

NH Children's Behavioral Health Field Assessment: 3-Year Follow-Up

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Acknowledgement

To the twenty-six key informants who contributed their time and wisdom to this report, we offer our thanks for your generosity, and our admiration for your efforts on behalf of NH’s children and families.

Executive Summary

Assessing the Children's Behavioral Health field using the Field Assessment Tool (FASST)

The Behavioral Health Improvement Institute (then the Center for Behavioral Health Innovation at Antioch University) was asked by the Endowment for Health (EH) to develop an assessment process that could inform strategic allocation of resources in EH's priority areas. The resulting Field Assessment Tool (FASST) estimates field development across 7 domains and 32 items based on key informant interviews. The FASST was first used to assess the conditions of NH's Children's Behavioral Health (CBH) field in 2017 (Nordstrom & Fauth, 2017); this report examines the results of a repeat assessment three years later.

The Children's Behavioral Health field has matured well into the Action stage of development

In 2017, New Hampshire's CBH field was centrally within the Action stage of development, with deeply shared goals and values, yet facing substantial challenges in recruiting the public awareness and support needed to improve program quality and access. The 2020 CBH FASST demonstrates very substantial advances in policy and funding, with gains also in shared purpose and quality of programs. 2019 was perceived by many as a season of promise and transition in the CBH landscape. State government has stepped forward to fulfill more leadership functions, powerfully advancing the policy agenda while also leaving some stakeholders uncertain how to

sustain some of the voices and purposes that had been enabled by the Children's Behavioral Health Collaborative, now in hiatus.

Key challenges remain to expanding the reach of high fidelity evidence-based practices, using data to drive quality improvement, and developing and retaining an adequately skilled workforce. The lowest ratings were in the domain of Health Equity, which seems to be gaining some ground as an aspiration, but not as an achievement.

Recommendations for CBH field development

Develop and communicate a vision and plan for stakeholder engagement in the CBH field, with particular efforts to include perspectives of families, practitioners, diverse cultural backgrounds.

Elevate penetration of evidence-based practices, moving beyond selection of interventions to supporting high fidelity implementation and quality improvement.

Continue efforts to address the drivers of workforce shortage (particularly in the public sector): high turnover due to administrative burdens, high caseloads, low reimbursement rates.

What would constitute meaningful progress toward equity? Elevate understanding of diversity as a social determinant of health. Decision makers are increasingly willing to espouse equity as a value, but the field needs to light a path to meaningful action.

NH's Children's Behavioral Health Field

Endowment for Health's field building activities

The Endowment for Health (EH) is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire's people, especially the vulnerable and underserved. EH engages in “field building” by providing resources to develop systems-change capacity within its priority areas (“fields”). Howard and Wu (2009) define a field as “a community of actors who engage in a common set of core practices with a common goal for their work” (p. 10). EH's field building involves creating strong coalitions and networks, enhancing the NH knowledge base, growing leadership and advocacy capacity, developing shared measures and data-based decision making, and supporting other systems change capacities. EH currently supports five fields: children's behavioral health, early childhood, health equity, healthy aging, and health policy.

New Hampshire's Children's Behavioral Health field: 2005-2019

In 2005, the EH recognized the need for investment in CBH, to improve prevention and services while reframing the system to be youth and family centered. EH committed to 5 years of responsive grantmaking (it had not yet adopted the field building approach) reviewing and funding the best CBH-related applications it received. Many worthwhile projects were implemented with EH support during this time, though sustainability beyond the period of grant funding often proved challenging.

EH's commitment to Children's Behavioral Health accelerated with their support for a series of reports from 2007-2009 by the NH Center for Public Policy Studies (2007a; 2007b; 2009), the NH Association for Infant Mental Health (2009), and the New England Network for Child, Youth & Family Services (2009), which collectively painted a picture of burgeoning need for children's mental health services in the state, coupled with workforce shortages, lack of systematic coordination, and barriers to access. In 2010, the EH supported the creation of the Children's Behavioral Health

Collaborative (CBHC), creating the infrastructure to develop a shared vision and goals for the state. Over 50 organizations committed to creating a statewide, comprehensive strategic plan that leveraged the strengths while addressing the challenges and shortcomings of the CBH field. The CBHC became a major driver of statewide policy reform over the ensuing decade.

In 2012, with support from the CBHC and EH, NH DHHS received a 1-year Substance Abuse and Mental Health Services Administration (SAMHSA) planning grant to reduce barriers to services, ensure child and family-centered care and improve cultural and linguistic competence among service providers for children with serious emotional disturbance and their families. The planning grant led to an additional 4-year grant (FAST Forward) that successfully developed, implemented, and sustained high fidelity wraparound and a more robust array of services for children with complex needs and their families. FAST Forward established a model for a growing array of subsequent statewide and regional System of Care initiatives.

In 2013, the CBHC released a comprehensive state plan to improve behavioral health of children, youth and families (NH CBHC, 2013). The plan subsequently helped to leverage a stream of federally funded initiatives, including:

- Early childhood interventions (Project Launch in Manchester)

- Development of a multi-tiered system of support in schools (Project AWARE and Safe Schools Healthy Students)

- Improving outcomes for children, youth and families with the most complex needs through expanded services: high fidelity wraparound, better coordination of family/youth-driven care, family and youth peer support (NH System of Care grants)

Expanding access to screening, assessment, treatment and recovery for adolescent substance use disorders (State Youth Treatment Planning)

Regional SOC approaches (Monadnock System of Care; Manchester System of Care)

Expanding System of Care Approach to Education (NH Department of Education System of care grant)

From 2015 through 2019, the CBH field achieved numerous legislative and state government successes. These include passage of SB 534-FN, which ensures the collaboration of DOE and DHHS in building a coordinated, statewide system of care for youth with mental health challenges, by addressing structural barriers and using System of Care practices. The creation of the Office of Social Emotional Wellness (OSEW) with the NH Department of Education (DOE), and the Bureau for Children’s Behavioral Health (BCBH) with the NH Department of Health and Human Services (DHHS) added considerable visibility and capacity within NH’s state government. SB 14 in 2019 expanded on SB 534-FN with a host of revisions to the Care Management Entity requirements that redesigned the array of intensive services and supports available to youth and families, and doubled the staff of the BCBH to support these system expansions.

In 2019, NH DHHS issued the first 10-Year Mental Health Plan that explicitly addressed the needs of children and their families. Just months after its release, the State’s FY20-21 operating budget committed substantial resources to implementing the Plan’s recommendations for youth services, including:

- funding an infant and early childhood mental health plan;
- expanding and relocating inpatient capacity for youth away from the state hospital;
- implementing Mobile Crisis Response Teams for children and youth;
- enhanced investments in suicide prevention training;
- expanding the scope of services eligible for reimbursement by Medicaid;
- instituting incremental increases in Medicaid reimbursement rates;
- creating new DHHS staff positions with expertise in early childhood mental health

The figure on the next page depicts some of the milestone events in the recent history of NH’s CBH field.

Children's Behavioral Health Field Milestone Events

2007-9

Reports on Children's Mental Health in NH illuminate unmet need, workforce and service limitations

2008

EH establishes Children's Mental Health as a priority focus

2010

Launch of the Children's Behavioral Health Collaborative (CBHC)

2013

CBHC promulgates NH's first Children's Behavioral Health Plan

2015

NH DOE Office of Social and Emotional Wellness

2016

SB 534 / RSA 135-F establishes System of Care for Children's Mental Health

2016

NH DHHS Bureau of Children's Behavioral Health

2019

NH's 10-Yr Mental Health Plan explicitly addresses children/families

2019

SB 14 amplifies SB 534

Field Assessment Tool Domains and Items

In 2015, EH commissioned what is now the Behavioral Health Improvement Institute (BHII) at Keene State College to develop a field assessment tool. The Field Assessment Tool (FASST; Fauth, Edwards, & Nordstrom, 2016) assesses seven domains: Adaptive Capacity, Adequate Funding and Policy,

Equity, Leadership and Community Support, Quality Programs and Services, Shared Purpose, and Shared Knowledge. The FASST has since been used each year with one of EH’s priority areas.

Domain	Item	Definition
Shared Knowledge	Applied Knowledge	The extent to which scholarly theory and research, and/or local, credible information is leveraged to support efforts in the field
	Knowledge Sharing & Dissemination	Effective sharing of relevant knowledge among field actors and to external audiences
	Professional Standards	Presence and use of standards of practice in the field, such as practice guidelines, credentialing processes, and reporting standards and platforms
Leadership & Community Support	Knowledgeable, Ready, Supportive Leaders	Identifiable leaders/exemplary organizations that are knowledgeable, actively supportive, and ready for collective action
	Diverse, Representative, Knowledgeable Actors	A representative, knowledgeable, and culturally competent set of field actors
	Empowered Beneficiaries	The group(s) whose needs the field is intended to address are engaged and empowered to self-advocate at all levels of the field
	Aware, Supportive & Engaged Communities	A receptive community atmosphere/context that supports effective field action; communities that are aware of field issues/needs and supportive of field efforts
Adaptive Capacity	Monitoring	Ability to monitor and assess external environments in order to identify needed shifts relevant to field strategies, tactics, and needs
	Adaptation	Ability to alter strategies and tactics in response to new information in a timely manner
	Flexibility of Resources	Degree to which resources are reallocated, shared, leveraged among higher- and lower-resourced actors to successfully cope with changing conditions
Shared Purpose	Outcome/Goal Consensus	Agreement on a set of clearly articulated shared goals, with a process for collaborative, ongoing revision
	Shared Values	Common values that guide the public face and private actions of field actors
	Strategy Alignment	A portfolio of coordinated, complementary, and purposive strategies to achieve shared goals
	Network Connectivity	A network of highly engaged, interactive actors who seek to leverage collective resources and capacities
	Trust	The extent to which actors feel that others in the field with whom they interact are reliable, support field goals/actions, and are open to discussion
	Governance Structure & Process	The level of intentional hierarchy and centralization of leadership, and formality of process, within the network that helps to facilitate and sustain communication, cooperation, and decision-making

Domain	Item	Definition
Quality Programs & Services	Reach	The percentage of the relevant population of the field's potential beneficiaries who are reached by evidence-based and promising practices
	Implementation	The extent to which drivers of high-fidelity, high quality implementation of program and services are in place in the field, such as training, coaching, and evaluation/performance monitoring
	Comprehensiveness	The extent to which the array of programs and services in the field is sufficient to meet the needs of potential beneficiaries
	Linkages	Presence of linking mechanisms that allow beneficiaries to successfully transition from one related program to another
Adequate funding & Support for Policy	Shared Measurement	Existence and utilization by field actors of shared measures and a common data sharing platform, to monitor progress and inform decision making
	Funding	The availability and security of the resources and funding to support effective collective action in the field
	Technology	Existence and utilization of needed technologies to support effective action in the field
	Policy Environment	Presence of an enabling policy environment to support effective action in the field
	Policy Knowledge	Field actors have the knowledge necessary to inform and shape an enabling policy environment
Equity	Policy Advocacy	Presence of a sustainable advocacy infrastructure to support effective action in the field
	Equity Lens	An equity perspective, including recognizing root causes of disparities, is infused throughout the field's vision, values, goals, and strategies
	Equity Related Data and Shared Measures	Equity-related data, including disaggregated data about vulnerable populations in the field, and shared measures are available and used by field actors to understand ingrained and emergent issues facing communities of color and to guide strategy and action
	Informed Policy Makers	Leaders and decision-makers understand the importance of cultural competence, social determinants of health, and health equity to the field
	Inclusive Participation	A growing quantity and variety of partnerships with representatives from vulnerable populations, in particular communities of color, are fostered / valued in the field
	Cultural and Linguistically Competent Programs	Culturally and linguistically appropriate programs are accessible to vulnerable populations in the field

FASST Method

Key Informant Interviews

FASST ratings and qualitative themes are developed based on key informant interviews. Working with EH staff, we seek the most knowledgeable and involved informants, with the broadest perspectives on the field. EH staff identified 27 key informants from the following sectors in the CBH field: advocacy, service providers, technical assistance providers, and government. Twenty-six informants took part in an hour-long, semi-structured telephone interview with an experienced evaluator, in January-February of 2020.

Quantitative Scoring

FASST includes a set of quantitative, anchored rating scales for scoring each (audio-recorded) key informant interview. The first five interviews were scored by both the interviewer and one of two second raters. One of the second raters was an advanced research assistant who had experience with the FASST in a previous year, and the other was one of the original developers of the instrument. The interviewer and second rater came together to review and achieve consensus on the ratings. Confident by that point in our inter-rater reliability, the interviewer scored the remaining 21 interview recordings alone.

Qualitative Themes

In parallel with quantitative scoring, each rater culled qualitative themes

from the key informant interviews for each FASST item, using thematic analysis. The qualitative themes supplement and elaborate the quantitative ratings and resulting recommendations.

Understanding the Findings

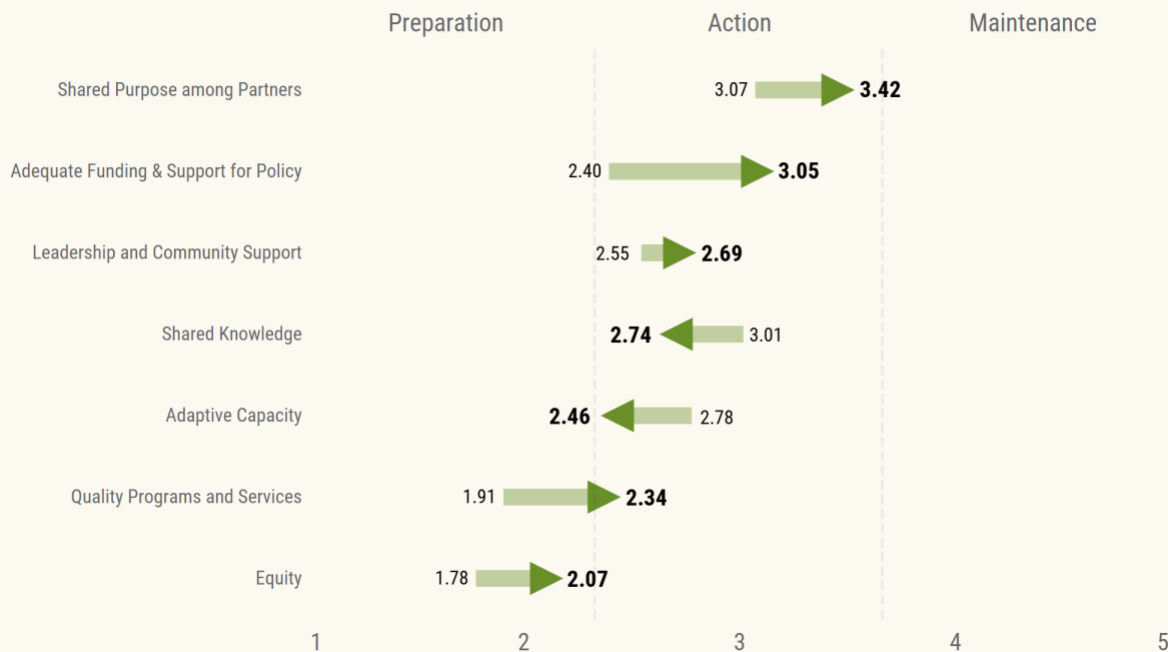
FASST scores are summarized at the item level by averaging scores across key informants. Likewise, domain scores are computed by averaging scores across items. Finally, we classify the domain- and item-level scores onto one of three phases of field development – Preparation, Action, or Maintenance – used by the EH. The Preparation stage is characterized by absent, conflicted, fragmented, or undefined field properties. Field properties in the Action stage are underway and emergent, but not yet comprehensive or stable. The Maintenance stage is characterized by mature, sustainable field properties with collective, wide-reaching impacts. Scores in the lowest, middle, and highest portion of the five-point scale map onto the Preparation, Action, and Maintenance stages, respectively. The FASST charts display the average score for each item/domain along the five-point continuum through the placement of a colored circle; baseline (2017) scores are in light font and follow-up (2020) scores are in bold font, and arrows show the direction of score changes across the follow-up period. Preparation, Action, or Maintenance stages of development are bounded by dashed vertical lines. Qualitative themes contextualize the ratings and provide the basis for a narrative explanation of the findings.

Overview of all Domain Scores

The chart below displays the average domain scores across items for the CBH field, from both the 2017 and 2020 assessment. Overall, the CBH field has matured well into the Action stage of development. As we've seen with other fields, Shared Purpose leads the way. Advancements in Funding and Policy have *not* typically followed so close behind Shared Purpose in our field assessments - this is clearly a signal achievement for the CBH field, and the dominant dimension of progress since 2017. Key informants expressed some concerns about the readiness of local Leadership and Community

Support to translate these policy and funding victories into implementation. The pause of the Children's Behavioral Health Collaborative is perceived as having interrupted a primary venue for Knowledge Sharing, and perhaps relatedly Adaptive Capacity. Quality of Programs and Services typically lags behind the capacities needed to elevate it, yet here, too, we see significant gains since 2017. Health Equity is gaining ground as a shared aspiration, but less as an attainment. In the pages that follow, we'll explore each of these domains in greater depth, in the order depicted in the chart below.

All Domains (2017 vs. 2020)



Shared Purpose

Shared Purpose is the degree to which the field is 1) galvanized around a shared vision; and 2) works systematically, collaboratively, and effectively. This domain includes governance, strategy alignment, goal consensus, trust, network, and shared values. Shared Purpose was the highest rated of all FASST domains at both baseline (2017) and follow-up (2020) assessments, straddling Action and Maintenance phases of development. Progress has been driven by strong alignment around **Shared Values** that informants often summarized as the "System of Care values": reducing stigma and punitive approaches; driven by youth and family needs and voice; supported in their home community; and in a culturally and linguistically competent manner.

Outcome / Goal Consensus, too, converged around the implementation of an integrated, coherent system of care, although informants reported some tension in the field concerning the relative urgency of prevention versus high intensity services such as mobile crisis and wraparound.

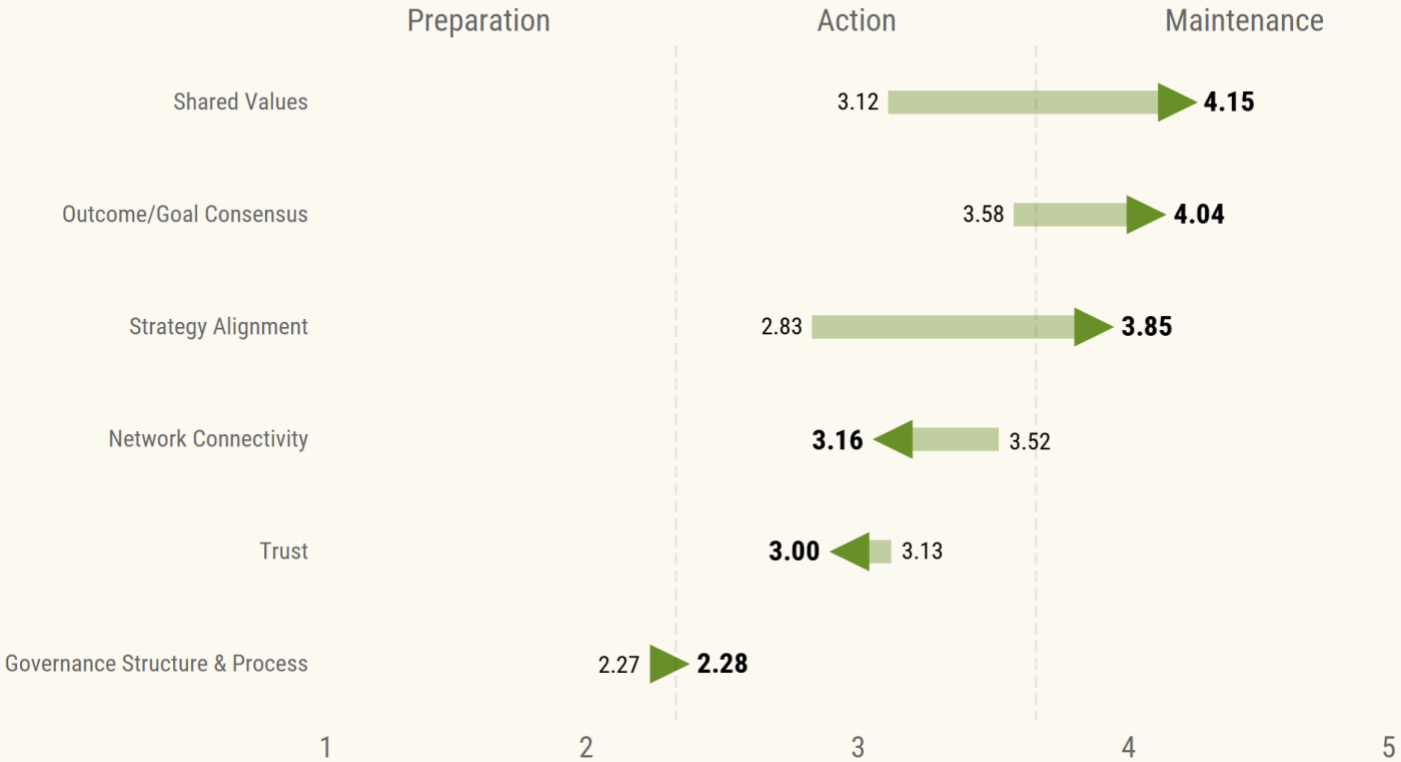
Strategy alignment vied with Shared Values for the largest shift in this domain over the past 3 years, advancing into the Maintenance stage of field development. The primary reported strategy was legislative advocacy, which respondents simultaneously cited as extraordinarily successful, and also as overshadowing other strategies (for example, community education or workforce development) and their proponents.

Network connectivity - the extent to which field actors pool their resources and capacities to achieve shared goals – saw a decrease compared with 2017. This is a small change to interpret, but it may reflect the suspension of the CBHC, whose meetings were often described as a primary venue for information sharing of all kinds.

Trust and Governance ratings were essentially unchanged from 2017. The stories related by some respondents suggested that **Trust** may have been on a downward trend in 2017, yet recovered in the past year as the intentions and efforts of many different CBH sectors came to fruition. Others suggested that the challenge is less about trust, per se, than about understanding different perspectives, such as the divergent vantage points and priorities of policy wonks versus service providers.

There was a striking degree of consensus around the weakness of **Governance** in the CBH field. Many commented that deficiencies in hierarchy, centralization of decision making, and formality of process are not specific to CBH in NH, but instead reflect a longstanding cultural suspicion of governance in our state. Respondents observed that DHHS is clearly stepping into that void with the creation of the Bureau of Children's Behavioral Health, and they await developments with curiosity. Governance is one of several aspects of the CBH field (along with policy and funding) that are undergoing major transition at the time of this assessment, freighted with promise and uncertainty.

Shared Purpose among Partners (2017 vs. 2020)



Adequate Funding and Support for Policy

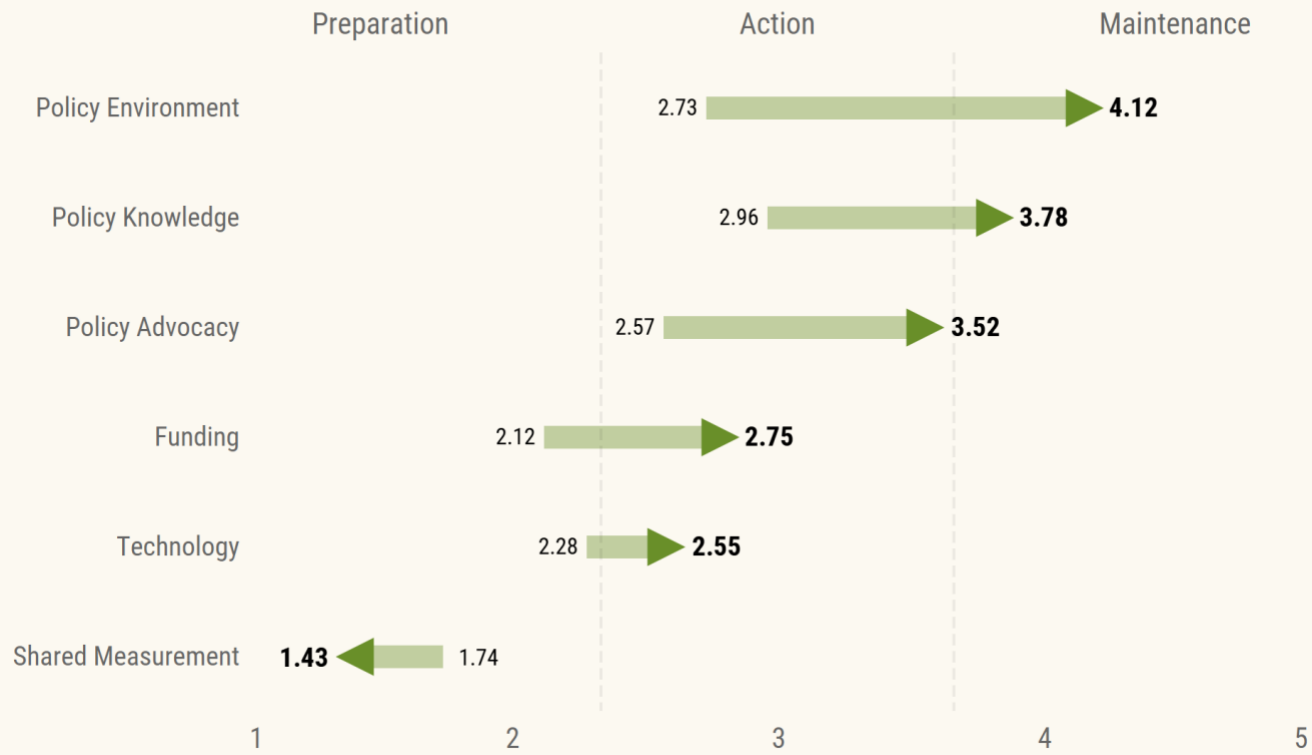
The Funding and Policy Support domain reflects the degree to which the resource and policy environment supports the field. Legislative and funding victories dominate the story of CBH progress in the period between the baseline and follow-up FASST assessments. Passage of SB-14 places attainment of a coherent and integrated SOC front and center among the CBH field's priorities, and bi-partisan support in state gov't provided a substantial boost in funding to launch it. We see expansive optimism concerning the receptiveness of the current **Policy Environment** to effective action. Recognition of the **Policy Knowledge** and **Policy Advocacy** infrastructure that brought these successes, coincides with some concern that the relevant expertise is exercised by a narrow group of actors; informants hope that expertise can be expanded, and particularly that youth and family voices could become more prominent.

2019 saw major gains in **Funding** for CBH, to a level that one respondent described as "the best in 20 years!" Highlights include the expansion of services eligible for Medicaid funding ("hard to unwind" in the event of shifting fiscal conditions), federal "Families First" legislation allowing DCYF to set aside funding for families voluntarily seeking services, and efforts to

elevate accountability for quality and impact of services provided under state contracts. Sustainability of funding remains a prominent concern: two-year budget and contract cycles are seen as administratively burdensome and insufficiently reliable to recruit long-term investment by agencies and staff. Multiple informants indicated that NH's CBH field remains too reliant on federal grants and philanthropy. In addition, one respondent captured a common theme when commenting, "people vastly underestimate the complexity of implementing well," and emphasizing the need to fund a fidelity infrastructure to deliver on the promise of Evidence-Based Practice.

Informants tended to address **Technology** primarily in terms of information and data sharing infrastructure, which some described as "archaic" and a constraint on the development of **Shared Measurement**. It's not clear whether the decline on this indicator since 2017 is better understood as an actual reduction in shared measurement (we heard no direct evidence of this), versus an elevation of expectations and perceived costs of lacking shared measures in an era of escalating accountability.

Adequate Funding & Support for Policy (2017 vs. 2020)



Leadership and Community Support

Leadership and Community Support reflects the degree to which formal and informal leaders actively support the field, and include representation from grassroots and racially and ethnically diverse actors. This domain includes items addressing empowered beneficiaries, diverse actors, knowledgeable leaders, and engaged communities. Interview responses in 2020 placed Leadership and Community Support in the middle of the Action stage, marginally improved from 2017. Transition was a dominant theme here: in the language of implementation science, the CBH field is shifting from Exploration to Installation, and consequently in need of new skills and infrastructure.

The CBH field continues to benefit from **Knowledgeable and Supportive Leaders**, distributed in what one respondent described as “pockets of excellence” in government, philanthropy, and advocacy organizations. While the ratings for this dimension have changed little from the baseline assessment, the emergence of the Bureau of Children’s Behavioral Health into a leadership role is displacing other actors . . . which has contributed some uncertainty even though stakeholders are largely pleased with the directions of BCBH to date.

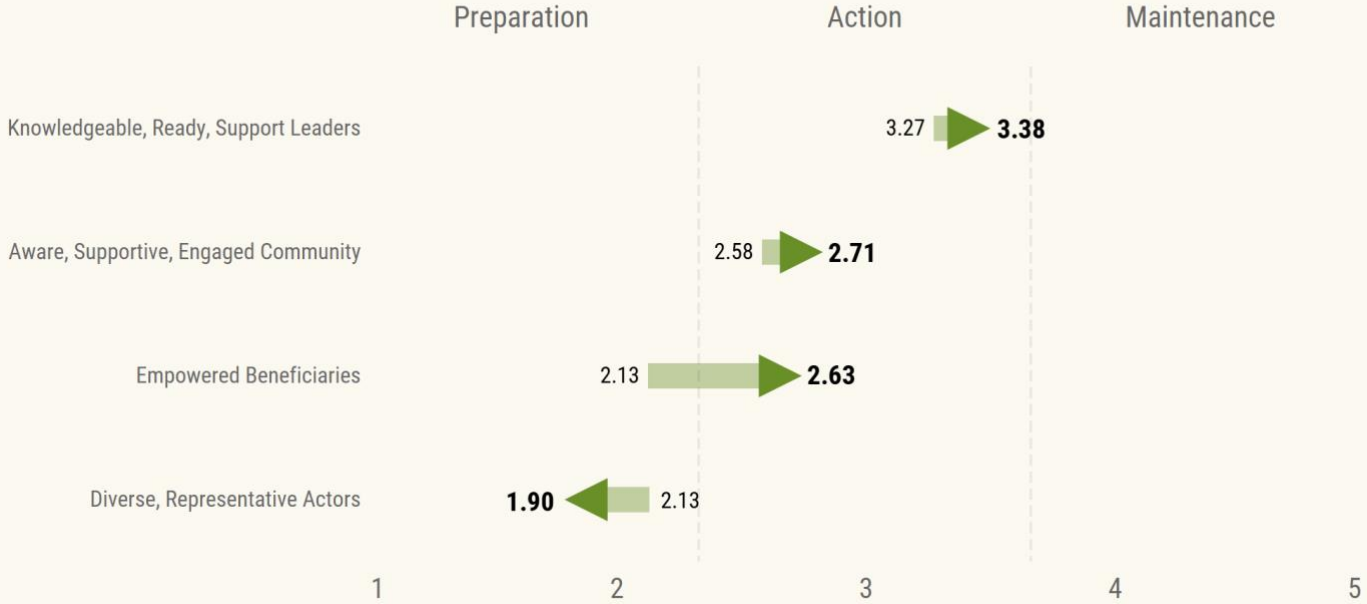
Informants report growth in **Aware, Supportive, and Engaged Communities**, while emphasizing wide variation, with population centers seen as generally more engaged. Schools are described as nodes where the

scope of CBH challenges concentrate, and thus often where awareness and action are triggered.

The most improved element of this domain is **Empowered Beneficiaries**, which many attribute to the System of Care emphasis on elevating the role of youth and family voice in the intensive team-based Wraparound model. Informants were careful to clarify that empowerment was not perceived as broadly distributed in the population, in the form of people with lived experience participating in decision making.

The lowest rated item in this domain was engagement of a **Diverse, Representative, Knowledgeable, and Culturally Competent set of Field Actors**. This item was rated slightly lower in 2020 than three years earlier, which may reflect an upward migrating reference point rather than objectively diminishing conditions in the field. Elevation of cultural competence in the broader behavioral health conversation and in NH in particular, may have sensitized stakeholders to the value of diverse voices and consequently the disparity between current conditions and aspirations. Respondents expressed some frustration with the persistent challenges of developing a culturally competent workforce, even as the state’s population is diversifying.

Leadership and Community Support (2017 vs. 2020)



Shared Knowledge

Shared Knowledge is the degree to which applied knowledge exists, is used to guide action, and is translated into professional standards that advance children’s behavioral health. The domain includes knowledge sharing, applied knowledge, and professional standards. Shared Knowledge was one of the highest-rated CBH domains in the 2017 FASST, but lost ground in the 2020 assessment.

Professional Standards support the penetration of evidence into practice. This item saw slight improvement in 2020, reflecting moderately respected credentialing and professional development opportunities. “One-off” trainings are seen as broadly available, but not highly influential in shaping routine practice. Credentialing standards were described as widely varying across professions and contexts; unlicensed providers and schools, for example, were seen as less infused with credentialing requirements than community settings.

Applied Knowledge and Knowledge Sharing were both rated lower in 2020 than in 2017. **Applied knowledge** is the extent to which scholarly theory and research and/or local, credible information is leveraged to support

efforts in the CBH field. Respondents highlighted a growing disparity between escalating demands among policy makers for evidence-based practices (EBPs), and the dearth of skills, infrastructure and other resources to drive high fidelity implementation of those models once they are selected. As one informant succinctly summarized, “we have better data to guide policy than to guide practice.” In the absence of needs data to guide local priorities, coaching at points of practice, and ongoing performance monitoring and feedback, reducing EBP to *program selection* risks distracting from more substantive challenges. Fidelity support, for example, is expensive, which is why it tends to be available primarily in externally funded projects. One notable exception cited by respondents was the commitment by DHHS to build coaching support into the Medicaid reimbursement rate for Wraparound services in the NH System of Care.

Informants for the 2020 FASST explained that the suspension of the CBHC had deprived the field of a primary venue for **Knowledge Sharing** among field actors or between actors and external audiences, which has yet to be replaced.

Shared Knowledge (2017 vs. 2020)



Adaptive Capacity

Adaptive Capacity is the degree to which the field monitors and adapts to barriers and takes advantage of emergent opportunities in an ever-shifting environment.

Capacities for **Adaptation** and **Resource Flexibility** showed essentially no change since the baseline assessment in 2017. We see a more significant reduction in the capacity for **Monitoring** the external environment for developments that could prompt adjustments to strategy on the part of field actors. The previous section of this report related respondents' description of the CBHC as a major venue for sharing such developments, and ratings in this section reflect this experience of their "feelers" becoming less sensitive in the CBHC's absence.

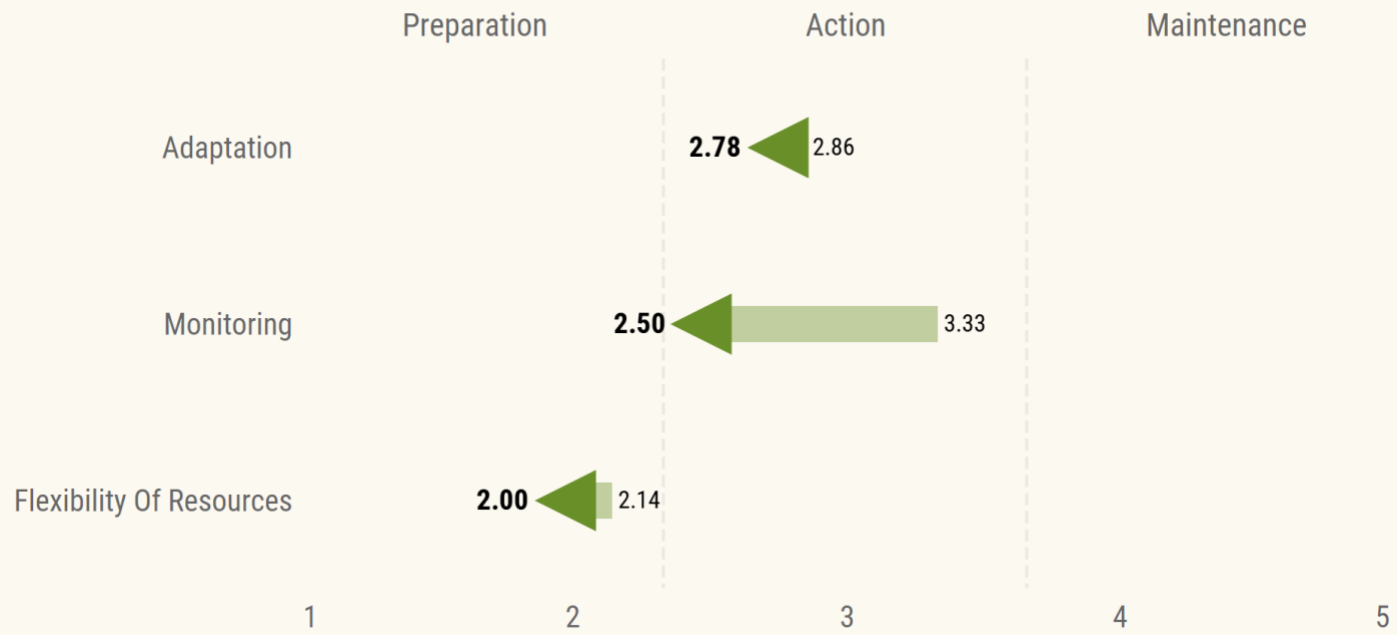
We have also seen in other FASST administrations an increasing awareness among respondents that NH's measurement infrastructure - common metrics, data collection and reporting platforms, sophistication about data use for decision making - is falling progressively further behind the technological capacities we see displayed in the world around us. As we

have seen for a few other indicators in this report, the observed *decrease* in characterization of monitoring capacity likely reflects, in part, an escalating benchmark for adequacy.

Adaptive Capacity is among the more abstract concepts assessed by the FASST, and relatively few respondents occupy roles that invite them to so routinely reflect on the field's capacities to monitor and adapt to shifts the external environment as they reflect on, say, Shared Purpose or the Quality of Programs and Services. The scores presented here represent only about 1/3 of interview respondents who spoke to these issues, so should be interpreted with caution.

We share with EH the conviction that Adaptive Capacity is an important dimension of field vitality, and we continue to explore best ways to elicit this data. In the next FASST cycle, we intend to explore this dimension less abstractly, via inquiring about respondents' direct experience of a recent instance that required shifting course.

Adaptive Capacity (2017 vs. 2020)



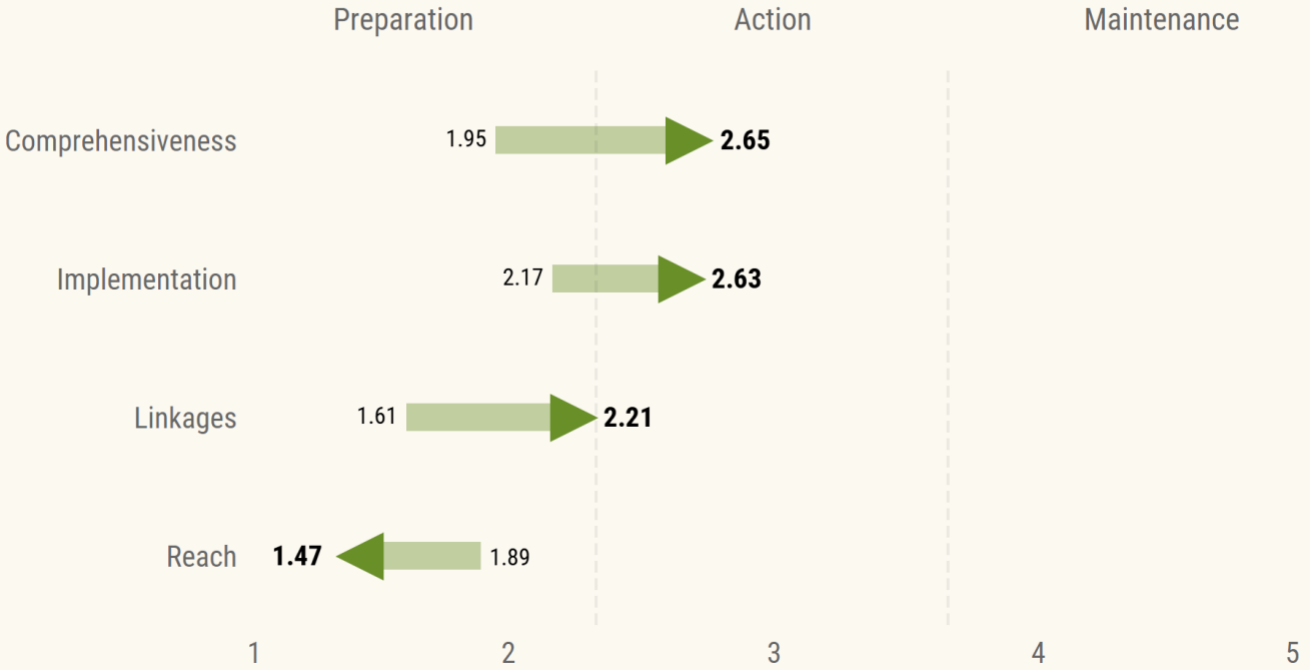
Quality Programs and Services

Quality Programs and Services indicates the availability of effective, comprehensive, and coordinated CBH services and supports. This domain involves the reach, quality of implementation, linkages among, and comprehensiveness of the CBH support and service array. Quality of Programs and Services resides near the furthest reaches of the field development theory of action (it is what all the other field development domains are meant to support), and is consequently often among the last domains to demonstrate improvement. While this domain achieved the second lowest rating of all domains in both 2017 and 2020, it did show substantial improvement across this interval, advancing from “Preparation” to the early “Action” stage of development. The **Comprehensiveness** of the service array and the growth of **Linking** mechanisms showed the largest improvements, as System of Care intervention models have begun spreading across the state.

Similarly, the adoption of several “name brand” interventions – such as Wraparound and MATCH, with embedded training, coaching, fidelity assessment, and performance monitoring – is elevating awareness and availability of high-quality **Implementation** drivers. Most promising, some of these drivers have begun to transfer from federally funded projects to state-funded programs (for example, expansion of Medicaid coverage to support Wraparound coaching).

Notwithstanding the practice enhancements noted above, the penetration of high-fidelity services into the overall population (**Reach**) remains problematic: the average informant estimated that less than 40% of the population in need is receiving evidence-based and promising practices. Workforce shortages and deficiencies were cited repeatedly as constraining the capacity to deliver high quality, culturally competent services to all who need them.

Quality Programs and Services (2017 vs. 2020)



Health Equity

Health Equity is the degree to which everyone has a fair opportunity to achieve their full health potential. EH emphasizes health equity throughout its field-building work. This domain consists of items designed to tap the equity dimension of each of the other domains: equity lens (Shared Purpose), equity-related data (Shared Knowledge), informed policy makers (Funding and Policy), inclusive participation (Leadership and Community Support), and culturally and linguistically competent programs (Quality of Programs and Services).

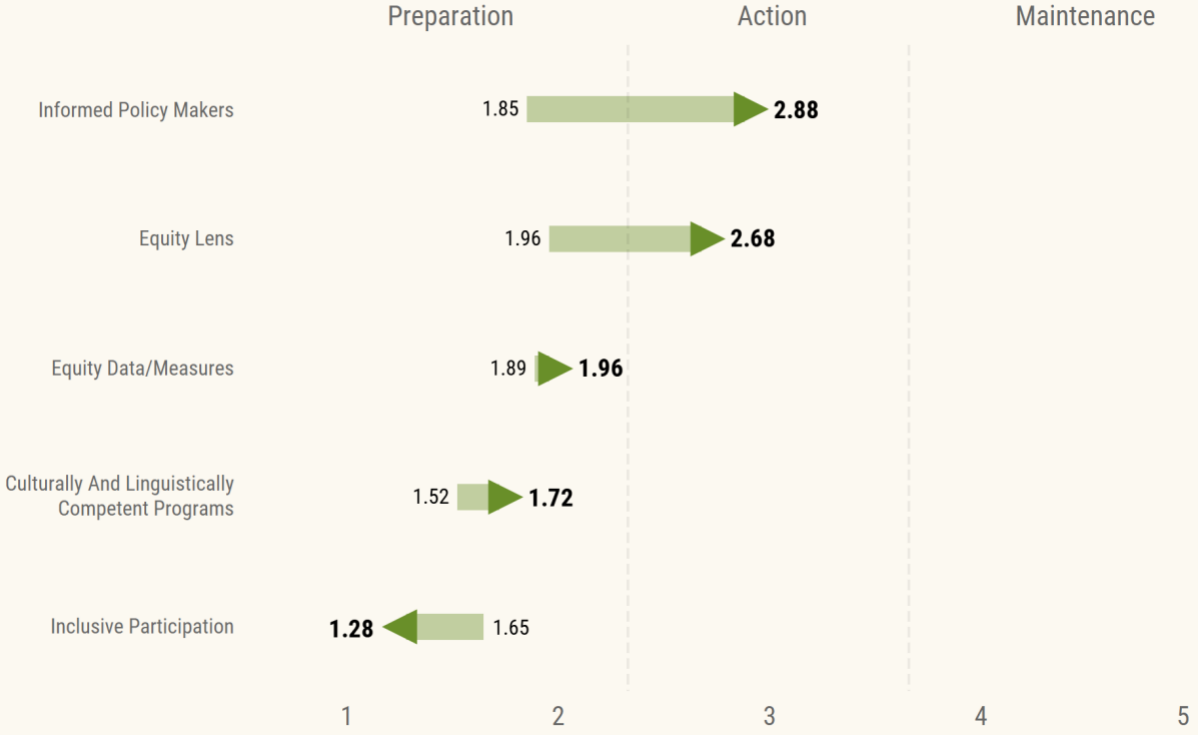
Equity is the lowest scoring domain from the 2020 assessment, as it was in 2017 as well. Within that domain, **Inclusive Participation** (the degree to which diverse groups/individuals are involved in decision making), the development of **Culturally and Linguistically Competent Programming**, and the availability and use of **Equity-Related Data** are least developed. The ability to break down and report data by race, ethnicity, and language is lacking in the CBH field. Equity-related resources are hard to come by, and

implementation is perceived as lacking in quality, especially beyond more racially diverse (i.e. urban) areas of the state.

Equity **understanding/knowledge among policymakers** is rated higher, reflecting informants' assessment that an increasing number of leaders support the importance of equity factors. Informants perceive the CBH field as embracing equity values and goals (**Equity Lens** is well into Action stage), even if we do not yet collectively know how to attain those goals. The perception that NH is ethnically and racially homogenous is a barrier, and increasingly a distortion of our true demographic profile (particularly for children, who demonstrate the greatest diversity of any population segment).

Several informants cited the EH's work on implicit bias, and the contributions of the Office of Health Equity, as bright spots in an otherwise stark picture.

Equity (2017 vs. 2020)



“Most Important Developments in past 3 years . . .?”

In follow-up administrations of the FASST, we add a final question asking respondents to reflect on changes in the field since the previous assessment (2017). Responses this year converged on the following developments, listed in descending order of frequency with which they were mentioned:

Legitimacy / destigmatization of children’s behavioral health in public conversation

Escalation of State engagement: SB-14; expansion of services funded by Medicaid; creation of BCBH; DOE/DHHS collaboration

Inclusion of children in the 10-yr MH Plan

Opportunity for parents to receive services voluntarily through DCYF (via Title IV / Families First Act)

State contractual emphasis on Evidence-Based Practice and accountability

Conclusions and Recommendations

This follow-up assessment of New Hampshire's Children's Behavioral Health field offers a snapshot of field development in 2020, as well as a perspective on where field actors have exerted the most leverage over the past three years. The policy, legislative, and funding victories described in this report position the CBH field almost fully in the Action stage of development, pulling along even the lagging domains of Program Quality and Health Equity. Key challenges emerged in relation to governance, use of data, implementation of high-fidelity evidence-based practices, workforce development, and health equity. Below, we offer several recommendations for the CBH field.

Develop and communicate a vision and plan for stakeholder engagement

Consolidation of governance within the Bureau of Children's Behavioral Health is in many ways a realization of the shared purpose and advocacy of the field. And yet, that consolidation has also narrowed or edged out some venues for stakeholder input (particularly the Children's Behavioral Health Collaborative). How can the field recruit and utilize the voices of families, practitioners and other stakeholders to shape the service system of NH's future?

Elevate the penetration of evidence-based practices

As noted in the Shared Knowledge section, strategies and technology for increasing the penetration of high quality services have not kept pace with escalating policy emphasis on EBPs. We encourage the CBH field to invest further in some of the capacities that have been shown to drive high fidelity implementation of EBPs:

Adaptation of evidence-based models to local contexts:
populations, settings, funding structures, workforce

Targeted training of practitioners in the skills needed to implement with fidelity

Expert coaching at points of practice (that is, where coaches have the greatest opportunity to perceive challenges and join in troubleshooting)

Monitor fidelity to critical ingredients of the EBP, with routine feedback of data to support ongoing practice improvement

Workforce Development

Stressful work conditions, stagnant compensation, and consequent high turnover are fundamentally undermining the effort to build and sustain a workforce capable of delivering evidence-based and culturally competent services for New Hampshire's children. This is particularly true of the public mental health system, where the most complex needs tend to gravitate, and where too many new professionals go to achieve credentialing and foundational experience, only to move on for better conditions in the private sector and/or neighboring states as soon as the opportunity arises. CMHC administrators shared a sense of futility from investing in professional development for a constantly churning staff.

NH has expanded the array of services that are Medicaid reimbursable, and begun to increase our woefully inadequate Medicaid reimbursement rates, but underfunding is likely to remain a challenge to workforce development for some time to come. NH's 10-year Mental Health Plan (NHDHHS, 2019), ongoing efforts by the Institute on Disabilities at UNH, and a recent report compiled by Health Resources in Action with support from EH (HRIA, 2020), all offer directions for building a more robust mental health workforce in NH.

Forge meaningful progress toward health equity

FASST respondents perceive decision makers as increasingly likely to espouse equity as a value, yet also to experience themselves as distant from racial/ethnic disparities or concrete opportunities to address them. If the CBH field is going to become more attuned to health equity, these matters are going to need to migrate out of the realm of abstract principles. Field leaders might consider how to:

- Challenge perceived distance from diversity (and consequent complacency)

- Elevate understanding of diversity as a social determinant of health

- Illuminate a path toward meaningful action

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