

Legislative Commission on the Interdisciplinary Primary Care Workforce

December 16, 2021 2:00-4:00pm – Division of Public Health Services, 29 Hazen Drive, Concord, NH 03301 – Room 213

Zoom and Call in information:

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/98478979795?pwd=eGpJWGtsM1RTMEVnNXpHMm9NT1J3QT09>

Meeting ID: 984 7897 9795

Passcode: 652797

Find your local number: <https://nh-dhhs.zoom.us/u/adbVSFHolo>

Dial *6 to mute or unmute if you connect by phone

Agenda

- 2:00 - 2:10 **Attendance & Introductions**
- 2:10 – 2:15 **Legislative Agenda & Updates** – Group discussion
- 2:15 – 3:00 **Health Professions Education and Training Initiative** – Natalie Ryckman, Project Coordinator, Health Professions Education and Training, Bi-State Primary Care Association
- 3:00 - 3:50 **Children’s System of Care (CSOC) Overview** - Daryll C. Tenney, Clinical Specialist and FAST Forward Program Manager, Bureau for Children’s Behavioral Health, NH DHHS
- 4:00 **Adjourn**

Next meeting: Thursday January 27, 2022 2:00-4:00pm (location to be determined)

Health Professions Education and Training (HP-ET) Initiative

*Working to enhance and expand community health center-based education
and training programs*

**Presented to the NH Legislative Commission on the Interdisciplinary Primary Care Workforce
December 16, 2021**

**Natalie Ryckman, Project Coordinator, Health Professions Education & Training
Bi-State Primary Care Association**





Bi-State Primary Care Association

Vision

Healthy individuals, families, and communities with equitable and quality health care for all.

Mission

Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

**Primary care includes primary and preventive medical care, oral health and mental health and substance use disorder treatment services.*

Initiative Overview

Scope

- Nationwide
- 3 years

Goal

- Increase health center readiness to engage in health professions training programs
- Inclusive of a wide range of health professions training

Impact

- Pipeline development
- Health equity

Initiative Timeline

Year 1

- Identifying Staff
- Survey Completion

Year 2

- Data Analysis
- Development of strategic workforce plans

Year 3

- Implementation of strategic workforce plans

Current State of HP-ET



Training Site Partner
vs.
Sponsor

Readiness to engage
score

Trainee Type	#
Physician	45
Nurse Practitioner	17
Physician Assistant	27
Certified Nurse Midwife	3
Registered Nurse	21
LPN/vocational nurse	13
Medical Assistant	35
Dentist	12
Dental Hygienist	10
Dental Therapist	0
Psychiatrist	0
Clinical Psychologist	7
Clinical Social Worker	19
Professional Counselor	11
Marriage & Family Therapist	0
Psych. Nurse Specialist	1
Mental Health NP	1
Mental Health PA	0
SUD personnel	2
Ophthalmologist	0
Optometrist	6
Chiropractor	0
Dietician/Nutritionist	2
Pharmacist	9
Totals:	241



Identified Barriers

COVID

Physical
space

Preceptor
Engagement

Staff
Capacity

Making the
business
case/ROI

Curriculum
Development

HP-ET Plan Development

Residency Workshop Series

- Winter to Spring '22

Strategic Workforce Planning Series

- Spring to Fall '22

Continued individualized support and TA

- Maintenance of a resource repository with discussion boards to encourage peer sharing & learning

Emerging HP-ET

Medical Assistant Apprenticeship

- Amoskeag Health
- Manchester Community College
- Apprenticeship NH

AEGD & DPH Dental Residency

- Harvard School of Dental Medicine
- Bi-State PCA
- Mid-State Health Center
- Coos County Family Health Services
- Harbor Care
- Greater Seacoast Community Health

Family Medicine Residency

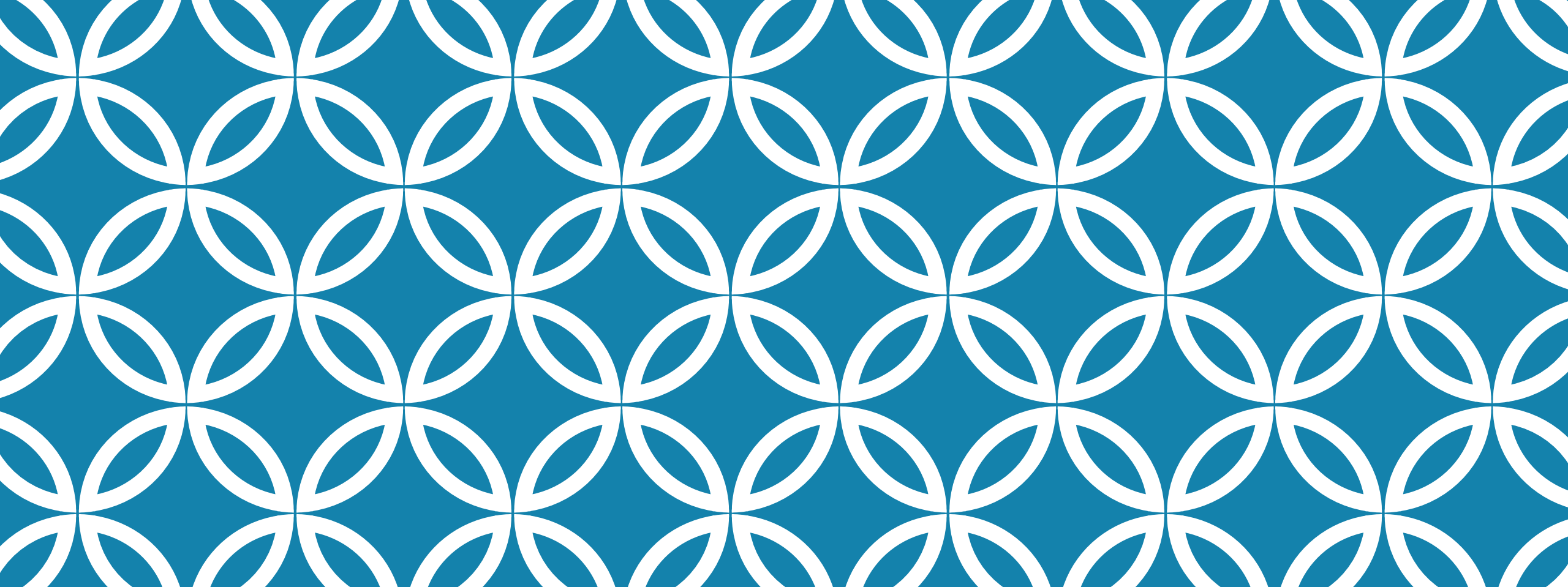
- Coos County Family Health Services and many wonderful TBD partners



Questions?

Natalie Ryckman – nryckman@bistatepca.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.



CHILDREN'S SYSTEM OF CARE OVERVIEW

BUREAU FOR CHILDREN'S BEHAVIORAL HEALTH

12.16.21

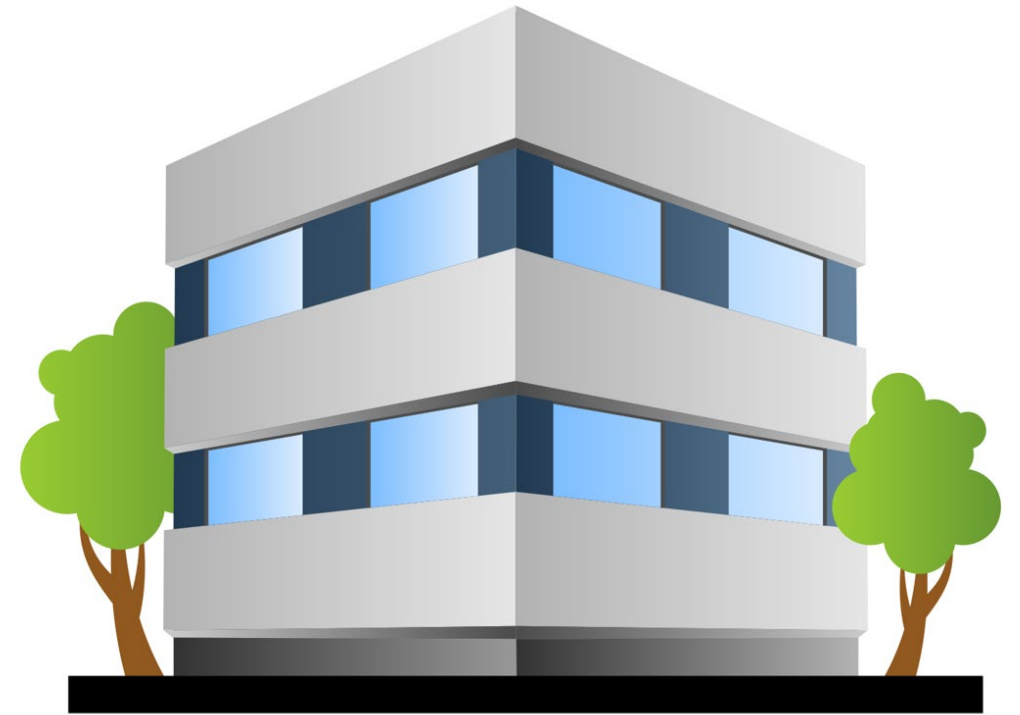
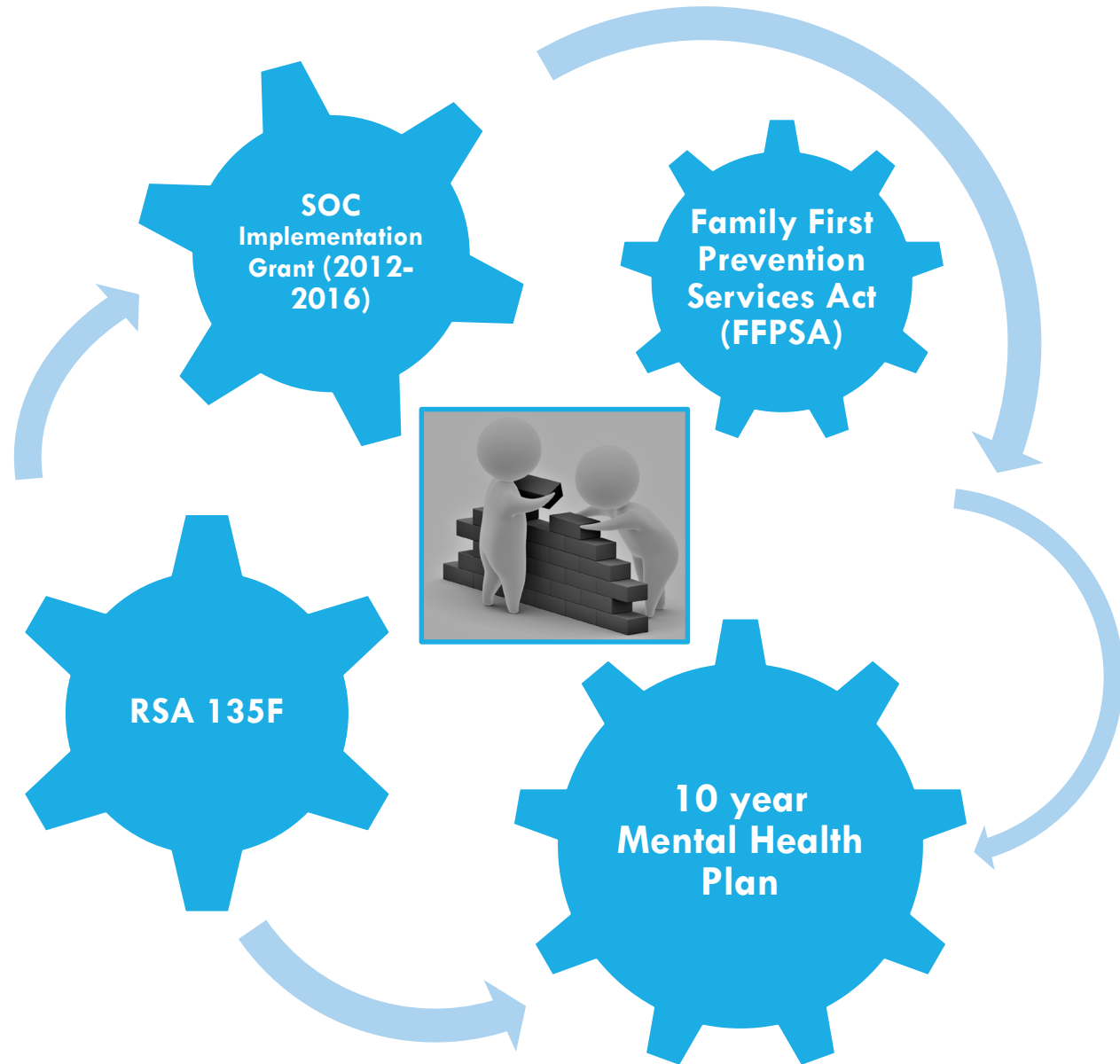


IMPLEMENTATION SCIENCE

One size doesn't
fit all...we can't
hand out a
comprehensive
manual and tell
everyone to have
at it.



IMPLEMENTATION DRIVERS



Children's System of Care



NH'S ENVISIONED CHILDREN'S MENTAL HEALTH System of Care

BIRTH TO 21 A 5-TIER SYSTEM



1

Screening, assessment and treatment services

- All ages screening and assessment by PCP, Early Intervention, schools
- Individual, group and family therapies through independent provider networks



2

Community-Based Treatment, Care and Support

- Community Mental Health Centers: 4 Levels of Care including case management, medication management and school and employment supports, and community based supports.
- Federally Qualified Health Centers: Provides Medical and Behavioral Health care and treatment.



3

Intensive home and Community based services and supports:

- Care Management Entity for: FAST Forward Program: intensive supports, Peer Support and Residential and Psychiatric oversight and transition support
- Therapeutic Day treatment or Partial Hospital programming
- Infant and early childhood intensive programming



4

Residential Treatment

5 levels of care ranging from most intensive: Psychiatric Residential Treatment Facility to Least intensive: Therapeutic Housing and Supported Independent Living environments. Requires a standardized assessment to determine medical necessity and Level of Care.



5

Psychiatric Hospitalization

Tiers 3-5 provide enhanced care coordination and oversight

Statewide Rapid Response



Statewide Rapid Response

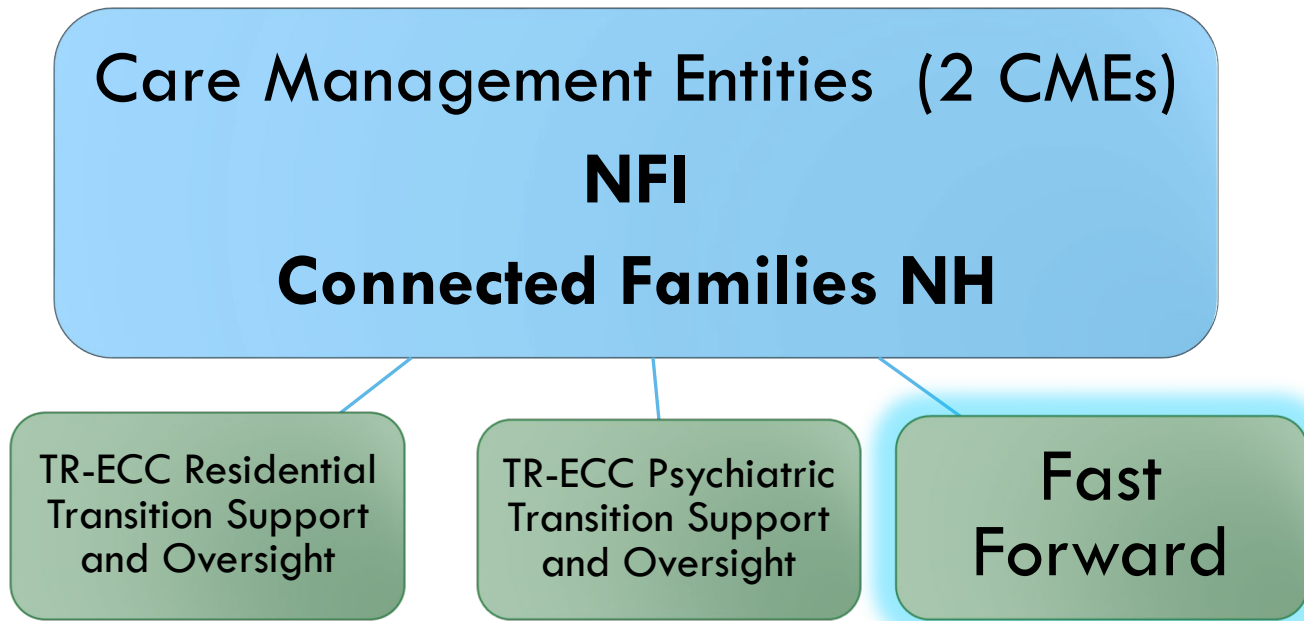


NH'S ENVISIONED CHILDREN'S MENTAL HEALTH System of Care

BIRTH TO 21 A 5-TIER SYSTEM



CRITICAL ROLES: CARE MANAGEMENT ENTITY (CME)- WHAT SERVICES ARE PROVIDED?



FAST Forward

- High-Fidelity Wraparound
- NH Wraparound Model
- Utilizes Evidenced-Based Assessment and Outcome Measures
 - Child and Adolescent Needs and Strengths
 - Youth Progress Scale
 - Team Meeting Rating Scale
 - Document Review Measure

Family Peer Support Services (NAMI NH)

- Lived Experience and Empowerment of Family voice
- Comprehensive model with fully developed competencies

Youth Peer Support Services (Youth MOVE)

- Lived Experience and Empowerment of Family voice
- Comprehensive model with fully developed competencies

Customizable Goods and Services

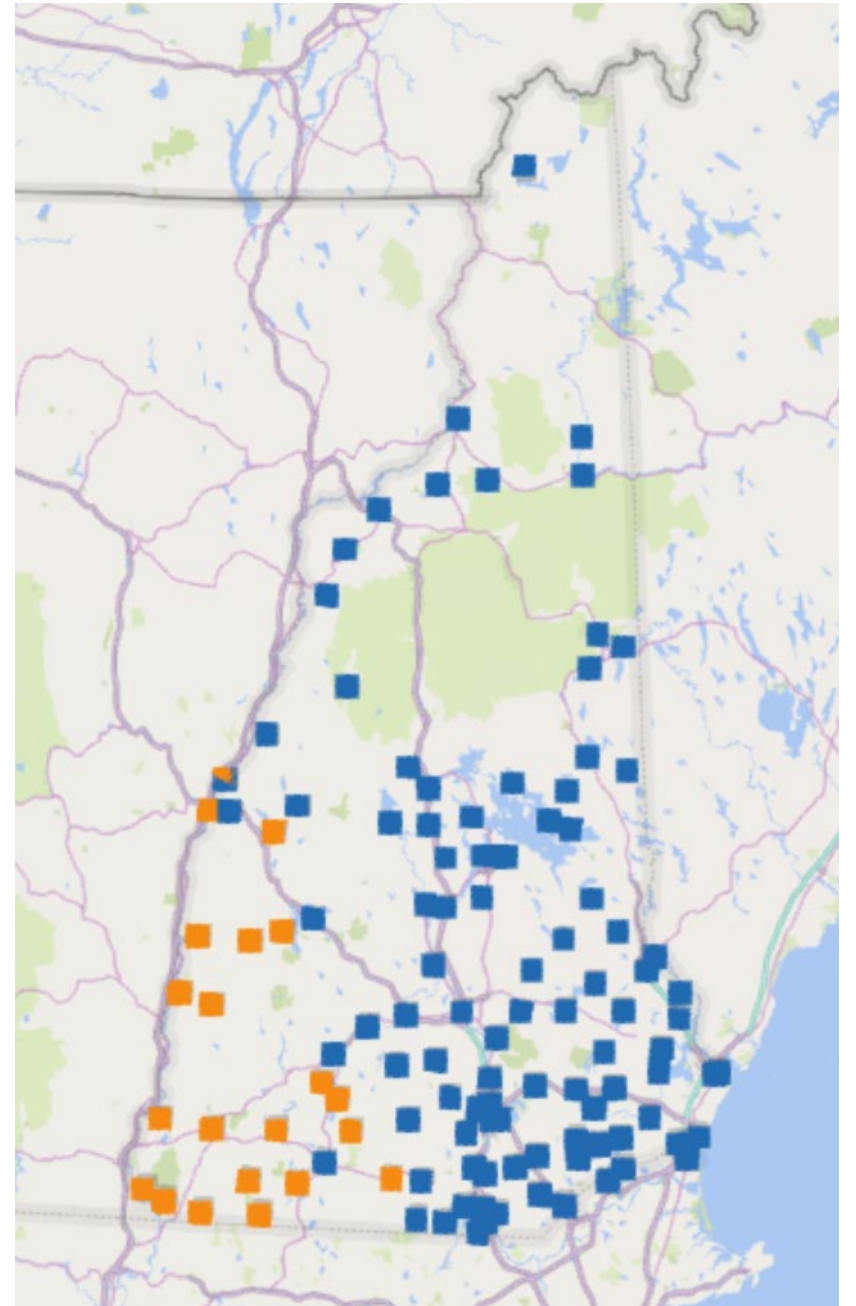
Service Provider Development

Care Management Entities (2 CMEs)

NFI- North - Blue

Connected Families NH - Orange

Current Enrolled FAST Forward Cases





NH Wraparound (FAST Forward) Intake and Needs Based Eligibility Form

Please complete this form to the best of your abilities

To be completed by the Intake/Eligibility Coordinator:

Does the youth/family meet the eligibility criteria?	Yes	No
Between the ages of 5-21	<input type="checkbox"/>	<input type="checkbox"/>
Designation of serious emotional disturbance (SED) or at-risk of SED	<input type="checkbox"/>	<input type="checkbox"/>
Multi-system involved (e.g., mental health, educational, medical, developmental disability, JJ, DCYF)	<input type="checkbox"/>	<input type="checkbox"/>
Non-responsive to existing school or community-based services	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid/Home and Community Based Care (HCBC) Eligible	<input type="checkbox"/>	<input type="checkbox"/>

Youth is able to participate in the program (i.e. Communicate feedback regarding their identified needs, participate in the team planning process, and comprehend and drive their plan of care)

Email BCBHFASTForwardInquiries@dhhs.nh.gov for FAST Forward Inquiries or Referrals

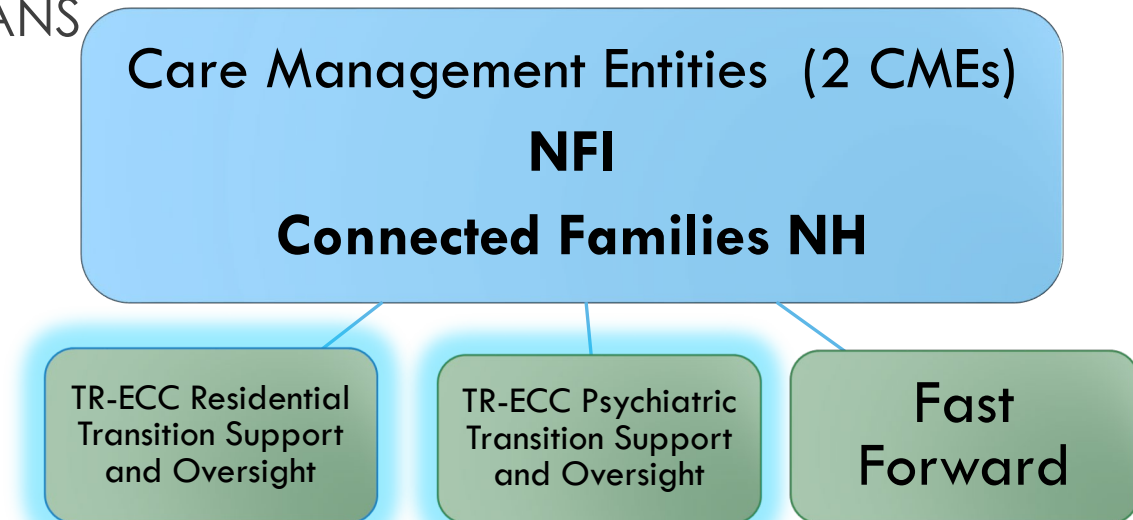
CRITICAL ROLES: CARE MANAGEMENT ENTITY (CME)- SERVICES INCLUDED WITH TR-ECC:

TR-ECC will work in conjunction with child, family and existing teams (including DCYF if involved) and the residential treatment program by

- ♦ Attending treatment team meetings
- ♦ Coordinating and making referrals to supportive community services
- ♦ Assisting families with applying for services or Medicaid
- ♦ Providing Aftercare or referrals for increased Aftercare Services
- ♦ Providing reports and documentation to teams and courts if needed
- ♦ Conduct ongoing assessments by utilizing the CANS

The TR-ECC Coordinator will focus on

- ♦ Youth and Family Voice
- ♦ Advocating for the Youth and Family
- ♦ Ensuring treatment plans are relevant and discharge plans are realistic
- ♦ Supporting discharge and transition planning





NH'S ENVISIONED CHILDREN'S MENTAL HEALTH System of Care

BIRTH TO 21 A 5-TIER SYSTEM



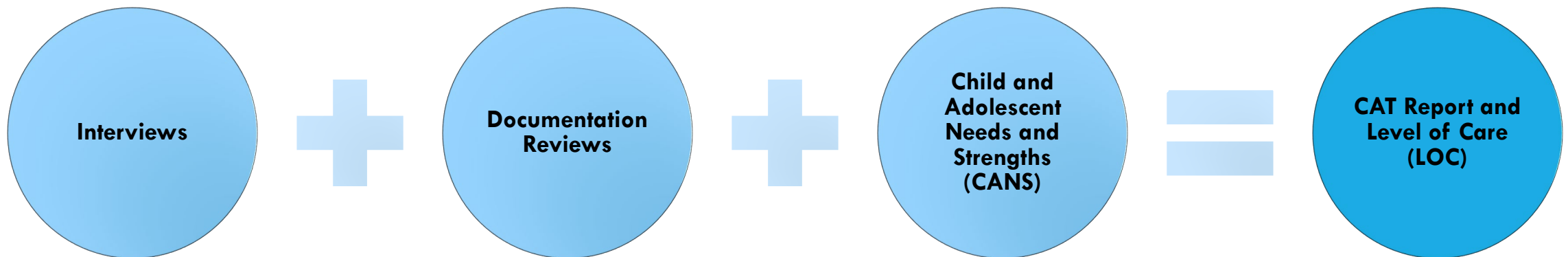
CAT

COMPREHENSIVE ASSESSMENT FOR TREATMENT

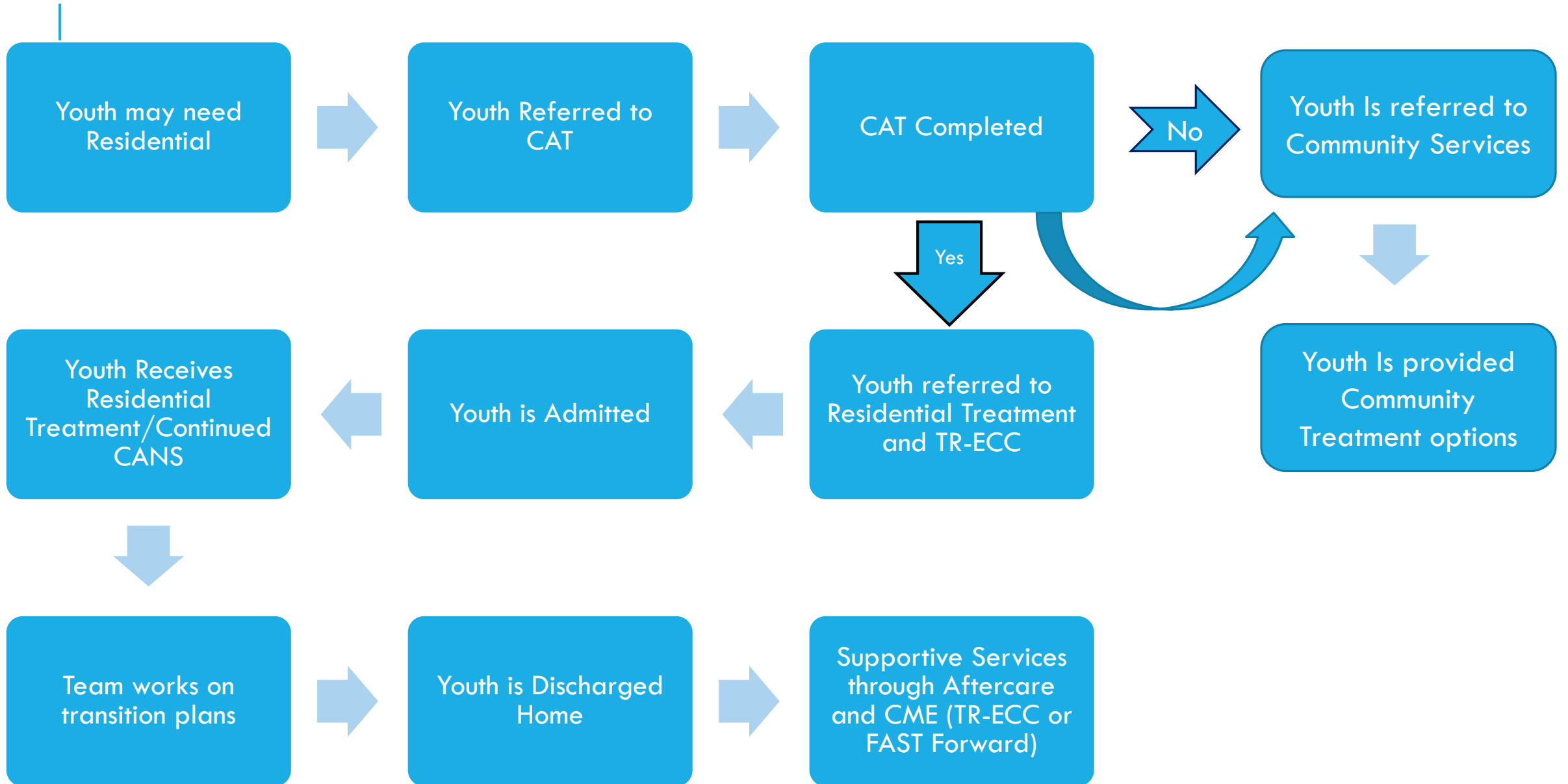
Who does the Comprehensive Assessment for Treatment (CAT)?

- CAT is an assessment is conducted by a qualified individual.
- The qualified individual is always a conflict free assessor will conduct the CAT.

What pieces make up a CAT?



RESIDENTIAL TREATMENT PATH (QUICK REFERENCE)

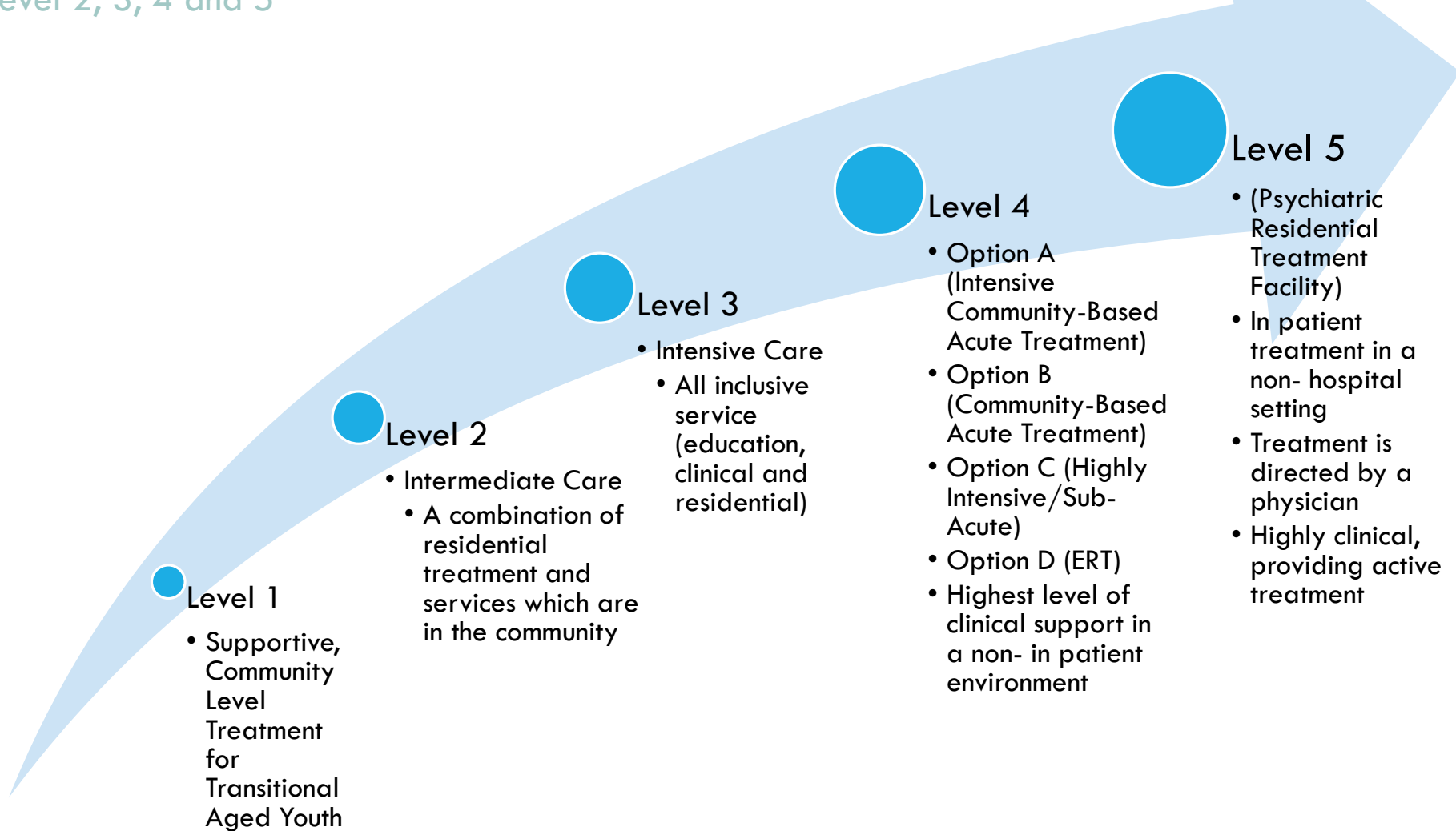


RESIDENTIAL LEVELS OF CARE

Specialty Care needs falling within
Level 2, 3, 4 and 5

<https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm>

<https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-11-psych.htm>



Level 1

- Supportive, Community Level Treatment for Transitional Aged Youth

Level 2

- Intermediate Care
- A combination of residential treatment and services which are in the community

Level 3

- Intensive Care
- All inclusive service (education, clinical and residential)

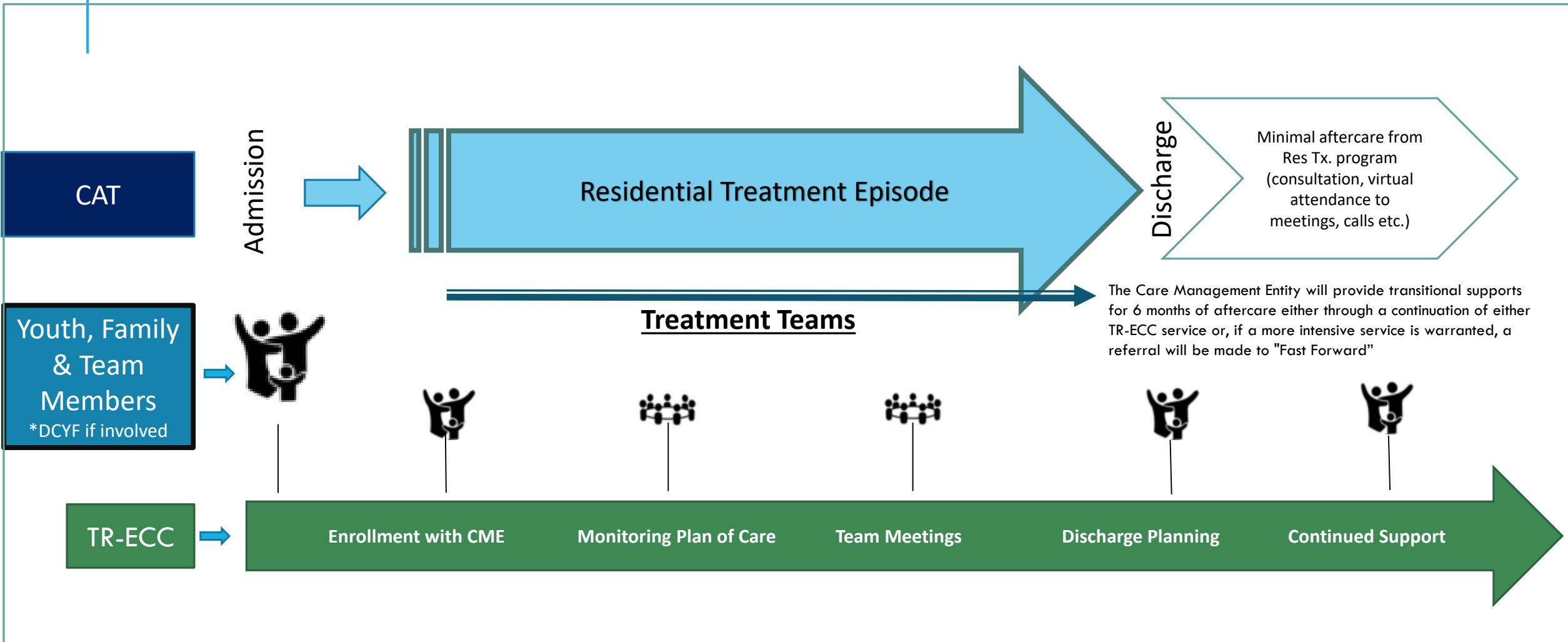
Level 4

- Option A (Intensive Community-Based Acute Treatment)
- Option B (Community-Based Acute Treatment)
- Option C (Highly Intensive/Sub-Acute)
- Option D (ERT)
- Highest level of clinical support in a non- in patient environment

Level 5

- (Psychiatric Residential Treatment Facility)
- In patient treatment in a non- hospital setting
- Treatment is directed by a physician
- Highly clinical, providing active treatment

RESIDENTIAL TRANSFORMATION AND COLLABORATION



It is critical that all members of the Team be included together in the process, the youth, family, the Treatment Program, the TR-ECC and DCYF (if involved). Additionally whoever else the Family feels is critical to supporting a successful treatment episode and transition.



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Psychiatric Hospitalization

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Statewide Rapid Response

NH Rapid Response

CRISIS RESPONSE THAT IS
 available to children and adults
 integrated mental health and substance use disorder care
 significant use of peer staff
 recovery oriented
 trauma-informed
 a commitment to Zero Suicide/Suicide Safer Care
 strong commitments to safety for consumers and staff



	24/7 Crisis Call Center (someone to talk to)	Mobile Outreach (someone to respond)	Crisis Stabilization Services (somewhere to go)	
Existing Services	Multiple #s (10 CMHCs with multiple emergency services #s, MCRT phone #s, 211, Headrest, Doorways)	10 CMHCs with Emergency Department based access. 3 Mobile Crisis Teams for adults in mental health crisis in urban regions	10 CMHCs with limited walk in Emergency Services capability 1 Crisis Treatment Center in Concord	10 CMHCs with office-based stabilization services
Future Vision	1 statewide phone number: 9-8-8 (screen calls, complete initial assessments, triage, deploy mobile response when appropriate, & provide information & referral services)	Statewide mobile response teams across the lifespan. ED contact becomes the exception for crisis response	Location based approach in every region; capacity for walk-in stabilization & peer living room models; serves as drop-off location for first responders	Follow-up phone contact with all who interact with the crisis system. In home & out of home options for brief stabilization services after the crisis response.

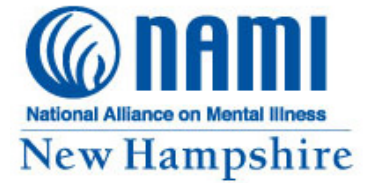
CRISIS NOW
THE PROMISE OF 9-8-8 VIDEO





BUREAU OF STUDENT WELLNESS

NH Department of Education



Institute on Disability/UCED



University of
New Hampshire



MOVING FORWARD TOGETHER



NFI
NORTH

CONTACT INFORMATION

To Email Different BCBH Program Areas:

- BCBHInquiry@dhhs.nh.gov
- DCYFResidentialCerification@dhhs.nh.gov
- BCBHFASTForwardInquiries@dhhs.nh.gov