

Behavioral Health Initiatives

Governor & Council Breakfast Meeting December 5, 2017

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Agenda

- 1. Responding to the Opioid Crisis
- 2. Building Capacity Transformation Waiver
- 3. Legislative Initiatives
- 4. NH Hospital Waitlist
- 5. Community Mental Health Agreement
- 6. Children's Behavioral Health Services
- 7. SUD Contract Compliance



Responding to the Opioid Crisis



Responding to the Opioid Crisis

Treatment Services and Supports

- Specialty Substance Use Disorder Treatment Services (pregnant women)
 Establish new, or increase capacity for, residential treatment services and partial hospitalization programs for clients with substance use disorders.
- Substance Use Disorders Respite Shelter (Safe Station)

Nashua and Manchester.

- Medication Assisted Treatment (MAT) Infrastructure Development
 Foundation for Healthy Communities engaged to develop infrastructure within hospital emergency department-based primary care to provide MAT to patients identified with an opioid use disorder.
- MAT Infrastructure Development (SAMHSA MAT grant program)
 Develop and expand access to evidence-based MAT services in the state's two highest need areas, Nashua and Manchester. Manchester Community Health Center and Harbor Homes Wellness Center.
- State Targeted Response Initiatives (CURES ACT)
 - MAT expansion in primary care centers for pregnant women
 - Training for recovery support organizations for middle and high school students, pregnant women, and parents of children up to age 10 with substance use disorders
 - Re-Entry Care Coordinator and Naloxone for Department of Corrections
 - Early childhood prevention strategies targeting DCYF-involved children 10 y.o. and under and caregivers



Responding to the Opioid Crisis

Treatment Services and Supports

• The New Hampshire Statewide Addiction Crisis Line

24/7 crisis hotline is available to individuals with substance use disorders and their support networks. Provides telephone crisis stabilization services.

Regional Access Points (RAPS)

Offer assistance for screening, case management, and active referral to treatment and recovery support services at no cost. Southwestern Community Services Inc., Serenity Place and Granite Pathways.

• Family Peer Recovery Support Services

Provide critical support and education to families of individuals with substance use disorders in order to assist them in coping with and effectively addressing a family member's addiction. There are currently 18 groups offered: 12 FASTER parent support groups and 6 independent groups that meet weekly or biweekly.

• Naloxone Administration/Department of Safety Emergency Medical Services First Responder Training Available free of charge to individuals at risk for opioid overdose, families, and friends, who do not have insurance to cover the cost of a kit and that otherwise cannot afford to purchase one.



Naloxone Distribution

SHIPPING INFORMATION				
Total Shipped (Agency)	Total Shipped	Total Shipped (Agency)	Total Shipped	
Community Health Center	2,202	Hospital	24	
Hospital	584	Other	177	
Other	902	School	14	
School	297	Treatment Center	224	
Treatment Center	3,159	Force Protection	130	
Grand Total	7,144	Grand Total	671	

DISTRIBUTION INFORMATION		
Total Distributed	5,332	
Number of events	283	

Total Shipped and Distributed to Date		
Grand Total	13,147	
Event Total	5,332	
Agency Total	7,815	

Inventory Information		
Funding Source	Quantity Remaining	
SAMSHA	0	
General Funds	2,073	
DHHS Warehouse Balance	2,073	



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Comprehensive Substance Use Disorder Services

Prevention

- **Continuum of Care (COC)**: Substance Misuse Prevention Coordinator and Continuum of Care, each of the 13 Regional Public Health Networks that facilitate a community approach to address the misuse of alcohol and drugs and increase access to care.
- Life of an Athlete (LOA): A comprehensive, multicomponent prevention program that empowers and motivates youth participating in athletics and leadership programs to make healthy choices and decisions by educating them on the impact that alcohol and other drugs have on performance.
- Direct Prevention Programs: Schools and the community.

Treatment

Outpatient, intensive outpatient, partial hospitalization, transitional living, low and high intensity residential treatment services (including specialty services for pregnant and parenting women and their children), withdrawal management, and medication assisted treatment.

Early Identification And Crisis Services

- **Student Assistance Programs**: Designed to prevent and reduce alcohol and other drug misuse among students 12 to 25 years of age.
- **Referral, Education, Assistance, and Prevention Program (REAP)**: A community-based statewide prevention education and early intervention program for individuals 60 years of age or older and their caregivers.
- **Diversion Programs**: Expand capacity to under-served regions. Screening, brief intervention and referral to treatment into programming. There are currently 16 accredited Juvenile Court Diversion Programs
- Screening, Brief Intervention and Referral for Treatment (SBIRT) in Primary Care: In all 15 Community Health Centers.



Comprehensive Substance Use Disorder Services

Recovery

- Facilitating Organization:
 - Harbor Homes
- Peer Recovery Support Services (PRSS) (Develop PRSS for individuals and their families):
 - Greater Tilton Area Family Resource Center, Tilton
 - HOPE for NH Recovery, Berlin, Concord, Claremont, Franklin and Manchester
 - Keene Serenity Center, Keene
 - Navigating Recovery of the Lakes Region, Laconia
 - North Country Serenity Center, Littleton
 - Revive Recovery Center, Nashua
 - Safe Harbor Recovery Center, Portsmouth and Seabrook
 - SOS Recovery Community Center, Dover, Durham and Rochester
 - White Horse Recovery Services Center, Ossipee



Building Capacity Transformation Waiver

Delivery System Reform Incentive Program



Overview of New Hampshire's DSRIP Waiver Program: *Building Capacity For Transformation*

The waiver represents an unprecedented opportunity for New Hampshire to strengthen community-based mental health services, combat the opiate crisis, and drive delivery system reform.

Key Driver of Transformation



Integrated Delivery Networks : Transformation is being driven by regionally-based networks of physical and behavioral health providers as well as social service organizations to address social determinants of health

Three Pathways

Improve care transitions

Promote integration of physical and behavioral health

Build mental health and substance use disorder treatment capacity

Funding Features



Menu of mandatory and optional community-driven projects



Funding for project planning and capacity building



\$150 million in incentive payments over 5 years



Performance-based funding distribution



Support for transition to alternative payment models



Project Selection

Each IDN is participating in two statewide projects, one mandatory core competency project, and three community-driven projects selected from a DHHS-defined menu.

Strengthen mental health and SUD workforce

Mandatory

Core Competency: Integrating Behavioral Health and Primary Care

Statewide

Develop health information technology infrastructure to support integration

Community Driven Projects

Care Transitions:

Support beneficiaries with transitions from institutional settings to the community

- Care Transition Teams
- Community Re-Entry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues

Capacity Building: Supplement existing workforce with additional staff and training

- Medication Assisted Therapy of Substance Use Disorders
- Expansion in intensive SUD Treatment Options, including partial hospital and residential care

Integration:

Promote collaboration between primary care and behavioral health care

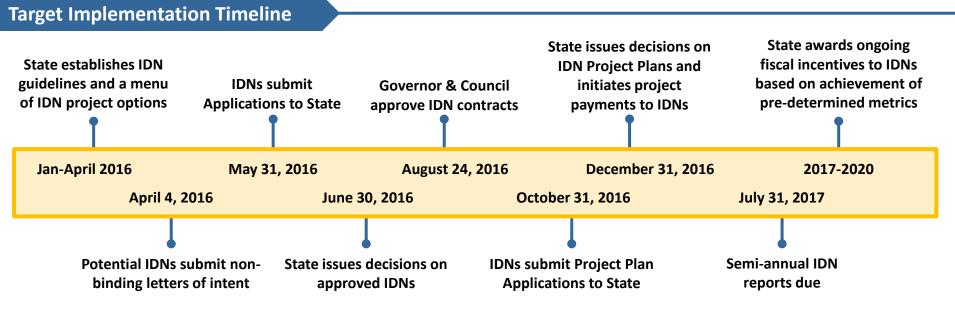
- Integrated Treatment for Co-Occurring Disorders
- Enhanced Care Coordination for High Need Populations



Implementation of Integrated Delivery Networks (IDNs)



- IDN applications submitted by May 31, 2016
- IDN applications approved by June 30, 2016
- Detailed DSRIP project plans submitted by October 31, 2016
- Distribution of project funds approved by December 31, 2016
- First semi-annual reports due by July 31, 2017
- Implementation plans submitted July 31, 2017 and approved in October 2018





2017 Legislative Initiatives – Behavioral Health

HB 400 and HB 517



2017 Legislative Initiatives

The services in HB 517 (2017) are designed to address the needs of individuals in need of acute care services, community transitions from NH Hospital and children's behavioral health needs.

Behavioral Health Services

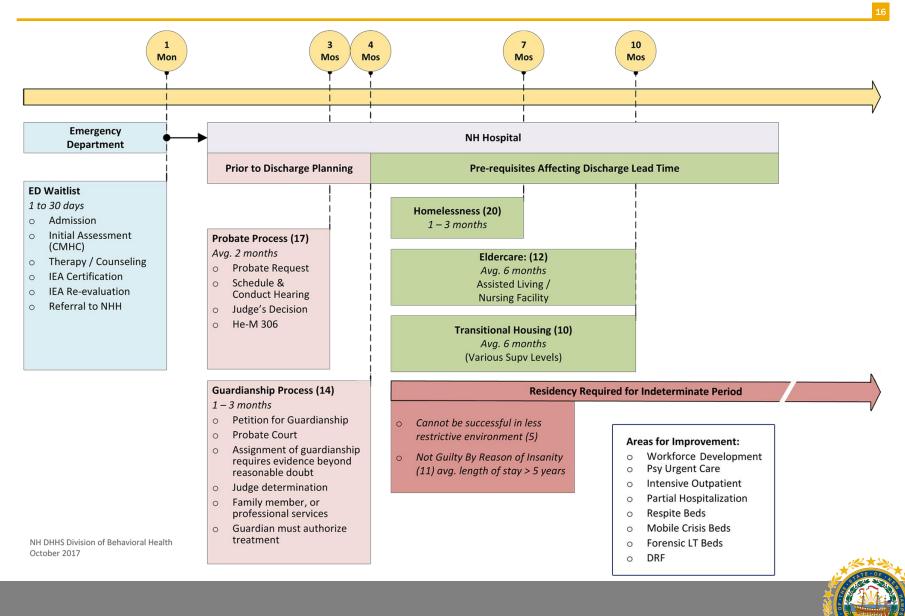
- Designated Receiving Beds
- Crisis intervention services
- Transitional/Supportive Housing
- Children's wraparound services
- Children's residential substance use treatment center
- New 10 Year Plan for Mental Health Services (HB 400)



New Hampshire Hospital Wait List Challenges



New Hampshire Hospital Waitlist Challenges



Community Mental Health Agreement



Community Mental Health Agreement (CMHA)

The CMHA was approved by the federal court in early 2014. Under the Agreement with the Plaintiffs, the State agreed to implement and enhance services to those with a severe mental illness.

Approved Services

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



Children's Behavioral Health Services



Children's Behavioral Health Services Priorities, Key Programs, and Service Delivery

Community Mental Health

- Services include: Clinical assessment and diagnostic evaluations, individual, family and group therapies, functional support services, case management and psychiatric services including medication management.
- Client Eligibility: Children and youth determined to have a Serious Emotional Disturbance (SED).

FAST Forward

- Families and Systems Together (FAST) Services include: High fidelity wraparound and care coordination, intensive in home and community based services, respite, crisis support and stabilization, family peer support, youth peer support.
- Client Eligibility: Children and youth who have SED, have been hospitalized and who are at risk for an out of home placement.

Substance Abuse Treatment

- Substance abuse and Mental Health Services Administration (SAMHSA) State Youth Treatment Planning (SYTP) Planning Grant: To create a plan to enhance the substance use/disorder treatment system with youth based approaches.
- Implementation Grant: 4 years, \$760,000 per year.
- Client Eligibility: Children and youth who have a substance use disorder and require treatment.

System of Care: RSA 135- F

Expansion of the System of Care and all the components of RSA 135-F System of Care for Children's Mental Health

- Gaps in service array and delivery system
- Gaps in populations (early childhood)
- Gaps in funding and funding mechanisms for effective services
- Workforce issues
- Align practices with System of Care values and principles
- Expand upon effective services and service delivery: NH Wraparound and Evidenced Based Practices/treatments



Children's Behavioral Health Services Key Programs/Services

	Children and youth who have severe emotional disorder served by Community Mental Health Centers	Children and youth who have severe emotional disorder served in FAST Forward program
SFY 2016	8,191	21
SFY 2017	8,154	46

IDN intersections with RSA 135- F and other program priorities

- Participating partners: CMHCs and other key partners, NAMI, SUD treatment
- Evidenced based practices/treatments All IDN regions
- Workforce: Recruitment, retention and training All IDN regions
- Expansion of NH Wraparound as a model for Enhanced Care Coordination 2 IDN regions
- Expanded access to Substance Misuse Treatment for youth and young adults



SUD Contract Compliance



Financial Component

- Assess accuracy in financial reporting as it relates to contract requirements.
- Assess the strength of general financial management practices internal controls to include appropriate training, communication, documented policies and procedures, segregation of duties, risk mitigation, etc.

Program component

• Test against federal block grant requirements, State Law and administrative rules, and contract compliance.



SUD Contract Review Outcomes

- 1. Audit report which will be shared with providers for responses and development of a corrective action plan
- 2. Reports for DHHS executive management on broader systemic issues, probably by provider type (Treatment, Prevention, Recovery)
- 3. DHHS Process Improvements:
 - Changes to contracting process
 - Changes to contract language
- 4. Provider meetings, webinars:
 - Provide technical assistance to address poor practices
 - Provide forum to share best practices across agencies



Behavioral Health Initiatives

Questions & Answers

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