Schedule of State Fiscal Year 2017 Fidelity and Quality Services Review[7]

July 2016	**Center for Life Management** DHHS-conducted QSR **Mental Health Center of Greater Manchester** DHHS-conducted SE Fidelity Assessment **Riverbend Community Mental Health** DHHS-conducted SE Fidelity Assessment
Aug. 2016	**West Central Behavioral Health** DHHS-conducted QSR
Sep. 2016	**Genesis Behavioral Health** DHHS-conducted QSR **Northern Human Services** DHHS-conducted SE Fidelity Assessment
October 2016	**Center for Life Management** Self-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment **Community Partners of Strafford County** Self-conducted ACT Fidelity Assessment **Genesis Behavioral Health** DHHS-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment **Greater Nashua Mental Health Center** DHHS-conducted SE Fidelity Assessment Self-conducted ACT Fidelity Assessment **Mental Health Center of Greater Manchester** Self-conducted ACT Fidelity Assessment **Monadnock Family Services** Self-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment **Riverbend Community Mental Health** DHHS-conducted QSR - **POSTPONED**[8] Self-conducted ACT Fidelity Assessment **Seacoast Mental Health Center** Self-conducted[9] ACT Fidelity Assessment Self-conducted[10] SE Fidelity Assessment **West Central Behavioral Health** Self-conducted SE Fidelity Assessment
November 2016	**Community Partners of Strafford County** DHHS-conducted SE Fidelity Assessment **Monadnock Family Services** DHHS-conducted QSR - **POSTPONED** **Northern Human Services** DHHS-conducted ACT Fidelity Assessment
Dec. 2016	

January 2017	**Mental Health Center of Greater Manchester** DHHS-conducted QSR **West Central Behavioral Health** DHHS-conducted ACT Fidelity Assessment
Feb. 2017	**Seacoast Mental Health Center** DHHS-conducted QSR
March 2017	**Greater Nashua Mental Health Center** DHHS-conducted QSR
April 2017	**Community Partners of Strafford County** DHHS-conducted QSR
May 2017	**Northern Human Services** DHHS-conducted QSR
June 2017	

[7] Schedule incorporated into Monthly Progress Report in response to the Center for Public Representation's 8/24/2016 request for additional information to ensure various tasks and deliverables are occurring at an appropriate pace. Schedule may be subject to change.
[8] The QSRs originally scheduled for October and November 2016 were postponed in October to accommodate the revision of QSR tools and processes consistent with CMHA provision (VII.D.2). DHHS will reschedule the two impacted QSRs to occur in 2017.
[9] At its own discretion, Seacoast Mental Health Center utilized the services of an outside contractor to conduct its Self-Assessment.
[10] At its own discretion, Seacoast Mental Health Center utilized the services of an outside contractor to conduct its Self-Assessment.

Actions Taken to Enable DHHS to Factually Demonstrate Significant and Substantial Progress

1. Assertive Community Treatment

- November Actions to Increase ACT Enrollment:
  - DHHS actions to reduce inpatient behavioral health waitlist for individuals in hospital emergency rooms 10% by July 2017 or 25% by July 2018
    - New protocols to ensure CMHC daily contact with emergency departments are underway; BMHS actively engaged with CMHCs to seek rapid resolution of barriers to discharge.[11]
    - DHHS requested that Well Sense develop aggressive approach to address emergency department admissions, identification and referral of consumers to CMHCs for potential ACT enrollment, and to develop a protocol to daily engage with emergency departments and applicable CMHCs to expedite delivery of additional services or supports needed to return consumer to community or discharge to appropriate setting/treatment option. Well Sense initiated development.
    - New Hampshire Hospital (NHH) representatives provided information to the CMHC Executive Directors to increase understanding of the admission and discharge practices for the Inpatient Stabilization Unit at NHH. Identified areas for improved collaboration with CMHCs to expedite the return of patients to the community.
  - Continuing Actions to increase ACT Enrollment during November include:
    - Enhanced monthly Emergency Department data reporting continues to be implemented
      - DHHS Data Analytics worked with CMHC representatives to develop streamlined reporting tools and reduce reporting redundancy.
      - CMHCs continue to use Emergency Department data to identify consumers for potential ACT enrollment.
      - CMHCs began monthly reporting to DHHS on the identification of consumers screened for ACT and providing explanations for consumers not enrolled.
    - CMHCs provided ACT training to internal staff
    - CMHCs provided overview of ACT to external stakeholders, such as law enforcement, housing and vocational rehabilitation providers
    - CMHCs improved internal ACT referral processes, such as revising written plans to better align with fidelity, and adjusting EMR to trigger consideration of ACT referral at quarterly evaluations.
    - New Hampshire Healthy Families continues monthly auditing of emergency department admissions and referring consumers to CMHCs for potential ACT enrollment. MCO continues weekly re-evaluation of data to report to DHHS and CMHCs any unresolved consumers to ensure resolution.
    - New Hampshire Healthy Families continues daily contact with emergency departments and applicable CMHCs for any consumer waiting and to expedite delivery of additional services or supports needed to return consumer to community or discharge to appropriate setting/treatment option.

[11] Effort is part of DHHS Innovation Accelerator Program (IAP), Goal #1,

- CMHCs Under ACT Compliance Plans (for the period ending October 31, 2016) [12]:
  - Northern Human Services
    - October 2016 -- 88
    - September 2016 – 83
    - One Month Comparison – 5 more consumers enrolled in ACT than in September 2016
  - West Central Behavioral Health
    - October 2016 -- 28
    - September 2016 – 28
    - One Month Comparison – no change from September 2016
  - Genesis Behavioral Health
    - October 2016 -- 59
    - September 2016 – 57
    - One Month Comparison – 2 more consumers enrolled in ACT than in September 2016
  - Greater Nashua Mental Health Center
    - October 2016 -- 70
    - September 2016 – 69
    - One Month Comparison – 1 more consumer enrolled in ACT than in September 2016
- November Efforts to Increase ACT Capacity (Improve CMHC Ability to Recruit and Retain ACT Staff):
  - The DHHS State Loan Repayment Program (SLRP) administrator presented a program overview to the CMHC Executive Directors to promote interest and participation in the program.
  - DHHS Bureau of Drug and Alcohol Services (BDAS) representatives provided an update on the Bureau's efforts to fight the opioid epidemic to the CMHC Executive Directors. Identified potential areas for further collaboration regarding administrative rules and available resources for the State's Substance Use Disorder and Mental Health treatment systems, including: training, certification and streamlined, non-duplicative reporting requirements – all factors that can negatively or positively impact recruitment and retention of ACT staff.
- November Actions to Ensure Fidelity
  - DHHS completed its initial review of six CMHC ACT Self-Fidelity Assessments reports.
  - DHHS conducted an ACT Fidelity Assessment of Northern Human Services[13].
  - The final CMHC required to conduct an ACT Self-Fidelity Assessment completed the assessment in November.
- Upcoming Milestones to Ensure Fidelity
  - In December, DHHS will provide its initial response to seven ACT Self-Fidelity Assessments to the applicable CMHCs. These centers will have two weeks to respond and work with DHHS to finalize the results of the assessments, and to develop and submit improvement plans. DHHS anticipates publishing final reports and improvement plans in January 2017.
  - DHHS will complete the ACT Fidelity Assessment report, review and improvement plan if appropriate, for Genesis Behavioral Health, for release by December 31, 2017.

[12] Based on preliminary data contained in Appendix 2
[13] This assessment began November 28th and concluded December 1st.

2. Supported Employment

- November Actions Taken to Ensure Fidelity
  - DHHS completed its initial review of five CMHC conducted SE Self-Fidelity Assessments.[14]
  - DHHS conducted an SE Fidelity Assessment of Community Partners of Strafford County.
  - On November 14, 2016, DHHS issued its final SE Fidelity Assessment Report for Northern Human Services.
- Upcoming Milestones to Ensure Fidelity
  - In December, DHHS will provide its initial review of five SE Self-Fidelity Assessments to applicable CMHCs. These centers will have two weeks to respond and work with DHHS to finalize the results of the assessments, and to develop and submit improvement plans. DHHS anticipates publishing final reports and improvement plans in January 2017.
  - In December, DHHS will continue completion of SE Fidelity Assessment reports for and work with applicable CMHCS to obtain their responses and improvement plans. Final reports are anticipated for a January 2017 release.
  - Continuing Actions to Maintain SE Statewide Penetration Rate and Support all CMHCs to Reach or Exceed 16.8% Penetration Rate During November Include:
    - DHHS discussed monthly SE Penetration Rate data with CMHCs to encourage further collaboration to achieve effective SE programs
    - CMHCs provided SE training to internal staff and worked with regional employers to improve competitive employment opportunities
- CMHCs Under Compliance Plan September SE Penetration Rates[15]
  - Northern Human Services
    - October 2016 – 14.0%
    - September 2016 – 14.2%
    - One Month Comparison –.2% lower than in September 2016
  - Genesis Behavioral Health
    - October 2016 – 14.1%
    - September 2016 – 14.1%
    - One Month Comparison – no change from September 2016
  - Greater Nashua Mental Health Center
    - October 2016 – 11.9%
    - September 2016 – 11.1%
    - One Month Comparison – .8% higher than in September 2016
  - Community Partners
    - October 2016 – 10.4%
    - September 2016 – 11.1%
    - One Month Comparison –.7% lower than in September 2016[16]

[14] This number is one greater than previously reported; a CMHC originally identified for a DHHS conducted Fidelity Assessment erroneously conducted a Self-Assessment. DHHS agreed to review the Self-Fidelity Assessment.

[15] Based on preliminary data contained in Appendix 2

[16] Significant staffing shortage (loss of all SE staff) factor into decrease

3. Glencliff Home Transitions into Integrated Community Setting

- Discharge Barrier Resolution Update

  Although there were no discharges in the month of November, progress continues to be made towards discharging several residents in the coming weeks:

  - Active Pending Discharges – 5
    - Community Residence – 4 (commencing December 2016)
      - Full staffing complement to ensure residents' needs are safely met.
    - Enhanced Family Home – 1
      - Resident with funded Acquired Brain Disorder (ABD) waiver anticipates meeting in December with potential home provider.

- Other November Actions Taken to Address Discharge Barriers
  - Ongoing identification and reporting of residents interested in transitioning: 24 residents
  - Continued effort to identify services and placement opportunities for residents interested in transitioning.

- Project Plan Milestones:
  - By 12/1/2016 transition four (4) individuals to the community
    - November discharges consistent with this milestone – None.
    - DHHS anticipated meeting the 12/1/2016 Project Plan Milestone in November when the first two (2) of (4) residents were anticipated to transition into a community residence. The community residence provider experienced unanticipated delays in hiring a full staff complement required for safely meeting the residents' needs. At this time, DHHS anticipates the four residents will transition to the community residence beginning in mid-December.

- Community Mental Health Agreement Milestones:
  - By 6/30/2016, the capacity to serve six additional individuals (cumulative total of 10) in an integrated community setting.
  - By 6/30/2017, the capacity to serve six additional individuals (cumulative total of 16) in an integrated community setting.
    - As of 10/31/16, DHHS has transitioned six (6) residents into compliant community residences.
    - By 12/31/16, DHHS will have transitioned ten (10) residents into compliant residences.
    - By 12/31/16, DHHS will have met the cumulative total required under the 6/30/2016 milestone, and will be on track to meet the 6/30/2017 milestone.

NH Department of Health & Human Services
Community Mental Health Agreement (CMHA)
Project Plan for Assertive Community Treatment, Supported Employment and Glencliff Home Transitions
November 30, 2016

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
				ACT-Expanding capacity/penetration; Staffing array			
1	**Quarterly**	Continue to provide quarterly ACT reports with stakeholder input and distribute to CMHCs and other stakeholders.	M. Brunette	This report focuses on three (3) key quality indicators: staffing array consistent with the Settlement Agreement; capacity/penetration; ACT service intensity, averaging three (3) or more encounters/week. This report is key as it assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	ACT Quarterly Reports	100% and Ongoing	Use monthly in Implementation Workgroup and Technical Assistance calls; include 4 quarters for trend discussion.
2	**6/30/2016 - letters sent**	Letters sent to CMHCs with low compliance including staffing and/or capacity with a request for improvement plans. The CMHCs will be monitored and follow-up will occur.	M. Brunette	Quality improvement requested by DHHS with detailed quality improvement plans with a focus on increasing the capacity of ACT.	Monthly compliance calls and follow-up	100% - letters, monitoring and follow-up ongoing	Use in Technical Assistance calls with Centers to support continuing progress.
3	**7/20/2016**	DHHS team and CMHC Executive Directors participated in a facilitated session to establish a plan to expand capacity and staffing array.	M.Harlan	This session resulted in a plan with action steps for increased ACT capacity.	The goal was to establish a focused workplan expected to increase new ACT clients.	100%	Workplan is ongoing guide under which the CMHCs and DHHS is operating with focused effort to achieve CMHA goals.

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
4	**9/30/2016**	DHHS will continue to provide each CMHC a list of individuals in their region who had emergency department visits for psychiatric reasons, psychiatric hospitalizations, DRF admissions, and NHH admissions in the past quarter to facilitate CMHCs ability to assess people in their region for ACT.	M.Brunette	CMCHs will use these quarterly reports to enhance their screening of people for ACT. CMHCs will provide quarterly reports to DHHS indicating that they have screened each individual and the outcome of the screening.	First report due from CMHCs to DHHS by 7/29/2016. The screening process and reporting will utilize a comprehensive template developed by the ACT and SE community stakeholder group by 9/30/16.	Ongoing	Monthly data distribution began in October. CMHCs monthly reporting to DHHS on research conducted. ACT/SE Implementation Workgroup will use this data for monthly discussion with CMHC ACT coordinators.
5	**10/1/2016**	Address Peer Specialist Challenges-lack of standardized training.	M.Brunette	Behavioral Health Association and DHHS in an effort to expedite increasing peer specialists, will explore the SUD Recovery specialists certification.	Work with BDAS to look at their process.	100%	Research completed. Additional training capacity added. DHHS collaborated with Peer Support Agency to assist with coordination of meeting Peer Support Specialist training needs; ongoing identification of training needs and coordinating delivery of training commenced in October.
6	**10/1/2016**	ACT team data will be reported separately by team.	M.Brunette	The data will be separated starting the month of July 2016 and will be reported in the October 2016 report.	ACT team data will be separated on a quarterly basis moving forward.	100%	Use monthly in Implementation Workgroup and Technical Assistance calls
7	**10/1/2016**	Develop organization strategies to increase capacity.	M.Brunette	Each CMHC will conduct one education session between now and Oct. 1, 2016 to introduce ACT.	Increase community education.	80%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify educational needs. Centers holding additional inservice sessions.
8	**10/1/2016**	Review and make changes as necessary to ACT referral process.	M.Brunette	Each CMHC will review and evaluate their internal referral process and then share with the other CMHCs.	Learning Collaborative to share their processes.	50%	Internal CMHC review of referral process is underway. Some ideas already shared in learning collaborative.

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
9	**11/1/2016**	DHHS will require CMHCs to conduct self-fidelity to evaluate their adherence to the ACT treatment model. They will provide a report to DHHS by 11/1/16.	M.Brunette	This report will include their plan for improving their adherence to the model described in the Settlement Agreement.	CMHCs Self-Fidelity Report to DHHS.	85%	DHHS received 7out of 7 CMHC reports; final reports and improvement plans anticipated for January 2017 release.
10	**12/1/2016**	Evaluate potential/structural/systemic issues resulting in high staff turnover/inability to recruit and retain staff.	M. Brunette	Work with TA to develop a report that will communicate the strategies to address ACT staffing issues in collaboration with DHHS.	ACT Staffing Report	90%	Collected information from several health care workforce development projects underway that include CMHC staffing (inclusive of ACT staffing).
11	**12/1/2016**	Increase the number of staff who are eligible for State Loan Repayment Program (SLRP).	M.Brunette	Explore the possibility of increasing the number of staff eligible for this program.	Increase number of staff eligible	75%	Presentation to CMHC Executive Directors made to increase understanding of how to access funds; DHHS seeking additional funding for program in 2018-2019 budget.
12	**12/1/2016**	DHHS will Initiate ACT fidelity assessments.	M.Brunette	DHHS will conduct ACT fidelity using the ACT toolkit.	Fidelity report	Yearly; 85%	Conducted second of three ACT Fidelity Assessments (Nov 28-Dec 1). Third and final is scheduled for January 2017.
13	**2/28/2017**	Increase ACT capacity	M. Brunette	Concerted efforts by the CMHCs to assess individuals in Community residences that could be served on ACT. Train direct service providers in coding appropriately for ACT services. Screen 100% eligible individuals for ACT.	By 2/28/16 increase ACT capacity by 25 %.	35%	New monthly capacity (staffing) reports began in November. As of 10/31/16, actual increased capacity is 16.6% toward goal of increase target.

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
14	**3/1/2017**	DHHS will request CMHCs with low compliance to provide DHHS a list of five (5) consumers who are eligible for and who will begin to receive ACT services each month starting August 1, 2016 through February 2017. DHHS will request all other CMHCs to provide DHHS a list of 3 consumers who are eligible for and who will begin to receive ACT services each month starting August 1, 2016 through February 2017.	M.Brunette	Quarterly reports will be provided to each CMHC on their specific list of individuals who had Emergency department visits and psychiatrist hospitalizations to allow CMHCs to assess their center specific clients.	List of (5) consumers from low compliance CMHCs who are eligible for ACT services each month and a list of (3) consumers from other CMHCs who are eligible for ACT services.	50%	DHHS issued reporting tools and reviewed with CMHCs in October. CMHC response reports are being submitted as of October 31, 2016. DHHS actively reviewing reports for consultation with CMHCs. NH Healthy Families (MCO) is also supporting effort by daily monitoring of Emergency Department admissions, referrals to CMHCS, and weekly follow up to address ACT enrollment. DHHS requested similar action by WellSense in November; under development now.
15	**6/30/2017**	Increase ACT capacity	M. Brunette	Concerted efforts by the CMHCs to assess individuals in Community residences that could be served on ACT. Train direct service providers in coding appropriately for ACT services. Screen 100% eligible individuals for ACT.	By 6/30 2017 increase ACT capacity by an additional 13.5%	0%	
16	**6/30/2017**	After February 2017 DHHS will request that all CMHCs will continue to provide DHHS a list of 2-4 consumers who were hospitalized for psychiatric reasons or are otherwise eligible for ACT and were enrolled each month.	M. Brunette	CMHCs will provided DHHS with a monthly report of newly enrolled clients.	Monthly report with list of consumers to increase ACT capacity.	0%	

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
Supported Employment (SE)							
17	**5/20/16 and ongoing**	Letters sent to CMHCs with low penetration rates including staffing and/or penetration with a request for improvement plans.	M.Brunette	Request for compliance plan with quarterly reports.	Receive and evaluate improvement plans from CMHCs due 6/29/16.	100%	Use in Technical Assistance calls with Centers to support continuing progress. Two out of four reported decreases in September; overall improvement is 6.8% over August for these 4 CMHCs.
18	**6/1/16 and ongoing**	Continue to generate quarterly report with stakeholder input focusing on penetration of SE services distributed to the CMHCs and other stakeholders.	M.Brunette	This report is key as it assists CMHC leaders in understanding their performance in relation to quality indicators in the CMHA and past performance.	Quarterly Report SE Penetration Rate to CMHCs.	Ongoing/Quarterly	Use monthly in Implementation Workgroup and Technical Assistance calls; include 4 quarters for trend discussion.
19	**7/20/2016**	DHHS team and CMHC Executive Directors will participate in a facilitated session to establish a plan to expand penetration and staffing array.	M.Harlan	This session will result in a plan with action steps for increased SE capacity.	The goal is to establish a focused workplan expected to result in a total of 18.6% SE clients by 6/30/17.	100%	Workplan is ongoing guide under which the CMHCs and DHHS is operating with focused effort to achieve CMHA goals.
20	**7/6/2016**	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The first fidelity assessment took place 7/6-7/8/16 in Manchester.	Report with results of the on-site fidelity assessments.	100%	Tools developed. Assessment conducted. DHHS report issued. Voluntary program improvemeent plan developed by Center.
21	**7/12/2016**	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The second fidelity assessment took place on 7/12/16 at Riverbend in Concord.	Report with results of the on-site fidelity assessments.	100%	Tools developed. Assessment conducted. DHHS report issued with recommendations.
22	**9/27/2016**	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The third fidelity assessment will take place on 9/27/16-9/29/16 in Berlin.	Report with results of the on-site fidelity assessments.	100%	Final report issued 11/14/16.

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
23	**10/24/2016**	On-site fidelity assessments conducted at CMHCs.	K.Boisvert	The fourth fidelity assessment will take place on 10/4-5/16 in Nashua.	Report with results of the on-site fidelity assessments.	75%	Assessment conducted. DHHS report in draft/review process. Will be sent to CMHC in December.
24	**10/1/2016**	Monitor monthly ACT staffing for presence of SE.	M.Harlan	Monitor monthly ACT staffing for presence of SE on each team.	A monthly report will be run through the Phoenix system for ACT staffing.	100% and Ongoing	Use monthly in Implementation Workgroup and Technical Assistance calls.
25	**10/15/2016**	All CMHCs will conduct self-fidelity assessments.	K.Boisvert	Self-fidelity assessments	Report to DHHS with self-fidelity assessment results.	100%	DHHS completed its initial review of the assessments received.
26	**11/1/2016**	CMHCs will develop and maintain a list of SMI individuals who may benefit from but are not receiving SE services.	M.Harlan	Review individuals that are not on SE for reasons why they are not enrolled.	Quarterly reports of individuals not on SE.	0%	
27	**11/1/2016**	Resolve barriers to achieving SE penetration goals.	M.Harlan	Educate internal CMHC staff on the goals of SE.	Educational plan	90%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify educational needs. Five CMHCs reported holding additional inservice sessions. Learning Collaborative work has yielded all SE leads meeting with new clients within days of intake; internal staff educated about SE; SE education needs identified, motivational programs for clients explored, etc.

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
28	**12/1/2016**	Explore resources to conduct technical assistance and training. CMHCs and DHHS will explore strategies and barriers DHHS can use to facilitate service delivery.	M.Harlan	CBHA and DHHS will explore the need for technical assistance and training. DHHS will conduct a subgroup of CMHC leaders to explore barriers and administrative burden that prevents service delivery.	Report the barriers and possible solutions. Technical assistance (TA) and training if needed.	70%	DHHS began developing plan to resource provision of additional technical assistance to CMHCs. Fidelity Assessment results currently under analysis to identify specific areas of focus for upcoming training and TA needs. Preliminary results suggest need for IMR train the trainer, job development for Supported Employment specialists; schedule to begin in January. Plans for TA underway.
29	**12/1/2016**	Increase the number of staff who are eligible for State Loan Repayment Program (SLRP).	M. Harlan	Explore the possibility of increasing the number of staff eligible for this program.	Increase number of staff eligible.	75%	Presentation to CMHC Executive Directors made to increase understanding of how to access funds; DHHS seeking additional funding for program in 2018-2019 budget.
30	**6/30/2017**	Increase SE penetration rate to 18.6%	M. Harlan	Learning collaborative meets monthly and has developed a four question script to be used at time of intake as an instrument to introduce SE. If the individual is interested the referral goes to the SE coordinator who will contact the individual within 3 days of the intake to set up an appointment. If the individual is not interested the SE Coordinator will outreach to provide information on SE and will periodically follow up with him/her. This strategy includes working with individual CMHCs that fall below the 18.6% penetration rate.	Monthly meetings of the Learning Collaborative.	100%	Discussed in monthly ACT/SE Implementation Workgroup calls to identify opportunities for improvement at center specific level and in Technical Assistance calls. Ideas discussed in Learning Collaborative. DHHS continues to consult with CMHCs not at 18.6% goal for region.

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
				Glencliff Home Transitions			
31	**Ongoing at residents every 90 days**	Establish process for identifying individuals interested in transitioning from Glencliff to the community.	Glencliff Staff	Glencliff interviews residents each year to assess if they want to transition back to the community.	Section Q of MDS is a federal requirement. CMHCs have staff go to Glencliff to discuss transition planning with residents.	100% and Ongoing	Monitor referrals to Central Team. Research CMHC inreach activities. Introduce and deliver community living curriculum to increase resident positive engagement.
32	**7/30/2016**	Develop individual transition plans, including a budget.	M.Harlan	Individuals from Glencliff have been identified to transition back to the community. Detailed plans are being developed and DHHS has engaged a community provider who will further develop transition plans.	Individual transition plans/individual budgets.	85%	Individual plans developed. Individual budgets received and reviewed in October. Provider continued budget revisions in November; will resubmit early December.
33	**8/31/2016**	Identify community providers to coordinate and support transitional and ongoing community living including but not limited to housing, medical and behavioral service access, budgeting, community integration, socialization, public assistance, transportation, education, employment, recreation, independent living skills, legal/advocacy and faith based services as identified.	M.Harlan	Community providers have been identified and will further develop the transition/community living plans.	Transition/community living plans for individuals to transition to community.	100%	Tools developed, reviewed and approved. Providers identified and engaged. Community Living Plans developed.
34	**8/31/2016**	Implement reimbursement processes for non-Medicaid community transition funds.	M.Harlan	Develop policies and procedures to allow community providers to bill up to $100K in general fund dollars.	Reimbursement procedure documented, tested and approved.	100%	
35	**8/15/2016**	Develop template for Community Living Plan for individuals transitioning from Glencliff to the community.	M.Harlan	Completion of the template to be done as a person centered planning process.	Community Living Plan	100%	
36	**7/25/2016**	Transition three (3) individuals to the community.	M.Harlan	Three individuals have transitioned to the community.	Community placement	100%	

#	Due Date	Task	Assignee	Description	Deliverable	% Done	Related Activities
37	**12/1/2016**	Transition four (4) individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	85%	4 residents visited community. Community provider completed assessment. Medicaid eligibility completed. Community Living Plans approved. 4 transitions to delayed; will begin mid-December due to staff recruitment delay.
38	**3/1/2017**	Transitions four (4) additional individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	0%	
39	**6/30/2017**	Transition five (5) additional individuals to the community.	M.Harlan	Five individuals to transition into the community	Community placement	0%	

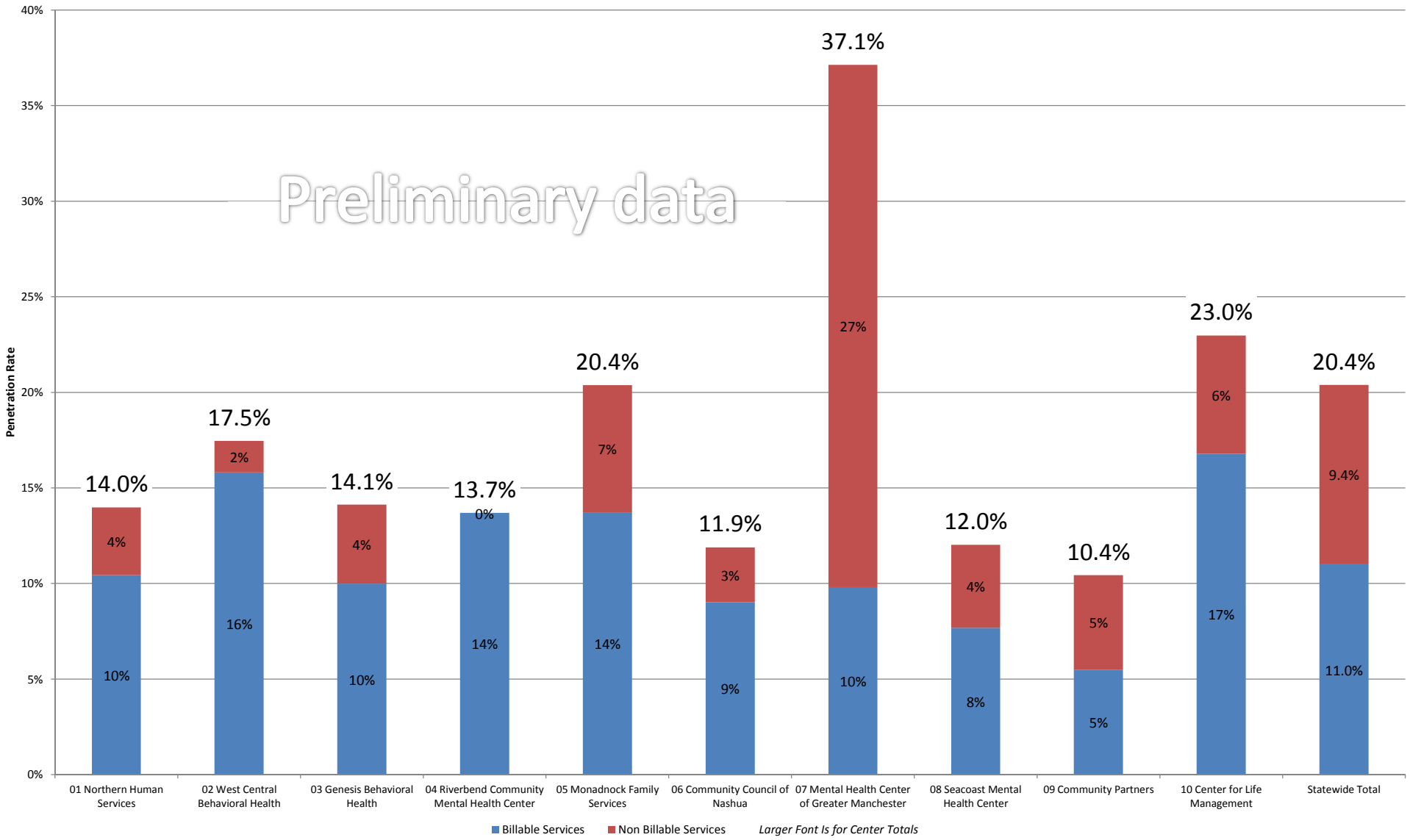
Appendix 2

The following pages contain **Preliminary Data** for ACT and SE for the period ending October 31, 2016.

DHHS will publish finalized data reports on a quarterly basis.

Supported Employment Penetration Rates Split by Billable Vs. Non Billable Services for The 12 Month Window Ending on:
10/31/2016

Data Source: Phoenix 2



Produced On: 11/29/2016

Chart User Guide

This chart displays Supported Employment Penetration Rate Split by Billable and Non Billable services.

The total height of each bar represents the total penetration rate for that center. The smaller sections of each bar reflect the portion of the overall penetration rate that can be attributed to billable Vs. non billable services.

If consumers have received both billable and non billable Supported Employment services, they will only be included in the Billable Services (blue bar) portion of the chart.

If consumers have received only non billable Supported Employment Services, they will only be included in the non billable services (red bar) portion of the chart.

Consumers are only counted 1 time in this report regardless of the frequency of services or if they receive both billable and non billable services.

Chart Data

Unique Counts of Consumers

CMHC Name	Billable Services	Non Billable Services	Total Eligible Consumers
01 Northern Human Services	109	37	1044
02 West Central Behavioral Health	96	10	607
03 Genesis Behavioral Health	133	55	1331
04 Riverbend Community Mental Health Center	221	0	1614
05 Monadnock Family Services	129	63	942
06 Community Council of Nashua	141	45	1564
07 Mental Health Center of Greater Manchester	307	855	3129
08 Seacoast Mental Health Center	99	56	1289
09 Community Partners	40	36	728
10 Center for Life Management	141	52	840
Statewide Total	1413	1206	12846

Penetration Rate by Billable Type

Billable Penetration Rate	Non Billable Penetration Rate	Total Penetration Rate
10%	4%	14.0%
16%	2%	17.5%
10%	4%	14.1%
14%	0%	13.7%
14%	7%	20.4%
9%	3%	11.9%
10%	27%	37.1%
8%	4%	12.0%
5%	5%	10.4%
17%	6%	23.0%
11%	9%	20.4%

Supported Employment Penetration Rate Definitions

The supported Employment program uses Penetration Rate as the primary KPI (Key Performance Indicator) to track each center's progress.
While the metric is calculated at a CMHC level, the aggregate Penetration Rate for all CMHCs is the KPI for which BBH is accountable.
The Penetration Rate reflects 1 full calendar year of Supported Employment Services.

Penetration Rate consists of a numerator and denominator, the criteria for each is listed below:

Numerator:

The numerator consists of the count of unique consumers whom have received the Supported Employment service, or the Non Billable Supported Employment service during the report period (12 calendar months).
Consumers only need to have received the Supported Employment service 1 time during the report period to be included in the numerator. Consumers will only be counted once regardless of the frequency or quantity of Supported Employment services received.

Denominator:

The denominator consists of the unique count of eligible consumers whom have received any services during the same report period as the numerator (12 calendar months) and have the following characteristics:
Consumers must be 18 years old or older to be eligible.
Consumers must have one of the following BBH eligibilities: Low Utilizer, SMPI or SMI.
Eligible consumers will only be counted once in the denominator regardless of the number of services received during the calendar year.
**If consumers have received services in the past, but not during the report period, they will not be included in the denominator*
The denominator reflects 100% of the eligible population.

Unique Counts of Assertive Community Treatment Consumers

Data Source: Phoenix 2
Date Range: 08/01/2016 through 10/31/2016
Age Range: Adults Only

Center Name	August-2016	September-2016	October-2016	Deduplicated Totals
01 Northern Human Services	80	83	88	93
02 West Central Behavioral Health	30	28	28	31
03 Genesis Behavioral Health	53	57	59	60
04 Riverbend Community Mental Health Center	74	75	77	82
05 Monadnock Family Services	72	70	64	73
06 Community Council of Nashua	71	70	70	76
07 Mental Health Center of Greater Manchester	251	252	250	270
08 Seacoast Mental Health Center	68	65	64	71
09 Community Partners	68	69	70	72
10 Center for Life Management	38	44	45	47
Deduplicated Total	**802**	**811**	**815**	**871**

Consumer counts are determined by taking the unique counts of consumers receiving services in the following Cost Centers:
-Act Team #1
-Act Team #2
-Act Team #3
-Act Team #4
-Act Team #5

Preliminary data

Adults are consumers ages 18 and up.

Consumers are only counted 1 time, regardless of how many services they receive.

Report Produced on 12/02/2016

Preliminary Data

Center Name	September 2016 Full Time Equivalents: Nurse	Masters Level Clinician/or Equivalent	Functional Support Worker	Peer Specialist	Total (Excluding Psychiatry)	Psychiatrist/Nurse Practitioner
01 Northern Human Services	0.53	2.37	7.02	0.33	10.25	0.80
02 West Central Behavioral Health	0.40	2.25	2.19	0.60	5.44	0.14
03 Genesis Behavioral Health	1.00	2.00	4.00	0.00	7.00	0.50
04 Riverbend Community Mental Health Center	0.50	3.00	3.50	0.50	7.50	0.40
05 Monadnock Family Services	0.50	3.25	3.00	0.50	7.25	0.65
06 Community Council of Nashua_1	0.50	3.00	2.75	0.00	6.25	0.25
06 Community Council of Nashua_2	0.50	3.00	1.75	0.00	5.25	0.25
07 Mental Health Center of Greater Manchester-CTT	0.99	11.00	2.47	1.00	15.46	0.72
07 Mental Health Center of Greater Manchester-MCST	0.96	10.00	8.28	1.00	20.24	0.63
08 Seacoast Mental Health Center	0.43	2.30	5.00	1.00	8.73	0.60
09 Community Partners	0.40	2.00	5.13	0.50	8.03	0.50
10 Center for Life Management	1.00	0.75	5.16	0.00	6.91	0.10
Total	**7.71**	**44.92**	**50.25**	**5.43**	**108.31**	**5.54**

September 2016 ACT Staff Competencies Substance Use	
Center Name	ACT Staff Count
01 Northern Human Services	2.42
02 West Central Behavioral Health	1.20
03 Genesis Behavioral Health	4.50
04 Riverbend Community Mental Health Center	1.40
05 Monadnock Family Services	3.40
06 Community Council of Nashua_1	3.00
06 Community Council of Nashua_2	3.00
07 Mental Health Center of Greater Manchester-CTT	11.00
07 Mental Health Center of Greater Manchester-MCST	2.00
08 Seacoast Mental Health Center	0.20
09 Community Partners	1.00
10 Center for Life Management	2.75
Total	**35.87**

September 2016 ACT Staff Competencies Housing Assistance	
Center Name	ACT Staff Count
01 Northern Human Services	7.95
02 West Central Behavioral Health	5.40
03 Genesis Behavioral Health	6.00
04 Riverbend Community Mental Health Center	6.00
05 Monadnock Family Services	1.00
06 Community Council of Nashua_1	5.00
06 Community Council of Nashua_2	4.00
07 Mental Health Center of Greater Manchester-CTT	11.61
07 Mental Health Center of Greater Manchester-MCST	15.79
08 Seacoast Mental Health Center	5.00
09 Community Partners	6.50
10 Center for Life Management	5.61
Total	**79.86**

September 2016 ACT Staff Competencies Supported Employment	
Center Name	ACT Staff Count
01 Northern Human Services	1.27
02 West Central Behavioral Health	0.19
03 Genesis Behavioral Health	2.00
04 Riverbend Community Mental Health	0.50
05 Monadnock Family Services	1.00
06 Community Council of Nashua_1	2.50
06 Community Council of Nashua_2	1.50
07 Mental Health Center of Greater	0.36
07 Mental Health Center of Greater	1.18
08 Seacoast Mental Health Center	1.00
09 Community Partners	1.00
10 Center for Life Management	0.30
Total	**12.80**

-The Staff Competency values reflect the sum of FTE's trained to provide each service type.
-These numbers are not a reflection of the services delivered, rather the quantity of staff available to provide each service.
-If staff is trained to provide multiple service types, their entire FTE value will be credited to each service type.