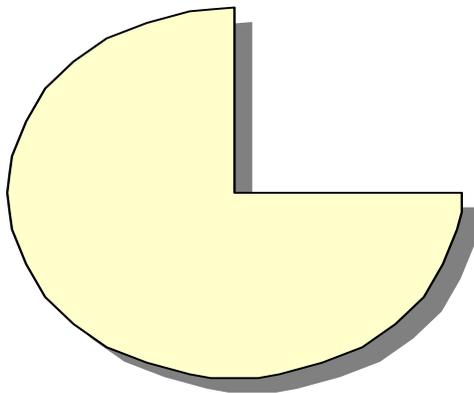


“WHAT DO YOU THINK?”

New Hampshire 2014  
Peer Support Outcomes Survey



State Report

January 2015

New Hampshire Bureau of Behavioral Health

105 Pleasant Street

Concord, NH 033301

(603) 271-5007

The NH 2014 Peer Outcomes Survey is designed, conducted, and analyzed by the New Hampshire Bureau of Behavioral Health in collaboration with state-funded Peer Support Agencies operating in the state mental health regions.

**The Alternative Life Center, Conway NH (Region I)**

**H.E.A.R.T.S., Nashua, NH (Region VI)**

**Lakes Region Consumer Advisory Board, Laconia, NH (Regions III & IV)**

**Monadnock Peer Support Agency, Keene, NH (Region V)**

**On the Road to Recovery, Manchester, NH (Regions VII & X)**

**Seacoast Consumer Alliance, Portsmouth, NH (Region VIII)**

**Stepping Stone, Claremont, NH (Region II)**

**Tri-City Cooperative, Rochester, NH (Region IX)**

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## OVERVIEW

### Background

Peer Support Agencies (PSAs) provide certain community-based, consumer-run, public mental health services, described and governed by state rules under contracts with the Bureau of Behavioral Health (BBH). Services are provided at no cost to consumers. In 2014, eight not-for-profit agencies, operating fourteen physical locations in the state's ten mental health regions, provided an array of on-site supports, several mobile outreach teams, a transitional living program, and, with the addition of a second site in 2014, two peer-run Planned Respite Programs. Over 2000 adults with serious mental illness (SMI) were served statewide. The agencies serve adults only.

In New Hampshire, the Intentional Peer Support<sup>1</sup> model (IPS), developed by Shery Mead, is selected as the foundational approach to peer support interactions. Peer staffs at every agency have been trained in IPS. Additionally, the Wellness Recovery Action Plan (WRAP)<sup>2</sup>, an evidence-based practice developed by Mary Ellen Copeland has been established for use in New Hampshire via PSA staff who are trained as Advanced Facilitators. In turn, they train WRAP Group Facilitators from every PSA around the state. For the purpose of this report, the term "peer support", regarding New Hampshire PSAs, explicitly includes IPS and WRAP as core practices at all agencies.

Peer support occurs when people provide knowledge, experience, emotional, social, or practical help to each other.<sup>3</sup>

Members and participants at PSAs differ only by member privileges. Participants are not registered members of the PSA. Participants engage in all activities except they do not have member voting privileges and cannot serve on the agencies' consumer-run boards. For the purpose of the survey and this report, the terms "consumers", "members", "participants", and "peers" are used interchangeably. Staffs are also peers. Guests or visitors to the agencies are not included in the survey or in the unduplicated count of peers.

The Executive Directors of New Hampshire state-funded Peer Support Agencies (PSAs) met with the Bureau of Behavioral Health's State Planner to develop an annual online consumer survey. The first "What do you think?" survey was conducted in 2009. The survey is conducted using Survey Monkey but consumers can also submit paper responses for later data entry. Computer access is provided at all PSA locations and consumers are strongly encouraged to participate.

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<sup>1</sup> <http://intentionalpeersupports.org/>

<sup>2</sup> <http://www.mentalhealthrecovery.com/>

<sup>3</sup> Shery Mead, David Hilton, Laurie Curtis, "Peer Support: A Theoretical Perspective".  
<http://mentalhealthpeers.com/pdfs/peersupport.pdf>

## **Purpose of the Survey**

The purpose of the survey is to receive feedback from participants in peer support that may be used to enhance planning, financing, service delivery, and development of consumer-operated services and programs within a recovery-oriented behavioral health care system throughout New Hampshire.

New Hampshire's PSA Executive Directors, as a group, decided to create a new survey of members that would enable them to assess outcomes and program satisfaction over time. The survey now includes research-based questions about the peer support experience.

The survey includes indicators that measure recovery supports in the priority areas of HEALTH, PURPOSE, COMMUNITY, and GENERAL SATISFACTION. There are 14 indicators measured by 41 survey items. An additional item indicates which PSA the respondent is affiliated with, and is not included in the report. Individuals that did not respond to this item are included in the overall report. Each PSA received their individual results along with the overall report for their own internal quality improvement efforts.

New Hampshire PSAs are primarily funded by the NH Mental Health Block Grant and, as such, data on selected priority areas is collected and reported to the Substance Abuse and Mental Health Services Administration (SAMHSA), which issues the block grant funds.

Positive outcomes in these domains, associated with peer support, are commonly believed to result in the reduction and prevention of hospitalization, and increased wellbeing. A primary area of interest is to support the reduction or prevention of psychiatric hospitalization while providing practical supports for life in the community. Specific survey items measure the effectiveness of these goals.

The Peer Outcomes Protocols (POP)<sup>4</sup> instrument and the Mental Health Statistical Improvement Project (MHSIP) survey that includes certain National Outcomes Measures (NOMS) for block grant reporting were used to select the Peer Support Recovery outcomes and identify the survey items to be included, such as General Satisfaction which is embedded within the section for Community. New Hampshire PSAs now have four domains that may be surveyed annually, to help inform the self-directed activities of these consumer-operated services and programs.

Input from members of PSAs is important for shaping the planning process for state-funded peer support programs in New Hampshire. The survey supports the mental health block grant's National Outcome Measure (NOM) #8- Increased Social Support/Social Connectedness. It supports the President's New Freedom Commission Goal #2: Mental Health Care is Consumer and Family Driven, and SAMHSA's Strategy #4: Recovery Supports. The State Mental Health Authority (SMHA) selected Consumer Operated Services and Programs (COSP) for Peer-to-Peer Recovery Supports as the State priority for the block grant.

Individual agencies are able to use the data to inform their own discussions and decisions, guided by the input of the members, to shape future practices. See the Director's Comments for specific examples of how the survey responses are used to benefit the peer support participants.

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<sup>4</sup> <http://www.cmhsrp.uic.edu/nrtc/pophome.htm>

The data supports the associated cost/benefit and effective State utilization management of the mental health block grant funds, to provide an alternative or adjunct to clinical services that would otherwise not exist in the state. Having outcome measures strengthens the rationale for the state to continue to allocate funds from the NH mental health block grant for contracts with these agencies. The PSAs are funded 60% by NH's mental health block grant and 40% by State general funds. The majority of the mental health block grant is directed to maintaining peer support in NH. At this time there are no other funding sources for the provision of these services.

The state report will be available on selected websites that serve the peer-to-peer recovery community and interested others. Individual agency reports are provided to each PSA. The agencies' contact information is at <http://www.dhhs.nh.gov/dcbcs/bbh/peer.htm>.

### **Survey Description**

The survey is a non-scientific, non-random sample of people who are members of Peer Support Agencies. This year, all eight PSAs chose to participate in the survey and we had a record number of responses. Percentages are based on 100.00% (two decimal points) of responses, and rounded to whole numbers. The survey was open October through December of 2014.

Participation in the survey is voluntary but strongly encouraged. There is no respondent identification in the survey. Although the electronic survey is anonymous and confidential, anonymity and confidentiality cannot be guaranteed when the paper instrument is used. Individual comments are not solicited as they may identify staff, agency, and/or respondent. Data from paper surveys is entered on line by PSA or BBH staff from the Office of Consumer and Family Affairs.

There are 41 items in the four sections of the 2014 "What Do You Think?" NH peer support survey. The sections are:

- (1) Demographics
- (2) Health
- (3) Purpose
- (4) Community

The majority of items are from the Peer Outcomes Protocol (POP). The POP was a project of the University of Illinois at Chicago, National Research and Training Center on Psychiatric Disability directed by Judith A. Cook, Ph.D., director of the Program in Consumer Studies of the Program in Consumer Studies and Training at the Missouri Institute of Mental Health.

The POP was selected as the basis for the NH survey because: "The outcomes protocol can be used by peer support and consumer provider organizations to gauge the results of rehabilitation services delivered by and for peers with psychiatric disabilities. Widespread adoption of the protocol will (1) assist the consumer self-help filed to assess its own outcomes; (2) present service outcomes to public

funding authorities and managed care organizations; (3) improve the organization and delivery of peer support programs”.<sup>5</sup>

### **Survey General Summary<sup>6</sup>**

The survey was begun by 522 people and completed by 488. It is likely the 522 figure includes some false starts that were later completed. For comparison, the 2013 survey was completed by 276 respondents. The unduplicated count of PSA members is estimated to be 1900<sup>7</sup> thus providing a 26% response rate compared to 14% in 2013.

The survey was taken by an almost equal number of males (46%) and females (54%). More than 55% of respondents are between the ages of 45 and 64 and 8% are under the age of 25. Veteran’s make up 10% of respondents and 90% of respondents are white<sup>8</sup>. These statistics are in line with the 2013 report.

### **Peer Support Director’s Comments**

“The survey is an invaluable tool that we can use to reach out to individuals who could use our services”

“This survey plays a very important role in the ongoing assessment of our agency’s effectiveness in specific areas. We utilize the data collected in the survey as the basis for internal conversations with staff and membership to see ways to improve our programming”

“The results derived from this survey have been very helpful in determining what areas, as an agency, may need strengthening on behalf of its members”.

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<sup>5</sup> Peer Outcomes Protocol (POP): Psychometric Properties of the POP, Jean Campbell, Ph.D. et al., Missouri Institute of Mental Health, University of Missouri-Columbia, 2004, p. 3.

<sup>6</sup> Calculations are based on 100.00% of the cohort being reported. Most items do not include “not applicable” or “no response”. Percentages are rounded. Incomplete surveys are not included.

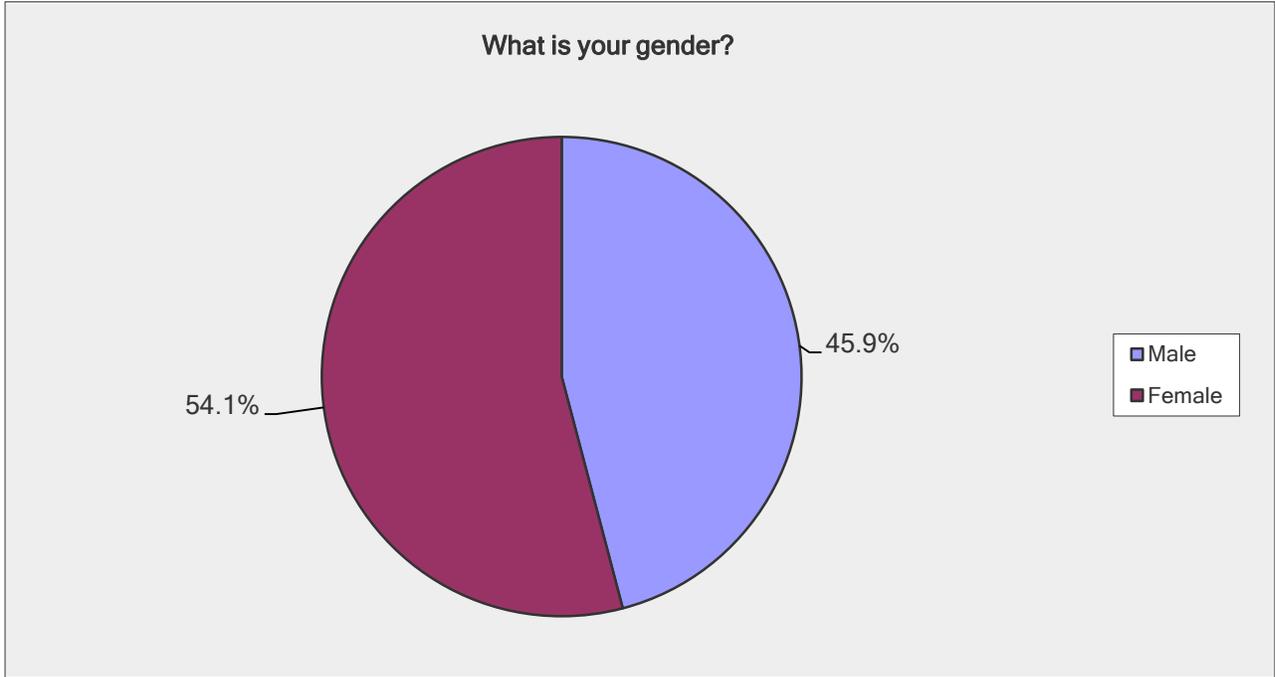
<sup>7</sup> Calculations based on SFY2013 monthly unduplicated onsite participation.

<sup>8</sup> The US Census 2013 estimate for the White population of the state is 94%.

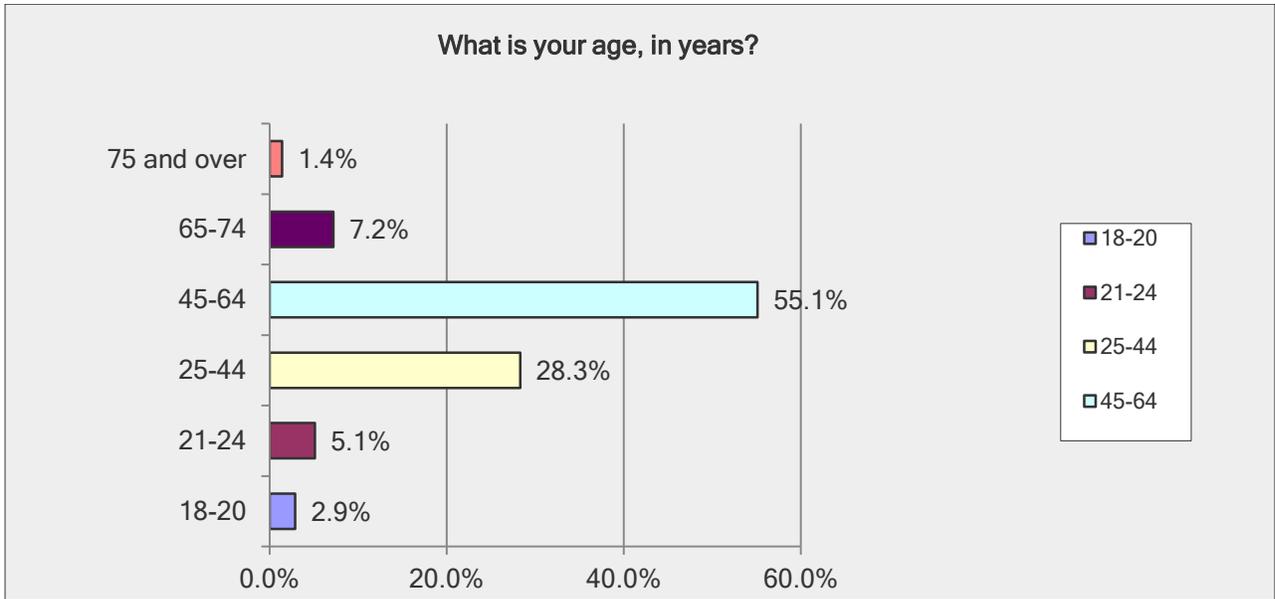
SURVEY FINDINGS

SECTION 1: Demographics (n=488)

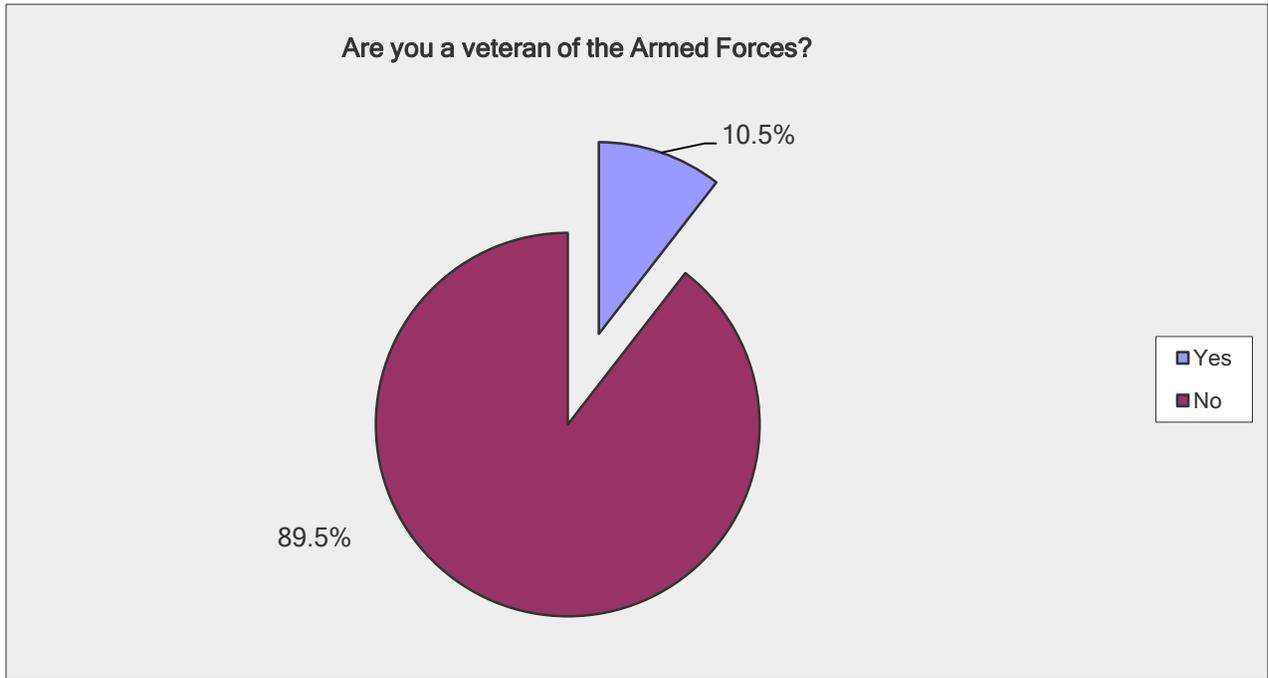
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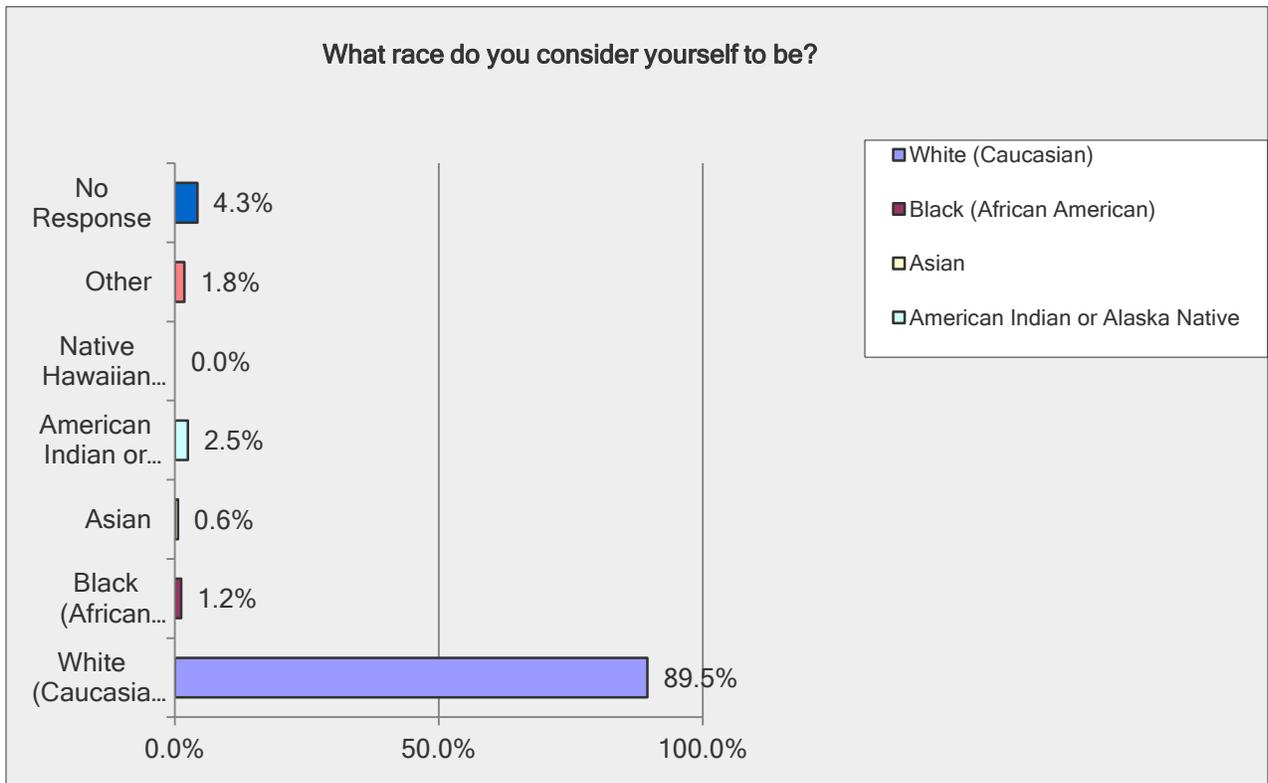
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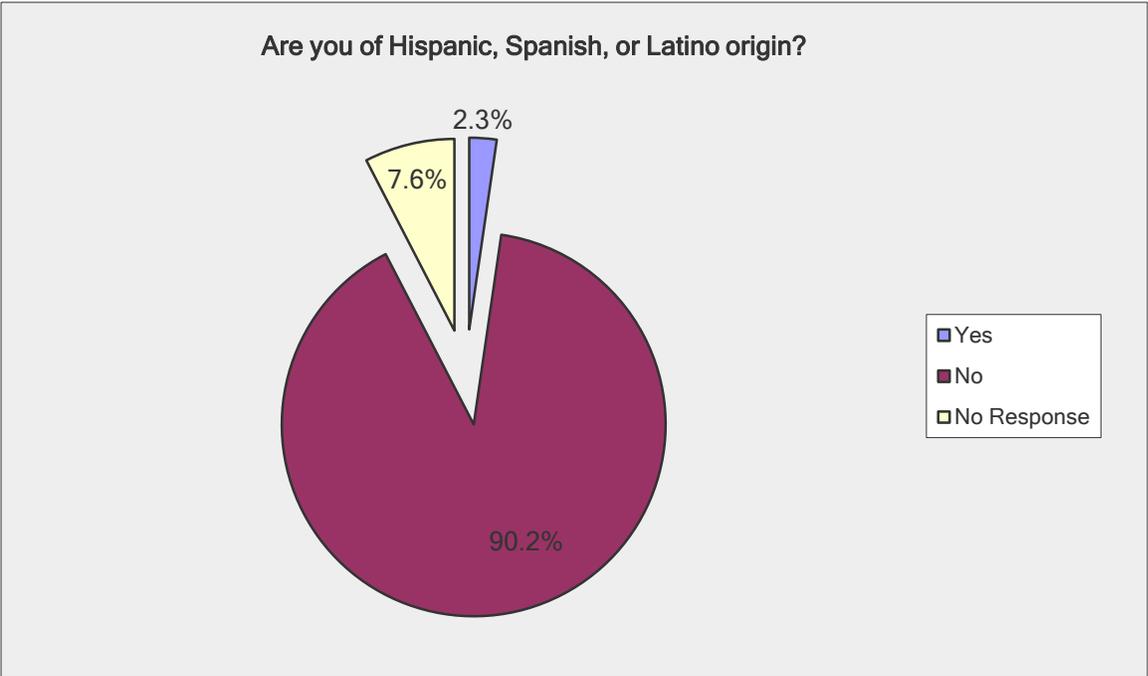
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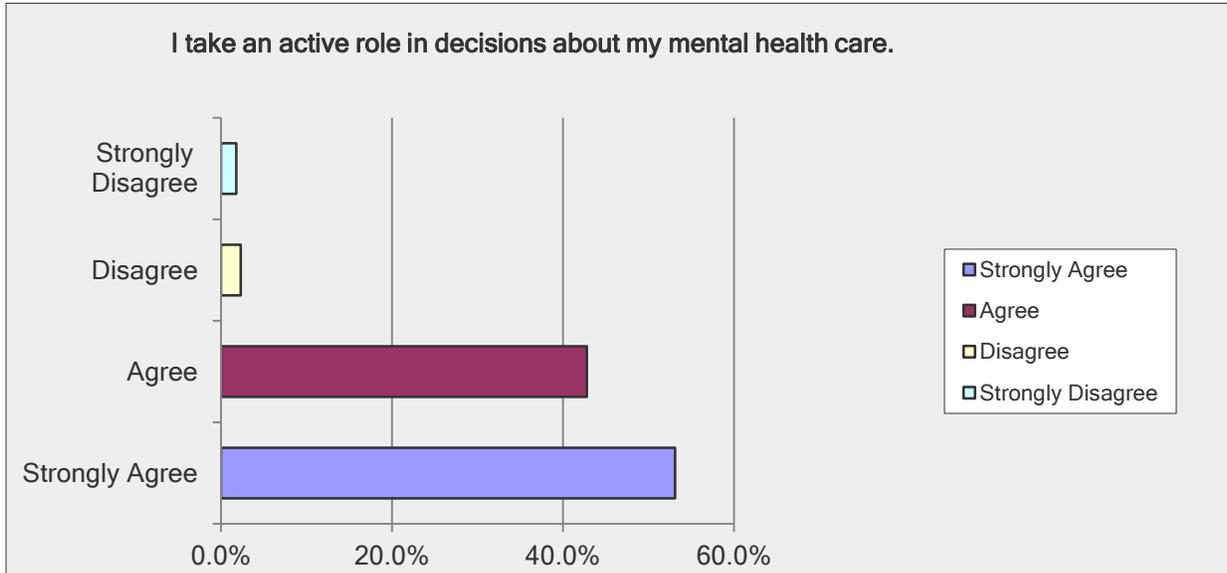


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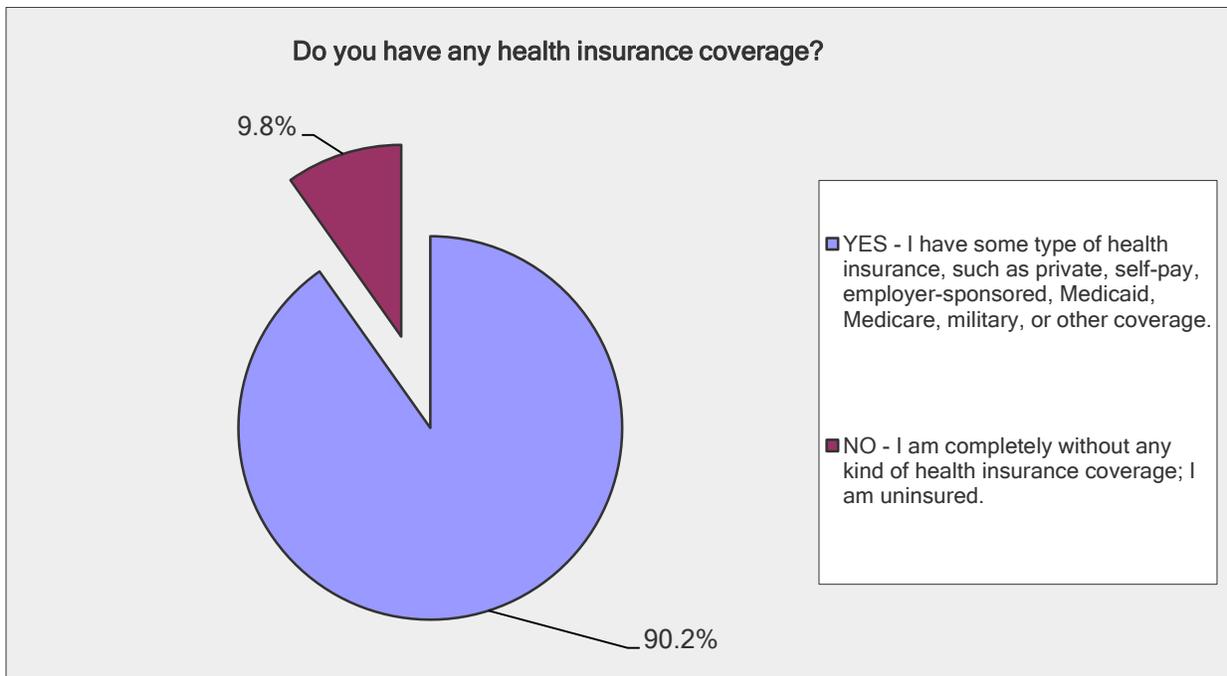


## SECTION 2: Health (n=488)

### Item 6

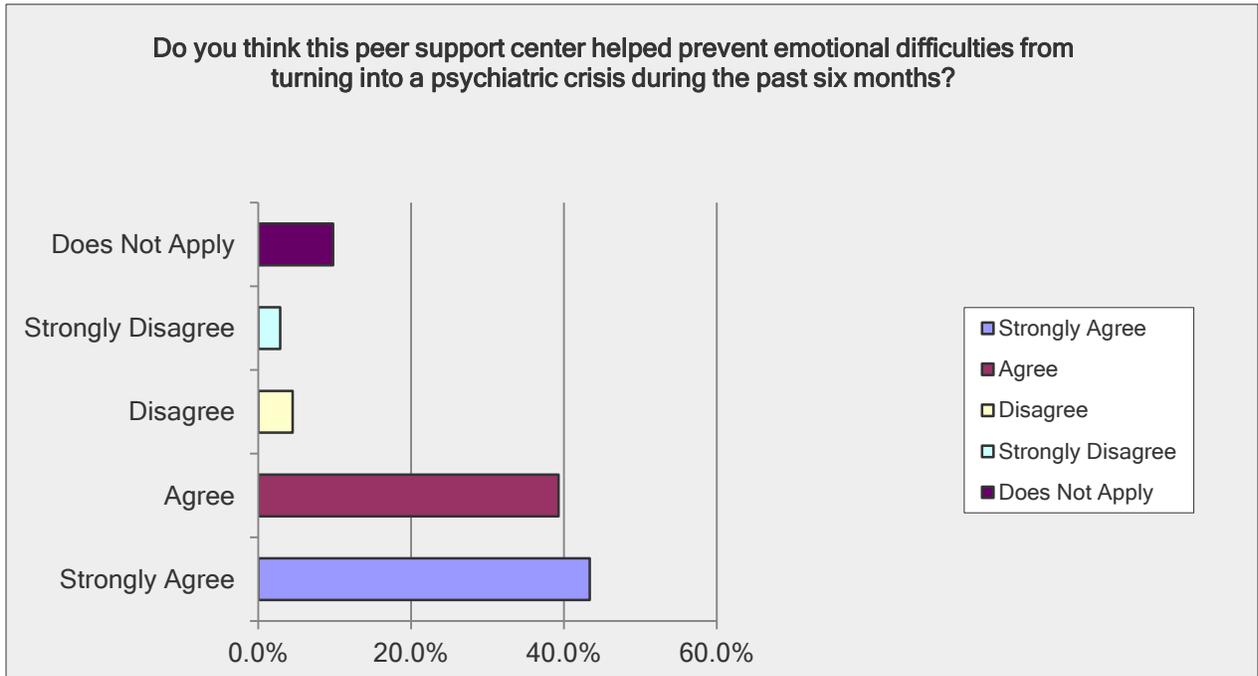


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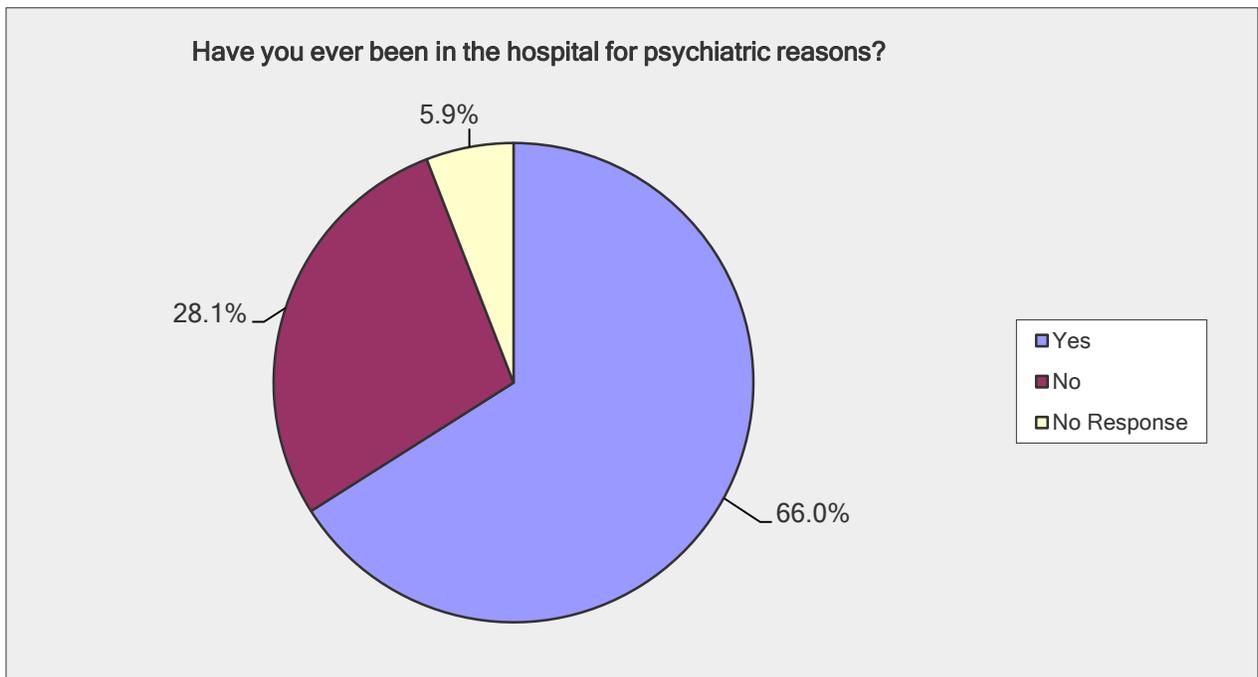


\*Up from 87% in 2013

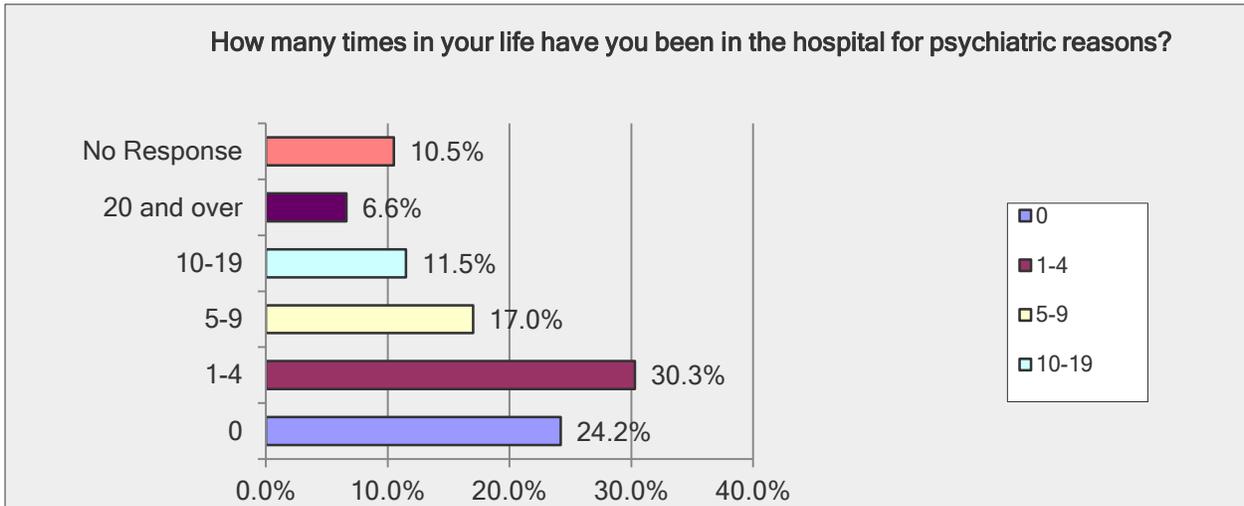
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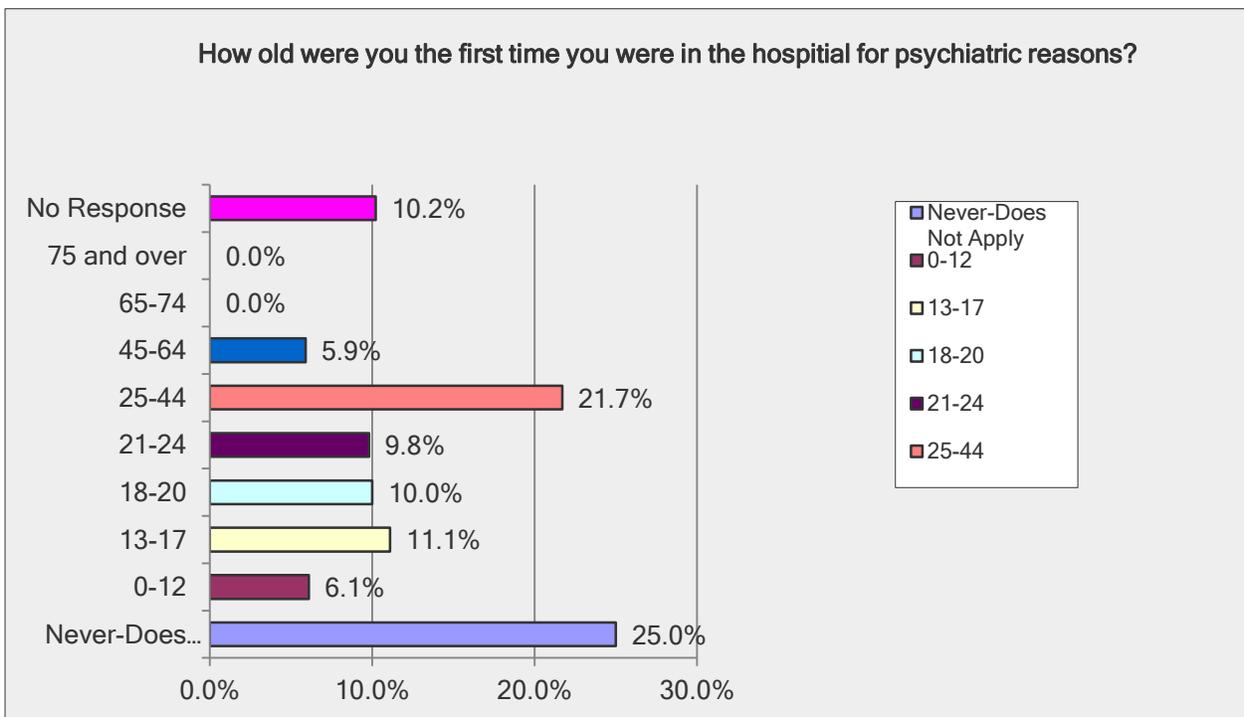
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Item 10



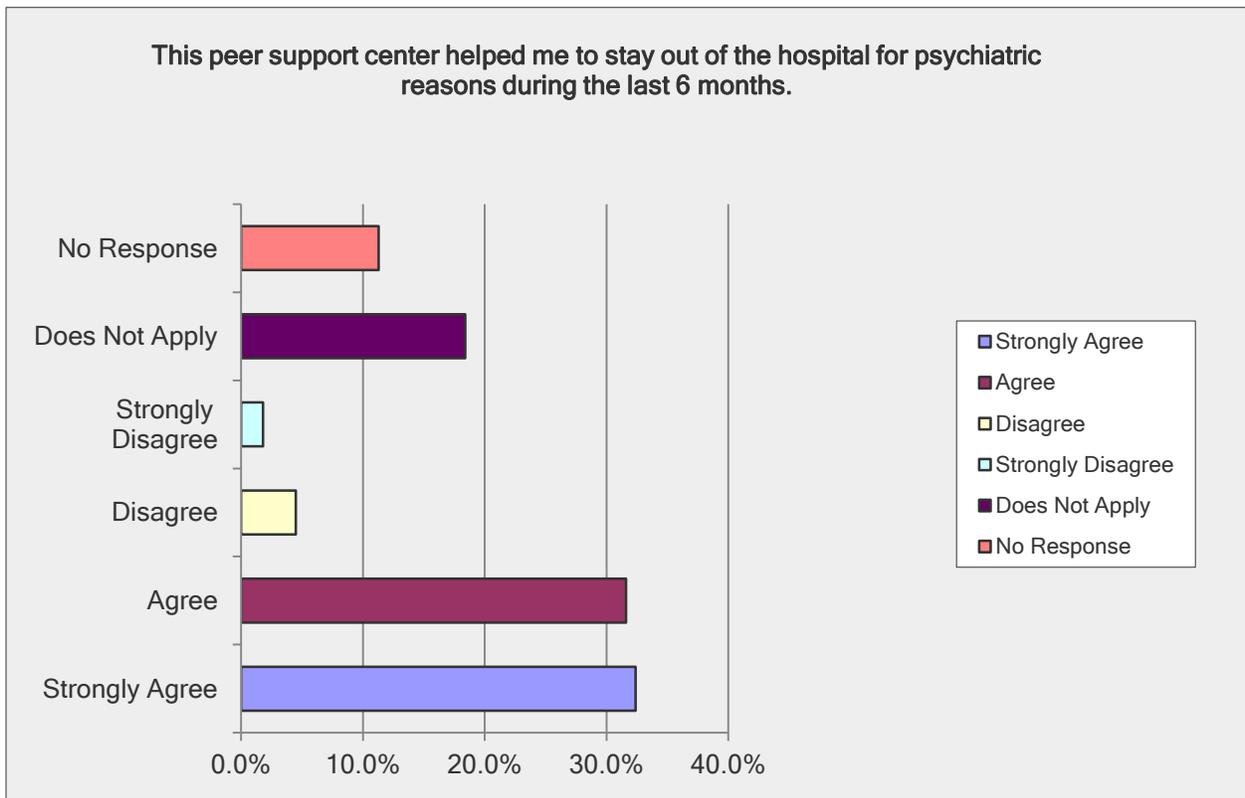
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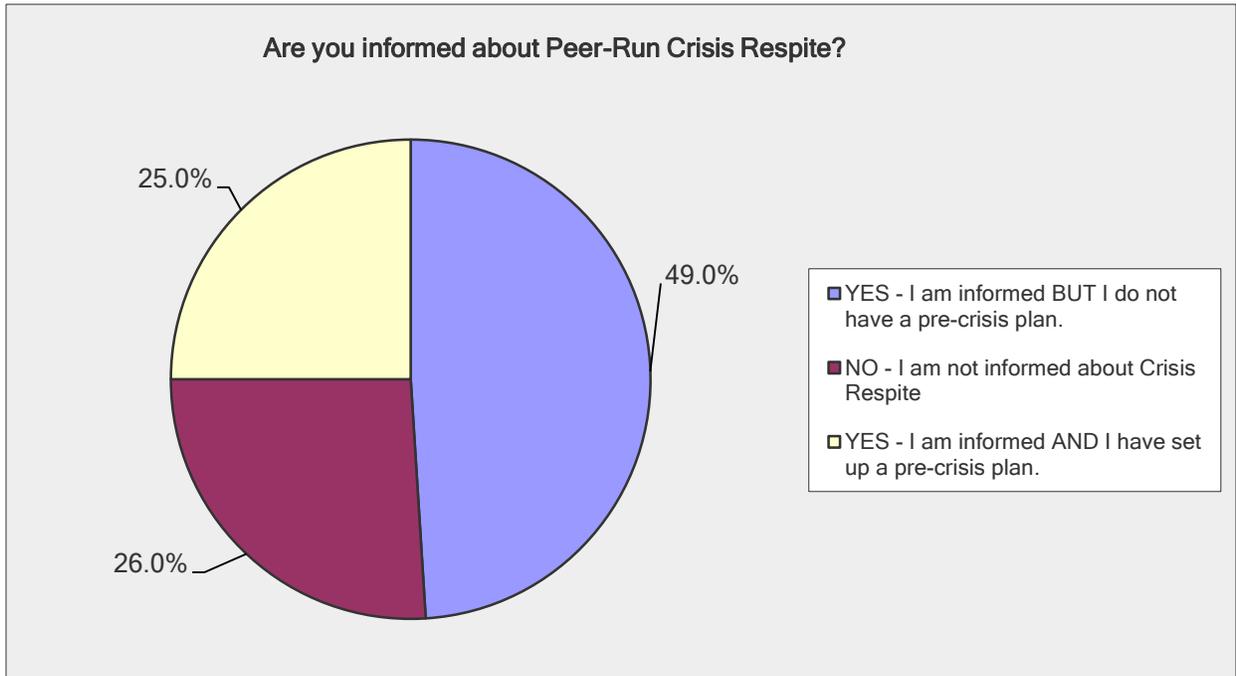
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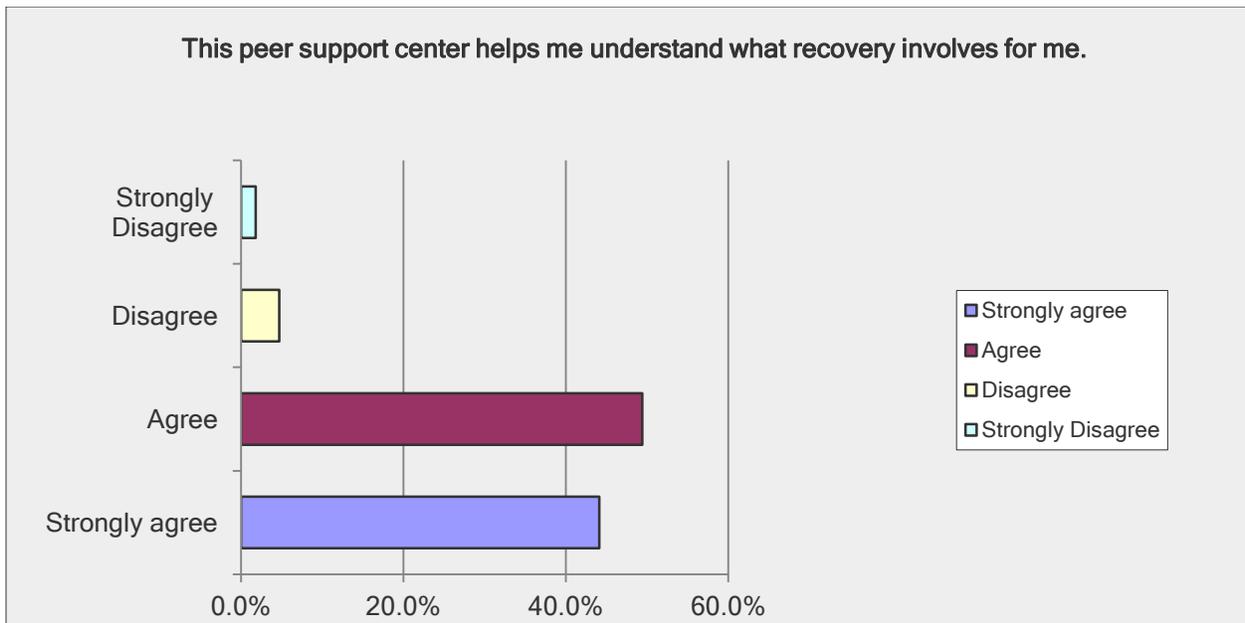


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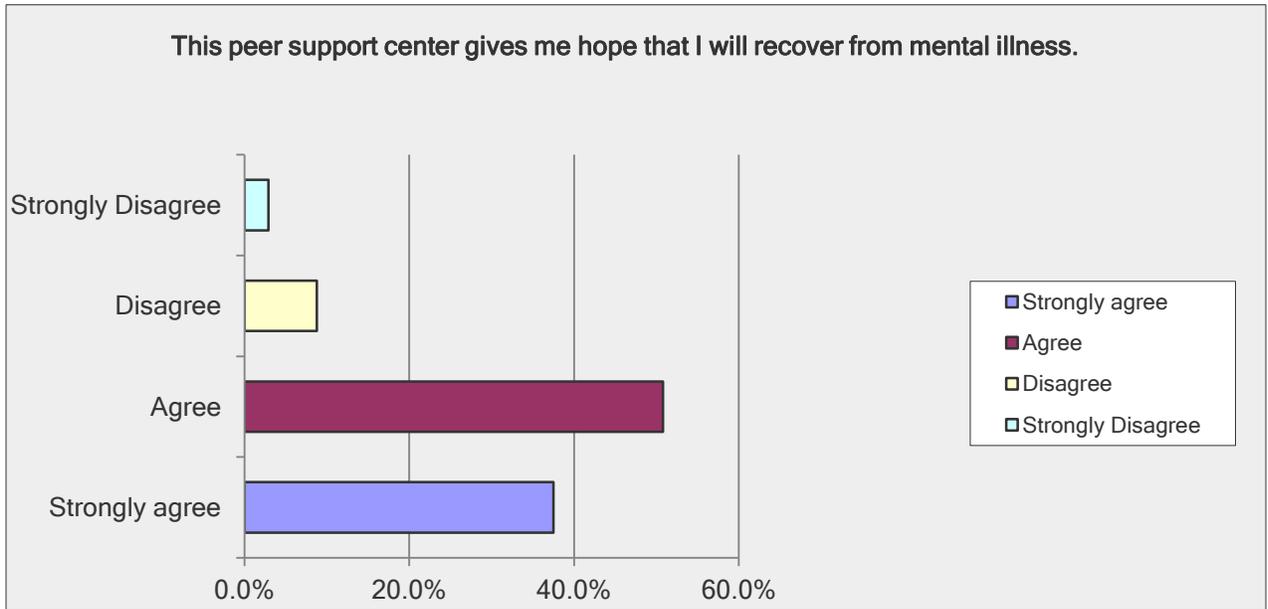


\*Unchanged from 2013 despite addition of a second peer-run crisis respite program

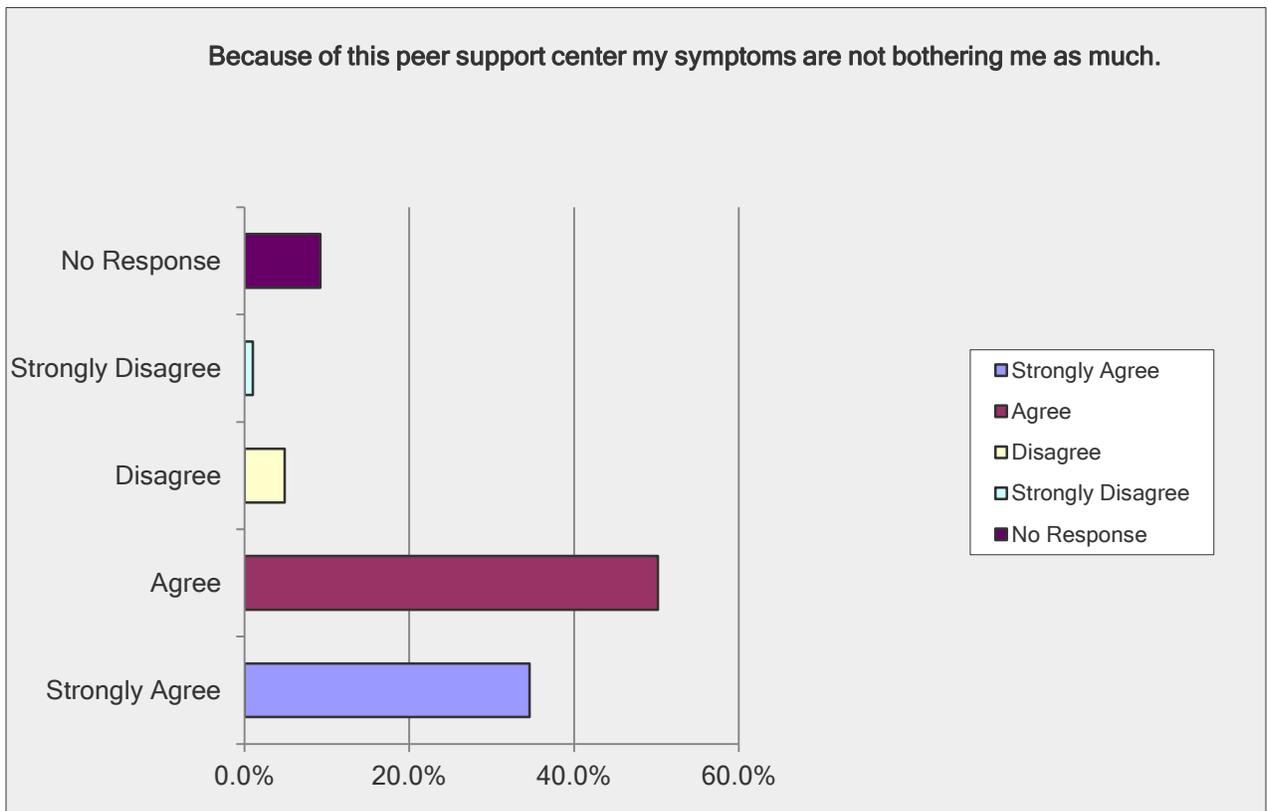
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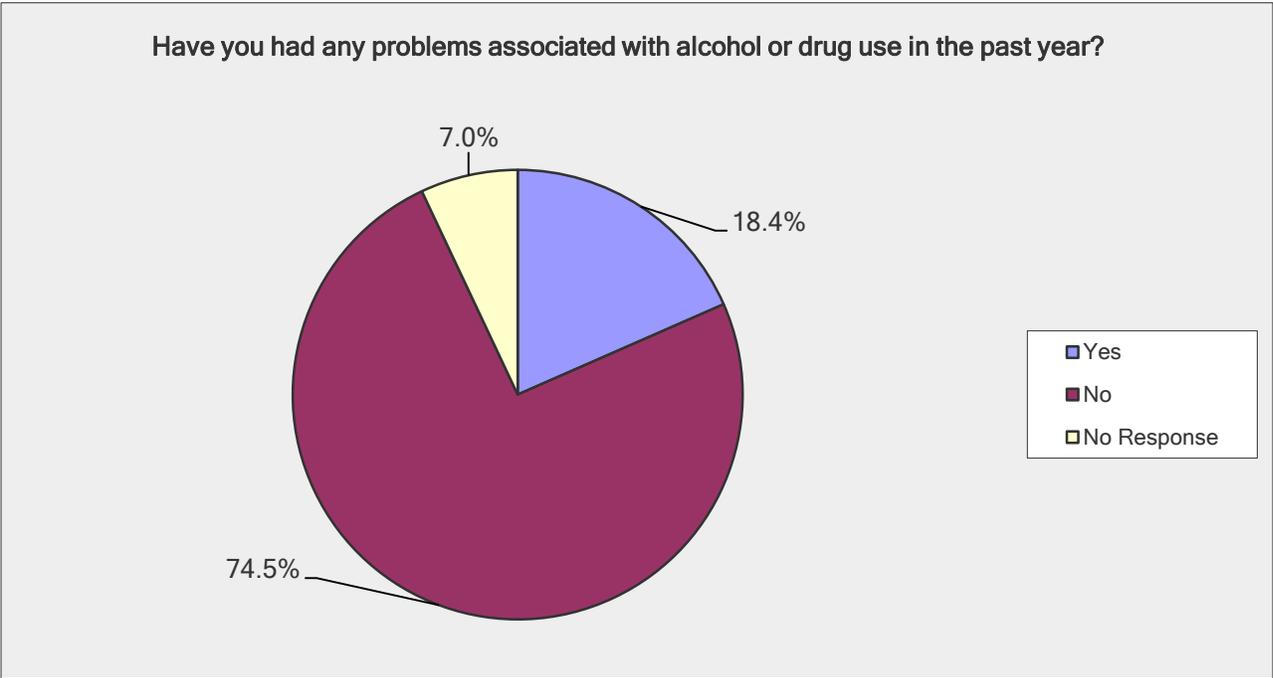
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Item 17

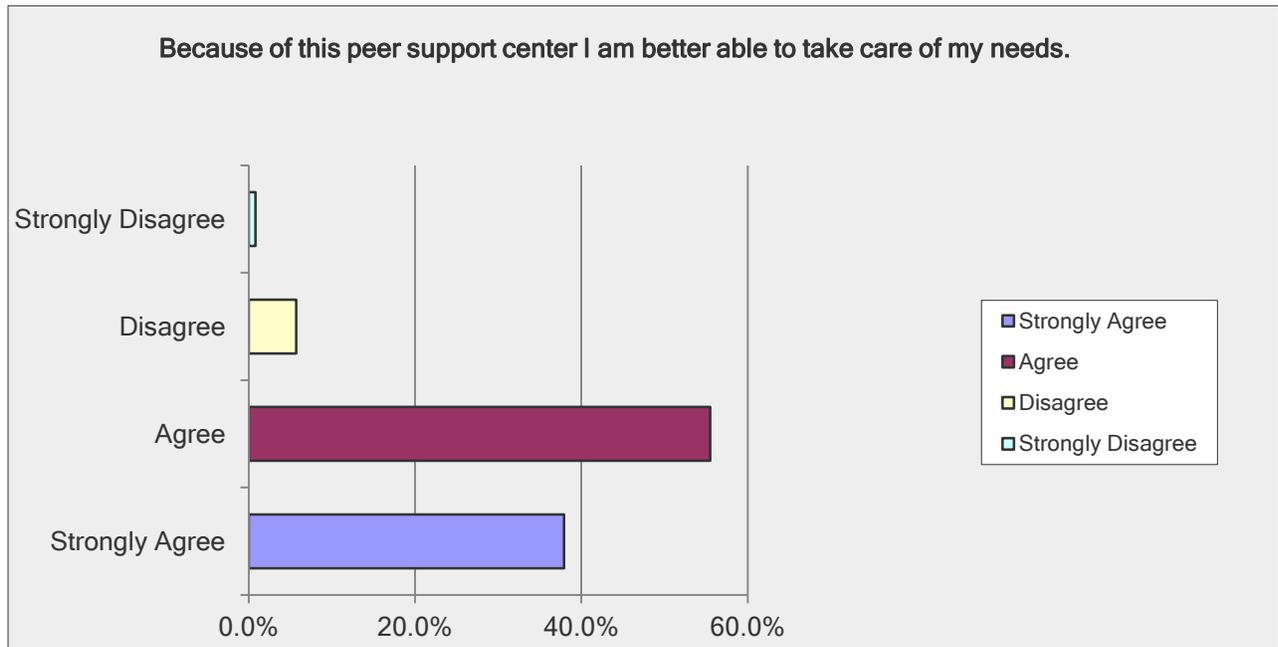


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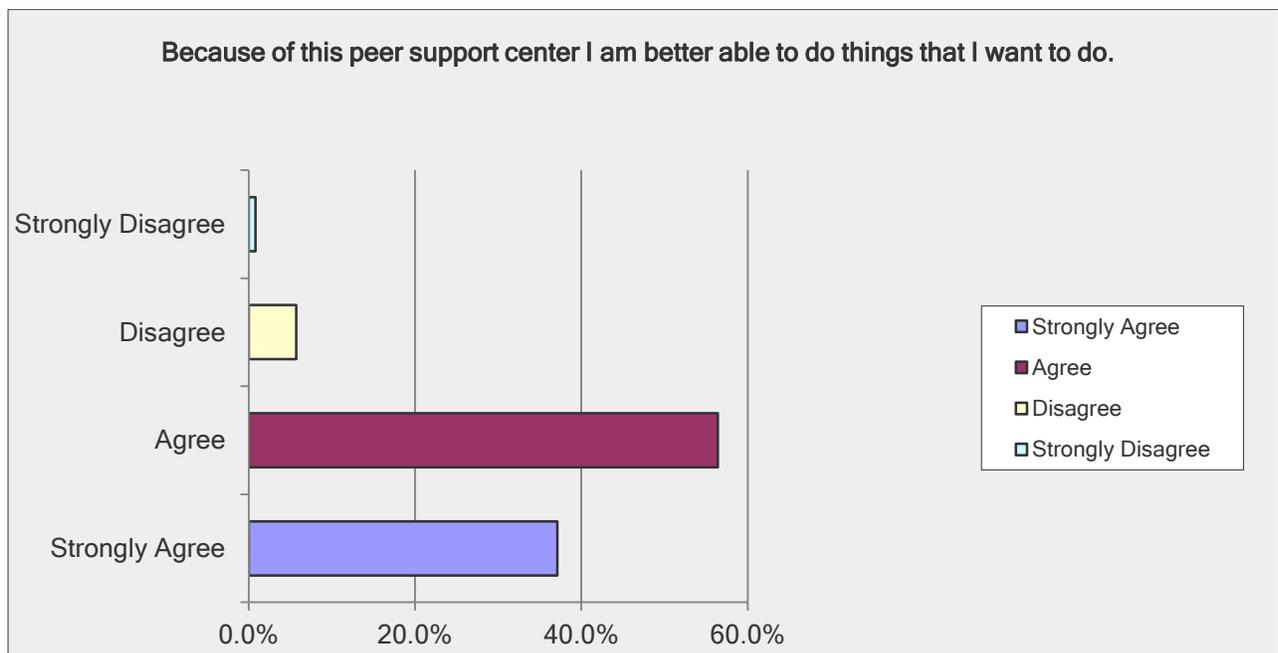


### SECTION 3: Purpose (n=488)

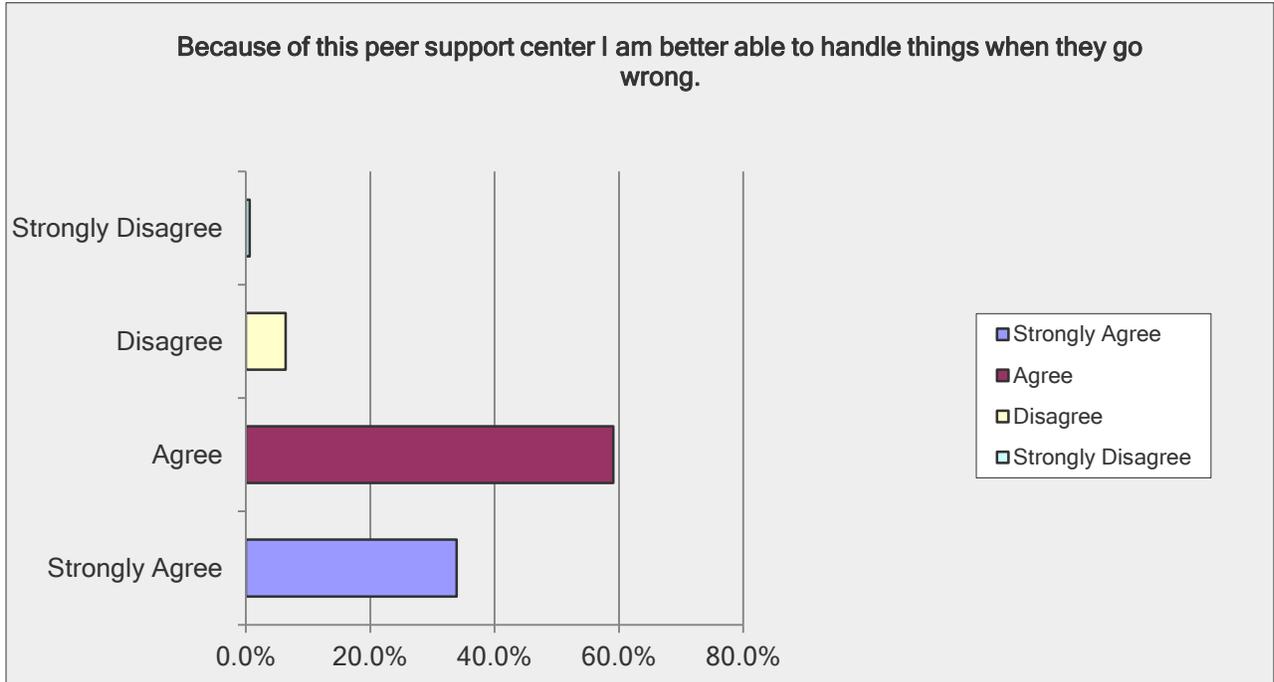
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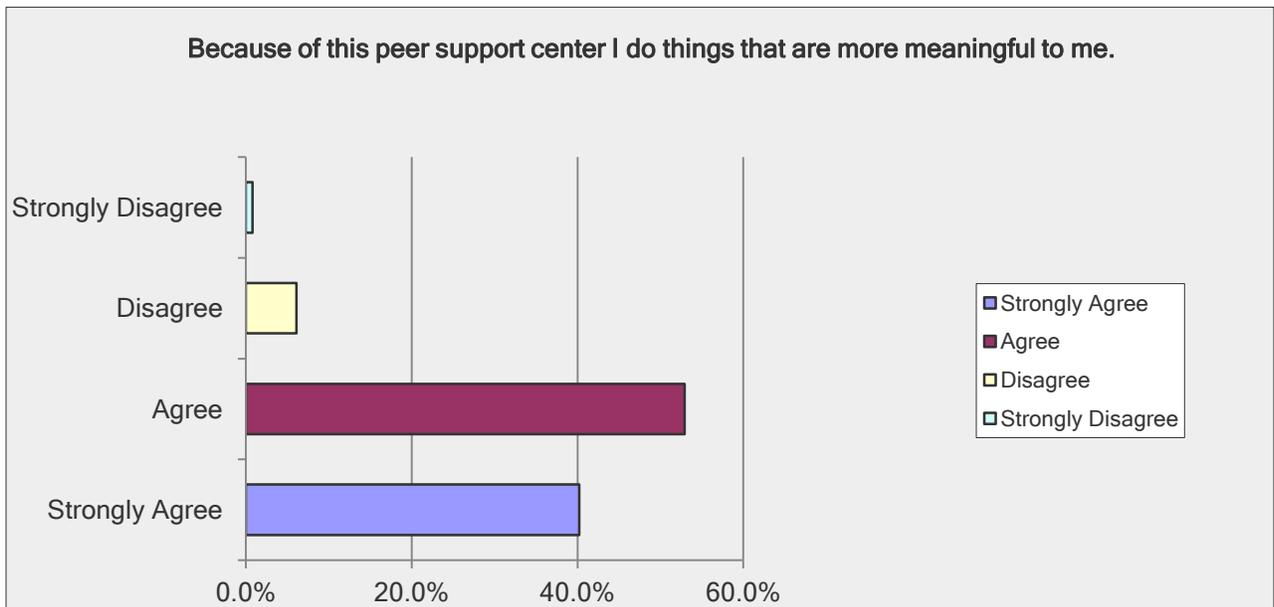
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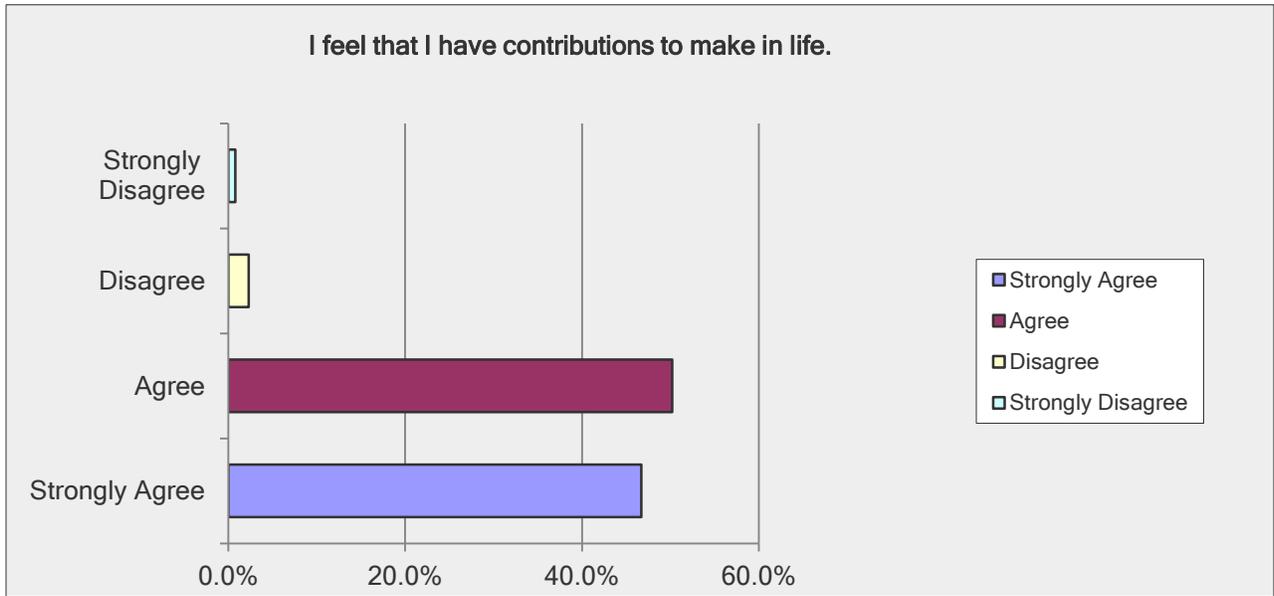
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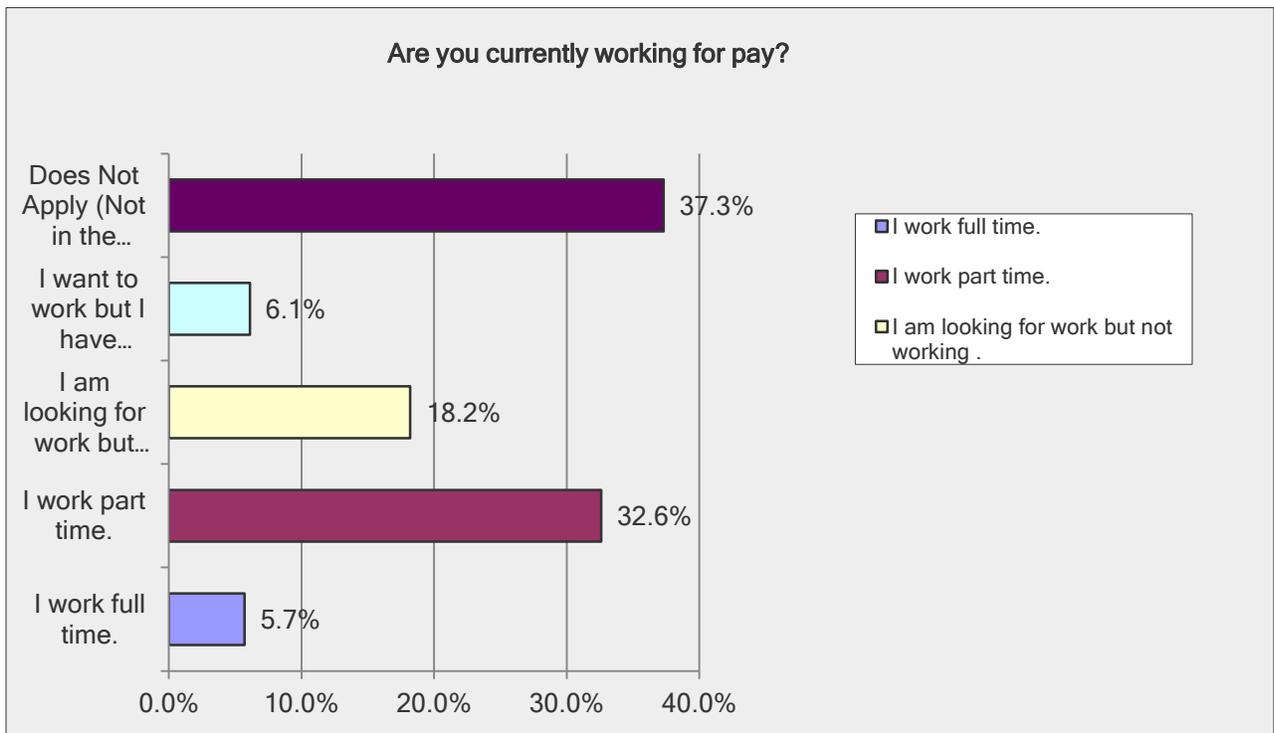
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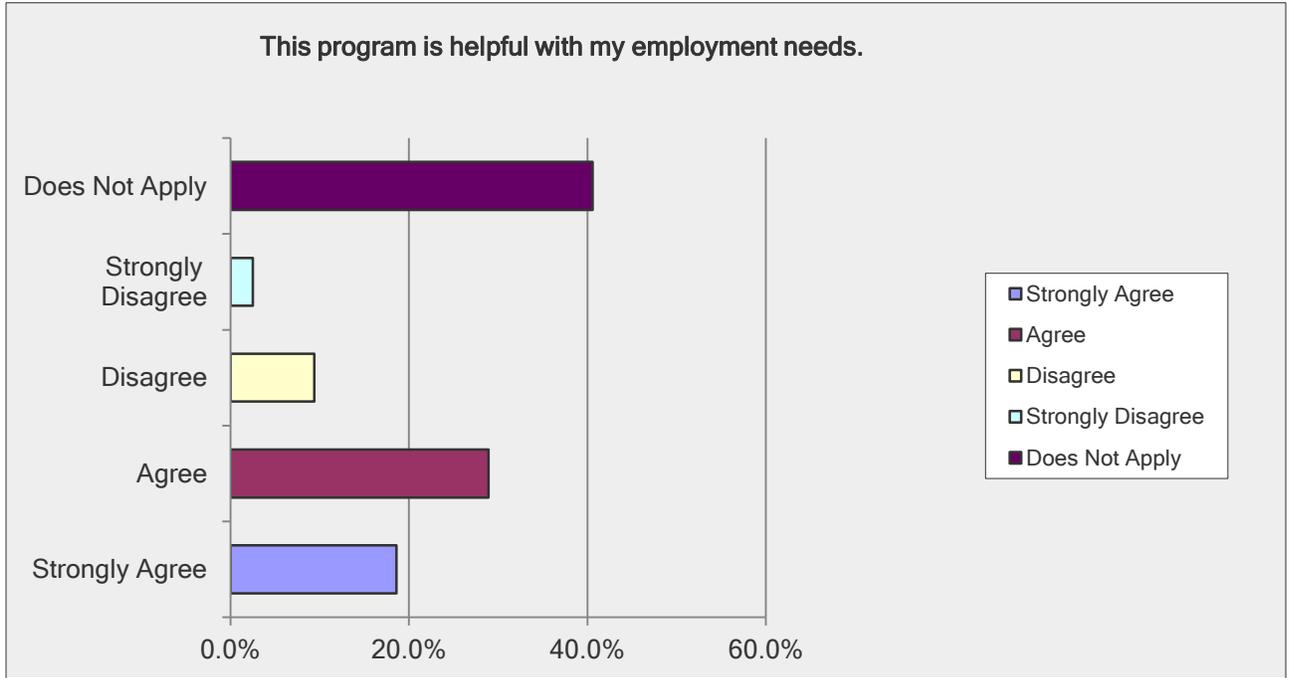


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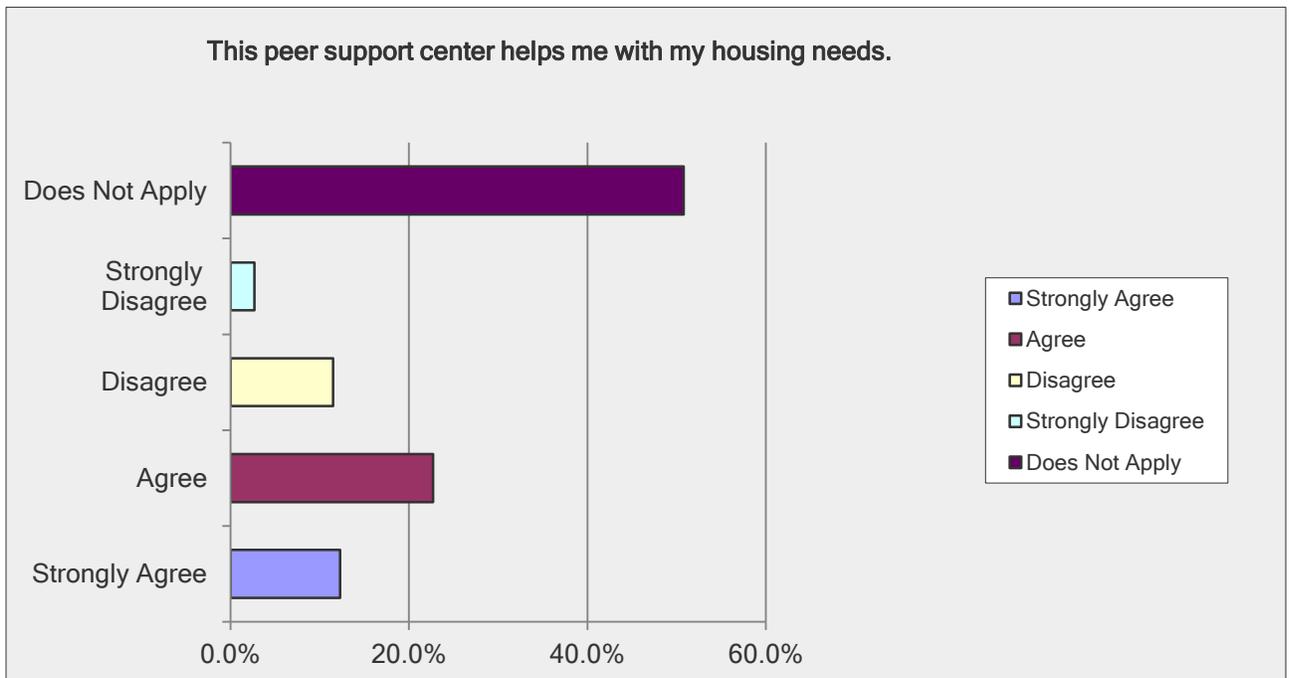


\*Unchanged from 2013 despite an improving economy

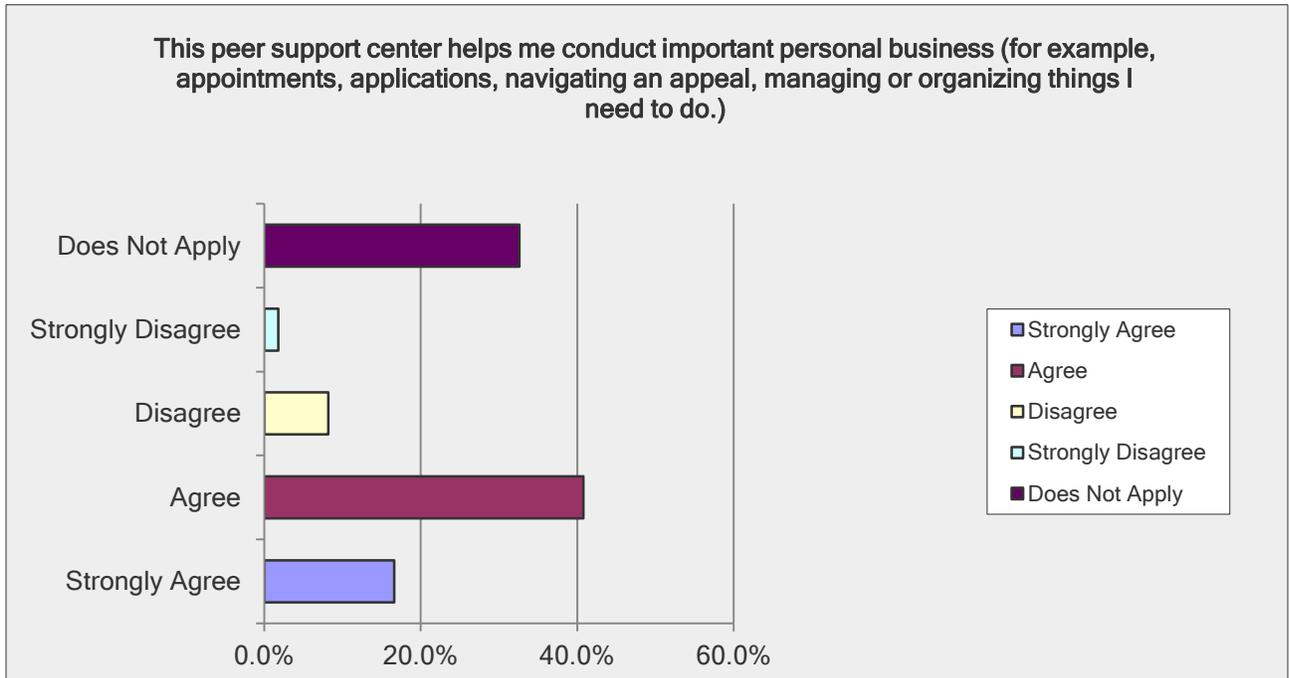
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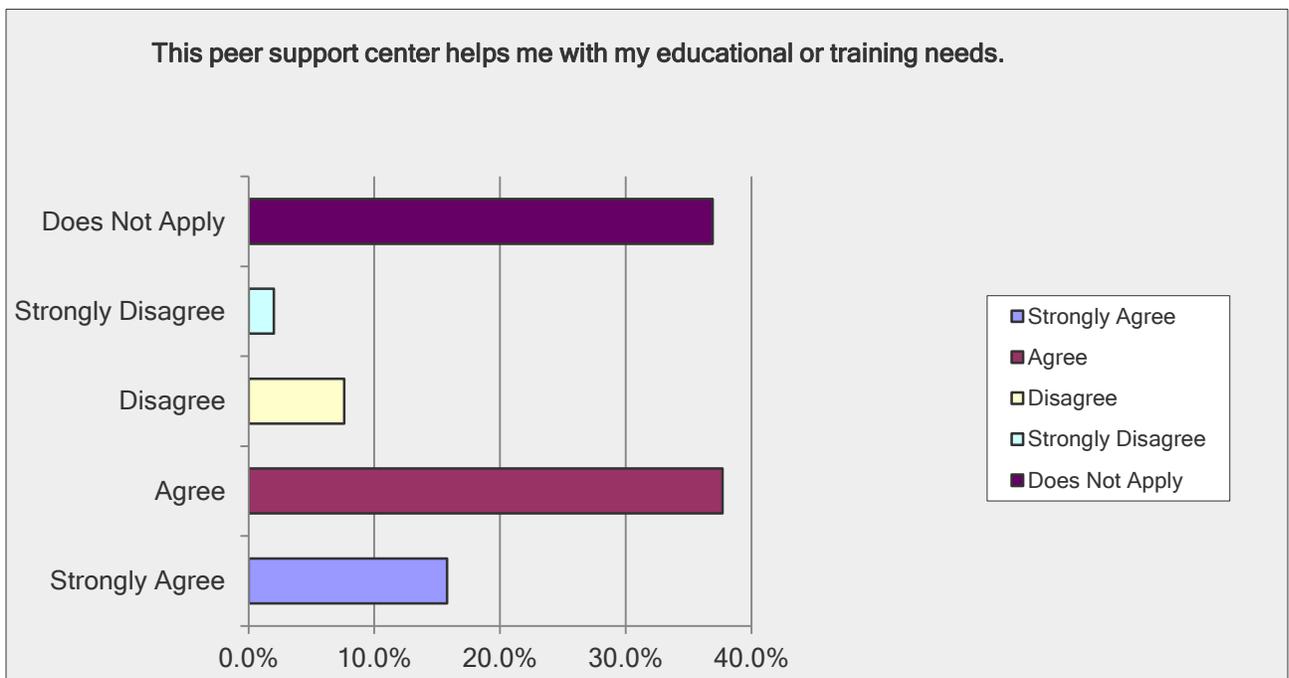
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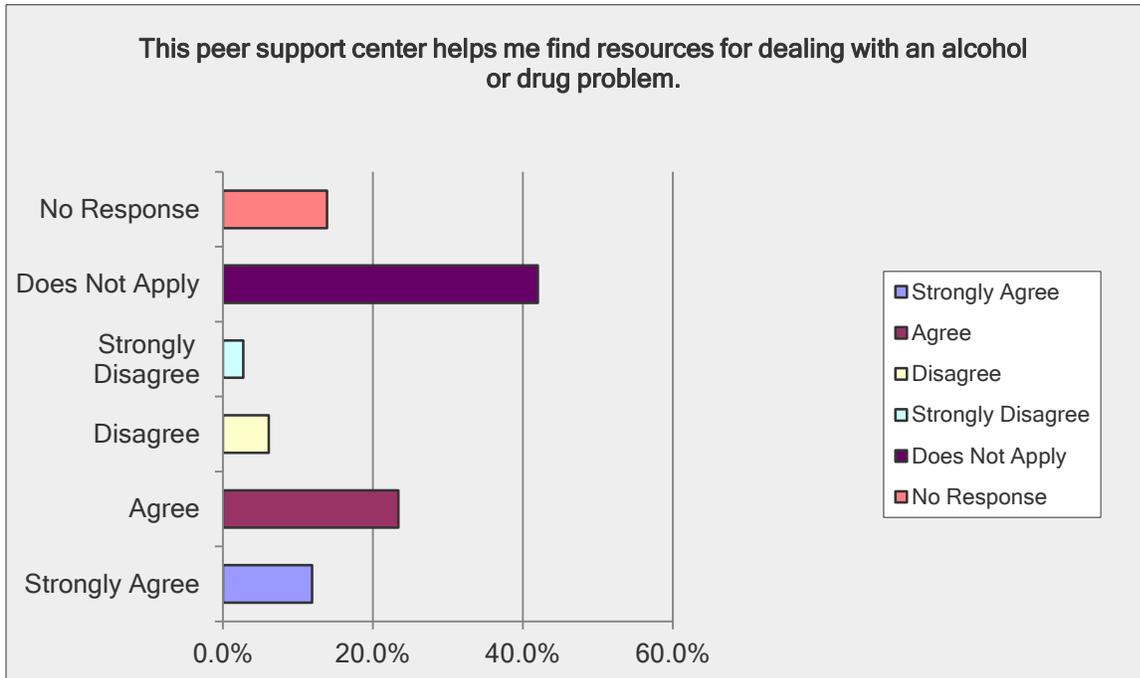
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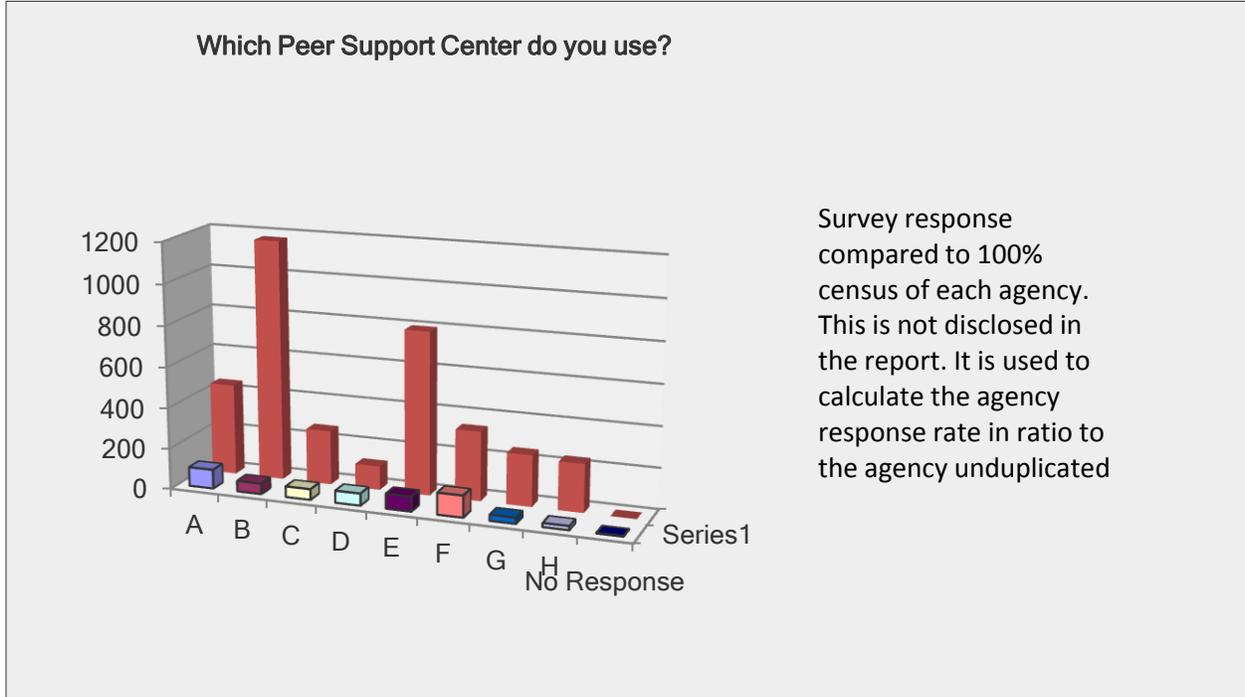


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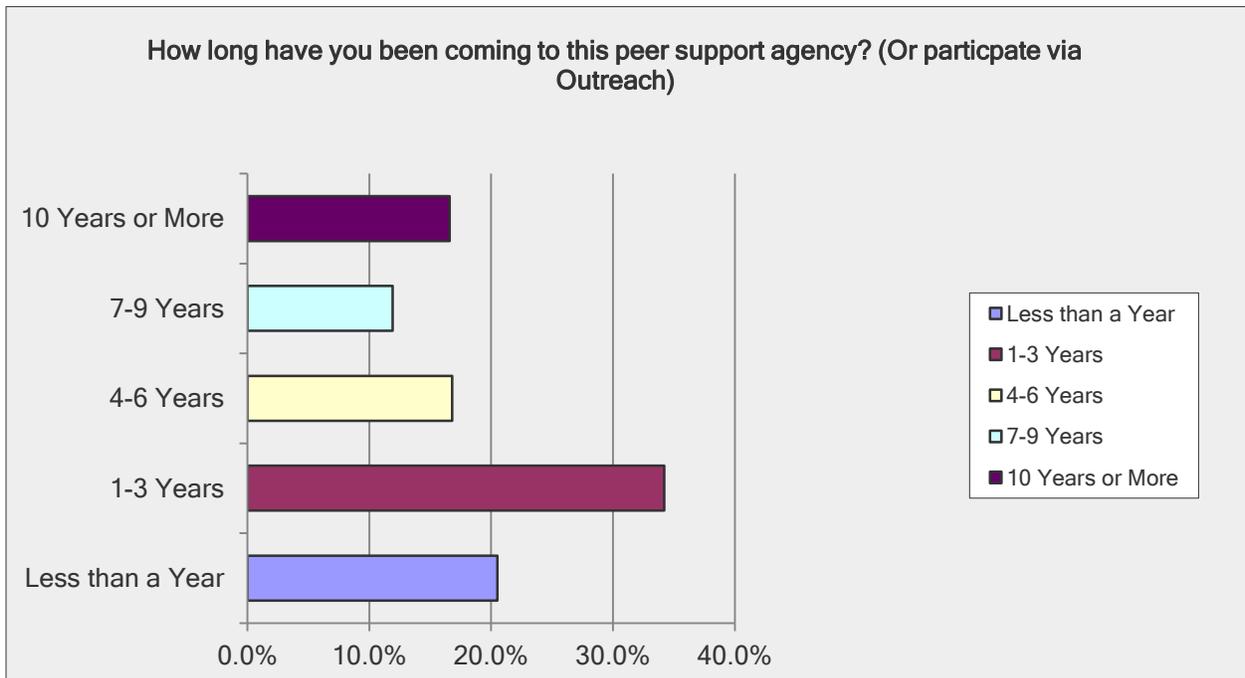


## SECTION 4: Community (n=488)

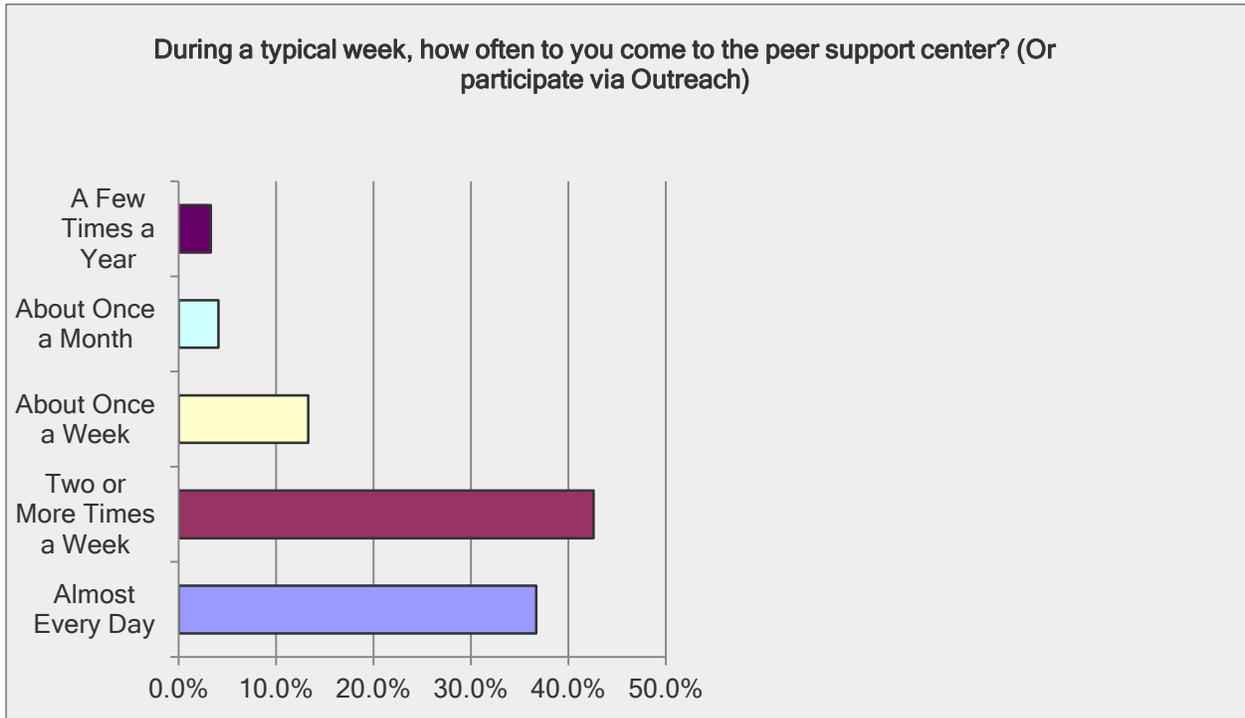
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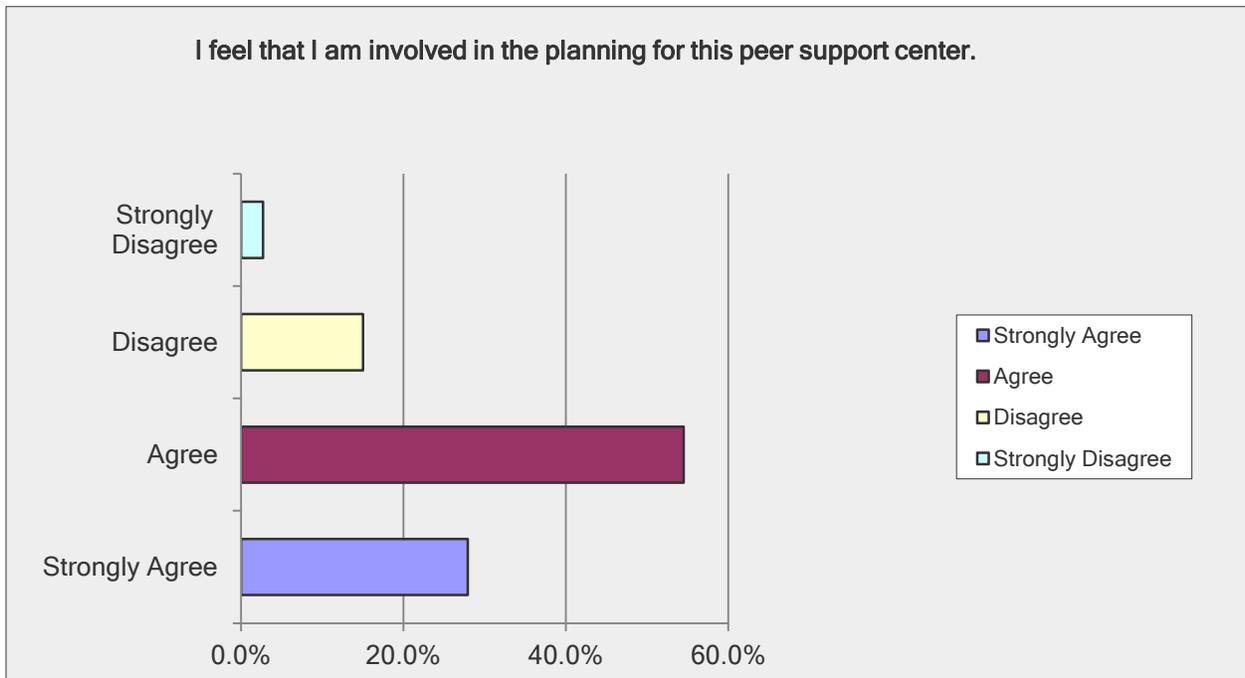
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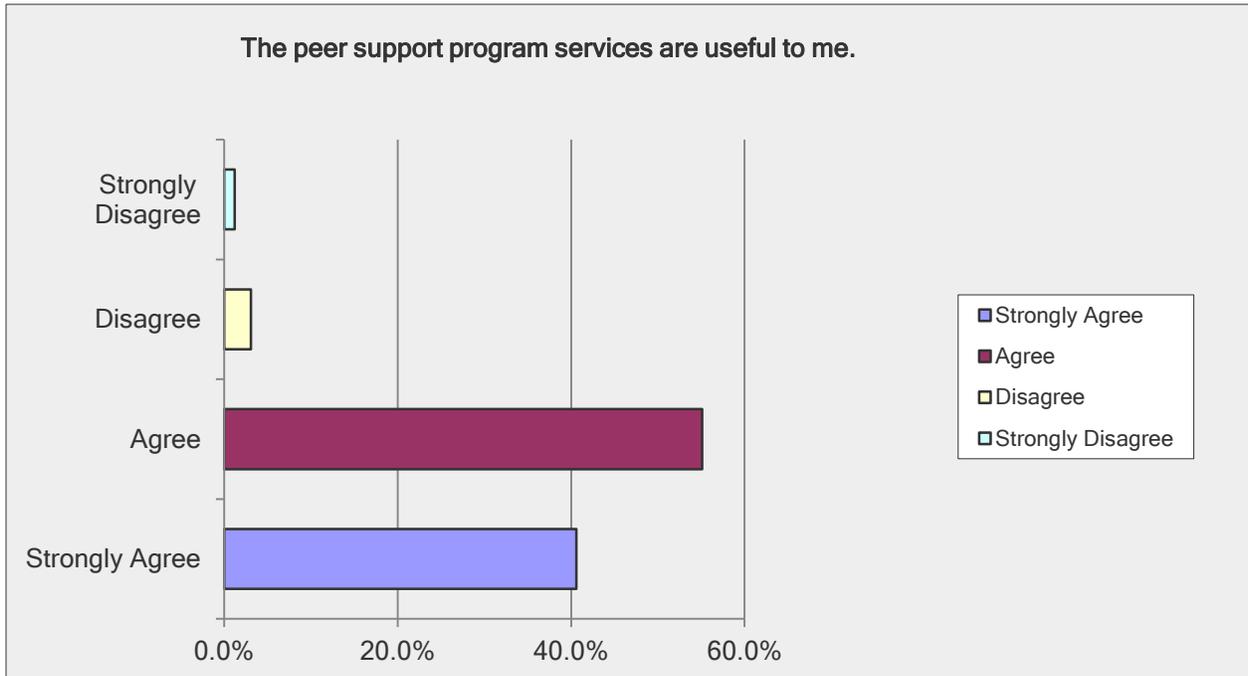
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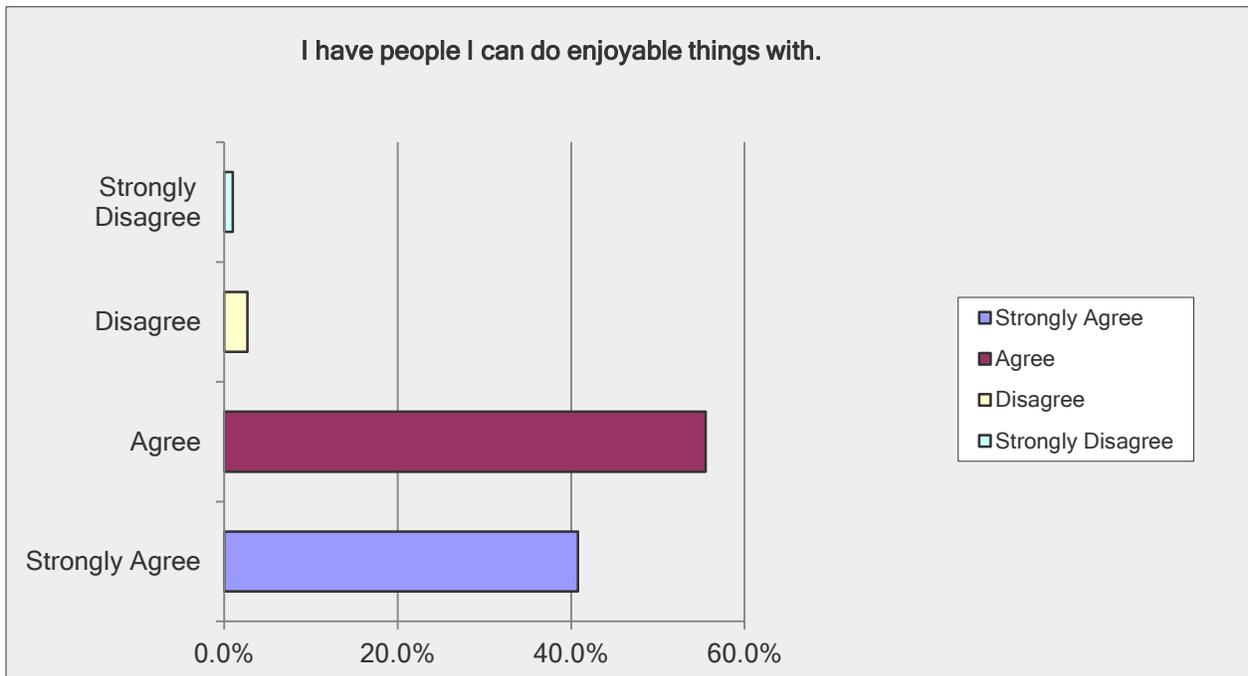
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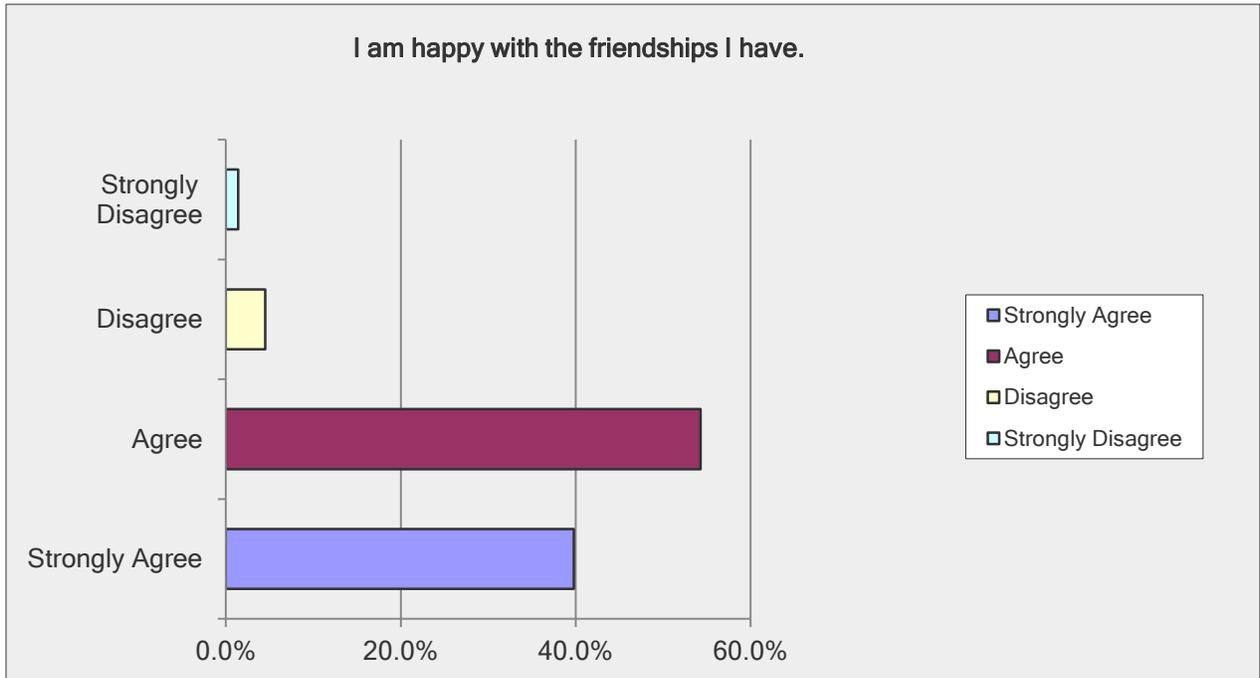
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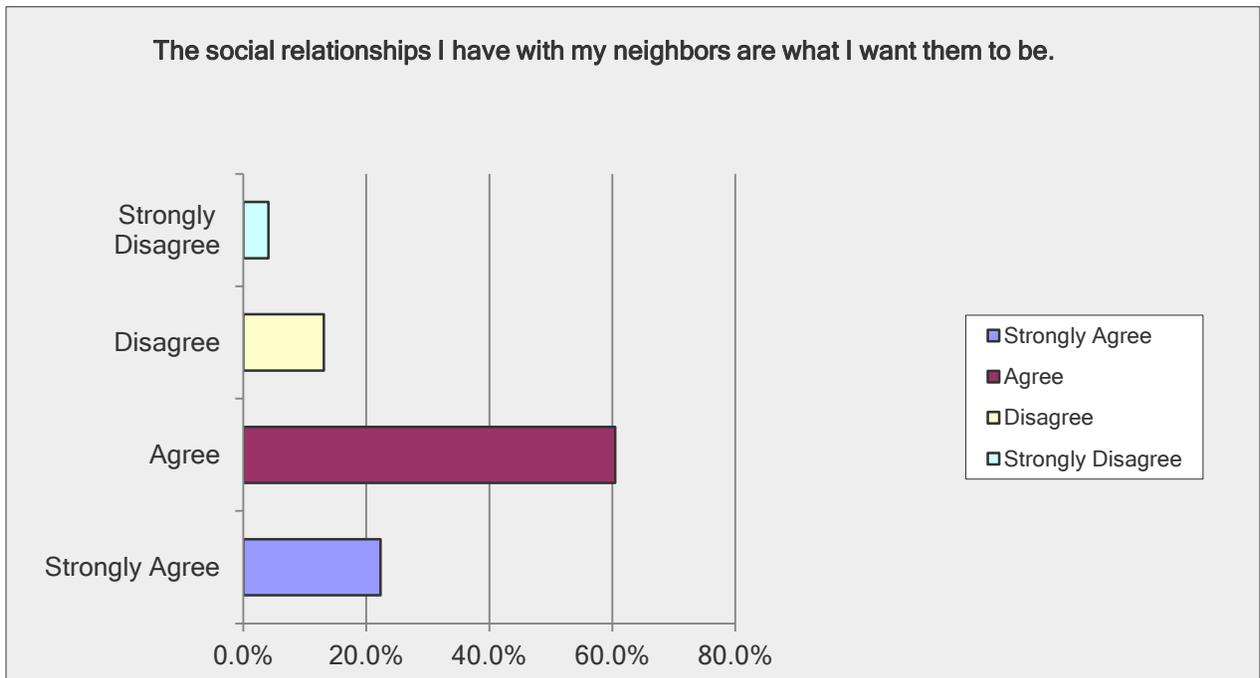
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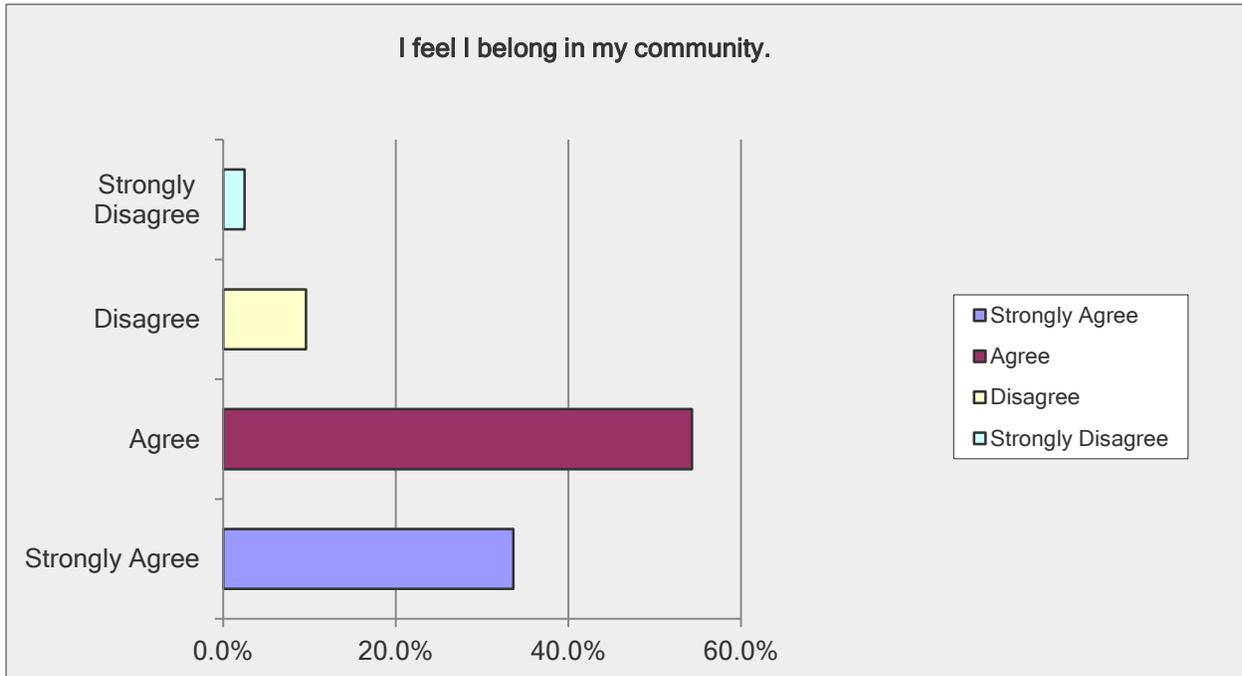
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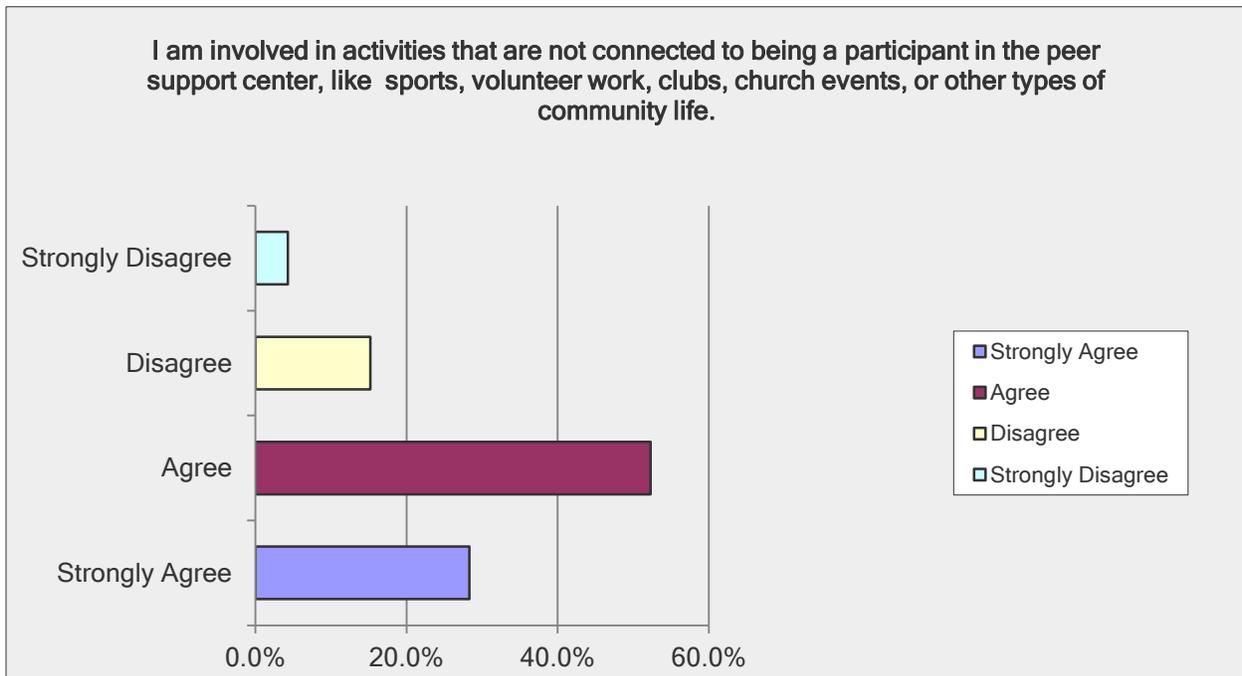
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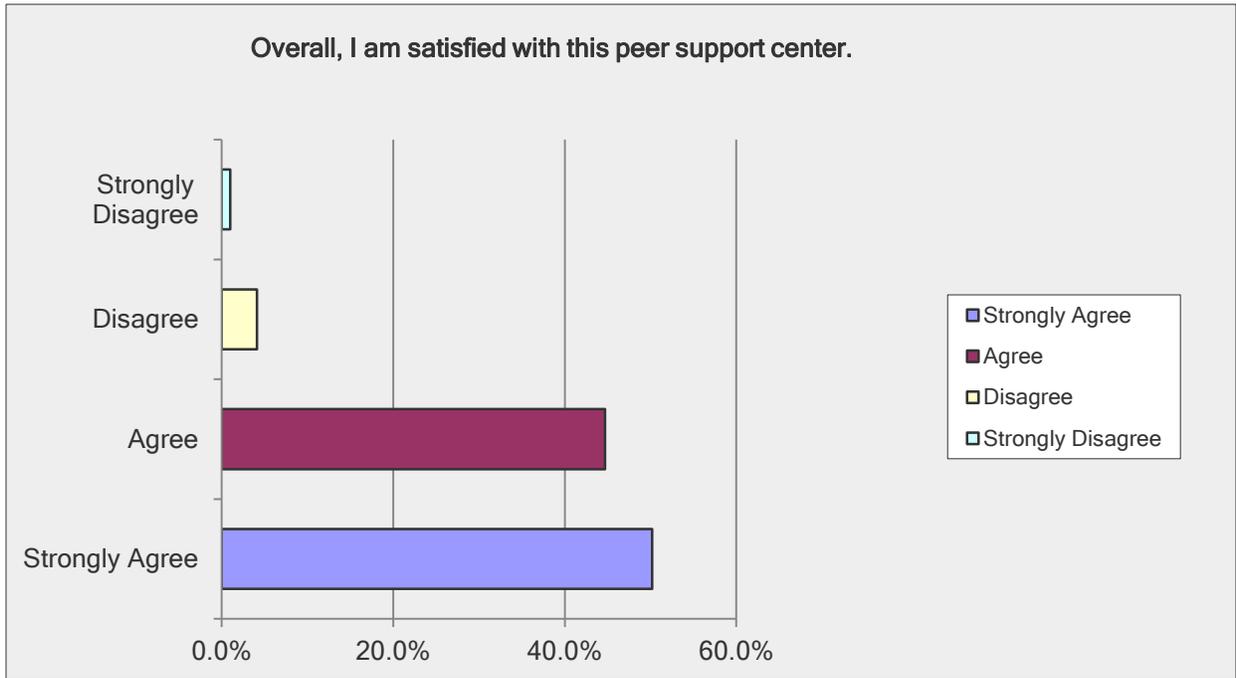
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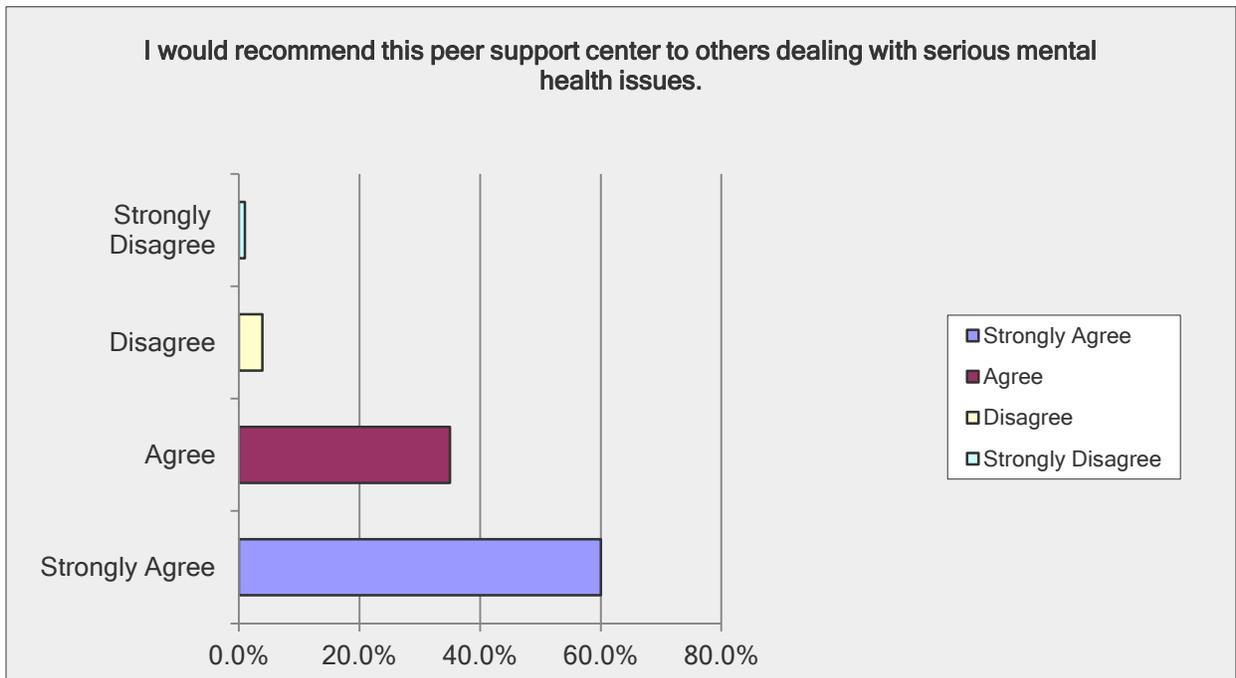
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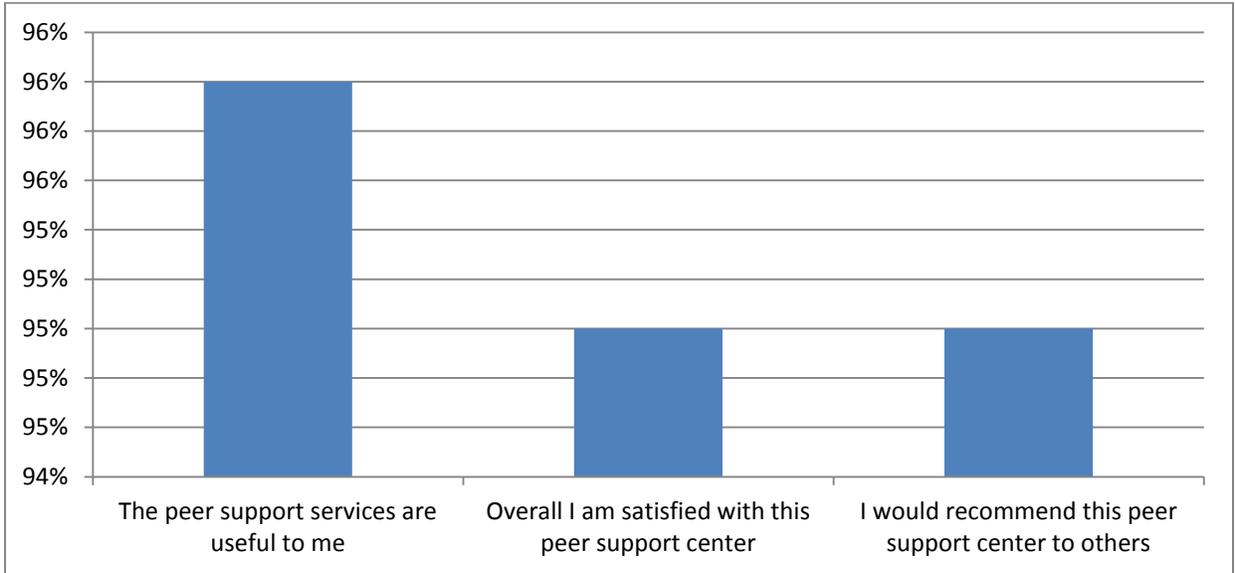
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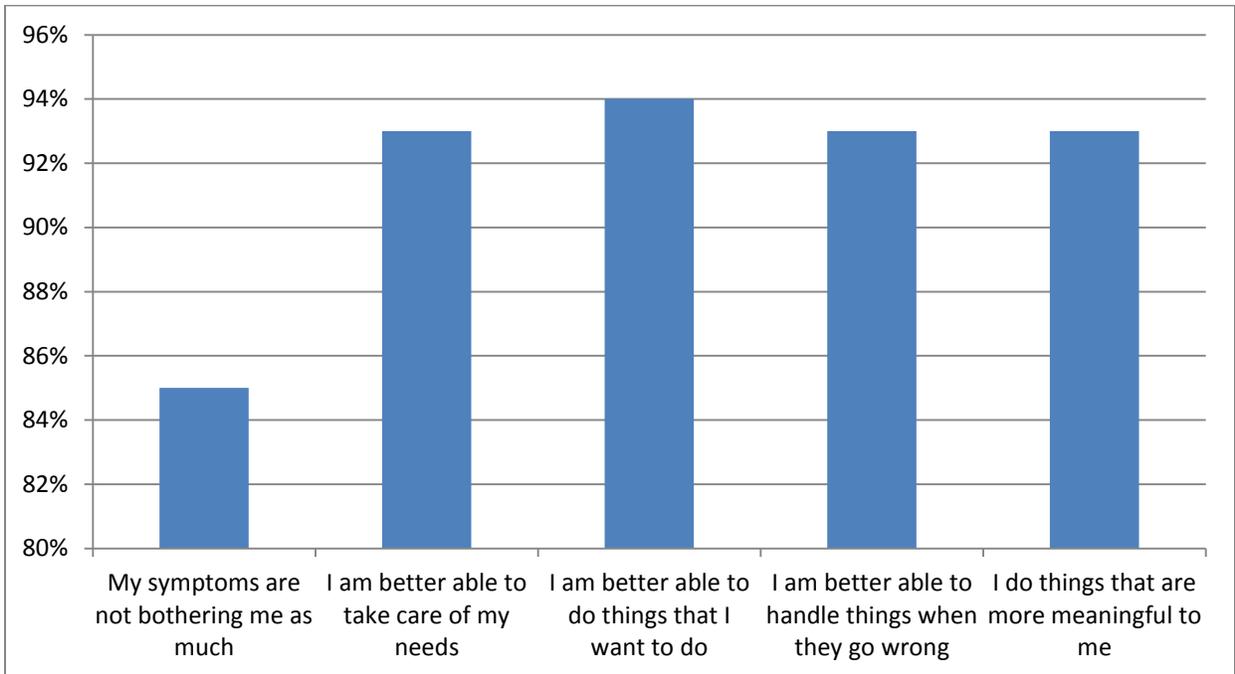
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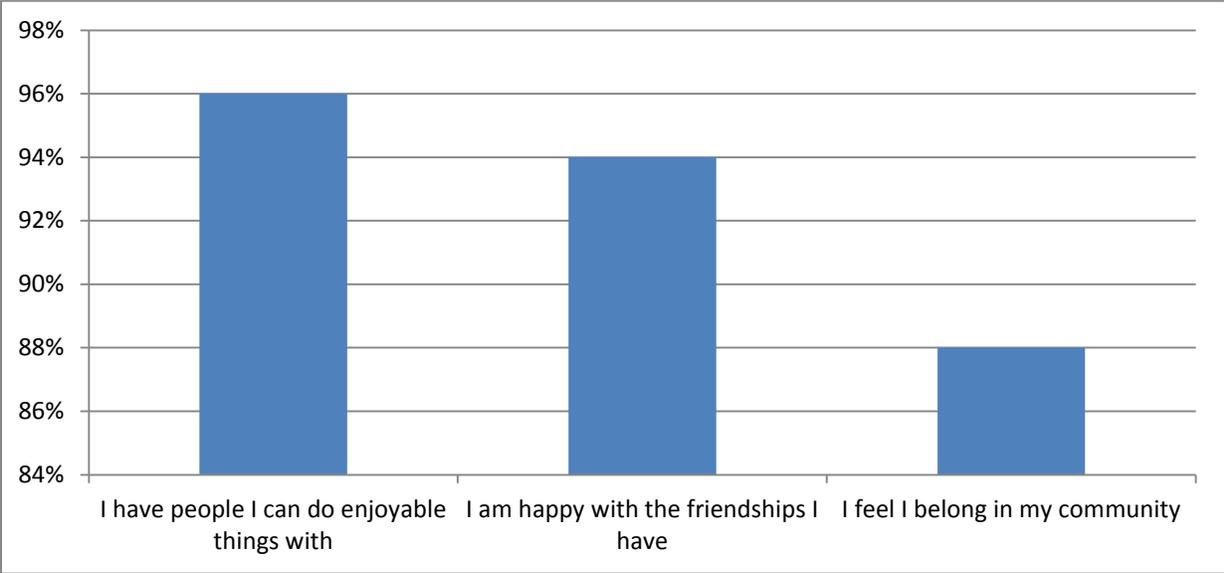
## GENERAL SATISFACTION (n=488)



## FUNCTIONING: A national outcomes measures (92% overall)



SOCIAL SUPPORTS/CONNECTEDNESS (National Outcomes Measure (93% overall))



## SAMHSA STRATEGY #4: RECOVERY

This strategy, particularly the elements of Health, Purpose, and Community, inform the NH State priority areas for the MHBG and the indicators for data collection via the annual “What Do You Think?” Peer Support Outcomes survey for New Hampshire’s grant funded peer support agencies. Below is the text from the FY14-FY15 MHBG Guidance for this strategy:

*State authorities are encouraged to implement, track, and monitor recovery-oriented, quality behavioral health care services within their states as authorized under the SABG and MHBG.*

Behavioral health care recovery support services include the following four major dimensions that support a life in recovery (the dimensions of recovery):

- 1. Health: Overcoming or managing one’s disease(s) or symptoms- for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem- and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.**
  - Promote health and recovery support services for individuals with mental and/or substance use disorders
  - Promote health, wellness, and resiliency
  - Promote recovery-oriented service systems
  - Engage individuals in recovery and their families in self-directed care, shared decision-making, and person centered planning.
  - Promote self-care alternatives to traditional care
- 2. Home: Stable and safe place to live (This item is not part of the State PSA measures)**
  - Ensure that supported independent housing, and recovery housing are available for individuals with mental and/or substance use disorders
  - Improve access to mainstream benefits, housing assistance programs, and supportive services for people with mental and/or substance use disorders
  - Build leadership, promote collaborations, and support the use of evidence-based practices related to permanent supportive housing and recovery housing
  - Increase knowledge of the behavioral health field about housing and homelessness among people with mental and/or substance use disorders
- 3. Purpose: Meaningful daily activities, such as job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.**
  - Increase gainful employment and educational opportunities for individuals with or in recovery from mental and/or substance use disorders
  - Increase the proportion of individuals with mental and/or substance use disorders who are gainfully employed and/or participating in self-directed educational services
  - Develop employer strategies to address national employment and education disparities among people with identified behavioral health problems

- Implement evidence-based practices related to employment and education for individuals with mental and/or substance use disorders

**4. Community: Relationships and social networks that provide support, friendship, love, and hope**

- Promote peer support and the social inclusion of individuals with or in recovery from mental and/or substance use disorders
- Increase the number and quality of consumer/peer recovery support specialists and consumer-operated/peer-run recovery support service provider organizations
- Promote the social inclusion of people with mental and/or substance use disorders

These elements – health, home, purpose, and community – are central to recovery from mental and/or substance use disorders. Recovery support services include efforts such as self-directed care, shared decision making, peer-operated services, peer specialists and recovery coaches, wellness activities, supported housing, recovery housing, self-care, supported employment, supported education, warm lines, person-centered planning and family support, social inclusion, and rights protection.

## TECHNICAL INFORMATION

### **Representation of Peer Participants**

It is important to note that while the survey respondents are believed to be representative of the larger PSA population, this is not a random sample. Opinions of non-respondents may differ from those of survey respondents.

### **Agency Non-participation**

With strong encouragement, all agencies participated this year unlike in previous years.

### **Early Exits**

Four hundred eighty-eight (488) respondents completed the survey to the end. All statistics are calculated from the completed surveys. There is no information as to why people exited the survey before finishing it, or exiting when they did. It is possible that some of the exits indicate false starts before returning to complete the survey.

### **Cross Tabbed Data**

The survey contained 41 discrete items. Agency directors may request cross tabbing for items of interest, providing there are sufficient numbers of respondents to protect identity. Agency directors also receive individualized reports with the results for their agency, again, assuming there are sufficient numbers of respondents to protect identity.

### **A Note About Research**

This is neither a scientific survey nor a research paper. The reader interested in learning more about peer support is encouraged to contact the Office of Consumer and Family Affairs at (603) 271-5045 or at 105 Pleasant St., Concord, NH 03301.

## PEER SUPPORT AGENCIES OF NEW HAMPSHIRE

### Region I

#### **Conway Peer Support Center**

Executive Director: Pat Tal  
6 Main Street  
PO Box 241  
Conway, NH 03818  
Phone: (603)447-1765  
Website: [www.alcenters.org/conwayctr](http://www.alcenters.org/conwayctr)  
Email: [alcenters@gmail.com](mailto:alcenters@gmail.com)

#### **The Haven**

Team Leader: Joanne Hill  
27 Lombard Street  
Colebrook, NH 03576  
Phone: (603)237-4353  
Website: [www.alcenters.org/colebrookctr](http://www.alcenters.org/colebrookctr)  
Email: [colebrookhaven@gmail.com](mailto:colebrookhaven@gmail.com)

#### **Littleton Peer Support**

Team Leader: Laura Mekinova  
267 Main Street  
Littleton, NH 03561  
Website: [www.alcenters.org/littletonctr](http://www.alcenters.org/littletonctr)  
Email: [littletonpsc@gmail.com](mailto:littletonpsc@gmail.com)

### Region II

#### **Stepping Stone**

Executive Director: Susan Seidler  
108 Pleasant Street  
Claremont, NH 03743  
Phone: (603)543-1388

Website: [www.stepsingstonenextstep.org](http://www.stepsingstonenextstep.org)

Warm Line: 1-888-582-0920

#### **Wolfeboro Outreach Program**

Team Leader: Robin Liakos  
Wolfeboro, NH 03896  
Phone: (603)662-2140  
Email: [wolfeboroutreach@gmail.com](mailto:wolfeboroutreach@gmail.com)

#### **Serenity Steps**

Team Leader: Ellen Tavino  
567 Main Street  
Berlin, NH 03570  
Phone: (603)752-8111  
Website: [www.alcenters.org/berlinctr](http://www.alcenters.org/berlinctr)  
Email: [serenitysteps@gmail.com](mailto:serenitysteps@gmail.com)

Main Website: [www.alcenters.org](http://www.alcenters.org)

Warmline: 1-866-447-1765

#### **Next Step**

Program Director: Mark Nichols  
109 Bank Street  
Lebanon, NH 03766  
Phone: (603)448-6941

### **Region III and IV**

#### **Concord Peer Support (Lakes Region Consumer Advisory Board)**

Executive Director: Patt Fancy  
55 School Street  
Concord, NH 03301  
Phone: (603)224-0083  
Website: [www.nhcornerbridge.org](http://www.nhcornerbridge.org)  
Email: [lrcab1@metrocast.net](mailto:lrcab1@metrocast.net)

#### **Cornerbridge of Laconia**

Program Director: Linda Lamotagne  
328 Union Ave  
Laconia, NH 03247  
Phone: (603)528-7742  
Email: [cornerbridge@comcast.net](mailto:cornerbridge@comcast.net)

### **Region V**

#### **Monadnock Area Peer Support Agency**

Executive Director: Damien Licata  
64 Beaver Street  
PO Box 258  
Keene, NH 03431  
Phone: (603)352-5093  
Website: [www.monadnockpsa.org](http://www.monadnockpsa.org)  
Email: [dlicata@monadnockpsa.org](mailto:dlicata@monadnockpsa.org)  
Warm Line: 1-866-352-5093

### **Region VI**

#### **HEARTS Peer Support Center of Greater Nashua**

Executive Director: Ken Lewis  
5 Pine Street Extension  
PO Box 1564  
Nashua, NH 03061  
Phone: (603)882-8400  
Website: [www.heartspsa.org](http://www.heartspsa.org)  
Email: [kenl-hearts@comcast.net](mailto:kenl-hearts@comcast.net)  
Warm Line: 1-800-306-4334

## **Region VII**

On The Road To Recovery  
Executive Director, Warren Bouchard  
13 Orange Street  
Manchester, NH 03104  
Phone: (603)623-4523  
Website: [www.otrtr.org](http://www.otrtr.org)  
Email: [Manchester@otrtr.org](mailto:Manchester@otrtr.org)  
Warm Line: 1-800-306-4334

## **Region VIII**

**Seacoast Consumer Alliance Peer Support Center**  
544 Islington Street  
Portsmouth, NH 03801  
Phone: (603)427-6966  
Email: [scapeersupportcenter@comcast.net](mailto:scapeersupportcenter@comcast.net)  
Warm Line: 1-800-809-6262

## **Region IX**

**Tri-City Consumers' Action Alliance**  
Executive Director: Martha Jo Hewitt  
36 Wakefield Street  
Rochester, NH 03867  
Phone: (603)948-1046  
Website: [www.tricitycoop.org](http://www.tricitycoop.org)  
Email: [tricitycoop@metrocast.net](mailto:tricitycoop@metrocast.net)

## **Region X**

**On The Road To Recovery**  
Program Manager: David Blacksmith  
12 Birch Street  
Derry, NH 03038  
Phone: (603)552-3177  
Website: [www.otrtr.org](http://www.otrtr.org)  
Email: [derry@otrtr.org](mailto:derry@otrtr.org)