



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES


BUREAU OF BEHAVIORAL HEALTH

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TO: Executive Directors of CMHC's
Erik G. Riera

FROM: Robin Raycraft-Flynn 

RE: SHAY report-First Steps

DATE: May 1, 2009

CC: Management Team, Program Group

As you all know, a State Health Authority Yardstick (SHAY) for Evidence based practice supported employment (EBSE) was conducted in March 2009. In this report you will find many recommendations in order for the state to implement and excel at this practice. As the designated leader for EB implementation and sustainability, I am responsible for the oversight and changes to be made as a result of the SHAY report. I have met with the EBP team at the Bureau and made some first steps in order to make this practice successful across the state and build collaboration with the CMHC's.

The first, and most vital step is to create an EBP Advisory Committee. This group is being established to help the leadership of BBH effectively facilitate the statewide implementation of both IMR and EBSE. This is not the same or a continuation of the EBP Steering Committee. It's membership will be deliberate and by request. It is imperative that we have communications with practitioners in the field on this committee, as well as consumers and families who have experience with either practice. Although EBSE will be the initial focus, it will include IMR. This group will be tasked with three main objectives:

- Provide information and feedback re: implementation and sustaining process for EBP's
- Review data and information re: the status of the EBP implementation, such as, but not limited to, fidelity and EBP outcomes.
- Offer guidance, support, ideas and feedback on strategies for increasing the effectiveness and sustainability of EBP implementation.

Inclusive of this agenda will be the next steps taken by BBH to build collaboration with the CMHC's surrounding EBP's. Some of the first agenda items include the use of fidelity reviews to measure how well the practice is being done. Instead we will focus on the training and technical assistance of the practices and that may include a moratorium on EBSE fidelity. Invitations will be sent out shortly for this, with the first meeting being in June. We are appreciative, and anticipating support from each of the CMHCs in order to move ahead with this group.

The Dartmouth contract will need to be reviewed in order to accommodate the changes of additional and on-going training, and possibly less fidelity. In order to get the most out of what has already been done, we will still anticipate the use of previous fidelities as a guide for training and technical assistance. As you will see in the SHAY report, there are areas of training that will require additional time and attention.

BBH is working on establishing a clear billing code or identifier so that the validity of EBSE specialists as a cost neutral position can be realized as well as establish much needed outcome based data on this practice and it's benefits.

We are excited at the prospects of continuing to make NH a leader in evidence based practices and are looking forward to continued collaboration.