

Division of Behavioral Health

Community Mental Health Agreement

Presented to House Finance Division III
LOB Room 210, February 24, 2017
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Background

- 1990 Americans with Disabilities Act (ADA) adopted.
- 1999 US Supreme Court rules in Olmstead v. L.C.: that the ADA requires services be provided in least restrictive setting.
- 2010-2011 US Department of Justice (US DOJ) investigates State compliance with Olmstead; NH Disability Rights Center investigates. Separate findings issued.
- 2012 Class action complaint filed alleging State's administration of mental health system violates rights of individuals with Serious Mental Illness under the ADA.
- 2014 Court approves CMHA. Implementation and funding supports commenced. Expert Reviewer on-boarded.

Major Components

- Crisis Services System, incl. Mobile Crisis Teams
- Assertive Community Treatment (ACT)
- Supported Housing
- Community Residences
- Supported Employment
- Family & Peer Supports
- Transition Process
- Quality Assurance and Performance Improvement

Crisis Services System

- Two components:
 - Maintain existing crisis services system statewide
 - Create 3 Mobile Crisis Teams w/4 crisis apartment beds

Location	FY 2018	FY 2019
Concord (6/30/15) <i>- Fully operational; 4 beds</i>	\$1,398,316	\$1,398,316
Manchester (6/30/16) <i>- Team operational; 2 beds</i>	\$1,345,249	\$1,345,249
Nashua (6/30/17) <i>- In procurement</i>	\$1,313,813	\$1,313,813
CMHA Total	\$4,057,378	\$4,057,378
Medicaid	\$1,467,300	\$1,467,300

Assertive Community Treatment

- Two components:
 - Ensure existing 11 ACT Teams compliant, at least 1/region
 - Achieve ACT capacity goals: (# served -- # teams)
 - 1,300 (13 teams) by 6/30/15
 - 1,500 (15 teams) by 6/30/17

	FY18		FY19	
	Traditional	CMHA	Traditional	CMHA
Teams 1-11	\$1,224,000	\$1,281,000	\$1,224,000	\$1,281,000
Team 12		\$225,000		\$225,000
Team 13-15 (to be developed)		\$675,000		\$675,000
Total	\$3,405,000		\$3,405,000	
Medicaid	\$10,605,100		\$10,605,100	

Supported Housing

- Two components:
 - Includes coupling services (ACT, Case Management), and housing specialists assistance to maintain individual in integrated setting with affordable housing
 - Achieve specified number of units:
 - By 6/30/14 – 240
 - By 12/31/14 – 290
 - By 6/30/15 – 340 Current -- 686
 - By 6/30/16 – 450
 - By 6/30/17 -- 600

	FY18		FY19	
	Traditional	CMHA	Traditional	CMHA
Housing Bridge Subsidy Program	\$1,923,160	\$2,289,000	\$1,923,160	\$2,289,000
Total	\$4,212,160		\$3,405,000	

Community Residences

- Have capacity to serve individuals in community with mental illness and complex health care needs
 - Achieve capacity to serve individuals:
 - By 6/30/15 – 4
 - By 6/30/16 – 10
 - By 6/30/17 -- 16

Current -- 10

	FY18	FY19
	CMHA	CMHA
Glenclyff Home Transition to Community Residence	\$900,000	\$900,000

Other Components

- Supported Employment
 - Incremental increases in statewide penetration rate, to final requirement of 18.6%
- Family and Peer Supports
 - Statewide network
- Transition Process
 - Glenclyff Home and New Hampshire Hospital focused
- Quality Assurance and Performance Improvement
 - Quality Service Reviews (QSR)
 - Fidelity Reviews for Evidence Based Practices (ACT and SE)

Current Status -- In compliance

CMHA Summary

	FY18			FY19		
	Traditional	CMHA	Medicaid	Traditional	CMHA	Medicaid
Mobile Crisis	\$ 0	\$4,057,378	\$1,467,300	\$ 0	\$4,057,378	\$1,467,300
ACT	\$1,224,000	\$2,181,000	\$10,605,100	\$1,224,000	\$2,181,000	\$10,605,100
Supported Housing	\$1,923,160	\$2,289,000	\$ 0	\$1,923,160	\$2,289,000	\$ 0
Community Residences	\$ 0	\$900,000	\$ 0	\$ 0	\$900,000	\$ 0
Supported Employment	\$ 0	\$ 0	\$5,250,000	\$ 0	\$ 0	\$5,250,000
Total	\$3,147,160	\$9,427,378	\$12,072,400	\$3,147,160	\$9,427,378	\$12,072,400

Major Challenges

- Recruitment and retention of CMHC staff
 - Impacts achievement of ACT capacity goals
 - Impacts increases in SE penetration rates by region
- Development of community residence 4-bed model
 - Need availability in multiple regions of state
- Transitioning Glencliff Home residents (more quickly) into CMHA compliant community setting
 - Customized to individual/guardian preference
 - Regional provider/housing availability