



Lori A. Shibinette
Commissioner

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Director

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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April 20, 2020

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court, and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Behavioral Health to accept and expend funds from Eagle Technologies, Inc., in the amount of \$274,724.00 for the performance of work associated with the Behavioral Health Services Information System (BHSIS). Effective upon Fiscal Committee and Governor and Executive Council approvals through June 30, 2021. Funding source: 100% Other Funds.

**05-92-92-922010-41210000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HMS:
BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH DATA
COLLECTION**

| <u>Class</u> | <u>Description</u> | <u>SFY20 Current Adjusted Authorized</u> | <u>Requested Action</u> | <u>Revised SFY20 Adjusted Authorized</u> |
|--------------|-----------------------------------|--|-------------------------|--|
| 000 - 404472 | Federal Funds | \$157,883 | \$0 | \$157,883 |
| 009 - 407079 | Agency Income | \$0 | \$137,362 | \$137,362 |
| | | <hr/> | | |
| | | \$157,883 | \$137,362 | \$295,245 |
| 041 - 500801 | Audit Fund Set Aside | \$137 | \$0 | \$137 |
| 080 - 500710 | Out of State Travel Reimbursement | \$1 | \$0 | \$1 |
| 102 - 500731 | Contracts for Program Services | \$157,745 | \$137,362 | \$295,107 |
| | Total | <hr/> | | |
| | | \$157,883 | \$137,362 | \$295,245 |

| <u>Class</u> | <u>Description</u> | <u>SFY21 Current Adjusted Authorized</u> | <u>Requested Action</u> | <u>Revised SFY21 Adjusted Authorized</u> |
|--------------|--------------------|--|-------------------------|--|
| 000 - 404472 | Federal Funds | \$137,362 | \$0 | \$137,362 |
| 009 - 407079 | Agency Income | \$0 | \$137,362 | \$137,362 |
| | | <hr/> | | |
| | | \$137,362 | \$137,362 | \$274,724 |

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| | | | | |
|--------------|-----------------------------------|-----------|-----------|-----------|
| 041 - 500801 | Audit Fund Set Aside | \$137 | \$0 | \$137 |
| 080 - 500710 | Out of State Travel Reimbursement | \$1 | \$0 | \$1 |
| 102 - 500731 | Contracts for Program Services | \$137,224 | \$137,362 | \$274,586 |
| | Total | \$137,362 | \$137,362 | \$274,724 |

EXPLANATION

The Behavioral Health Services Information System (BHSIS) was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to meet statutory requirements for data collections and to support the data needed for Block Grant application requirements. The funds are used for contracts with the Community Mental Health Centers and a contractor to continue conducting the annual Public Mental Health Consumer Survey, as required by the Center for Mental Health Services. This accept and expend is to correct the source of funds utilized. Federal funds were budgeted in this accounting unit, however, the funds are actually agency income from Eagle Technologies. The Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA) contracts with Eagle Technologies, Inc. to encourage states/territories to develop and improve their mental health treatment services data systems providing funding through the BHSIS State Agreement.

The funds are to be budgeted as follows:

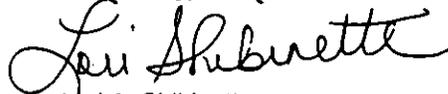
Funds in class 102, Contracts for Program Services, is used for contracts with the Community Mental Health Centers and a contractor to continue conducting the annual Public Mental Health Consumer Survey, as required by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services.

Area served: Statewide.

Source of Funds: 100% Other Funds

In the event that Federal Funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,



Lori A. Shibinette
Commissioner

**Division of Behavioral Health
Mental Health Data Collection**

Fiscal Situation: Account 05-92-92-922010-41210000

Agency Income:

| | |
|------------------------------------|--------------|
| Balance Forward as of July 1, 2019 | \$172,165.32 |
| Eagle Technologies - SFY 20 | \$137,362.00 |
| Eagle Technologies - SFY 21 | \$137,362.00 |

Total Funds Available **\$446,889.32**

SFY 2020 Adjusted Authorized Appropriations (\$157,883.00)

Total Appropriations **(\$157,883.00)**

Net Grant Funds Remaining \$289,006.32

This Request **\$274,724.00**

New Hampshire
BHSIS State Agreement and Statement of Work with State Mental Health Agencies
(SMHAs)

June 30, 2017, through June 29, 2021

Introduction

Eagle Technologies, Inc. (Eagle) proposes to enter into a Behavioral Health Services Information System (BHSIS) State Agreement with the New Hampshire Department of Health and Human Services. Funding and oversight of this agreement is provided by the Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA).

Section A. Background

Section 505 of the Public Health Service Act (42 U.S.C. § 290aa - 4) requires the Secretary of the Department of Health and Human Services (HHS), acting through the Assistant Secretary for Mental Health and Substance Use of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect data each year on:

Subsection (a)

- (1) the national incidence and prevalence of the various forms of mental illness and substance abuse; and
- (2) the incidence and prevalence of such various forms in major metropolitan areas selected by the Assistant Secretary.

Subsection (b)

With respect to the activities of the Assistant Secretary under subsection (a) relating to mental health, the Assistant Secretary shall ensure that such activities include, at a minimum, the collection of data on—

- (1) the number and variety of public and nonprofit private treatment programs;
- (2) the number and demographic characteristics of individuals receiving treatment through such programs;
- (3) the type of care received by such individuals; and
- (4) such other data as may be appropriate.

Additionally, SAMHSA's Mental Health Block Grant (MHBG) program is authorized through Title XIX, Part B, subparts I and III of the Public Health Service Act (42 USC 300x et seq.). 45 CFR part 96 provides regulations for the general administrative requirements for the MHBG program. Title 42, Chapter 6A, Subchapter XVII, Part B, Subpart III has the Requirement of Reports and Audits by States.

The Behavioral Health Services Information System (BHSIS) was developed by SAMHSA to meet the statutory requirements for these data collections and to support portions of the data needed for Block Grant application requirements. BHSIS consists of the following four national

data sets, maintained in collaboration with Single State Agencies (SSAs) and State Mental Health Agencies (SMHAs):

State Treatment Data Sets

Two parallel client-level data sets, the Mental Health Treatment Episode Data Set (MH-TEDS) and the Mental Health Client Level Data system (MH-CLD), contain data describing the mental health treatment clients served by the State Mental Health Associations (SMHAs). TEDS/MH-TEDS is an integrated mental health and substance abuse client-level treatment data reporting system for states/territories that choose to report their substance abuse and mental health client-level data to one system and is based on admissions and discharges. MH-CLD also includes client-level treatment data but is based on the individual client. Additionally, Uniform Reporting System (URS tables), as required by block grant application procedures, provide data on the state mental health treatment systems.

These data on mental health and substance abuse service delivery are collected routinely by state/territory administrative systems and then submitted to SAMHSA following data submission guidelines.

Inventory of Behavioral Health Services (I-BHS)

The I-BHS is a master list of all known substance abuse and mental health treatment facilities in the United States and the District of Columbia, as well as American Samoa, the Federated States of Micronesia, Guam, Marshall Islands, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands.

National Survey of Substance Treatment Services (N-SSATS)

The N-SSATS is an annual survey of all active substance abuse treatment facilities listed in the I-BHS. The survey collects information on the facility operation, services offered, aggregate client counts (client counts will be collected every other survey cycle), and other special topic areas.

National Mental Health Services Survey (N-MHSS)

The N-MHSS is an annual survey of all active mental health treatment facilities listed in the I-BHS. The survey collects information on the facility operation, services offered, aggregate client counts (client counts will be collected every other survey cycle), and other special topic areas.

This agreement concerns three of the BHSIS components: State MH Treatment Data Sets (URS, MH-CLD, MH-TEDS), I-BHS, and N-MHSS. Portions of I-BHS and N-MHSS data, with express permission granted by facilities, will be used as information for SAMHSA's Behavioral Health Treatment Services Locator, as authorized by the 21st Century Cures Act (42 U.S.C. 290bb-36d).

Through this agreement, the SAMHSA/CBHSQ will continue to work with states to improve BHSIS and to promote statistical projects designed to increase the analysis, dissemination, and utilization of data on mental health treatment services.

SAMHSA/CBHSQ operates under statutes (Public Health Service Act of 2016, 42 U.S.C. § 290aa(p)) and federal regulations (42 C.F.R. Part 2) that protect its data from unauthorized disclosure. The client-level mental health data will be afforded the same level of confidentiality protections as substance abuse data in accordance to 42 C.F.R. Part 2. The disclosure of records where the identity, diagnosis, prognosis, or treatment of patients is identifiable is strictly prohibited. As such, SAMHSA/CBHSQ has established physical and procedural safeguards to protect against unauthorized access to and disclosure of all confidential information, including that which could reasonably be used to identify an individual. These procedures apply to (1) all CBHSQ information collected, acquired, or purchased under a pledge of confidentiality or through proprietary agreements; and (2) all CBHSQ employees, contractors, and agents. As a SAMHSA contractor, Eagle is required to follow procedures for privacy, security, and confidentiality based on federal laws and regulations. This requirement extends to all BHSIS subcontractors.

Section B. General Provisions

Independently, and not as an agent of the government, the state/territory shall furnish the necessary personnel, facilities, materials, and supplies to perform the work specified in the tasks described below.

The objectives of this agreement are: (1) to encourage states/territories to develop and improve their mental health treatment services data systems; (2) to support the collaboration between states/territories and CBHSQ in building the BHSIS data sets on mental health treatment services and clients; and (3) to provide occasional support to states/territories for other activities related to the collection and reporting of data on mental health treatment services.

Section C. Specific Tasks

This Agreement shall support all state collaboration and activities as outlined in Section C.

I. Client-Level Data and URS Tables

The state/territory shall continue to process and submit to CBHSQ all required mental health client-level data elements using one of two reporting options: (1) the Mental Health Client-level Data (MH-CLD) or (2) the Mental Health Treatment Episode Data Set (MH-TEDS). The state/territory shall also continue to collect and report all data elements that they currently submit to the Uniform Reporting System (URS). Specifically, the state/territory shall continue to work closely with Eagle on the following tasks:

- (1) Preparing fiscal year, client-level data files and submitting them each year to either:
 - a. MH-TEDS on a monthly or quarterly schedule, responding appropriately to MH-TEDS feedback and error reports, and requesting guidance, as needed, in

- preparing data for submission
- b. MH-CLD on an annual basis, meeting all deadlines, responding appropriately to error reports and correcting data as appropriate and requesting guidance, as needed in preparing data for submission.
- (2) Preparing and submitting all annual URS tables as required for block grant application requirements, responding appropriately to feedback and error reports, and requesting guidance, as needed, in preparing data for submission

II. Inventory of Behavioral Health Services (I-BHS) and the National Mental Health Services Survey (N-MHSS)

States/territories shall support the Inventory of Behavioral Health Services (I-BHS) and the National Mental Health Services Survey (N-MHSS) through:

- (1) Periodically reviewing and updating the I-BHS listings of mental health treatment facilities to ensure the completeness and accuracy of mental health treatment facilities included in the Behavioral Health Treatment Services Locator and the annual N-MHSS.
- (2) Providing an endorsement letter for the N-MHSS to encourage facilities to participate, and if needed, a follow-up letter to non-respondents. These letters will be requested and used by Mathematica Policy Research, Inc., the contractor responsible for administering this national survey.

III. Meetings:

States/territories shall participate in BHSIS conference calls, webinars, the Virtual Discussion Board group discussions, and other related activities that support the collaborative nature of the project for more effective planning and implementation.

Section D. Period of Performance

Subject to the availability of funds, this agreement will cover a period of four (4) years, beginning June 30, 2017, and ending June 29, 2021, for the following time periods:

- June 30, 2017, through June 29, 2018 (12 months);
June 30, 2018, through June 29, 2019 (12 months);
June 30, 2019, through June 29, 2020 (12 months);
June 30, 2020, through June 29, 2021 (12 months).

Section E. Deliverables and Schedule:

During the period of this Agreement, all states and territories must complete a brief quarterly report questionnaire. In consultation with SAMHSA, Eagle will issue a report questionnaire template immediately after the final month of each quarter.

While MH-TEDS data may be submitted monthly or quarterly, all annual data (MH-TEDS, MH-CLD and URS data) shall be submitted by the due date of December 1, of each reporting year as required by Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-

52(a). Under extenuating circumstances, special requests for extensions for submitting portions of the required data may be requested; however, at least a portion of the data must be received by December 1. Requests for extensions are not encouraged and granted extensions for data submissions are not guaranteed.

Section F. Payments.

As consideration for performance of the work stated in this Agreement and Statement of Work, Eagle shall pay a total of \$137,362.64 for each twelve (12) month period, prorated for periods less than twelve (12) months. States/territories will receive the Annual Amount in quarterly payments made in August, November, February, and May. These quarterly payments will be paid after fulfillment of each quarterly deliverable.

Section G: Provision for Amendments/Modifications

This Agreement may be amended or modified in writing and when signed by both parties.