DHHS Mission Zero
Mobilizing Collective Action

Led by a multi-stakeholder, multi-sector steering committee and workgroups, Mission Zero will bring together the entire mental health system to eliminate the hospital emergency department boarding challenge for good by simultaneously addressing its three drivers:

Front Door Issues: people in crisis go to the ED because they have been unable to get the right level of care in the community to address their psychosocial needs and/or immediate psychological crisis OR don't know where else to go.

Inpatient Supply & Coordination Issues: people with acute psychiatric needs are unable to be transferred to an appropriate inpatient bed due to a shortage or system fragmentation of such beds.

Back Door Issues: people are exceeding medically necessary stays in inpatient psychiatric facilities due to a lack of the right levels of support they need to discharge safely, thus preventing new admissions to the inpatient facility.

DHHS has identified 6 priority interventions with the greatest impact and viability that align with ongoing implementation of the State's 10-Year Mental Health Plan, which provides the foundation upon which the work of Mission Zero will advance:



10-Year MH Plan



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Mission Zero Priorities

Expansion of Certified Community Behavioral Health Clinics (CCBHC)	CCBHC model is transforming community mental health across the U.S., expanding access and integration of services to reach more people while utilizing more sustainable, alternative payment models. **Progress: $1M federal planning grant received, DHHS CCBHC Administrator hired, contracts approved for 9 CMHCs to engage in planning efforts; NAMI NH facilitating stakeholder engagement and Brandeis University assisting with certification standards and quality metrics; two CCBHCs granted provisional certification. In March 2024 DHHS submitted an application for a 4-year federal CCBHC Demonstration Grant.**	By June 2024, will be notified of whether NH will receive a 4-year federal CCBHC demonstration grant. By July 2024, expect application for provisional certification from third CMHC (West Central). Two CCBHCs (Greater Nashua and Manchester) accepting new patients by Spring 2025.
Community-Based Crisis Stabilization Centers	Complementing the crisis phone/text and mobile team services, these walk-in centers serve as in-person access points to BH services and alternatives to hospitals/EDs/jails, providing 23.5 hr sub-acute care and referrals to community resources. **Progress: Contracts with 2 CMHCs approved (SFY24 $1.47M & SFY25 $1.47M); receiving TA from SAMHSA to assist with the model development; received add'l allocation of $5M total in SFY24/25 budget. CLM currently operating, seeing about 80 patients/month via walk-in crisis service. Procurement in development for crisis stabilization expansion beyond first two centers.**	Second Crisis Stabilization Center (Lakes Region MH) to open in June 2024. Additional Stabilization Centers expected to launch in early 2025
Care Traffic Control	Centralized coordination and oversight of all adult IEA referrals submitted for inpatient mental health treatment to ensure timely care in the right place. **Progress: Initial launch of CTC was 1/16/24. NHH CTC team is staffed 24/7 as of 5/1/2024. Multi organization task group has developed and implemented a process for all Inv. Inpatient referrals to come through NHH. Daily huddles with DRF's are ongoing. Multiple KPI's have been determined and data is being collected to inform process improvement and system impact.**	Continued information system improvements are underway to create workflow efficiencies and more accurate data via NHH EHR solutions. Statewide education sessions occurring with provider community in Q2 2024 Launch of public dashboard and additional data improvements expected in Q2 2024 to improve workflow and monitoring.
Expansions in Designated Receiving Facility (DRF) Beds	Renovations on two NHH units to expand to full 184 bed census; partnership with SolutionHealth to open 144-bed BH facility in Londonderry and with Dartmouth Health to open 5 DRF bed unit in Upper Valley—both with special requirements to serve the most vulnerable.	NHH to be at +18 beds by end of May, and reach full census of 184 by end of 2024. Dartmouth accepting admissions by end of 2024.

	Progress: $16 million total allocated for new DRF projects, contracts approved, implementation underway.	New facility accepting admissions by early 2026.
Expansions in Care in Step-Down and Less Restrictive Settings	Creation of residential program for individuals with co-occurring BH issues, intellectual disability, and/or complex medical needs—with ultimate goal to facilitate a successful transition to the community. **Progress: Over $10 million allocated through SFY 25. Two 5-bed specialty residential properties purchased, both in Newport; have begun accepting patients for move-in. 14 patients with nursing home needs placed in Strafford County. Fiscal approval for Riverbend 12-bed facility capital project.**	16 patients with nursing home level of need placed by December 2024. Two 5-bed programs to be at full occupancy by June 2024. Two additional 5-bed properties to be secured by July 2024. Increasing PATH To full capacity of 16 beds by Q3 2024. 12 new specialty residential beds in Concord to be available in Q2 2025 for people with physical and mental health challenges.
Landlord Incentives to Expand Places to Remain Stably Housed	Transition individuals with serious mental illness to apartments by working directly with rental property owners, landlords, and municipalities on strategies that mitigate risks and provide permanent, supportive housing. **Progress: Funds allocated (SFY24 $1M & SFY25 $400K) and contract approved. Housing manager hired and five referrals received, with one move-in.**	25 patients moved to stable housing by Q3 2024.