discuss the most recent instrument revisions, as well as the State's revised QSR report format. This discussion should occur on an expedited basis, prior to the end of August, 2017.

Going forward, the ER will continue to monitor the degree to which the QSR process produces reliable information on individual outcomes the quality of CMHA service delivery. Over the next six months, the ER will evaluate the extent to which CMHC Quality Improvement Plans developed as part of the FY 2017 QSR site visits, are resulting in recommended practice changes and improved outcomes for those in the target population. .

V. Summary of Expert Reviewer Observations and Priorities

The CMHA and ER have now been in place for three years. Over that time frame, the ER has expressed escalating concern related to noncompliance with CMHA requirements governing ACT and Glencliff community transitions. In addition, the ER has consistently noted long elapsed times and/or delays related to implementation of system improvements or capacities related to the CMHA, including the full and effective functioning of the Central Team. Throughout these reports, the ER has emphasized the need for the State to be more aggressive, assertive, planful, and timely in its implementation and oversight efforts in these areas in order to come into compliance with the CMHA.

The ER now believes that the State is improving its oversight and management of the mental health system, including through the growing use of state-validated fidelity reviews for ACT and SE. It also appears that the State is making progress towards compliance with several of the CMHA requirements above, including Glencliff transition and discharge planning. The breadth and content of the final QSR instrument, and the reliability of information it produces, will determine to what extent it is possible to evaluate compliance with other individual outcomes contained within the CMHA, including the adequacy and effectiveness of ACT, SE, SH and MCT.

The one notable exception to this progress relates to ACT services. **For the last two years the ER has stated that the State remains out of compliance with the ACT requirements of the Sections V.D.3(a, b, d, and e), which together require that all ACT teams meet the standards of the CMHA; that each mental health region have at least one adult ACT Team[5]; and that by June 30, 2016, the State provide ACT services that conform to CMHA requirements and have the capacity to serve at least 1,500 people in the Target Population at any given time.**

Despite the many positive initiatives and management efforts undertaken by the State, ACT capacity remains substantially below the required June 30, 2016 capacity to serve 1,500 people at any given time. Moreover, with an active caseload of only 913 people, the state currently is providing 587 fewer people with ACT than could be served if the State had developed the CMHA-specified capacity. This continues to be the single most significant issue in New Hampshire with regard to compliance with the CMHA, and one with negative implications for

[5] The ER notes that each region of the state has had at least one ACT team, or ACT team-in-development, since the inception of the CMHA. However, as documented in the ACT section of this report, four regions continue to have ACT teams that do not meet the minimum staffing requirements for ACT as specified in the CMHA.

individuals who remain stuck in NHH, who continue to be readmitted to EDs and inpatient facilities, or who are otherwise at risk of admission due to inadequate community supports.

DHHS reports working with the Governor's office and the Legislature to develop a number of new program and budget initiatives that should, if enacted and implemented, assist the state to comply with the ACT requirements of the CMHA. Specifically, there is a budget initiative designed to increase funding for workforce recruitment and retention for ACT services in the CMHCs. Lack of adequate workforce has been identified as one barrier to ACT compliance, and it is hoped that this initiative will address that issue. However, even if the budget initiative is enacted, it will be several months into the future before it is likely to have a measurable effect. Although State efforts to date have yet to produce desired outcomes, these important provisions can and must be implemented in order to ensure the needs of the target population are met. If certain action steps identified by the State are failing to produce measurable results, alternative approaches should be considered with feedback from the ER, the parties, and other MH system stakeholders. The ER will continue to closely monitor State and CMHC efforts to meet all the ACT requirements in the CMHA. Substantial, measurable progress must be forthcoming within the next six months. Otherwise, it will be necessary to seek other remedies to move the State into compliance with these requirements.

In addition, the ER will focus on resolving outstanding implementation and compliance issues including the measurement of integrated, competitive employment outcomes for SE participants, ensuring that support services associated with SH are sufficient to meet individual needs, and taking effective steps to reduce readmission rates to NHH (including ACT referrals and more comprehensive transition/discharge planning). Finally, the ER will closely monitor enhanced efforts to transition individuals from Glencliff to integrated, community-based services, and the ongoing conduct of the QSR process.

Appendix A

New Hampshire Community Mental Health Agreement

State's Quarterly Data Report

January through March, 2017

Appendix B

New Hampshire Community Mental Health Agreement

Monthly Progress Reports

March, 2017

Appendix C

Assertive Community Treatment & Supported Employment Fidelity Reviews

Summary Report: April 2017