Report on Priorities for Implementation of New Hampshire's 10-year Mental Health Plan of 2019 Pursuant to Chapter 248, Laws of 2019, (Senate Bill 292) to the New Hampshire Health and Human Services Oversight Committee, et al.

Division for Behavioral Health
New Hampshire Department of Health and Human Services

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The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

INTRODUCTION

In accordance with Chapter 248, Laws of 2019, (SB 292), the New Hampshire Department of Health and Human Services, Division for Behavioral Health (hereinafter "Department") is pleased to submit this report relative to the implementation of New Hampshire's comprehensive 10-year mental health plan (hereinafter "10-year mental health plan").

Specifically, and as related to the current report, SB 292 requires the Commissioner to submit a report containing the priorities for implementation of the 10-year mental health plan by September 1, 2019 to the Health and Human Services Oversight Committee, the President of the Senate, the Speaker of the House of Representatives, and the Governor. Moving forward, SB 292 also requires the Commissioner to submit an annual report thereafter, beginning on or before September 1, 2020, relative to the status of fully implementing the 10-year mental health plan.

By way of background, the 10-year mental health plan, published in January 2019, sets a vision for the State's mental health system and prioritizes 14 recommendations to implement within its first two years. These recommendations are foundational and intended to strengthen the system's infrastructure. Following implementation of these recommendations, New Hampshire will be poised to successfully expand and sustain a robust mental health system.

To address the priority recommendations, the Department has undertaken preparatory steps for those areas subject to the finalization of state fiscal years (SFYs) 2020-2021 budget while implementation is occurring for those areas that are not dependent upon the enactment of the pending budget.

Summary of Activities, Priorities and Progress Toward Implementation of the 10-year Mental Health Plan

Recommendation #1: Medicaid Rate Increase for Mental Health Services:

In SFY2019, the Department temporarily increased by $6M in total funds Medicaid rates for providers of mental health services. The funding is included in the biennial budget that was passed by the NH Legislature.

The Department also received authorization from the U.S. Centers for Medicare and Medicaid Services (CMS) to pay interim enhanced rates to eligible Community Mental Health Programs (CMHP) for select adult services to improve access and coordination. These directed

payments were effective from 7/1/2018 through 6/30/2019 and did not exceed the following amounts for the period:

- $3M – Assertive Community Treatment (ACT) Services – payments to improve access and support ACT program fidelity.
- $1.2M – New Hampshire Hospital (NHH) Discharges – payments for a face-to-face service the same-day/next-day of discharge from NHH to enhance care coordination for transitions.
- $200K – Specialty Residential Services – to support specialized services for individuals who have co-occurring mental health and developmental disabilities.
- $600K – Mobile Crisis Teams – to support face-to-face emergency services for more direct interventions provided by mobile crisis teams.

An application has been submitted to CMS to extend these directed payments through SFY 2020.

The biennial budget passed by the Legislature also included significant increases to Medicaid rates for providers.

Recommendation #2: Address Emergency Department Waits:

I. Short term measures

- Mobile Crisis Services: Senate Bills 11 and 14 include provisions and funds to expand crisis services such as Mobile Crisis Response Teams (MCRT) and Behavioral Health Crisis Treatment Centers (BHCTC) for both adults and children. The Department is working with stakeholders to determine what changes are needed to improve NH's crisis response system. The Department has released a Request for Proposal as required by SB 11 for an additional MCRT or BHCTC. SB 14 requires the development of statewide MCRT for children and youth and the Department is actively planning for implementation of these programs. The Department is also evaluating opportunities to achieve efficiencies and improve access to crisis services by exploring models that would offer fully integrated crisis services for all populations (children/youth, adults, mental health, and substance use). The Department is also drafting a Request for Information to solicit input about proven crisis response models that are statewide, integrated, and financially sustainable.
- Rates for community-based Designated Receiving Facilities (DRF): Senate Bill 11 provides for an increase to DRF rates, for the establishment of an atypical rate for voluntary inpatient psychiatric admissions, and for funds to renovate existing hospital facilities to expanded DRF capacity statewide. In accordance with SB 11, a Request for Application is under development as a mechanism to allocate and disburse such funds.
- The Department is in the process of developing an application with CMS for a new Section 1115 Institution for Mental Disease (IMD) waiver. The waiver will allow providers to receive for Medicaid reimbursement for mental health services provided to adults with severe mental illness and children with severe emotional disturbance who receive acute care provided in psychiatric hospitals for greater than fifteen days.

II. Reallocation of Capacity at New Hampshire Hospital

III.

The Department, working with the Governor and Legislature, will be moving the children's unit from NHH to Hampstead Hospital, expanding its scope of acute psychiatric treatment services for children on both a voluntary and involuntary basis. Renovations are currently underway. This move will ensure access to a specialized treatment setting designed to meet the unique needs of children and youth experiencing mental illness. This move will also serve to increase capacity at NHH by converting the existing 24 child and youth beds to more than 40 adult beds.

Hampstead Hospital is working with the Department to update policies and procedures to ensure compliance with DRF designation and contractual requirements.

Recommendation #3 Renewed and Intensified Efforts to Address Suicide Prevention:

HB 652 requires the state Board of Education to adopt rules requiring teachers and administrators in the public schools to receive annual training in suicide awareness and prevention.

HB 1 (the proposed biennial budget) includes $200,000 in each fiscal year to support the state's suicide hotline and $250,000 in each fiscal year to support suicide prevention training.

The Department continues to work closely with the Suicide Prevention Council, with the directors of the Bureau of Mental Health Services and Children's Behavioral Health serving as its co-facilitators.

Recommendation #4 Enhanced Regional Delivery of Mental Health Services

The Department is exploring its options to fulfill the call for a mental health portal, which would provide an integrated point of entry for local and regional information for mental health, substance use and other services. The Department is examining the current regional infrastructure which includes, but is not limited to the Doorway program, Integrated Delivery Networks and Regional Public Health Networks to determine how to leverage and centralize access points for individuals and families.

SB 14 requires statewide mobile crisis response for children; expansion of community based services for children; consolidated parent information; and an evidence-based practice clearinghouse. These components are designed to be connected to a regional entity for behavioral health access and information. The Department has developed a work plan and timeline to address this recommendation. Funding is contingent on a new biennial budget.

Recommendation #5 Community Services and Housing Supports

SB 11 appropriates funds for the purpose of contracting with programs that enable individuals with serious mental illness to attain and maintain integrated, affordable, supported housing. The Department is following the guidance in the 10-year plan to determine how to allocate these funds.

SB 14 requires the expansion of the FAST (Families and Systems Together) Forward program and Care Coordination services provided beyond the FAST Forward program by the Care Management Entity (CME). SB 14 also requires the CME to expand their responsibilities to oversee children and youth who are in residential treatment and acute psychiatric hospital

care; ensure goals are appropriate, are attained, and treatment progresses; and develop and actively use safety plans with all children or youth who enter treatment settings. Financial resources that will adequately address these requirements are included in the proposed biennial budget.

HB 1 also includes funds to expand the Housing Bridge Subsidy program and transitional housing for adults and youth.

Recommendation #6 Step-up/Step-down Options

Peer-run crisis programs have proven to be highly successful in other states; therefore, the Department is exploring opportunities to establish peer-run step-up/step-down programs in NH based on successful models from other jurisdictions. The peer-run crisis response model would provide short-term, temporary housing for individuals who need a higher level of support to avoid inpatient psychiatric hospitalization or individuals recently discharged from psychiatric hospitalization who need additional supports to facilitate a safe return home. Certified Peer Support Specialists who are specifically trained in methods designed to support peers experiencing psychiatric crises would operate such programs. The Department is pursuing rule changes to include step-up/step-down programs in He-M 402, Peer Support. HB 1 includes funds to support step-up/step-down programs in SFY 20/21.

SB 14 and the federal Families First Prevention Services Act provide opportunities to look critically at how NH uses residential treatment for children and youth. The State is making progress to enhance and revamp the residential treatment system to meet the needs of all children more effectively. This includes reviewing cases of children and youth currently in treatment either in- or out of state; developing a level of care system framework with clear descriptions and inclusion/exclusion criteria; selecting a single standardized assessment tool for use across all children's behavioral health providers; and cross-walking eligibility criteria with levels of care and the chosen assessment tool. Resources to adequately address these requirements were incorporated into HB 1.

Recommendation #7 Integration of Peers and Natural Supports

The Department is collaborating with peer support agencies and community mental health programs to evaluate training needs, increase the pool of state trainers, focus on core training requirements, and explore opportunities to blend funding and cross-train peers in various parts of the system. HB 1 includes funds to support the integration of peers.

In support of Recommendation #7, the Department to date has:

1. Contracted with the NH Center for Nonprofits on a series of eight trainings for peer-run agencies to strengthen governance, management, technical and adaptive skills, and nonprofit best practices.
2. Contracted with the National Alliance on Mental Illness - New Hampshire (NAMI-NH) to offer peer leadership trainings to promote the engagement of individuals with lived experience across all levels of the mental health system in order to change knowledge, attitudes and, ultimately, culture regarding the integration and leadership of peers throughout the State's mental health system. The first training, a two-day training and

technical assistance workshop, focused on lived experience of people who have experienced suicidal struggles to help others and prevent future suicidal behavior. The five-day second training is designed to promote leadership skills and work with individuals in a suicidal crisis by providing peer support services in traditional care settings as well as in non-traditional peer supported settings.

3. Identified two individuals who will attend a national Intentional Peer Support (IPS) train-the-trainer event in SFY 2020. These additional IPS state trainers will allow for greater flexibility, support for and expansion of the peer workforce.

Recommendation #8 Establish a Commission to Address Justice Involvement

Governor Sununu's Executive Order 2019-02 established the Governor's Advisory Commission on Mental Illness and the Corrections System that will look at how to reduce incarceration and improve services for such individuals, and to support individuals with mental illness who are transitioning from jail back to their communities. The Governor announced members of the Commission on May 6, 2019 to include:

- *Helen Hanks, Commissioner, Department of Corrections
- Jeffrey Meyers, Commissioner, Department of Health and Human Services
- Jim Boffetti, Associate Attorney General
- Lori Shibinette, CEO, New Hampshire Hospital
- Tina Nadeau, Chief Justice, New Hampshire Superior Court
- Robert Lynn, Chief Justice, New Hampshire Supreme Court
- Robert Steigmeyer, President & CEO, Concord Hospital
- Thomas Velardi, Strafford County Attorney
- Sarah Blodgett, Executive Director, New Hampshire Judicial Council
- Ken Norton, Executive Director, NAMI New Hampshire
- Emily Rice, former US Attorney & Manchester City Solicitor
- Senator Tom Sherman, State Senate
- Representative Renny Cushing, New Hampshire House

*Commissioner Hanks will serve as Chair of the Commission

Recommendation #9 Community Education

The Department has been making presentations on the 10 Year Plan to various groups and at conferences, including to a group of legislators at Representatives Hall and the National Alliance on the Mental Illness-New Hampshire.

The Department will continue to seek opportunities to partner with behavioral health services systems to educate community members about mental illness and wellness as well as the need to consider the social determinants of health as part of the continuum of care.

As part of a Department-wide suicide prevention integration team, the Department launched *I Care*, a Department-wide initiative to educate the workforce about suicide prevention. *I Care*, which was created to promote awareness and provide information on available resources so that all staff can support someone who may be struggling, has also been shared with local and state agencies interested in educating their workforce on suicide prevention awareness.

Recommendation #10 Prevention & Early Intervention

The Department developed an infant and early childhood mental health plan that identifies best practices and strategies to enhance the system's ability to effectively serve this young population. Strategies include training the provider workforce; establishing a billing process that best suits this population; and focusing on screenngs to drive level of care determinations. Other infant and early childhood mental health strategies include the expansion of early childhood treatment models and support models, such as home visiting. Funding for the program is contained in HB 1.

HB 131 establishes a commission to develop and promote mental health programs and behavioral health and wellness programs in kindergarten through grade 12.

The Department contracted with Mary-Hitchcock Memorial Hospital using federal mental health block grant funds that are designated to address early severe mental illness (ESMI) and first episode psychosis (FEP). Under this contract, Mary-Hitchcock will facilitate a stakeholder engagement process to identify, propose, and develop an implementation strategy for a statewide ESMI or FEP treatment model. HB 1 includes funds to support the implementation of the selected ESMI/FEP model.

Recommendation #11 Workforce Coordination

Governor Sununu's Executive Order 2019-03 established the Statewide Oversight Commission on Mental Health Workforce Development. The Commission shall serve as a statewide coordinator for all efforts to address NH's mental health workforce shortage and shall develop strategies to boost recruitment and retention of a mental health workforce for the state. The Governor announced members of the Commission on May 6, 2019 to include:

- *Will Arvelo, Director of Economic Development, Department of Business and Economic Affairs
- George Copadis, Commissioner, Department of Employment Security
- Jeffrey Meyers, Commissioner, Department of Health and Human Services
- Todd Leach, Chancellor, University System of New Hampshire
- Mike Ferrara, Dean, College of Health and Human Services, UNH
- Ann Landry, Associate Commissioner, Department of Health and Human Services
- Steve Norton, Senior Vice President of Strategic Planning and Government Relations, Elliot Hospital
- Nick Toumpas, Region 6 IDN, & former Commissioner of Health and Human Services
- Major Russel Conte, New Hampshire State Police
- Senator Cindy Rosenwald, State Senate
- Representative Polly Campion, New Hampshire House

*Will Arvelo will serve as Chair of the Commission

Recommendation # 12 Quality Improvement and Monitoring/DHHS Capacity

HB 1 included funding for additional DHHS staff positions to perform including oversight of quality, implementation, and improvement oversight.

SB 14 includes additional staff positions to support the implementation and oversight of investments to the children's behavioral health system.

Recommendation #13 Streamlining Administrative Requirements

Governor Sununu's Executive Order 2019-04 established a DHHS Division of Performance Evaluation and Innovation to improve transparency, streamline operations, review administrative and reporting requirements. This new Division will determine any redundancies for mental health providers and ensure efficiencies to disseminate new funding opportunities without unnecessary delay. The Department is actively recruiting for the Division Director' position as part of the implementation of the new Division.

Recommendation #14 Reporting on Implementation

SB 292, relative to implementation of the new 10-year plan, requires the DHHS commissioner to submit a report containing the priorities for implementation of New Hampshire's 10-year mental health plan on an annual basis. Reports are to include the status of implementation, unmet benchmarks, recommendations for any necessary barrier resolution, adjustments, or modifications needed to the plan, and any recommendations for legislation needed to fully implement the 10-year plan. The Department will include this information in its annual report.

Per Executive Order 2019-04, the Division for Behavioral Health has been conducting an inventory of all of the requirements for community mental health providers. The inventory includes the number of touch points the DHHS has with providers, creating a crosswalk of quality service reviews, fidelity reviews, designations and re-designations, Community Mental Health Agreement-related activities, (including periodic Expert Reviewer site visits), all of these touch points require critical provider staff time that is not directly spent meeting the needs of individuals with severe mental illness. The inventory also includes a review of state statute and administrative rules. As part of this effort, several workflow improvements were realized pertaining to the Quality Service Review (QSR) process, including the elimination of manual data entry into redundant forms, the creation of a central data repository to increase efficiency, and the standardization of the five-day on-site review process for client record reviews, client and staff interviews. As a result, CMHC site readiness has improved. The Department is in the process of updating administrative rules and will be drafting a proposal that will be vetted with stakeholders prior to initiating the formal rulemaking process.

Future Plans

In summary, this report contains the priorities for implementation of the 10-year mental health plan in this biennium. Moving forward, it will serve as a baseline for future annual reports on the status of the implementation of the 10-year mental health plan including, but not limited to, unmet benchmarks and recommendations for any necessary barrier resolution or necessary adjustments or modifications to the plan to better serve New Hampshire citizens. The goals of the 10-year mental health plan can only be realized if fully supported and fully funded. Review and adaptation of the 10-year mental health plan to changing conditions in concert with the biennial budget cycle is critical to successful implementation. The Department is committed to the 10-year mental health plan but cannot carry the plan forward alone. As stakeholders

asserted, actualizing the plan will rely on leadership, active collaboration, and ongoing support. The Governor and Legislature must champion the plan and continue funding the next phase of implementation. This includes expanding step-up/step-down programs, statewide mobile crisis response teams for all populations, including adults, and diversifying the availability of peer support services throughout the continuum of care. The Department will continue to work with stakeholders to identify legislation and funding needed to meet our shared goal of full implementation.