

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Program Quality



QUALITY SERVICE REVIEW

Final Report for

Greater Nashua Mental Health

Issued March 29, 2023

Acknowledgements

The Department of Health and Human Services, Bureau of Program Quality (BPQ) acknowledges the significant effort the Greater Nashua Mental Health staff made to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. BPQ also thanks the CMHC QSR Review Team, which included staff from BPQ and staff from the Bureau of Mental Health Services (BMHS).

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Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
BPQ	Bureau of Program Quality
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
GNMH	Greater Nashua Mental Health
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

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 Greater Nashua Mental Health's (GNMH) QSR from February 03 through February 10, 2023. This review was conducted remotely, with the first three days consisting of record reviews and the final three days consisting of client and staff interviews completed by video or phone. The GNMH QSR sample included 14 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 February 01, 2022 through February 02, 2023. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

GNMH received a score of 80% or greater for 13 of the 18 quality indicators. The following five quality indicators were identified as areas in need of improvement:

Quality Indicator 3: Adequacy of individual service delivery

Quality Indicator 5: Appropriateness of housing treatment planning

Quality Indicator 7: Effectiveness of the housing supports and services provided

Quality Indicator 10: Adequacy of individualized employment service delivery

Quality Indicator 17: Implementation of ACT services

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

Table 1: Greater Nashua Mental Health QSR Summary Results

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	14	95%	No	4
2. Appropriateness of treatment planning	14	86%	No	3
3. Adequacy of individual service delivery	14	79%	Yes	6
4. Adequacy of housing assessment	14	100%	No	1
5. Appropriateness of housing treatment planning	14	79%	Yes	1
6. Adequacy of individual housing service delivery	14	83%	No	3
7. Effectiveness of the housing supports and services provided	14	78%	Yes	5
8. Adequacy of employment assessment/screening	14	93%	No	2
9. Appropriateness of employment treatment planning	6*	100%	No	1
10. Adequacy of individualized employment service delivery	7*	71%	Yes	2
11. Adequacy of assessment of social and community integration needs	14	100%	No	2
12. Individual is integrated into his/her/their community, has choice, increased independence, and adequate social supports	14	83%	No	13
13. Adequacy of crisis assessment	4*	88%	No	4
14. Appropriateness of crisis plans	14	93%	No	2
15. Comprehensive and effective crisis service delivery	4*	81%	No	4
16. Adequacy of ACT screening	14	93%	No	2
17. Implementation of ACT Services	4*	56%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	8*	80%	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 face-to-face contact with the individual during the information gathering process (performance measure 1c).

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

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

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during

the interview process, and the assessment information provided by the QSR reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual's response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

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

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

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC's compliance with the CMHA substantive provisions (see CMHA Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of "YES" measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

- Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
- Housing 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. Greater Nashua Mental Health QSR Findings

Greater Nashua Mental Health QSR Overview

Two hundred three GNMH 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 14 individual interviews were completed. Eight 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	19	9%	3	21%
ACT/NO IPA	85	42%	1	7%
NO ACT/IPA	22	11%	5	36%
NO ACT/NO IPA	77	38%	5	36%
Total	203	100%	14	100%

The GNMH Quality Service Review included a review of 22 clinical records, 14 individual interviews, and 17 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In Person	Number By Video Conference	Number By Phone	Total
Individuals Interviewed	0	4	10	14
Staff Interviewed	0	10	7	17
Clinical Records Reviewed	22	NA	NA	22

From February 03 through February 10, 2023, four teams consisting of staff from BPQ and BMHS completed the remote data collection processes. Data was collected for the review period of February 01, 2022 through February 02, 2023. Following the remote review, the QSR data was scored. Analysis of the scores was then completed.

A three-year comparison of GNMH's results are reported in Appendix 5: Three-Year Comparison, and a five-year cumulative average compared to GNMH'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%.

Greater Nashua Mental Health Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

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

Quality Indicator 1: Adequacy of Assessment

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

GNMH scored 95% for Quality Indicator 1; data from 14 individuals were included in the scoring for Quality Indicator 1. Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d. Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual’s needs	14	0
Measure 1b: Assessments identify individual’s strengths	14	0
Measure 1c: Assessment information was gathered through face to face appointment(s) with the individual	12	2
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	13	1

Additional Results

- GNMH uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals’ behavioral health needs, life functioning, risk behaviors, and strengths. Two of 14 clinical records did not have evidence of an assessment of needs or strengths using the ANSA (CRR Q4). Of the 12 ANSAs completed, all 12 records had all areas within the behavioral health needs, life functioning, and risk behaviors scored (CRR Q5); 10 of 12 records had all areas within the strength sections scored (CRR Q6). For the two clinical records that did not have an ANSA, the Adult Psychiatric Evaluation was used as evidence of an assessment of needs (CRR Q7, CRR Q8). Although the Adult Psychiatric Evaluation did not assess for strengths, an assessment of strengths for both individuals was located in the DLA-20, which GNMH uses to inform their case management assessments (CRR Q8).
- Nine of 14 individuals interviewed reported that staff had talked to them about their strengths, skills, and abilities (CII Q4).
- For 12 of 14 individuals interviewed, staff indicated that at least part of the assessment process was completed through a direct collaborative process with the individual (SII Q2).
- Two of 14 individuals had treatment plans in which there were one or more treatment plan goals without related identified needs found in the ANSA, case management assessment, Adult Psychiatric Evaluation, or other comparable assessment (CRR Q10).
- Overall, one individual reviewed was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan (OCR Q3). From self and staff report, the individual was observed to need substance use disorder services yet these needs had not been identified in assessments and no goals and/or services were prescribed on the individual’s treatment or case management plans (OCR Q4).

Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals.¹ Appropriate treatment planning also includes review and revision of the treatment plan 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.

GNMH scored 86% for Quality Indicator 2; data from 14 individuals were included in the scoring for Quality Indicator 2. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual's needs and goals	10	4
Measure 2b: Treatment planning is person-centered and strengths based	13	1
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	13	1

Additional Results

- If the ANSA, Adult Psychiatric Evaluation, or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if GNMH has established a goal or plan to address the identified needs. All 14 individuals had mental health needs identified in the ANSA or Adult Psychiatric Evaluation (CRR Q4, CRR Q9). Ten of 14 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 of the 14 individuals 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). Four individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans (CRR Q9).

- The QSR also looks at the reverse, reviewing each goal in the ISP treatment plan and determining if there is a related identified need, mental health or otherwise, in the case management assessment or the ANSA, Adult Psychiatric Evaluation, or other comparable assessment. Twelve individuals were found to have identified needs relating to all of their treatment goals; two individuals had one or more treatment plan goals that were not aligned with any of their identified needs in the case management assessment or the ANSA, Adult Psychiatric Evaluation, or comprehensive assessment used (CRR Q10).
- From the evaluation of individuals' ISP Reviews, four individuals had ISP Reviews that identified a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for all four individuals (CRR Q15).
- The clinical record contained documentation of ISP Reviews having been completed for all review periods that fell within the period under review for all 14 individuals (CRR Q16).
- Thirteen of 14 individuals responded they talked with GNMH staff in the past 12 months about their needs and goals (CII Q1), many saying they did so as often as weekly (CII Q2). All 13 individuals who reported speaking to staff in the past 12 months felt they spoke often enough with staff about their needs and what they wanted to work on (CII Q3).
- Twelve of 14 individuals validated that staff actively work with them on their goals (CII Q5). Nine of 14 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 14 individuals interviewed, 13 individuals indicated they were involved in their treatment planning and goal setting (CII Q6). Staff validated that 13 individuals had some involvement in their treatment planning (SII Q3). Thirteen individuals indicated they were able to effectuate change to their treatment plans (CII Q8). Twelve individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Two individuals stated there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included additional staff from GNMH as well as family members.
- The clinical records contained documentation of eight of 14 individuals having signed or verbally acknowledged their most recent ISP/treatment plan (CRR Q12). Five ISP/treatment plans had signatures and three were verbal acknowledgements. All 14 ISP/treatment plans

included the individuals' strengths (CRR Q13); and all 14 ISP/treatment plans were written in plain language (CRR Q14).

- Eleven of 14 individuals confirmed that staff had discussed with them what services were available at GNMH 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. If needs are identified, staff are additionally asked how the identified needs are being addressed. Of the two individuals that staff indicated had needs that were not addressed in the current treatment plan (SII Q4), one staff reported that these needs were not being addressed. For the individual whose needs were being addressed in ways other than the treatment plan, staff reported that they were connecting the individual with needed resources (SII Q4).
- For the services staff indicated five individuals were declining, all five staff reported that the service options were discussed with the individual at least quarterly (SII Q8).
- Overall, one individual reviewed was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan (OCR Q3). From self and staff report, the individual was observed to need substance use disorder services yet these needs had not been identified in assessments and no goals and/or services were prescribed on the individual's treatment or case management plans (OCR Q4).

Quality Indicator 3: Adequacy of Individual Service Delivery

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

GNMH scored 79% for Quality Indicator 3; data from 14 individuals were included in the scoring for Quality Indicator 3. Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with appropriate intensity, frequency, and duration	7	7
Measure 3b: Service delivery is flexible to meet individual’s changing needs and goals	10	4
Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	12	2
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	11	3
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	13	1
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	13	1

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. Ten individuals responded they are able to get all the services and supports they need to meet their current needs and achieve their goals; three individuals responded they are “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; one individual responded that he/she is unable to get all the services and supports needed to meet his/her current needs and achieve his/her goals (CII Q19). All four individuals who responded “somewhat” or “no” named specific service/support areas that they needed more help with from GNMH, such as counseling, community integration assistance, substance use, language barrier, employment, and case management needs (CII Q20). Two of four individuals who responded that they were unable or somewhat able to receive the services and supports needed to meet their current needs and achieve their goals had one or more of their services prescribed at “PRN” or “0-x” frequency (CRR Q11).
- Five of 14 individuals reported that case management, counseling, FSS, and prescriber services 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 14 individuals were not receiving at the frequency prescribed on their treatment plan (SII Q5). Of those four

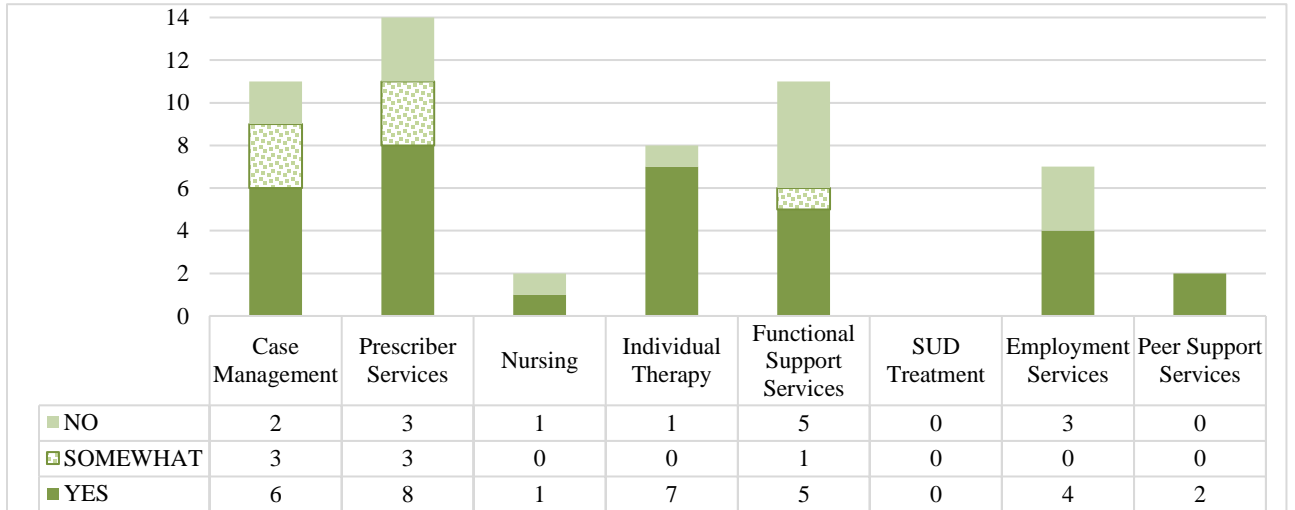
individuals, staff indicated that one individual was declining one or more of the services (SII Q6).

- Documentation in the clinical records indicated that while three individuals received 100% of their services on their treatment plan at prescribed frequency, eight of 14 individuals did not receive 70% or more of their services on their treatment plan at prescribed frequency (CRR Q11); and two of 14 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 five individuals (SII Q7). For the remaining individuals, staffing issues were cited as a barrier to individuals receiving services at the prescribed frequency, and three staff were unable to answer why individuals were not receiving certain services at prescribed frequency or questioned why a service was on a treatment plan.
- Five 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 Q7). Staff indicated that the process used for revisiting the services that were being declined included weekly to monthly discussions with the individual and sometimes discussions with the individual's guardian (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. All seven staff described plans that met the individuals services needs, which included assigning a crisis therapist to provide services while the individual was on a waitlist, having other team members provided the needed services, increasing frequency of check-ins and/or visits, and hiring staff (SII Q9).
- Ten individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans; four of 14 individuals did not (CRR Q9).
- Four individuals had ISP Reviews that identified a modification or change in treatment or services was needed. There was evidence to support that the identified modifications were made for all four individuals (CRR Q15).
- Overall, it was determined that three individuals reviewed were not receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1). The individuals

were not receiving substance use disorder services for substance misuse needs, case management services for housing needs, and therapy for mental health needs at the frequency prescribed on the individuals' treatment plans or the individuals were not receiving services at all, despite demonstrated needs for the services (OCR Q2).

- Overall, one individual reviewed was observed to need additional services that were not already identified in his/her assessments or in his/her treatment plan (OCR Q3). From self and staff report, the individual was observed to need substance use disorder services yet these needs had not been identified in assessments and no goals and/or services were prescribed on the individual's treatment or case management plans (OCR Q4).
- Overall, one individual reviewed was observed to not be receiving all needed services to ensure health, safety, and welfare (OCR Q5). The individual was experiencing health, housing, and employment challenges due to substance misuse with seemingly no services or plans made, such as on the treatment or case management plans, to address these needs (OCR Q6).
- Individuals are asked if they are able to get all the supports and services they need from specific staff roles, based upon which services are prescribed on their treatment plan or in which they are interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q16, CII Q61, CII Q106). Individuals were most satisfied with their peer support and individual therapy services, with two of two individuals and seven of eight individuals respectively responding that they were receiving the services needed in those areas. Individuals were least satisfied with their functional support services, with six of 11 individuals stating that they did not get all the services needed (see Figure 1).

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



HOUSING SERVICES AND SUPPORTS

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

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

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual’s housing needs and the range and level of supports needed to

acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

GNMH scored 100% for Quality Indicator 4; data from 14 individuals were included in the scoring for Quality Indicator 4. Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	14	0

Additional Results

- Both the ANSA and case management assessments supported that individuals’ housing needs were routinely assessed. ANSAs were found for 12 of 14 individuals (CRR Q4), adult psychiatric evaluations were located for the remaining two individuals (CRR Q7), and case management assessments were found for all 14 individuals (CRR Q1). Collectively, all 14 individuals were assessed for housing needs by one of these means (CRR Q17, CRR Q18).
- Eight individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q19).
- The most frequently cited needs were housing instability, homelessness, and housing maintenance (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.

GNMH scored 79% for Quality Indicator 5; data from 14 individuals were included in the scoring for Quality Indicator 5. Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual’s housing needs and goals	11	3

Additional Results

- Eight of 14 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q19). Of those eight individuals, five individuals had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q21, CRR Q22), and those five individuals had housing goals in alignment with their assessed housing needs. Three individuals did not have goals or objectives on their treatment plan and/or case management plan that aligned with their assessed housing needs (CRR Q26).
- Many of the housing related case management plans were more generic with language such as monitor and refer as needed. Treatment plans were more specific to the individual such as “[Individual’s name] will identify and apply for one to two housing vouchers or programs a month” (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 housing goals.

GNMH scored 83% for Quality Indicator 6; data from 14 individuals were included in the scoring for Quality Indicator 6. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
Measure 6a: Housing support services are provided with appropriate intensity, frequency, and duration to meet individual’s changing needs and goals	13	1
Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	9	5
Measure 6c (OCR Q9): Services are adequate to obtain and maintain stable housing	13	1

Additional Results

- In total, five individuals had housing goals or objectives on their treatment plan and/or case management plan regardless of assessed need (CRR Q21, CRR Q22). All five individuals

were receiving housing related services (CRR Q24), and all five individuals were receiving housing services that were in alignment with their housing goals (CRR Q26).

- Nine of 14 individuals felt that they were able to get all the housing supports they needed; five individuals did not (CII Q43). Eleven of 14 individuals felt they received housing supports and services as often as they needed; three individuals did not (CII Q44). Nine individuals felt that they had enough support to achieve their housing goals; five individuals did not (CII Q45). Some comments provided by individuals were about services that could be provided by GNMH such as help with finding housing and help with maintenance and cleaning, 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 GNMH (SII Q30). The individuals’ needs were associated with housing upkeep and maintenance, and staff reported that a plan had not yet been developed for how to meet these needs (SII Q32).
- Overall, 13 individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9). One individual was identified by both staff and the individual as needing help with maintaining the individual’s current residence as the individual was at risk of losing housing and that no support in this area had been provided by GNMH (OCR Q10).
- The most common housing services received by individuals were help with housing related paperwork and budgeting (SII Q28, CII Q42) (see Figure 2).

Figure 2: 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 to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

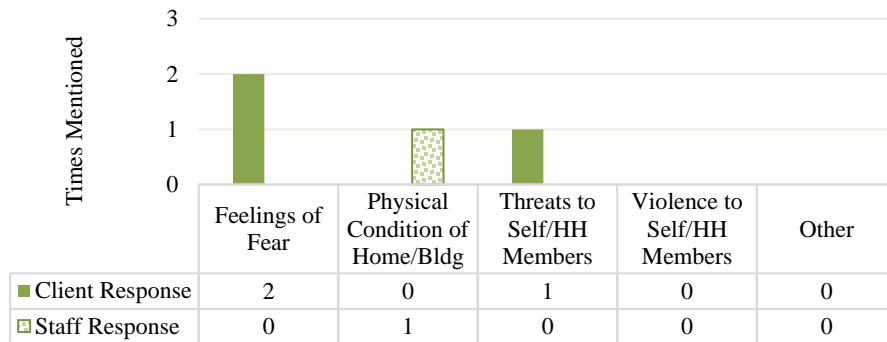
GNMH scored 78% for Quality Indicator 7; data from 14 individuals were included in the scoring for Quality Indicator 7. Quality Indicator 7 consists of Measures 7a-7e. Of the 14 individuals interviewed, six individuals were considered not applicable for Measure 7d because they did not move (CII Q34) nor had interest in moving (CII Q37) during the period under review. Individuals were scored as follows:

	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	10	4
Measure 7b: Housing supports and services enable individual to maintain safe housing	12	2
Measure 7c: Housing supports and services enable individual to maintain stable housing	10	4
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	4	4
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	13	1

Additional Results

- Two individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). Staff did not identify a safety concern related to housing for either of the individuals who self-identified safety concerns but identified an additional individual for which there was a safety concern (SII Q20). In total, three 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). Both individuals identified the safety concerns as being current; staff did not identify the safety concerns as current (CII Q30, SII Q21). The reasons cited as safety concerns were fear for personal/physical safety, being threatened by neighbors, and bed bugs (see Figure 3). For purposes of this report, bed bugs are tallied under “Physical Condition of Home/Bldg.”

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



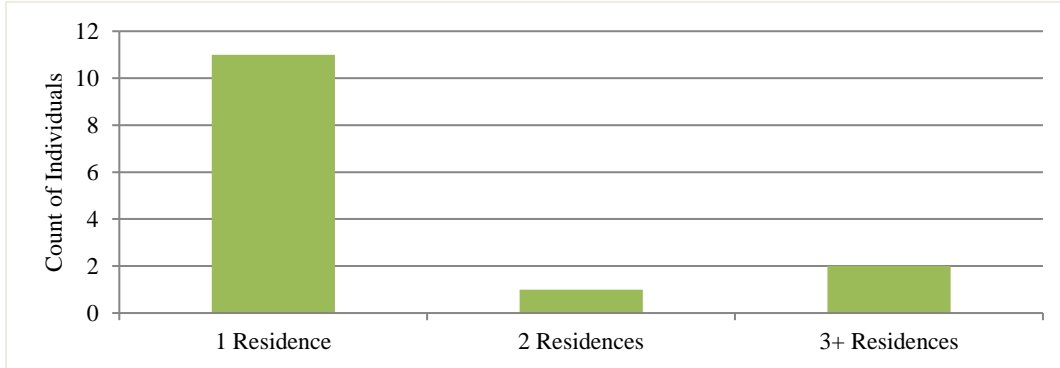
- Thirteen individuals are living in independent private residences and one individual is living in a dependent private residence (CII Q27, SII Q18).
- Two individuals responded they had experienced homelessness at some point in the past 12 months (CII Q33). Staff indicated that three individuals had experienced homelessness at some point in the past 12 months and were unsure if one additional individual had experienced homelessness (SII Q19).
- The two individuals who reported having experienced homelessness at some point in the past 12 months (CII Q33) reported having lived in three or more places during the period under review (CII Q34).
- A total of four 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 reason mentioned was related to not being able to afford their housing (CII Q32, SII Q23) (see Figure 4).

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



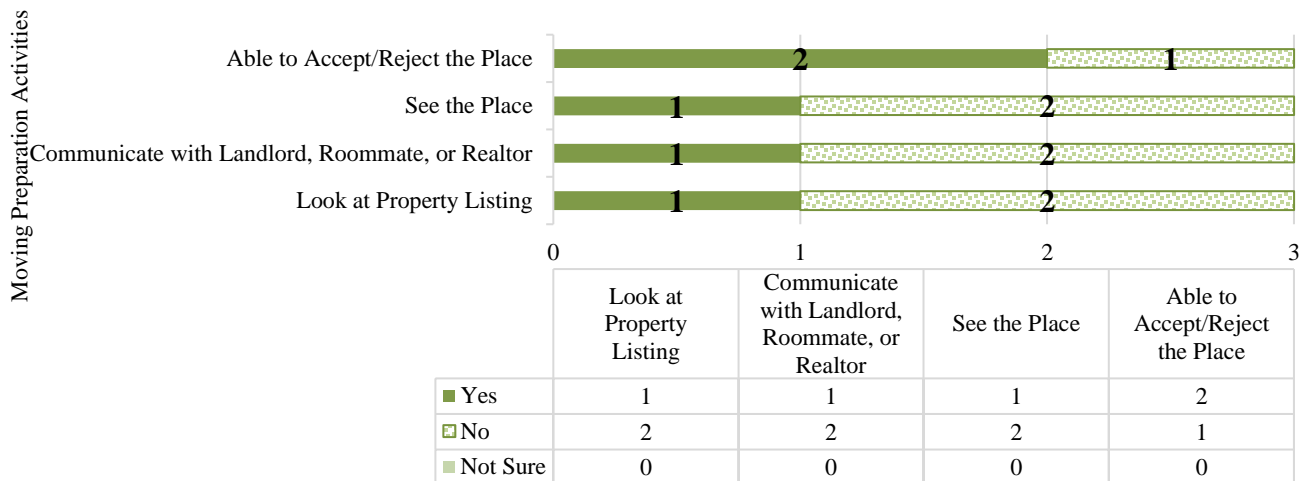
- Eleven individuals had lived in the same residence for the past year or more; three individuals had lived in two or more residences in the last year (CII Q34) (see Figure 5).

Figure 5: Places Lived in the Past Year



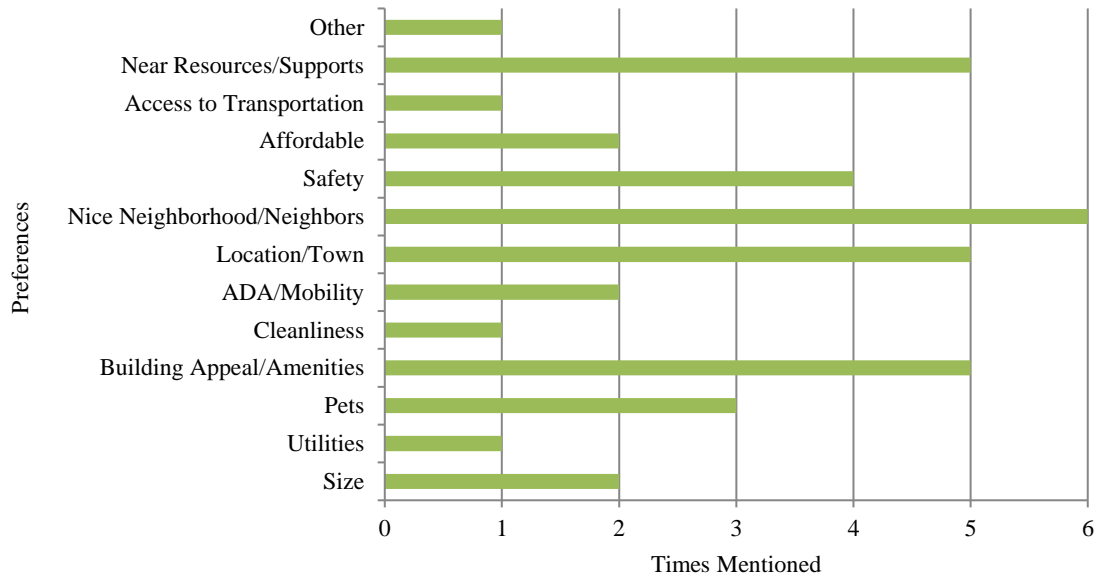
- One of the three individuals who reported living in two or more residences in the last year (CII Q34) confirmed that he/she had been able to talk with GNMH staff about what he/she wanted in a place to live before moving; two individuals did not (CII Q35). Two individuals were able to identify at least one activity in which they engaged that demonstrated they were involved in selecting their housing before moving; one individual was not able to identify any activities in which he/she participated in selecting his/her housing (CII Q36) (see Figure 6). One of three individuals reported being able to look at the property listing, and one of three individuals reported actually being able to visit the place before moving.

Figure 6: Activities Supporting Individual’s Involvement in Housing Selection



- Staff reported that three individuals had lived in two or more residences in the past year (SII Q24). Of those three individuals, staff reported that two individuals had been able to discuss with staff what their housing needs and wants were prior to moving (SII Q27); all three individuals had had a chance to look at the places before moving (SII Q26).
- Seven of 14 individuals were currently looking for a different place to live (CII Q37). Reasons for why the individuals wanted to move ranged from financial to neighbor relations to a desire to be more independent (CII Q37).
- Five of the seven individuals who were currently looking for a different place to live reported that they had been provided with a chance to talk with GNMH staff about what they currently wanted in a different place to live; two individuals had not (CII Q38). Four of seven individuals confirmed GNMH staff were helping them in their search for a different place to live (CII Q39).
- For all five individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q21, CRR Q22), staff endorsed that the services that GNMH had provided to the individuals over the past year had helped the individuals to progress towards the individuals' housing goals (SII Q29).
- Five individuals did not feel that they had enough support to achieve their housing goals (CII Q45). Some comments provided by individuals were about services that could be provided by GNMH, whereas others were about needing housing related assistance that may fall outside the capabilities of a mental health center. Comments from individuals regarding what else is needed to reach their housing goals included needing more help in finding housing, and needing assistance with cleaning, furniture, and budgeting (CII Q45).
- Staff indicated that three of 14 individuals were not receiving services adequate to obtain and maintain stable housing; for two of the three individuals, staff indicated that GNMH had not made the necessary changes or made supports available to assist the individuals (SII Q33, SII Q34).
- The most common responses made by individuals regarding the factors most important to them when choosing a place to live were nice neighborhood and neighbors, building appeal and amenities, location, and near resources and supports (CII Q40) (see Figure 7).

Figure 7: Preferences When Choosing Where to Live



- Twelve of 14 individuals confirmed that the place where they live now includes most of the things that are important to them in a place to live; two individuals reported the place they lived now did not include those things (CII Q41).
- Overall, 13 individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9). One individual was identified by both staff and the individual as needing help with maintaining the individual’s current residence as the individual was at risk of losing housing and that no support in this area had been provided by GNMH (OCR Q10).
- One individual had additional information he/she chose to share regarding housing services (CII Q46):

“I don’t think you can get better than what I have with my SSDI check being so small. There is nowhere else it would have been easier to live at [financially].”

EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain

competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

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

Quality Indicator 8: Adequacy of Employment Assessment/Screening

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

GNMH scored 93% for Quality Indicator 8; data from 14 individuals were included in the scoring for Quality Indicator 8. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 14 individuals interviewed, 12 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable if during the period under review, individuals were enrolled in Supported Employment for at least 30 days and enrollment occurred at least 30 days prior to the start of the QSR (CRR Q27).

Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	13	1
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	2	0

Additional Results

- Ten of 14 individuals responded they had been asked by GNMH 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 was completed for 12 of 14 individuals for whom an ANSA had been completed, and that the productivity narrative of the DLA-20, which was used to inform the case management assessment, included an assessment of employment needs for eight of 14 individuals (CRR Q28, CRR Q29, CRR Q31). Collectively, all 14 individuals were assessed/screened for employment needs by one or both of these means.
- All seven individuals who stated they were interested in receiving GNMH 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).
- Three individuals were enrolled in supported employment during the period under review (CRR Q27); two individuals' clinical records 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. Both employment assessments (vocational profiles) that had been completed included documentation that GNMH had assessed every target area (CRR Q36) (see Figure 8).

Figure 8: 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.

GNMH 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 14 individuals interviewed, eight individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or in receiving GNMH employment support services (CII Q54). Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual’s employment needs and goals	6	0

Additional Results

- Seven individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), six of whom described interest in receiving help and services that would be provided by GNMH (CII Q54). Two of six individuals interested in receiving GNMH help with finding or keeping a job were receiving ACT services; four individuals were not (CII Q53, CRR Q58). Staff were aware of this interest for all six individuals (SII Q40). All six individuals who expressed interest in receiving GNMH help with finding or keeping a job had employment-related goals or plans, as evidenced by their treatment plans and/or case management plans (CRR Q32, CRR Q33).
- In total, seven 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). All individuals who reported interest in receiving help in finding and/or keeping a job also had documented employment plans/goals (CRR Q30, CRR Q32, CRR Q33).
- One of 14 individuals had Supported Employment listed as a prescribed service on his/her annual treatment plan (CRR Q11).
- A total of three individuals had been enrolled in SE during the past 12 months (CRR Q27). One of the three individuals expressed that he/she was not interested in receiving help in finding or maintaining a job, and had not been interested in the past 12 months (CII Q53).
- Six of 14 individuals reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58). Of the three individuals who reported

discussing these changes with GNMH staff (CII Q59), all three individuals felt that GNMH 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 identified employment goals.

GNMH scored 71% for Quality Indicator 10; data from seven 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 14 individuals interviewed, eight individuals were considered not applicable for Measure 10a because they reported not being interested in employment supports and services that would be provided by GNMH (CII Q54). Of the 14 individuals interviewed, seven individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q32, CRR Q33). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual’s employment needs	5	1
Measure 10b: Services and supports are meeting individual’s employment goals	5	2

Additional Results

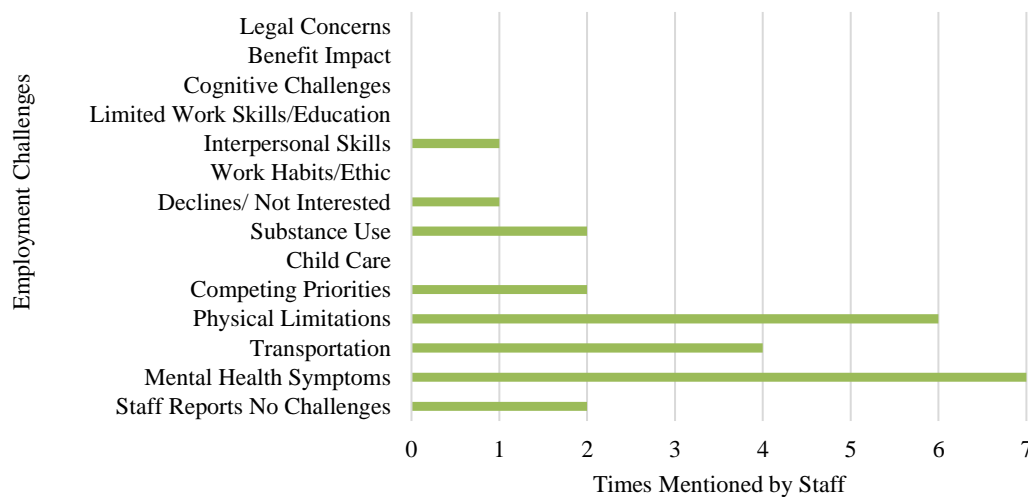
- Four of 14 staff indicated that Supported Employment services had been recommended or provided to the individual in the past 12 months; two staff were unsure if Supported Employment services had been recommended or provided to the individual in the past 12 months, and eight staff indicated that Supported Employment services had not been provided or recommended in the past 12 months (SII Q46).
- The following reasons were provided by the eight staff who indicated that Supported Employment services had not been recommended or provided to the individual in the past 12 months: five individuals were declining the services or not interested in employment; for

three individuals, staff had decided on behalf of the individual that employment was not needed, or was “impossible” for the individual, or the individual was “not in a position to find and keep employment” (SII Q47).

- One of 14 individuals had supported employment prescribed on his/her treatment plan. The individual was 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 the individual (SII Q7).
- Of the seven individuals who expressed interest in receiving help with finding or keeping a job in the past 12 months (CII Q53), three individuals responded they needed additional employment related services from GNMH (CII Q61). One individual responded he/she was not getting employment supports and services *as often* as he/she felt was needed (CII Q62).
- The seven individuals who expressed an interest in receiving help with finding or keeping a job in the past 12 months (CII Q53) were asked if they have enough support to achieve their employment goals. All but one individual felt that they did (CII Q63). The individual who reported needing more support expressed wanting someone with lived experience to help him/her get a job and explore school options (CII Q63).
- Staff interviewed did not identify any individuals who had employment needs that were not currently being addressed (SII Q42).
- The one individual who had supported employment prescribed on his/her treatment plan reported he/she was not working (CRR Q11, CII Q47).
- The predominant type of employment services provided by GNMH during the period under review was monitoring the employment status of the individual on a regular basis, largely at the time of the ISP review. With a small number of individuals interviewed, employment services also included assessing for job readiness, support in job search, assistance with resume writing, and encouragement and support following a job interview (CRR Q38).
- Three individuals reported being employed (CII Q47). All three individuals reported having a competitive job (CII Q48); two individuals work full-time and one individual works part-time (CII Q49); none of the three individuals responded they 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.

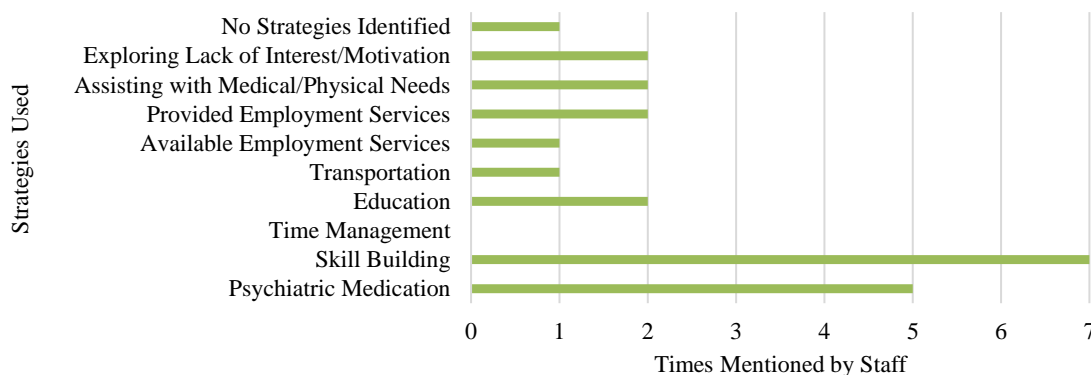
- All 12 individuals who had employment needs identified in the ANSA or case management assessment and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q30, CRR Q32, CRR Q33) received employment services and supports that were in alignment with their employment needs or goals (CRR Q39).
- Staff identified two of 14 individuals as facing no challenges in finding or maintaining employment. Responses from staff about challenges the remaining 12 individuals face in finding and maintaining employment included difficulty managing emotional or psychiatric symptoms and physical limitations (SII Q44) (see Figure 9).

Figure 9: Employment Challenges Faced by Individual



- Eleven 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; one staff was not able to identify any strategies used (SII Q45). The most common strategy used was skill-building and psychiatric medication (see Figure 10).

Figure 10: Staff Strategies to Address Employment Challenges Faced by Individuals



- Of the seven individuals who had employment-related goals identified in their treatment plan and/or case management plan (CRR Q32, CRR Q33), staff identified five individuals for whom GNMH had provided or attempted to provide employment related services and support in the past 12 months (SII Q48). For all five individuals, the provided services identified by staff were in alignment with the individuals' treatment plan goals (SII Q49). For four of the 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 referrals to external employment supports, renewed consideration of employment, and finding employment (SII Q50).
- Seven of 14 individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits; and seven individuals responded that staff had not explained to them how employment may or may not affect any benefits received (CII Q64). Staff reported that this topic had been discussed with nine 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). One or more individuals offered the following feedback in response to what would be more helpful (CII Q18, CII Q61, CII Q63, CII Q65):

“I feel like [it would be helpful] if they had something for self-employed people. Supported employment is more towards that typical competitive employment.”

“They wanted to connect me to a benefit specialist, but I haven't connected yet.”

“I need a job coach to help me find a job.”

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports.³ Typically, people with mental illness may have social networks half the size of the networks

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

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

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

GNMH scored 100% for Quality Indicator 11; data from 14 individuals were included in the scoring for Quality Indicator 11. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual’s related social and community integration needs and preferences	14	0
Measure 11b: Assessment identifies individual’s related social and community integration strengths	14	0

Additional Results

- The ANSA includes several domains related to social and community integration needs and strengths. All of these related needs in the ANSA were completed for 12 of 14 individuals (CRR Q41), and all of the related strengths in the ANSA were completed for 10 of 14 individuals (CRR Q42).
- Case management assessments of social/family needs were completed for all 14 individuals (CRR Q40).
- Between the ANSA, the case management assessment informed by the DLA-20, and the adult psychiatric evaluations, community integration needs and strengths were assessed for all 14 individuals by one or more of these sources (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 has flexible services and supports to acquire and maintain his/her/their personal, social, and vocational competency in order to live successfully in the community.

GNMH scored 83% for Quality Indicator 12; data from 14 individuals were included in the scoring for Quality Indicator 12. Quality Indicator 12 consists of Measures 12a-12m. Six individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c (CRR Q65). Three individuals did not have identified needs related to social supports and community integration (CRR Q44) and therefore were not applicable for Measure 12j. Individuals were scored as follows:

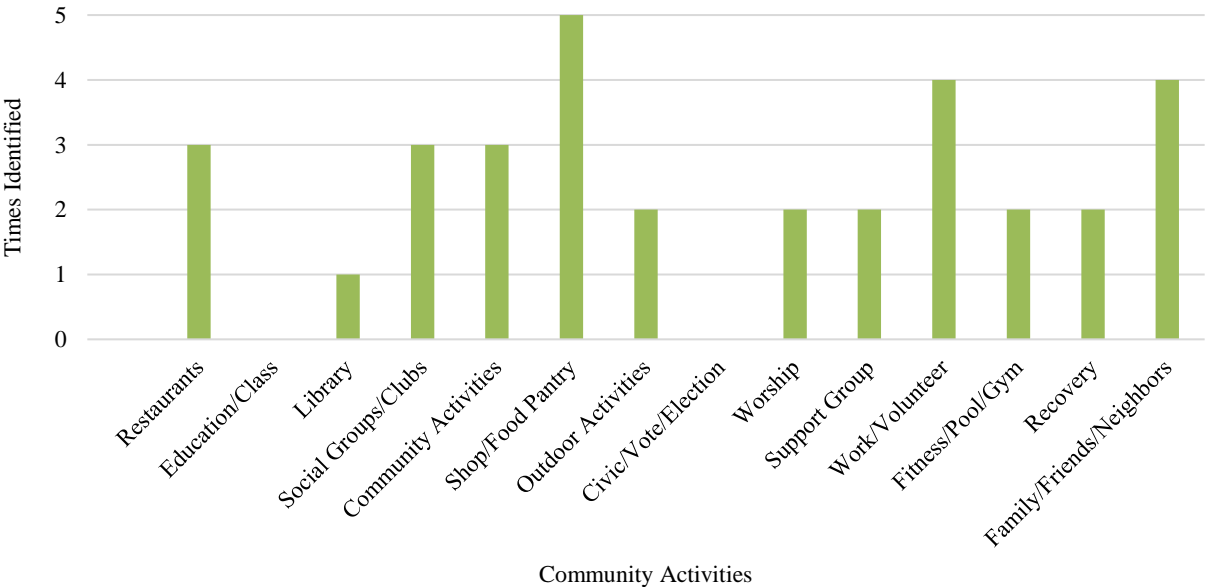
	YES	NO
Measure 12a: Individual is competitively employed	3	11
Measure 12b: Individual lives in the most integrated setting appropriate	14	0
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	6	2
Measure 12d: Individual is integrated in his/her/their community	13	1
Measure 12e: Individual has choice in housing	9	5
Measure 12f: Individual has choice in his/her/their treatment planning, goals and services	13	1
Measure 12g: Individual has the ability to manage his/her/their own schedule/time	13	1
Measure 12h: Individual spends time with peers and/or family	13	1
Measure 12i: Individual feels supported by those around him/her/them	12	2
Measure 12j: Efforts have been made to strengthen social supports if needed	6	5
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	14	0

Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	13	1
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	14	0

Additional Results

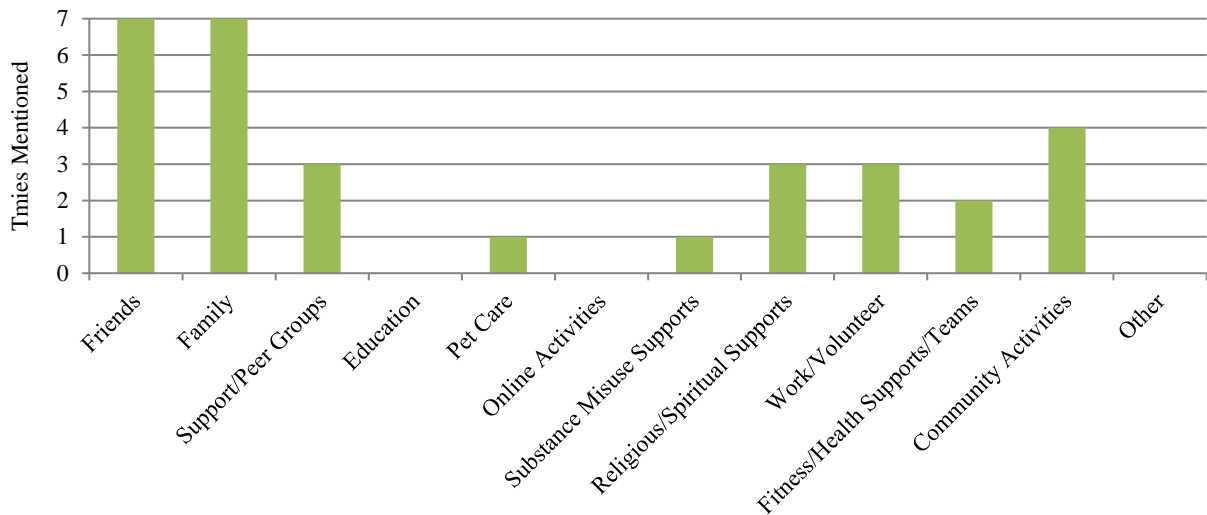
- During the interview, individuals are presented with a list of examples of activities that people may engage in when they are part of the community. Activities include shopping, working, visiting a food pantry, going to the library, eating in restaurants, visiting parks, participating in outdoor community 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. One individual was not able to identify any community activities in which he/she participated (CII Q102), while staff responded that 11 of 14 individuals were integrated into their community (SII Q60). Thirteen individuals reported a variety of community activities in which they participated (CII Q102) (see Figure 11).

Figure 11: Identified Community Activities



- Staff reported that 13 of 14 individuals had a support system that was helpful to their mental health recovery and all 14 individuals had support systems consisting of at least one natural support (SII Q59). Ten staff confirmed that there was a plan to help individuals maintain and/or enhance their support system (SII Q61).
- Thirteen of 14 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). All three individuals who were employed (CII Q47) identified spending time with people from work (CII Q96) (see Figure 12).

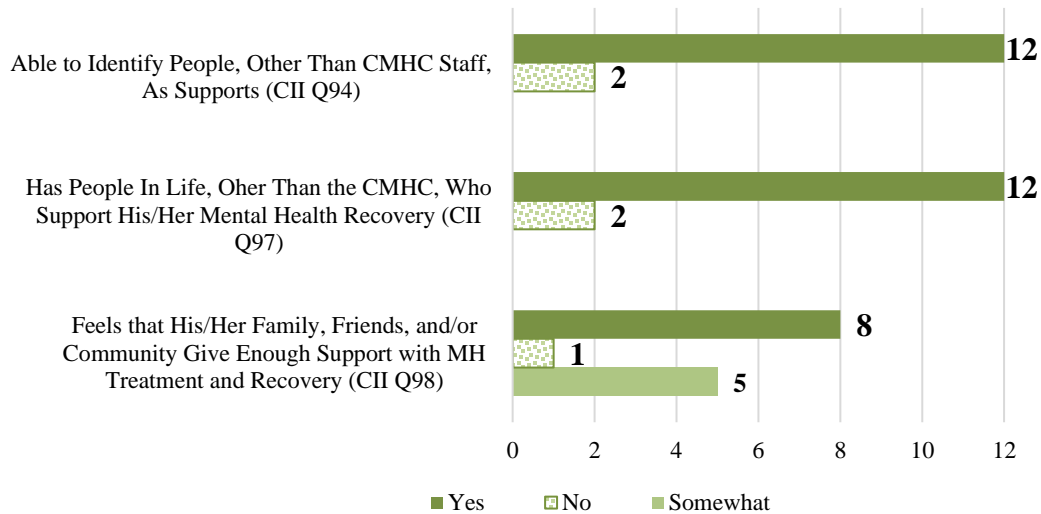
Figure 12: Identified Natural Supports



- All 14 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).
- Eight individuals did not feel that they had an adequate support system (CII Q99) and four of the eight individuals felt that GNMH was helping them to improve their support systems (CII Q100). The individuals identified GNMH providing help in areas such as anxiety and trauma response, accessing therapy and help getting a job, learning about expectations of people especially friends versus acquaintances, and learning to choose more supportive friends (CII Q101).
- Two of 14 individuals were unable to identify anyone, aside from CMHC staff, who they feel supported by (CII Q94). Two individuals were unable to identify people in their lives, aside from CMHC staff, who help support them with their treatment and mental health recovery

(CII Q97). Six individuals did not feel that family, friends, and/or community give them enough support with their treatment and mental health recovery (CII Q98) (see Figure 13).

Figure 13: Support Felt by Individual



- Eight of 14 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 include the food pantry, the Salvation Army, potential places to volunteer, the Red Cross, medical providers, the soup kitchen, language assistance, and HEARTS peer support center (CII Q104).
- Individuals are asked about peer support related services they are aware of or may have utilized during the past year. Two of 14 individuals reported utilizing peer specialist services at GNMH (CII Q105). Ten of 14 individuals were aware of peer support agencies (CII Q107), five of 14 individuals reported being aware of the peer support warmline (CII Q108), and six of 14 individuals had used the peer support agencies in the past year (CII Q109). Staff reported that eight individuals had not used peer support services of any kind, whether at GNMH, at a peer support agency, or any other type of peer services within the past year (SII Q66). Staff was not sure if three individuals had been informed about peer support agencies (SII Q64). Staff stated that GNMH did not have peer support services available for three individuals and was unsure if these services were available for an additional three individuals (SII Q65).

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

“I don’t even know about some of this [community integration and social support services] stuff. I don’t know what these services are – I don’t know what [GNMH] offers.”

“They did get me enrolled in an art club. It’s [here] in the building, and it’s sort of a way of integrating into the community.”

“...Having the deaf services [is helpful]. I was having a lot of trouble finding services. It was during COVID. Everybody was wearing masks, and so I was not able to participate [in the community] anymore.”

- Eleven individuals had identified needs related to social support and community integration in the ANSA or case management assessments (CRR Q44). Nine individuals had these needs addressed by goals in their treatment plans or case management plans (CRR Q46, CRR Q47). In total, 11 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 all 11 individuals which were in alignment with those individuals’ identified needs and/or goals (CRR Q48, CRR Q50).
- Of the eight individuals who had experienced an inpatient psychiatric admission during the period under review (CRR Q65), six individuals reported that they restarted communication with their natural support system or began spending time with other supportive people following their discharge from the inpatient psychiatric facility (CII Q92).
- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. For the three individuals who had moved in the past 12 months (CII Q34), two individuals reported they

did not have an opportunity to discuss their housing preferences with staff before moving (CII Q35), and one individual was unable to see his/her current housing before moving (CII Q36). For the seven individuals who are currently looking for a different place to live (CII Q37), two individuals have not had an opportunity to discuss their current housing preferences with GNMH (CII Q38), and four of the seven individuals reported that GNMH was helping them with their plans to find a different place to live (CII Q39). Twelve of 14 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).

- Of the 14 individuals interviewed, 13 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Thirteen of 14 individuals reported that they are able to manage their own time and schedule (CII Q95).
- Overall, none of the 14 individuals reviewed were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7).
- Overall, one individual reviewed was observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11). The individual had experienced two hospitalizations during the period under review and was receiving no therapy despite both the individual and staff identifying the need for the service (OCR Q12).
- Overall, all 14 individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness.⁴ A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed his/her treatment or crisis plan and used techniques he/she learned from mental health professionals.

Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequacy of Crisis Assessment

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

GNMH scored 88% for Quality Indicator 13; data from four individuals were included in the scoring for Quality Indicator 13. Quality Indicator 13 consists of Measures 13a-13d. Of the 14 individuals interviewed, 10 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.

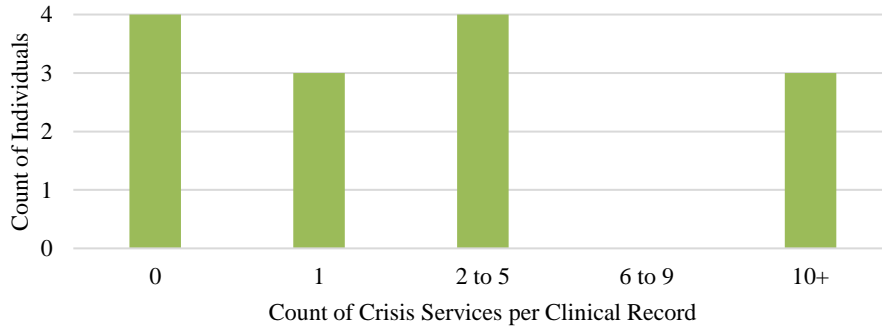
Specifically, 10 clinical records had documentation of crisis services being provided (CRR Q53) and six individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, four individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide GNMH with additional information. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	3	1
Measure 13b: Risk was assessed during crisis assessment	4	0
Measure 13c: Protective factors were assessed during crisis assessment	3	1
Measure 13d: Coping skills/interventions were identified during crisis assessment	4	0

Additional Results

- Documentation in the clinical record indicated that three individuals received 10 or more crisis services in the period under review (CRR Q54) (see Figure 14).

Figure 14: Crisis Services Received by all Individuals in Period Under Review



- Two of the six individuals who endorsed receiving crisis services responded that during a crisis they were “occasionally” able to get help quickly enough from GNMH (CII Q75).
- Documentation of a risk assessment was found in eight of 10 crisis notes reviewed (CRR Q55). Documentation that protective factors had been assessed was found in seven of 10 crisis notes reviewed and documentation that coping skills had been assessed was found in seven of 10 crisis notes reviewed (CRR Q55).
- All six individuals who endorsed receiving crisis services responded that GNMH 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.

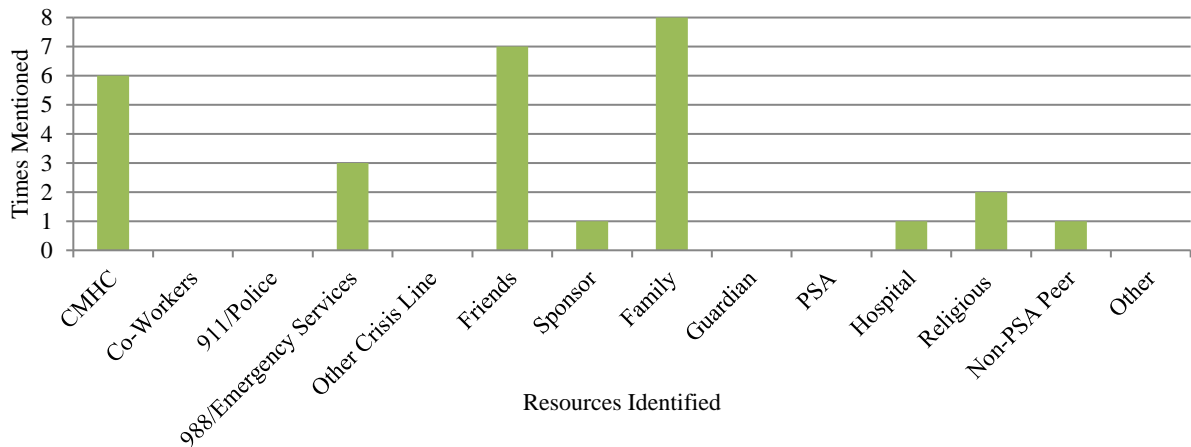
GNMH scored 93% for Quality Indicator 14; data from 14 individuals were included in the scoring for Quality Indicator 14. Quality Indicator 14 consists of Measure 14a and Measure 14b. Individuals were scored as follows:

	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	14	0
Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	12	2

Additional Results

- All 14 individuals had crisis plans in their clinical records that were specific to the individual (CRR Q51, CRR Q52).
- Thirteen of 14 individuals were able to identify healthy strategies or coping skills that they could use to help themselves manage a crisis (CII Q67).
- Five of 14 individuals reported being aware of the peer support warmline (CII Q108).
- Seven of 14 individuals confirmed that GNMH staff had helped them develop a plan for how they might take care of themselves during a mental health crisis (CII Q68).
- Individuals were asked an open-ended question, who they could call if having a mental health crisis. The most common response made by individuals was family followed by friends (CII Q66). None of the three individuals who were employed (CII Q47) identified being able to call people from work if they were having a mental health crisis (CII Q66) (see Figure 15). Responses were coded using the following categories in Figure 15.

Figure 15: Who the Individual Could Call if Having a Mental Health Crisis



Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

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

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

GNMH scored 81% for Quality Indicator 15; data from four individuals were included in the scoring for Quality Indicator 15. Quality Indicator 15 consists of Measures 15a-15d. Of the 14 individuals interviewed, 10 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, 10 clinical records had documentation of crisis services being provided (CRR Q53); six individuals endorsed receiving crisis services (CII Q69); and five staff endorsed individuals having received crisis services (SII Q51). When documentation and endorsements were analyzed for the CII, SII, and CRR, four individuals could be scored. Some of the additional results included below include data from individuals who were not scored to provide GNMH with more helpful information. Individuals were scored as follows:

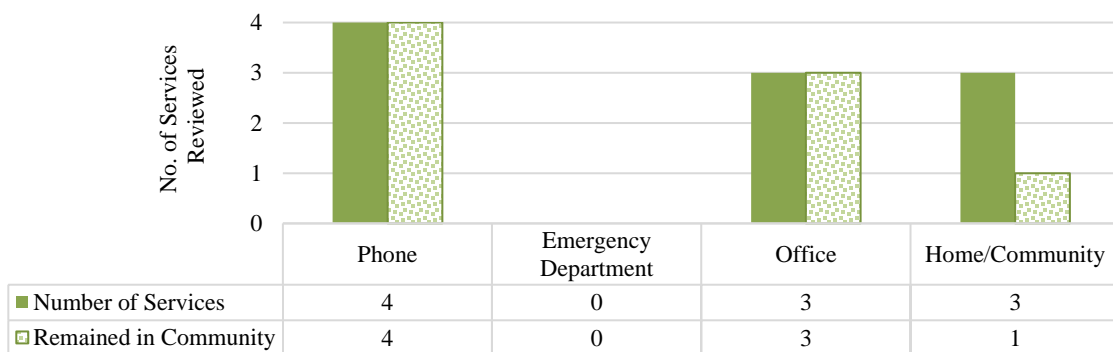
	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	3	1
Measure 15b: Communication with individual during crisis episode was adequate	4	0
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	3	1
Measure 15d: Individual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

Additional Results

- Four of the five staff who endorsed individuals having received crisis services during the period under review responded they received notification of the crisis service provided from a treatment provider or were the direct provider of the crisis service themselves (SII Q53). Four of five staff received notification within 24 hours (SII Q53); one staff could not address if notification was received within 24 hours, as he/she was not part of the individual’s treatment team at the time. All five staff responded they received all of the information needed regarding the crisis episode (SII Q54).

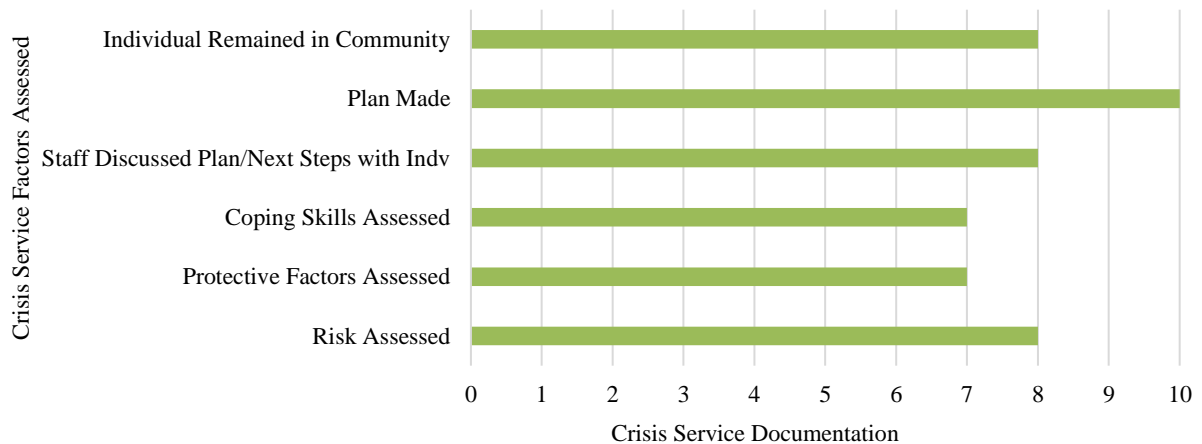
- Of the 10 clinical records that had documentation of crisis services being provided (CRR Q53), two records were from individuals receiving ACT services (CRR Q58). Documentation that the most recent crisis service was provided by ACT staff was found in one of the records reviewed; documentation that the most recent crisis service was provided by mobile crisis/the Rapid Response Team (RRT) was found in six of the records reviewed (CRR Q55). Three of the five staff who endorsed individuals having received crisis services during the period under review reported that staff who have a role in the individual’s treatment assessed the individual during the individual’s most recent crisis; one staff reported that the staff who assessed the individual during the individual’s most recent crisis did not have a role in the individual’s treatment, and one staff was unsure if the staff who assessed the individual had a role in the individual’s treatment (SII Q55).
- All six individuals who endorsed receiving crisis services during the period under review responded they felt helped and supported by staff (CII Q72).
- Documentation of the last crisis service received indicated that 80% of the services provided, regardless of the type of crisis service, resulted in the individual remaining in the community. The most recent service for four of the 10 crisis notes reviewed were provided by phone, with all four services resulting in the individual remaining in the community. None of the 10 services were provided in the emergency department. Three of the 10 services were provided in the office, with all three services resulting in the individual remaining in the community. Three of the 10 services were provided in the community, with one of the three services resulting in the individual remaining in the community (CRR Q55) (see Figure 16).

Figure 16: Outcome Trends of Last Crisis Service Received



- Five of six individuals who endorsed receiving crisis services responded that during a crisis, staff “always” or “most of the time” explained what would happen next in a way they understood; one of six individuals responded that during a crisis staff “occasionally” explained what would happen next in a way he/she understood (CII Q73).
- Documentation that staff explained the next steps to individuals was found in eight of 10 crisis notes reviewed (CRR Q55). Documentation that the individual remained in the home/community setting following the most recent crisis service was found in eight of 10 crisis notes reviewed (CRR Q55) (see Figure 17).

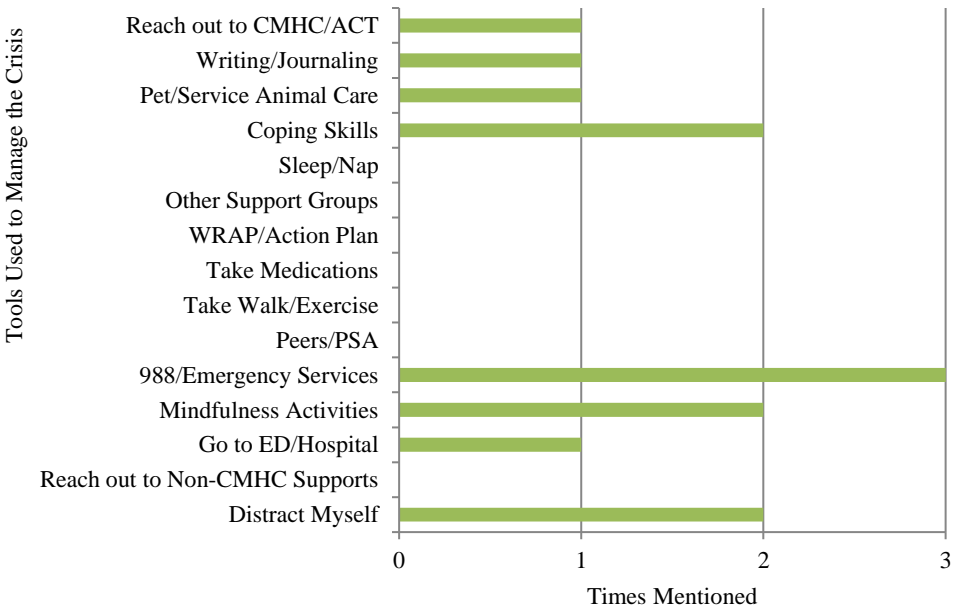
Figure 17: Documentation Trends of Last Crisis Service Received



- Five of six 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 of six individuals responded that he/she “occasionally” felt that he/she had been able to get all the crisis/emergency supports and services needed (CII Q74).
- Four of six 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 GNMH; two of six individuals who endorsed receiving crisis services responded that during a crisis they were “occasionally” able to get help quickly enough from GNMH (CII Q75).
- Of the three individuals who received 10 or more crisis services during the period under review (CRR Q54), two of the three individuals had a total of six inpatient psychiatric admissions during the period under review; one of the six individuals did not have an inpatient psychiatric admission during the period under review (CRR Q66).

- Of the six individuals who endorsed receiving crisis services during the period under review, four 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 six individuals who endorsed receiving crisis services during the period under review responded that the crisis services received “occasionally” 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 five individuals who were able to identify positive steps to manage a crisis, four of the five 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 no inpatient admissions during the period under review (CII Q70, CRR Q65) (see Figure 18).

Figure 18: Steps Individuals Took to Manage a Crisis



- Four of five staff who endorsed individuals having received crisis services responded that the crisis services helped the individual return to his/her pre-crisis level of functioning; and one of five staff responded that the crisis services did not help the individual return to his/her pre-

crisis level of functioning (SII Q56). All 10 crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q55).

- Individuals who endorsed receiving crisis services are asked what they found to be the most helpful in managing a mental health crisis and/or what would have been more helpful regarding the crisis services they received (CII Q77). One or more individuals offered the following replies:

“Resting more often and keeping good hygiene.”

“What would have been more helpful – I think I could have done more telling my feelings. They did all they could in giving me options. Giving me those options was very helpful.”

“It would have been more helpful if the hospital understood more about [what was going on with me], and it would have been more helpful if responding to us was better.”

“The mobile crisis team got me into the door of the emergency room...At the emergency room, they just left me there in the waiting room. I was hoping they would have stayed with me longer. It would have been good if they could have kept someone to stay with me a bit longer.”

- One staff reported that the most recent crisis service provided was typically provided by GNMH emergency services and three staff reported that the most recent crisis service provided was from staff who have a role in the individuals’ treatment (SII Q55).
- Three of the six 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 all three 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 GNMH (CII Q82). Most individuals had nothing more to add. One or more individuals shared the following insights (CII Q82):

“I would like them to be a little more friendly with people.”

“I wish they had the resources to do more. Or they might have the resources but not have the time. I don’t know.”

“I don’t know why the Rapid Response Team got activated. I was literally in the hospital right across the street from them.”

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.

GNMH scored 93% for Quality Indicator 16; data from 14 individuals were included in the scoring for Quality Indicator 16. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	12	2
Measure 16b: Individual receives ACT services when appropriate	14	0

Additional Results

- The majority of GNMH 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).
- Twelve of 14 individuals had been screened for ACT (CPD Q16, CRR Q56).
- According to the clinical record, four individuals had received ACT services during the period under review (CRR Q57), and four individuals were currently receiving ACT services as of the QSR begin date (CRR Q58).
- Of the 14 individuals reviewed, staff reported there were no individuals who met ACT criteria who were not on ACT (SII Q10, SII Q12). Staff indicated that four individuals were receiving ACT services (SII Q12) and reported that all four individuals met ACT criteria (SII Q10).

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.

GNMH scored 56% for Quality Indicator 17; data from four individuals were included in the scoring for Quality Indicator 17. Quality Indicator 17 consists of Measures 17a- 17d. Of the 14 individuals interviewed, 10 individuals were not receiving ACT services and therefore were not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are delivered at appropriate intensity, frequency, and duration	2	2
Measure 17b: ACT services are provided using a team approach	2	2
Measure 17c: ACT services are routinely provided in the home/community	1	3
Measure 17d: ACT team collaborates with community providers/support systems	4	0

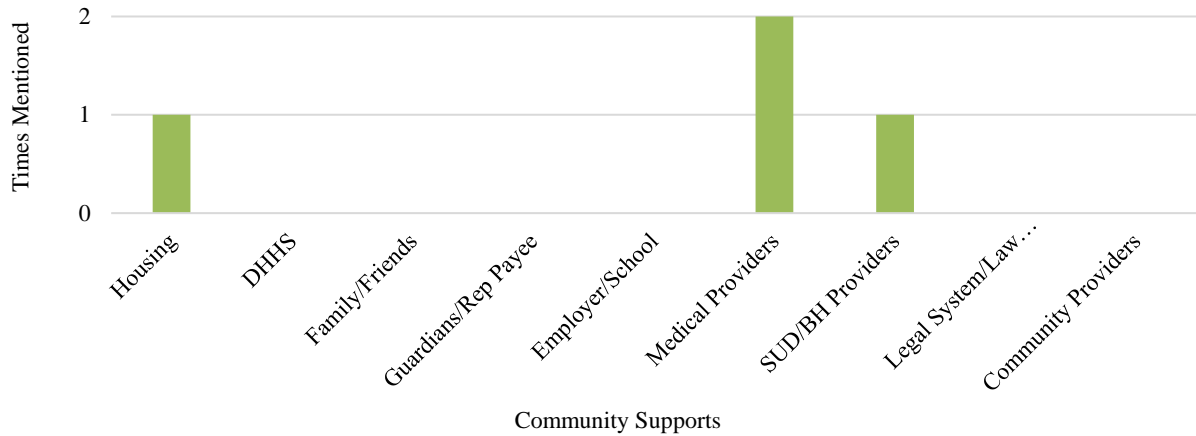
Additional Results

Four 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:

- One of the four individuals receiving ACT services (CRR Q58) was receiving 70% or more of his/her services at the frequency prescribed; three individuals were not (CRR Q11). Staff reported that ACT services had been provided with the frequency and intensity needed to address three individuals’ treatment needs and support their recovery (SII Q14).
- Two 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; two individuals did not (CRR Q61).
- One individual 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).
- Two individuals responded they received “all” the ACT services they needed from their ACT Team, and two individuals responded that they did not receive all the services they needed from their ACT Team (CII Q21). Three 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).

- Two individuals responded they saw their ACT staff as often as they felt was needed; two individuals responded they did not (CII Q25).
- Two 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; two individuals did not (CRR Q60).
- All four individuals indicated that they typically interacted with two or more ACT staff on an ongoing basis (CII Q24).
- According to the clinical record, two individuals received 60% or more of their ACT services in the community during each of the four complete weeks prior to the QSR; two individuals did not (CRR Q63).
- One individual indicated that he/she typically received most of his/her ACT services in the home or community; three individuals indicated they did not (CII Q23). Two of the four individuals, including the one individual who was receiving most of his/her ACT services in the home or community, indicated that they prefer to received their ACT services in the home or community; two of the three individuals receiving most of their services in the office indicated they preferred to receive their ACT services in the office (CII Q23). Staff reported that all four individuals typically receive most of their ACT services in the home or community (SII Q16).
- 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, both GNMH’s ACT Teams had greater than 70% of these specific/specialty ACT positions filled (CRR Q64). *GNMH ACT Team 1* was lacking a substance abuse specialist and *GNMH ACT Team 2* was lacking an employment specialist and a substance abuse specialist.
- Staff endorsed that they had collaborated with or had communication with community providers and/or the individual's support system on behalf of all four individuals receiving ACT services (SII Q17). Staff identified collaborating or communicating with a variety of providers and community agencies, including the Bridges program and Nashua Housing, medical providers, and substance misuse facilities (see Figure 19).

Figure 19: 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.

GNMH scored 80% for Quality Indicator 18; data from eight individuals were included in the scoring for Quality Indicator 18. Quality Indicator 18 consists of Measures 18a-18g. Of the 14 individuals interviewed, six 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, eight clinical records had documentation of an inpatient psychiatric admission during the period under review (CRR Q65). Eight individuals

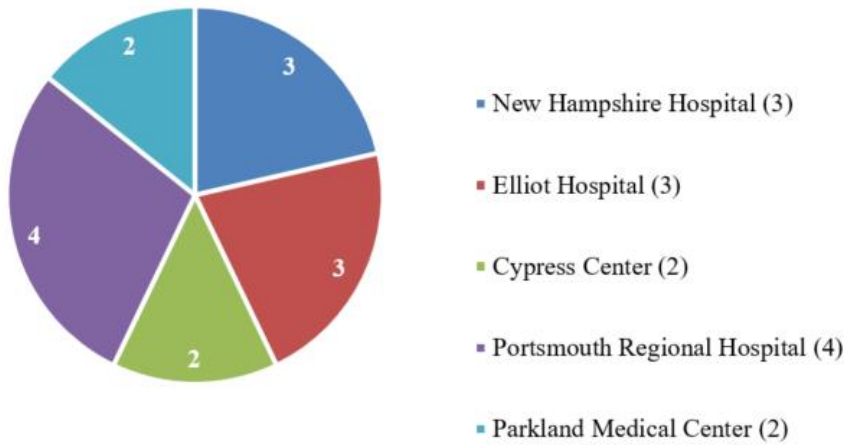
endorsed an inpatient psychiatric admission during the period under review and eight staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, eight individuals could be scored. Individuals were scored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

	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	8	0
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	7	1
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	5	3
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	6	2
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	6	2
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	6	2
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	7	1

Additional Results

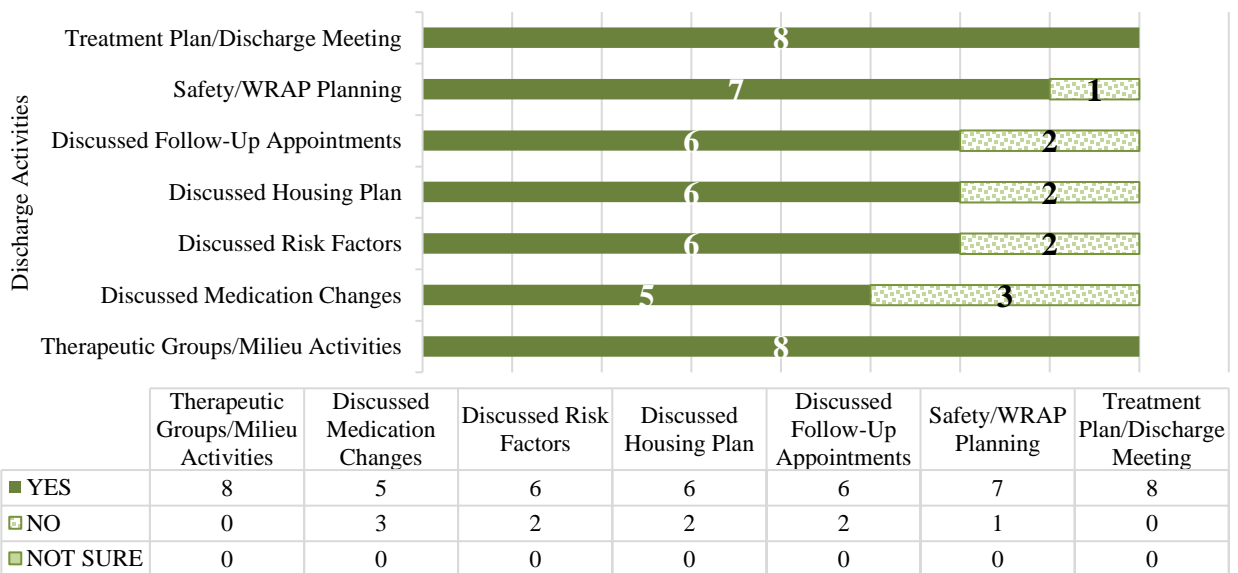
- According to the clinical record, 14 inpatient admissions occurred during the period under review (CRR Q66). Of the eight individuals who experienced a psychiatric admission (CRR Q65), one individual had four distinct admissions, three individuals had two distinct admissions, and four individuals had one distinct admission (CRR Q66).
- Three admissions were at New Hampshire Hospital (CRR Q67) (see Figure 20).

Figure 20: Inpatient Psychiatric Admissions



- All eight 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 four of eight clinical records reviewed (CRR Q74). Staff reported that five individuals were involved in their discharge planning process and staff were unsure if three individuals were involved in their discharge planning process (SII Q67). Those individuals who endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q84) (see Figure 21).

Figure 21: Individual’s Involvement in Discharge Planning



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

“Just making sure I’m safe to go home and that I have prescriptions waiting at the pharmacy.”

“Safety is number one.”

“Safety, like making sure that my medication is right so that it doesn’t happen again.”

“One of the main things that isn’t done that should be done is working with the families, or whomever the person is living with, to help them understand the person’s mental health symptoms – so that if they have an outburst, they would understand what is going on, so that they could be better supports.”

“For each person to have a safe place to live, have their medications, and have a spiritual supporter when they get out.”

“Just going over medications. Making sure you know how to stay safe. What am I going to do upon discharge? Am I going to outpatient? Am I just going home? That kind of thing.”

- 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:

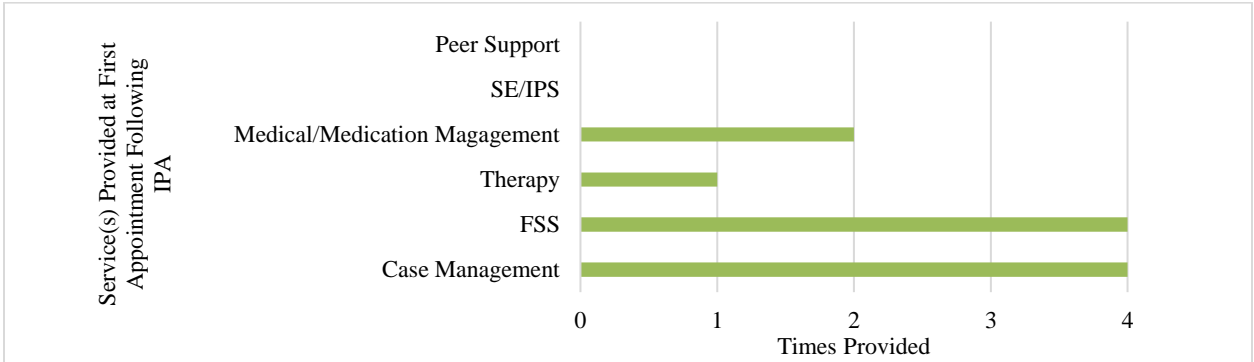
“Support and help when I get home.”

“I wish I had had more individual therapy. All they had was group therapy there.”

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

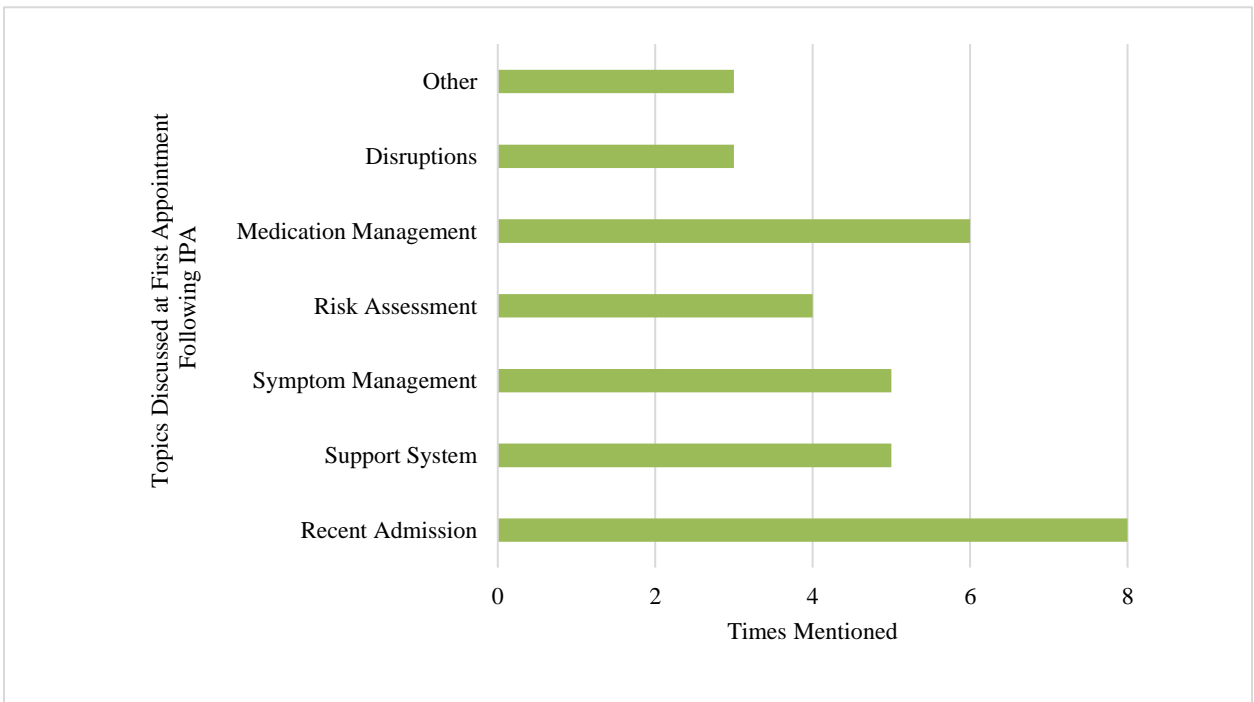
- Five of eight individuals who endorsed an inpatient psychiatric admission during the period under review reported being satisfied with where they returned to live upon discharge; three individuals were not satisfied or only somewhat satisfied with where they returned to live (CII Q89). None of the three individuals who were dissatisfied with where they returned to live reported being dissatisfied because the housing was not appropriate, however three staff were unsure if individuals returned to appropriate housing (CII Q90, SII Q68).
- Four of eight individuals who endorsed an inpatient psychiatric admission during the period under review recalled talking with a community provider about services in the community prior to discharge; four individuals reported they had not (CII Q83).
- Six 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 they were unsure if two of eight individuals had resumed contact (SII Q69).
- Six of eight 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). Both individuals who felt the transition home was significantly disruptive to their normal routine reported challenges with their support system, specifically feeling uncomfortable with and/or feeling unable to trust their support system (CII Q91, CII Q93).
- None of the eight 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 seven individuals who had an inpatient psychiatric admission during the period under review (CRR Q68); staff endorsed that six individuals had appointments with GNMH scheduled prior to discharge (SII Q70), and according to the clinical record, seven individuals attended an appointment with GNMH within seven days of discharge (CRR Q71). The amount of time between discharge and the individual's first appointment with GNMH ranged from the same day as discharge to 44 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 functional support services (CRR Q72) (see Figure 22).

Figure 22: Services Provided on the Date of the First CMHC Appointment Following IPA Discharge



- The most common topic discussed during the first appointment following the discharge from the inpatient psychiatric admission was the individual’s recent admission (CRR Q72). Some of the more specific responses given that were categorized as “other” were the individual’s housing situation, employment needs, and substance misuse (see Figure 23).

Figure 23: Topics Discussed in First CMHC Appointment Following IPA Discharge



- According to the clinical record, two of eight individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q67).
- Overall, one individual reviewed was observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11). The individual had

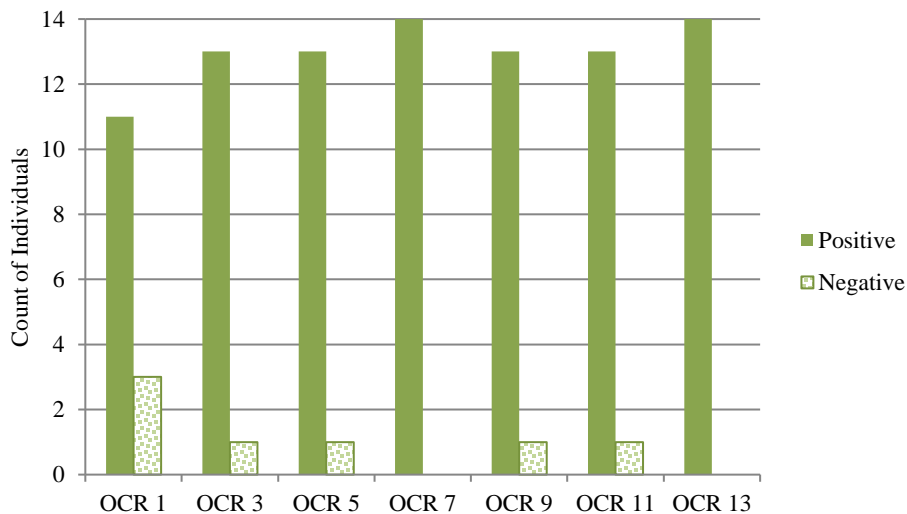
experienced two hospitalizations during the period under review and was receiving no therapy despite both the individual and staff identifying the need for the service (OCR Q12).

Overall Client Review

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

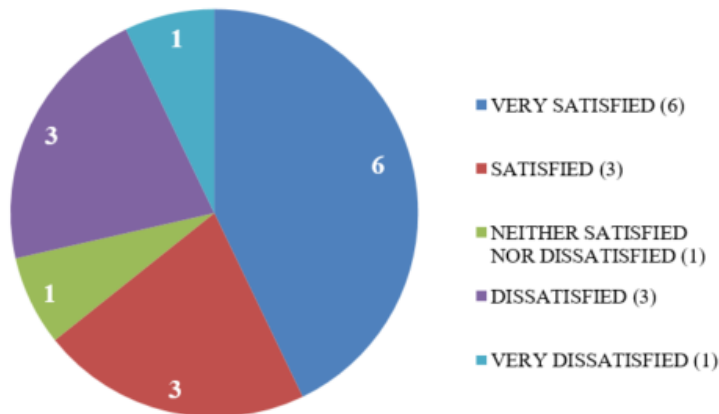
Of the 14 individuals reviewed, three individuals did not achieve one or more of the OCR outcomes (see Figure 24). Of the three individuals not achieving an OCR outcome, one individual was receiving ACT services and two individuals were not.

Figure 24: Overall Client Review Results



Approximately 64% of individuals interviewed were satisfied with the services they were receiving (CII Q112) (see Figure 25).

Figure 25: Overall Client Satisfaction



Individuals are asked if they have anything additional they would like to share about GNMH or the services they have received that they have not already been asked about (CII Q113). One or more individuals shared the following feedback:

“I just appreciate everyone who works there because they treat us like humans and not like we are bothering them.”

“[GNMH staff] has never been rude or disrespectful to me. [GNMH staff] is very professional. He/she just doesn’t get the job done.”

“[GNMH staff] has violated my HIPAA rights more than once.”

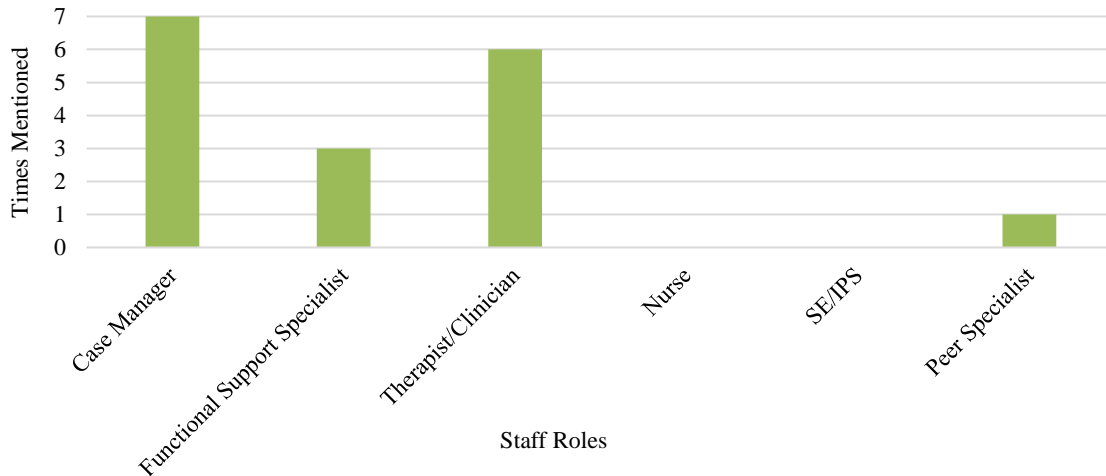
“[GNMH staff] have been very helpful.”

GNMH 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).

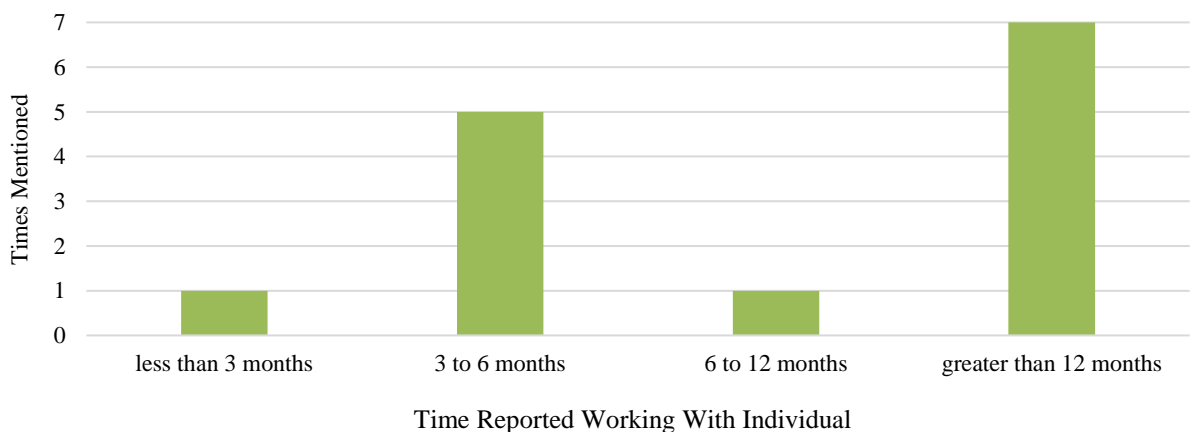
Fourteen staff were interviewed; one staff was interviewed for two different individuals. The roles in the individuals' treatment for the staff who were interviewed varied, but the majority of staff indicated that at least one of their roles in the individual's treatment was as case manager (SII Q1) (see Figure 26). The responses do not add up to the number of staff interviewed because several staff reported engaging in more than one role when providing the individual's treatment.

Figure 26: Roles of Staff Interviewed



Approximately 43% of staff who were interviewed reported that they had been working with the individual for less than six months; 50% of staff reported that they had been working with the individual for under a year (SII Q1) (see Figure 27).

Figure 27: Time Staff Reported Having Worked with the Individual



Staff are asked about the barriers, challenges, and gaps they may face at GNMH (SII Q81). There was a common theme associated with large caseloads which was reported to be a result of staffing issues resulting in shifting of clients between staff. Also mentioned multiple times were challenges due to workload demands, burnout/stress, and lack of client resources. Some of the types of barriers, challenges, or gaps identified as “Other” included “archaic” technology and communication between departments, administration, and staff (see Figure 28).

“High caseloads, high turnover, and up-to-date EMR...It’s archaic.”

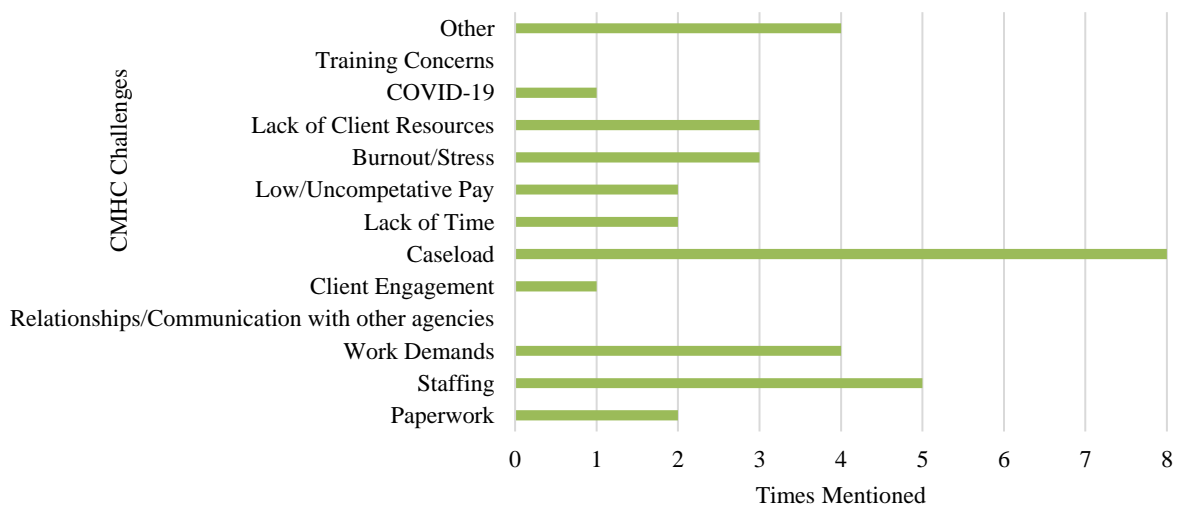
“Definitely with just staff turnover rates, and absorbing and turning over caseloads.”

“Just the ever increasing documentation that every profession requires. It’s something that burdens. It takes away from the direct services.”

“We are spread a little too thin. Being the front line, we are trying to treat as many people as possible, and there are only so many hours in a day.”

“The high caseloads are burning us out.”

Figure 28: GNMH Barriers, Challenges, Gaps



Regarding what is working well at GNMH and the services provided to individuals (SII Q82), there was an obvious theme of GNMH staff feeling supported by their teammates and GNMH’s

administration. Several staff also mentioned GNMH’s strength of focusing upon the client in all areas of treatment (see Figure 29).

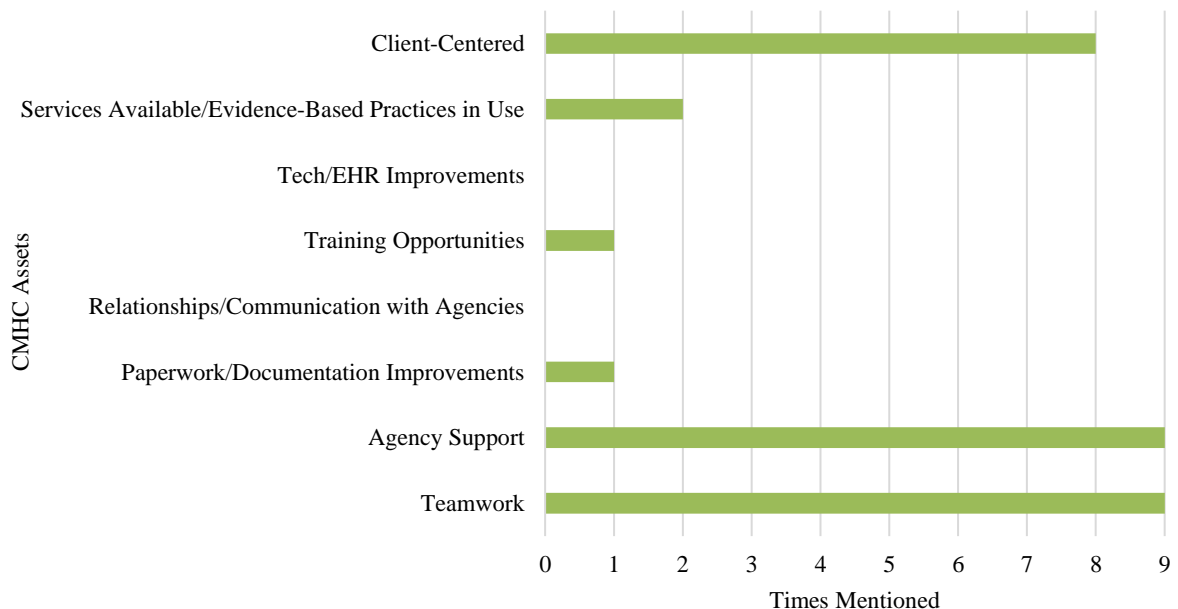
“We are driven, and we are very tight-knit, and are very able to support each other, and though we have huge caseloads, we try to fill in for each other.”

“We do a really good job of meeting people where they are and helping to create plans with them based on the information they give us and the things they tell us they need.”

“Our CEO is really knowledgeable, wise, compassionate, and has worked in so many different departments. She has a really good idea of what is needed and is good at communicating. We have an excellent staff to provide high quality services, who is really aware of the challenges our clients face.”

“The training model that GNMH uses, in which new hires interface directly with heads of departments and are educated directly by them, is exceptional.”

Figure 29: “What’s Working Well at GNMH”



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 30).

“We need more community mental health centers and more therapists. We need more staff. I don’t know where all the therapists are – we’ve had openings forever.”

“Housing, because it’s hard for people with certain diagnoses to maintain proper housing. There’s such a need...housing and homelessness are the two main things.”

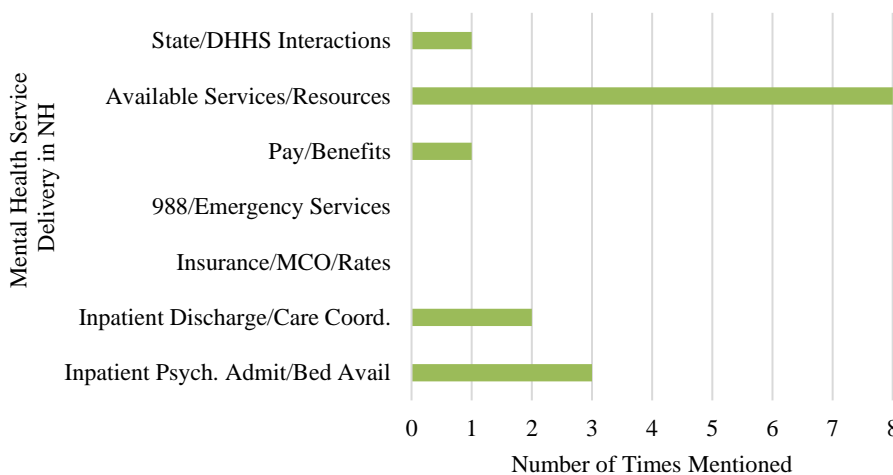
“Substance use co-occurring with mental health...Keystone and other substance use [facilities] have been closing, so more specialized treatment is needed.”

“Everywhere is understaffed – psychiatric facilities, hospitals, not enough beds, hours in the emergency room waiting. Sometimes I am hesitant if a client is unsure, of course if they are not safe, but I will do a calculation based upon how well I know them and how they would handle being in a hallway for seven, eight hours, or overnight, could only add to their stress and feeling unsafe. I will have to guide them in my work to not have to go to the emergency room, but all hospitals and agencies are just grossly understaffed.”

“I wish there was more training to the rest of the agency about our evidence-based practices like supported employment and ACT, so they understand what we do...and why [these services] are so important for people.”

“I think people need more training on [writing] notes – [the current notes being written] are cookie cutter notes.”

Figure 30: Changes Needed or Ideas for Improvement in NH Mental Health System



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 GNMH'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:** GNMH met this provision as evidenced by Measure 15d where three of four 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:** GNMH met this provision as evidenced by a score of 89% for the Crisis domain and OCR Q11, where 13 of 14 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:** GNMH did not meet this provision as evidenced by a score of 67% for Quality Indicator 3: Adequacy of Individual Service Delivery and those individuals receiving ACT services, and a score of 56% for Quality Indicator 17: Implementation of ACT Services. All other data points relevant to this provision are as follows:
 1. Three of four individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).

2. All four 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).
 3. All four 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:** GNMH met this provision as evidenced by the following:
 1. Those receiving ACT services had a total average score of 76% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
 2. All four 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. Three of four 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 four 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:** GNMH met this provision as evidenced by an average score of 75% 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:** GNMH met this provision as evidenced by the average score of 81% for Quality Indicators 5 and 6, in which Quality Indicator 5: Appropriate Housing Treatment Planning, had a score of 79% and Quality Indicator 6: Adequate Individual Housing Service Delivery, had a score of 83%.
- 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:** GNMH met this provision as evidenced by a score of 82% for the Housing domain and OCR Q9, where 13 of 14 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:** GNMH 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. GNMH 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:** GNMH met this provision as evidenced by a score of 71% 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. HEARTS Peer Support Center of Greater Nashua is the peer support agency serving the GNMH 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:** GNMH met this provision as evidenced by:
 1. The average of individuals who scored "Yes" for Measure 3b (10 of 14 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (10 of 14 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 71%.
 2. For Quality Indicator 12, GNMH scored 83%.
 3. All 14 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. Thirteen of 14 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
 5. All 14 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:** GNMH met this provision as evidenced by an average score of 85% for the seven domains and OCR Q5, with 13 of 14 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:** GNMH met this provision as evidenced by a score of 82% 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:** GNMH met this provision as evidenced by:
 - 1. Six of eight individuals who experienced an inpatient psychiatric admission were not re-hospitalized within 90 days (CRR Q67).
 - 2. For the Crisis domain, GNMH received a score of 89%.
 - 3. Thirteen of 14 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

GNMH scored above the 80% threshold for 13 of the 18 quality indicators. Based upon the QSR data, the following five quality indicators scored below the 80% threshold and are identified for incremental improvement over the next year:

1. *Increase the percentage of individuals receiving adequate service delivery (Quality Indicator 3).*
2. *Increase the percentage of individuals with appropriate housing treatment planning (Quality Indicator 5).*
3. *Increase the effectiveness of housing supports and services provided (Quality Indicator 7).*
4. *Increase the percentage of individuals receiving adequate individualized employment service delivery (Quality Indicator 10).*
5. *Increase the implementation of adequate ACT services (Quality Indicator 17).*

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

VIII. Next Steps

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

IX. Addendum

During a 15-day review period, GNMH had an opportunity to review the QSR initial report and submit corrections and/or information for DHHS’ consideration prior to the issuance of this final report. GNMH submitted an emailed response indicating that the Center had no further corrections applicable to this report. However, GNMH additionally included the following observations about the QSR process for DHHS’ consideration during future QSR cycles:

- Although the report mentions that the QSR is different from an ACT fidelity review, GNMHC believes this difference may not be as clear to readers of the report due to the similarities in data collection methods for both reviews which include chart reviews and client and staff interviews;
- GNMH did not feel that the four individuals that were scored for Quality Indicator 17, *Implementation of Act Services*, was a fair representation of GNMH's ACT service provision;
- GNMH suggested that the QSR following so closely on the ACT fidelity review may have impacted the number of individuals who did not show for QSR reviews, as GNMH indicated that a number of the same individuals were included in both reviews and interview fatigue may have impacted the individuals' motivation to participate in the QSR; and
- GNMH requested that DHHS consider allowing CMHCs to incorporate stand-by waitlists to fill in QSR participant slots that may open up due to individuals electing not to participate in the QSR as originally scheduled.

As noted by GNMH, for parity between all the Centers DHHS cannot change the methodology of the review process at this time, but will take GNMH's feedback into consideration for SFY24 reviews.

References

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

Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

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

2. Client Profile-DHHS

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

3. CMHC Profile

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

4. Clinical Record Review (CRR)

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

5. Client Interview Instrument (CII)

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

6. Staff Interview Instrument (SII)

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

7. Overall Client Review (OCR)

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

Appendix 2: Indicator 1 Scoring Example

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

Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) 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 an 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 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

Greater Nashua Mental Health (GNMH), founded in 1920, is a community-based mental health provider serving the needs of children, adolescents, adults and their families. GNMH is designated a Community Mental Health Program (CMHP) for Region VI, encompassing 10 cities and towns in Hillsborough County, and approved from September 1, 2022 through August 31, 2027, per the State of New Hampshire Administrative Rule He-M 403.

GNMH has three offices in the Nashua area that serve adults with Severe Mental Illness (SMI) or Severe and Persistent Mental Illness (SPMI). GNMH provides a range of services including intake, psychiatric, diagnostic, medication, and crisis/emergency assessments; individual, group, and family psychotherapy; and targeted case management. GNMH offers Evidenced Based Practices and Best Practices such as Assertive Community Treatment (ACT), Supported Employment (SE), Illness Management and Recovery (IMR), Dialectical Behavior Therapy (DBT), and Integrated Dual Disorders Treatment (IDDT). The First Episode Psychosis (FEP) Treatment/Coordinate Specialty Care (CSC) Program (a.k.a. the H.O.P.E.) is a multidisciplinary team of therapists, case managers, a prescriber, and SE Specialists working with people aged 15-35 years who are early in their experience of schizophrenia or other disorders with primary symptoms of psychosis. The “In-SHAPE” health mentoring and development program is designed to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness. “ProHealth NH” is a SAMHSA grant project implemented in coordination with Lamprey Health Care, a Federally Qualified Health Center (FQHC), to integrate CMHP and FQHC services for people aged 16 to 35 years with severe emotional disturbance and/or severe mental illness to improve health outcomes and prevent future health problems. The “InteGreat” program is a collaborative aimed at optimal health outcomes, improved care and service access by integrating primary care, mental health and substance use services, allowing people a choice in health care settings. Critical Time Intervention (CTI) is a time-limited support for individuals during periods of transition from a psychiatric hospital back into the community. Deaf and Hard of Hearing Services offers state-wide comprehensive mental health care for the deaf or hard of hearing NH citizens and their families. GNMH provides services to two court diversion programs: Mental Health Court “Community Connections” and Southern Hillsborough County Drug Court.

The GNMH housing services program, A Place to Live, is an independent living subsidy initiative funded by BMHS for homelessness prevention and rapid rehousing goals, assisting at-risk individuals and families in transitioning to self-sufficiency and permanent housing. The program assists by financing security deposits, monthly rent, utility deposits, rent arrearages and moving costs. Funding for this project is open to any client within the agency or in process of connecting to this agency via PATH outreach.

GNMH administers the NH DHHS funded Housing Bridge Subsidy Program in the Nashua area. This provides supportive housing services to SMI/SPMI individuals to reduce institutionalization by combining mental health outreach and rental subsidy until a section 8 Housing Choice Voucher is obtained.

GNMH's Acute Care Services (ACS) department includes an outpatient office-based clinic Monday-Friday 8am-5pm, a 24/7 Rapid Response Team (RRT), locally known as Mobile Crisis Response Team (MCRT), and two crisis apartments that can support up to four clients. The ACS office-based clinic sees clients in need of follow up appointments after an inpatient or emergency room visit, as well as clients in need of crisis intervention and stabilization to prevent emergency room or inpatient level services. ACS also participates in the COVID-19 Rapid Response program, which provides timely access to mental health care for those who have been adversely impacted by the COVID-19 pandemic.

GNMH's 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.

GNMH has collaborative relationships with the two hospitals in the Nashua area: St Joseph's Hospital and Southern NH Hospital. Both hospitals use their own emergency assessment services and GNMH's ACS staff, who conduct daily outreach calls to the hospital Emergency Department (ED) to obtain clinical updates, offer clinical support and obtain discharge information for established GNMH clients. GNMH staff are available as needed to go in to the

local ED's to assist in care planning and disposition. The hospitals' ED staff utilize the crisis line to coordinate follow-up appointments for new clients who are ready for discharge from the ED and need rapid mental health services engagement through the GNMH ACS department.

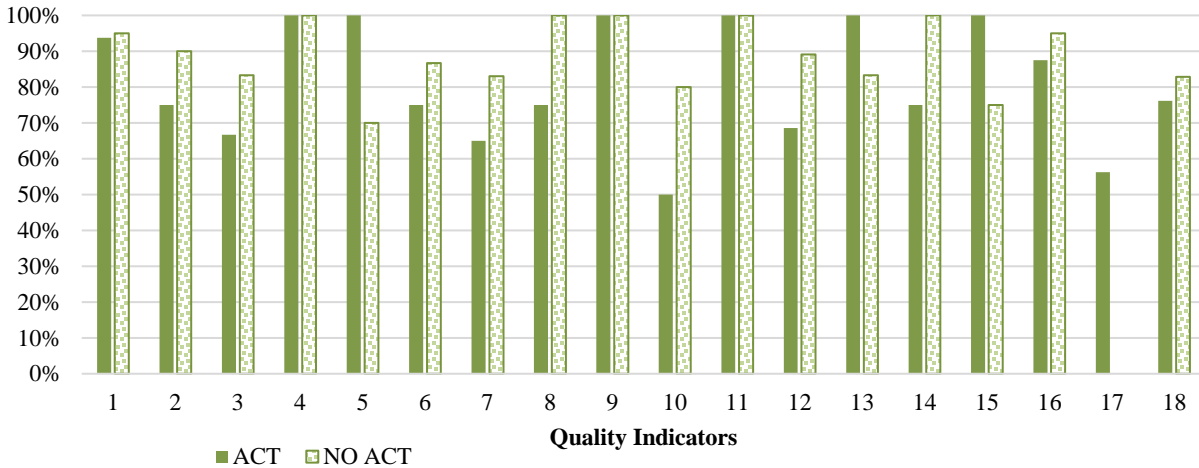
Appendix 5: Three-Year Comparison

Indicator	SFY21	SFY22	SFY23
1. Adequacy of Assessment	90%	90%	95%
2. Appropriateness of treatment planning	92%	86%	86%
3. Adequacy of individual service delivery	92%	84%	79%
4. Adequacy of Housing Assessment	100%	100%	100%
5. Appropriate of Housing Treatment Plan	80%	90%	79%
6. Adequacy of individual housing service delivery	88%	86%	83%
7. Effectiveness of housing supports and services provided	92%	83%	78%
8. Adequacy of employment assessment/screening	98%	88%	93%
9. Appropriateness of employment treatment planning	60%	58%	100%
10. Adequacy of individual employment service delivery	78%	75%	71%
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	83%	83%	83%
13. Adequacy of Crisis Assessment	96%	94%	88%
14. Appropriateness of crisis plans	98%	95%	93%
15. Comprehensive and effective crisis service delivery	87%	78%	81%
16. Adequacy of ACT Screening	100%	100%	93%
17. Implementation of ACT Services	94%	73%	56%
18. Successful transition/discharge from the inpatient psychiatric facility	86%	84%	80%
AVERAGE:	90%	86%	85%

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	14	Adequacy of Assessment	94%	4	95%	10
2	14	Appropriateness of treatment planning	75%	4	90%	10
3	14	Adequacy of individual service delivery	67%	4	83%	10
4	14	Adequacy of Housing Assessment	100%	4	100%	10
5	14	Appropriateness of Housing Treatment Plan	100%	4	70%	10
6	14	Adequacy of individual housing service delivery	75%	4	87%	10
7	14	Effectiveness of housing supports and services provided	65%	4	83%	10
8	14	Adequacy of employment assessment/screening	75%	4	100%	10
9	6	Appropriateness of employment treatment planning	100%	2	100%	4
10	7	Adequacy of individual employment service delivery	50%	2	80%	5
11	14	Adequacy of Assessment of social and community integration needs	100%	4	100%	10
12	14	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	69%	4	89%	10
13	4	Adequacy of Crisis Assessment	100%	1	83%	3
14	14	Appropriateness of crisis plans	75%	4	100%	10
15	4	Comprehensive and effective crisis service delivery	100%	1	75%	3
16	14	Adequacy of ACT Screening	88%	4	95%	10
17	4	Implementation of ACT Services	56%	4	N/A	0
18	8	Successful transition/discharge from the inpatient psychiatric facility	76%	3	83%	5



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

