



New Hampshire Community Mental Health Agreement Monthly Progress Report

March 2017

New Hampshire Department of Health and Human Services

April 24, 2017

Acronyms Used in this Report

ACT:	Assertive Community Treatment
BMHS:	Bureau of Mental Health Services
CMHA:	Community Mental Health Agreement
CMHC:	Community Mental Health Center
DHHS:	Department of Health and Human Services
QSR:	Quality Services Review
SE:	Supported Employment
SFY:	State Fiscal Year

Background

This 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 February 2017, and month-over-month progress made in support of the Community Mental Health Agreement (CMHA) as of February 28, 2017. 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.

Progress Highlights

Assertive Community Treatment (ACT)

Goal	Status	February Actions Taken
CMHC fidelity to ACT evidence-based practice model annually assessed.	10 of 10 completed	<ul style="list-style-type: none"> • CMHC-specific improvement plans implemented • Statewide training program implemented • CMHC-specific technical assistance sessions implemented
Provide ACT team services, consistent with standards set forth, with the capacity to serve at least 1,500 individuals.	Capacity: 1,190 Enrollment: 882	<ul style="list-style-type: none"> • CMHC-specific technical assistance provided to address ACT Team workforce shortages • Increase public awareness of ACT Team workforce shortages

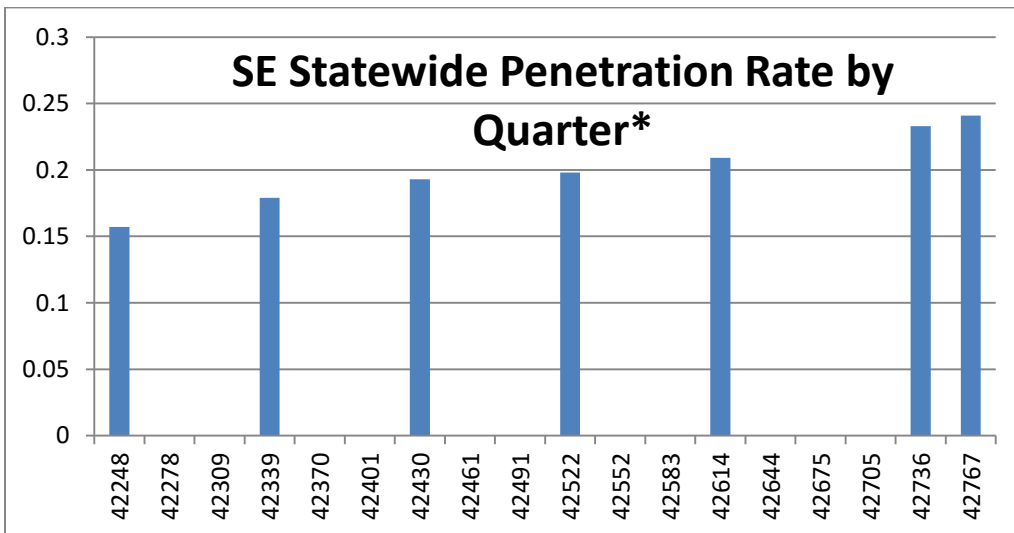
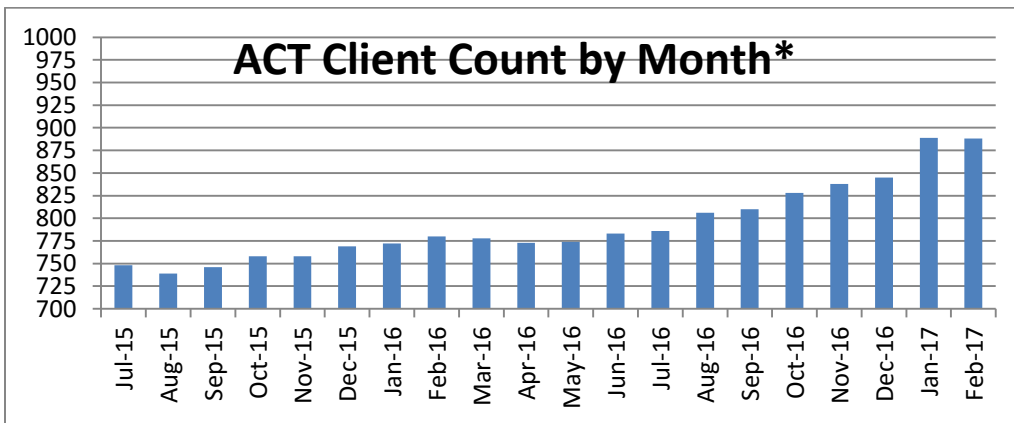
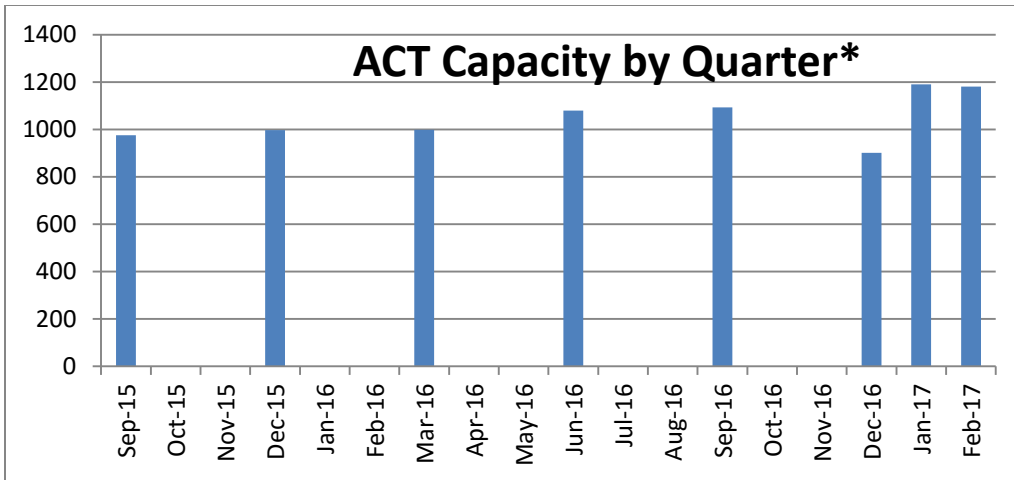
Supported Employment (SE)

Goal	Status	February Actions Taken
CMHC fidelity to SE evidence-based practice model annually assessed.	10 of 10 completed	<ul style="list-style-type: none"> • CMHC-specific improvement plans implemented • Statewide training program implemented • CMHC-specific technical assistance sessions implemented
Increase penetration rate of individuals with a Serious Mental Illness (SMI) receiving SE services to 18.6%.	Statewide penetration rate is 23.3%	<ul style="list-style-type: none"> • BMHS provided technical assistance to CMHCs with penetration rates below 18.6%

Glenclyff Home Transitions into Integrated Community Setting

Goal	Status	February Actions Taken
Have capacity to serve in the community 16 (cumulatively) individuals with mental illness and complex health care needs residing at Glenclyff who cannot be cost-effectively served in supported housing.	10 of 16 completed ¹	<ul style="list-style-type: none"> • Worked with providers to transition 3 residents in coming weeks • Identified community resource challenges to transition additional residents by 6/30/17
By June 30, 2017, identify and maintain a list of all individuals with mental illness and complex health care needs residing at the Glenclyff Home who cannot be cost-effectively served in supported housing and develop an effective plan for providing sufficient community-based residential supports for such individuals in the future.	Partially complete	<ul style="list-style-type: none"> • Plan developed to provide additional resources to support such individuals in enhanced Adult Family Care homes • Multiple individuals identified for future transition to community

¹ Indicates residents have been transitioned into an integrated community setting; compliance with CMHA requirements for such transitions is under review.



* Data is a combination of preliminary monthly and finalized quarterly data from CMHA Quarterly Data Reports.

**NH Department of Health & Human Services
Community Mental Health Agreement (CMHA)
Project Plan for Assertive Community Treatment, Supported Employment and Glencliff Home Transitions
February 28, 2017**

#	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.
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	CMHCs 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.

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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.	100%	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.	100%	Internal CMHC review of referral process complete. Fidelity assessment process and ED admissions yielded changes.
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.	100%	DHHS received 7out of 7 CMHC reports; final reports and improvement plans have been published on the DHHS website.

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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	100%	Conducted final ACT Fidelity Assessments (Jan 30-31). Final reports and improvement plans will be published in Feb. and Mar. 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 2/28/17 increase ACT capacity by 25 %.	40%	New monthly capacity (staffing) reports began in November. As of 2/28/17, actual increased capacity is 38% toward goal of increase target. Training is underway.
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.	85%	Preliminary reporting steps completed. Reporting is ongoing. Quality of data submitted and achievement of monthly enrollment goal is current objective being monitored.

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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.	100%	Reporting mechanism implemented.

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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 improvement 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.

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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.	100%	Assessment conducted. DHHS final report issued 12/20/2016.
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.	75%	CMHCs began referral screening process incorporated into quarterly treatment plan reviews in Oct. 2016. Process will trigger SE referrals when appropriate. Data reporting to BMHS is in initial phases.

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27	11/1/2016	Resolve barriers to achieving SE penetration goals.	M.Harlan	Educate internal CMHC staff on the goals of SE.	Educational plan	100%	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. Voc Rehab actively engaged for inter-agency collaboration. DHHS developed ongoing educational plan.
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.	100%	DHHS began developing plan to resource provision of additional technical assistance to CMHCs. Fidelity Assessment result analysis complete. Identified specific areas of focus for training and TA needs. DHHS developed plan for ongoing training and technical assistance for 2017. Plan is underway.

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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%	ACT/SE Implementation Workgroup, SE Learning Collaborative, Training program, and CMHC-specific Technical Assistance post SE Fidelity Analysis underway. DHHS continues to consult with CMHCs not at 18.6% goal for region.

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Glenclyff Home Transitions							
31	Ongoing at residents every 90 days	Establish process for identifying individuals interested in transitioning from Glenclyff to the community.	Glenclyff Staff	Glenclyff interviews residents each year to assess if they want to transition back to the community.	Section Q of MDS is a federal requirement. CMHCs have staff go to Glenclyff to discuss transition planning with residents.	100% and Ongoing	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 Glenclyff 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.	100%	Individual plans developed and budgets approved.
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 Glenclyff 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%	1-10/6/14; 1-11/30/15; 1-3/14/16
37	12/1/2016	Transition four (4) individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	100%	1-7/25/16; 1-10/11/16; 1-10/31/16; 1-1/12/17

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38	3/1/2017	Transitions four (4) additional individuals to the community.	M.Harlan	Four individuals to transition into the community.	Community placement	75%	1-1/13/17; 1/17/17; 1/30/17;
39	6/30/2017	Transition five (5) additional individuals to the community.	M.Harlan	Five individuals to transition into the community	Community placement	0%	