The state's mental health database, Phoenix, has been successfully revised to accommodate SAMHSA-mandated client-level reporting as well as internal Bureau of Mental Health Services (BMHS) needs related to the Community Mental Health Agreement (CMHA). Much work has been done to improve the ability of the DHHS to mine the data necessary to inform program reporting and program compliance.

Activities related to the state’s response to the CMHA consume most SMHA data efforts. Quarterly data reports are posted that cite statistics on ACT, Supported Employment, and Mobile Crisis programs and utilization. Monthly data progress reports reflect the actions taken in each month, and month-over-month progress made in support of the Community Mental Health Agreement (CMHA) to allow the DHHS, the Community Mental Health Centers, and the Expert Reviewer for the CMHA.

The SMHA has contracted with an expert consultant who performs evidence-based practice fidelity assessments on ACT and Supported Employment. Fidelity Assessment reports help determine training needs, and the expert consultant provides training to address these to Community Mental Health Centers.

New Hampshire Hospital tracks psychiatric client-level episodes and treatment through its electronic record, the AVATAR system. The SMHA’s Phoenix system merges state hospital admission and discharge data with the AVATAR system to incorporate this information into Quality Service Reviews (QSR), required by the CMHA. Each of the ten Community Mental Health Centers receives a QSR annually for quality indicators agreed upon by the state and the plaintiffs named in the Agreement. A significant proportion of the QSR consists of client interviews in an effort to determine areas of improvement in a person-centered, meaningful manner.

Fragmented data reporting systems can present a challenge that the state is prepared for. In a stepwise fashion, the state is planning to build data bridges between the CANS and ANSA data that is being used to measure levels of functional improvement in all clients, not just the adults served by the CMHA. Use of the CANS & ANSA for program (ACT and MATCH, for starters) entry screening has been proposed by program leadership, and workgroups will be formed that will reinforce collaboration between the SMHA and its contractors. This is an area that is appropriate for technical assistance in implementation and practical application strategies.

Medicaid data will provide valuable information regarding the intersect between clients served by the Community Mental Health Centers and admissions to psychiatric units or emergency departments in hospitals other than the state psychiatric hospital. The Mobile Crisis teams, which will number five by January 1, 2018, are required to provide data reporting to the DBH, to include statistics on diversions from hospitalizations and other program metrics. By January 1, 2018, the DBH will enter into a contract with a vendor responsible for developing and implementing an integrated data management system to provide real-time information about the availability of involuntary and voluntary inpatient psychiatric beds in NH.

Consolidated system-wide data reporting has emerged as a priority, spurred by the requirements of the CMHA and the need to support a system of care.