

New Hampshire
UNIFORM APPLICATION
FY 2016 BEHAVIORAL HEALTH REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
(generated on 12/30/2015 2.45.18 PM)

Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number 011040545

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name New Hampshire Department of Health and Human Services

Organizational Unit Division of Community Based Care Services-Bureau of Behavioral Health

Mailing Address 105 Pleasant Street

City Concord

Zip Code 03301

II. Contact Person for the Grantee of the Block Grant

First Name Nicholas

Last Name Toumpas

Agency Name New Hampshire Department of Health and Human Services

Mailing Address 105 Pleasant Street

City Concord

Zip Code 03301

Telephone 603-271-9446

Fax

Email Address ntoumpas@dhhs.state.nh.us

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2014

To 6/30/2015

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2015 11:46:20 PM

Revision Date 12/30/2015 2:45:09 PM

V. Contact Person Responsible for Report Submission

First Name Beth Anne

Last Name Nichols

Telephone 603-271-5075

Fax 603-271-5040

Email Address beth.nichols@dhhs.state.nh.us

Footnotes:

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Recovery Outcomes: PURPOSE
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Promote the benefits to well-being, for people with mental health or co-occurring substance use problems, to attain and maintain a sense of purpose, through consumer-operated services and programs (COSP) that meet NH standards for such services/programs as defined by NH laws and rules.

PURPOSE: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

Strategies to attain the goal:

Offer specific services and Intentional Peer Support (IPS) that promotes employment and educational opportunities for people with or in recovery from mental health or co-occurring mental health and substance use problems; identify resources for increasing a sense of purpose for individuals for whom work or education is not a goal, including attention to the role of purpose for elders and individuals unable to visit the center or who are part of the Outreach program where no center is nearby.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Total score based on the data elements will increase annually.
Baseline Measurement: To be determined from the data for SFY14; a minimum score will be set
First-year target/outcome measurement: 5% increase from SFY14 baseline (end of SFY15)
Second-year target/outcome measurement: 15% increase from SFY14 baseline (end of SFY16)
New Second-year target/outcome measurement (*if needed*):

Data Source:

BBH data systems and annual Peer Support Outcomes Survey

New Data Source (*if needed*):

Description of Data:

Survey: data in 2012 was collected on Demographics, Hospitalizations, Wellness, and Program Satisfaction; items in the Hospitalizations and Wellness domains are based on nationally-recognized Outcomes specific to the peer support process in the mental health arena. In 2013, two NOMS from the MHBG will be added: one to the existing section on Wellness (Functioning) and another as a new section on Community (Social Connectedness). Most responses are collected via a Likert scale of Agree, Somewhat Agree, Somewhat Disagree, Disagree, Does Not Apply or No Response. Responses for some items may be Yes, No, Does Not Apply or No Response. A survey generator assists with the analysis, which is then reviewed by the BBH data analyst and/or State Planner. The annual survey is conducted as a contractual requirement for PSAs to participate in consumer studies, per the SMHA and receipt of block grant funds.

BBH data systems: data is collected at each agency and then input to a BBH electronic form, and sent to BBH where it is reported via Excel for utilization management and program integrity purposes, and analyzed to provide information to the programs for their use.

New Description of Data: (*if needed*)

The baseline determined from SFY13 data was 63.4% of PSA members reporting an increase in meaningful activities. The 1st-year response, 66.9%, was an increase of just over 1%.

Data issues/caveats that affect outcome measures:

The Peer Support Outcomes Survey is not a scientific survey. The pool of possible respondents includes individuals who are participating in peer support through their community-based peer support agencies for varying periods of time, ranging from months to years; some may be taking the survey for the first time; others may have taken it in the past. Historically the response rate is over 30% of all unduplicated participants statewide.

New Data issues/caveats that affect outcome measures:

The SFY15 survey results will not be reported until January 2016. These results contain the indicators that make up the recovery outcome "Purpose" referenced by this goal priority. Therefore, the measures should be adjusted to rate of increase for SFY14 over SFY13, and SFY13 over SFY12.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The SFY15 survey has been distributed but results are not yet in, therefore we cannot compare results to those of the SFY14 survey and therefore can't assess progress. However, the number of peer crisis respite beds has doubled and 92% to 93% respondents report being better able to take care of their needs, do things they want to do, better able to handle things when they go wrong, and able to do things that are meaningful to them.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

As the SFY15 survey results will not be reported until January 2016, we can only report on the data submitted by the PSAs on their quarterly reports, submitted to the BBH: PSAs reported a 32% increase in numbers of members employed in SFY15 over SFY14. There was a 59% increase in the number of members receiving training, provided by the PSAs, in such topics as Wellness Management, WarmLine Skills, and Member Rights.

In addition to PSA members reporting vocational (SFY14=38%) and educational (SFY14=53%) gains, the PSA Survey measures "Purpose" by means of such rated items as reported increased independence (SFY14=81%), resiliency (SFY14=93%), personal efficacy and meaningful activities (SFY14=93%), sense of value (SFY14=97%), ability to manage activities of daily living (SFY14=57%), and referrals to drug/alcohol treatment (SFY14=80%).

How second year target was achieved (optional):

Priority #: 2

Priority Area: Recovery Outcomes: HEALTH

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Promote health through consumer-operated services and programs (COSP) that meet NH standards for such services/programs as defined by NH laws and rules.

HEALTH: overcoming or managing one's mental health or co-occurring mental health and substance use problems; making informed choices that support "whole person" wellbeing, such as one's physical, mental, emotional, social, financial, spiritual, and creative aspects.

Strategies to attain the goal:

Promote wellness, resiliency, and self-directed care, including alternatives to traditional care in an Intentional Peer Support (IPS) process; offer Peer-Operated Crisis Respite to prevent hospitalization for psychiatric reasons.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Total score based on the data elements will increase annually.
Baseline Measurement:	To be determined from the data for SFY14; a minimum score will be set
First-year target/outcome measurement:	5% increase from SFY14 baseline (end of SFY15)

Second-year target/outcome measurement: 15% increase from SFY14 baseline (end of SFY16)

New Second-year target/outcome measurement (if needed):

Data Source:

BBH data systems and annual Peer Support Outcomes Survey

New Data Source (if needed):

Description of Data:

Survey: data in 2012 was collected on Demographics, Hospitalizations, Wellness, and Program Satisfaction; items in the Hospitalizations and Wellness domains are based on nationally-recognized Outcomes specific to the peer support process in the mental health arena. In 2013, two NOMS from the MHBG will be added; one to the existing section on Wellness (Functioning) and another as a new section on Community (Social Connectedness). Most responses are collected via a Likert scale of Agree, Somewhat Agree, Somewhat Disagree, Disagree, Does Not Apply or No Response. Responses for some items may be Yes, No, Does Not Apply or No Response. A survey generator assists with the analysis, which is then reviewed by the BBH data analyst and/or State Planner. The annual survey is conducted as a contractual requirement for PSAs to participate in consumer studies, per the SMHA and receipt of block grant funds.

BBH data systems: data is collected at each agency and then input to a BBH electronic form, and sent to BBH where it is reported via Excel for utilization management and program integrity purposes, and analyzed to provide information to the programs for their use.

Data on Crisis Respite follow-up, at 30-days and 180-days post stay, is by a statistically valid randomized sample.

New Description of Data: (if needed)

Baseline measurement, based on SFY13 survey responses, was 79.4%. The 1st-year data indicated 79.15%. Thus, the 5% targeted increase for the first year was not met. SFY15 survey data, to indicate increases in health self-management, will be available in January 2016, and thus progress toward the 2nd-year target cannot be measured. One wonders how much room for improvement exists; at any rate, the measures should be adjusted to rate of increase for SFY14 over SFY13, and SFY13 over SFY12.

Data issues/caveats that affect outcome measures:

The Peer Support Outcomes Survey is not a scientific survey. The pool of possible respondents includes individuals who are participating in peer support through their community-based peer support agencies for varying periods of time, ranging from months to years; some may be taking the survey for the first time; others may have taken it in the past. Historically the response rate is over 30% of all unduplicated participants statewide.

New Data issues/caveats that affect outcome measures:

The SFY PSA survey, by which progress was to be measured, will be released in January 2016. Thus, this periodic report will only include outcomes determined through summary quarterly statistics provided to BBH by the PSAs themselves. These results contain the indicators that make up the recovery outcome "Purpose" referenced by this goal priority. The SFY15 survey results will not be reported until January 2016. Therefore, the measures should be adjusted to rate of increase for SFY14 over SFY13, and SFY13 over SFY12.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The SFY15 survey has been distributed but results are not yet in, therefore we cannot compare results to those of the SFY14 survey and therefore can't assess progress. SFY14 survey identifies that 98% of respondents agreed or strongly agreed that they had contributions to make in life, 39% were working FT and 20% were looking for work. 35% agreed or strongly agreed that the peer support center was helpful with employment needs. 51% agreed or strongly agreed that the peer support center helped with education or training needs.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

In SFY15, training in Wellness Self-Management was provided to 26 PSA members, according to the PSA annual statistical summary report. We await with interest the SFY15 PSA Survey report results that will measure members' increased sense of wellness, independence, and resiliency.

There were a total of 657 Crisis Respite bed days reported for SFY15, with a 30% increase in the number of persons served at the two Crisis Respite locations, with a 36% increase in admissions, year over year.

How second year target was achieved (optional):

Priority #: 3
Priority Area: Recovery Outcomes: COMMUNITY
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Promote the inclusion in community of individuals with or in recovery from mental health or mental health and co-occurring substance use problems, through consumer-operated services and programs (COSP) that meet NH standards for such services/programs as defined by NH laws and rules.

COMMUNITY: relationships and social networks that provide support, friendship, love, and hope

Strategies to attain the goal:

Assess and adjust the peer support environment to strengthen intentional peer-to-peer recovery supports and activities that are specifically designed to increase and enhance the social inclusion of participating individuals; identify and address center-related dependencies that may serve to obstruct the development of relationships to and within the larger community.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Total score based on the data elements will increase annually.
Baseline Measurement: To be determined from the data for SFY14; a minimum score will be set
First-year target/outcome measurement: 5% increase from SFY14 baseline (end of SFY15)
Second-year target/outcome measurement: 15% increase from SFY14 baseline (end of SFY16)
New Second-year target/outcome measurement (if needed):

Data Source:

BBH data systems and annual Peer Support Outcomes Survey

New Data Source (if needed):

Description of Data:

Survey: data in 2012 was collected on Demographics, Hospitalizations, Wellness, and Program Satisfaction; items in the Hospitalizations and Wellness domains are based on nationally-recognized Outcomes specific to the peer support process in the mental health arena. In 2013, two NOMS from the MHBG will be added: one to the existing section on Wellness (Functioning) and another as a new section on Community (Social Connectedness). Most responses are collected via a Likert scale of Agree, Somewhat Agree, Somewhat Disagree, Disagree, Does Not Apply or No Response. Responses for some items may be Yes, No, Does Not Apply or No Response. A survey generator assists with the analysis, which is then reviewed by the BBH data analyst and/or State Planner. The annual survey is conducted as a contractual requirement for PSAs to participate in consumer studies, per the SMHA and receipt of block grant funds.

BBH data systems: data is collected at each agency and then input to a BBH electronic form, and sent to BBH where it is reported via Excel for utilization management and program integrity purposes, and analyzed to provide information to the programs for their use.

New Description of Data (if needed)

The baseline determined by SFY13 data was 82% reporting increased social connectedness. The 1st-year data showed a slight decrease, to 81%. However, these yearly numbers indicate impressive proportions overall of PSA members reporting increased social connectedness as a result of their participation in PSA activities.

Data issues/caveats that affect outcome measures:

The Peer Support Outcomes Survey is not a scientific survey. The pool of possible respondents includes individuals who are participating in peer support through their community-based peer support agencies for varying periods of time, ranging from months to years; some may be taking the survey for the first time; others may have taken it in the past. Historically the response rate is over 30% of all unduplicated participants statewide.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The SFY15 survey has been distributed but results are not yet in, therefore we cannot compare results to those of the SFY14 survey and therefore can't assess progress. Nonetheless, 90% of respondents agreed or strongly agreed they felt part of their community. 82% agreed or strongly agreed that they participate in community activities not connected to being a participant in the peer support center.

How first year target was achieved *(optional)*:

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The SFY15 PSA survey report will be distributed in January 2016. In addition to the response rates mentioned above, the quarterly PSA statistics indicate an overall average of 91% new members over the course of SFY 2014-2015. This figure indicates rapid cycling of clients through these community-based centers. The centers are located centrally within the community; engagement in their programs is in and of itself involvement in the community. Conversely, exiting the programs could indicate, at least in part, successful community integration.

How second year target was achieved *(optional)*:

Footnotes:

The references to SFY 15 and SFY 16 in the targets are out of sync with the dates of the plan outcomes reports. The targeted first year plan outcomes are reported in January 2015 with SFY14 data (not SFY15 as stated in the 1st-year target/outcome measurement); SFY15 ends June 2015 and that data was not available in January 2015 for inclusion in the 1st-year report. The same is true for the second year report for January 2016, with a reference in the targets for SFY16, which ends June 2016. SFY16 data is not available as of this second year report. The SFY15 survey results will not be reported until January 2016. Therefore, at a very least, the measures should be adjusted to rate of increase for SFY14 over SFY13, and SFY13 over SFY12.

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$0

Footnotes:

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$13,687,278	\$93,164	\$16,803,479

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$48,753,152	
SFY 2014 (2)	\$52,200,749	\$50,476,951
SFY 2015 (3)	\$59,551,480	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2013	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
SFY 2014	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
SFY 2015	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes: