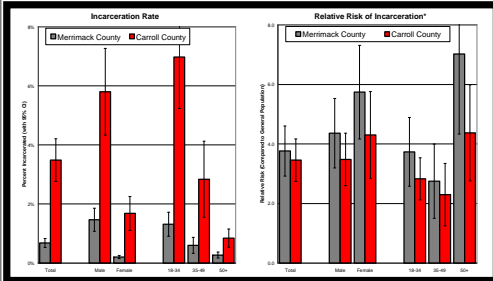


# Integrating Quantitative Measures into Mental Health Planning Council Processes In New Hampshire

## Treatment Outcomes

### Incarceration in County Jails After Community Mental Health Services



Based on analysis of anonymous extracts from data sets provided by New Hampshire's Behavioral Health and Corrections Departments. Because these data sets do not include unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap.

\*A relative risk of 1.0 indicates no difference in incarceration rate between mental health recipients and the general population. A relative risk that is significantly greater than 1.0 indicates a greater incarceration rate. A relative risk of 2.0, for instance, would indicate mental health recipients were twice as likely as other residents to be incarcerated.

## PROBLEM

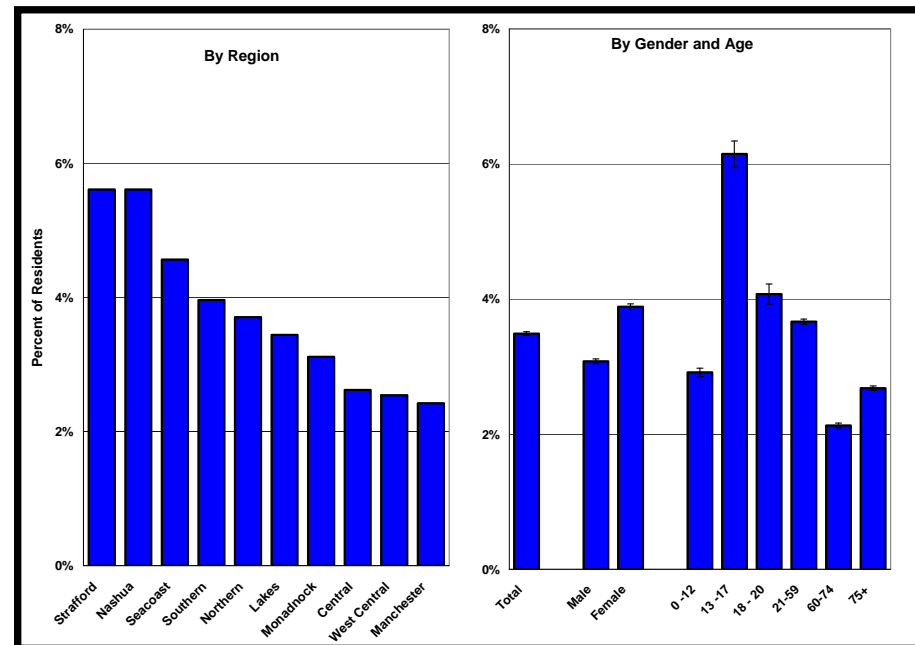
Many planning council members have little experience with quantitative measures of system performance and many are not comfortable with quantitative measures of mental health service system performance. For these reasons, New Hampshire is developing a process designed to encourage data-based thinking on the part of planning council members.

## PROCESS

1) **Conceptualization** - We think about measuring access to care, practice patterns, and treatment outcomes. 2) **Data De-sensitization** - We expose planning council members to data in a context that encourages and supports group discussion and interpretation of data and generates recommendations for further analyses of the data. 3) **Follow-through** - Results of analyses suggested by council members are reviewed and discussed by the council and directions for further analyses are developed.

## Access to Care

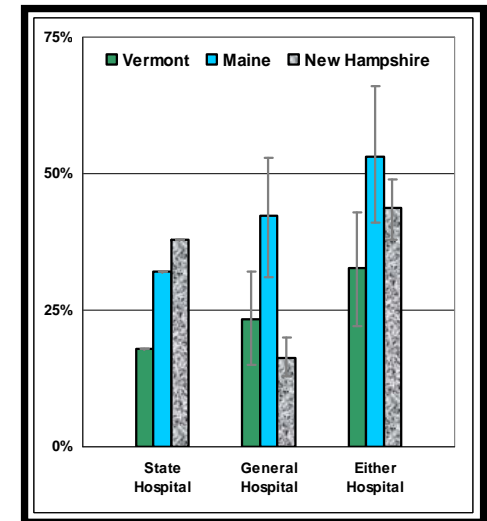
### Community Mental Health Services Utilization Rates



Based on analysis of anonymous extracts from data sets provided by New Hampshire's Behavioral Health Services for 2008.

## Practice Patterns

### Readmission to Psychiatric Inpatient After State Hospital Discharge Vermont, New Hampshire and Maine



Based on analysis of anonymous extracts from State Hospital and Uniform Hospital Discharge Databases provided by each state. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine the unduplicated number of people who were shared by discharge data sets and admission databases.

The Bristol Observatory

TBO specializes in human services program evaluation with an emphasis on treatment outcomes. Our measures are frequently based on analysis of large administrative databases from multiple public agencies using statistical tools that protect the personal privacy of the individuals represented in those databases.

One of our primary tools is Probabilistic Population Estimation (PPE), a statistical data mining tool that uses anonymous data sets to produce information on caseload size and overlap in complex systems of care. PPE allows our researchers to measure treatment outcomes, levels of access to care, and caseload overlap where concerns about personal privacy or the lack of unique person identifiers preclude direct linkage of records. For more information, visit [www.thebristolobservatory.com](http://www.thebristolobservatory.com) or email [bristob@together.net](mailto:bristob@together.net)

## New Hampshire "Council Quotes"

"Data provides us with snapshots that allow us to work from a common starting point."

"Having NH MH data for the Council's review makes it possible for Council members to monitor and evaluate the allocation and adequacy of mental health services within the State, as well as to serve as a credible advocate for people with mental illness and youth with emotional disturbance."

"As we look at mental health policies and programs, data provides a mutual understanding of where we are."

"Data allows the Planning Council members to see how we can assist in making improvements and setting standards of care for residents of New Hampshire who have a mental illness."

"Data allows us to track how changes impact the people in need of and those receiving services."

"Having access to data as a Council allows the members who come from diverse perspectives and organizations to understand what recommendations can be given to our state for consideration."

For more information, contact Heidi Johnson, State Data Person or Lee Ustinich, State Planner, at New Hampshire Bureau of Behavioral Health, or John Pandiani at The Bristol Observatory

