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 annually, 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 began preparatory steps for those areas subject to the finalization of state fiscal years (SFYs) 2020-2021 budget while implementation began for those areas that were not dependent upon the enactment of the pending budget. The Continuing Resolution and delay in approval of the SFY 20/21 budget had an impact on the timeline for development and implementation of recommendations outlined in the 10-year mental health plan because it slowed creating the DHHS capacity needed to support the program, policy, finance and contracting work connected to the budget. Additionally, the COVID-19 pandemic and its impact across the entire state, including the Division for Behavioral Health, and provider organizations including community mental health centers, peer support agencies, residential and community based providers, has slowed expected progress on the 10-year mental health plan. Since early March 2020, the major focus shifted to collaboratively establish new workflows and protocols that enable our providers to continue to support the behavioral health needs of children, youth, adults, and their families. The positive news here is that, due to collaborative efforts prior to COVID, the mental health system was able to respond and shift quickly to telehealth services and implement increase safety protocols to ensure safety in congregate settings and during required face-to-face service delivery.

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 and the SFY 20/21 biennial budget passed by the Legislature included significant increases to Medicaid rates for behavioral health providers. The first 3.1% increase for mental health rates went into effect on January 2020 and a second 3.1% increase is scheduled for January 2021.

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 6/30/2020 and did not exceed the following amounts for each state fiscal year:

- $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 crisis response services provided by mobile crisis teams.

The Department has submitted an application to CMS to extend these directed payments through SFY 2021. Directed payments for the category of NHH Discharges has been expanded in the SFY 2021 application to include payments for all discharges from a hospital-based designated receiving facilities (DRF), including NHH. This proposal includes payments for a face-to-face service on the same-day/next day and for any subsequent weekly face-to-face services, up to 180 days. The goal of this expansion is to decrease readmission rates for individuals who seek treatment at a hospital-based DRF.

In order to support the expansion of Transitional Housing Programs (THP), the Department conducted a financial analysis and transferred funds to the Medicaid budget to create a standard per diem rate for all THPs. The current fee schedule includes two rates for THP; $225.79 (THP 1) and $123.72 (THP 2). The fiscal transfer now permits all currently contracted THPs to bill the higher per diem rate.

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) for both adults and children. The

Request for Proposal as required by SB 11 for an additional MCRT was posted but the procurement was canceled. SB 14 requires the development of statewide MCRT for children and youth. The Department has worked diligently with stakeholders to evaluate 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 posted a Request for Information in October 2019 to solicit input about proven crisis response models that are statewide, integrated, and financially sustainable. More than a dozen responses from stakeholders both in state and nationally were submitted. It is clear from the responses and from experience, that a fully integrated model that serves adults, children and youth experiencing a mental health and/or substance use crisis is most efficient in terms of provider capacity and financial feasibility and sustainability. Currently, the model is still in development and near final draft form. This model will be incorporated into an RFP, target for release in the fall/winter 2020.

The Department submitted a grant application and was awarded temporary funding due to COVID-19 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand crisis response services for children, youth, and adults. The $2M Rapid Response grant award will expand crisis response teams at all 10 community mental health centers by providing one additional Masters level clinical and one additional peer support specialist. Community mental health centers have already begun to hire in order to expand these teams.

Rates for community-based Designated Receiving Facilities (DRF): Senate Bill 11 provided 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 House Bill 1, eight (8) new DRF beds were established through contract with the Department.

Training, education, and collaborative efforts: NH Hospital's Chief Medical Officer and Lead Attorney provided trainings for emergency department and community mental health center staff as part of their collaborative work with the NH Hospital Association. Staff were trained in Involuntary Emergency Admissions (IEA) in order to learn the laws that govern IEAs and who is appropriate to certify for an IEA. The training also included a statutory overview of conditional discharges and conditional discharge revocations.

The Foundation for Healthy Communities' Behavioral Health Clinical Learning Collaborative is a two-year program designed to address the management and treatment of patients experiencing mental health crises in the emergency department (ED) setting, and is funded by the Endowment for Health, New Hampshire Charitable Foundation and Foundation for Healthy Communities' Partnership for Patients. The Collaborative members consist primarily of New Hampshire Emergency Department and Community Mental Health Center staff. The Collaborative is working to develop and adopt best practices to ensure the immediate evaluation and delivery of services to patients with behavioral health emergencies waiting in the ER in order to support patient stabilization and treatment in the most appropriate setting.

Efforts are underway through expensive cross-sector partnerships to expand event notification processes, procedures and technology to support care coordination for patients experiencing a behavioral health crisis. Integrated event notification systems will ensure that

insurance companies, including the Managed Care Organizations, emergency departments, NH Hospital and other designated receiving facilities, and community mental health centers all receive notification(s) when a patient is in the emergency department. This infrastructure will facilitate more rapid identification, assessment, and intervention for individuals in emergency departments experiencing a behavioral health crisis.

DHHS should file a new Section 1115 waiver: 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.

Expansion of Transitional Housing Programs: Funding was provided in the State budget to construct forty (40) new transitional housing beds specifically designated to serve forensic patients, those with complex behavioral health conditions, or those transitioning from NHH. The Department submitted a letter to the Fiscal Committee for the General Court, pursuant to Chapter 346, Section 221 (Laws of 2019) outlining the plan for these beds. The June 26, 2020 letter described the Department's plan to develop a 16-bed community residence at the Philbrook Center, to be operational by September 2020. A Request for Application for the remaining transitional housing beds is in process.

II. Reallocation of Capacity at New Hampshire Hospital (NHH)

The Department, working with the Governor and Legislature successfully transitioned 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. This move is ensuring access to a specialized treatment setting designed to meet the unique needs of children and youth experiencing mental illness. Hampstead Hospital worked closely with the Department to update policies and procedures to ensure compliance with DRF designation and contractual requirements.

This transition of care enabled NHH to increase adult capacity by converting the existing child and youth beds to adult beds. When child services transitioned to Hampstead, NHH added 30 adult beds. NHH has subsequently received additional staff positions, which will allow them to increase adult beds up to 48. They are currently recruiting to fill those positions.

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

SB 282 is now RSA 193-J requiring schools to have a suicide prevention plan and training as of July 2020. The NH Department of Education put out a technical advisory: https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/suicide-prevention.pdf and has posted a series of videos for schools to review describing the new requirement and the programs available statewide that would help schools meet this requirement. Many districts around the state are well underway in ensuring that they have plans and training available for all of their staff.

The approved State budget included $200,000 in each State fiscal year to support NH's suicide prevention hotline and $250,000 in each fiscal year to support suicide prevention efforts, including training.

The additional funding provided to New Hampshire's accredited state suicide prevention lifeline, Headrest, has already made an impact on the rate of calls answered in state. Headrest has experienced an increase in both instate call answer rates and outgoing follow-up calls since this time last year. Since the declared State of Emergency due to COVID-19, Headrest has seen a decrease in call volume. The National Suicide Prevention Lifeline cites this as a national trend but anticipates a surge in late summer/early fall and Headrest is already beginning to see signs of this increase. In the last year, Headrest also enhanced their reporting capabilities, which enables compatibility with State reporting and reporting for their federal SAMHSA suicide prevention grant in partnership with NAMI NH.

The Suicide Prevention Council (SPC) submitted a written request to the Department to use part of the allocated $250,000 to fund a fulltime staff position to serve as a statewide suicide prevention specialist. In making this request, they noted that the Suicide Prevention Resource Center, which is the national technical assistance provider on suicide prevention for SAMHSA, recently released a white paper on *Recommendations for State Suicide Prevention Infrastructure.* The top four (4) recommendations are: Designate a lead division or organization, Identify and secure resources, maintain a suicide prevention plan, which is updated every 3-5 years, and maintain a dedicated leadership position. The Department accepted this recommendation and began to move forward to establish a position for this purpose. The Department continues to work closely with the SPC with the directors of the Bureau of Mental Health Services and Children's Behavioral Health serving as its co-facilitators. The SPC will begin updating their strategic plan in the fall of 2020 and incorporate best practices and recommendations outlined in the 10-year mental health plan. Efforts to create a statewide web platform to host information and resources about best practices for suicide prevention and intervention and the development of a public awareness campaign are both currently underway using these funds.

The SPC also submitted formal comments in support of the creation of a national 3-digit number specifically designated as a national suicide prevention hotline. The goal of the national number is to improve access to immediate help and assistance for individuals experiencing acute mental health symptoms and suicidal thoughts. The number, 988, was recently approved by the Federal Communications Commission as the national suicide prevention number for mental health emergencies. The process to implement the national 988 suicide prevention hotline is projected to take two years and will factor into planning in NH.

The Department entered into a training contract to host a train-the-trainer event for 19 DHHS staff to become certified in QPR (Question, Persuade, Refer) training. QPR is an emergency intervention, similar to CPR, but specifically designed for the general public to intervene with persons experiencing mental health symptoms, specifically suicidal intensity. QPR teaches participants how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Training should commence in fall of 2020.

One core priority of the Foundation for Healthy Communities' Behavioral Health Clinical Learning Collaborative is to examine and implement opportunities to standardize the use of the Columbia-Suicide Severity Rating Scale (Columbia) in NH Emergency Departments (ED). This evidence-supported tool specifically designed for use in acute care settings, allows ED staff

to quickly screen for suicidality, establish a person's immediate risk of suicide, and informs clinical interventions.

The Behavioral Health Clinical Learning Collaborative has outlined recommendations for suicide screening in the EDs based on current evidence, experience, and input from Collaborative members and stakeholders. Although use varies amongst the hospitals, 20 of NH's 26 acute-care hospitals are trained and have access to the Columbia for use in their emergency departments. The goal of the project is to invoke confidence and support universal screening that will inform and provide guidelines for further assessment to manage suicide risk for all patients presenting in an emergency department. The use of a standardized screening tool enables staff in acute care settings and community settings to collaborate more effectively because they share common language and assessment/risk measures. The Columbia will be available to all emergency departments in the fall of 2020.

NH's Medicaid Managed Care Organizations (MCO) are working to implement the evidence-based zero suicide framework with all in-network providers, including both physical and behavioral health providers. This strategy will drive system change to increase awareness about suicide prevention and provide training for staff at all levels of the healthcare system in order to identify, engage, and treat individuals at risk, transition them through levels of care with warm hand-offs, and improve policies, procedures, and health outcomes.

New Hampshire was the recipient of three previous Garrett Lee Smith Grants, with NAMI NH as the state's designated applicant, in 2005, 2009, and 2013. These three-year grants provided stakeholders throughout New Hampshire with opportunities to improve outcomes for youth and young adults at risk of suicide.

The Garret Lee Smith New Hampshire Nexus Project 2.0 (GLS NHNP 2.0) awarded in January 2020, is a cross-systems, collaborative approach to reduce suicide incidents among youth and young adults ages 10-24 by improving pathways to care and offering comprehensive training to provide youth serving organizations with the resources to identify, screen, refer, and treat at-risk youth. Utilizing existing infrastructures, the identified regions (Capital, Carroll County, and North Country Regional Public Health Networks of New Hampshire) will build capacity and develop implementation teams supported by suicide prevention, intervention, and postvention training, ongoing technical assistance, and strategic planning. This will strengthen and enhance existing systems to recognize and connect with at-risk youth and young adults and develop referral pathways and cohesive procedures to connect them with services and resources.

Recommendation #4 Enhanced Regional Delivery of Mental Health Services

The Department is working to implement 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 factoring in 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 could connect to a regional entity for behavioral health access and information. The Department has developed a work plan and timeline to address these recommendations and is taking a system-wide approach that would ideally expand and integrate these efforts to be available for both children, youth, and adults affected by mental illness and/or substance use. The development of an integrated online treatment locator and clearinghouse is important to youth, adults, families, and caregivers to ensure they are informed about where and how to access care. The RFP for this work is currently in draft form and would facilitate the creation of a proposed solution to achieve centralized access that is more accessible and efficient.

Recommendation #5 Community Services and Housing Supports

SB 11 appropriated funds for the purpose of contracting with programs that enable individuals with serious mental illness to attain and maintain integrated, affordable, supported housing. Following recommendations outlined in the 10-year mental health plan, the Department will release a comprehensive community-housing request for proposal (RFP) inclusive of a variety of housing models. The targeted post date for this RFP is September 2020.

HB 1 included funds to expand the Housing Bridge Subsidy program and transitional housing for adults and youth. The Department is moving forward to amend contracts to expand the Housing Bridge Subsidy program and to contract for the development of a pilot program for individuals with mental illness transitioning out of the criminal justice system in need of housing support services.

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). The CME expansion includes 1. Increasing FAST Forward to serve children and youth in their home and community as well as children and youth served by DCYF and 2. Expand oversight of youth in both residential treatment and psychiatric hospitals to ensure children are not in these settings longer than clinically necessary, and to facilitate a smooth and successful transition of the child/youth back to home and community.

Governor and Executive Council approved an amended contract with the current CME in June 2020. The CME has already received 10 referrals for youth residential oversight. The contract for a second CME was developed and expected to be approved by Governor and Executive Council at an upcoming meeting.

Establishing levels of care for youth Residential Treatment programs is critical work that has been underway since fall of 2019. The Bureau for Children's Behavioral health renewed levels of care to establish 5 distinct level of care for youth residential programs. Level 1 is the least intensive, more community based and supportive living option for youth and transitional aged young adults. Level 5 is the most intensive clinical level of care, an accredited Psychiatric Residential Treatment Facility (PRTF). Each level of care will have models of care for trauma, evidenced based practices for clinical care, and models for reduction of use of restraints and seclusion, among others.

A request for information (RFI) for youth residential treatment programs closed on 3/5/20. The information gained from the RFI is informing the drafting of an RFP and resulting contract. An RFP inclusive of all levels of care, including a PRTF, is under development with a target completion and postdate of October/November 2020.

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 recovery focused step-up/step-down programs that are peer staffed in NH based on successful models from other jurisdictions. The peer-staffed 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 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. There are many step up/step down models and HB 1 includes funds to support step-up/step-down programs in SFY 20/21. The Department is moving forward to develop contracts with providers to operate at least two recovery focused step-up/step-down beds in each of the ten community mental health regions. These contracts are targeted to appear on the agenda at an October or November Governor and Executive Council meeting.

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. As described above, 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 address these requirements were incorporated into HB 1.

Recommendation #7 Integration of Peers and Natural Supports

In collaboration with peer support agencies, community mental health programs and providers, and hospitals, the Department is evaluating training needs, increasing the pool of state trainers, focusing on core training requirements, and exploring opportunities to braid funding and cross-train peers in various parts of the system.

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

1. Contracted with the NH Center for Nonprofits on a series of ten trainings for peer support agencies to strengthen governance, management, technical and adaptive skills, and nonprofit best practices.
2. Partnered with community providers to expand training and support opportunities for peers working throughout the mental health system. The Department is working to bring peer supervisor training to NH, and has expanded and better publicized annual peer trainings and co-reflection options to the provider community. The Department is also looking to implement a registry in order to centrally track and maintain contact with all certified peer support specialists.

3. 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 second, five-day training, promoted leadership and peer support skills for peers working in traditional care settings as well as in non-traditional peer supported settings. The training specifically prepared peers to engage with individuals who are experiencing a suicidal crisis. The next training and technical assistance workshop is scheduled for August/September 2020. This workshop series will engage leaders from the Department, peer support agencies, NAMI NH, community mental health centers, and hospitals and will result in the development of a comprehensive peer workforce roadmap to guide training, certification, and expansion efforts.
4. Identified two individuals who attended a national Intentional Peer Support (IPS) train-the-trainer event in SFY 2020. These additional IPS state trainers allow for greater flexibility, support for and expansion of the peer workforce. These two trainers are now pursuing certification to offer IPS training via a virtual platform starting in the fall 2020.
5. Increased positions and training opportunities for peer and community health worker as part of the ProHealth NH grant awarded to the Department for integration of behavioral health and primary care by Substance Abuse and Mental Health Services Administration (SAMHSA).
6. Included language in all newly developed contracts for Transitional Housing Programs (THP) that direct care personnel should include a minimum of one (1), part time peer support specialist as defined in He-M 426.13 (d)(4) during daytime programming hours.
7. Supported the rapid transition of peer services to offer virtual peer support on an individual and group basis during the COVID-19 pandemic. Peer Support Agencies (PSAs) and NAMI NH were able to respond quickly in order to ensure continuity and to extend their reach and availability of peer services for youth, adults, and families.
8. Integrated peers as core members of crisis response teams at each of the ten community mental health centers as described above as part of the $2M Rapid Response grant awarded to the Department due to COVID-19 by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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 to identify solutions and recommendations for 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. Commissioner Helen Hanks at the Department of Corrections serves as Chair of the Commission. The Commission's November 2019 report is posted here: https://www.nh.gov/nhdoc/divisions/commissioner/index.html

Recommendations outlined in the report use the 10-year mental health plan as a framework and call of implementation of the 10-Year Mental Health Plan with inclusion of those with mental illness and justice involved as a recognized group with the same aligned needs as outlined in the plan. Targeted recommendations address education, prevention, intervention, diversion, incarceration, and transition/reintegration. The commission will also examine the impact of the final recommendations, including financial implications.

Recommendation #9 Community Education

The Department will continue to seek opportunities to collaborate with behavioral health services systems to educate community members about mental illness and wellness and the importance of considering the social determinants of health as part of the healthcare continuum.

The Department established an internal suicide prevention integration team and 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. The Department is working to scale-up this campaign for statewide use.

In accordance with SB 14, the Department is working to establish a statewide family information and resource center. This information and resource center will provide public information and education material for parents and caregivers to assist them in access and navigation of the mental health system.

NAMI NH launched a public awareness campaign entitled OnwardNH (https://www.onwardnh.org/) to provide information, resource links, and treatment resources for individuals, families, providers, and educators. The focus of the campaign is to spread awareness about the importance of early identification and intervention once the first symptoms of early serious mental illness (ESMI), including first episode psychosis (FEP) are recognized. Federal block grant dollars specifically earmarked for ESMI/FEP funded this campaign.

In concert with the OnwardNH site, NAMI NH is developing an anti-stigma campaign entitled 603 Stories. The intention is to use personal stories to build connections, increase understanding, inspire hope, and encourage connection to support and treatment. The campaign includes written word, visual art, videos, and podcasts of people sharing their lived experiences with mental illness and recovery.

Recommendation #10 Prevention & Early Intervention

The Department developed an infant and early childhood mental health plan that identifies best practices and strategies to enhance and improve services for this young population. Strategies include training the provider workforce; establishing a billing process that best suits this population; and focusing on screenings 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. The position that will lead this work has been hired and work on

implementation of this programming is now fully underway. Training related to infant mental health was scheduled for May 2020 however, due to COVID-19, this has been rescheduled for fall 2020. The training for providers will help build the foundation of infant mental health programming. We anticipate the remaining activities for implementation will continue from now through winter of 2021 to be included in rate setting for Medicaid Managed Care in January 2021.

HB 131 established a commission to develop and promote mental health programs and behavioral health and wellness programs in kindergarten through grade 12. The Commission, chaired by Representative Patricia Cornell, began meeting in September 2019. The Commission initially focused on gathering information from different perspectives around the state, including the Department of Education's Bureau of Student Wellness, various school districts, the Department of Health and Human Services, the Manchester Health Department, and the NH Center for Effective Behavioral Interventions and Supports. The aim of future meetings is to identify areas that would benefit from state policy and begin to form policy proposals to address those needs. The Commission has a dedicated website that includes documents, meeting minutes, and reports. http://www.gencourt.state.nh.us/statstudcomm/committees/1472/

The Department contracted with Mary-Hitchcock Memorial Hospital using designated federal mental health block grant funds to address early severe mental illness (ESMI) and first episode psychosis (FEP). Under this contract, Mary-Hitchcock has facilitated a stakeholder engagement process to identify, propose, and develop an implementation strategy for a statewide ESMI or FEP treatment model. Focus groups, interviews and steering committee work will inform the resulting model that will be complete by the end of the contract in September 2020. Resulting implementation and procurement activities will begin in September/October 2020. 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 committee was established and began meeting in August 2019. Will Arvelo, Director of Economic Development, Department of Business and Economic Affairs serves as Chair of the Commission. A link to the Commission's November 2019 report that summarizes the Commission's activities and recommendations is posted here: https://www.governor.nh.gov/sites/g/files/ehbemt336/files/documents/mental-health-workforce-1.pdf

The commission continues to meet to address topics such as workforce development and training, workforce challenges and gaps, health of the workforce, student loan repayment, legislative and policy considerations, and licensing standards.

HB 1 included funds to expand NH's State loan repayment program, which includes opportunities for individuals working in the behavioral health system to apply for loan repayment.

Recommendation # 12 Quality Improvement and Monitoring/DHHS Capacity

HB 1 included funding for one additional staff position within the Bureau of Mental Health Services to assist with the oversight of quality, implementation, monitoring, and reporting of the 10-year mental health plan. The position was created and posted but is now on hold due to the statewide hiring freeze.

SB 14 includes additional staff positions to support the implementation and oversight of investments to the children's behavioral health system. Four of the five positions called for in SB 14 have been filled. With the hiring of these new staff, as of July 2020, the Bureau for Children's Behavioral Health has expanded from a staff of five to now nine staff. One position remaining to be hired is now on hold due to the statewide hiring freeze. The five new staff positions will support:

- One Infant and Early Childhood Mental Health programming position (filled)
- Two Residential treatment staff to support, operations, oversight, quality assurance and program development (filled)
- One FAST Forward Program Eligibility and CME oversight position (filled)
- One Mobile Crisis and Community Based programming position

Hiring additional staff has been a critical step to having the necessary program capacity to support implementation of the 10-year mental health plan.

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 has appointed a Division Director to lead implementation of the new Division. The Division is partnering with the Bureau of Drug and Alcohol Services to establish a system for review of provider performance, to identify outcomes, and to create a dashboard of performance measures.

Per Executive Order 2019-04, the Division for Behavioral Health conducted an inventory of all of the requirements for community mental health providers. The inventory includes the number of touch points the Department 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 annual 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 review process for client record reviews, client and staff interviews. Specifically, the preparation process changed to establish deadlines and expectations

for when various components are due, such as scheduling interviews according to a specific template and providing necessary information and data to the Department in advance. These improvements better organize the process and reduce unnecessary and overwhelming back and forth communication. Additionally, for all centers that are willing and have a compatible system, rather than be onsite the first two days of the QSR, the review team completes record reviews remotely. As a result, the review team spends 40% less time at the center, eliminating the need to allocate space; often a computer lab or several individual staff offices, for two entire days and saves travel for Department staff.

The Department data analytics team continues to work closely with the community mental health centers (CMHC) data workgroup to identify opportunities to use already gathered data where applicable and to ensure that CMHC data is accurate and reliable. Several data improvements have created efficiencies, including the development of a single, standard format for Designated Receiving Facilities (DRF) data submission, mobile crisis response data books that outline standard definitions and data submission practices, and a coding matrix that will self-populate ACT staffing reports. The Department is also in the process of developing data dashboards that will drive program and quality efforts with providers. During the COVID-19 pandemic, the Department's data team generated monthly reports to share with CMHCs in order to track service utilization and transition to telehealth services. Moving forward, there is a desire to use this kind of real-time data feedback to inform system performance and guide system decision-making efforts in partnership with providers. The Department has identified areas within the data reporting system, Phoenix, that will improve data integrity and quality reporting. The next round of data improvements will focus on gathering specified client indicators, ethnic and racial demographics, and smoking and housing status. These data improvements, scheduled for fall 2020, will provide the Department with more comprehensive data that will enable more accurate analysis, trend projections, and dash boards. The Department provided $30,000 to each CMHC through contract in order to implement data system improvements.

The Department reviewed the re-approval process as defined in He-M 403.11 that takes place every 5 years to maintain certification as a community mental health program (CMHP) to identify administrative efficiencies. For example, defined materials are required as part of the application process but many items are already available to the Department. Therefore, the Department inventoried sources of data from reviews, regular data submissions, etc. in an effort to reduce duplicative submissions by the CMHP. The Department also cross-walked re-approval requirements with annual Quality Service Review (QSR) reporting, Managed Care Organization (MCO) reporting and Consumer Satisfaction Survey results in an effort to further streamline the re-approval review process.

Through contract and collaborative work with the Managed Care Organizations (MCO), efficiencies and administrative relief has been realized. All three MCOs now utilize a single, standard audit tool to conduct reviews of the community mental health centers (CMHC). Further, the MCOs have coordinated schedules to ensure that only one MCO conducts an audit in any given month. The MCOs also worked with the Department and CMHCs to adopt the use of the statewide sentinel event reporting form. This transition to a standardized form creates efficiencies because forms are completed once and shared throughout the network, as appropriate. Practices have shifted and the MCOs now meet quarterly with the Department to share data and results from audits between the parties as appropriate. This facilitates sharing of

information and reduces duplication of reviews and quality improvement plans required of our community providers. The MCOs have also started to design training schedules collaboratively. Consequently, the provider community benefits from more diverse training topics that are more evenly distributed throughout the year.

The Department has been working to achieve relief for certified community residences to meet the requirements of He-M 1202 - Administration of Medication. In order to ensure that staff had the required training during the COVID-19 pandemic, the Department enlisted a vendor to establish an on-line training platform to satisfy the He-M 1202 annual training requirements for currently trained providers. He-M 1202 requires annual certification for all staff working in certified community residence in order to ensure the safety of residents and oversight of medication monitoring practices. The new virtual training enabled staff to retain certification and will continue to do so moving forward. Accommodations were also developed to enable medication monitoring via secure video-conferencing (telehealth) which has greatly assisted in instances where staff shortages were of concern. Finally, a newly established work group will continue to examine potential efficiencies to reduce administrative burdens associated with monitoring and evaluating the administration of medication in community residences.

The Department was in the process of updating several administrative rules in order to further streamline administrative requirements but these efforts paused as a result of COVID-19. Rule review and engagement of stakeholders is expected to commence in the fall of 2020.

Recommendation #14 Reporting on Implementation

SB 292, relative to implementation of the new 10-year mental health 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 mental health plan. The Department will include this information in its annual report.

Summary of Accomplishments

The State continues to invest in and make significant progress towards implementation of the 10-Year Mental Health Plan. Accomplishments include, but are not limited to:

- Since June 2017, NH's Section 811 Project Rental Assistance program has filled 86 units of permanent housing for individuals with mental illness. Forty-two (42) additional units are currently open with applicants in the process to move in.
- NH's Housing Bridge Subsidy Program was budgeted for 398 vouchers since State fiscal year 2018. Starting in SFY 21, 500 vouchers are budgeted.
- Since 2017, NH has created 48 new transitional housing program (THP) beds, including 16 at the Philbrook Center that opened in September 2020.
- In 2019, NH expanded designated receiving facility (DRF) bed capacity by adding 24 beds. Hampstead Hospital opened a 16-bed DRF to serve youth, Parkland Medical Center added 4 new DRF beds, and Portsmouth Regional Hospital added 4 additional DRF beds.

- In 2018, NH was awarded a 5-year ProHealth NH SAMHSA grant. To date, ProHealth has created integrated primary and behavioral health care programs at community mental centers for youth and young adults in three of ten mental health regions with nearly 250 individuals ages 16 to 39 years served in the first year and half of enrollment. The grant also cross-trained staff statewide in evidence-based whole-person health. Over 1200 staff from health settings across NH participated in 115 training opportunities, including two conferences in collaboration with the Integrated Delivery Network.
- The number of children served by the Care Management Entity increased from 60 to 200 in the past two years.
- Over 200 individuals have been trained in the past two years on a standardized Behavioral Health Assessment tool to be used across systems and services.
- The expansion of Assertive Community Treatment (ACT) teams from 12 to 13 teams in 2019 allowed for full ACT coverage in a rural, northern area of the state. ACT level of care is now more accessible to all NH residents.
- Assertive Community Treatment (ACT) & Supported Employment (SE) "mini consults" were developed in place of fidelity reviews during COVID-19 to support the ongoing quality of Evidence Based Practices. A process was developed to provide the CMHCs with ongoing remote support and monitoring during the public health emergency with attention paid to decreasing administrative burdens.
- Since 2017, NH has hosted 23 Counseling on Access to Lethal Means (CALM) trainings that reached more than 384 people statewide. CALM is a suicide prevention skills training course that focuses on how to assess whether a person at risk for suicide has access to a firearm or other lethal means and how to work with them and their family to limit access until they are no longer an elevated risk.
- The Department funded three peer leadership seminars 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. Eighty-two (82) participants were enrolled in these seminars from seventeen (17) stakeholder organizations and government agencies. An ongoing stakeholder advisory group continues to move peer-related policy and practice forward.

Future Plans

Moving forward, we will continue to work in partnership with stakeholders, individuals with lived experience and their families and providers to implement strategies, programs, and rules that will strengthen and improve our mental health system to better serve New Hampshire citizens. We expect there will be an increased demand for mental health services in the coming months due to the COVID-19 pandemic and the Department is moving the efforts described in this report forward as quickly as practicable. 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. The Department will continue to work with stakeholders to identify legislation and funding needed to meet our shared goal of full implementation.