

B. Implementation Report

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

Priority #: 1
Priority Area: Reduce psychiatric hospitalizations.
Priority Type: MHS
Population(s): SMI, ESMI

Goal of the priority area:

Provide Alternatives to hospitalization.

Strategies to attain the goal:

Establish contractual relationships with providers to add transitional and community residential beds including wrap-around services and supports.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Transitional and Community Beds statewide
Baseline Measurement: Statewide there are 172 transitional and community residence beds.
First-year target/outcome measurement: Increase the number of transitional and community residential beds over baseline by at least 10, to 182.
Second-year target/outcome measurement: Increase the number of transitional and community residential beds over baseline by at least 20, to 192.

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

Data Source:

Quarterly CMHA Reports indicating the number of Transitional and Community Beds statewide intended for adults that have been referred from the state psychiatric hospital or its Designated Receiving Facilities (DRFs).

New Data Source(if needed):

Description of Data:

The Quarterly CMHA reports consist of data illustrating the increased capacity and service provision across the state, in response to the Community Mental Health Agreement (CMHA): the Olmstead settlement agreement.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

Funds have been included in the state budget to assist in establishing the additional beds. New Hampshire Medicaid reimbursement rates have not increased since 2009, however, and sustainability of the beds as resources for hospital diversions relies largely on their financial viability vis-s-vis Medicaid support.

New Data issues/caveats that affect outcome measures:

For the SFY 2020-2021 biennium, the NH legislature agreed to elements of the 10-Year Mental Health Plan, including an increase in Medicaid rates for mental health services. However, as of this writing (11.8.2019), final rates haven't been established.

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:

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:

How second year target was achieved (optional):

The 10-Year Mental Health Plan called for an increase in transitional and community beds. Contracts were negotiated accordingly.

Priority #: 2

Priority Area: Improved Access to Recovery Services

Priority Type: MHS

Population(s): SMI, ESMI

Goal of the priority area:

Increased consumer participation at Peer Support Centers.

Strategies to attain the goal:

Create statewide policies requiring Peer Support Centers, both traditional and Clubhouse models, to provide outreach and education to the community.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Statistical Report: Average Daily Attendance

Baseline Measurement: 138 individuals/day

First-year target/outcome measurement: 5% increase

Second-year target/outcome measurement: 10% increase

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

Data Source:

Peer Support Agencies' Statistical Reports

New Data Source(if needed):

Description of Data:

Comprehensive utilization reports filed monthly and aggregated each quarter, and at the end of the State Fiscal Year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Many consumers require transportation assistance, and so access can be a significant barrier to attendance. The CMHA requires expanded hours, which reduces the average daily attendance, as weekends are not typically a heavy attendance period.

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:

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:

How second year target was achieved (optional):

Priority #: 3

Priority Area: Address Early Serious Mental Illness

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

Implement and support programs to treat early serious mental illness.

Strategies to attain the goal:

Work with partners to establish statewide community liaisons and increase education efforts.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increased ESMI Program referrals

Baseline Measurement: No community liaisons exist as referral sources.

First-year target/outcome measurement: At least two program referrals from community liaisons.

Second-year target/outcome measurement: At least four program referrals from community liaisons.

New Second-year target/outcome measurement(if needed): Collaboratively-monitored selection of a ESMI/FEP statewide treatment program.

Data Source:

Annual ESMI program reports on referral sources for clients served.

New Data Source(if needed):

Description of Data:

Tabular data elements embedded in outcomes reports.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Outcome reporting structure is yet to be designed and approved. Incentives for the creation of the community liaisons need to be designed and approved. The FEP/ESMI Steering Committee will be charged with these tasks, and it's composed of an array of community stakeholders. The membership of the committee has been stable thus far, but its stability is not guaranteed. Inconsistency in attendance and membership could jeopardize the success of this project, which relies on coordination with NAMI and the Community Mental Health Centers.

New Data issues/caveats that affect outcome measures:

This goal has been determined to be beyond the scope of the current efforts to build a statewide FEP/ESMI program. Hence, there is not currently data to support this effort.

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:

Target was not achieved as the goal has changed. Our goal is to successfully procure for an ESMI/FEP program infrastructure. SFY 2019 will see these efforts resulting in a strategy to establish a statewide collaboration resulting in FEP/ESMI program selection. We will report on this as the new goal for SFY 2019.

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:

How second year target was achieved (optional):

Priority #: 4

Priority Area: Strengthen and expand the behavioral health workforce.

Priority Type: MHS

Population(s): SED, ESMI

Goal of the priority area:

Implement a new evidence-based practice statewide for the treatment of children and youth experiencing ESMI.

Strategies to attain the goal:

Train CMHCs statewide in the Modular Approach to Treatment for Children (MATCH). This will provide skills and a supportive environment to promote staff retention and recruitment.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of CMHC centers with staff trained in MATCH.

Baseline Measurement: No centers have completed the training program.

First-year target/outcome measurement: Four centers will have completed the training program.

Second-year target/outcome measurement: All ten centers will have completed the training program.

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

Data Source:

The NH MATCH Learning Collaborative Implementation Updates

New Data Source(if needed):

Description of Data:

A report of Learning Collaborative Outcomes and Metrics data, generated quarterly by the training vendor, the Judge Baker Children's Center.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Centers historically experience a high rate of staff turnover. It can be difficult to maintain a stable implementation when so many evidence-based practices utilize a team approach as part of their fidelity models. NH's CMHCs are experiencing severe staff shortages..

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:

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:

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

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Footnotes: