Behavioral Health in New Hampshire

House Finance Committee
February 3, 2017
Agenda

- Division for Behavioral Health
- Mental Health & Substance Use: The Basics
- Mental Health Delivery System
- Community Mental Health Agreement
- Substance Use Delivery System
Division for Behavioral Health
Division for Behavioral Health

- Division created in March 2016
- Unifies DHHS programs addressing behavioral health needs of adults and children
- Includes the Bureaus of Mental Health, Children’s Behavioral Health and Drug and Alcohol Services
- Includes two facilities—New Hampshire Hospital and Glencliff Home
Mental Health & Substance Use: The Basics
Estimated by Substance Abuse & Mental Health Administration (SAMHSA) that in NH:

- 8% of population has a substance use disorder (SUD)
- 5.2% of children have a Severe Emotional Disturbance (SED)
- 4% of adult population has a Severe Mental Illness (SMI)
  - Defined as a substantial functional impairment

Broader definitions of mental illness and substance misuse encompass a larger portion of the population

In SFY 2016, DHHS-funded programs served:

- 11,714 adults with SMI
- 9,234 children with SED
- ~10,000 with SUD
Mental Health Delivery System
Mental Health System in NH

- Provider system consists of:
  - Community Mental Health Centers in 10 designated geographic regions
  - 2 Community Mental Health Providers
    - Address housing needs
  - Peer Support Agencies in 10 regions
  - Family Mutual Support Organization
    - NAMI-NH
  - 2 State facilities
    - NH Hospital-acute psychiatric hospital (168 beds)
    - 4 Designated Receiving Facilities—Cypress Center (16), Portsmouth Regional Hospital (8), Franklin Regional Hospital (10) and Elliot Hospital (12)
    - Glencliff Home-long term care/nursing home (120 beds)
Mental Health System in NH

- The Mental Health System is funded by:
  - SAMHSA Block & Other Grants
  - Medicaid Fee for Service, Standard Medicaid, NH Health Protection Program (NHHPP)
  - General Funds
Community Mental Health Agreement
Community Mental Health Agreement (CMHA)

- In 2014, the State entered into the CMHA in the Amanda D. case, which alleged the State was unnecessarily institutionalizing individuals with Severe Mental Illness. Major components include:
  - Assertive Community Treatment (ACT)-expand capacity and enhance staffing
  - Mobile Crisis Teams & Apartments—Concord, Manchester, Nashua
  - Supported Housing—increase units through Housing Bridge Subsidy Program
  - Community Residences
  - Supported Employment—increase number of individuals engaged in employment activities
  - Family & Peer Supports—maintain supports
  - Transitions—standardized processes for all individuals at NHH and Glencliff Home
  - Quality Assurance & Performance Improvement—measure and assess quality of services
Substance Use Delivery System
Substance Use System in NH

- Funded with SAMHSA Block & other grants, Medicaid, NHHPP, Governor’s Commission on Alcohol & Drug Abuse, Prevention, Treatment, and Recovery (Alcohol Fund), State General Funds, Provider system consists of:

  - Prevention Services
    - Over 40 middle & high schools
    - Juvenile Diversion
    - Life of an Athlete
  - Specialty Treatment Programs
    - 15 contracts with DHHS
  - Crisis Intervention Services
    - Crisis Line, NH Treatment Locator, Regional Access Points, Hospital-based coordinators, Naloxone distribution,
  - Peer Recovery Support Organizations
    - Facilitating Organization and direct contracts
Funded with SAMHSA Block & other grants, Governor’s Commission on Alcohol & Drug Abuse, Prevention, Treatment, and Recovery (Alcohol Fund), State General Funds, special appropriation (SB 533)

- Focusing on:
  - Building capacity (in conjunction with 1115 Medicaid Transformation Waiver)
  - Expansion of services
  - Workforce development
  - Crisis response
  - Peer recovery supports

- Multi-agency efforts
  - Weekly meetings convened by Governor’s Office
    - Education, Corrections, Safety, Justice, Courts, Insurance
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