New Hampshire Department of Health and Human Services

To join communities and families in providing opportunities for citizens to achieve health and independence

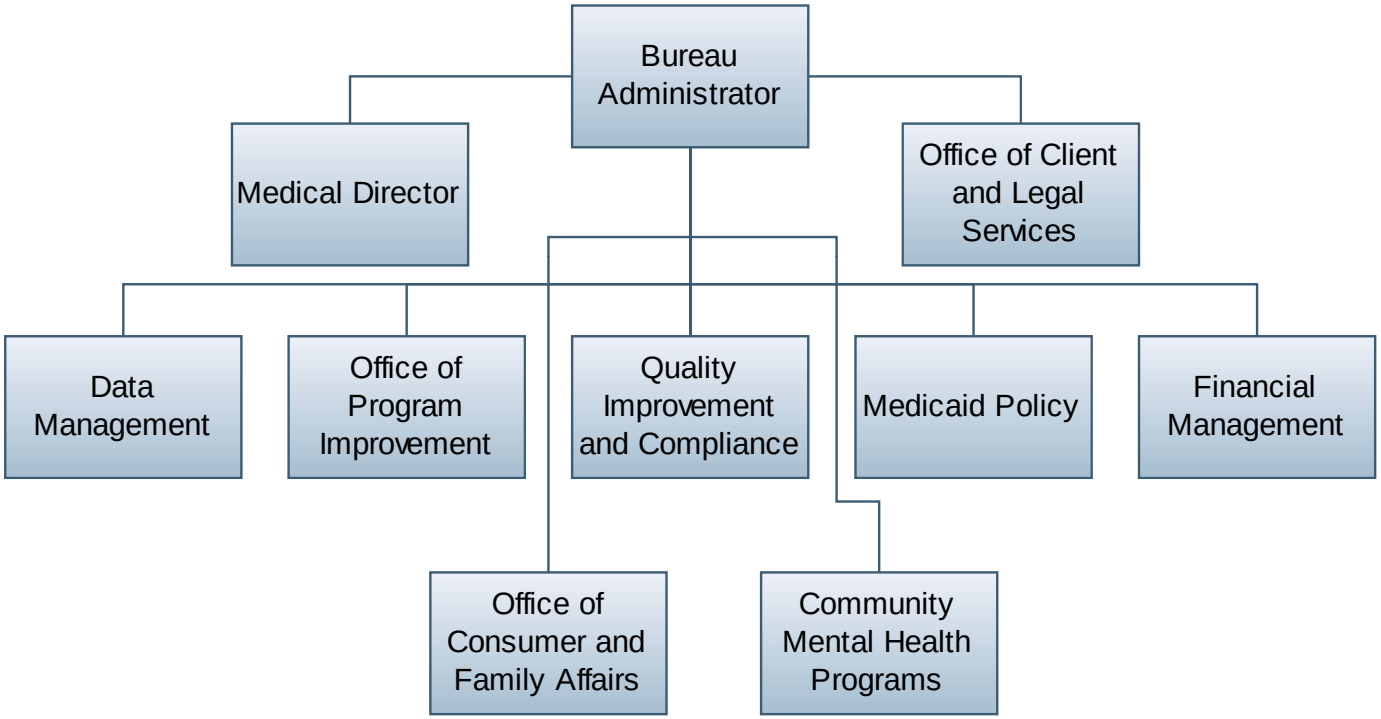
Division of Community Based Care Services

Bureau of Behavioral Health (BBH)

BBH Mission

"Promote respect, recovery, and full community inclusion for people who experience a mental illness, an emotional disturbance, and/or substance abuse or addiction problem…working collaboratively with people who receive services and by supporting a network of local services that are responsive, effective and efficient…a community-based support system that focuses on people's abilities and builds upon their strengths…to assist people in attaining and maintaining the highest level of wellness they can achieve."

BBH Organizational Chart



Organization

- Administrator's Office
  - Oversight of all Bureau operations
- Quality Improvement
  - Annual quality improvement and compliance reviews of provider system, CMHC re-designation reviews, follow-up reviews on corrective action plans, CMHC training
- Office of Consumer and Family Affairs
  - Training for consumers and family members, referral and linkage to services, represent consumer and family voices in policy decision making process at BBH
- Data Management
  - Oversight of all data collection and reporting

Organization, continued

- Community Mental Health Services
  - Oversight of Community Mental Health services, program development and Peer Support Agencies
- Office of Program Improvement
  - Implementation and monitoring of outcomes and performance measures
- Medicaid Policy Unit
  - Medicaid forecasting and reporting, budget monitoring, policy planning and development, claims adjudication, provider inquires and support
- Financial Management Unit
  - Business office for BBH and other Bureau's within DCBCS

Personnel and Administrative Profile

- Number of authorized positions: **43** FTE's
- BBH is NH's state mental health authority and is responsible for overseeing the provision of community mental health services, peer support services and family mutual support services through contracts with independent, not for profit providers.
- BBH is responsible for ensuring that services are provided in the most efficient and effective manner, monitoring quality and access to services, developing and implementing new programming in the community, and promoting recovery based models of care.

Enabling Legislation

- **Mental Health Services RSA 135-C**
  - Establishes the Community Mental Health Services System
- **Peer Support RSA 126-N:3**
  - Establishes a system of Peer Support Services
- **Family Support RSA 126-P:2**
  - Support of Family Support Services

BBH Provider System

State is divided up into **10** catchment areas and services are provided through:

a) **10** Community Mental Health Centers

- Independent, non-profits

b) **1** Community Mental Health Provider

- Housing and housing supports for Individuals with Mental Illness

c) **8** Peer Support Agencies

-13 Sites across NH

- Consumer run, non-profits

d) **1** Family Mutual Support Organization (NAMI)

Target Population Served

- **Adults/Older Adults**
  - Severe Mental Illness (SMI)
  - Severe and Persistent Mental Illness (SPMI)
  - Low Utilizers- Formerly SMI or SPMI
- **Children/Adolescents**
  - Serious Emotional Disturbance (SED)

BBH- Clients Served

- **FY 09**
  - Total Served: 47,587
  - Age Breakdown:
    - Adults: 34,664
    - Children: 12,923
  - # with Medicaid
    - 19,206
      *UP 10% from FY 08
    - 40% of population
- **FY 10**
  - Total Served: **51,305**
  - Age Breakdown:
    - Adults: 38,124
    - Children: 13,181
  - # with Medicaid
    - 20,797
      *UP 8% from FY 09
    - 40% of population

2-year increase in Medicaid Clients = 18%
Historical growth = 6% over a 2-year period of time

Expected Outcomes

Promote an efficient and effective service delivery system.

Sample of Current Measures:

- Medicaid cost per client
- Number of clients served by eligibility category
- Increasing access to services
- Reducing 30-day and 180-day readmission rates to NHH
- Evidence Based Practice implementation, Penetration rates and Fidelity to model
- Individual and Family satisfaction measures for care provided
- Percentage of adults competitively employed
- Decreased criminal involvement
- Increased stability in housing
- Improved level of functioning

Expected Outcomes, continued

- Increased utilization of peer support services
- Maintaining access to homeless PATH services
- Satisfaction with Peer Support services
- Improving physical health
- Reducing poly-pharmacy utilization of antipsychotic medications
- Suicide prevention

For FY 12/13

- Implementation of client level outcomes measures through the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA)

Major Initiatives

- BBH **Payment and System Reform Plan**
  - Development and submission of a 1915(b) waiver to CMS to restructure the payment of community mental health services from a fee-for-service model to a capitated model, improve access to services and most importantly improve the quality of services.
  - BBH has retained an actuarial firm, Optumas, to do the actuarial and rate setting work and is partnering with the University of New Hampshire, the community mental health provider network, and consumers and stakeholders on this important project.
- Implementation of **client level outcomes measures**
  - The system currently utilizes a number of system and process level outcomes measures and we are moving to client level measures in order to better measure the effectiveness of services provided
  - We will be utilizing 2 public domain tools- the CANS and the ANSA

Major Initiatives, continued

- BBH **Housing Bridge Subsidy Program**
  - Provides rental assistance to adults with a severe mental illness who cannot afford an apartment are homeless or at risk for homelessness, and are awaiting a Section 8 certificate
  - Individuals at NHH are prioritized for inclusion in this program
- Continued support of **Evidence Based Practice** implementation which are clinical practice models that have been proven to have the best outcomes
  - Illness Management and Recovery (IMR)
  - Supported Employment (EBSE)
  - Assertive Community Treatment (ACT)
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Continue to focus any available resources towards investment in BBH's 10-year plan, which identifies programs and services that are of critical importance in the community.

Major Initiatives, continued

- **Leveraging technology** to promote greater access to services within a more efficient, cost effective business model
  - Access to child psychiatry in the North Country
  - Emergency Evaluations at multiple hospitals by a single Emergency Services clinician
  - Implementation of Electronic Health Records

Medicaid Cost Data

*Medicaid is the largest percentage of BBH's budget

Medicaid Payments % Change	FY 07 $81,161,902	FY 08 $83,753,526 3.2%	FY 09 $92,881,665 11%	FY 10 $94,766,916 2%
Caseload % Change	16,900	17,392 3%	19,206 10%	20,797 8%
Cost/Case	$4,802	$4,816	$4,836	$4,557
% Change (Cost)		+0.3%	+0.4%	-5.8%

Challenges

- **Capacity**
  - To serve the current needs of a growing population
- **Access to inpatient care** has declined due to reductions in bed capacity
- **Realignment of System** is needed to:
  - Support payment based on cost
  - Reinvest savings into additional services and supports identified in the 10-year plan
  - Measure and promote an outcomes based system of care, while improving the overall quality of care provided

Challenges

  - Prioritize rapid, responsive care with timely access to treatment
  - Greater transparency to consumers, stakeholders and decision makers
- Need for stable, supported **Housing** and expanded new models in the community
- **Uninsured** individuals and families seeking services and future policy decisions that need to be made for this group
- Managing current and future **demand for services**

Contact Information

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